

How is information about formula milk feeding received and disseminated to front line staff in the North West?

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1. Introduction

There is a strong evidence base for what works to increase rates of breastfeeding, which has been reviewed and published by NICE in Clinical Guidance 37 Postnatal Care (1) and Public Health Guidance 011 Infant and Maternal Nutrition (2). A key recommendation is the achievement of UNICEF Baby Friendly Initiative (BFI) accreditation in both the hospital and community settings.

Organisations working towards accreditation must demonstrate compliance with the WHO/UNICEF International Code on the Marketing of Breast milk Substitutes(3) which states that health care providers should not be given free or subsidised supplies of products and must not promote products. More recently, BFI has issued a statement about formula company-funded study days (4). This highlights the use of 'free education' as a marketing method, and reiterates the fact that the goal of companies is to maximise profit, which means they seek to sell more milk, at the expense not only of rivals, but by persuading parents to choose artificial feeding rather than breastfeeding.

Health care workers report that complying with The Code is problematic due to a lack of comprehensive, impartial information about breast milk substitutes. In addition, marketing representatives (reps) from formula milk producing companies regularly seek opportunities to engage with health care workers to market their products. In order to comply with The Code infant feeding coordinators (or staff in a similar role) often take responsibility for meeting the reps. Anecdotal reports suggest that these meetings are often time consuming and unsatisfactory as reps bring large quantities of promotional materials but can rarely produce any evidence to substantiate the claims they make about the health benefits of their products.

NHS Blackpool and NHS North Lancashire, working jointly, have put in place a solution to this dilemma by creating an Infant Feeding Information Team. This multi-disciplinary team meets monthly and:

- assesses all infant feeding information to ensure compliance with best practice standards,
- disseminates evidence based information
- develops new information where needed
- acts as the sole contact point for manufacturers of breast milk substitutes

In April 2009 the North West Regional Breastfeeding Strategy Group agreed to explore the feasibility of replicating this approach across the region.

A sub group was formed and a decision made to gain a better understanding of current practice in other parts of the region, seek views on the preferred way forward and find out more about future information needs.

2. Method

A questionnaire, in Excel format, was designed. The purpose was to find out how NHS organisations and their partners manage visits from formula milk representatives, how information is shared with the workforce and what would be the preferred method of gathering information in the future.

The sub-group recognised that different practices might be taking place in different areas of the organisation so respondents were asked to complete the questionnaire for each of the following settings:

- Maternity unit
- Community midwifery team
- Health visiting team
- Neo-natal unit
- Paediatric team
- Paediatric dietetics
- Children's centres

The questionnaire was sent by e-mail to the infant feeding coordinator (IFC) in each PCT or, where a PCT does not have an IFC the questionnaire went to the hospital IFC. This person was asked to take responsibility for ensuring that all sections were completed. NHS Blackpool and NHS North Lancashire were included in the mail out.

An e-mail also went to Directors of Public Health and heads of midwifery and health visiting to inform them about the questionnaire and to seek their support.

Questionnaires were distributed and completed during September and October 2009.

3. Results

Completed questionnaires were received from twenty out of the twenty four North West PCTs. Eleven questionnaires were fully completed, i.e. a response was provided from each setting. Nine questionnaires were only partly completed. This appeared to be due to a misunderstanding about using Excel spreadsheets.

Question 1

Is there a policy in place for the management of formula milk information and visits from company representatives?

N=20

	Yes	No
Maternity Unit (Mat.Unit)	7	14
Community Midwifery Team	8	5
Health Visiting (HVs)	5	7
Neo-Natal Unit (NNU)	7	7
Paediatric Ward /Unit	6	3
Paediatric Dietetics	6	5
Children's Centre (CC)	5	9
Total	44	50

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Respondents were asked if they were willing to share a copy of their policy. One policy was received. N.B. NHS Blackpool and NHS North Lancashire had already shared their joint policy.

Question 1b N=8

Who has responsibility for overseeing the implementation of the policy?

The infant feeding coordinator was the most commonly named person across a range of settings. Children’s centre managers were mentioned 4 times with dietetics managers and infant feeding partnership boards each mentioned twice.

The next set of questions looks at how visits from formula company representatives are managed. The sub-group pooled their collective knowledge to formulate a list of possible options for these questions.

Question 2 N=20

How are visits from formula milk company reps managed?

Responses provided for all settings 9
 Same policy across all settings 4
 Policy differs across settings 5
 Responses not provided across all settings 11

Table 2

Reps can drop in to meet with individuals or teams	3
Reps must make an appointment to meet with individuals or teams	18
Reps can only meet with designated person or infant feeding info team by appointment	57
No visits from reps are allowed	2
Other, please describe	3

Where respondents selected the “other” option they described a practice that used to happen but has lapsed due to staff changes, or noted, in the case of CCs, that reps have not yet attempted to visit.

Question 3 N=19

How is the frequency of meetings determined?

