EQIA Submission Draft Working Template

If required, this template is for use prior to completing your EQIA Submission in the EQIA App. You can use it to understand what information is needed beforehand to complete an EQIA submission online, and also as a way to collaborate with others who may be involved with the EQIA. Note: You can upload this into the App when complete if it contains more detailed information than the App asks for and you wish to retain this detail.

Section A

1. Name of Activity (EQIA Title):	0-4 years Public Health Services
2. Directorate	Adult social care and health
3. Responsible Service/Division	Public health

Accountability and Responsibility

4. Officer completing EQIA Note: This should be the name of the officer who will be submitting the EQIA onto the App.	Sarah Smith
5. Head of Service Note: This should be the Head of Service who will be approving your submitted EQIA.	Wendy Jeffreys
6. Director of Service Note: This should be the name of your responsible director.	Dr Anjan Ghosh

The type of Activity you are undertaking

7. What type of activity are you undertaking?

Tick if Yes	Activity Type
√	**Service Change** – *operational changes in the way we deliver the service to people.*
√	**Service Redesign** – *restructure, new operating model or changes to ways of working*
√	**Project/Programme** – *includes limited delivery of change activity, including partnership projects, external funding projects and capital projects.*
√	**Commissioning/Procurement** – *means commissioning activity which requires commercial judgement.*
	Strategy /Policy – *includes review, refresh or creating a new document*
	Other – No

8. Aims and Objectives and Equality Recommendations – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required.

Kent County Council (KCC) Public Health is leading a Public Health Services Transformation Programme to ensure that services are efficient, achieving best value, evidence-based and delivering the right outcomes for the people of Kent.

This EQIA is intended to assess the potential impact of the proposed changes to the 0-4 years children's public health service delivery model. Kent Community Health Foundation Trust (KCHFT) is currently commissioned to deliver a countywide 0-4 years services across Kent.

Health Visitors lead the national evidence based universal National Healthy Child Programme (HCP), for children under 5 years. The HCP focuses on a universal preventative service, including health and wellbeing development reviews, supplemented by advice around health, wellbeing and parenting.

The Kent Health Visiting service is delivered through a co-operation agreement between KCC and Kent Community Health Foundation Trust (KCHFT), which ends on the 31 March 2026.

The Kent Health Visiting service is universal, offered to all children under 5 years who are resident in the KCC area. Five mandated universal health and wellbeing reviews are offered to all families. These health and wellbeing reviews include assessment of family strengths, needs and risks, give parents the opportunity to discuss their concerns and aspirations, to promote specific health improvement messages to improve population health, to assess child growth and development, communication and language, social and emotional development.

The current service performs well on delivery of four of the mandated compared to national and regional performance. Data on the prevalence of the remaining contact, the antenatal health and wellbeing review, is not published and therefore a comparison cannot be made.

Targeted and specialist support is provided to those with greater needs and works to improve the general health and wellbeing of infants and children aged 0-4 years and their families'.

The Family Partnership Programme (FPP) is a targeted offer to women from 28 weeks of pregnancy, and their families, up to a child's first birthday. It is available to families living in Kent who have experienced difficulties such as poverty, mental health issues, family problems or domestic abuse and aims to empower parents and help them and their family to lead a happier, healthier life.

Kent Health Visiting Service includes universal and specialist support for infant feeding. Universally, infant feeding advice, information and guidance is provided through mandated contacts, Healthy Child Clinics, dedicated online communications and resources, the Health Visiting advice line and Let's Chat text messaging service. They also provide infant feeding support drop-in groups with peer supporters and virtual sessions, for which changes are proposed at outlined below.

The Specialist Infant Feeding Service works with families whose babies are experiencing feeding problems and require more intensive or specialist support.

The Specialist Infant Feeding Service have supported the wider Health Visiting Service and staff from Family Hubs to receive UNICEF Baby Friendly Accreditation. UNICEF UK Baby Friendly accreditation provides a framework through which hospital and community services can improve standards of infant feeding support. In October 2024, UNICEF reassessment confirmed that both services have maintained their accreditation and are now working towards the prestigious Baby Friendly Gold Award, which focuses on sustaining excellence.

Throughout the life of the contract the service has proactively worked with Public Health to enhance their infant feeding offer. This has included responding to support the Start for Life and Family Hub

offer specifically, responsive feeding, implementation of the breast pump scheme, training for staff and enhanced infant feeding support sessions.

In 2021, a revised national Health Visiting model and commissioning guidance were published[1]. The revised model places further focus on needs assessment so that interventions are personalised to respond to children and families' needs across time. The new 'Universal in Reach – Personalised in Response' model, is based on four levels of service depending on individual and family needs: community, universal, targeted and specialist levels of support. Safeguarding children is embedded through the model because the health visiting service have a vital role in keeping children safe and supporting local safeguarding arrangements.

There are service pressures particularly around the recruitment of trained health visitors and the opportunities to develop public health nurses. Kent have responded to this national issue through the Kent Health Visiting Strategy 2022-2025 by introducing Early Years Public Health Assistants, realigning levels of support to provide holistic support for families and through workforce development and staff education and engagement programmes.

There have been improvements in the prevalence of breastfeeding at 6-8 weeks despite challenges in recruiting and maintaining a consistent number of peer supporters (volunteers). There is increasing demand for Specialist Infant Feeding Services suggesting further action is needed to prevent escalation of need to specialist services.

An independent evaluation, in 2022, of the Kent Family Partnership Programme concluded that this offers an effective and valuable programme that is meeting the needs of the target audience and having a long-term impact on their parent-infant relationship and future outcomes.

Additional contacts are being delivered to families to provide follow-up and further support that are not currently defined in the commissioning model.

In February 2023, KCC became one of 75 upper-tier local authorities to receive Family Hub and Start for Life funding. The Family Hub model supports the delivery of a range of services for children, young people and families, including health visiting and infant feeding. In November 2023, a local implementation model was agreed to join up and enhance services delivered through Family Hubs in Kent, ensuring all parents and carers can access the support they need when they need it.

Family Hub national guidance states "infant feeding peer support services should be enhanced or extended."[2] Between February 2023 and March 2025 there has been an increase in investment in infant feeding in Kent. Start for life grant funding has supported a range of activity, for example, local infant feeding grants to the voluntary and community sector.

Investment in the recruitment and training of Family Coach volunteers has increased wider workforce capacity. Family Coaches have a key role to offer peer support to parents and expectant parents around infant feeding.

The Kent Children and Young People's Outcome Framework developed in 2024 by families reflects what is important to children and young people and their families, seeking to ensure that all children and families in Kent receive high quality, inclusive and integrated services, delivered as close to home as possible.

The number of live births in Kent in 2023[1] was 15,429.

During 2023, the two strategies, detailed below, were cocreated and consulted on in Kent.

Nourishing our next generation: a 5-year infant feeding strategy[3] sets out our ambition to enable all mothers to make informed decisions about feeding their babies, and for mothers and families to have the support they need from those around them. The strategy sets out five key themes and how these could be developed to support families in their infant feeding journey. This includes ways to reduce barriers to breastfeeding.

Nurturing little hearts and minds; a perinatal mental health and parent-infant relationship strategy 2024-2029[4], sets out KCC's ambition to improve perinatal mental health and parent-infant relationship support across Kent with a focus on early intervention and prevention. It represents a significant commitment to supporting babies and their families in Kent that need 'mild-to-moderate' support. The strategy sets out the ways in which KCC intends to further work with partners to support infants, parents and families during pregnancy and the first two years of life, nurturing positive mental health and building strong parent-infant relationships.

