

East Sussex LAA Delivery Plan



East Sussex Strategic Partnership

National Indicator:	NIS No: 53			
	Definition: Prevalence of breastfeeding at 6-8 weeks from birth			
Performance:	Baseline	08/09	09/10	10/11
	07/08 Prevalence 31.6% Coverage 62.6%	Prevalence 49.1% Coverage 85.1%	Prevalence 50.9% Coverage 90.1%	Prevalence 52.9% Coverage 95%
Indicator Lead:	Sue Talbot, East Sussex County Council, Early Years, Childcare and Extended School Service			
Partners:	<u>Statutory Partners</u> East Sussex County Council (Children's Centres/Family Outreach Service) East Sussex Downs and Weald PCT Hastings and Rother PCT East Sussex Hospitals Trust (Midwifery) <u>Non Statutory Partners</u> Eastbourne Health Improvement Partnership Hastings Health Improvement Partnership Lewes & Wealden Health Improvement Partnership			

	Rother Health Improvement Partnership National Childbirth Trust	
Steering Group/ Partnership:	East Sussex Breastfeeding Steering Group Chair – Sharon Paine (Public Health Co-ordinator, Children & Families, East Sussex Downs and Weald PCT)	
Specific Sub Targets:	<u>Related sub-targets are contained within the plans of several partners</u> Specialist Midwives (targets include number of women breastfeeding at 6 weeks) Health Visitors (targets include increase in number of women breastfeeding at 6 weeks) Breastfeeding Peer Supporters (target is to encourage take-up of breastfeeding)	
Links with Other Plans:	Children and Young People’s Plan 2008-2011 (under Section 5, Be healthy) Council Plan (target 5.9b) Portfolio Plan (under Policy Steer CS9) Healthy Lifestyle Action plans of both ESDW PCT and H&R PCT (action 1.2)	
Risks/Barriers:	Risk/Barrier	Mitigating Action
	1. Recording and accurate collation of data	Training of frontline workers collecting data Building relationships between ESCC and PCT data analysts to ensure a clear understanding of the data Challenge by partners and GO-SE to ensure data stands up to scrutiny
	2. Potential reduction of funding for supporting services such as health visiting or midwifery could affect ability to achieve the target	Maintaining breastfeeding as a high priority in key partnership plans such as the CYPP Including all key partner organisations on the Breastfeeding Steering group
Resources:	Mainstreamed budgets within health (Health Visitor Service/Midwifery Service) Public Health funding £10k Children’s centre Funding £20k	

DRAFT – will be approved by December 2008

BREASTFEEDING IN EAST SUSSEX ACTION PLAN 2008-09

Strategic Aim	Action Required	Responsibility	Timescale	Measure
3.1 Adopt a multi-faceted approach across different settings to increase breastfeeding rates. This should include training for health professionals, peer support programmes and education for pregnant women, followed by proactive support during the post natal period.	<ul style="list-style-type: none"> • Universal use of UNICEF DVD across the area. • Ensure breastfeeding training for all staff continues. • Work with primary care and children’s centres in promoting breastfeeding. • Peer support programmes exist in all areas, including within hospital settings. 	Sue Talbot/Sharon Paine		
3.2 Implement a structured programme, using the Baby Friendly Initiative (BFI) as a minimum standard to encourage breastfeeding, subject it to external evaluation.	<ul style="list-style-type: none"> ▪ Agree an implementation plan across East Sussex. 	Sue Talbot		

Strategic Aim	Action Required	Responsibility	Timescale	Measure
3.3 Ensure there is a written, audited and well publicised breastfeeding policy that includes training and support for staff who may be breastfeeding. Identify a health professional responsible for the implementation.	<ul style="list-style-type: none"> ▪ Breastfeeding policy is widely known and endorsed across all agencies and professionals. 	Sue Talbot		
3.4 Ensure all staff in maternity and children's services understand the importance of breastfeeding and help promote a supportive environment for it.	<ul style="list-style-type: none"> • Introduce a national leaflet widely across the area. • Develop a directory of services and support for both PCT areas in East Sussex. 	Sue Talbot		
3.5 Provide local, easily accessible breastfeeding peer support programmes.	<p>Ensure peer supporters:-</p> <ul style="list-style-type: none"> ▪ are part of a multidisciplinary team ▪ receive training and have child protection clearance ▪ contact new mothers within 48 hours of the transfer home or 48 hours after a home birth ▪ offer ongoing support as the mother wishes ▪ can consult a health professional for support 	Sue Talbot/Sharon Paine		

Strategic Aim	Action Required	Responsibility	Timescale	Measure
3.6 Encourage women from minority ethnic communities whose first language is not English to train as breastfeeding peer supporters.		Sue Talbot		
3.7 Those prescribing or dispensing drugs to a breastfeeding mother should consult supplementary services e.g. LactMed or seek advice from the UK Drugs in Lactation Advisory Service.		PCT		
3.8 Avoid promoting or advertising infant or follow-on formula. Do not display, distribute or use product samples, leaflets, posters, charts etc donated by infant formulae manufacturers.		Sue Talbot/Sharon Paine		
3.9 Ensure digital scales are used for weighing infants and that these are maintained and calibrated annually in line with medical devices standards.		ESHT		
3.10 Promoting the Healthy Start Scheme		Sue Talbot		
3.11 Work in partnership to help mothers, babies and young children have a healthy balanced diet.		Sue Talbot/Sharon Paine		