HUDDERSFIELD BABY CAFÉ
2011 EVALUATION
CHESTNUT CHILDREN’S CENTRE
DEIGHTON
Written by
Claire Fox: Infant Feeding Advisor
Amanda McKenzie: Breastfeeding Counsellor
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INTRODUCTION

Breastfeeding promotes health and prevents disease in both the short and long term for mother and child, and is of major public interest.

Breastmilk is the best form of nutrition for infants, and exclusive breastfeeding is recommended for the first six months of an infant's life. (1) Thereafter breastfeeding should continue for as long as the mother and baby wish, while gradually introducing the baby to a varied diet. (2)

In recent years, several large, good-quality studies and reviews have demonstrated that not breastfeeding can pose a range of significant health risks for both child and mother. These include short-term outcomes such as gastroenteritis and respiratory disease, requiring hospitalisation, and in the longer term these children may be at greater risk of type 2 diabetes. (3), (4). For mothers, breastfeeding is associated with a reduction in the risk of breast and ovarian cancers. A recent study also suggests a positive association between breastfeeding and parenting capability, particularly among single and low-income mothers. (5).

Despite evidence of overwhelming health benefits and potential cost savings, breastfeeding rates in the UK remain among the lowest worldwide. At birth, only 76 per cent of British babies are breastfed. (6) This figure falls to 63 per cent at one week. Just one in four babies are still receiving breastmilk at six months despite recommendations from the World Health Organisation that babies need nothing other than breastmilk for the first six months of life.
BACKGROUND

In 2000 a "Nursing Station" was set up by the Infant Feeding Advisor for Calderdale & Huddersfield NHS Trust at the Brian Jackson House in the centre of Huddersfield, where women experiencing breastfeeding difficulties could attend. Attendance rates were on the whole low, with one or two women attending weekly. As a means of investing in the time the infant feeding advisor was spending running these sessions, a working group was established to look at the feasibility of setting up a 'Baby Café' within one of the Sure Start areas of Huddersfield.

Baby Café is a nationwide initiative, initially set up in an inner city area of disadvantage in Hayward's Health. The initiative gained charitable status in 2005 and at the time of writing there are currently 95 Baby Cafés throughout the UK, including 11 in Yorkshire, and cafes as far afield as El Paso Texas, Westville South Africa and Hong Kong.

The Huddersfield Baby Café was set up in May 2004, initially being called Fartown Baby Café, as a collaborative initiative between Sure Start Deighton & East Fartown, Calderdale & Huddersfield NHS Trust, Huddersfield Central Primary Care Trust and the National Childbirth Trust. Its aim was to improve local breastfeeding rates by offering expert help and support to breastfeeding mothers, their supporters, and any mother interested in breastfeeding.

Following the evaluation report of March 2005 it was recognised there was a need to relocate larger premises, within a setting that could allow local women to access other health and social support facilities whilst attending. Therefore in September 2005 it was moved to the newly established Children's Centre at Deighton, the Chestnut Centre, and the baby café was renamed as The Huddersfield Baby Café.

A bilingual support worker was asked to attend each week to encourage more women from within the local Asian communities to access the facility. The health visitors for the local Deighton area also moved their baby clinic to coincide with the baby café opening times to encourage more local mothers to attend. Regrettably we are currently without the assistance of a health worker to support these mothers.

Huddersfield Baby Café is a weekly drop-in centre of excellence, which provides a place for women to relax, feed their baby, meet other mothers and know that professional help and advice will be available.
The Baby Café is primarily run by Claire Fox, Lactation Consultant and Infant Feeding Advisor for Calderdale & Huddersfield NHS Foundation Trust, and Amanda McKenzie, Breastfeeding Counsellor for the National Childbirth Trust. They are supported by Anita Holroyd, Lactation Consultant and Infant Feeding Advisor, who attends in place of either Claire or Amanda, when required, in order to ensure there is a satisfactory ratio of breastfeeding experts to mothers for each session. They are assisted by 3 health care professionals from across the localities who have trained as “Breastfeeding Champions” who work on a rota basis to provide additional support to the Baby Café, and also to develop their own skills in breastfeeding support. The presence of a Lactation Consultant within the Baby Café differentiates the Baby Café from the Baby Bistros, where mothers primarily receive support and encouragement from other breastfeeding mothers.