A robust options appraisal process has been completed for the health visiting 0-4 years service. The preferred option identified was to create two services;

1. a County wide health visiting service including Specialist Infant Feeding Service and the Family Partnership Programme. This would include universal advice, information and guidance for infant feeding but not the current drop-in sessions.

2. place-based Community Infant Feeding Service(s) that align with the Health Care Partnerships (and maternity services) to enable mothers to access infant feeding social support and peer support in a group setting through the Family Hubs programme.

This will include maintaining the countywide delivery of the:

- the Health Visiting Service (including the district budget based on 0-4 population and poverty indicators)
- the Specialist Infant Feeding Service
- The Family Partnership Programme

The proposed changes to the health visiting 0-4 years service delivery include:

The new place-based Community Infant Feeding Service

The proposal is to remove the following community infant feeding support elements from the health visiting contract and to purchase these separately:

- Community engagement events
- Drop in sessions
- Virtual sessions
- Universal breast pump scheme
- Volunteer Programme

[1] Your Data - Nomis - Official Census and Labour Market Statistics

It is proposed that a new place-based community infant feeding service is commissioned. The place-based infant feeding service will be designed to support prospective parents and carers and parents and carers with infant feeding. The service will be non-judgemental and understanding towards a family's feeding choices.

The service will be aligned to the four Health and Care Partnerships (HCP) areas to support pathway development with the four maternity trusts, health visiting and the specialist infant feeding service. The new place-based Community Infant Feeding Service will be expected to work collaboratively with these services.

The service will be led by an experienced practitioner(s) for example, an Infant Feeding Specialist, Breastfeeding Counsellor or lactation consultant, and will be supported by peer supporters / volunteers. This includes the current infant feeding peer supporters and Family Hub Family Coaches. Resourcing will be allocated on a needs led basis based on the most recent births data at district level, breastfeeding prevalence and absolute poverty data.

Changes to the health visiting service specification

Antenatal health and wellbeing review

Regulation requires all families with babies to be offered an antenatal health and wellbeing review to discuss pregnancy and transition to parenthood after 28 weeks of pregnancy. In Kent, the antenatal review is delivered as a face to face or telephone contact to all targeted, specialist and first-time mothers. Universally, all families receive a welcome letter with public health messaging and signposting.

Targeted, specialist and first-time mother will continue to be prioritised. Maternity Support Forms will continue to be triaged by Kent Health Visiting Service to categorise families. The current delivery model of an antenatal visit for these families will continue for all

Universally, all families will continue to receive a welcome letter with public health messaging and signposting which will be extended to include;

- an invite to all expectant parents/carers to an antenatal education group for health education. This will align with the developing Local Maternity and Neonatal System antenatal education programme.
- to invite all parents/ carers to complete an online health needs assessment using a web portal. The online health assessment will be developed during the first two years of a contract.

Short topic-based interventions (packages of care)

Following a review of packages of care data, it is proposed to define and quantify the package of care in the service specification. Within the current specification this is not specified. It is expected that the volumes of delivery would remain in line or greater than the current delivery.

The revised national Health Visiting model (2021) suggested additional contacts at three to four months and six months. In Kent these are not specified and it is proposed that the Kent Health Visiting Service continue to respond to individual need flexibly through non-defined contacts. The reporting of these additional brief interventions will be improved.

Substance Misuse Specialist

It is proposed that a dedicated substance misuse specialist is included within the Health Visiting Service to help safeguard infants by supporting the health visiting workforce to identify to and respond to cannabis use - through up to date education, including use and harm pathways and build awareness of the impacts of other substance use with cannabis.

Ongoing workforce development

KCC will explore joining with neighbouring local authorities to develop joint training and recruitment opportunities to maintain a large workforce and ensure robust succession planning for the health visiting service workforce.

Section B – Evidence

Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continuing working on the EQIA in the App, but you will not be able to submit it for approval without this information.

Question	Answer
9. Do you have data related to the protected groups of the people impacted by this activity? *Answer: Yes/No*	Yes
10. Is it possible to get the data in a timely and cost effective way? *Answer: Yes/No*	yes
11. Is there national evidence/data that you can use? *Answer:* *Yes/No*	Yes
12. Have you consulted with Stakeholders? *Answer: Yes/No* *Stakeholders are those who have a stake or interest in your project which could be residents, service users, staff, members, statutory and other organisations, VCSE partners etc.*	Yes

13. Who have you involved, consulted and engaged with?
Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is 'No', please explain why.

In 2023, 394 mothers and 88 staff and volunteer supporters helped co-produce *Nourishing our next generation,* Kent's 5-year infant feeding strategy (2024-2029).

The draft strategy was consulted on between the 8th February and 3rd April 2024. The following feedback was received in response to the consultation:
• 52 responses to the online questionnaire
• one response to the paper questionnaire (completed by KCC staff on behalf of a young parent)
• two emails from mothers
• one email from KCC, summarising feedback collected in person from young parents

The strategy aims to enable all mothers to make informed decisions about feeding their babies, and for mothers and families to have the support they need from those around them. A strategic key action relevant to these proposals is '*enable breastfeeding mothers to access social support and peer support in a group setting through the Family Hubs programme*.'

14. Has there been a previous equality analysis (EQIA) in the last 3 years? *Answer: Yes/No*	There have been EQIAs conducted in the last 12 months which relate to aspects of 0-4 year olds health and wellbeing. These include an EQIA on the infant feeding strategy and an EQIA on the perinatal mental health and parent infant relationships strategy
15. Do you have evidence/data that can help you understand the potential impact of your activity? *Answer: Yes/No*	Yes
Uploading Evidence/Data/related information into the App *Note: At this point, you will be asked to upload the evidence/ data and related information that you feel should sit alongside the EQIA that can help understand the potential impact of your activity. Please ensure that you have this information to upload as the Equality analysis cannot be sent for approval without this.*	Please see the endnotes.

Section C – Impact

16. Who may be impacted by the activity? *Select all that apply.*

Service users/clients *Answer: Yes/No*	Yes	Residents/Communities/Citizens *Answer: Yes/No*	Yes
Staff/Volunteers *Answer: Yes/No*	Yes		

17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing? *Answer: Yes/No*	Yes

18. Please give details of Positive Impacts

Continuation of the Health Visiting Service, Specialist Infant Feeding Service and Family Partnership Programme

Continuing the provision of the Heath Visiting Service, Specialist Infant Feeding Service and Family Partnership Programme will ensure that there is minimal change and disruption for service users and key stakeholders with regards to accessing the well-established services and the referral/ access points in Kent. Continuity of service may also minimise risks such as destabilisation of the workforce and continuity of care for families.

An independent evaluation of the Family Partnership Programme completed in 2023 was supportive of the FPP model as an effective and valuable programme that is meeting the needs of the target audience and having a long-term impact on their parent-infant relationship and future outcomes.

Proposed new place-based Community Infant Feeding Service

The new place-based infant feeding service will respond to recommendations set out in the Kent Infant Feeding Strategy including;

- Establishing breastfeeding groups, offering social and peer support and led by a breastfeeding counsellor or lactation consultant.
- Offering additional face-to-face or online groups where a specific need is identified – e.g. for younger mothers, geographically isolated communities, faith groups, non-English language groups or mothers of twins and multiples.
- Identifying peer supporters who can act as community ambassadors, e.g. attending parent and baby groups in their local community to offer peer support and signposting for women who may not attend the breastfeeding groups
- Recruiting peer supporters from diverse backgrounds, including those demographics who are less likely to breastfeed and mothers who speak a range of community languages, ensuring that training is accessible for those with young children.

