Breastfeeding

Introduction

Breastfeeding is a recognised public health priority.[1] Supporting families to breastfeed and increasing the number of babies who are breastfed offers the best possible start in life. Breastfeeding improves infant and maternal health and wellbeing in both the short and longer term.[2]

UNICEF and WHO recommend the initiation of breastfeeding within the first hour of birth, exclusive breastfeeding for the first 6 months, and the continuation of breastfeeding alongside the introduction of safe and appropriate complimentary foods from 6 months up to 2 years of age or beyond.[3]

The Norfolk & Waveney Breastfeeding Strategy (2021-2024) remains the most recent publicly available version. The strategy calls for a collaborative approach from the full range of services for babies and their families to increase both breastfeeding initiation rates and 6–8-week breastfeeding rates by 2% per year.

Data Summary

The rate of babies receiving their first feed as breastmilk in Norfolk is in line with the national average with 72% (Fig. 1). The rate of breastfeeding at 6-8 weeks has increased in Norfolk over the last few years and is now also in line with the national average with 58% of babies breastfed in the autumn of 2025 (Fig. 2).

Influences on Health and Wellbeing

Breastfeeding is one of the most effective ways to protect maternal and child health. For infants it promotes healthy growth and brain development and reduces the risk of a range of illnesses such as infection, diabetes, asthma, heart disease, obesity and sudden infant death syndrome. Breastfeeding reduces the risk of respiratory infections, gastroenteritis and ear infections and improved oral health and reduced tooth decay.[4]

Research also demonstrates that breastfeeding has protective impacts for mothers against postpartum haemorrhage, ovarian and breast cancer, heart disease and type II diabetes whilst also supporting the mother-baby relationship and the mental health of both baby and mother.[5]

Social, environmental, population context

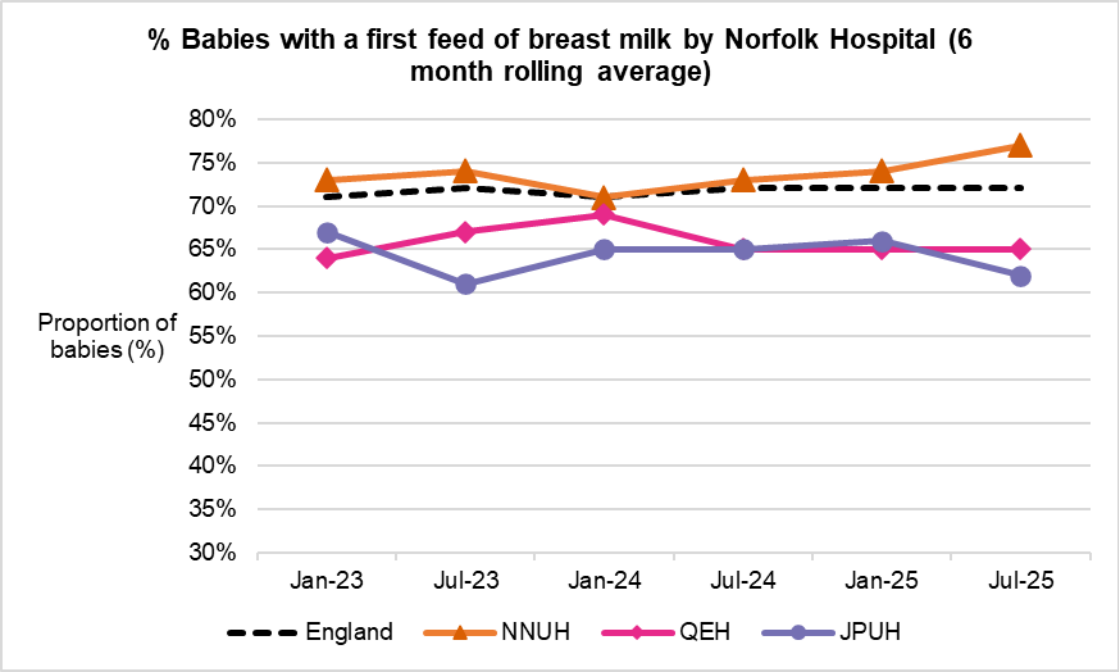
Data on breastfeeding is collected by Midwives immediately after birth (the percentage initiating breastfeeding) and by Health Visitors at the 6-8 Week development review (the percentage breastfeeding at 6-8 weeks).