The Café is open every Monday, apart from Bank Holidays, from 1 to 3pm, although it usually runs for longer due to demand. The day the Baby café is open was designed to complement the Calderdale Baby Café and the Batley Baby Café which run on Thursdays, thus providing women with various points of contact for specialist breastfeeding support each week, and many mothers find the need to access more than one venue for support during the week.

The Huddersfield Baby Café welcomes all breastfeeding mothers, their families, friends and supporters, regardless of where they live.

![Table 4: Attendance at Huddersfield Baby Café since 2004](image)

**Table 4: Attendance at Huddersfield Baby Café since 2004**
AIMS OF THE EVALUATION

This evaluation covers the period of 2011 and aims to:-

- Understand the reasons why women attend.
- Understand what women found helpful about attending.
- Ascertain whether women attending perceived that the Huddersfield Baby Café helped them to continue breastfeeding.
- Ascertain how Huddersfield Baby Café facilities can be improved.
- Discover if there is a need for continuing specialist breastfeeding support in Huddersfield.
- Suggest ways in which breastfeeding support for the families of Kirklees can be developed.

METHODS

Two tools were used to evaluate the effectiveness of the Huddersfield Baby Café.

A weekly attendance register was kept of everyone attending. There were 46 sessions held in 2011, for which data on attendance was recorded.

243 questionnaires were sent out in January 2011 to women who had attended the Baby Café in 2011. Questionnaires were not sent out to mothers who lived in areas not covered by either Kirklees or Calderdale. In total 96 were returned, representing a 38% rate of return.

FINDINGS

During 2011, 46 Baby Café sessions were held. There were a total of 335 visits by 252 women, excluding their babies, family, friends and supporters.

In 2011, there were 126 visits by accompanying adults, and a high number of visits by health care workers or students on observational placements.

Of the 252 women attending, 39 (15.47%) were from the local area. (HD2)
Table 1: Baby Café Attendance visits 2011

Table 2: Attendance by postcode area (numbers of women) 2011
Ethnicity
Women were asked when attending the baby café to give an indication of their ethnicity.

Table 3: Ethnicity of women attending Baby Café 2011.

Maternal age of mothers attending Baby Café
Mothers were asked to state their age at their first baby café attendance.

Age of Mother
Age of baby at first Baby Café attendance
This data was taken from the detailed records which are completed when a woman attends the Baby Café.

Comment:
Over 43% of babies attending are under 2 weeks of age. Mothers are leaving hospital earlier than ever before, and community midwifery and health visiting services are facing continuing demands, resulting in mothers travelling to access specialist breastfeeding advice earlier than they previously have done. This could be viewed as beneficial for the mother as she is accessing the service at a time when more can be done to protect the breastfeeding relationship, but also detrimental as it requires travel to a venue, often very soon after an operative delivery, and at a time when families are beginning to adjust to life with a new baby.
It is essential that mothers are correctly 'signposted' to an appropriate venue, for the level of support that they require, during these early days, as inappropriate support may contribute to the cessation of breastfeeding.
How did you hear about the Baby Café?

Women were asked within the questionnaire where they had received information about the Baby Café. Most women indicated more than one source of information.
Reasons for attending the Baby Café
Most women come to Baby Café with a specific difficulty, however many problems stem from positioning and attachment issues, and thus more areas of concern are realised at subsequent visits. Most women present with more than one problem. This list therefore shows an indication of the various problems, and the frequency with which they are seen at Baby Café, and the changes from the last evaluation.