Breastfeeding peer support interventions are recommended to increase breastfeeding rates and address inequalities.[56]

Offering infant feeding support to those who are bottle feeding expressed breast or formula feeding as part of infant feeding activity provides opportunity to improve understanding on how to express breast milk and or increase breast milk supply, share experiences of mixed feeding, provide responsive feeding messages and gives social support.

Aligning the new community based infant feeding services to the four maternity trust geographical areas will support the implementation of the infant feeding strategy recommendation, to support partnership working and joined up service provision between community infant feeding services and maternity services, improving the support delivered to families.

Proposed changes to the health visiting service specification

<u>Antenatal health and wellbeing review</u>

The revised national Health Visiting Model places further focus on needs assessment so that interventions are personalised to respond to children and families' needs across time. The new 'Universal in Reach – Personalised in Response' model, is based on 4 levels of service depending on individual and family needs: community, universal, targeted and specialist levels of support[7].

The continuation of the current delivery model with provision of the antenatal health and wellbeing review prioritised for those who require targeted and specialist levels of support, as well as universal families who are first time mothers, will ensure that families who are most at need receive support.

<u>Short topic-based interventions (packages of care)</u>

Improved reporting of the non-defined contacts delivered outside of the five mandated contacts and other specified activity will help to identify where further family support is needed. This will help inform where potential changes to service delivery may be required

<u>Ongoing workforce development</u>

As observed nationally[8], in Kent there are service pressures particularly around the recruitment of trained health visitors and the opportunities to develop public health nurses. Exploring opportunities to work with neighbouring local authorities to develop joint training opportunities, could potentially improve the number of trained health visitors recruited in Kent. This would improve the service's

capacity to deliver the service to Kent residents and ease pressures on existing staff and teams.

Substance Misuse Specialist

The introduction of a Substance Misuse Lead in the 0-4 service would provide enhanced support to families affected by substance misuse. Parental/ carer substance misuse can negatively impact on children's physical and emotional wellbeing, their development and their safety. This includes physical maltreatment and neglect, poor physical and mental health and low educational attainment. Safeguarding reviews continue to identify substance misuse as one of the contextual factors linked to non-accidental incidents and abuse. Recent national and local safeguarding reports have identified a lack of professional understanding and assessment of parent/ carer substance misuse, especially the use of cannabis.[9] [10]

Negative Impacts and Mitigating Actions

The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.

19.Negative Impacts and Mitigating actions for Age	
a) Are there negative impacts for age? *Answer: Yes/No* *(If yes, please also complete sections b, c,and d).*	Yes
b) Details of Negative Impacts for Age	**Proposed new place-based Community Infant Feeding Service** Evidence suggests that mothers aged under 30 have the lowest incidence of breastfeeding[11] [12]. In August 2024, Medway Foundation Trust (7%) and East Kent Hospitals University NHS Foundation Trust (5%) reported having a higher percentage of mothers aged 19 years and under at booking, than the national average (3%). Medway Foundation Trust also had a higher percentage of mothers aged 20 t0 24 (17%) than the national average (12%)[13]. **Proposed changes to the health visiting service specification - Antenatal health and wellbeing review** MBRRACE have identified that between 2020 and 2022, women aged 35 or older had significantly increased rates of maternal death (during or up to one year after pregnancy) compared to women aged 20-24. *In the UK, between 2020 and 2022, women aged 35-39 were almost three times more likely to and*

	women over 40 years of age were almost five times more likely to die.[14]
c) Mitigating Actions for age	**Proposed new place-based Community Infant Feeding Service** Provide peer counselling support for young mothers to support breastfeeding.[15] **Proposed changes to the health visiting service specification** - **Antenatal health and wellbeing review** Utilise the antenatal group education session to check that participants are accessing antenatal maternity care, and where they are not encourage them to take up this care.
d) Responsible Officer for Mitigating Actions – Age	Dr Anjan Ghosh
20. Negative Impacts and Mitigating actions for Disability	
a) Are there negative impacts for Disability? *Answer: Yes/No (If yes, please also complete sections b, c,and d).*	Yes
b) Details of Negative Impacts for Disability	**Proposed new place-based Community Infant Feeding Service** It has been estimated that 9.4% of women giving birth in the UK have one or more limiting longstanding illness which may cause disability, affecting pregnancy, birth and early parenting[16]. In a study by Redshaw et al (2013)[17] most disabled women were positive about their care and reported sufficient access and involvement, but were less likely to breastfeed at least once or breastfeed partially or exclusively during the first few days. This was particularly evident in women who were physically disabled, mentally disabled and for women with more than one disability.

	It is estimated that the approximate prevalence of autism in women and girls in the UK is 0.2%[18] (although is likely to be an under-estimation). A study by Grant et al (2022)[19] found that many autistic women wanted to breastfeed, however they found it difficult. Because: *(1) services were inaccessible and unsupportive to autistic mothers, meaning they did not receive help when needed.* *(2) becoming a mother was challenging because of exhaustion, loss of control over routines and lack of social support.* *(3) sensory challenges, such as being touched out and pain, which could feel unbearable* **Proposed changes to the health visiting service specification - Antenatal health and wellbeing review** Qualitative research has identified that some autistic mothers may find it challenging to access group-based support[20].

c) Mitigating Actions for Disability	**Proposed new place-based Community Infant Feeding Service** Staff should receive appropriate training and guidance on how to support mothers with disabilities. Guidance on communication and sensory needs to be included in any notes. For autistic women in particular: Training of staff on not touching women (to show latch for example) without explicit consent. Staff should receive training and tools related to autism, but this also needs to be specific to infant feeding and able to be tailored to each mothers need. **Proposed changes to the health visiting service specification - Antenatal health and wellbeing review** The service to engage with neurodivergent women to understand what format(s) of

	provision would work best for them, whilst acknowledging that this is a community service.
d) Responsible Officer for Mitigating Actions - Disability	Dr Anjan Ghosh
a) Are there negative impacts for Sex? *Answer: Yes/No (If yes, please also complete sections b, c,and d).*	Yes
b) Details of Negative Impacts for Sex	**Proposed new place-based Community Infant Feeding Service** **Mothers and geographical variation** Unpublished data shows that there is wide variation in the prevalence of breastfeeding at the 6-8 week health and wellbeing review across districts and boroughs in Kent. [21] **Mothers and deprivation** In 2022/23, 12.7% of children aged under 16 were living in absolute low income families in Kent (38,706). This is higher than the South East regional average (10.6%) but lower than the national average (15.6%).[22] According to the Income Deprivation Affecting Children Index (IDACI) the top twenty most deprived Lower-layer Super Output Areas (LSOA) within Kent are all in coastal areas.[23] Mothers living in affluent areas are more likely to breastfeed than mothers living in more deprived areas. The gap in breastfeeding rates at 6 to 8 weeks between the most and least deprived areas in England in 2023/2024 was 10.7 percentage points.[24] **Mothers who have had a c section** It has been reported in the literature that caesarean section births have an association with various breastfeeding difficulties.[25] A systematic review and meta-analysis of breastfeeding outcomes after caesarean birth, found that caesarean sections which took place prelabour, were associated with a significant

reduction in early breastfeeding when compared with vaginal delivery.[26] There are a number of factors which may influence breastfeeding experiences of women who have a caesarean section. There may be delay in the production of breast milk if labour has not been experienced.[27]

