

BREASTFEEDING Fact Sheet

Background

Breast milk provides the ideal nutrition for infants in the first stages of life. It is the healthiest way to feed a new baby and exclusive breastfeeding is recommended by the World Health Organisation for the first six months (26 weeks) of life.¹

Breastfed babies have:

- Less chance of diarrhoea and vomiting
- Fewer chest and ear infections
- Less chance of constipation
- Less likelihood of becoming obese, and therefore increasing the risk of developing Type 2 diabetes and other illnesses later in life
- Less chance of developing eczema
- Better bonding with their mother and fewer behavioural problems

Any amount of breastfeeding has a positive effect and the longer time spent breastfeeding, the longer protection lasts and the greater the benefits. Also, for the mother benefits include a faster return to pre-pregnancy weight, and possibly a lower risk of breast and ovarian cancer.^{2,3}

Risk factors

Unfortunately, breastfeeding initiation rates in the UK are among the lowest in Europe and even when started, there are rapid discontinuation rates.

Evidence from NICE identifies the following risk factors for certain population groups which adds to health inequalities:⁴

- Women from some minority ethnic groups, namely, Asian and Black women, have been shown to have lower rates of exclusive breastfeeding despite relatively high rates of initiation and duration.
- Initiation and duration rates of breastfeeding are lowest among families from lower socio-economic groups, adding to inequalities in health and contributing to the perpetuation of the cycle of deprivation.
- Initiation, and to a lesser degree, duration rates are particularly low among white women in the UK.
- Teenage or young mothers are half as likely as older mothers to initiate breastfeeding.
- Being younger, a first time mother and having lower academic qualifications has been associated with being less likely to breastfeed for at least one month.
- There is evidence of a practice in some Asian societies of avoiding feeding colostrum, and so delaying the initiation of breastfeeding. This is likely to impact on infant health and on successful uptake of breastfeeding.⁵

¹ WHO. Breastfeeding. <http://www.who.int/topics/breastfeeding/en/>

² NHS Choices. Benefits of breastfeeding. <http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/benefits-breastfeeding.aspx#close>

³ Public Health England. Public Health Outcomes Framework <http://www.phoutcomes.info/>

⁴ NICE. Evidence into practice briefing. Promotion of breastfeeding initiation and duration.

The Local Picture

Breastfeeding initiation

Fig. 1 indicates that breastfeeding initiation rates in London are fairly similar between local authorities. However, Sutton ranks 22nd which is near the bottom out of those boroughs reporting. Sutton's rate was 82.5% which is significantly lower compared to London (86.1%), but significantly higher than England (74.3%).

Fig. 1: Breastfeeding initiation, Sutton compared to London boroughs, 2014/15

Fig. 2 indicates that trends in breastfeeding initiation rates fell in 2014/15. Data for 2013/4 was not published for data quality reasons.

Fig. 2: Trend in Breastfeeding Initiation

Breastfeeding continuation

Fig. 3 indicates that prevalence rates of breastfeeding at 6 to 8 weeks slightly decreased in 2012/13 from 61.5 to 59.6%. The rate had been consistently higher than England but lower than London. There has been no data published since 2012/13 due to data quality reasons.

Fig 3: Trend in prevalence of breastfeeding at 6 to 8 weeks

Infant conditions protected by breastfeeding

Data published for Sutton by Public Health England, Child and Maternal Health Intelligence Network for 2015/16 indicate that admissions for respiratory tract infections in infants aged 2, 3 and 4 years are the third highest in England – 42.8 per 10,000 children, compared to a rate of 20.4 for England. However, rates are similar to England for those aged one year or less.⁶ As breastfeeding is known to protect against respiratory infection, the comparatively low prevalence of continued breastfeeding could be a contributory factor to these high rates. However, Sutton compares well for rates of infant gastroenteritis, which is another condition that breastfeeding protects against. This needs to be monitored.

What works to promote breastfeeding

In 2006 NICE produced an 'Evidence into Practice Briefing' for promoting the initiation and continuation of breastfeeding, particularly among population groups where rates are low.⁷

The briefing contains eight evidence-based actions based on the following topics:

1. Baby Friendly Initiative (BFI) in the maternity and community services
2. Education and/or support programmes
3. Changes to policy and practice within the community and hospital settings

⁵ Public Health England. Child and Maternal Health Intelligence Network. Breastfeeding profiles.

⁶ Public Health England. Child and Maternal Health Intelligence Network. Breastfeeding profiles.

⁷ NICE. Promotion of breastfeeding initiation and duration. 2006.

http://www.breastfeedingmanifesto.org.uk/doc/publication/EAB_Breastfeeding_final_version_1162237588.pdf

4. Changes to abandon specific policy and practice for clinical care in hospital and community
5. Complementary telephone peer support
6. Education and support from one professional
7. Education and support for one year
8. Media programmes

Cost effectiveness

Breastfeeding is cost-effective, not only because it is essentially free, but also because it is likely to contribute to savings through reduced hospital admissions for gastrointestinal or respiratory infections. Further, there can be future savings from better long-term outcomes, for example reducing rates of childhood obesity.

What has been done so far

Epsom and St. Helier hospitals have achieved the highest standard recognised by UNICEF for supporting and encouraging breast feeding. They achieved the full Baby Friendly status.

Health Visitors and other staff in the community services have also worked hard and are hoping for full accreditation on their next inspection. They are at Stage 2.

Key indicators and targets

Relevant indicators from the Public Health Outcomes Framework

<http://www.phoutcomes.info/>

Health Improvement Domain:

- 2.02i - % of all mothers who breastfeed their babies in the first 48hrs after delivery
- 2.02ii - % of all infants due a 6-8 week check that are totally or partially breastfed

Links to further information

- NHS Choices. Benefits of breastfeeding. <http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/benefits-breastfeeding.aspx#close>
- Public Health England. Child and Maternal Health Intelligence Network. Breastfeeding profiles. <http://atlas.chimat.org.uk/IAS/dataviews/breastfeedingprofile>
- WHO. Breastfeeding. <http://www.who.int/topics/breastfeeding/en/>
- NHS Digital. Breast Screening Programme England. <http://www.content.digital.nhs.uk/catalogue/PUB23376>

Priorities for Sutton

Improvements in data capture on to the Child Health Information Systems so that all babies have their breastfeeding status recorded.

Although breastfeeding initiation rates have improved, despite this good start in life for babies, there has been a decline in continuation rates as indicated by prevalence of breastfeeding at 6-8 weeks, and rates are lower than for London overall.



Improving initiation and continuation of breastfeeding is a complex process that benefits from a multi-agency approach, involving clinicians and health professionals, children's services, community partners, volunteers, and mothers and their families themselves. To be most effective, support needs to be targeted appropriately at mothers and babies in a variety of settings.

More work could be done on:

1. Establishing and promoting Baby Friendly venues in the borough, e.g. cafes, sports venues etc., children's centres
2. Increasing Peer-to-Peer support for breastfeeding

A comprehensive Breast Feeding Strategy for Sutton is currently in development.