<table>
<thead>
<tr>
<th>Presenting Issues as described by mothers and subsequent findings</th>
<th>Number of women Attending with these issues or needs in 2011.</th>
<th>Percentage of women attending with these issues in 2011.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help required with positioning and attachment</td>
<td>187</td>
<td>74%</td>
</tr>
<tr>
<td>Expressing/storage information</td>
<td>59</td>
<td>23%</td>
</tr>
<tr>
<td><strong>Social support</strong> (as specifically documented)</td>
<td>101</td>
<td>40%</td>
</tr>
<tr>
<td>Emotional support (as specifically documented)</td>
<td>47</td>
<td>18%</td>
</tr>
<tr>
<td>Unsettled baby inc colic symptoms</td>
<td>17</td>
<td>6%</td>
</tr>
<tr>
<td>General info about feeding</td>
<td>31</td>
<td>12%</td>
</tr>
<tr>
<td>Sore nipples</td>
<td>65</td>
<td>25%</td>
</tr>
<tr>
<td>Weight loss/slow weight gain</td>
<td>41</td>
<td>16%</td>
</tr>
<tr>
<td>Breast pain/engorgement</td>
<td>12</td>
<td>4%</td>
</tr>
<tr>
<td>Mastitis. (Inc follow up support)</td>
<td>22</td>
<td>8%</td>
</tr>
<tr>
<td>Weaning/returning to work</td>
<td>3</td>
<td>1%</td>
</tr>
<tr>
<td>Ductal thrush</td>
<td>15</td>
<td>6%</td>
</tr>
<tr>
<td>Thrush other than ductal</td>
<td>23</td>
<td>9%</td>
</tr>
<tr>
<td>Breast refusal</td>
<td>7</td>
<td>2.5%</td>
</tr>
<tr>
<td>Antenatal support</td>
<td>13</td>
<td>5.5%</td>
</tr>
<tr>
<td>Tongue tie inc follow up support</td>
<td>22</td>
<td>8.7%</td>
</tr>
<tr>
<td><strong>Feeding Strategies</strong></td>
<td>169</td>
<td>67%</td>
</tr>
<tr>
<td><strong>Other</strong> (prematurity, breast lump, abscess, milk donation, biting)</td>
<td>7</td>
<td>2.5%</td>
</tr>
<tr>
<td>Referrals</td>
<td>67</td>
<td>26%</td>
</tr>
</tbody>
</table>

**Table 5: Problems seen at Baby Café in 2010**
Comment: Whilst many issues portray a high percentage of occurrence, these situations vary in degree of severity and complexity. It could be argued that most mothers attending do so to seek a form of social support also.

11
Questionnaire findings

Evaluation plays a vital part in monitoring and maintaining standards, improving practice, identifying training needs and measuring success. This is the 7th evaluation for Huddersfield Baby Café. Questionnaires were sent to 252 women who had attended for advice and support in 2011. Questionnaires were not sent out to health care professionals who attended to observe a session. There has been a 38% response rate.

Women were asked:
How helpful did you find the Baby Café?

Mother’s perception of help at Baby Café
( based on questionnaire responses).

Comment:
In total during 2011, 91.75% of mothers who responded to the questionnaire reported good levels of satisfaction with the services Huddersfield Baby Café provided. 5.2% of mothers did not know whether Baby Café helped them or not, whilst 1.8% (3) of mothers, commented that the Baby Café was of no help to them.
Did you feel that attending the Baby Café helped you to continue breastfeeding?

**Continuation of Breastfeeding**

- Yes 78%
- No 11.4%
- Would have continued anyway 9.3%

Do you feel that attending Baby Café raised your confidence in caring for your baby?

**Confidence**

- Yes 82%
- No 18%
Was your baby breastfeeding at 6 weeks of age?

![Breastfeeding at 6 weeks](image)

For how long did your baby receive breastmilk?
(including full or partial breastfeeding, giving expressed breastmilk and breastfeeding or giving breastmilk whilst weaning)

![Length of time baby breastfed](image)

- <7 days: 0%
- 7 to 14 days: 2.4%
- 2 to 6 weeks: 13.25%
- 6 weeks to 3 months: 13.25%
- 3 to 6 months: 20.5%
- Over 6 months: 50.6%
What women and their families say.