Mothers and employment
Evidence suggests that mothers working in managerial and professional occupations are more likely to breastfeed. However, women returning to work for financial reasons were less likely to initiate breastfeeding than those who returned for other reasons.[28] [29]

Mothers and homelessness
The number of households in temporary accommodation has been on a rising trend, having reached 2,615 in Kent and Medway at the end of 2023, up from 1,598 at the end of 2019. Of those in temporary accommodation, 59.6% are with children.[30]

There are decreased breastfeeding initiation rates and duration in the homeless population.[31]

Mothers and substance misuse
The estimated number of adults with alcohol dependence living with children in Kent, between April 2019 to March 2020, was 2 per 1000 of the population as compared to 3 per 1000 in England. In Kent, between April 2019 to March 2020, the proportion of women under the age of 50 who were pregnant and new presentations to drug and alcohol treatment and were a parent or adult living with children were 2% and were a parent not living with children were 4%. [32]

There is a dearth of information cited in UK alcohol guidelines in relation to alcohol use whilst breastfeeding. There is debate in the research literature about the safety of alcohol consumption and breastfeeding. [33]

Mothers and perinatal mental health
Overall breastfeeding is associated with improved maternal mental health outcomes. However, evidence suggests an association between breastfeeding challenges or a discordance between breastfeeding expectations and actual experience and

	negative mental health outcomes.[34] Some studies have identified a negative association between the initiation, exclusivity, and duration of breastfeeding, and psycho-emotional health disorders.[35] A systematic study on breastfeeding experiences of women with a wide range of perinatal mental health conditions identified that *a lack of consistent support and advice from healthcare professionals, particularly around health concerns and medication safety, can negatively impact breastfeeding choices, and potentially aggravate perinatal mental health symptoms*. [36] **Fathers and Breastfeeding** Fathers positive attitude, involvement and support greatly influences breastfeeding decision and commitment among mothers and was associated with increased breastfeeding rates and duration. The exclusion of fathers from breastfeeding support and preparation may result in decreased quality of life and self-efficacy among fathers.[37] National and local insights have identified a need for tailored information and support around infant feeding for fathers and male partners. **Proposed changes to the health visiting service specification - Antenatal health and wellbeing review** Financial need can impact on a women's ability to take time off work, travel to appointments and access digital support. Between 2020 and 2022, women living in the most deprived areas in the UK had a maternal mortality rate twice that of women living in the least deprived areas.[38] The Child Death Review Data Release for the year ending 31 March 2024, identified that the death rate of infants[2] living in the most deprived areas remained more than twice that of infants living in the least deprived areas. The infant death rates for the most and least deprived

[2] Babies under 1 year of age

	areas have decreased compared to the previous year but the difference in rates between these areas remained higher than the prior three years.[39] The findings above emphasise the need for a continued focus on action to address the disparities experienced by families living in the most deprived areas.

c) Mitigating Actions for Sex	**Proposed new place-based Community Infant Feeding Service** **Mothers** Breastfeeding peer support interventions are recommended to increase breastfeeding rates and address inequalities. More targeted interventions to bolster the breastfeeding knowledge, skills, and emotional and practical support for the groups of mothers with unmet needs (financial, social), particularly mothers in areas of deprivation. Make antenatal classes more accessible in more disadvantageous areas.

	Make information more easily available to those with limited access to the Internet. Provide early breastfeeding education for vulnerable mothers Encourage peer support groups for vulnerable mothers Homeless breastfeeding mothers should be referred to nutritional programmes (Healthy Start). Health care professionals need to take the time to listen to breastfeeding mothers experiencing drug and alcohol dependence and determine their individual needs. [They need to be aware of the use of cannabis and be able to respond in a supportive way]. The service to be able to signpost women with perinatal mental health conditions for support around medication safety and perinatal mental health support. Provide mothers with information and support on their mental health throughout their breastfeeding journey. Provide information on common breastfeeding difficulties that may occur in the early days to help prepare families for potential challenges, in the antenatal period (including in antenatal educations sessions). Families should receive information on breastfeeding following a caesarean section in the antenatal and postnatal period to help prepare families for what they may experience and to provide appropriate advice and support. **Fathers** Include fathers as a major part of the breastfeeding family and engage them in the breastfeeding preparation and support process. Provide tailored information for fathers and partners on infant feeding, including how to support breastfeeding, developing secure attachments and a good parent infant relationship with their infant and growing child.

	Proposed changes to the health visiting service specification - Antenatal health and wellbeing review Utilise the antenatal group education session to check that participants are accessing antenatal maternity care, and where they are not encourage them to take up this care. Make provision more accessible in more disadvantaged areas.

22. Negative Impacts and Mitigating actions for Gender identity/transgender	
23. Negative Impacts and Mitigating actions for Race	
24. Negative Impacts and Mitigating actions for Religion and belief	
25. Negative Impacts and Mitigating actions for Sexual Orientation	
26. Negative Impacts and Mitigating actions for Pregnancy and Maternity	
27. Negative Impacts and Mitigating actions for marriage and civil partnerships	
28. Negative Impacts and Mitigating actions for Carer's responsibilities	
a) Are there negative impacts for Carer's responsibilities? *Answer: Yes/No (If yes, please also complete sections b, c,and d).*	Yes
a) Are there negative impacts for Gender identity/transgender? *Answer: Yes/No (If yes, please also complete sections b, c,and d).*	Yes
a) Are there negative impacts for Marriage and Civil Partnerships? *Answer: Yes/No (If yes, please also complete sections b, c,and d).*	Yes
a) Are there negative impacts for Pregnancy and Maternity? *Answer: Yes/No (If yes, please also complete sections b, c,and d).*	Yes
a) Are there negative impacts for Race? *Answer: Yes/No (If yes, please also complete sections b, c,and d).*	Yes
a) Are there negative impacts for Religion and Belief? *Answer: Yes/No (If yes, please also complete sections b, c,and d).*	Yes

a) Are there negative impacts for sexual orientation. *Answer: Yes/No (If yes, please also complete sections b, c,and d).*	Yes
b) Details of Negative Impacts for Carer's Responsibilities	**Proposed new place-based Community Infant Feeding Service and proposed changes to the health visiting service specification - Antenatal health and wellbeing review** There may be increased support required to enable the cared for individual to access in person provision in a range of places.
b) Details of Negative Impacts for Gender identity/transgender	**Proposed changes to the health visiting service specification - Antenatal health and wellbeing review** The 2022 Improving Trans and Non-Binary Experiences of Maternity Services (ITEMS) research project presented findings of Trans and Non-Binary people avoiding maternity services. Therefore, Trans and Non-Binary people's access to the antenatal group education session is particularly important. Respondents of the ITEMS survey also reported receiving a lack of information around their birthing process, feeding their baby, perinatal mental health, and where to seek support for their mental health if required.[40]
b) Details of Negative Impacts for Marriage and Civil Partnerships	**Proposed new place-based Community Infant Feeding Service** A British study of 17,308 mothers, showed that there is an association between exclusive breastfeeding at 3 months and being a mother with a partner. Single mothers were significantly less likely to breastfeed than mothers with a partner.[41]
b) Details of Negative Impacts for Pregnancy and Maternity	**Proposed new place-based Community Infant Feeding Service** Premature birth, infant ill health, domestic abuse and multiple births (twins) can all reduce rates of breastfeeding.[42] [43] [44] [45] [46]

