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AN UPDATE ON BREASTFEEDING

Breastfeeding is a key health promotion issue in the UK and worldwide. Rates of breastfeeding in the UK remain low, despite the current advice 'to breastfeed exclusively for around the first six months of the infant's life and to continue breastfeeding (alongside complementary feeding) throughout the first year'.¹ This article will examine the current situation and public health strategies related to breastfeeding in the UK.

Only 40% of infants aged under six months are exclusively breastfed worldwide.² Breastfeeding duration tends to be shorter in high income countries than in lower income countries, with South Asia, Sub-Saharan Africa and parts of Latin America having the highest prevalence of breastfeeding at 12 months old.^{2,3}

Europe has the lowest breastfeeding rates out of all World Health Organisation (WHO) regions, with only 13% of infants being exclusively breastfed during the first six months, compared to other regions, such as South East Asia where this figure is 43%.⁴ Within Europe, rates of exclusive breastfeeding at six months are variable; for example 42% in Bulgaria, 33% in Sweden and 1% in the UK.⁵

Despite having very low exclusive breastfeeding levels at six months (see Table 1), overall breastfeeding



rates in the UK are steadily increasing (see Table 2 overleaf). For example, 81% of infants in the UK are now breastfed at birth, which has increased from 62% in 1990.⁶ There is also variability within the UK, with breastfeeding rates tending to be highest in England and lowest in Northern Ireland.⁶

In the UK, higher incidences of breastfeeding are associated with specific sociodemographic groups (see Table 3 overleaf) and also with mothers having their first baby (84% compared with 78% with a second or later baby) and with those who have previously breastfed a baby for at least six weeks (97% compared with 79% who have breastfed for less than six weeks and 35% who have not breastfed previously).⁶

CURRENT EVIDENCE

It is estimated that universal breastfeeding 'could prevent 823,000 annual

Table 1: Exclusive breastfeeding rates in the UK⁶⁻⁷

Stage	2005	2010
At birth	65%	69%
1 week	45%	46%
6 weeks	21%	23%
3 months	13%	17%
4 months	7%	12%
6 months	<1%	1%

Table 2: Overall breastfeeding rates in the UK⁶⁻⁸

Stage	1995	2000	2005	2010
At birth	66%	69%	76%	81%
6 weeks	42%	42%	48%	55%
6 months	21%	21%	25%	34%

Table 3: Breastfeeding initiation rates based on sociodemographic⁶

Maternal Sociodemographic	Breastfeeding initiation incidence
Over 30 years	87%
Chinese ethnicity	97%
Black ethnicity	96%
Asian ethnicity	95%
Working in managerial or professional jobs	90%
Living in the least deprived areas	89%

deaths in children younger than five years and 20,000 annual deaths from breast cancer^{7,3}. Breastfeeding is associated with a reduced risk of hospital admissions due to lower rates of infant infections, such as gastroenteritis, lower respiratory infections and middle ear infections (otitis media).¹ Breast milk also has a key role in supporting the development of an infant's immune system by providing passive specific immune protection, and is promoted as a strategy for reducing childhood obesity levels.^{1,9}

In terms of maternal health, each additional year of breastfeeding is associated with a 4% reduced risk of breast cancer.¹ Exclusive breastfeeding during the first six months is also positively associated with postnatal weight loss and breastfeeding duration is inversely associated with maternal BMI, as breastfeeding is reported to burn up to 600 calories per day.^{1,10} Further infant and maternal benefits of breastfeeding are outlined in Table 4 overleaf.

In terms of cost savings, an estimated £11 million per year could be saved in the UK if all mothers who breastfeed exclusively at one week continued breastfeeding until four months, due to a reduction in infant hospital admissions related to infections.¹²⁻¹³ It is also estimated that doubling the amount of women who breastfeed for seven to 18 months in the UK could save £21-31 million during a lifetime, due to a reduction in the incidence of maternal breast cancer.¹³

Breastfeeding is contraindicated with some infant medical conditions, such as: galactosaemia, glucose-galactose malabsorption and long-chain fatty acid defects.¹⁴ Some maternal health issues can also hinder breastfeeding, such as: polycystic ovary syndrome (PCOS), hypoplastic breasts, tuberculosis, HIV, substance abuse, undergoing chemotherapy or radiotherapy and taking certain medications.¹⁴⁻¹⁵ However, breastfeeding is not contraindicated in all of these cases, for example, milk production is possible for some mothers with PCOS and hypoplastic breasts; and WHO now recommends that HIV positive mothers can continue to breastfeed if receiving appropriate medical treatment which includes the use of antiretroviral drugs.¹⁵⁻¹⁶ However, physiological barriers to breastfeeding are reported as being statistically rare overall, therefore, the main barriers appear to be social and cultural (as reflected in Table 3).¹⁶

