

Heading: *Breastfeeding*

Introduction

Breastfeeding is the normal way of providing young infants with the nutrients they need for healthy growth and development. Virtually all mothers can breastfeed, provided they have accurate information, and the support of their family, the health care system and society at large (World Health Organisation, 2017).

Evidence shows that babies who are breastfed have a reduced risk of Sudden Infant Death Syndrome (SIDS) compared to those who are formula fed (NHS Choices, 2015). Breast fed babies are less likely to develop a range of diseases and conditions throughout their life, (Robinson and Fall, 2012) and have fewer infections, including: lower respiratory tract infection; gastrointestinal infection and otitis media.

Research has shown benefits for breastfeeding mothers and is associated with a reduction in the risk of breast and ovarian cancers, osteoporosis, cardiovascular disease and obesity (NHS Choices, 2016). A study by Gutman et al, (2009) suggested a positive association between breastfeeding and parenting capability, particularly among single and low-income mothers.

Current national and international guidance recommends exclusive breastfeeding for newborns (breast milk only and no other liquids or solids) for the first six months of infancy.

National & Local Strategies (Current best practices)

- Department of Health (2010) [Healthy Lives, Healthy People: Our strategy for public health in England](#) highlights the importance of 'starting well' through early intervention and prevention such as breastfeeding support.
- Department of Health (2009) [The Healthy Child Programme](#) places significant emphasis on the achievement of increased rates of breastfeeding initiation and continuation, which will contribute specifically to improving breastfeeding & obesity outcomes.
- HM Government (2010) [Maternity and Early Years – making a good start to family life](#)

- Department of Health (2007) [Maternity Matters](#)
- Unicef (2016), [The Baby Friendly Initiative](#)

What do we know?

- Breastfeeding statistics are collected at two time points: breastfeeding initiation data is collected within 48 hours of the birth of a baby, data is also collected by health visitors when the baby is 6-8 weeks of age on whether the baby is fully or partially breastfed
- Breastfeeding initiation falls under the remit of maternity services which is a CCG commissioned service. Data on breastfeeding initiation is reported directly from hospital trusts to NHS England to allow reporting at a CCG and trust level
- Breastfeeding at 6 to 8 weeks falls under the remit of health visiting services and prior to October 2015 this was a NHS England commissioned service, with data reported directly from child health information systems to NHS England, to allow reporting at a CCG level. These data at initiation and at 6 to 8 weeks could be compared to provide an estimate in the drop-off of breastfeeding rates between these two time points
- Evidence indicates that early support within the first two weeks of giving birth is crucial if breastfeeding is to be sustained for the recommended period of time. There therefore continues to be a need for sustained breastfeeding support in the early weeks after birth, with the provision of evidence-based education and prevention interventions linked to the Baby Friendly Initiative.

