

# NHS Ayrshire & Arran



<b>Meeting:</b>	<b>Ayrshire and Arran NHS Board</b>
<b>Meeting date:</b>	<b>Monday 4 October 2021</b>
<b>Title:</b>	<b>Improving local breastfeeding rates: an update</b>
<b>Responsible Director:</b>	<b>Lynne McNiven, Director of Public Health</b>
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## 1. Purpose

This is presented to the Board for:

- Awareness

This paper relates to:

- Government policy/directive
- Local policy
- NHS Board/Integration Joint Board Strategy or Direction

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

## 2. Report summary

### 2.1 Situation

As part of the Programme for Government (2018-2021) NHS Ayrshire & Arran received £318,391 over three years to develop a new multidisciplinary model of infant feeding support. Activity focused on three key areas:

- Introduction of one point of contact across Ayrshire for breastfeeding support via the setup of an Integrated Infant Feeding Team in partnership with the Breastfeeding Network (a national charity);
- Increased access to breastfeeding support for parents of premature and sick babies;
- Introduction of two new infant feeding groups.

During 2018-2021 funding was used to establish an Integrated Infant Feeding Team consisting of the Maternity and Community Infant Feeding Teams working in partnership with Breastfeeding Network paid peer supporters. One part-time peer

support co-ordinator, three part-time peer supporters, part-time admin support and one community infant feeding support nurse were employed as part of the project. This is a unique and effective partnership for breastfeeding support between the NHS and third sector. The peer supporters have honorary contracts with NHS Ayrshire & Arran and a Service Level Agreement is in place. The team works in partnership not only to deliver a breastfeeding support service but to share knowledge and experience from different perspectives. In addition, the team have worked together to deliver community and social media activities during world breastfeeding week, black breastfeeding week and Fire Starter festivals. All staff in the team are passionate about supporting women and engaging with local communities to reduce societal barriers to breastfeeding in Ayrshire.

Initially the peer support element of the project focused on supporting women who had birthed via caesarean section, where one to one breastfeeding support was offered for the first 6-8 weeks after birth. From February 2019 to March 2021 all women who birthed via caesarean section received a phone call from a peer supporter within 48 hours of discharge from Ayrshire Maternity Unit. During the pandemic, support was provided digitally using Near Me and telephone, as well as via social media such as Facebook and WhatsApp groups. Home visits were provided to mothers with more complex needs on a case by case basis, following completion of appropriate risk assessments and with use of personal protective equipment. When restrictions eased, peer support was provided outdoor via small walking groups of mothers and babies. Due to an underspend resulting from reduced travel costs during the pandemic, funds were redirected to enable peer support to be extended to all first time mothers from January 2021 to March 2021.

Over the first year of the service peer support was provided to mothers with a premature baby (born before 32 weeks) in the Neonatal Unit on a one to one basis and via a weekly support group. In March 2020 the face to face support group was paused and as an alternative a virtual group was set up to enable mothers to connect with each other. This is primarily for mothers to support one another although a peer supporter is also present to give information and support when required.

Two new infant feeding groups were established; one on Arran and one in North Ayr. These were open to all families in the area regardless of feeding choice.

In April 2021, Scottish Government intimated that funding for 2021/22 would be reduced from £125,891 to £74,000. Following discussion with the team, the Head of Midwifery and a range of senior managers across the system, consensus was reached that the peer support element of the service, including to the Neonatal Unit, should be prioritised to continue. As a result, the two infant feeding groups no longer run and the Community Infant Feeding Support Nurse post is no longer funded by Scottish Government funds. The North Ayrshire Health & Social Care Partnership has committed funding on a permanent basis for the post, which now serves North Ayrshire only.

Through discussion with the Policy Team at Scottish Government, the peer support service has evolved and now offers support to all first time mothers who are breastfeeding on discharge from Ayrshire Maternity Unit. Mothers are offered one to one support from a peer supporter for four weeks and if they require further support for longer, this is offered from a Breastfeeding Buddy (a volunteer from the Breastfeeding Network).

## 2.2 Background

In 2011 the Scottish Government published 'Improving Maternal & Infant Nutrition – A Framework for Action.' Since then NHS Boards have received an annual allocation to implement the Framework locally. In 2014, Ayrshire's Healthy Weight Strategy 2014-2024 was endorsed for implementation by NHS Ayrshire & Arran Board and the three Ayrshire Community Planning Partnerships. The Healthy Weight Strategy comprises seven themes, one of which is 'maternal and infant nutrition'. Improving breastfeeding rates is a key component of Ayrshire's Maternal & Infant Nutrition Action Plan.

There is compelling evidence on the benefits of breastfeeding on the short and long term health of mothers and their babies. Breastfeeding protects babies from ear, gastrointestinal and chest infections, diabetes and obesity later in childhood. Women who breastfeed are less likely to develop breast and ovarian cancer, hip fracture as a result of osteoporosis and are more likely to return to their pre-pregnancy weight. The nutritional value of breastfeeding is clear; it is a living fluid designed to meet the needs of the individual baby, relative to their age and stage. However, in addition there are other benefits of breastfeeding; UNICEF describes breastfeeding as 'nutrition + protection + comfort'. Breastmilk contains antibodies, which provide protection from infections. Breastfed babies are fed in a responsive way and breastfeeding provides comfort when tired or distressed. The hormones of breastfeeding also encourage a strong bond between mother and baby.

Breastfeeding rates vary by geographical area and rates in Ayrshire are among the lowest in Scotland. Breastfeeding rates in Ayrshire have been stubbornly low for over a decade, despite breastfeeding being a key priority for NHS Ayrshire & Arran and its partners. The most recent data available showed that in 2020/21, 21.1% of babies in NHS Ayrshire & Arran were exclusively breastfed at 6-8 weeks compared to 32.1% in Scotland. Breastfeeding is strongly related to maternal age, deprivation and educational attainment of the mother. In 2019/20, older mothers aged 35-39 in Ayrshire were three times more likely to be exclusively breastfeeding their babies at 6-8 weeks compared to younger mothers aged under 20. In the same year, mothers living in the least deprived areas in Ayrshire were two and a half times more likely to be exclusively breastfeeding their babies at 6-8 weeks compared to those living in the most deprived areas. Within Ayrshire breastfeeding rates are higher in South Ayrshire compared to those in North and East Ayrshire. See appendix 1 for further detail on breastfeeding rates, including during COVID-19.

It is important to have an understanding of the factors that influence a woman's infant feeding decision in order to develop effective strategies to encourage more women to breastfeed. These factors are varied and complex and range from attitudes to breastfeeding among those closest to a woman such as her partner, mother/mother in law; whether she was breastfed herself; information and support from healthcare professionals; and the support she receives from wider society. If women see other women breastfeeding in their community, they are more likely to breastfeed.

## 2.3 Assessment

While an important outcome is to improve breastfeeding rates in all population groups, it is important to reduce the gap between groups. That means as well as breastfeeding rates in the whole population improving, they need to improve faster in deprived areas. Since breastfeeding rates are lower in more deprived areas, resources need to be heavily weighted towards these areas.