PUBLIC HEALTH STRATEGY

In view of the steep reduction in the amount of women in the UK who continue to breastfeed past the first few weeks, the Scientific Advisory Committee on Nutrition's (SACN) 2017 draft report on infant nutrition recommends that more emphasis should be placed on 'supporting women who make the informed choice to breastfeed for as long as possible'.¹ This includes promoting continued breastfeeding beyond six months

Table 4: Benefits of breastfeeding^{1,10-11}

Benefits of breastfeeding for baby	Benefits of breastfeeding for mum
<ul style="list-style-type: none"> • Breast milk adapts to the infant’s needs, e.g. colostrum is produced in the first few days to provide the necessary antibodies, proteins and minerals. • Improves immunological development. • Reduced risk of infant ear infections, lower respiratory infections and gastroenteritis (therefore, fewer hospital admissions). • Reduced risk of sudden infant death syndrome (SIDS). • Potential reduced later life risk of leukaemia, Type 2 diabetes and obesity. • It is associated with improved cognition in later life. • Breastmilk exposes an infant to different tastes which may improve later dietary variety, whereas formula has one taste. • Bonding. 	<ul style="list-style-type: none"> • Reduced maternal risk of breast cancer. • Potential reduced maternal risk of: ovarian cancer, osteoporosis, cardiovascular disease, Type 2 diabetes and obesity. • It is associated with improved post-natal weight loss. • Breastfeeding releases maternal hormones which help with recovery from pregnancy and childbirth by contracting the uterus back to its previous size. • Breast milk can help to heal swollen or painful nipples after birth. • Breastfeeding can help with spacing out subsequent pregnancies. • Convenience - no need to buy formula or sterilise bottles. • Bonding.

Table 5: Breastfeeding help and support available in the UK²⁰

Organisation	Description
NHS or private healthcare one-to-one support	<ul style="list-style-type: none"> • Midwives • Health visitors • Local trained volunteer mothers (peer support) • Lactation consultants
Local Children’s Centres and Family Information Services	Provide information on local breastfeeding groups
The Breastfeeding Network	A charity which provide information and support in relation to breastfeeding
La Leche League GB	A voluntary group which provides mother-to-mother support for breastfeeding
Association of Breastfeeding Mothers (ABM)	A charity which provides information and counselling in relation to breastfeeding
Baby Café	A network of breastfeeding drop-ins
The National Childbirth Trust (NCT)	A charity which provides support on all aspects of early parenthood, including breastfeeding
The Twins and Multiple Births Association (TAMBA)	Provides information about breastfeeding twins or triplets
Bliss	A UK charity for premature or sick babies
The UK Association for Milk Banking	Provides information about donating or using donated breast milk for premature or ill babies
National Breastfeeding Helpline	Available to provide support over the phone from 9.30am to 9.30pm every day via: 0300 100 0212
Start4Life Breastfeeding Friend	A chat-bot which uses Facebook messenger to provide 24-hour breastfeeding support for mothers

of age, due to the additional health benefits this provides. SACN also recommend that a national system for monitoring the incidence and prevalence of breastfeeding is reinstated.¹

The United Nations International Children's Emergency Fund's (UNICEF) baby-friendly initiative has been run across the UK for the past 20 years and is now used in 91% of maternity units and 85% of health visitor services.¹⁷ This provides an evidence-based accreditation programme to train healthcare professionals in supporting mothers to breastfeed and in helping all parents to foster a loving relationship with their baby, regardless of the chosen feeding method.¹⁷⁻¹⁸ This initiative focuses on providing 'sensitive and effective care and support for mothers, enabling them to make an informed choice about feeding, get breastfeeding off to a good start and overcome any challenges they may face'. Another initiative which is reported to have improved breastfeeding initiation levels is the Family Nurse Partnership Programme which provides support to first-time mothers who are under 19-years-old and their partners.¹⁹

A recent literature review concluded that although individual support is important, investment is needed to target the numerous societal barriers to breastfeeding which exist in the UK in order to normalise breastfeeding.¹⁵

This highlighted that physiological and medical contraindications for breastfeeding are low and that countries such as Brazil have had significant success in using a society-wide public health strategy to increase breastfeeding rates. The main areas for public health investment which emerged in this review were: health services, population level health promotion, supporting maternal legal rights, protection of maternal wellbeing and reducing the reach of the breast milk substitute industry.¹⁵

Partners, family and friends can provide crucial emotional and practical support to a mother who chooses to breastfeed. There are also numerous organisations in the UK which provide support for breastfeeding mothers (see Table 5 opposite).

