



## The Better Breastfeeding Campaign – Fighting for Breastfeeding Support

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Last year, we launched the Better Breastfeeding campaign ([www.betterbreastfeeding.uk](http://www.betterbreastfeeding.uk)) with the aim of getting better support for mothers who want to breastfeed. Breastfeeding rates in the UK are among the lowest in the world, despite the fact that most mothers here want to breastfeed. Surveys find that around 80% of mothers begin breastfeeding, but by 8 weeks around half of those have stopped breastfeeding completely. Yet 8 out of 10 of those who stopped in those early weeks said they would have liked to have breastfed for longer.

So it's really a no-brainer – help those mothers who want to breastfeed to continue, and breastfeeding rates will rise. But our campaign wasn't driven purely by a desire to increase breastfeeding rates, despite it being an important goal. I founded Better Breastfeeding with Professor Amy Brown and [a group of passionate campaigners](#) who all care deeply about mothers. I was inspired by various campaigns and campaign groups out there – #hospitalbreastfeeding (started by Helen Calvert), #MatExp, Milli Hill's Positive Birth Movement and the GP Infant Feeding Network (GPIFN). These groups were all started by individuals with a passion, and in our current age of social media it's possible for anyone to reach a big audience and to have an impact.

We are passionate about breastfeeding and we know how important it is to so many women. Breastfeeding means so much more to mothers than nutrition for their babies, and it can be devastating when it doesn't work out as planned. Studies show that mothers who plan to breastfeed but stop before they wanted double the rate of postnatal depression, and Professor Brown's research<sup>1</sup> shows that some mothers experience symptoms of trauma and grief when they stop breastfeeding. You only have to talk to mothers, as we do, to hear how much breastfeeding means to them.

Helping mothers succeed in their breastfeeding goals is highly achievable. With easy access to high-quality support from trained people, most mothers can breastfeed. (Even those who cannot breastfeed exclusively can often be helped to breastfeed partially, and other mothers can be supported to give their babies expressed breastmilk if direct breastfeeding is not possible.) What this means in practice is that mothers need access to trained peer supporters and breastfeeding counsellors from day one. These are mothers who have breastfed their own children and who are trained to help with babies who are struggling to latch, babies who aren't gaining enough weight and mothers with sore or damaged nipples, blocked ducts, mastitis or any of the more common problems they may experience. Peer supporters can also provide reassurance when breastfeeding is going well – very often mothers just need to hear 'That's normal' or 'You're doing a great job' or 'This is hard but it will get easier'. Sometimes, there will be a more complex problem, and those mothers and babies will need timely access to a lactation consultant. For example, if a baby has a tongue tie that is impacting their feeding or growth or causing their mother extreme pain, that needs to be identified and treated quickly. No mother should have to wait weeks for access to a tongue-tie procedure when it's required. There are areas in the country, such as the London borough of Tower Hamlets, where you get an adequate level of support. But these places are now few and far between. Families living in the nearby borough of Redbridge used to have a similar level of support, but in 2016 the local council closed its baby-feeding support service. Now, the only NHS support in Redbridge is basic breastfeeding help from their midwives and health visitors. Their team of highly trained breastfeeding supporters was disbanded and that expertise has been lost. Sadly, this is a picture that we've seen repeated across the country. Many places had very little breastfeeding support to begin with, but those excellent services that did exist have been steadily eroded since around 2015 as a result of budget cuts and as public health responsibilities have moved from the NHS to local authorities in England.

Better Breastfeeding has been documenting these cuts over the last few years, and we've found that in 44% of local authorities in England breastfeeding support services have been reduced or closed completely (<https://betterbreastfeeding.uk/englandcuts/>). These are just the cuts that have been reported to us – we know there are more that haven't yet come to our attention (please let us know of any we've missed by emailing [info@betterbreastfeeding.uk](mailto:info@betterbreastfeeding.uk)).

It's a desperate situation, but our campaign is working hard to try to turn things around. At a national level, we have been working closely with other breastfeeding organisations to lobby ministers and talk to officials. We've also set up a network of Better Breastfeeding Advocates, who are helping us to campaign at a local level. We have nearly 180 advocates so far, and our aim is to have a group of advocates working together in each of the 44 regions in England identified by the government as Local Maternity Systems (LMSs). Each LMS has been tasked with delivering the government's Better Births strategy, and the official line is that improvements to breastfeeding are going to come about through this national maternity strategy.