Breastfeeding initiation is defined as percentage of babies who receive a first feed of breastmilk. Most babies in Norfolk do receive a first feed of breastmilk, overall, for Norfolk and Waveney ICB this is 73% (or three quarters) of babies, similar to the national average of 72%.

In the year 2024/25 breastfeeding initiation has been consistently higher in babies born at the Norfolk and Norwich Hospital (NNUH) with an average of 74%, compared with the Queen Elizabeth Hospital (QEH) in King's Lynn with an average of 66% and James Paget University Hospital (JPUH) in Gorleston with average of 64%, below national average of 72% (see Figure 1).

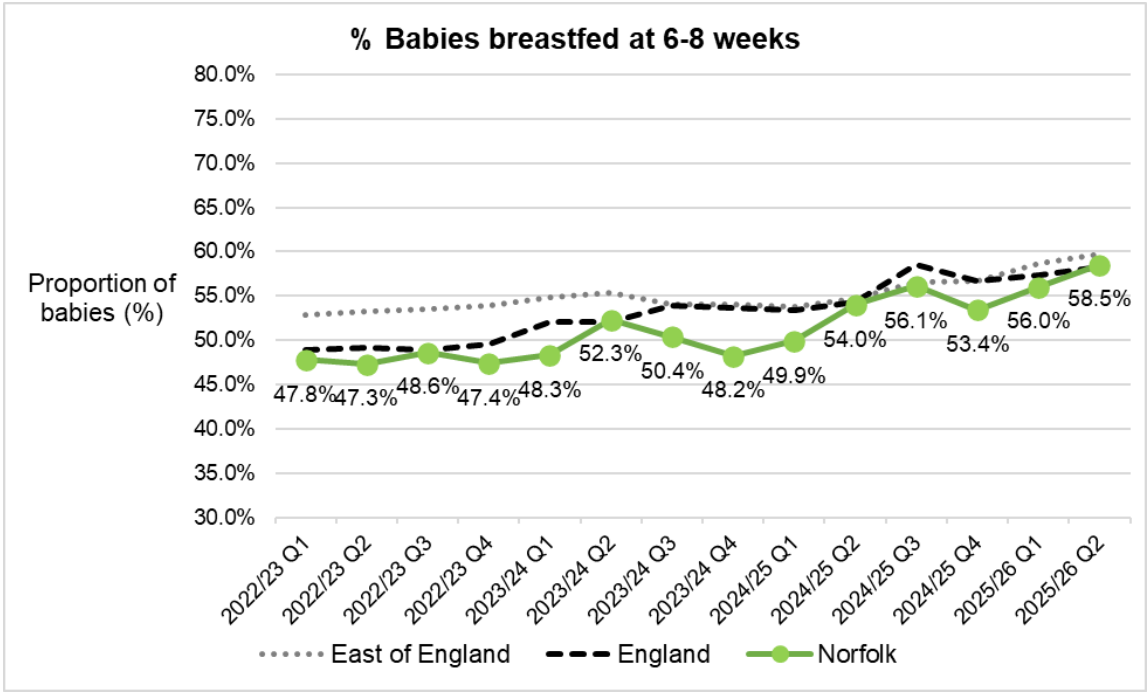
[1] OHID Commissioning Infant Feeding Services Commissioning_infant_feeding_services_infographics__Part_1_.pdf
[2] Lancet (2023) Breastfeeding The 2023 Lancet Series on Breastfeeding
[3] World Health Organisation (2026) Breastfeeding
[4] NHS (2023) Benefits of breastfeeding https://www.nhs.uk/baby/breastfeeding-and-bottle-feeding/breastfeeding/benefits/
[5] UNICEF UK (2022) The benefits of breastfeeding The benefits of breastfeeding - Baby Friendly Initiative (unicef.org.uk)

Figure 1: Prevalence of babies with a first feed of breast milk.
Collected as part of the Maternity Services Dataset.[6]



Breastfeeding status is recorded by Health Visitors at the 6-8 week development review. Babies are considered 'breastfed' if they are either totally or partially fed breast milk. England has seen a predominantly upward trend in prevalence of breastfeeding at 6-8 weeks from 42% in 2017/18 to 58.3% in 2025/26.[7] Norfolk has also experienced a largely upward trend from 46% in 2017/18 to 58.5% in 2025/26.