b) Details of Negative Impacts for Race	**Proposed new place-based Community Infant Feeding Service** From Census 2021, In Kent, 89.4% of population identify as White, 4.4% Asian, 2.6% Black, 2.3% mixed ethnicity, 1.2% other ethnic group. The greatest number of Asians was in Gravesham (11.2%), followed by Dartford (9.9%). 0.3% of the population identifies as Gypsy or Irish Traveller, which is higher than both the National (0.1%) and South East (0.2%) averages. 0.1% of the population identifies as Roma, which is lower than the National average (0.2%) and the same as the South East average (0.1%).[47] Mothers from a white ethnic group have the lowest rate of breastfeeding.[48] Some studies have shown that breastfeeding rates are extremely low in England's Gypsies. Whilst national studies show relatively higher rates of breastfeeding in Roma communities, this has not been found to be the case in Kent, where breastfeeding rates are particularly low. [49] A 2024 report on Gypsy, Roma and Traveller communities experiences of infant feeding, information and support services, identified a lack of culturally pertinent and accessible information and support on infant feeding, with many parents indicating that services did not feel tailored or suitable for their needs and experiences. This is linked to literacy and language barriers as well as a lack of cultural competency or awareness around structural issues accessing primary care. A lack of culturally relevant peer support opportunities was also raised. The variation of cultural expectations about the role of father figures in traditional Gypsy, Roma and Traveller families was noted in the report, and the potential for this to be misinterpreted as a lack of engagement or interest.[50] Migrant women who move to new countries compared to those who remain in their home countries, often result in earlier discontinuation or no breastfeeding. Migrant women experience challenges to breastfeeding in host countries including public shaming, easy access to formula, and changes in their social support network (along with lower rates of Breast Feeding in host population).[51]

	Proposed changes to the health visiting service specification - Antenatal health and wellbeing review Perinatal mental health disparities persist among diverse racial and ethnic groups in the UK. Women of ethnic minority background may struggle to access and engage with perinatal mental health support for many reasons. For example, women might present with mental health difficulties in different ways to white women and so they remain unacknowledged. Women might experience stigma and fear of disclosing any mental health difficulties even with family, fear of being seen to not coping and difficulties in medication adherence. [52] [53] [54] In 2020-22, the risk of maternal death was statistically significantly almost three times higher among women from Black ethnic minority backgrounds. There was an almost two-fold difference amongst women from Asian ethnic backgrounds compared to White women. Approximately 30% of the women who died in 2020-22 were born outside of the UK. [55] The 2024 Maternity Survey identified that women who reported their ethnicity as ‘Indian’, ‘Pakistani’ and ‘any other White background’ reported poorer experiences. This included not feeling listened to and not receiving help during their antenatal and postnatal care.[56] MBRRACE- UK continue to highlight the disparities in infant and maternal mortality rates for different ethnic groups. In 2022, babies of black ethnicity were more than twice as likely to be stillborn than babies of White ethnicity. Babies of both Asian and Black ethnicity continued to have much higher rates of neonatal mortality than babies of White ethnicity. Between 2020 and 2022, the highest stillbirth and neonatal mortality rates continued to be for babies of Asian Bangladeshi, Asian Pakistani and Black ethnicity born to mothers living in the most deprived areas. [57] The Child Death Review Data Release for the year ending 31 March 2024, reported that the

	estimated infant death rate[3] for infants of Black or Black British ethnicity was more than double the rate of infants of White ethnicity. The death rate of infants of Asian or Asian British ethnicity also continued to be higher than for White infants. Over a five-year period, the infant death rate was highest for infants of Black Caribbean ethnicity, Black African, and Asian Pakistani.[58] The NHS Race & Health Observatory review found poor communication between women and providers was a prevalent theme. *For women without English language skills, the lack of accessible and high-quality interpreting services seems to be a common issue. Communication can also be compromised for British born ethnic minority women, and migrant women who can speak English. A lack of trust, insensitive behaviour, lack of active listening by providers, and failure to bridge cultural differences, can also impact negatively on communication for these women*. [59]
b) Details of Negative Impacts for Religion and belief	**Proposed new place-based Community Infant Feeding Service** From the Census 2021, In Kent, 48.5% of the population identify as Christian, 1.6% Muslim, 1.2% Hindu, 0.8% Sikh, 0.6% Buddhist, 0.1% Jewish, 0.6% other Religion and 40.9% No religion. [60] **Religious Customs and Infant Feeding** Some women may not breastfeed in public. Some women prefer female health professionals. In some religions, there is a postnatal period where mothers should stay home. This means that mothers are unlikely to seek infant feeding support unless its provided in the home or by other methods (telephone/ online).[61] **Proposed new place-based Community Infant Feeding Service and** **proposed changes to the health visiting service specification - Antenatal health and wellbeing review** In some religions, women may be being less likely to attend antenatal classes or groups, due

[3] Babies under 1 year of age.

	to the presence of other males. [62] The 2022 Kent and Medway NHS Perinatal health inequalities experience report included a question on what would have helped the participants experience. Responses included *having faith venue deliver courses and distribute information, such as breastfeeding and what to expect at the hospital.*[63]
b) Details of Negative Impacts for Sexual Orientation	**Proposed new place-based Community Infant Feeding Service** From the Census 2021, In Kent, 90.6% of the population identify as straight or heterosexual. 1.3% of the population in Kent identify as Gay or Lesbian which is lower than the national and South East regional average (1.5%), with the greatest % of Gay or Lesbian people living in Canterbury (1.8%) and the lowest % living in Tonbridge & Malling (0.9%) . 1.1% of the population of Kent identify as Bisexual which is lower than both the national and South East regional average (1.3%). [64] In a US study, infants born to lesbian identified women were less likely to be breastfed than those born to their heterosexual counterparts. Disparities might be due to healthcare stigma with such women experiencing difficulty accessing health care.[65] **Proposed changes to the health visiting service specification - Antenatal health and wellbeing review** A systematic review on the views and experiences of LGBTQ+ people regarding midwifery care (2021), identified that LGBTQ+ people have variable experiences when accessing midwifery care and require access to culturally sensitive individualised and family-centred care and support.[66]
c) Mitigating Actions for Carer's responsibilities	**Proposed new place-based Community Infant Feeding Service** The provider could articulate what support was available at venues such as disabled parking, ramp access to the building and doors which open automatically.