Help and Support

I just wanted to say thank you to the Baby Café team. Without doubt I would not have managed to breastfeed my son for so long without your help, support and expertise.

Thank you so much for the help and support that you gave me with breastfeeding. We as a family will be forever grateful as we couldn’t have continued without you.

My husband and I were, without doubt, very grateful for the help we received at the baby café. I have friends that have stopped breastfeeding after experiencing difficulties, who have not accessed the services such as baby café. I was encouraged, and my husband was involved in helping me to get it right.

I went to Huddersfield Baby Café feeding dejected as support I received elsewhere didn’t help me, and I had decided to give up breastfeeding. My husband persuaded me to go and see Claire and Amanda and I had a very positive experience there, and I have been breastfeeding ever since. (Baby 10 1/2 months)

Very supportive and friendly. I didn’t feel rushed or made to feel uncomfortable in any way

Bags of support and understanding.

You really listened to my concerns

You provided information and took time to get to know my baby without just giving the usual text book answers

You gave me some great tips and I went away feeling much more confident

You made it possible for me to continue to breastfeed when I thought all hope was gone. I will never be able to thank you enough.
Breastfeeding Problems

I can’t praise the Baby Café and the staff who run it highly enough. I found very conflicting advice from my GP and HV about breastfeeding and associated weight gain, and was under a lot of pressure to consider supplementing my breastmilk with formula milk which I didn’t want to do. Being able to quote the lactation consultant was very empowering for me.

You gave me a great deal of help and support with my breastfeeding technique so that it wasn’t painful.

After months of feeling ‘got at’ and bullied by some health professionals, Claire’s diagnosis that the rash I had was Thrush, when 2 GP’s had insisted it was a heat rash, gave me the impetus to return to ask for treatment, which eventually totally eradicated it.

The infant feeding advisor wrote to the doctor to ensure that I received the correct treatment.

You diagnosed me with a breast abscess and referred me promptly to the appropriate services.

For complexed breastfeeding problems the baby café is the only place where expert advice is available.

I was exhausted by frequent feeding and I thought my baby had a tongue tie, but my GP and HV thought differently. As soon as I walked in it was recognised and he was dealt with immediately. I would definitely have had post natal depression. They are an amazing service.

Our baby girl was losing weight and I wanted some advice on feeding. The lady I saw was very empathetic and I really felt that she cared.
**Social support**

It was good to be in the presence of breastfeeding mothers. I feel confident in breastfeeding in public now.

I spoke to other mothers and realised that it wasn’t just me having problems.

It was a good place for me to meet up for support with other mothers. I made friends there who I still see and my baby is now 1 year old.

Great support, never felt like you could ask too much, peers were patient and gave me confidence.

**Value of Baby Café service to mothers**

I feel it could be vital for so many mums that help and support is there, I don’t know what I would have done if the Baby Café didn’t exist.

I would have stopped breastfeeding much sooner.

It’s a fantastic service and should be better recognised. I found it a great support through both my pregnancies having previously lost a baby to still birth. Thank you so much for your brilliant support and advice.

If this service was not available it would be a huge loss for mums needing specialist advice and support.

I wouldn’t have continued feeding my son. Probably ended up depressed that it was the second time I would have failed to breastfeed.

Without your support I would have stopped breastfeeding in the first week.

I don’t think I would have had the strength to continue.

I may have given up at my lowest point, but the Baby Café gave me essential support.

I would have felt isolated, exacerbated my problems and led to depression if you had not given me the support I received.
DISCUSSION & CONCLUSION

Breastfeeding represents the first vital step towards healthy nutrition for the child, adolescent and adult (WHO, 1998). Research from the Public Health Collaborating Centre on Maternal and Child Nutrition demonstrates that breastfeeding has a major role to play in public health, promoting health in both short and long term for baby and mother and that breastfeeding plays a key role in addressing health inequalities in the UK. (Dyson, 2006)

Evaluation of the Huddersfield Baby Café is in the main encouraging, with over 91% of women who returned the questionnaire saying that they found their attendance at the Baby Café either helpful or very helpful to them.