Facts, Figures, Trends

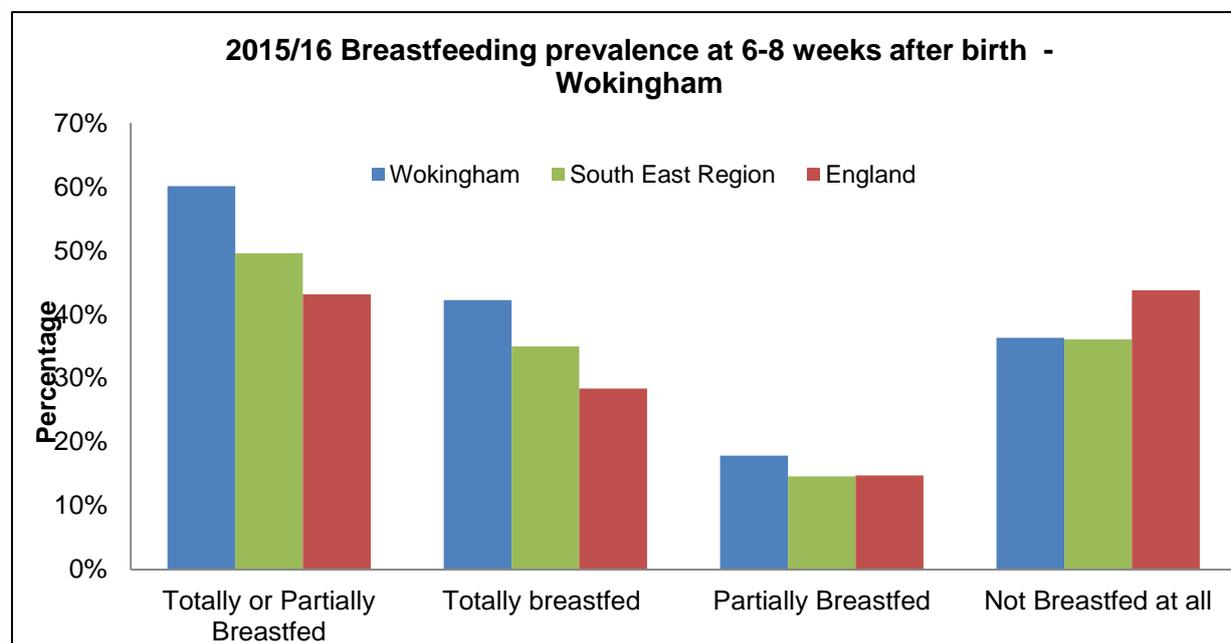
- Changes to NHS and Local Authority commissioning over recent years have affected the collection of breastfeeding statistics and it should be noted that these changes will affect the quality of breastfeeding data until they are fully embedded
- Breastfeeding at 6 to 8 weeks falls under the remit of health visiting services and prior to October 2015 this was a NHS England commissioned service. Due to the change in how the data is collected, a trend cannot be shown.
- In the UK we have a strong bottle feeding culture; by one week of age over half of all babies will have received formula milk via a bottle, and by

six weeks this rises to three quarters of all babies.

- 141 out of 152 local authorities submitted data for the 2015/16 breastfeeding at 6-8 week. The aggregate breastfeeding rate for England was 43.2%.
- Caution should be exercised when interpreting these figures as it is a new data collection and currently the reporting by local authorities to PHE is voluntary. Any figures shown at a PHE Centre or England level are based on an aggregate total of local authorities, within those areas who supplied data items, which complied with national validation criteria for the breastfeeding indicator.

The table below shows that 60.1% of Wokingham mothers were breastfeeding at 6-8 weeks although this should be interpreted with caution as the data did not meet all of the validation criteria. For this chart, we have calculated this figure based on known aggregates.

Table 1



Source: Public Health England

What are the key inequalities?

Infant feeding patterns are strongly influenced by maternal age, educational attainment and socio-economic position, as shown in the data from the 2010 infant

feeding survey.

What are the unmet needs/ service gaps?

It would appear that specific groups may be experiencing difficulty in maintaining breastfeeding after the 6-8 week period. Anecdotal information tells us that cultural barriers may affect certain groups in accessing services, for example:

- Asian mothers appear not to attend well baby clinic in first 2 weeks after the birth due to language and cultural barriers. This may impact on the continuation of breastfeeding after coming home if the mother experiences problems and is unable to access support to maintain the breastfeeding. This discontinuation is contrary to the cultural norm.
- Women from the Gypsy, Roma and Traveller communities are reluctant to initiate breastfeeding because of cultural views.
- Mothers under 20 are a third less likely to initiate breastfeeding and half as likely to be breastfeeding at 6-8 weeks. Evidence suggests ongoing multiple roles, complex living situations, youth and dependency, and poor knowledge of the fundamentals of breastfeeding and infant development are contributing factors.

Recommendations for consideration by other key organisations such as: CCG's, General Practices, Local Authority department e.g housing and other providers.

Breastfeeding support needs to be incorporated in all parts of local commissioning for 0-5 services. This is particularly important for mothers from low income groups. Families require breastfeeding information in the antenatal period, guidance when helping mothers to initiate breastfeeding and support to sustain feeding over the early weeks after birth.

This section links to the following sections in the JSNA:

-Premature birth

References

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Update Due: