

FTD 37

Ymateb gan: Unigolyn

Response from: Individual

Response to the consultation document The First 1000 days.

I am responding as an individual however my feedback reflects the overall experience of delivering an infant feeding service and leading the UNICEF Baby Friendly Initiative for Health Visiting Services within ABMU Health Board.

I am the Infant Feeding Coordinator for Health Visiting services within ABMU HB and a International Board Certified Lactation Consultant.

In response to item 1 and 7

“Promote and protect the health and wellbeing of children from pregnancy (for example through positive parenting, high immunisation rates and tackling smoking in pregnancy)”

“Reduce the adverse impact on the child of psychosocial issues such as poor parenting, disruptive family relationships, domestic violence, mental health issues and substance misuse through effective safeguarding”.

I was surprised that where there are discussions around protecting and promoting health and wellbeing in Wales no mention of breastfeeding is made.

Research and evidence has substantiated, time and time again, that breastfeeding is a pivotal factor in improving short, medium and long term physical and emotional health and wellbeing outcomes.

Breastfeeding is the foundation required for ‘positive parenting’ as a mother and infant develop a close and loving relationship which impacts positively

on cognitive ability, resilience throughout life, educational attainment, employment and social justice.

Breastfeeding is also the first immunisation a baby receives.

Furthermore, helping parents develop close and loving relationship with their baby is vital for positively impacting on an individual's educational attainment, employability and social justice experience.

Babies are born with an innate need to be close to the parents. This closeness and the way a parent responds to their infants needs continues to develop the fundamental brain architecture. Babies need to feel safe, secure, loved and wanted. When these factors come together in a parent that responds to the infants needs with kindness, love and care, the baby's brain is bathed in oxytocin. Oxytocin is essential for brain growth and development.

For a mother to consider breastfeeding in Wales she requires not only family and peer support but the support of her community and country. Wales has an ideal opportunity, with the First 1000 days campaign, to lead the devolved nations in creating a country that protect, promotes and supports breastfeeding wholly. All of our health, social, education, and business policies should reflect the importance of breastfeeding infants in Wales. Our government needs to facilitate an enabling environment for women and babies to achieve optimal breastfeeding. The World Bank Group has described breastfeeding as a crucial component in preparing children for the jobs of tomorrow.

<https://www.unicef.org.uk/babyfriendly/what-is-baby-friendly/the-benefits-of-breastfeeding/>

Protection of breastfeeding requires legislation to allow the mother and infant dyad to breastfeed. Legislation to support longer paid maternity leave, breastfeeding support on returning to work, breastfeeding welcome schemes, adopting the WHO Code of the Marketing of Breastmilk substitutes and creating a culture that normalises breastfeeding.

The current Welsh Breastfeeding Strategy is 16 years old and does not reflect the current situation in Wales. Government, policies and the political landscape have changed dramatically over 16 years, but despite several attempts by the All Wales infant Feeding Forum to update the strategy we have been unsuccessful.

We have no breastfeeding lead in Wales since Sally Tedstone left Public Health Wales, this shortfall has been identified by the World Breastfeeding Trends Initiative 2016.

<https://ukbreastfeeding.org/wbtiuk2016/>

Globally the UNICEF Baby Friendly Initiative has been shown to enable services such as midwifery, health visiting and neonatal to help protect, promote and support breastfeeding and close and loving relationships. Their standards for delivering services to protect, promote and support breastfeeding have been proven to increase the numbers of mothers initiating breastfeeding and breastfeeding for longer. Not all Health Boards in Wales are fully accredited Baby Friendly Initiative facilities, which is a huge concern as not all babies born in Wales are receiving the basic standards of care which has been identified as crucial in increasing breastfeeding rates by NICE and UNICEF .

In response to item 2

“Deliver improved child health outcomes across Wales (for example prevention of obesity and the promotion of health-enhancing behaviours for every child such as eating a well balanced diet, playing actively, and having an appropriate weight and height for their age and general health).”

Antenatal support to eat well, exclusively breastfeeding and responsive parenting are fundamental to children in Wales establishing eating behaviours that impact on obesity, diabetes Type 2, high blood pressure and high cholesterol.

Breastfed infants are better able to control their intake, better self regulate their food intake, are more likely to try and accept new foods when weaning and regulate hormones involved in metabolising food.

Emerging research also shows that responsive breastfed infants are less likely to eat carbohydrate based foods.

All of these factors support breastfeeding in relation to desired outcome of item 2.

In response to item 3

“child health inequalities, with a specific focus on child poverty and disabled children.”

Every child has the right to expect that professionals intervening in their lives will do so on the basis of the best available knowledge.

Breastfeeding provides a solution to the longstanding problem of the greatest burden of ill health and adverse effects falling on the poorest families, and is in itself an intervention to tackle inequalities in health; a child from a low income background who is breastfed is likely to have better health outcomes than a child from a more affluent background who is formula fed.

