

Breastfeeding

Policy Statement

Summary

The BDA strongly supports breastfeeding. We recognise that breastfeeding is the optimum form of nutrition for babies and that breastfeeding protects the health of babies and their mothers. Dietitians should support midwives, health visitors and family nurses and their efforts to enable all mothers to breastfeed or provide breastmilk for their infant/s if they want to and are able. Mothers should be supported to initiate and maintain exclusive breastfeeding from birth to around six months of age and from six months onwards breastfeeding should be supported alongside complementary foods for as long as the mother and infant wish to continue.

Breastfeeding rates in the UK remain very low when compared to similar countries around the world, particularly maintenance beyond the first few weeks. We therefore support all efforts to improve breastfeeding rates in the UK through active promotion of breastfeeding, the provision of support and advice to parents, and adherence to national and international policies and practices that protect, support and promote breastfeeding.

The BDA believes that:

- Babies should be breastfed exclusively to around six months of age. Mothers should then be supported to continue to breastfeed, alongside the introduction of suitable complementary foods in the first year, and up to two years of age and beyond
- Women should be enabled and empowered to feel comfortable, and be able to breastfeed, wherever their baby needs to be fed.
- Employers should facilitate the continuation of breastfeeding when women return to work by following guidance from Maternity Action¹ and NHS.
- The UK Government needs to do more to support women to breastfeed, particularly first time mothers, younger mothers, and those living in more deprived areas. This includes ensuring:
 - all maternity, health visiting and family nurse services are UNICEF UK Baby Friendly accredited
 - there is peer support in place for all women during pregnancy and after birth
 - all healthcare workers are provided with sufficient education and training to be able to protect and promote breastfeeding

- Breastmilk substitutes (infant formula, follow on formula, and infant milks for special medical purposes) should not be marketed to the public. All health professionals should review their responsibilities around the protection of breastfeeding.
- If a woman is unable or makes an informed choice not to breastfeed, they should receive appropriate support and evidence-based advice from all healthcare professionals, including dietitians, to ensure that they use an appropriate first infant milk. Advice should include: how to safely clean and sterilise equipment, make up infant formula; minimising the number of people feeding the baby, hold the baby close and have good eye contact and responsively feed the babyⁱⁱ ensuring there is understanding that the baby does not need to take the same volume at each feed. Equitable standards of care should be given to all mothers and carers regardless of whether breast or formula milk is given to the infant.
- The introduction of solid food should commence at around six months of age, when the baby is developmentally ready, in line with current guidance.
- UK government should reinstate the five-yearly Infant Feeding Survey so accurate information on breastfeeding and infant feeding can continue to be collected to drive improvements in breastfeeding rates and identify barriers across the whole of the UK. Access to accurate data is critical to effective policy making.

Background

Benefits of Breastfeeding

Research clearly indicates the benefits of breastfeeding. Breast-milk helps protect babies from earⁱⁱⁱ, gastrointestinal and respiratory tract infections^{iv} as well as protecting low birthweight babies from necrotising enterocolitis^v. Longer term breastfeeding leads to lower infectious morbidity and mortality^{vi} than for babies who are breastfed for shorter periods, or not breastfed. There is a growing evidence base that suggests that breastfeeding might protect against obesity^{vii} and type 2 diabetes later in life. Breastfeeding also has positive health benefits for mothers; it lowers the risk of postnatal depression^{viii}, it can prevent breast cancer, improve birth spacing, and may reduce the risk of type 2 diabetes and ovarian cancer.^{ix}

Further research is needed to establish the full range of health benefits provided by breastfeeding for both mother and child.

Low rates of Breastfeeding

UK breastfeeding rates are lower when compared to similar countries in Europe and North America. An analysis of global breastfeeding prevalence in the Lancet^x found that in the UK 34% of babies are receiving some breast milk at six months compared with 49% in the US and 50% in Germany. At 12 months 0.5% of babies receive any breastmilk, compared to 27% in the US and 23% in Germany.

We know that breastfeeding is lowest amongst younger mothers and those living in the most deprived areas^{xi}. There are also significant differences between parts of the UK. Prevalence of exclusive breastfeeding is higher in England and Scotland and lower in Northern Ireland and Wales. For example at six weeks, it was 24% and 22% in England and Scotland respectively, compared to 17% in Wales and 13% in Northern Ireland. In all cases this represents a significant drop from initial breastfeeding rates.