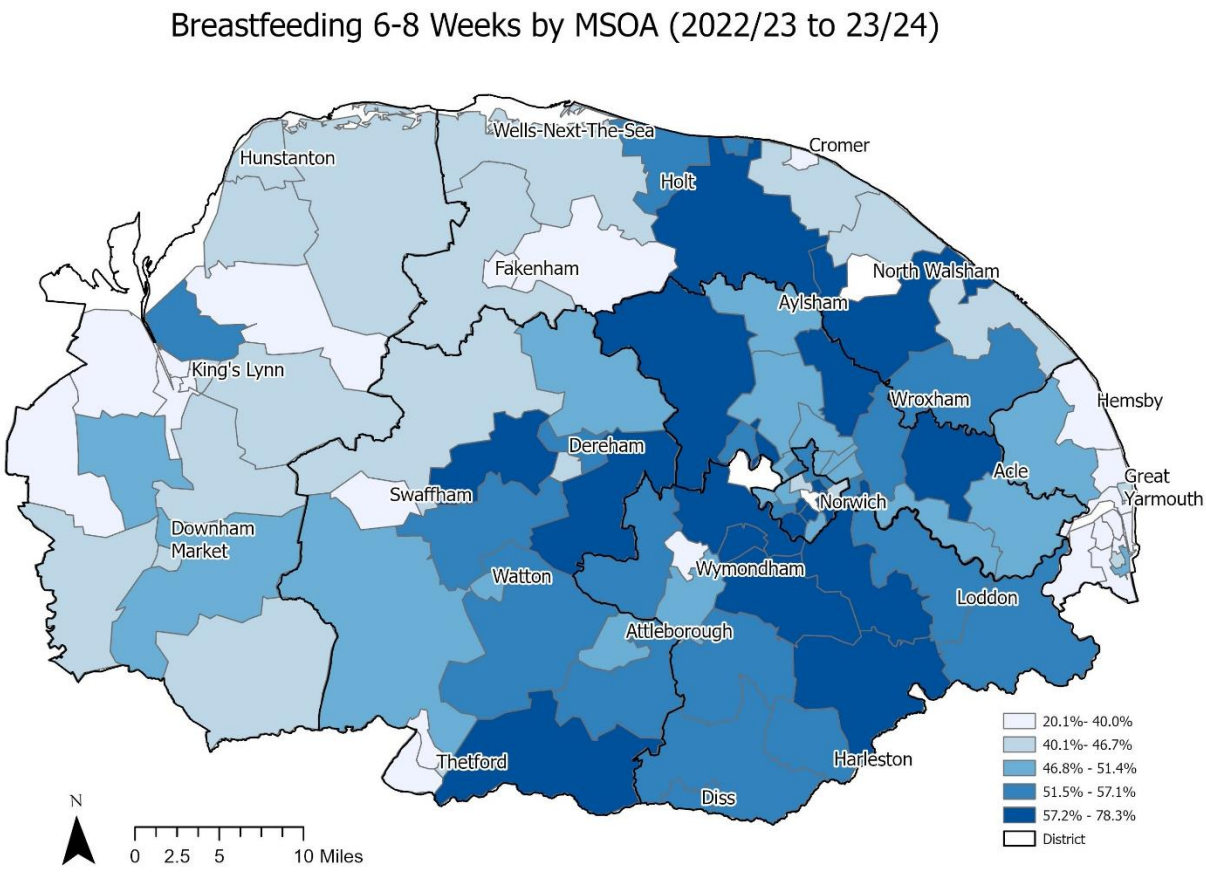
Figure 2: Prevalence of breastfeeding (fully or partially) at 6-8 weeks.
Collected as part of the Community Services Dataset.



[6] NHS Digital (2025) Maternity Services Dataset Dashboard Maternity Services dashboard - NHS Digital
[7] OHID (2025) Breastfeeding statistics - GOV.UK

Breastfeeding rates vary widely across the county from 20% to 80% at 6-8 weeks, and this correlates with levels of deprivation. In general, more deprived areas of the county see the lowest rates of breastfeeding - from 20% of babies being breastfed at 6-8 weeks in 'Thetford North' in Breckland to 80% of babies in the Earlham Road/Collage Road area in the west of Norwich (see figure 3).[8]

Figure 3: Percentage babies fully or partially breastfed at 6-8 weeks by Middle Super Output Area (MSOA) 2023/25.
Data provided by Cambridgeshire Community Services NHS Trust.[9] The dark blue areas represent the higher rates, and the light blue represent the lower rates. Range: 20% to 80%.