Responses provided for all settings 3
 Same policy across all settings 3
 Policy differs across settings 0
 Responses not provided across all settings 16

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Table 3

Reps are asked to visit only when they have new product info or there's a change to the composition of an existing product	37
Reps visit at regular points during the year to give an update e.g. every three months	15
Reps can visit at any time	6
Other, please describe	6

Question 4 N=18

Does the designated person or team arrange a single day to meet with reps from all companies?

Responses provided for all settings 5
 Same policy across all settings 3
 Policy differs across settings 2
 Responses not provided across all settings 13

Yes = 11

No = 52

Question 5 N=18

Do they stipulate what reps may bring with them when they visit?

Responses provided for all settings 5
 Same policy across all settings 3
 Policy differs across settings 2
 Responses not provided across all settings 13

Yes = 45

No = 15

Question 5a

What are reps asked to bring with them?

Table 4

Evidence based information	40
Updates on products	5

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The next set of questions look at how the information received is shared.

Question 6 N=20

How do you decide which information/resources provided by reps will be disseminated?

Responses provided for all settings 7
 Same policy across all settings 3
 Policy differs across settings 4
 Responses not provided across all settings 13

Table 5

All information is shared	14
Information is shared only if there is a change to a product or there's a new product. NB Many respondents added that when information is shared it is made clear if evidence to support claims made has been supplied	42
Other, please describe. <ul style="list-style-type: none"> • Information is kept by IFC and staff ask when needed. • The meeting is with the infant feeding coordinator and staff member from the dietetic / nutrition team. After the meeting the team meets to discuss if, a) the information is evidence based and b) if it is important that the information is disseminated - i.e. will this have a direct effect on the health of babies? No information, to date, has been disseminated. 	12

Question 7 N=19

Is the information edited or summarised before being disseminated?

Responses provided for all settings 7
 Same policy across all settings 2
 Policy differs across settings 5
 Responses not provided across all settings 12

Yes = 43
No = 18

Question 8

What do reps bring with them when they visit?

The wording of this question proved to be too ambiguous and the diversity of responses received made it impossible to analyse them meaningfully. One respondent noted "What they bring and what they are allowed to leave are different issues".

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Question 9 N=20
What mechanisms do you have in place for informing staff about formula milk feeding?

Responses provided for all settings 7
 Same policy across all settings 3
 Policy differs across settings 4
 Responses not provided across all settings 13

Table 6

Newsletter	24
Team meetings	36
E-mail	37
Educational Session	38
Induction for new staff	5
Other <ul style="list-style-type: none"> • Feedback mechanism in development • None. We acknowledge that our staff groups have access - via journals and websites to keep themselves up to date about product changes - i.e. name changes. • Guidelines for formula feeding 	12

Question 10 N=20
How would you prefer to receive info about formula feeding?

Responses provided for all settings 8
 Same policy across all settings 3
 Policy differs across settings 5
 Responses not provided across all settings 12

Table 7

Continue with the current system	12
NB This response mainly came from paediatric dieticians and NNU's where specialist formula info is required.	
Information is provided from an independent source e.g. Scientific Advisory Committee on Nutrition (SACN)	41
A regional group made up of Infant feeding coordinators, dieticians, paediatricians and researchers receives and disseminates info from reps.	69

Q11 N=20

What info would you like to receive about formula feeding?

Respondents were given four options to choose from:

- How to prepare feeds correctly
- Information on the different feeds available
- Information about specialist milks
- Answers to FAQs e.g. making up feeds abroad/using bottle waters/feeds suitable for special diets etc

The overwhelming majority selected all four options.

4. Discussion

Policy

The majority of respondents (53%) reported that there is no written policy in place for the management of reps' visits or the provision of information about formula feeding. Some respondents noted that a policy is followed but it's not a formal written policy.

Where a policy exists, written or otherwise, Infant Feeding Coordinators are most likely to be given sole responsibility for its implementation. Clearly this places a heavy burden on IFCs and one which they may not feel equipped to bear.

Management of visits

The majority of respondents (69%) reported that reps can only meet with the designated person or with the information team, where one exists.

However, where a response was received from all settings, the majority (55.5%) reported that different practices operate across the different settings. In some cases this was a difference between the hospital and the health visiting teams. Paediatric dieticians tended to manage visits differently from the rest of the hospital team.

58% reported that reps are requested to visit only when they have new product info or there is a change to an existing product.

Only 17% of respondents see all of the reps on a single day. It is clear that respondents have tried a number of different approaches.

Most respondents (75%) stipulate what the reps can bring with them on a visit. In view of the anecdotal evidence that reps frequently bring large quantities of promotional materials there is value in taking a proactive approach and being clear about what is acceptable.

They are asked to bring evidence based information and updates on products.

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Dissemination of information

62% of respondents reported that information is shared only if there is a change to a product or there's a new product.

Many respondents added that when information is shared it is made clear if evidence to support claims made has been supplied. This highlights a weakness in the question design, which should have asked if the evidence is scrutinised.