The main areas in which women sought help were those of technical help, ranging from support with positioning and attachment through to diagnosis of problems such as mastitis and social and emotional support with other issues around breastfeeding.

Issues raised by mothers focused mainly on the need for a greater number of specialised services, such as the Baby Café provides. Mothers felt that it was often hard to travel across the district to access the service, though they did feel it was particularly beneficial to do so. Often the Baby Café were very busy, with up to 19 mothers attending each week, and many mothers would have appreciated more one to one time with the breastfeeding advisors and counsellors.

The venue was initially chosen after identifying an area where there were perceived inequalities in breastfeeding support, and where the number of women breastfeeding was lower than in the rest of South Kirklees. The Café was located at the Chestnut Children’s Centre to further encourage local mothers to access the wide range of services which are provided there.

It is unlikely in the current financial climate that further Baby Cafés will be established within the Huddersfield area, and mothers are encouraged to access the Baby Cafés at Batley and Calderdale, where continued support can be provided to anyone who requires it. The Infant Feeding Advisors liaise closely throughout the region so that mothers benefit from a seamless transition in care.

PEER SUPPORT

The breastfeeding peer support training consists of a 10 week course of 2 hours per week. The content of the course is based upon learning basic anatomy, problem solving approaches and weekly group interaction. There is a certificate of attendance upon completion and then the option to volunteer in a hospital or community setting as a breastfeeding peer supporter. Several cohorts of volunteers have now completed training, and many mothers have indicated their interest in training. CRB checks and references are requested.

In support of the existing Baby Cafes in Huddersfield and Batley Baby Bistro’s are run
by peer supporters who have undergone this training. The Baby Bistro Model aims to increase breastfeeding support to mothers thus increasing breastfeeding continuity rates at 6-8 weeks as part of DH vital sign target. These breastfeeding support groups are in a position to offer mother-to-mother support in every locality across Kirklees. The groups run from Children Centres and aim to encourage attendance from mothers who are least likely to breastfeed within particular target groups. Kirklees breastfeeding peer supporters offer friendly encouragement in a warm atmosphere and will be able to signpost mothers to specialist services such as the Baby Café for clinical and expert advice.

In order to support the breastfeeding advisors, 5 "Breastfeeding Champions" were trained in 2008 to support the Baby Café. They were currently employed within the healthcare system as health visitors, nursery nurses or health care assistants. They were chosen on the basis of their commitment to supporting breastfeeding mothers, and their wish to be involved. 1 champion tries to attend each week to support the breastfeeding advisors, and work closely with them. Regrettably as in all areas of healthcare, community services are facing the same challenges of shortfall in staffing and resources, so it is not always possible to have a Breastfeeding Champion present at each session, and there are now only 3 active Breastfeeding Champions within South Kirklees. We feel that the attendance of the Breastfeeding Champions at Baby Café has played a vital role in the continued development of the setting, and hope that this role will continue to be part of the Baby Café model in Huddersfield.

The Baby Café staff wish to wholeheartedly thank all breastfeeding champions for their dedication and commitment to providing the best possible care and support to breastfeeding mothers.
FUTURE SERVICE PROVISION

In the current financial climate, when all services are struggling for funding and therefore continuation of their organisation, some consideration should be given to the changes that would occur should it no longer be possible to maintain the Baby Café structure as it currently exists.

There is a wealth of evidence supporting the health benefits to the mother, the child and society, and most of this is well understood. There is a general acceptance that breastfeeding is the healthiest way for a mother to feed her child, and that other forms of nutrition do not provide the same benefits.