The Marmot Review (2010) recognised the contribution that breastfeeding makes to child health and well-being, whilst reducing infant mortality, obesity and tackling inequalities.[10] The "Marmot Review 10 years On" continues to recognise and address the important role that breastfeeding plays, in reducing health inequalities and giving children the best start in life.[11]

[8] Percentage babies fully or partially breastfed at 6-8 weeks by County Electoral Division 2022/24. Data provided by Cambridgeshire Community Services NHS Trust.
[9] NCC (2024) Electoral Division Health and Wellbeing Profiles Health & wellbeing profiles - JSNA - Norfolk Insight
[10] Institute of Health Equity (2010) Fair Society Health Lives Fair Society Healthy Lives (The Marmot Review) - IHE (instituteofhealthequity.org)
[11] The Health Foundation (2020) Health Equity in England Health Equity in England: The Marmot Review 10 Years On - The Health Foundation

Documented factors associated with breastfeeding rates include:

- ethnic group (White British women are less likely than Black & Minority Ethnic women to breastfeed) (Fig 4)
- age (women younger than 30 years are less like to breastfeed)
- mother's social complexities (mothers with more complex social factors are less likely to breastfeed)
- babies delivered at gestational age <37weeks are less likely to initiate breastfeeding early
- parity (mothers are more likely to breastfeed during the first pregnancy than subsequent pregnancies) (see Table 1).[12]

Fig. 4: Baby's first milk (2023/24) – England, Ethnic groups.
Bars are coloured dotted green if statistically significantly above the England average and stripey red if significantly lower than National average. [13]

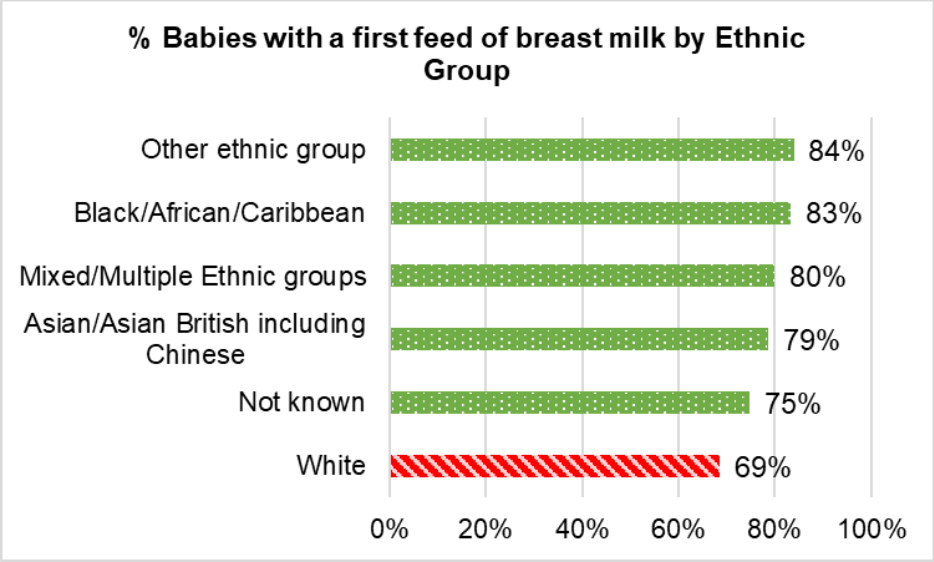


Table 1: Factors that can impact breastfeeding (2023/24)[14]

Factor	Lower rate (Higher Rate)
Mothers from White ethnic vs BME Groups	68.6% (>78%)
Women aged 30 years or below vs >30 years	68.8% (>76%)
Most deprived deciles vs least deprived deciles	59.1% (81.3%)
Mothers with more complex social factors vs less	67.6% (72.9%)
Subsequent pregnancy vs First pregnancy	70.5% (74.2%)

[12] Office of Health Inequalities and Disparities (OHID) (2024) Public Health Profiles Child and Maternal Health - Data | Fingertips | Department of Health and Social Care
[13] Office of Health Inequalities and Disparities (OHID) (2024) Public Health Profiles Child and Maternal Health - Data | Fingertips | Department of Health and Social Care
[14] Office of Health Inequalities and Disparities (OHID) (2024) Public Health Profiles Child and Maternal Health - Data - PHE

Burden of ill health and gaps in services

Research suggests that moderate increases in breastfeeding could convert into significantly fewer hospital admissions and GP appointments and reduce consultation rates for common childhood illnesses.[15]

Breastfeeding has also been associated with reductions in child overweight or obesity and child obesity is significantly linked to obesity in adulthood.[16]