The trouble is that the LMSs themselves have little idea of how to do this, and they haven't been told that breastfeeding is a priority, even though this is what ministers are saying publicly. So our campaign has produced a '[Guide to the guidance](#)' on breastfeeding support that is aimed at LMSs and tells them everything they need to know about the national guidance that's out there – from the National Institute for Health and Care Excellence (NICE), Public Health England, United Nations Children's Fund (Unicef) and others. Our local advocates have been making sure that their LMS has seen the guide and they're applying pressure to try to ensure that good-quality breastfeeding support is part of their local Better Births plan.

Commissioners – in the NHS and in local government – are under pressure from many sides. They will listen to the loudest voices and, until now, breastfeeding campaigners have not been among those shouting the loudest. For the most part, we've been busy doing what we do, helping mums to breastfeed their babies. Our advocates are set to change this by making their voices heard at a local level. Not only will they be pushing for breastfeeding to be a central part of the new Better Births plans, they'll also be calling for it to be included in their local perinatal mental health pathway and in their local childhood obesity strategy. They'll even push for it to be part of the local council's environmental strategy (the more babies who are breastfed, the less plastic from formula packaging that needs to be recycled or sent to landfill).

One of the best ways to achieve this, we believe, is for each council area to have its own Infant Feeding Strategy Group, with representation from our advocates, working alongside council officials, midwives, health visitors, GPs, peer supporters and mothers themselves. Some areas have had these strategy groups for years; others are just being set up. Very often, it will make sense for the strategy group to be part of the Maternity Voices Partnership or to work very closely with it. By ensuring that breastfeeding is at the heart of these local strategies, it should be much harder for councils to cut these services in the future. So this work needs to happen even in areas that haven't experienced cuts. In the current climate,

no breastfeeding support service is safe from being axed.

If you would like to join us and become a Better Breastfeeding Advocate, please request to join at <https://www.facebook.com/groups/betterbreastfeedingadvocates/>. We share ideas and resources and will link you in with other campaigners in your area. Our advocates are also helping us to collect information to build a national picture of breastfeeding support, showing where it's good and where it's lacking. Our mapping toolkit will soon be available through the network, and the data we collect will be especially powerful for lobbying the government by highlighting the postcode lottery of breastfeeding support that exists.

## What can I do?

If you know of cuts (or threatened cuts) to breastfeeding support in your area, or if your area needs to improve its service and you want to do something about it, here is a list of actions to take. There are no guarantees, but those areas that have successfully fought back against the cuts have employed these steps.

- **Act early.** As soon as you hear about cuts, or as soon as they're threatened, get into action. Join the Better Breastfeeding Advocates Network (<https://www.facebook.com/groups/betterbreastfeedingadvocates/>) and/or join the Breastfeeding Cuts UK Facebook group (<https://www.facebook.com/groups/breastfeedingcutsuk/>) for advice.
- **Get organised.** Create a campaign group and assign a task to each member. Make sure you have an effective way of communicating with each other.
- **Gather local voices.** Create an online petition and a social media presence and let as many local mums as possible know about the threatened cuts. Put mums in touch with their local councillors and MPs. Ask them to write with their personal stories (copying in the local campaign).
- **Get backing for your campaign.** Contact your local Maternity Voices Partnership (MVP), midwives, health visitors, GP groups and others and ask them to write a letter saying why the service is important. Write a briefing paper setting out the situation and explaining what the campaign is asking for and send it to every local councillor, to your local MP and to the commissioners responsible for the decision.
- **Contact the media.** Set a date for a public protest and make it a media-friendly event (with mums and babies who can pose for photos). Write a short press release about the situation with details of the protest and send it to all local media – press, radio, websites, TV. Send the press release a week in advance, and then follow up in a couple of days with a phone call to find out if they're interested in covering the story. Persistence pays off with busy journalists.
- **Speak up at your council.** Councils each work differently, but there will be a way of giving a short (5-minute) address at a council meeting. Look up which meetings will allow this. It may be a full council meeting or it may be a committee meeting, such as the Health Scrutiny Committee. Look up the council website to find the date of the next meeting and how to arrange a slot. It's often possible to send written questions in advance as well.
- **Don't let up.** Politicians will do everything they can to reassure and try to make campaigners go quiet. Don't let up until you're certain that the service has been saved.
- **Keep breastfeeding on the agenda.** Contact your MVP, LMS and the Health and Wellbeing Board. Push for the setting up of an Infant Feeding Strategy Board to ensure that breastfeeding is part of every relevant future strategy.

## Reference

(1) <https://praeclaruspress.com/news-2/recorded-webinar-breastfeeding-trauma-by-dr-amyl-brown/>