It is also well documented, and highlighted within the National Infant Feeding Survey 2005, published 2008, that in the UK 76% of mothers initiated breastfeeding, but by 2 weeks this figure dropped to 61%. By 6 weeks of age, 48% were breastfeeding, however by 6 months only 25% of babies were breastfed.

Nine in ten mothers who gave up breastfeeding within six months would have preferred to breastfeed for longer, this level declining as breastfeeding duration increased. Although even among those who breastfed for at least six months, 40% would have liked to continue longer.

Reasons for stopping breastfeeding are dominated by feelings of insufficient milk, sore breasts and nipples and the baby not feeding from the breast.

These problems were not only occur whilst mothers were in hospital, 27% of breastfeeding mothers in the UK struggled to latch their baby to their breast once at home. Many found breastfeeding painful, and a large proportion, 20%, felt their baby was not satisfied or still hungry. Of the mothers who stopped breastfeeding within the first two weeks, 25% had received help in hospital with problems.

This stresses the need for hospitals to ensure that mothers receive the best possible support in hospital, by staff being trained within an accredited programme such as the Baby Friendly Initiative, to deliver consistent, up to date, researched and empowering support to mothers.

Mothers no longer stay in hospital for extended periods of time. Many go home within 24 hours, regardless of the mode of delivery, and this provides less opportunities for support within the hospital environment. This is highlighted within the Huddersfield Baby Café report which shows that over 43% of babies attending are under 2 weeks of age.
THE HEALTH BENEFITS OF BREASTFEEDING AND OF BEING BREASTFED

The National Infant Feeding Survey looked at health problems experienced by babies. It found that the most common health problems by the age of 8 - 10 months were colic, constipation, sickness/vomiting, and diarrhoea - each experienced by between approximately 40% and 50% of babies, and that babies who were breastfed for a minimum of 6 months were significantly less likely than other babies to experience colic, constipation, sickness/vomiting, diarrhoea, chest infections and thrush. The likelihood of developing these conditions decreased the longer a baby was breastfed, with babies who were breastfed for less than 2 weeks having a higher than average likelihood of suffering these problems.

Of mothers who attended Huddersfield Baby Café in 2011 with breastfeeding problems, 91% were still breastfeeding their babies at 6 weeks of age, in comparison to the national average of 48%, whilst less than 3% stopped breastfeeding in the first 2 weeks.

Other research has focused on the mother’s health and the impact her choices on infant feeding can make to it. There is researched evidence to support the reduced risk of pre-menopausal breast cancers, and reduce rates of osteoporosis for mothers who choose to breastfeed, and that this protection is increased the longer a mother breastfeeds for, and accumulates with each child she breastfeeds. Recently The Australian Centre for Economic Research on Health has carried out a review of recent meta-analyses of evidence related to the long term impact of early cessation of breastfeeding (prior to 6 months) on a range of conditions which affect long term health: maternal and infant obesity, diabetes, cardio-vascular disease including raised blood pressure, some childhood cancers including leukaemia, breast cancer in mothers, a range of digestive diseases and allergies such as asthma. They then presented the findings as an estimation of the approximate impact on the proportion of chronic disease in Australia associated with patterns of feeding since 1927. After adjustment current research suggests that the risks of chronic disease are 30-200% higher in those who were not breastfed.

Breastfeeding is often highlighted as a high risk activity in the development of post natal depression, especially where there is the perception of “breastfeeding failure”. Fears of inability to bond with a child are often linked with breastfeeding problems. However there is recent evidence about the reduction in the risks of post natal depression for mothers who breastfeed, and further risk reductions for mothers who access help to overcome breastfeeding difficulties. (Oddy et al 2009; Kendall-Tackett 2010)

Many mothers within their Baby Café evaluations, commented on the amount of emotional support they received through attending, how staff really took time to listen.
to their fears and concerns, the benefit of speaking to other mothers, knowing that they were not alone. 82% of mothers felt their confidence was raised by attending Baby Cafe, not just in regard to breastfeeding, but in generally caring for their baby and becoming a parent, and felt reassured that what they were experiencing was normal.
Locala Community Partnerships (formerly Kirklees Community Healthcare Services)

Locala Community Partnerships provides NHS community services to over 400,000 people in Kirklees and beyond. We are a Community Interest Company (CIC) an independent, not for profit social enterprise. Being a social enterprise means we have the freedom to improve and develop what we do. We still deliver NHS services but in a much more coordinated, integrated and community focused way.