## Universal service provision on breastfeeding

Promotion and support to initiate and continue breastfeeding is a fundamental area of care delivered by midwifery, health visiting and family nurse teams. In November 2020, Ayrshire Maternity Unit was reaccredited by the UNICEF UK Baby Friendly Initiative, having been the first large maternity unit in Scotland to achieve this in 1999. In August 2021 the Community and Family Nurse Service was reaccredited, having first achieved this in 2012. In October 2020, the Neonatal Unit achieved accreditation for the first time. The Baby Friendly Initiative is a staged accreditation programme supporting services to transform their care and implement best practice standards. This prestigious award is internationally recognised as a mark of quality care; the assessment process has consistently shown that these standards have been maintained across services in Ayrshire. The assessment involves interviews with both staff and mothers. In feedback from all three assessments, staff were particularly commended for work in promoting close and loving relationships between babies and their mothers; their person centred care; and the kindness and consideration shown to mothers.

Enhanced breastfeeding support is available to all women from a Maternity Infant Feeding Team Maternity Care Assistant. If specialist support is required a mother is referred to the Maternity Infant Feeding Team midwives, who will formulate a feeding care plan. If a mother requires further support at home following discharge from maternity services she will be referred to the Community Infant Feeding Team. This team also receive referrals for specialist support from peer supporters, health visitors and GPs. Health Visitor Support Workers offer support to mums who may have varying vulnerabilities to ensure they have the knowledge and skills to ensure safe feeding of their baby. They will reinforce the importance of breastfeeding and the links with good attachment and bonding.

Anecdotal feedback from mothers has shown that they have appreciated the support received from staff during the antenatal and postnatal periods, especially during the pandemic when services were not providing as frequent face to face contact. Health visiting staff have reported that as a result of more fathers working at home they have felt more included and been more available to support their partner and baby. In addition, discussions on infant feeding have been more inclusive with fathers rather than only mothers.

## Targeted work on breastfeeding

Living in a predominantly formula feeding culture can make breastfeeding a more difficult choice for mothers, therefore, it is important to remove any barriers that stop women who want to breastfeed from doing so, and to make sure that women feel supported to make their own decisions based on the best information and advice available. It is recognised that the decisions women make are shaped by other women in their social circle and by society. If women see other women breastfeeding in public and see that business owners and members of the public are welcoming of this, they will be more encouraged to do so themselves. If women speak to other women about their real experiences of breastfeeding, it can remove fears, anxieties and unrealistic expectations.

The national Maternal and Infant Nutrition Survey published by the Scottish Government (2017) reported that nearly a quarter of breastfeeding mothers indicated

that they had been made to feel uncomfortable when breastfeeding their baby in public. One in ten reported they had been made to feel uncomfortable in someone else's home or in a café or restaurant; 6% said that they had been made to feel uncomfortable in their own home. Three percent of respondents said that they had been made uncomfortable in a NHS facility such as a hospital, clinic or GP surgery. To remove the barriers women face breastfeeding in public, NHS Ayrshire & Arran developed the Breastfeed Happily Here scheme, which asks business owners and employees to display the Breastfeed Happily Here sticker to let all customers and members of the public know that breastfeeding is welcomed on the premises. Businesses must also ensure that its employees are aware of the scheme and The Breastfeeding etc. (Scotland) Act 2005, which makes it an offence to prevent or stop a baby being milk fed in a public place (regardless of feeding method). A national Breastfeeding Friendly Scotland scheme was launched just prior to the pandemic. NHS Ayrshire & Arran is working with the Breastfeeding Network to transition over 200 venues across Ayrshire who had joined the Breastfeed Happily Here scheme to the new national scheme. These premises include all NHS Ayrshire & Arran buildings, local authority offices and public transport buildings, as well as various cafes, restaurants, libraries and nurseries.

The Breastfeeding Network currently run six breastfeeding support groups across Ayrshire in Kilmarnock, Maybole, Ayr, Saltcoats, Irvine and an online group, which are volunteer-led. These weekly groups are well attended and receive positive feedback from mothers. This peer support model can be helpful to those mothers whose family and friends did not breastfeed, allowing them to share experiences and receive practical and emotional support from other mothers.

#### Programme for Government project

From introduction of the service in February 2019, data up to November 2020 showed 24.9% of women who birthed via caesarean section in NHS Ayrshire & Arran were exclusively breastfeeding at 6-8 weeks. During the timescale of the service, 785 women birthed via caesarean section therefore were eligible for peer support and of those, 601 (76.6%) took up the offer. Of the women who accepted peer support, 45.8% and 44.5% were still exclusively breastfeeding at 6-8 weeks in 2019 and 2020/21, respectively.

In 2019/20, 16.7% of first time mothers in NHS Ayrshire & Arran were exclusively breastfeeding at 6-8 weeks. Between January and March 2021, there were 89 first time mothers eligible for peer support and of those, 68 (76.4%) took up the offer. Of the women who accepted peer support, 51.5% were still exclusively breastfeeding at 6-8 weeks. Between April and July 2021, there were 83 first time mothers eligible for peer support and of those, 80 (96.4%) took up the offer. Of the women who accepted peer support, 50% were still exclusively breastfeeding at 6-8 weeks. Nine first time mothers have taken up the offer of continued support from a Breastfeeding Buddy and 14 mothers continued to receive support via a WhatsApp group.

### **2.3.1 Quality/patient care**

Working in an integrated way has led to an improvement in breastfeeding rates among mothers who have engaged with the peer support service and has transformed the way services work together. Once mothers have stopped using the peer support service they are invited to provide feedback on their experience. The following quotes give an indication of responses to the question 'Do you think the support from the

Integrated Infant Feeding Team enhanced your feeding experience? If so in what way/s?':

*"Yes, it made me feel like I wasn't alone in trying to figure it all out and I was guided in the right direction and given the help I needed."*

*"I wasn't confident breastfeeding and was having trouble with latching. This affected me massively emotionally. Natasha came out to visit me at an extremely low time for me. She came out on a Saturday evening to help & support me. It's because of Natasha that I persevered with breastfeeding and now have a happy, healthy and chunky baby."*

*"I felt supported when I was struggling (waiting for milk to come in) - the supporter was so reassuring and made me feel in control."*

*"It was nice to speak to another mum in a relaxed phone call/text. No question was silly, felt supported and received advice from a practical view/things that have helped the peer supporter and other mums."*

*"Yes, felt I coped better emotionally on bad days knowing the support was there I had reassurance that I was doing it correctly, along with problem solving advice. It gave me confidence to keep trying things, and reassurance that I wasn't getting it all wrong."*

*"Absolutely - breastfeeding can feel very isolating if you do not have friends/family to talk to about your situation. Having the ladies available made all the difference in making me feel supported."*

It is evident from feedback that the peer supporters not only provide help and information on breastfeeding but provide crucial emotional support to mothers. This was particularly the case during the pandemic when mothers did not have the same level of interaction and support from family members and friends.

### **2.3.2 Workforce**

Feedback from staff is that they enjoy working as part of the Integrated Infant Feeding Team and everyone can see the value of, and is clear on, individual member's roles and responsibilities. All of the peer supporters employed by the Breastfeeding Network live in Ayrshire and previously were volunteers with the charity. The funding from Scottish Government has provided the opportunity to create employment for these local women.

### **2.3.3 Financial**

An economic modelling report carried out for the Maternal & Infant Nutrition Programme Board by a trainee Health Economist in the Transformation and Sustainability Department estimated that around £100,000 per year of health service costs in NHS Ayrshire & Arran could be avoided if there was a modest increase in breastfeeding rates. The economic analysis was based on five disease areas: gastrointestinal infection, lower respiratory tract infection, otitis media and necrotising enterocolitis in infants and breast cancer in mothers. The report concluded that although the estimate of potential savings was based on robust modelling, it represented a substantial underestimate of the true benefits of higher breastfeeding

rates due to the range of other diseases that would be prevented and the concurrent reduction in health service usage.