In addition to breastfeeding, developing a close and loving relationship is an essential ingredient to ensure infants have the brain capacity to engage in learning, have a desire to learn and thrive in the school environment to successfully achieve an educational outcome to gain employment which helps raise a family out of poverty.

Developing a close and loving relationship begins before birth. All parents require support to enable them to start developing a responsive relationship with their infant whilst developing in the womb.

Research demonstrates the positive impact of helping parents develop a close and loving relationship in utero and beyond. These key 1000 days are reflected in the UNICEF UK Baby Friendly Initiative standards for midwifery,

neonatal, health visiting and children's centre standards which should provide a backdrop for all of the 1000days key themes for Wales.

In response to item 4

"Reduce child deaths and injury prevention, particularly in the most deprived parts of Wales where infant mortality is much higher than the least deprived."

Optimal breastfeeding of infants under two years of age has the greatest potential impact on child survival of all preventive interventions, with the potential to prevent over 800,000 deaths (13 per cent of all deaths) in children under five in the developing world.

Breastfed children have at least six times greater chance of survival in the early months than non-breastfed children. An exclusively breastfed child is 14 times less likely to die in the first six months than a non-breastfed child, and breastfeeding drastically reduces deaths from acute respiratory infection and diarrhoea, two major child killers.

<http://www.thelancet.com/series/breastfeeding>

Exclusively breastfeeding an infant at one month of age halves the risk of sudden infant death syndrome.

<http://doi.org/10.1542/peds.2008-2145>

Clear research and evidence based campaigns for all families across Wales would highlight the often misunderstood elements of 'cot death' or 'SIDS'. Experts in the field, Infant Sleep Information Source run by Durham University's Professor of Anthropology Prof Helen Ball, is ideally placed in the UK to advise and guide on such mass campaigns.

As previously discussed the relationship of breastfeeding and reducing inequalities in health and improving physical and emotional health outcomes for infants and mothers who breastfeed. Mothers' breastfeeding are protected against breast, ovarian cancer and osteoporosis.

In response to items 5 and 6

“Support effective child development and emotional and social well-being – specifically interventions that are delivered outside the health service which can help to detect and address developmental delays.”

“Focus on improving learning and speech and language development through the home learning environment and access to early years’ provision (including childminders, preschools and day nurseries)”

Encouraging, supporting and teaching a parent to develop a close and loving relationship with their infant is again an essential element of interaction, stimulation and play.

Breastfeeding allows for this innate relationship to develop whilst the mother is breastfeeding. Not only does this relationship impact on the development of a child’s brain architecture but there is a body of evidence suggesting that breastfeeding and responsive parenting improves speech and language development and cognitive ability. These issues have been outlined earlier in this document.

Maternal mental health problems have played a huge part in negatively influencing parenting ability and responsive parenting. There is evidence that breastfeeding can have a preventative effect on mental illness developing. A large scale study published in 2014 showed that mothers who planned to breastfeed and who actually went on to breastfeed were around 50% less likely to become depressed than mothers who had not planned to, and who did not, breastfeed. Mothers who planned to breastfeed but who did not go on to breastfeed were over twice as likely to become depressed as mothers who had not planned to, and who did not breastfeed.

<http://www.cam.ac.uk/research/news/breastfeeding-linked-to-lower-risk-of-postnatal-depression>

Research also shows that more than 3 in 5 women stopped breastfeeding earlier than they wanted to. This shows the importance of providing good

quality breastfeeding support and evidence based information on the safety of anti-depressant medication for mums who do want to breastfeed.

In relation to the provision of early years care, a further factor that can influence the progress in this area is working toward the UNICEF UK Baby Friendly Initiative standards for Children's Centres. In Bridgend Flying Start the standards are already being introduced across the Flying Start service which includes impacting on health staff, local authority staff, childminders, childcare providers, counsellors and all providing care through the Flying Start service. The organisation is currently working towards Stage 1 accreditation.

Final Discussion

I hope this feedback has highlighted the need to use the UNICEF UK Baby Friendly Initiative standards as foundations for all the desired outcomes for the First 1000 days campaign in Wales.

It is essential that the campaign looks to invest in children living in Wales and we send out a clear message to the UK and Europe that across Wales we care about our children and we invest in our children.

I understand the difficulty shifting resources in times of such austerity however having worked for Health Visiting services in the NHS for more than 20 years the only large scale investment to impact on outcomes is Flying Start. My concern is that the challenges outlined in the First 1000 days consultation document reflect challenges faced by all families living in Wales regardless of their family income and the area they live.

I see more and more parents who are educated and employed struggling with the day to day challenges of life which is impacting on their ability to parent responsively.

I think this whole discussion is succinctly outlined in the UNRC; **Article 3 (Best interests of the child)**: The best interests of children must be the primary concern in making decisions that may affect them. All adults should do what is best for children. When adults make decisions, they should think about how their decisions will affect children. This particularly applies to budget, policy and law makers.