

Speech to Blackpool Council Meeting, 6pm 20th September 2017, by Blackpool resident Ms Zoe Walsh.

Mr Mayor and elected members of the Council, thank you for letting me talk today about breastfeeding support in Blackpool.

Blackpool Council's priorities include:

- * reducing health inequalities
- * improving physical and mental health outcomes for our families,
- * early intervention
- * building community resilience, and
- * reducing social isolation

Breastfeeding support goes a long way to address these priorities for instance:

- * it protects babies from lung, tummy and ear infections, and from cot death.
- * if all premature infants in the UK received breastmilk, the deaths of around 250 babies¹ could be prevented each year.
- * breastfed children have a 13% lower risk of obesity, a 35% lower risk of type 2 diabetes and can contribute to 50% lower risk of tooth decay as they grow².
- * Breastfeeding also protects mothers, lowering their risk of postnatal depression, type 2 diabetes, osteoporosis, breast and ovarian cancer, heart disease and stroke. Across the UK around 865 cases of breast cancer could be avoided each year through better breastfeeding rates.
- * When it comes to health inequalities, James Grant who is a former Director of UNICEF said:
"Breastfeeding is a natural safety net against the worst effects of poverty ... exclusive

breastfeeding goes a long way towards cancelling out the health difference between being born into poverty or being born into affluence”.

In Blackpool, the Star Buddies breastfeeding peer support project and infant feeding leads have been integral to supporting mothers to breastfeed for over 10 years; [our petition with well over 1000 signatures and comments](#), shows how much mothers valued the service.

Without the Star Buddies, many mums tell us that they would certainly have given up breastfeeding. (NB – printed copies of the petition and the comments of support therein, amounting to 54 printed A4 pages, were given to both the Leader of the Council Cllr Simon Blackburn, and Dir of Public Health Dr Arif Rajpura, after the Council meeting)

In the first 5 years of the commissioned project, [continuation rates \(at 6-8 weeks\) increased from 18% to 27%](#) - an increase of 50% - and they've maintained that standard.

The project [helped train](#) hundreds and hundreds of NHS and Children's centre staff, ran a [breastfeeding welcome](#) scheme, and many other things, including having peer supporters seeing new families in the hospital, telephoning families on transfer home, making home visits to those in need for up to 8 weeks, and arranging to meet new parents at the breastfeeding groups run weekly around the town for support as long as they wished to access it.

But this support no longer exists. Earlier this year, Public Health Blackpool took the decision not to renew funding from the end of June for Star Buddies breastfeeding peer support AND the Infant Feeding Lead, who led the training of community NHS and council staff, and co-ordinated the peer support service. They gave NO EXPLANATION for this change after 12 years of commissioning, and acted against both [Public Health England](#) and NICE guidance [[here](#) and [here](#)].

Star Buddies had been praised by [UNICEF](#), and [NICE](#) said the service was an example for other local authorities to follow when commissioning breastfeeding peer support.

The Director of Public Health says that Star Buddies will be replaced by an “[enhanced health visiting service](#)”. National guidance from [NICE](#), the Department of Health, and Public Health England is VERY, VERY clear - [breastfeeding peer support is essential](#), and distinct from support provided by healthcare professionals. PEER support is key. It underpins all the guidance AND the stories from women, the women who live in our town, in your wards and it is relatively inexpensive. Indeed, it [quickly pays for itself through reduced healthcare costs](#).

Through Star Buddies, Blackpool was able to meet ALL of the [NICE guidelines](#) on [infant feeding](#), as well as providing support on the neonatal unit and [additional support](#) for pregnant women with diabetes. We are not aware of another commissioned service in the country that could make that claim.

Getting help from a health professional is not the same as getting it from another mum, who has breastfed her baby, comes from your own area, and understands exactly who you are and where you are in that moment. Our Star Buddy service cannot be replicated by a Health Visitor in the limited time they have available.

Peer support goes deeper: it was working within our communities, and encouraging mums who had been supported themselves, to access free training so that they could use that experience and help other families in Blackpool. This service was enriching our communities, providing skills to women in all areas of Blackpool, and offering true peer support to families who might otherwise not engage in services.

We absolutely welcome the changes to structure of the Health Visiting service, but families don't see their Health Visitor until at least 10 days after a baby is born. Most of those who need breastfeeding support will have given up by then.

Public Health England recently produced detailed [commissioning guidance](#) on infant feeding for local authorities. You have the [first part](#) of this in your hands. It emphasises peer support as an essential part of an evidence-based approach. It says commissioners in local authorities must work with NHS providers, local organisations and service users, to develop the right strategy for each community. This guidance been endorsed by the [Chief Medical Officer](#), who said:

“Failure to invest in breastfeeding leads to poorer health outcomes for children and women today and for generations to come. We recognise great success in some areas of breastfeeding, [such as] peer support... I urge you all to seize this opportunity, read this guidance and consider how best to ensure that more of our babies are breastfed in future.”

We echo her sentiment, and call for this council to ensure that its Public Health department works with the NHS Trust, finds the funding necessary, and consults with families in [Blackpool](#) on the creation of a new breastfeeding peer support programme.

As elected representatives, we ask you to instigate a [scrutiny committee](#) to review the decision, and plan future provision for Blackpool.

It is within your power to provide the support mothers for to breastfeed, thereby reducing social isolation, building community resilience, and improving health and reducing inequalities for all, now and into the future.

Notes

1. Unicef Preventing Disease, Saving Resources. (At 75% breastfeeding 361 cases of NEC prevented. Extrapolating, at 100% then 481 cases prevented. Mortality from NEC is 40–60%, therefore breastfeeding and/or donor breastmilk in neonatal units could prevent approximately 250 deaths among premature babies.)

https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2012/11/Preventing_disease_saving_resources_policy_doc.pdf

2. Impacts of the 10 Steps to Healthy Feeding in Infants: a randomized field trial. (Healthy eating intervention in Brazil. Breastfeeding rates at 6 months in the intervention group were more than double, but tooth decay in the intervention group was half.)

<https://doi.org/S0102-311X2005000500018>

Several studies show the protective effect of breastmilk and the cariogenic (causing tooth decay) effect of formula milk:

- Arnold R, Cole M, McGhee J 1997, A bactericidal effect for human lactoferrin. *Science* 197:263–65.
- Mandel ID 1996, Caries prevention: current strategies, new directions. *JADA* 127:1477–88.
- Rugg-Gunn A, Roberts GJ, Wright WG 1985, Effect of human milk on plaque pH in situ and

enamel dissolution in vitro compared with bovine milk, lactose, and sucrose. *Caries Res* 19:327–34.

- Erickson PR, McClintock KL, Green N, et al 1998, Estimation of the caries-related risk associated with infant formulas. *Pediatr Dent* 20:395–403.

- RibeiroNM, Ribeiro MA 2004, Breastfeeding and early childhood caries: a critical review. *Jornal de Pediatria* 80(5 Suppl):S199–S210.