Voice – the perspective from the public, service users, referrers and front-line staff

There are numerous practical, emotional, and cultural barriers to breastfeeding. It should also be recognised that it is a highly emotive subject because some families will have experienced the trauma of trying hard to breastfeed and not succeeding. [17]

UNICEF identified the main barriers regarding breastfeeding in the UK as:

- concerns that breastfeeding could be painful
- mothers feeling embarrassed to breastfeed in front of others
- worries that breastfeeding could restrict parent's lifestyle or stop the mother from exercising
- misinformation regarding the benefits of breastfeeding – such as
    - "It could stop me from taking medication"
    - "I would not be able to tell if my baby is getting enough milk"
    - "My baby may not be getting necessary nutrients"
- misleading marketing regarding baby formula
- lack of face-to-face, on-going, and predictable support
- lack of breastfeeding friendly places at work and in the community[18]

Current services, local plans and strategies

The NHS Maternity Transformation programme identifies breastfeeding support as a core priority.[19] The Norfolk & Waveney Breastfeeding Strategy (2021-2024) sets out a clear vision to support families, informed by Maternity Voices Partnerships (MNVP) service user data collected across the Local Maternity & Neonatal System. The strategy proposes a range of actions that highlight the shared responsibility of all partners in promoting and supporting breastfeeding. It calls for a collaborative approach to champion, celebrate, normalise, support, and protect breastfeeding, with the ambition of increasing breastfeeding initiation and 6-8 week breastfeeding rates by 2% per year, while reducing the gap in breastfeeding prevalence between the most deprived wards and the Norfolk average.[20] The strategy is due to be refreshed, providing an opportunity to define transparent and evidence-based rationale for future breastfeeding targets and alignment with the broader Norfolk and Waveney Joint Forward Plan 2024–2029.[21] It is essential that local plans prioritise co-production with local stakeholders including service users and voluntary sector partners, particularly given current resource pressures on statutory services.

NICE Clinical Guidelines on Postnatal Support (NG194) detail the support that should be given to women to both encourage initiation and continuation of breastfeeding. It states that health professionals should have the

[15] UNICEF Preventing disease and saving resources The Baby Friendly Initiative | Resources | Preventing disease and saving resources (unicef.org.uk)
[16] Nuffield Trust (2015) Can the NHS help tackle the UK's obesity epidemic? Can the NHS help tackle the UK's obesity epidemic? | The Nuffield Trust
[17] UNICEF (2017) Removing the barriers to breastfeeding Barriers to Breastfeeding Briefing Document (unicef.org.uk)
[18] UNICEF (2017) Removing the barriers to breastfeeding Barriers to Breastfeeding Briefing Document (unicef.org.uk)
[19] NHS NHS England » Maternity Transformation Programme
[20] Norfolk and Waveney Breastfeeding Strategy (2021) https://improvinglivesnw.org.uk/~documents/ics-publications-1/maternity/priority-4-evidence/priority-4c-evidence/breastfeeding-strategy/?layout=file
[21] NWICS (2024) Norfolk and Waveney ICS Joint Forward Plan 2024-2029.pdf

time available to prioritise supporting women to breastfeed.[22] NICE Guidance on Maternal Health and child nutrition (NG247) recommends a multifaceted approach or coordinated programme of interventions should take place across a range of settings to increase breastfeeding rates. Recommendations include peer support programmes as well as individual support, training and an environment that is supportive of breastfeeding. [23]

The Office of Health Improvement and Disparities promote breastfeeding through the delivery of the Healthy Child Programme.[24] The Healthy Child Programme in Norfolk is commissioned by Norfolk County Council. The Norfolk 0-19 Healthy Child Service provides the mandated five contacts from Health Visitors and Assistant Practitioners. Sustained breastfeeding is encouraged by the service through promoting the benefits of breastfeeding, further training of professionals and increasing access to advice and support for parents. A team of Infant Feeding Champions led by the Specialist Practitioner for Infant Feeding and Healthy Lifestyles support the work of Health Visitors by offering additional and individual support via digital or face-to-face appointments, when needed. All practitioners are trained to UNICEF Baby Friendly standards.[25]

