

TITLE OF REPORT: Breastfeeding and tongue tie

REPORT OF: Alice Wiseman, Director of Public Health

SUMMARY

The purpose of this report is to give the Committee an overview of:

- Breastfeeding performance in Gateshead
 - Support available for mums who wish to breastfeed
 - Tongue tie overview
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BACKGROUND

1. Breastfeeding has numerous health benefits for both mother and baby. For example, it reduces the risk of obesity in the baby and reduces the risk of both breast and ovarian cancer in the mother. However, some may be unable to breastfeed, and others might simply choose not to: parents and carers will use infant formula, expressed milk or donor milk for a wide range of reasons.
2. Research has shown that:
 - Breast milk can reduce the risk of childhood obesity by up to 25%
 - Breast milk can protect babies from life-threatening illnesses; risk of sudden infant death syndrome is lowered by 45-73%
 - The risk of breast cancer is lowered by 4.3%
3. Tongue-tie can prevent babies from feeding successfully, often leading to poor weight gain. Babies are not routinely assessed for tongue-tie during neonatal examinations in the UK which can cause delays in diagnosis. It is estimated that up to 10.7% of babies are born with tongue-tie.

PERFORMANCE IN GATESHEAD

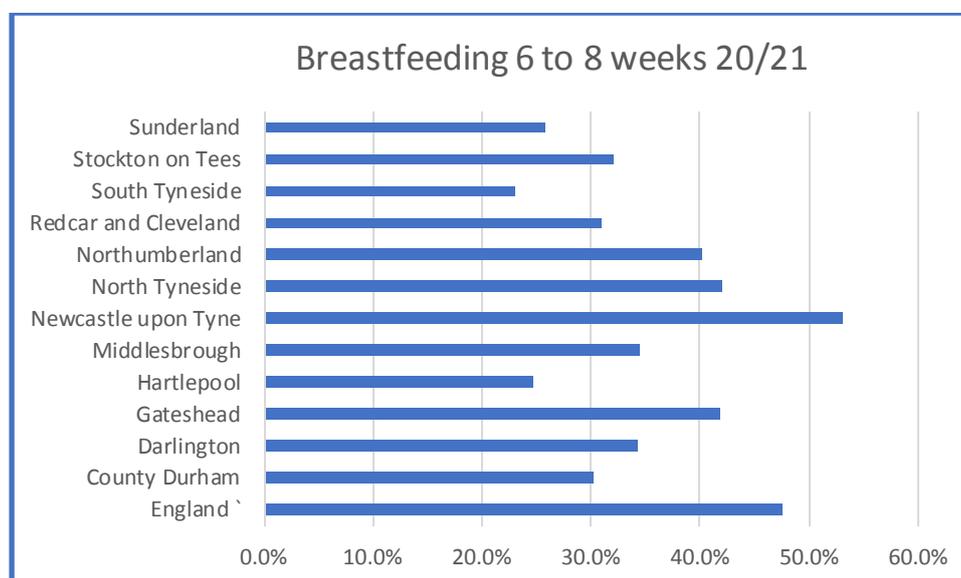
4. The table below gives details of Gateshead and national rates where breastmilk is the first feed.

Breastmilk as first feed	2018/19	2019/20	2020/21
Gateshead	56.4%	59.7%	58.2%
England	75%	72.8%	72.7%

5. Breastfeeding rates at 6 to 8 weeks had previously remained at around 35% to 36% in Gateshead for several years. The table below demonstrates the progress and improvements around breastfeeding rates since the contract for the 0-19 public health nursing service was awarded to Harrogate and District NHS Foundation Trust in July 2018 (note these figures include mothers who are fully breastfeeding and those who are partially breastfeeding).

Breastfeeding at 6 to 8 weeks	2018/19	2019/20	2020/21
Gateshead	35%	38.7%	41.7%
England	47.3%	48%	47.6%

6. The chart below shows that Gateshead is 3rd highest in the North East region for breastfeeding rates at 6 to 8 weeks.



BREASTFEEDING SUPPORT

7. The 0-19 public health nursing service (Growing Healthy Gateshead) received accreditation for stage 2 of the Unicef Baby Friendly Initiative (BFI) in September 2021. The baby friendly standards provide a roadmap for services to improve care and through the staged accreditation programme services are enabled to support all mothers with feeding and help parents build a close and loving relationship with their baby.
8. There are 3 stages to the accreditation programme as follows:
- Stage 1 Building a firm foundation
 - Stage 2 An educated workforce
 - Stage 3 Parents experiences
9. There are a number of standards that have to be met at each stage to achieve accreditation. Services have to submit all of their evidence for each standard and

this evidence is then assessed by Unicef. They also interview practitioners within the service to verify the evidence and to see how the standards are being implemented in practice.