70% edit or summarise the info before it is disseminated. This means that nearly a third of respondents do not edit the information and are therefore sharing marketing materials. It also means that this piece of work is being replicated locally – although there is unlikely to be much local variation in information need regarding formula.

This most commonly occurred in paediatric dietetics. One respondent noted that there is only one member of staff so dissemination doesn't apply. This may be the case in other departments.

The way in which information is shared is likely to reflect where the organisation is on their journey towards normalising breastfeeding. Where an application for BFI accreditation has not yet or has only recently begun the organisation may not have considered their corporate approach to the information provided by formula milk companies.

Information and resources from representatives

The next question asked "what do reps bring with them when they visit?" When trying to analyse the results it became clear that the question was too ambiguous. This ambiguity may be explained by the following comment from one respondent "*What they bring and what they are allowed to leave are different issues*".

Providing information for staff about formula feeding

A variety of methods are used to share information with staff, team meetings, e-mail and educational sessions being the most popular. It is interesting to note that where a response was received from all areas of the PCT, the majority (57%) reported that different practices operate across the different settings.

The majority of respondents (56.5%) would prefer to have a regional group made up of infant feeding coordinators, dieticians, paediatricians and researchers that receives and disseminates info from reps.

When asked what information they would like to receive about formula feeding the majority of respondents chose all 4 options.

- How to prepare feeds correctly
- Information on the different feeds available
- Information about specialist milks
- Answers to FAQs e.g. making up feeds abroad/using bottled waters/feeds suitable for special diets etc

There is clearly a need to inform frontline staff about the various sources of readily available, unbiased information about infant formula and how to prepare feeds correctly. (5,6,7)

5. Recommendations

- a) All Children's Trust areas should have a written policy, which has been ratified by all agencies, about the management of visits from formula milk company representatives and the dissemination of information about formula milk feeding. This might be included within the breastfeeding policy.
- b) UNICEF UK Baby Friendly Initiative should consider including guidance on this topic within their sample breastfeeding policy.
- c) Where a policy exists, accountability for implementation should be clearly stated. This responsibility should not be left to one individual but should be shared by the local breastfeeding steering group, or similar.
- d) Clear differences emerged about the management of visits to share information about standard formula and visits to key staff to discuss specialist milks. Practitioners such as dieticians and paediatricians appeared to regard the exchange of information about specialist milks as essential and separate from routine visits to discuss standard formula. Further investigation is required to fully understand the implications of this and to decide if this special status is warranted.
- e) NHS organisations and their partners should ensure that all frontline staff have easy access to the unbiased publications that are available about infant formula, its storage and preparation etc.
- f) A clear wish for a regional group to manage visits and disseminate information was expressed.

6. Next Steps

The NHS Blackpool and NHS North Lancashire approach has attracted national interest and the Department of Health has now commissioned an evaluation of this approach with a view to developing a model that can be used elsewhere in England.

The need for impartial information has been widely acknowledged and since the start of this project new publications have been made available for both frontline staff and families about formula milk feeding. (5,6)

7. References

1. National Institute for Health and Clinical Excellence (NICE), *Routine postnatal care of women and their babies*. London: NICE, 2006
2. National Institute for Health and Clinical Excellence (NICE), *Improving the nutrition of pregnant and breastfeeding mothers and children in low-income households*, London: NICE, 2008.
3. World Health Organisation (WHO), *International Code of Marketing of Breast-milk Substitutes*, Geneva: WHO 1981.
4. UNICEF UK Baby Friendly Initiative, *Statement on formula company-funded study days*. London. UNICEF UK, December 2009
5. Royal College of Midwives (RCM), *Infant Feeding: a resource for health professionals and parents*, London, RCM, 2009.
6. UNICEF UK Baby Friendly Initiative, *A guide to infant formula for parents who are bottle feeding*, London, UNICEF UK, 2010.
7. Department of Health & Food Standards Agency. *Guidelines for health professionals on safe preparation, storage and handling of powdered infant formula*, London, Dept of Health, 2005.

8. Members of the NW Formula Feeding Sub-Group

Name	Job Title	Organisation
Janet Beech.	Infant Feeding Coordinator	Countess of Chester NHS Foundation Trust
Alex Hammond	Infant Feeding Coordinator	NHS East Lancashire
Bev Hammond	Breastfeeding Coordinator	NHS Central Lancashire
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Nicola Jones	Infant Feeding Coordinator	NHS Knowsley
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Kate McFadden	Infant Nutrition Programme Manager	NHS Liverpool
Sarah McKie	Infant Feeding Coordinator	Stockport NHS Foundation Trust
Magda Sachs	Public Health Manager Infant Feeding	NHS Salford
Mary Whitmore	Breastfeeding Consultant	NHS Blackpool & NHS North Lancashire.

You can download a copy of this report at www.northwest.nhs.uk/maternity