	Proposed changes to the health visiting service specification - Antenatal health and wellbeing review The provider could ask with the information sent to women antenatally if they have access needs. The provider could articulate what support was available at venues such as disabled parking, ramp access to the building and doors which open automatically.
c) Mitigating actions for Gender identity/transgender	Staff to receive training to improve the experiences and outcomes for trans and non-binary parents Services to use inclusive language and ask people directly about the language that is appropriate to describe them and their bodies. Offer personalised, trauma informed care and share tailored information around birthing choices, infant feeding choices, and perinatal mental health.
c) Mitigating Actions for Marriage and Civil Partnerships	**Proposed new place-based Community Infant Feeding Service** Additional problem solving and assessment of barriers is needed for single parents.

c) Mitigating Actions for Pregnancy and Maternity	**Proposed new place-based Community Infant Feeding Service** Provide support for milk expression and access to breast pumps to support breastfeeding mothers experiencing premature birth/infant ill health. Infant feeding practitioners have sufficient training and information to support mothers of multiples. Domestic abuse can start in pregnancy and escalate postnatally. Staff need to recognise domestic abuse and have discrete but accessible information available. Breastfeeding programmes should include support for breastfeeding women's emotional needs to promote positive interactions.
c) Mitigating Actions for Race	**Proposed new place-based Community Infant Feeding Service** Targeted interventions to improve breastfeeding in white British native women should consider the role that culture can play in encouraging positive health behaviours. Provide early, inclusive, and accessible conversations antenatally about breastfeeding to encourage uptake. Breastfeeding support and training needs to be in line with cultural norms found in Gypsy, Roma and Traveller communities and migrant communities. Training should include awareness of cultural expectations around the role of father figures in traditional Gypsy, Roma and Traveller families

	Culturally relevant and accessible infant feeding information resources should be provided to infant feeding service users. For example, [Foreign language resources - breastfeeding - Baby Friendly Initiative] **Proposed changes to the health visiting service specification - Antenatal health and wellbeing review** Take forward learning from MBRRACE[67] [68] [69] including: The provision of support for language difficulties. This includes: • Ask women about their language needs at every interaction and record this information in their notes. • Use professional interpreter services for all interactions with women who do not speak or understand English. • Avoid using family members or friends as interpreters. • Consider women's preferences when selecting an interpreter. Some women may not wish to discuss their health with a male interpreter. • When giving verbal information check to ensure that the information is understood. • Written information should be translated where needed into other languages. • Check if a person can read health-related information in their preferred language. Include community engagement and advocacy in service development or processes. Access training and resources for staff, so they can provide culturally and religiously sensitive care. Deliver personalised care, identifying and addressing barriers to access care for each individual.

c) Mitigating Actions for Religion and belief	**Proposed new place-based Community Infant Feeding Service** Training in person centred, religious and cultural awareness to be delivered for staff including peer supporters/ community ambassadors. Provide infant feeding support online. Recruit staff and peer supporters who reflect the local community served. **Proposed new place-based Community Infant Feeding Service and proposed changes to the health visiting service specification** - **Antenatal health and wellbeing review** The service to engage with the local community to identify how the service can support families of different religions and beliefs to access services. For example provision in suitable spaces, such as a Gurdwara, Islamic Centre or Mosque Effective education and training for health professionals on religious, cultural and ethnic issues that can influence users' needs for and experiences of health services.
c) Mitigating Actions for Sexual Orientation	**Proposed new place-based Community Infant Feeding Service** Training for professionals on reducing stigma, using Inclusive language and involving non birthing parent. Involving LGBTQ+ parents in the co-production of services/support. Deliver community based breastfeeding educational interventions from Health Care professionals and peer groups. **Proposed changes to the health visiting service specification** - **Antenatal health and wellbeing review** Staff access training to enhance their knowledge and skills of the distinct needs of LGBTQ+ people.
d) Responsible Officer for Mitigating Actions - Carer's Responsibilities	Dr Anjan Ghosh

[Type here]

d) Responsible Officer for Mitigating Actions - Gender identity/transgender	Dr Anjan Ghosh
d) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships	Dr Anjan Ghosh
d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity	Dr Anjan Ghosh
d) Responsible Officer for Mitigating Actions - Race	Dr Anjan Ghosh
d) Responsible Officer for Mitigating Actions - Religion and belief	Dr Anjan Ghosh
d) Responsible Officer for Mitigating Actions - Sexual Orientation	Dr Anjan Ghosh
d) Responsible Officer for Mitigating Actions - Sex	Dr Anjan Ghosh

---

[1] Public Health England (2021) Health visiting and school nursing service delivery model Guidance. https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children/health-visiting-and-school-nursing-service-delivery-model.

[2] HM Government (2022) Family Hubs and Start for Life programme guide. https://assets.publishing.service.gov.uk/media/62f0ef83e90e07142da01845/Family_Hubs_and_Start_for_Life_programme_guide.pdf

[3] KCC. Nourishing our next generation An infant feeding strategy for Kent 2024–2029. https://letstalk.kent.gov.uk/start-for-life-strategies#:~:text=Nurturing%20little%20hearts%20and%20minds,and%20building%20strong%20parent%2Dinfant. [Online] 2024

[4] KCC (2024) Nurturing little hearts and minds: a perinatal mental health and parent-infant relationship strategy. https://letstalk.kent.gov.uk/start-for-life-strategies#:~:text=Nurturing%20little%20hearts%20and%20minds,and%20building%20strong%20parent%2Dinfant.

[5] NICE (2014) Maternal and child nutrition guidance [PH11]. https://www.nice.org.uk/guidance/ph11/resources/maternal-and-child-nutrition-pdf-1996171502533.

[6] PHE & UNICEF. (2016). Commissioning local infant feeding services: A summary. https://assets.publishing.service.gov.uk/media/5a80d1b540f0b62305b8d531/Commissioning_infant_feeding_services_a_summary.pdf

[7] Public Health England (2021) Health visiting and school nursing service delivery model Guidance. https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children/health-visiting-and-school-nursing-service-delivery-model.

[8] Institute of Health Visiting (2024) State of Health Visiting, UK survey report Millions supported as others miss out: 10th iHV Annual Health Visiting Survey: data year ending November 2023. https://ihv.org.uk/wp-content/uploads/2024/01/State-of-Health-Visiting-Report-2023-FINAL-VERSION-16.01.24.pdf

[9] Kent Safeguarding Children Multiagency Partnership. Harm to under 2s. 2022.

[10] Child Safeguarding Practice Review Panel. Safeguarding children under 1 from non-accidental injury caused by male carers. 2021.

[11] NHS Digital (2012) Infant Feeding Survey 2010: Summary. https://files.digital.nhs.uk/publicationimport/pub08xxx/pub08694/ifs-uk-2010-sum.pdf

[12] Office for Health Improvement & Disparities (2023) Research and analysis: Breastfeeding at 6 to 8 weeks: a comparison of method. https://www.gov.uk/government/publications/breastfeeding-at-6-to-8-weeks-comparison-of-nhs-england-and-ohid-data/breastfeeding-at-6-to-8-weeks-a-comparison-of-methods

[13] NHS Digital. National Maternity Dashboard https://app.powerbi.com/view?r=eyJrIjoiOTg1YTkzNWQtNTM1NS00YmE0LWEzNTktMWQ3ZTRlNWM5ZmUyIiwidCI6IjM3YzM1NGIyLTg1YjAtNDdmNS1iMjIyLTA3YjQ4ZDc3NGVlMyJ9

[14] Allison Felker, Roshni Patel, Rohit Kotnis, Sara Kenyon, Marian Knight (Eds.) on behalf of MBRRACE-UK. Saving Lives, Improving Mothers' Care Compiled Report - Lessons learned to inform maternity care from the UK and Ireland

Confidential Enquiries into Maternal Deaths and Morbidity 2020-22. Oxford: National Perinatal Epidemiology Unit, University of Oxford 2024

[15] Buckland, C., Hector, D., Kolt, G.S. *et al.* Interventions to promote exclusive breastfeeding among young mothers: a systematic review and meta-analysis. *Int Breastfeed J* **15**, 102 (2020). https://doi.org/10.1186/s13006-020-00340-6

[16] Sumilo D, Kurinczuk JJ, Redshaw ME, Gray R: Prevalence and impact of disability in women who had recently given birth in the UK. BMC Pregnancy Childbirth. 2012, 12: 31-37. 10.1186/1471-2393-12-31.