As a result of reduced funding, the Community Infant Feeding Support Nurse only provides a service to mothers in North Ayrshire, although the Community Infant Feeding Specialist Nurse continues to provide a service on a pan-Ayrshire basis.

#### **2.3.4 Risk assessment/management**

The uncertainty of funding beyond March 2022 poses a key risk to the peer support service. Twice yearly monitoring reports are submitted to Scottish Government and the Policy Team are aware of the positive impact the service on mothers who have taken up the offer of support. Regular communication will be maintained with the Policy Team at Scottish Government throughout the rest of the year.

#### **2.3.5 Equality and diversity, including health inequalities**

Some interventions to increase breastfeeding rates are targeted given that rates are strongly socially patterned. Younger women, those living in the most deprived areas and those with lower educational attainment are much less likely to breastfeed. Furthermore, women from these groups are less likely to take the recommended nutritional supplements prior to pregnancy, have a good diet during pregnancy, and are more likely to introduce complementary foods earlier than recommended.

An impact assessment was carried out on the Ayrshire Healthy Weight Strategy and informed the multi-agency Maternal and Infant Nutrition Action Plan to address the issues highlighted above.

#### **2.3.6 Other impacts**

##### Best value

Creation of the Integrated Infant Feeding Team has enhanced partnership working between Maternity Services, Health Visiting, Public Health and the Breastfeeding Network, and aligns with the vision and principles set out in the Christie Commission.

##### Corporate Objectives

The work described in this paper supports delivery of the following corporate objectives:

- Protect and improve the health and wellbeing of the population and reduce inequalities through advocacy, prevention and anticipatory care;
- Create compassionate partnerships between patients, their families and those delivering health and care services which respect individual needs and values. This will result in those using our services having a positive experience of care to get the outcome they expect.

Taking a whole systems approach to improving breastfeeding rates is a prime example of the Caring for Ayrshire principles of prevention and early intervention in action.

## Local outcomes improvement plans, community planning

Commitment to improve breastfeeding rates is included as a priority in each the three Ayrshire's Children and Young People's Services Plans. Whilst the health service has a significant role in encouraging and supporting women to breastfeed, many partner organisations have a role to play in creating supportive environments for breastfeeding mothers.

### **2.3.7 Communication, involvement, engagement and consultation**

The Maternal & Infant Nutrition Programme Board is a partnership between NHS Ayrshire & Arran, the three local authorities, the three Health & Social Care Partnerships and the Breastfeeding Network (a national charity), whose purpose is to oversee implementation of a local maternal and infant nutrition action plan and the associated ring-fenced funding. The plan spans maternal nutrition, including maternal healthy weight; breast and formula feeding; weaning; oral health; and nutrition in early years.

When Programme for Government funds for 2018-2021 were confirmed a paper on the proposed work was considered by the following:

- South Ayrshire Integration Joint Board, 12 September 2018
- North Ayrshire Integration Joint Board, 15 November 2018
- East Ayrshire Integration Joint Board, 12 December 2018.

### **2.3.8 Route to the meeting**

This work has been previously considered by the following groups as part of its development. The group has supported the content and their feedback has informed the development of the content presented in this report.

- Infant, Children & Young People Transformational Change Programme Board, 14 July 2020 and 24 March 2021.

## **2.4 Recommendation**

Members are asked to be aware of the work underway to improve breastfeeding rates and to note, in particular, the positive impact of peer support provided in the early days following birth.

## **3. List of appendices**

The following appendices are included with this report:

- Appendix 1: Breastfeeding data for Ayrshire and Arran 2020/21

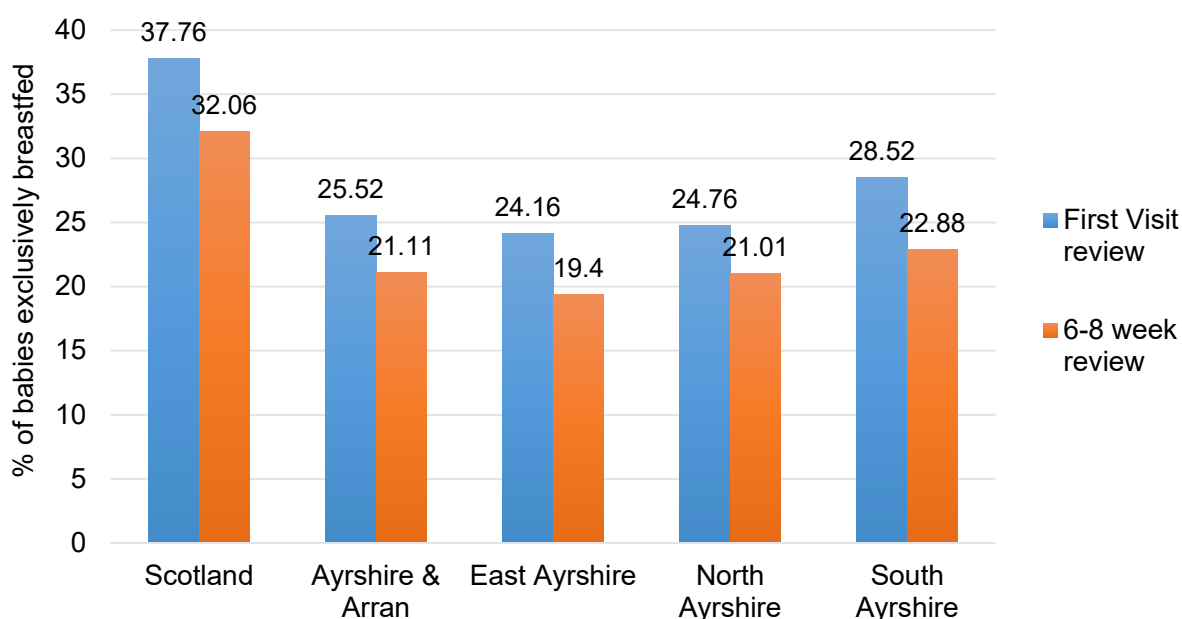


## Appendix 1: Breastfeeding Data for Ayrshire and Arran 2020/21

The data included in this paper has been extracted via the CHSP Pre-school system, with data collected by Health Visitors at First Visit review (at around 10-14 days of age) and the 6 to 8 week review. The data focusses on the percentage of babies who have been exclusively breastfed as defined as babies who are exclusively breastfed in the past 24 hours at the time of review. The data included reports until 2019/20 financial year data for maternal age and deprivation.

