

Breastfeeding

Headlines

Current UK policy is to promote exclusive breastfeeding for the first six months. Breastfeeding especially if maintained for the first six months of life, can make a major contribution to an infant's health and development and is associated with better health for the mother.

Breastfeeding levels in England remain amongst the lowest in Europe. Locally, levels of breastfeeding at 6-8 weeks between October and December 2012 were:

- 35% in North Kirklees
- 44% in South Kirklees
- 39% overall

Locally, we aim to increase breastfeeding initiation rates by working with women where breastfeeding is not the norm and to create a culture that supports good breastfeeding practice across Kirklees.

Why is this issue important?

Breast milk is the best form of nutrition for infants. Breastfed babies are less likely to develop [obesity](#), [diabetes](#) or childhood leukaemia. Other conditions that breastfeeding helps to prevent include: inflammation of the middle ear gastroenteritis, respiratory tract infections, atopic dermatitis and sudden infant death syndrome¹. Sustained breastfeeding and the timely introduction of appropriate weaning foods can reduce infant mortality².

Breastfeeding also promotes emotional attachments between mother and baby. The most critical developments during the first six months of life are vision, vocabulary and emotional³. Breastfeeding provides the nurturing and communication environment between mother and baby that supports this emotional development.

Mothers who do not breastfeed have an increased risk of breast and ovarian [cancers](#) and may find it more difficult to return to their pre-pregnancy weight⁴.

What significant factors are affecting this issue?

Initiation rates (defined as the child being put to the breast at least once) in England in 2010 were 83%, but by six weeks breastfeeding rates were down to 57%. At six months, 36% of mothers were still breastfeeding, with 1% doing so exclusively⁵. There are, however, significant factors that affect breastfeeding initiation.

There is an association between breastfeeding and social class, as 90% of mothers in managerial and professional occupations breastfed initially, compared with 81% in intermediate occupations, 73% in routine and manual occupations and 69% of mothers who had never worked⁵. Low maternal age and low educational attainment also have a strong impact on patterns of infant feeding.

Local assets to support breastfeeding in Kirklees include two Baby Cafés and 15 Baby Bistros which offer advice and support to women. Auntie Pam's also provides volunteer led advice for mums to be. These services are there to support new mums in maintaining breastfeeding in a friendly environment and provide access to signposting and health professionals.

Which groups are most affected by this issue?

In the UK, initiation rates are lowest among white women, at 79%, compared with women who are Asian or Asian British (95%) and black or black British (97%).

Breastfeeding is a strong indicator of social inequalities. Therefore, women who are most disadvantaged and who leave full time education at age 16 or under are least likely to breastfeed⁶.

Where is this causing greatest concern?

Across Kirklees in December 2012, 39% of mothers were still breastfeeding at 6-8 weeks from birth, compared with 29% in Calderdale and 34% in Wakefield.

Levels of breastfeeding at 6-8 weeks between October and December 2012 were 35% in North Kirklees, 44% in South Kirklees and 39% overall. Therefore, there are improvements to be made across Kirklees especially in North Kirklees.

Views of local people

Local people have identified a need for more breastfeeding support in maternity units from clinical staff and breastfeeding supporters.

A recent study investigated the infant feeding experiences of women and their significant others from pregnancy until six months after birth to establish what would make a difference⁷. Families reported seeing feeding education as unrealistic, overly-technical and rules based. It was felt that ante-natal classes should be more realistic, addressing issues such as what breastfeeding will feel like and what help will be available post birth. There were pivotal moments where families reported a desire for more support around breastfeeding; these being directly after birth and when introducing solids. It was concluded that contemporaneous support would be helpful, rather than promotion and theory beforehand.

What could commissioners and service planners consider?

- Embedding breastfeeding within infant mortality, food and obesity programmes as well as the Healthy Start scheme, to ensure that a comprehensive programme of activity across acute and community sectors is provided
- Engaging with a wide range of stakeholders through the development of the Kirklees Infant Feeding Strategy
- Implementing a structured programme, using the Baby Friendly Initiative (BFI) as a minimum standard, to encourage breastfeeding peer support programmes in Kirklees
- Providing local, easily accessible breastfeeding peer support programmes in Kirklees in the acute and community setting
- Using insight led commissioning where possible to guide activity and service planning

References

- 1) Healthy Ambitions (2010). Delivering Healthy Ambitions for Less: Breastfeeding. NHS, Yorkshire and Humber.
- 2) DH (2007). Implementation plan for reducing health inequalities in infant mortality: a good practice guide
<http://www.chimat.org.uk/resource/item.aspx?RID=58176>
- 3) Balbernie, R. (2011). Circuits and Circumstances. The Consequences of Early Relationships: A View from Interpersonal Neurobiology. UNICEF UK BFI – Annual Conference.
- 4) World Cancer Research Fund (2007). Food, nutrition, physical activity and the prevention of Cancer: a global perspective. London: World Cancer Research Fund.
- 5) Infant Feeding Survey (2010). Incidence, prevalence and duration of breastfeeding.
<http://data.gov.uk/dataset/infant-feeding-survey-2010>
- 6) NICE (2011). Improving the nutrition of pregnant and breastfeeding mothers and children in low-income households.
- 7) Hoddinott P, Craig LCA, Britten J, McInnes RM (2012). A serial qualitative interview study of infant feeding experiences: idealism meets realism.
<http://bmjopen.bmj.com/content/2/2/e000504.full#ref-48>

Date this section was last reviewed:

08/07/2013 (PL)