[17] Redshaw, M., Malouf, R., Gao, H. *et al.* Women with disability: the experience of maternity care during pregnancy, labour and birth and the postnatal period. *BMC Pregnancy Childbirth* **13**, 174 (2013). https://doi.org/10.1186/1471-2393-13-174

[18] NHS Information Centre (2007) Autism Spectrum Disorders in Adults Living in Households Throughout England 2007--Report from the Adult Psychiatric Morbidity Survey

[19] Grant A, Jones S, Williams K, Leigh J, Brown A. Autistic women's views and experiences of infant feeding: A systematic review of qualitative evidence. Autism. 2022 Aug;26(6):1341-1352. doi: 10.1177/13623613221089374. Epub 2022 Apr 12. PMID: 35411810; PMCID: PMC9344572.

[20] Hampton S, Man J, Allison C, Aydin E, Baron-Cohen S, Holt R. A qualitative exploration of autistic mothers' experiences II: Childbirth and postnatal experiences. Autism. 2022 Jul;26(5):1165-1175. doi: 10.1177/13623613211043701. Epub 2021 Sep 4. PMID: 34482747; PMCID: PMC9340136.

[21] Kent Community Health NHS Foundation Trust. Prevalence of Breastfeeding in Kent (2023/24) at 6-8 week review

[22] Kent Analytics (2022) Statistical Bulletin April 2022: Children in Poverty. https://www.kent.gov.uk/__data/assets/pdf_file/0009/7956/Children-in-poverty.pdf

[23] Ministry of Housing, Communities & Local Government (2018 to 2021) English indices of deprivation 2019: supplementary indices - income deprivation affecting children index and income deprivation affecting older people index. 2019. https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019

[24] Office for Health Improvement & Disparities (2024) Breastfeeding at 6 to 8 weeks, 2023 to 2024 statistical commentary. https://www.gov.uk/government/statistics/breastfeeding-at-6-to-8-weeks-after-birth-annual-data-april-2023-to-march-2024/breastfeeding-at-6-to-8-weeks-2023-to-2024-statistical-commentary#:~:text=the%20prevalence%20of%20breastfeeding%20at%206%20to%208%20weeks%20in,the%20current%20data%20collection%20commenced

[25] Li L, Wan W, Zhu C. Breastfeeding after a cesarean section: A literature review. Midwifery. 2021 Dec;103:103117. doi: 10.1016/j.midw.2021.103117. Epub 2021 Aug 14. PMID: 34425257.

[26] Prior E, Santhakumaran S, Gale C, Philipps LH, Modi N, Hyde MJ. Breastfeeding after cesarean delivery: a systematic review and meta-analysis of world literature. Am J Clin Nutr. 2012 May;95(5):1113-35. doi: 10.3945/ajcn.111.030254. Epub 2012 Mar 28. PMID: 22456657.

[27] Kelly NM, Smilowitz JT, Cagney O, Flannery RL, Tribe RM. Delayed onset of lactogenesis and reduced breastfeeding frequency in mothers who give birth by caesarean section. *Proceedings of the Nutrition Society*. 2020;79(OCE2):E445. doi:10.1017/S0029665120003936

[28] Hawkins SS, Griffiths LJ, Dezateux C, Law C; Millennium Cohort Study Child Health Group. Maternal employment and breast-feeding initiation: findings from the Millennium Cohort Study. Paediatr Perinat Epidemiol. 2007 May;21(3):242-7. doi: 10.1111/j.1365-3016.2007.00812.x. PMID: 17439534.

[29] Simpson DA, Quigley MA, Kurinczuk JJ, Carson C. Twenty-five-year trends in breastfeeding initiation: The effects of sociodemographic changes in Great Britain, 1985-2010. PLoS One. 2019 Jan 17;14(1):e0210838. doi: 10.1371/journal.pone.0210838. Erratum in: PLoS One. 2019 Feb 7;14(2):e0212301. doi: 10.1371/journal.pone.0212301. PMID: 30653579; PMCID: PMC6336342.

[30] Kent Housing Group (2024) KHG Dashboard of Indicators, September 2024**.** https://www.kenthousinggroup.org.uk/data-and-statistics/khg-dashboard-of-indicators-september-2024/

[31] Dario, Hannah et al. An Integrative Review of Breastfeeding and Homelessness. Nursing for Women's Health, Volume 27, Issue 6, 416 - 426

[32]Public Health England. Parents with problem alcohol and drug use: Data for England and Kent, 2019 to 2020. Parents with problem alcohol and drug use: Data for England and Kent, 2019 to 2020

[33] Baker S, Christian M. An exploratory study to investigate alcohol consumption among breast-feeding mothers. Public Health Nutr. 2021 Jul;24(10):2929-2935. doi: 10.1017/S1368980020001160. Epub 2020 Jun 23. PMID: 32571445; PMCID: PMC9884745.

[34] Yeun, M., Hall, J. et al. The Effects of Breastfeeding on Maternal Mental Health: A Systematic Review. Journal of Women's HealthVol. 31, No. 6.(2022) https://doi.org/10.1089/jwh.2021.0504

[35] Daglas, Maria & Mrvoljak-Theodoropoulou, Irina & Karagianni, Despoina & Dagla, Calliope & Sotiropoulou, Dimitra & Kontiza, Eleni & Kavakou, Aikaterini-Taxiarchoula & Antoniou, Evangelia. (2021). Women’s Mental Health as a Factor

Associated with Exclusive Breastfeeding and Breastfeeding Duration: Data from a Longitudinal Study in Greece. Children. 8. 150. 10.3390/children8020150.

[36] Billings, H., Horsman, J., Soltani, H. *et al.* Breastfeeding experiences of women with perinatal mental health problems: a systematic review and thematic synthesis. *BMC Pregnancy Childbirth* **24**, 582 (2024). https://doi.org/10.1186/s12884-024-06735-1

[37] Hibah Maki A Al Namir, Anne-Marie Brady, and Louise Gallagher. Fathers and breastfeeding: Attitudes, involvement and support. British Journal of Midwifery 2017 25:7, 426-440. https://doi.org/10.12968/bjom.2017.25.7.426

[38] Allison Felker, Roshni Patel, Rohit Kotnis, Sara Kenyon, Marian Knight (Eds.) on behalf of MBRRACE-UK. Saving Lives, Improving Mothers' Care Compiled Report - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2020-22. Oxford: National Perinatal Epidemiology Unit, University of Oxford 2024

[39] National Child Mortality Database (2024) Child Death Review Data Release: Year ending 31 March 2024. https://www.ncmd.info/publications/child-death-review-data-release-2024/

[40] LGBT Foundation (2022) Trans + Non Binary Experiences Of Maternity Services: Survey findings, report and recommendations. https://dxfy8lrzbpywr.cloudfront.net/Files/97ecdaea-833d-4ea5-a891-c59f0ea429fb/ITEMS%2520report%2520final.pdf

[41] Peregrino, AB; Watt, RG; Heilmann, A; Jivraj, S; (2018) Breastfeeding practices in the United Kingdom: Is the neighbourhood context important? Maternal & Child Nutrition, 14 (4) , Article e12626. 10.1111/mcn.12626.