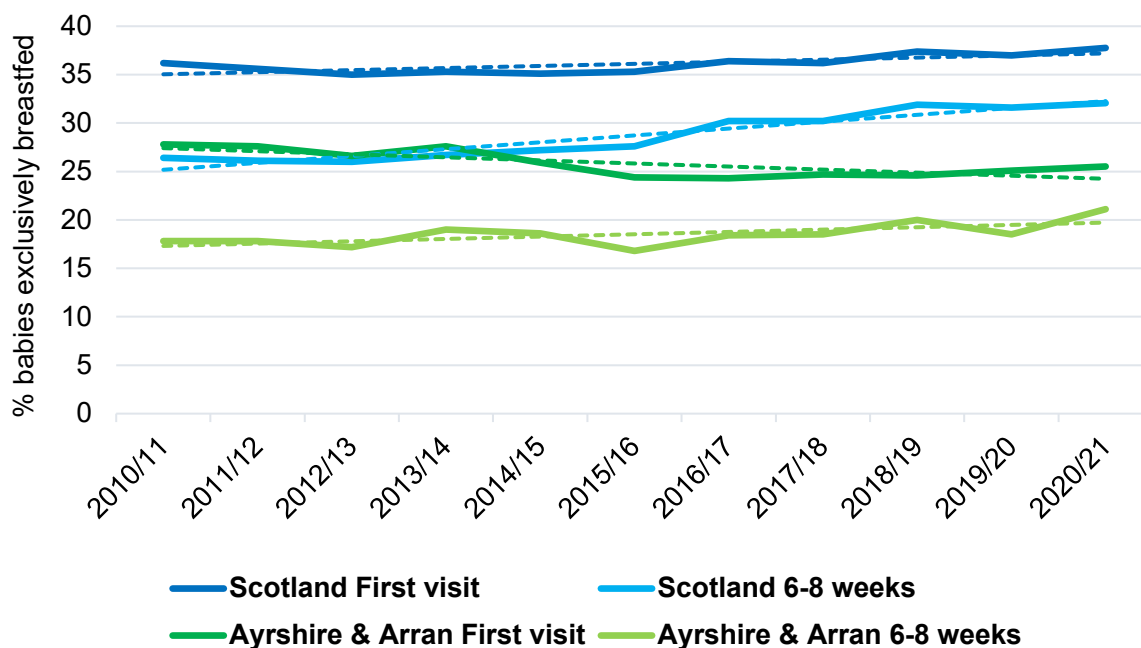
In 2020/21, 25.5% of babies in NHS Ayrshire & Arran were exclusively breastfed at First Visit review, compared to 37.8% in Scotland overall. In addition, 21.1% of babies were exclusively breastfed in NHS Ayrshire & Arran at the 6-8 week review, compared to 32.06% in Scotland. Comparing this data to 2019/20, there is a 0.4% increase in exclusive breastfeeding at First Visit review, and a 2.6% increase in exclusive breastfeeding at 6-8 week review for Ayrshire and Arran in 2020/21. When the data is explored at local authority level for 2020/21, a higher proportion of mothers in South Ayrshire were recorded as exclusively breastfeeding their babies at First Visit and 6-8 week review, compared to East Ayrshire and North Ayrshire where rates were lower. This data is shown in Figure 1.

**Figure 1: Percentage of babies exclusively breastfed in the past 24 hours at time of First Visit and 6-8 week review in the financial year 2020/21**



Trend data over a 10-year period, from 2010/11 to 2020/21, shows a general decline in exclusive breastfeeding at First Visit for NHS Ayrshire & Arran, whilst there has been a general increase in exclusive breastfeeding at 6-8 weeks (as shown in Figure 2). At local authority level, there is greater variance across the three Ayrshire areas, with higher rates of exclusive breastfeeding consistently shown in South Ayrshire at First Visit and 6-8 week review compared to East Ayrshire and North Ayrshire.

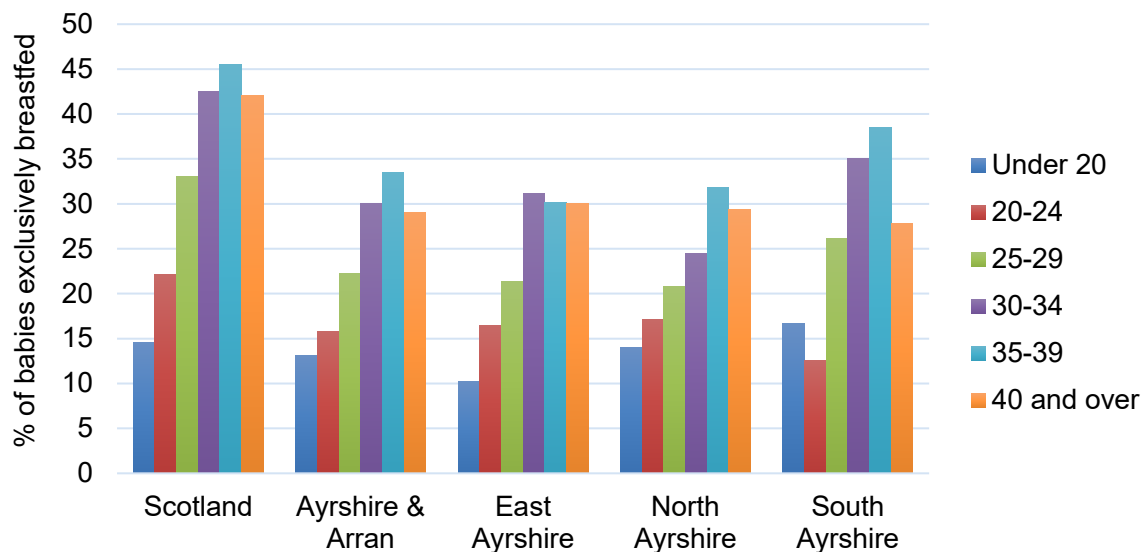
**Figure 2: Percentage of babies exclusively breastfed in the past 24 hours at time of First Visit and 6-8 week review from 2010/11 to 2020/21 in NHS Ayrshire & Arran and Scotland**



### Exclusive breastfeeding by maternal age

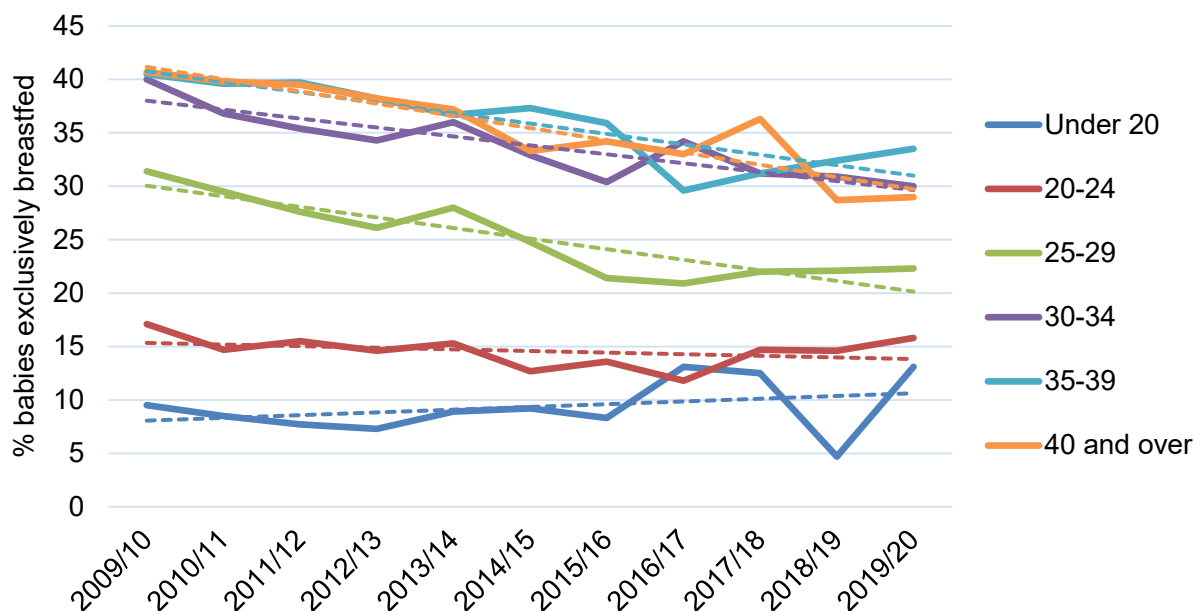
Breastfeeding has been shown to be more prevalent in older mothers. In the financial year 2019/20, this trend was shown in NHS Ayrshire & Arran, with exclusive breastfeeding at First Visit generally increasing with maternal age. Figure 3 highlights the exclusive breastfeeding data by maternal data for Scotland, NHS Ayrshire & Arran, and the three Ayrshire local authority areas as recorded at First Visit. As shown, in 2019/20, 13.1% of mothers under the age of 20 in NHS Ayrshire & Arran exclusively breastfed their babies, in comparison to 33.5% of mothers aged 35-39. There is generally a gradient trend with increasing age, however, there is a small decline in rates for mothers aged 40 and above. In addition, this trend is not consistently shown in South Ayrshire, with a lower percentage of babies being exclusively breastfed at First Visit by mothers aged 20 to 24 years in comparison to other age groups.

**Figure 3: Percentage of babies exclusively breastfed at First Visit in the financial year 2019/20 by maternal age in NHS Ayrshire & Arran and Scotland**



Trend data from 2009/10 to 2019/20 in NHS Ayrshire & Arran (as shown in Figure 4), shows a general decline in exclusive breastfeeding at First Visit for those aged 25 and above. Comparatively, there has been a general increasing trend in exclusive breastfeeding at First Visit for those under the age of 20. There is variance in this data at each age range, as shown in the trend data.

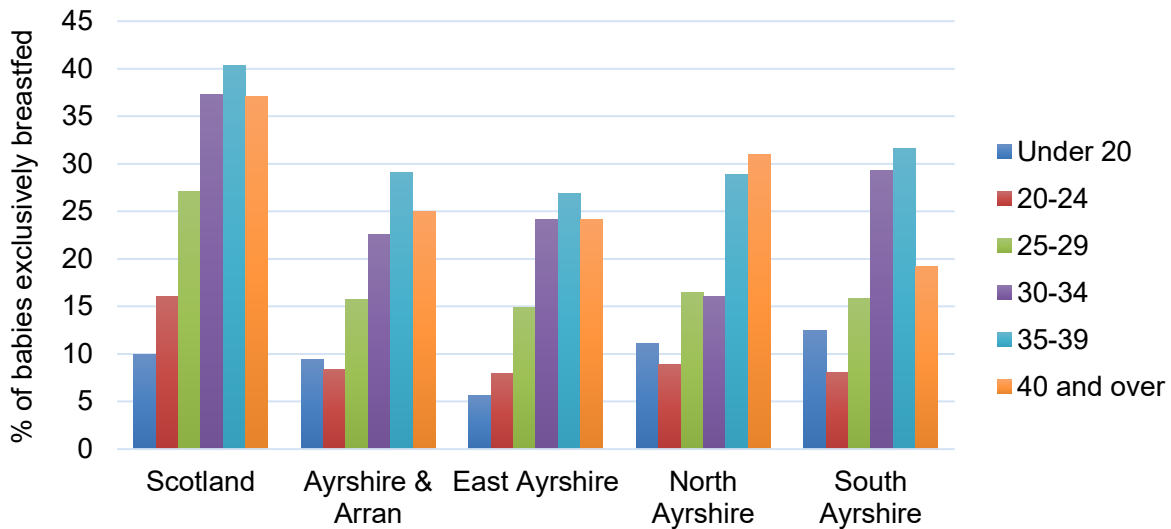
**Figure 4: Percentage of babies exclusively breastfed by maternal age at First Visit from 2010/11 to 2019/20 in NHS Ayrshire & Arran**



The trend towards exclusive breastfeeding in older mothers has also been shown in data from the 6-8 week review (as shown in Figure 5). In 2019/20, 9.4% of mothers under the age of 20 were recorded as exclusively breastfeeding their babies at the 6-8 week review in NHS Ayrshire & Arran, compared to 29.1% of mothers aged 35-39 and 25% of mothers aged 40 and above. Similar to First Visit data, the data from the 6-8 week review highlights a general

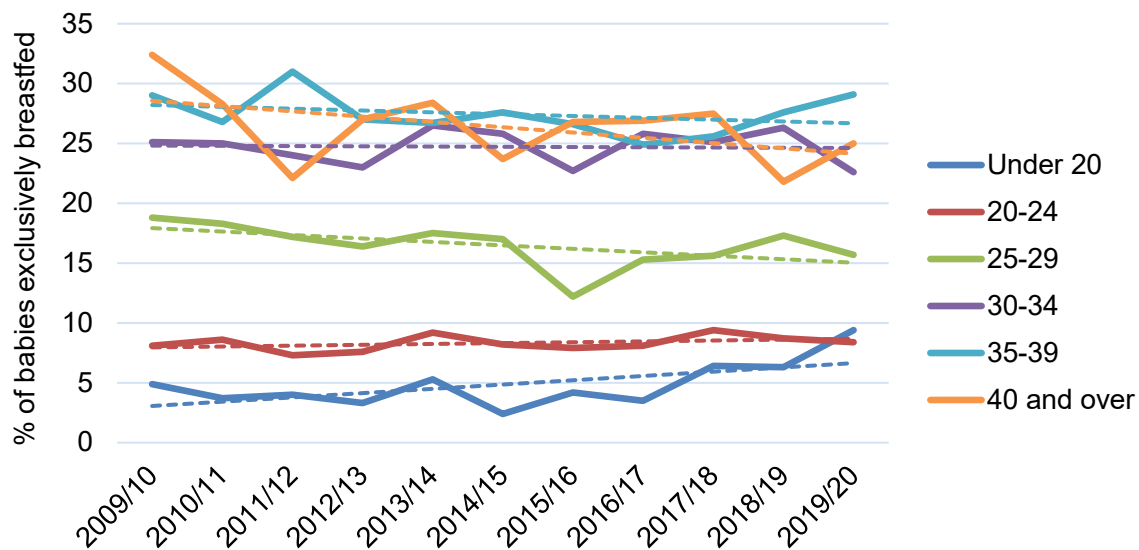
trend towards exclusive breastfeeding in older mothers, but a decline in rates for mothers aged 40 and above. There is, however, variance in the data at local authority level.

**Figure 5: Percentage of babies exclusively breastfed at 6-8 week review in the financial year 2019/20 by maternal age in NHS Ayrshire & Arran and Scotland**



Trend data from 2009/10 to 2019/20 for NHS Ayrshire & Arran (as shown in Figure 6) in relation to the 6-8 week review shows similar data trends in exclusive breastfeeding by maternal age to First Visit review data. The data shows a general decline in exclusive breastfeeding at 6-8 week review for those aged 25 and above, and an increasing trend in exclusive breastfeeding at 6-8 week review for those under the age of 25. Rates of exclusive breastfeeding at the 6-8 week review are highest amongst those aged 30 and above.