10. The service achieved 100% in some of the standards and received excellent feedback about the team and their communication skills used in antenatal discussions and beyond.
11. There is a thematic lead for infant feeding in the 0-19 service who has responsibility for BFI accreditation. The lead is supported by a team of passionate breastfeeding champions within the service. The role of the champions is to offer more specialised provision to clients having breastfeeding issues, facilitate infant feeding clinics and support groups and to assist with BFI accreditation.
12. An early year's practitioner (EYP) in the service is also completing Unicef advocate training which will support families in Gateshead. This course is in the second intake and the cohort for the UK is only 8 members, so the EYP is really privileged to secure such a highly sought-after place.
13. Once a service has passed Stage 3, it will receive the prestigious Baby Friendly award, recognising excellence in the care of mothers and babies.
14. Around two years after accreditation, a re-assessment will take place to ensure that all the standards from Stages 1-3 are being maintained and to explore how the service is building on the good work it has already done. At re-assessment stage, services can also opt to be considered for an Achieving Sustainability assessment, leading to the Gold Award. This is not compulsory; if services do not wish to go for Gold, they will undergo continued re-assessment every three to five years.
15. During the pandemic the 0-19 service adapted and offered face to face, telephone and virtual support to clients and families with regards to infant feeding. Proactive support is offered to all women in Gateshead to assist with infant feeding issues or provide encouragement and praise to women who choose to breastfeed. Daily pro-active telephone calls continue to be offered to breast feeding mothers during the first weeks after birth and these calls are continued as needed during the first 6 weeks based on each individual family's needs and requirements.
16. Virtual infant feeding support cafes and virtual clinics are well established in Gateshead. These groups are held three times a week and allow clients to drop in for support and guidance.
17. Infant feeding cafes have been set up in partnership with the children's centres at Elgin and Blaydon. These offer support around breastfeeding (positioning, blocked ducts, cluster feeds, attachment) and peer support from other mothers. The service also offers virtual ante natal sessions focusing on all aspects of infant feeding and the provision of realistic feeding expectations.

18. The Growing Healthy Gateshead facebook page is updated regularly with advice and guidance on infant feeding. The Growing Healthy App, launched in February 2022, has a dedicated infant feeding section with links to guidance and support.

19. The maternity unit at the QE hospital in Gateshead offers the following breastfeeding workshops:

- 1st Tuesday of the month Chowdene Children's Centre
- 2nd Monday of the month Blaydon Children's Centre
- 3rd Monday of the month QE Maternity Unit
- Last Tuesday of the month QE Maternity Unit - for couples

20. After delivery a named midwife will provide advice and information to assist the mother in caring for her baby. All members of staff are fully trained in supporting any mother who chooses to breastfeed, making sure baby attaches and positions well to establish feeding. It is known for some babies to be slower to take off with their feeding and the midwife will be there to reassure that this can be normal and care plans will be made to assist with this.

21. The North East and North Cumbria ICS Public Health Maternity Prevention Team worked with key delivery partners including peer supporters and parents/carers to develop a breastfeeding touchpoint pathway to improve the consistency and support across the North East. This covers all the key contact points during pregnancy until the baby is 6 to 8 weeks old where practitioners can have discussions to support mothers who want to breastfeed or who are breastfeeding.

TONGUE TIE

22. Tongue-tie, also known as ankyloglossia, is a congenital abnormality which is characterized by an abnormally short lingual frenulum, which can cause restriction to tongue movement. The condition may be mild or severe and careful assessment of the degree of tongue-tie must take place in addition to a full feeding history to determine whether the tongue-tie may cause feeding problems.

23. Many tongue-ties are asymptomatic and do not require treatment; some may resolve spontaneously over time. Some practitioners, however, believe that if a baby with tongue-tie has difficulty breastfeeding, surgical division of the lingual frenulum (frenulotomy) should be carried out as early as possible. This may enable the mother to continue breastfeeding longer. However, expert support with breastfeeding is required prior and following assessment/division to enable best outcomes.

24. The following table shows the tongue tie activity demand by Newcastle Gateshead CCG. As can be seen from the table below the pandemic impacted significantly on tongue tie activity demand and this was seen across the whole of the North East.

2017/18	2018/19	2019/20	2020/21
229	167	142	42

25. Currently there is inequity of service provision across the North East region with some limited access and time restraints for assessment and division. Infant Feeding Leads without local services historically referred to the RVI when tongue tie division clinics ran weekly. However, as this service is no longer routinely available at the RVI all referrals were being made to Sunderland and South Tyneside Foundation Trust. This service is commended for its rapid response to referrals, expert service provision and follow up communication; however, this has resulted in the following concerns:

- Length of time until appointment - for out of area this can be 2-6 weeks
- Sustainability for the large area currently supported by Sunderland and South Tyneside if the practitioner was to be absent or leave post
- Travel requirements – access to transport and cost for out of area families
- Parents who can afford costs are utilising private practitioners, whilst mothers who cannot are often left waiting for appointments. These appointments are not always communicated to Midwifery or Health Visiting services.

26. Frenulotomy can also be performed by tongue-tie practitioners in private practice. There are currently two private practitioners registered with the Association of tongue tie practitioners in the North East. Costs vary dependant on number of appointments, but division is around £225. Additional cranio-osteopathy may also be advised at an additional cost.

27. A paper written by the North East and North Cumbria (NENC) ICS Public Health Maternity and Prevention Team with considerations, options, and next steps was discussed at an inaugural meeting by NENC strategic Senior Leaders in June 2021. There was agreement that a joint regional approach to provision across the whole of the ICS footprint should be the standard.

28. However, the proposed work is on hold at present due to commissioning difficulties and access to Practitioners.

RECOMMENDATIONS

The Committee is asked to note the contents of this report.

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