Our teams are part of the community and have often cared for generations within the same family. Their knowledge supported by the very latest technology and the new opportunities we have to innovate and shape the organization makes for a very exciting future.

Locala Community Partnerships are pleased to be currently delivering an extended two year UNICEF Baby Friendly Initiative (BFI) and a Kirklees Breastfeeding Service Specification on behalf of NHS Kirklees which is coordinated by a Locala Infant Feeding Lead. This year's progress has seen Locala health visiting teams in Kirklees including Sure Start Children’s Centres, work towards the BFI Stage 2 accreditation programme which aims to be assessed in early 2013. This initiative has seen the development of a popular Infant Feeding community training and breastfeeding practical skills education programme, which focuses on breastfeeding management and infant weaning skills updates for all community healthcare staff and students and has been designed for colleagues who have contact with breastfeeding mothers, babies and families.

In October 2011 Locala hosted the first ever Kirklees Infant Feeding Conference where over 100 people from across the Y & H region attended. Local speakers included representatives from York HIEC re antenatal/SCBU care, Little Angels re peer support and Leeds PCT re Breastfeeding friendly city in Leeds to name but a few. A future event is planned to take place in 2012/13 due to the success.

Locala continue to provide a free Breast pump loaning system which is well utilised and has also been adopted by Kirklees Sure Starts as an integrated service. And over 1000 Breastfeeding Sample packs have been distributed across Kirklees through provision at Locala Health Centres, Baby Bistro and which are also discussed and given out by health staff and colleagues at home and at clinics.

Locala have a Breastfeeding Standard Operating Procedure (Policy) 2010-12 in conjunction with an existing Breastfeeding Strategy 2010-13 which underpins the Breastfeeding Friendly Strategy quarterly meetings with NHS Kirklees where key partners are invited to attend to discuss future planning across a community and acute setting. A Kirklees Infant weaning strategy is currently being developed.
The programme funds the Huddersfield Baby Cafe which offers specialist breastfeeding support to women and families in conjunction with the Locala Baby Bistro programme which offers 1:1 and group peer support in Kirklees. There are currently 13 Baby Bistro’s - breastfeeding support groups run by trained breastfeeding volunteers - which are mainly run from local Children's Centres. Locala have recently seen the development of working with the retail sector and Mothercare in Huddersfield have shown increased commitment in working with Locala in providing breastfeeding support with the opening of a Baby Bistro within their premises and future Baby Bistro’s are due to be developed at Batley swimming Baths and Colne Valley Children’s Centre. There are currently 97 trained breastfeeding peer supporters who have completed a 10 week training programme. It is envisaged that this service will help to address a cultural shift in attitudes amongst young, white, low socio-economic women as this target group has shown to initiate and continue to breastfeed the least (Griffiths et al, 2005).

Kirklees continues to promote breastfeeding friendly places through engagement with partners in retail and local businesses and is a key feature at promotional activities throughout the year at local events. The New Look Locala Breastfeeding Bulletin continues to feature commercial advertising which is hoped will be useful to our readers as well as fund the publication on a quarterly basis.


Kirklees Breastfeeding Bistro Face Book site continues to support 230 breastfeeding fans, Locala staff and other colleagues through best practice advice and support, cascading local event information such as local initiatives to support the national breastfeeding awareness week and provides a vital social network of support and updates.

http://m.facebook.com/Kirkleesbreastfeedingbistro?v=feed&filter=2

Locality based Breastfeeding rates at 6-8 weeks and Kirklees Initiation rates are disseminated to community staff to include health visiting teams, Sure Start and GP practices on a quarterly basis and discussed at the quarterly Locala Infant feeding network committee meeting.