[42] Normann AK, Bakiewicz A, Kjerulff Madsen F, Khan KS, Rasch V, Linde DS. Intimate partner violence and breastfeeding: a systematic review. BMJ Open. 2020 Oct 31;10(10):e034153. doi: 10.1136/bmjopen-2019-034153. PMID: 33130559; PMCID: PMC7783610.

[43] Avcı, S., Ortabag, T., Ulusal, H., & Taysi, S. (2023). The Effect of Domestic Violence During Pregnancy on Cortisol Hormone Release, Breastfeeding, and Newborn. Journal of Interpersonal Violence, 38(1-2), 905-930. https://doi.org/10.1177/08862605221087690

[44] Scheid, C R.,Paulson, J L.,Miller-Graff, L E (2021) Feelings and feedings: Psychopathology and breastfeeding attitudes in women with a history of intimate partner violence. Psychological Trauma: Theory, Research, Practice, and Policy, Vol 13(3), Mar 2021, 394-402

[45] Bonet M, Blondel B, Agostino R*, et al.* Variations in breastfeeding rates for very preterm infants between regions and neonatal units in Europe: results from the MOSAIC cohort *Archives of Disease in Childhood - Fetal and Neonatal Edition* 2011;**96:**F450-F452.

[46] Whitford HM, Wallis SK, Dowswell T, West HM, Renfrew MJ. Breastfeeding education and support for women with twins or higher order multiples. Cochrane Database Syst Rev. 2017 Feb 28;2(2):CD012003. doi: 10.1002/14651858.CD012003.pub2. PMID: 28244065; PMCID: PMC6464508.

[47] Kent County Council. Equality and diversity data. https://www.kent.gov.uk/about-the-council/information-and-data/facts-and-figures-about-Kent/equality-and-diversity-data#tab-1,3

[48] Office for Health Improvement and Disparities (2023) Breastfeeding at 6 to 8 weeks: a comparison of methods. https://www.gov.uk/government/publications/breastfeeding-at-6-to-8-weeks-comparison-of-nhs-england-and-ohid-data/breastfeeding-at-6-to-8-weeks-a-comparison-of-methods

[49] Kent County Council (2023) Kent 'Gypsy, Roma and Traveller Populations' Joint Strategic Needs Assessment**.** https://www.kpho.org.uk/joint-strategic-needs-assessment/health-intelligence/population-groups/ethnicity#tab1

[50]Friends, Families and Travellers (2024) Gypsy, Roma and Traveller community experiences of infant feeding, information and support services. https://www.gypsy-traveller.org/wp-content/uploads/2024/09/Extended-Infant-Feeding-Report.pdf

[51] Izumi, C., Trigg, J., & Stephens, J. H. (2024). A systematic review of migrant women's experiences of successful exclusive breastfeeding in high-income countries. *Maternal & Child Nutrition*, 20, e13556. https://doi.org/10.1111/mcn.13556

[52] Pilav, S., De Backer, K., Easter, A. *et al.* A qualitative study of minority ethnic women's experiences of access to and engagement with perinatal mental health care. *BMC Pregnancy Childbirth* **22**, 421 (2022). https://doi.org/10.1186/s12884-022-04698-9

[53] Refugee Women Connect (2022) Working with pregnant asylum seeking women A guide for health professionals. https://www.refugeewomenconnect.org.uk/Handlers/Download.ashx?IDMF=af7a9a1f-5bbd-475d-be99-c5e090be3d58

[54] Watson, H and Soltani, H (2019). Perinatal mental ill health - the experiences of women from ethnic minority groups. British Journal of Midwifery, 27 (10), 642-648

[55] Allison Felker, Roshni Patel, Rohit Kotnis, Sara Kenyon, Marian Knight (Eds.) on behalf of MBRRACE-UK. Saving Lives, Improving Mothers' Care Compiled Report - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2020-22. Oxford: National Perinatal Epidemiology Unit, University of Oxford 2024

[56] Care Quality Commission (2024) Maternity survey 2024. https://www.cqc.org.uk/publications/surveys/maternity-survey

[57] MBRRACE-UK (2024) MBRRACE-UK perinatal mortality surveillance UK perinatal deaths of babies born in 2022: State of the nation report. https://www.npeu.ox.ac.uk/mbrrace-uk/reports/perinatal-mortality-surveillance/perinatal-surveillance-2022

[58] National Child Mortality Database (2024) Child Death Review Data Release: Year ending 31 March 2024. https://www.ncmd.info/publications/child-death-review-data-release-2024/

[59] Kapadia, D., Zhang, J. Salway, S. et al (2022) Ethnic Inequalities in Healthcare: A Rapid Evidence Review. NHS Race and Health observatory. https://www.nhsrho.org/wp-content/uploads/2023/05/RHO-Rapid-Review-Final-Report_.pdf

[60] Kent County Council. Equality and diversity data. https://www.kent.gov.uk/about-the-council/information-and-data/facts-and-figures-about-Kent/equality-and-diversity-data#tab-1,3

[61] Kent and Medway NHS (2022) Perinatal health inequalities experience report. https://www.kentandmedway.icb.nhs.uk/application/files/1216/7406/0359/Perinatal_health_inequalities_experience_report_November_2022.pdf

[62] Firdous, T., Darwin, Z. & Hassan, S.M. Muslim women's experiences of maternity services in the UK: qualitative systematic review and thematic synthesis. *BMC Pregnancy Childbirth* **20**, 115 (2020). https://doi.org/10.1186/s12884-020-2811-8

[63] Kent and Medway NHS (2022) Perinatal health inequalities experience report. https://www.kentandmedway.icb.nhs.uk/application/files/1216/7406/0359/Perinatal_health_inequalities_experience_report_November_2022.pdf

[64] Kent County Council. Equality and diversity data. https://www.kent.gov.uk/about-the-council/information-and-data/facts-and-figures-about-Kent/equality-and-diversity-data#tab-6

[65] Jenkins V, Everett BG, Steadman M, Mollborn S. Breastfeeding Initiation and Continuation Among Sexual Minority Women. Matern Child Health J. 2021 Nov;25(11):1757-1765. doi: 10.1007/s10995-021-03218-z. Epub 2021 Aug 20. PMID: 34417684; PMCID: PMC10317205.

[66] McCann, Edward & Brown, Michael & Hollins Martin, Caroline & Murray, Karen & McCormick, Freda. (2021). The views and experiences of LGBTQ+ people regarding midwifery care: A systematic review of the international evidence. Midwifery. 103. 103102. 10.1016/j.midw.2021.103102.

[67] MBRRACE-UK (2024) MBRRACE-UK perinatal mortality surveillance UK perinatal deaths of babies born in 2022: State of the nation report. https://www.npeu.ox.ac.uk/mbrrace-uk/reports/perinatal-mortality-surveillance/perinatal-surveillance-2022

[68] Allison Felker, Roshni Patel, Rohit Kotnis, Sara Kenyon, Marian Knight (Eds.) on behalf of MBRRACE-UK. Saving Lives, Improving Mothers' Care Compiled Report - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2020-22. Oxford: National Perinatal Epidemiology Unit, University of Oxford 2024

[69] MBRRACE-UK (2023) Perinatal Confidential Enquiry: A comparison of the care of Asian, Black and White women who have experienced a stillbirth or neonatal death. Perinatal Confidential Enquiry: A comparison of the care of Asian, Black and White women who have experienced a stillbirth or neonatal death | MBRRACE-UK | NPEU