CONCLUSION

Overall, the evidence is clear that increasing breastfeeding rates would improve maternal and infant outcomes globally. An ongoing multi-factorial approach which focuses on improving breastfeeding duration and tackling societal issues in relation to breastfeeding is needed in the UK. In the process of normalising breastfeeding, it is also important to avoid demonising mothers who cannot, or who choose not to, breastfeed, as this is understandably an individual and emotive issue.

References

- 1 SACN (2017) "Draft Feeding in the First Year of Life Report: www.gov.uk/government/uploads/system/uploads/attachment_data/file/629221/Feeding_in_the_first_year_of_life_draft_report.pdf
- 2 WHO website. 10 Facts on Breastfeeding (accessed August 2017 via: www.who.int/features/factfiles/breastfeeding/en/)
- 3 Victora et al (2016). Breastfeeding in the 21st century: epidemiology, mechanisms and lifelong effect. [http://sci-hub.cc/10.1016/s0140-6736\(15\)01024-7](http://sci-hub.cc/10.1016/s0140-6736(15)01024-7)
- 4 WHO (2015). European Region has lowest global breastfeeding rates. www.euro.who.int/en/health-topics/Life-stages/maternal-and-newborn-health/news/news/2015/08/who-european-region-has-lowest-global-breastfeeding-rates
- 5 Wolfe & McKee (2013). European Child Health Services and Systems: Lessons without borders. www.euro.who.int/_data/assets/pdf_file/0003/254928/European-Child-Health-Services-and-Systems-Lessons-without-borders.pdf
- 6 McAndrew et al (2012). Infant Feeding Survey 2010. <http://content.digital.nhs.uk/catalogue/PUB08694/Infant-Feeding-Survey-2010-Consolidated-Report.pdf>
- 7 Bolling et al (2007). Infant Feeding Survey 2005. <http://content.digital.nhs.uk/catalogue/PUB00619/inf-a-feed-serv-2005-chap1.pdf>
- 8 Hamlyn et al (2002). Infant Feeding 2000. <http://doc.ukdataservice.ac.uk/doc/4746/mrdoc/pdf/4746userguide.pdf>
- 9 WHO (2016). Report in the Commission in Ending Childhood Obesity http://apps.who.int/iris/bitstream/10665/204176/1/9789241510066_eng.pdf?ua=1&ua=1
- 10 Women'sHealth.gov; website accessed August 2017 via: www.womenshealth.gov/itsonlynatural/addressing-myths/incredible-facts-about-babies-breast-milk.html
- 11 NHS Choices (2017). Benefits of breastfeeding www.nhs.uk/Conditions/pregnancy-and-baby/Pages/benefits-breastfeeding.aspx
- 12 Renfrew et al (2012). Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK
- 13 Pokhrel et al (2014). Potential economic impacts from improving breastfeeding rates in the UK
- 14 Thomas and Bishop (2011). The Manual of Dietetic Practice (4th edition)
- 15 Brown (2017). Breastfeeding as a public health responsibility: a review of the evidence. <http://onlinelibrary.wiley.com/doi/10.1111/jhn.12496/full>
- 16 WHO website. HIV and infant feeding; accessed August 2017 via: www.who.int/maternal_child_adolescent/topics/child/nutrition/hiv/en/
- 17 UNICEF website. What is Baby Friendly; accessed August 2017 via: www.unicef.org.uk/babyfriendly/what-is-baby-friendly/
- 18 Kramer et al (2001). Promotion of Breastfeeding Intervention Trial (PROBIT): a randomised trial in the Republic of Belarus
- 19 Barnes et al (2011). The Family- Nurse Partnership Programme in England: Wave 1 implementation in toddlerhood and a comparison between Waves 1 and 2a implementation in pregnancy and infancy
- 20 NHS Choices (2016). Breastfeeding help and support. www.nhs.uk/Conditions/pregnancy-and-baby/Pages/breastfeeding-help-support.aspx