Barriers to Breastfeeding

The reasons why the UK's breastfeeding rates are so low are varied and complex. The 2010 Infant Feeding Survey¹⁰ found that concerns about producing sufficient milk, lifestyle and embarrassment about feeding in public were all factors that led to a significant proportion of mothers to formula feed rather than breastfeed. This was particularly true amongst younger mothers. The reasons why mothers stopped breastfeeding in the first few weeks include inconvenience, difficulty with getting babies to feed and pain caused by feeding. Knowledge of the benefits of breastfeeding also varies significantly according to education, employment and socio-economic group.

Actions

The BDA supports the Royal College of Paediatrics and Child Health's position statement on breastfeeding^{xii}, which includes calls for:

- Inclusion of breastfeeding in Personal, Social, Health and Economic education in schools
- UK Government to legislate for employers to support breastfeeding through parental leave, feeding breaks and facilities suitable for breastfeeding or expressing breast milk
- Evaluated and structured local breastfeeding support
- The preservation of universal midwifery and health visiting services
- A UK wide strategy to change negative societal attitudes to breastfeeding
- All maternity, health visitor, family nurse and neonatal services to achieve and maintain UNICEF Baby Friendly Initiative (BFI) accreditation in the UK. BFI has been shown to increase initiation of breastfeeding, but more will be needed to ensure continuation of breastfeeding.^{xiii}
- Training for healthcare professionals to ensure they are aware of the support available for breastfeeding mothers

Action is required to improve the understanding and support for breastfeeding and the need to extend beyond support for just the mother. The attitudes of partners, family, employers and society as a whole have an impact on breastfeeding rates^{xiv} and a strategy is required to address these. This will require investment in education (for both children and adults) and potentially changes to regulations and legislation.

When a mother does not wish to breastfeed, or when a health condition makes breastfeeding impossible, she must receive support and information on the appropriate use of infant formula. All mothers and carers should be given the same quality and standard of care in a non-judgemental way regardless of feeding choice. Support and information about responsive feeding by the primary care givers is essential.

References

- ⁱ <https://www.maternityaction.org.uk/>
- ⁱⁱ <https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/guidance-for-health-professionals/implementing-the-baby-friendly-standards/further-guidance-on-implementing-the-standards/responsive-feeding-infosheet/>
- ⁱⁱⁱ <https://www.unicef.org.uk/babyfriendly/news-and-research/baby-friendly-research/infant-health-research/infant-health-research-ear-infections/>
- ^{iv} <https://www.unicef.org.uk/babyfriendly/news-and-research/baby-friendly-research/infant-health-research/infant-health-research-gastro-intestinal-illness/>
- ^v <https://www.unicef.org.uk/babyfriendly/news-and-research/baby-friendly-research/infant-health-research/infant-health-research-necrotising-enterocolitis/>
- ^{vi} <https://www.unicef.org.uk/babyfriendly/news-and-research/baby-friendly-research/infant-health-research/infant-health-research-infant-mortality/>
- ^{vii} <https://www.unicef.org.uk/babyfriendly/news-and-research/baby-friendly-research/infant-health-research/infant-health-research-obesity/>
- ^{viii} <https://www.cambridge.org/core/journals/psychological-medicine/article/breastfeeding-is-negatively-affected-by-prenatal-depression-and-reduces-postpartum-depression/EA17120DDFCA7FE1D4A5645D9A4E2DD3>
- ^{ix} [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(15\)01024-7.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(15)01024-7.pdf)
- ^x <http://www.thelancet.com/cms/attachment/2047468706/2057986218/mmc1.pdf>
- ^{xi} <http://content.digital.nhs.uk/catalogue/PUB08694/Infant-Feeding-Survey-2010-Consolidated-Report.pdf>
- ^{xii} <http://www.rcpch.ac.uk/news/rcpch-publishes-new-guidance-breastfeeding-highlighting-health-benefits-and-importance-tackling>
- ^{xiii} <https://academic.oup.com/ije/article/35/5/1178/762253/Are-breastfeeding-rates-higher-among-mothers>
- ^{xiv} Brown A. (2017) Breastfeeding as a public health responsibility: a review of the evidence. J Hum Nutr Diet. <https://doi.org/10.1111/jhn.12496>

This document has been prepared by a specially convened working group made up of members of the BDA Paediatric Specialist Group.

Published: January 2018
Review Date: January 2021

©2018 The British Dietetic Association
5th Floor, Charles House, 148/9 Great Charles Street Queensway, Birmingham B3 3HT
Tel: 0121 200 8080 Fax: 0121 200 8081 email: info@bda.uk.com

Commercial copying, hiring or lending without the written permission of the BDA is prohibited.

bda.uk.com