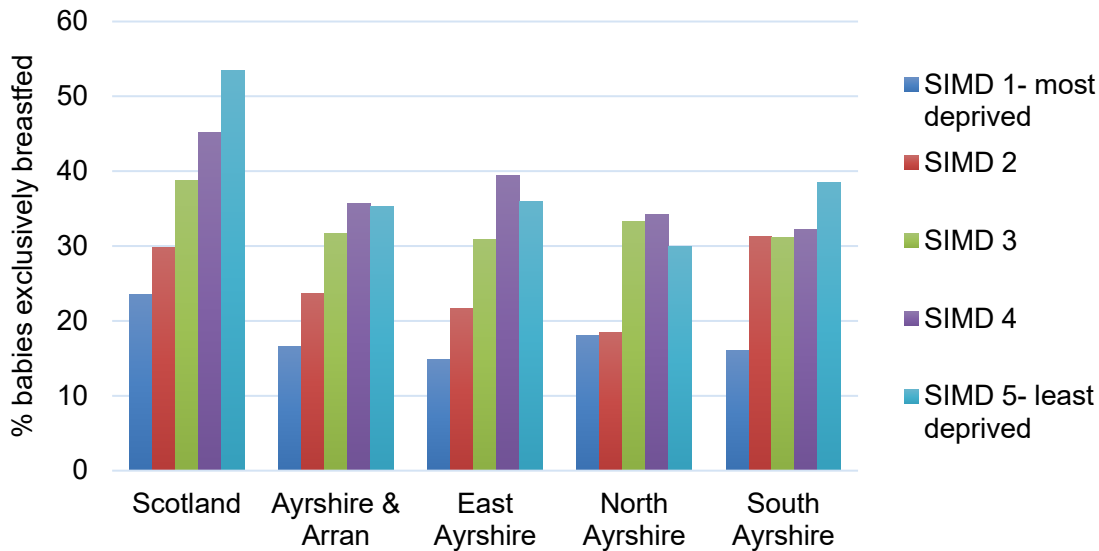
**Figure 6: Percentage of babies exclusively breastfed by maternal age at 6-8 week review from 2009/10 to 2019/20 in NHS Ayrshire & Arran**



## Exclusive breastfeeding by deprivation

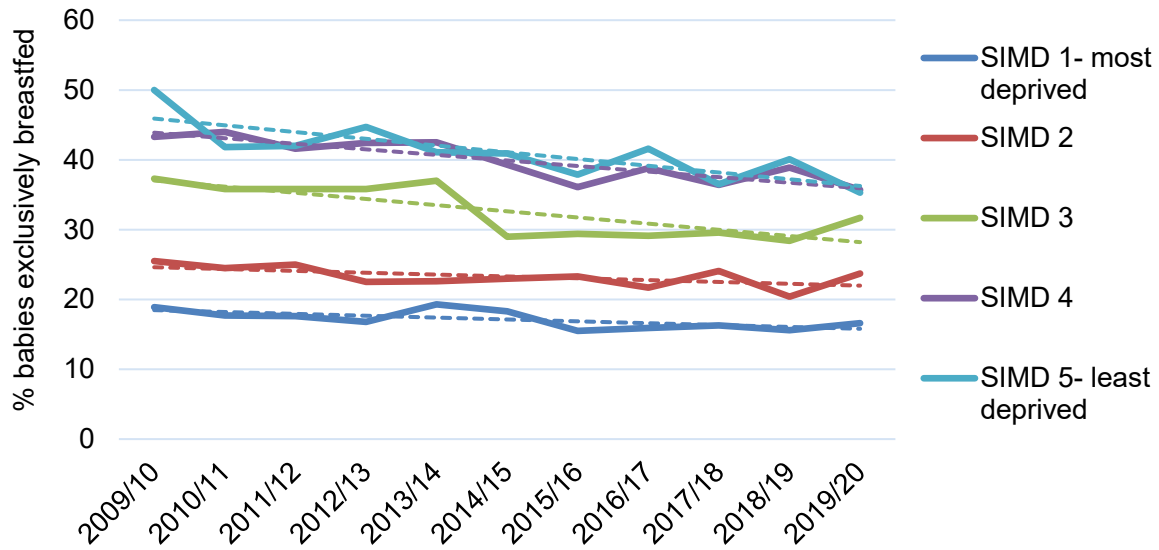
Breastfeeding has been highlighted as less prevalent amongst those who are more deprived. In the financial year 2019/20, this trend was shown in NHS Ayrshire & Arran, with exclusive breastfeeding at First Visit generally increasing with lower levels of deprivation (as categorised by SIMD quintile data). Figure 7 highlights the exclusive breastfeeding data by deprivation for Scotland, NHS Ayrshire & Arran, and the three Ayrshire local authority areas as recorded at First Visit. In 2019/20, 16.6% of mothers living in SIMD 1 (the most deprived) quintile postcode areas in NHS Ayrshire & Arran exclusively breastfed their babies, in comparison to 35.7% of mothers living in SIMD 4 quintile postcode areas and 35.3% of mothers living in SIMD 5 (the least deprived) postcode areas. There is generally a gradient trend with reducing levels of deprivation, despite variances at local authority level.

**Figure 7: Percentage of babies exclusively breastfed at First Visit review in the financial year 2019/20 by deprivation in NHS Ayrshire & Arran and Scotland**



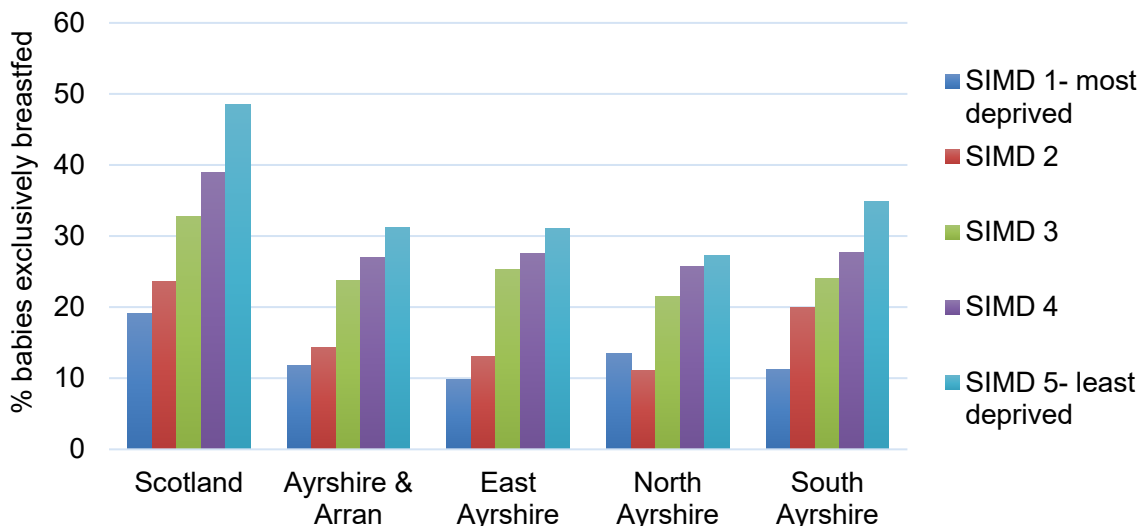
Trend data between 2009/10 to 2019/20 for NHS Ayrshire & Arran (as shown in Figure 8) shows a consistent trend of differences in exclusive breastfeeding rates based on SIMD quintile postcode areas. The data highlights a general decline in exclusive breastfeeding for mothers living in SIMD 3, SIMD 4 and SIMD 5 quintile postcode areas over the 10-year period, whilst rates for mothers living in SIMD 1 and 2 quintile areas have remained fairly consistent.