The Kirklees 6-8 weeks' breastfeeding rates for 2010/11 are as follows: Q1 - 43%, Q2 - 42.52%, Q3 - 42.6%, Q4 - 40.0% which are around the regional average.

South Kirklees 6-8 weeks' breastfeeding rates for 2010/11 are as follows: Q1 - 47.26%, Q2 - 50.44%, Q3 - 45.76% and Q4 - 42.32 which are good regionally.

The Huddersfield Baby Cafe continues to demonstrate that this integrated service is an effective way to deliver support and offer specialist breastfeeding care to mothers and families. It has helped women to continue breastfeeding for longer, thereby
working to promote health in both the short and long term to the population of South Kirklees and the wider community.

Locala Community Partnerships Update written by Jayne Heley - Locala Infant Feeding Lead - June 2012
REFERENCES

9. Healthy Ambitions. NHS Yorkshire and the Humber 2010
21st January 2012

Dear Mum

At some point over the last year you attended Huddersfield Baby Café for breastfeeding advice and support.

We are now in the process of undertaking our annual evaluation and we are keen to seek the views and opinions of families who visited the Baby Café, so that we can ensure that we are offering the best possible service.

In order to do this I have enclosed a questionnaire for you to complete and return to us by 15th March 2012, if you are happy to do so. Your comments will remain confidential, but may be included anonymously within our annual report.

Kirklees Community Healthcare Services are also looking for mothers who have breastfed who are interested in training to become a Breastfeeding Peer Supporter, and we have included further information on this.

Should you wish to visit the Baby Café again we are open every Monday from 1 to 3pm at the Chestnut Children’s Centre, and you would be very welcome.

Yours sincerely

Claire Fox

For and on behalf of Huddersfield Baby Café

This year we are hoping to update our resources of books, feeding cushions and DVDs. If you would like to make a small donation towards this we would be very grateful. Thank you.
HUDDERSFIELD BABY CAFÉ EVALUATION 2011

1. How did you hear about the Huddersfield Baby Café? (Please indicate all that apply)
   Midwife/Health Visitor/NCT/Flyer/Post-Natal Ward/Word of Mouth/
   Baby Café Website/GP/Other

2. Were you made to feel welcome?..........................................................................

3. What was your main reason for attending?
   ...........................................................................................................................................................
   Are you still attending? Yes/No, please could you let us know why you no longer attend
   ...........................................................................................................................................................

4. How helpful did you find your visits to Baby Café?
   Very Helpful/ Helpful/ Neutral/ Not helpful
   If your visits to Baby Café were helpful, please let us know how we helped you.
   ...........................................................................................................................................................
   Please let us know any difficulties you had during your visits, so we can try to address these in the future.
   ...........................................................................................................................................................
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4a. Did you borrow any equipment Baby Café provides to support breastfeeding, such
    as books/videos? Yes/No

5. Do you feel that attending Baby Café helped you to continue breastfeeding?
   Yes/No/Would have continued anyway
   5a. If this service was no longer available, what impact would that have had on your
       breastfeeding?.................................................................................................................................

6. Do you feel that attending Baby Café raised your confidence in caring for your baby? Yes/No

7. Are you currently breastfeeding your baby or giving your expressed breastmilk
   to your baby? Yes/No

8. If you are no longer breastfeeding, for how long did your baby receive breastmilk?
   (including full or partial breastfeeding, giving expressed breastmilk and
   breastfeeding or giving breastmilk whilst weaning)...........................................................................

9. How old is your baby now?.........................................................................................

   Ideally we would like to develop more Baby Cafes that may be closer to your home, however current funding makes
   this unlikely. Therefore we are looking at alternative ways of providing local breastfeeding support including training
   more breastfeeding peer supporters.

   Thank you for your comments, we value your input. All information we receive will be treated in a confidential
   manner, but some comments may be included in our annual report.