

Starting Well

Breastfeeding

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Introduction

Breastfeeding has many positive health benefits for both mother and baby in the short and in the long term. Women who have breastfed have a lower risk of breast cancer, some forms of ovarian cancer, type II diabetes and post-menopausal osteoporosis leading to hip fracture.

Breastfeeding is the healthiest way to feed a baby. Giving the child the best start in life remains an important strategy in reducing health inequalities. Breastfed babies have a more desirable growth pattern, a decreased risk of infections, less chance of developing diarrhoea and vomiting and later in life are less likely to develop obesity and insulin-dependent diabetes mellitus, high blood pressure or to have high cholesterol levels.

Current UK health policy and guidance recommends that, where possible, a mother breastfeeds her baby exclusively (feeding only breast milk) for the first six months, following which complementary foods should be introduced, with continuation of breastfeeding for as long as mother and baby wish to.

What do we know?

The most rapid decline in breastfeeding occurs in the first few days after the birth. The most common reasons given are baby rejecting the breast and the mother's perception of not having adequate breast milk to feed the baby. We also know that support during pregnancy, labour and after the birth is effective at increasing breastfeeding rates.

With support more women start breastfeeding, continue for longer and breastfeed exclusively for longer. It has been demonstrated that individual help with the practicalities of breastfeeding reduces early problems and increases the duration of breastfeeding, particularly for first time mothers. Studies on the effects of the supportive intervention in different social groups found that the greatest difference in the proportion of women still breastfeeding at four weeks was in the lowest two social classes.

This indicates a need for more support and information around early breastfeeding, especially in the low income groups.

What is the data telling us?

West Berkshire has a rate of low birth weights that is significantly lower than England (1.6% compared to 2.8% in England in 2012).

A still birth audit for Thames Valley showed that Berkshire West rates were 6.1 per 1,000 births compared to the East of the county at 5 per 1,000 but the numbers used in the audit were small so may not be a reliable indicator of differences. Rates were not available at local authority or CCG level but recommendations included tackling the risk factors for still birth and infant death. These include: maternal age, maternal smoking, maternal obesity, socioeconomic position, multiple birth, and influenza.

Stillbirth rates are highest for mothers aged under 20 or over 40. Smoking in pregnancy doubles the risk of stillbirth. Being overweight or obese may double the odds of stillbirth, and the risk increases with BMI. Multiple births tend to have lower birth-weights than singletons and are associated with a higher risk of stillbirth. There is evidence that having flu during pregnancy may be associated with premature birth and smaller birth size and weight.

Breastfeeding Initiation: Data from 2013/14 Department of Health returns shows that 79.8% of women from West Berkshire were estimated to have initiated breastfeeding within 48 hours of giving birth. Although this is higher than previous years, it is worth noting that this data did not meet validation checks due to too few maternities being recorded. The national average of breastfeeding initiation was 73.9% in 2012/13 (data not published in 2013/14 due to low data coverage).

6-8 Week Breastfeeding Prevalence: Prior to April 2013 data on 6–8 week breastfeeding prevalence was collected by the Berkshire West Primary Care Trust and reported to the Department of Health (DH). Collection and reporting of this to DH is now the responsibility of NHS England.

In West Berkshire the 6-8 week breastfeeding prevalence was 47.6% in 2013/14. This is lower than recent years, although this data did not meet validation checks as more than 5% of eligible children did not have a breastfeeding status recorded. Therefore the actual figure may be different. The national average for breastfeeding at 6-8 weeks was 47.2% in 2012/13 (data not published in 2013/14 as it did not meet validation checks).

The UK Infant Feeding Survey (IFS): The Infant Feeding Survey (IFS) has been conducted every five years since 1975. It provides estimates of the incidence, prevalence, and duration of breastfeeding and other feeding practices adopted by mothers in the first eight to ten months after their baby was born. The survey shows that mothers are continuing to breastfeed for longer with initiation and prevalence rates showing increases over the last twenty years in the UK breastfeeding initiation is higher for babies exposed to early skin-to-skin contact and among mothers from certain demographic groups. However, the proportion of mothers following current guidelines on exclusively breastfeeding for the first six months of a baby's life have remained low since 2005 with only one in a hundred mothers following these guidelines.

The 2010 IFS showed that the highest incidences of breastfeeding were found among mothers aged 30 or over (87%), those from minority ethnic groups (97% for Chinese or other ethnic group, 96% for Black and 95% for Asian ethnic group), those who left education aged over 18 (91%), those in managerial and professional occupations (90%) and those living in the least deprived areas (89%).

The prevalence of breastfeeding fell from 81% at birth to 69% at one week, and to 55% at six weeks. At six months, just over a third of mothers (34%) were still breastfeeding.

A more joined up approach and early support is needed to maintain breast feeding rates as the 6-8 week prevalence rates are low when compared to breast feeding initiation rates. As seen above, the most rapid decline in breastfeeding occurs in the first few days after birth.

What are the key inequalities?: Successive Infant Feeding Surveys have shown that young mothers, women of lower socioeconomic status or those who left full-time education at an early age are least likely either to start breastfeeding or to continue breastfeeding for as long as other women, further increasing health inequalities already evident in low income classes. Studies also showed that mothers from minority ethnic backgrounds were more likely to initiate breastfeeding.

Recommendations for consideration

There is support available to help mothers in West Berkshire breastfeed. However, there is still room for improvement in both the rates of initiation and the numbers who are still breastfeeding at 6-8 weeks. Many women stop breastfeeding earlier than they wanted to and so there is a need to provide better support for breastfeeding mothers within existing maternity services and in the community. There is also a need to normalise breastfeeding in wider society.

Provide funding to increase provision for breastfeeding support through Maternity, Children's Centres and other community settings, in particular support targeting younger mothers and those of a lower socioeconomic status.

Promote the acceptability of breastfeeding in public places, by making more places breastfeeding friendly, increasing acceptability via educational campaigns and promotion of breastfeeding friendly areas.

Other services and partner organisations

Breastfeeding support is available from our [Family Hubs](#)

National and local strategies

[Natural Childbirth Trust \(NCT\) Guidance on feeding babies](#)
[NCT Briefing: Inequalities in Health Related to Infant Feeding](#)
[NICE Guidance: Postnatal care up to 8 weeks after birth](#)
[World Health Organisation: Breastfeeding guidance](#)
[NICE Guidance: Maternal and child nutrition](#)

[Antenatal infant feeding classes at the West Berkshire Community Hospital](#)
[Breastfeeding Network Support Service](#)
[Unicef Baby Friendly Initiative](#)
[NHS Choices: Breastfeeding Support and Helplines - Start4life](#)

Other chapters you might be interested in

Access the antenatal pathway
Teenage pregnancy

If you have any questions about this chapter, please contact Public Health and Wellbeing Team on publichealthandwellbeing@westberks.gov.uk or 01635 503437