**Figure 8: Percentage of babies exclusively breastfed by deprivation at First Visit review from 2009/10 to 2019/20 in NHS Ayrshire & Arran**



The trend towards exclusive breastfeeding in those living in less deprived postcodes has also been shown in data from the 6-8 week review (as shown in Figure 9). In 2019/20, 11.8% of mothers living in SIMD 1 quintile postcode areas were reported as exclusively breastfeeding their babies, compared to 31.2% of mothers living in SIMD 5 quintile postcode areas. Similar to the First Visit data, the data from the 6-8 week review highlights a general trend towards exclusive breastfeeding amongst those living in lower levels of deprivation. This trend is also shown at local authority level, however there is greater variance in the data at local authority level.

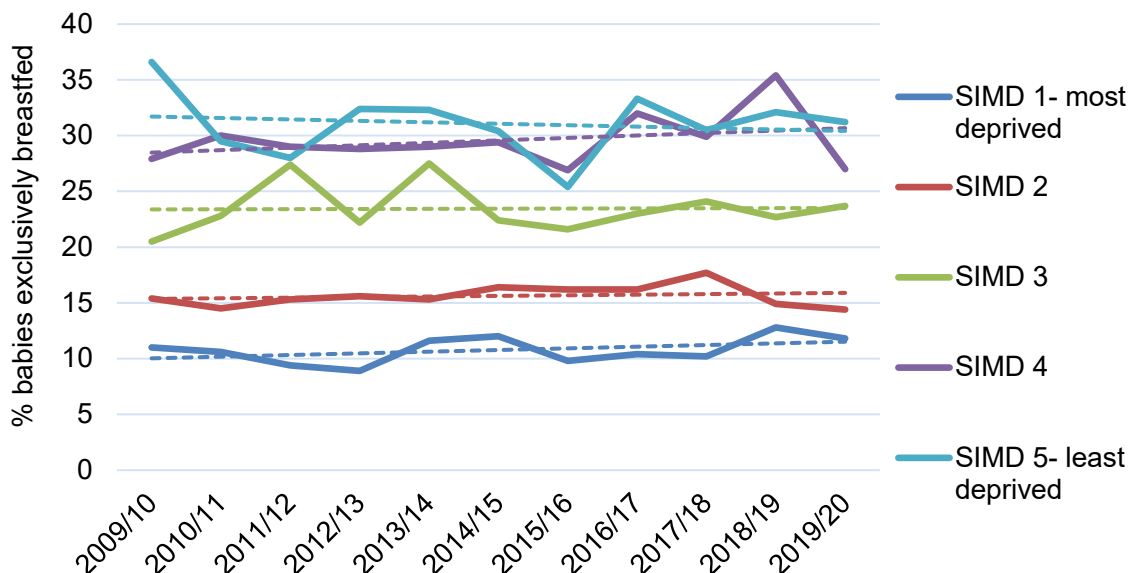
**Figure 9: Percentage of babies exclusively breastfed at 6-8 week review in the financial year 2019/20 by deprivation in NHS Ayrshire & Arran and Scotland**



Trend data between 2009/10 to 2019/20 for NHS Ayrshire & Arran (as shown in Figure 10) in relation to the 6-8 week reviews shows similar data trends in exclusive breastfeeding by deprivation to First Visit review data. Although there has been year-on-year changes in exclusive breastfeeding rates based on SIMD quintile data in NHS Ayrshire & Arran, there

has been little change in the percentage of babies who are exclusively breastfed overall (as shown by a linear data trend) during this time period. Specifically, however, there have been marginal increases in exclusive breastfeeding amongst those living in SIMD 1, 2 and 4 quintile postcode areas, and marginal declines amongst those living in SIMD 5 quintile postcode areas.

**Figure 10: Percentage of babies exclusively breastfed by deprivation at 6-8 week review from 2009/10 to 2019/20 in NHS Ayrshire & Arran**



### Exclusive breastfeeding during COVID-19

To understand the impact of COVID-19 on exclusive breastfeeding at First Visit review, Figure 11 highlights quarterly exclusive breastfeeding data reported at First Visit from April 2019 to March 2021. The graph shows a similar trend for Ayrshire and Arran across the two years, with declines at October-December at both years. At local authority level, there is greater variance across the three Ayrshire areas.

**Figure 11: Percentage of babies exclusively breastfed at First Visit review between April 2019 and March 2021 in Ayrshire and Arran displayed per quarter**

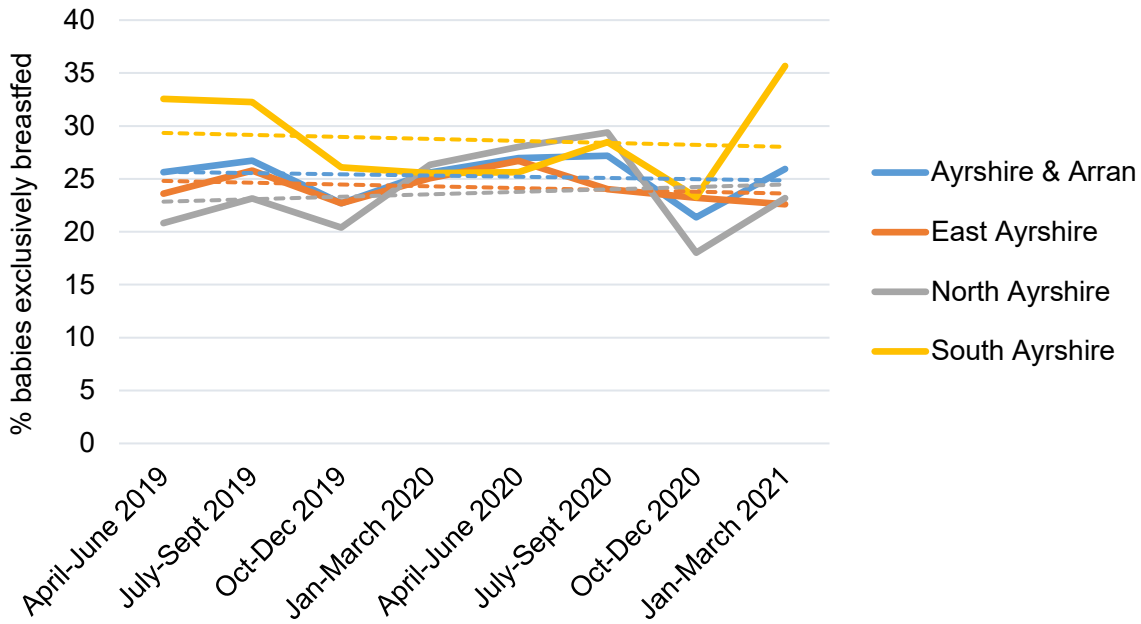
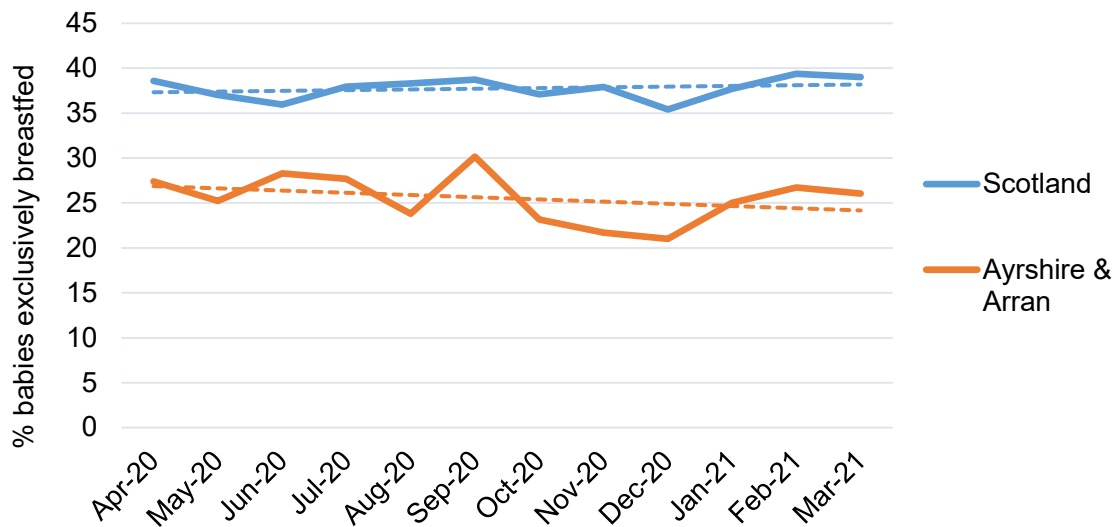
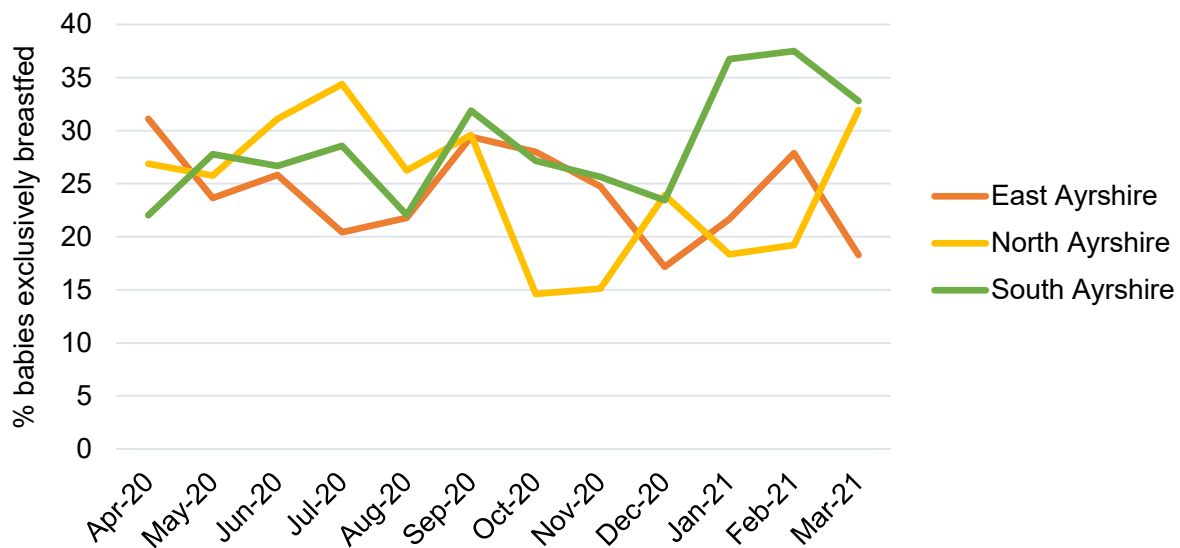


Figure 12 displays exclusive breastfeeding data at First Visit review from April 2020 to March 2021 for NHS Ayrshire & Arran, with a separate graph for the three Ayrshire local authority areas. There is a high amount of variance in the health board and local authority level data on a month-to-month basis. National 'lockdown' periods, were between the months of March and May 2020 and January and March 2021 (however there was variation in terms of the end date of lockdown at local authority level due to the introduction of a levels system at the second lockdown). The data for Ayrshire and Arran shows exclusive breastfeeding rates were lowest when restrictions were eased prior to the end of the year and increased during the second lockdown period. Based on linear trends, data for Ayrshire and Arran shows a gradual decline in exclusive breastfeeding at First Visit review during 2020/21, whilst rates in Scotland remained relatively stable.

**Figure 12: Percentage of babies exclusively breastfed at First Visit review in 2020/21 in NHS Ayrshire & Arran by month**







To understand the impact of COVID-19 on exclusive breastfeeding at 6 to 8 week review, Figure 13 highlights quarterly exclusive breastfeeding data reported at 6 to 8 week review from April 2019 to March 2021. The graph shows greater variance at local authority level, however for Ayrshire and Arran there is a similar trend in data with reductions in October-December at both years.

**Figure 13: Percentage of babies exclusively breastfed at 6-8 week review between April 2019 and March 2021 in Ayrshire and Arran displayed per quarter**

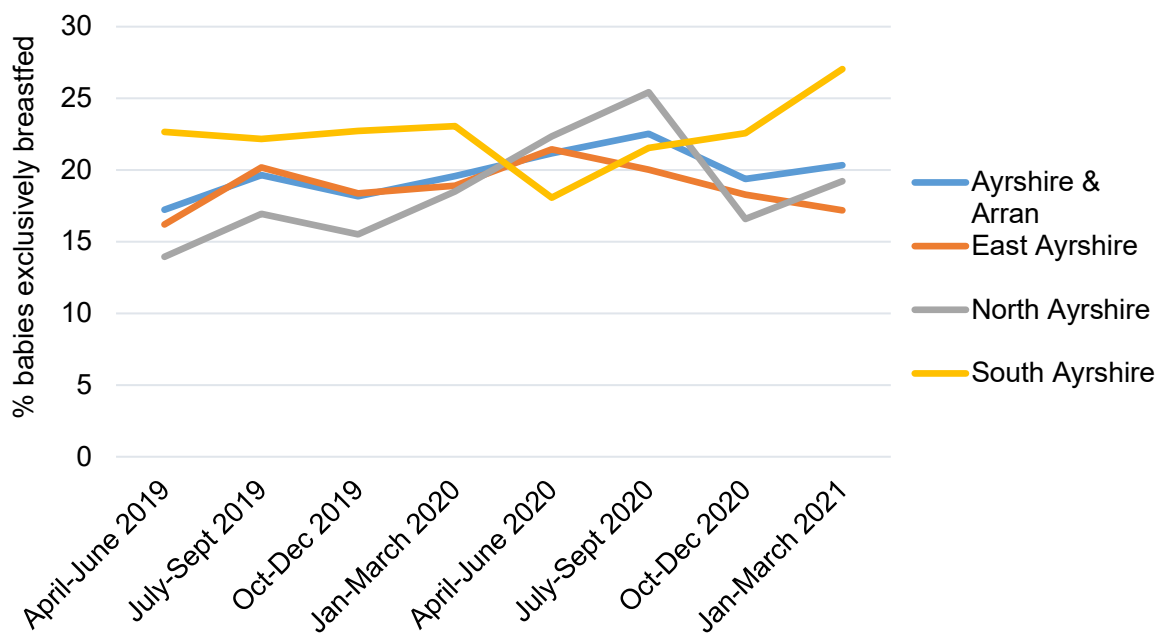


Figure 14 displays exclusive breastfeeding data at 6-8 week review from April 2020 to March 2021 for NHS Ayrshire & Arran, with a separate graph for the three Ayrshire local authority areas. There is a high amount of variance in the health board and local authority level data on a month-to-month basis. For Ayrshire and Arran, there was a decline in exclusive breastfeeding at 6-8 week review from October 2020, with the lowest rates in November and December 2020. Based on linear trends, data for Ayrshire and Arran shows a gradual decline

in exclusive breastfeeding at 6-8 week review during 2020/21, whilst rates in Scotland remained relatively stable.

**Figure 14: Percentage of babies exclusively breastfed at 6-8 week review in 2020/21 in NHS Ayrshire & Arran by month**