The UNICEF Baby Friendly Initiative is a specific intervention adopted by hospitals and community providers to support breastfeeding. The initiative encompasses a set of standards for maternity, health visiting, neonatal, and universities that are designed to ensure settings provide care and training that promotes good relationships between parents and their baby. It also encourages optimal feeding to promote good health and development of the child. The midwifery infant feeding services across Norfolk & Waveney are committed to maintaining UNICEF Baby Friendly Initiative standards; with East of England Community Health and Care NHS Trust (the health visiting provider in Norfolk), NNUH and QEHKL achieving level 3 accreditation – the highest level. Neonatal units are working towards full accreditation by March 2027, with JPUH also intending to go for reaccreditation in Spring 2027.[26]

The NHS 'Better Births' emphasised the vital role of breastfeeding and effective support. Positive outcomes are achieved when midwives and health visitors work collaboratively to support parents, offering expert guidance and tailored information. Strong professional relationships help to identify challenges early and ensure timely, appropriate support for families when it is needed.[27]

The recently published 'Improving postnatal care toolkit' reinforces the importance of providing all women and families with high-quality infant feeding information and support services that address both the nutritional and emotional needs of mother and baby.[28] It also highlights the need for multidisciplinary training across organisations to promote a consistent, system-wide approach to infant feeding support.

Research emphasises the importance of engaging fathers and partners in breastfeeding education, as they have a significant influence on both the initiation and duration of breastfeeding.[29]

Breastfeeding peer support is available to parents both face-to-face within Trusts and the in community, and digitally though Just One Norfolk platform.[30] Breastfeeding cafes and support groups are run by volunteers, charities and private groups throughout Norfolk and are promoted via health professionals.

UNICEF identifies lack of breastfeeding friendly spaces in workplaces and communities as a key barrier to breastfeeding continuation. The Infant Feeding Friendly Norfolk scheme has made progress in addressing community-friendly spaces in workplaces and communities as a key barrier to breastfeeding continuation. The Infant Feeding Friendly Norfolk scheme has made progress in addressing community-based barriers and

[22] NICE (2021) Postnatal care up to 8 weeks after birth Overview | Postnatal care | Guidance | NICE

[23] NICE (2025) Maternal and child nutrition Overview | Maternal and child nutrition: nutrition and weight management in pregnancy, and nutrition in children up to 5 years | Guidance | NICE

[24] OHID (2021) Early years high impact area 3: Supporting breastfeeding - GOV.UK

[25] OHID (2023): Healthy child programme: health visitor and school nurse commissioning - GOV.UK

[26] NHS England (2023) Three year delivery plan for maternity and neonatal services NHS England

[27] NHS (2017) Better Birth: Improving outcomes of maternity services in England Better Births

[28] NHS England (2026) Improving Postnatal Care Toolkit: NHS England » Improving postnatal care: a toolkit for integrated care boards, partners and providers

[29] Namir, H (2017) Fathers and breastfeeding: Attitudes, involvement and support. British Journal Midwifery British Journal Of Midwifery - Fathers and breastfeeding: Attitudes, involvement and support

[30] Just One Norfolk Breastfeeding

provides advice and training for business and organisations and allows them to sign up as an Infant Feeding Friendly location.[31] The Infant Feeding Friendly GP Practice scheme provides bespoke training for clinical staff and allows them to sign up as an Infant Feeding Friendly location. It may be beneficial to expand this scheme to include more directly targeting workplaces, thereby supporting parents to continue breastfeeding as they return to employment.

Conclusion

Breastfeeding is a key public health priority that provides significant short- and long-term benefits for both infants and mothers. In Norfolk, breastfeeding initiation and 6-8 week continuation rates have steadily improved and now broadly align with national averages, though substantial inequalities persist between communities, closely linked to deprivation and demographic factors. Evidence shows that younger mothers, those experiencing social complexities, and families in more deprived areas are less likely to breastfeed, while areas with strong voluntary-sector support tend to have higher continuation rates.

Local services - including midwifery, health visiting, Infant Feeding Champions and UNICEF Baby Friendly accredited providers - offer a range of support, supplemented by community groups, peer support and digital provision via Just One Norfolk. Strengthening co-production with service users and voluntary organisations, improving data clarity, and refreshing the Norfolk & Waveney Breastfeeding Strategy present important opportunities to address inequalities and ensure a coordinated, system-wide approach to breastfeeding support.

Online feedback:
Send us your query or feedback online using our online feedback form at
http://www.norfolkinsight.org.uk/feedback

Email: JSNA@norfolk.gov.uk

[31] Infant Feeding Friendly Norfolk Infant Feeding Friendly Norfolk - About the Infant Feeding Friendly scheme - Norfolk County Council