

Breastfeeding

Introduction

Breastfeeding gives babies the best start in life, with overwhelming evidence that it saves lives and plays a critical role in narrowing health inequalities within communities¹.

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 months².

Breastfeeding is one of the most effective ways to protect maternal and child health. For infants it promotes healthy growth and brain development, reduces the risk of a range of illnesses such as infection, diabetes, asthma, heart disease, obesity and sudden infant death syndrome. Some research suggests that breastfeeding for at least six months can reduce the likelihood of getting childhood leukaemia³.

Research also demonstrates that breastfeeding protects against mothers against postpartum haemorrhage, postpartum depression, 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 mother⁴.

Summary

Breastfeeding is one of the most effective ways to protect maternal and child health. Norfolk breastfeeding rate for 2020/21 was 41%. The rate has fluctuated with no obvious trend. The covid-19 pandemic has negatively affected the collection of breastfeeding data everywhere, but this has been more obvious in Norfolk (with the Quarter 4 2020/21 data quality not sufficient to report).⁵

Headlines

Breastfeeding is an important public health issue with a variety of health and wellbeing benefits for both mother and baby, as well as the wider economy. Most babies in Norfolk do receive a first feed of breastmilk, overall, for Norfolk and Waveney STP this is 73% (or three quarters) of babies, similar to the national average of 72%.

The Norfolk & Waveney Breastfeeding Strategy 2021-2024 calls for a collaborative approach to increase breastfeeding initiation rates by 2% per year, 6-8 week breastfeeding rates by 2% per year.

Influences on Health and Wellbeing

[The Early Years High Impact Area 3: Supporting Breastfeeding](#) document supports that delivery of the Healthy Child Programme and the 0 to 5 agenda. Other policy areas link with these priorities, such as the [maternity transformation programme](#), [childhood obesity](#), [speech, language and communication](#), [immunisations](#), [troubled families](#), [mental health](#) and [social mobility action plan](#).

[Public Health England's \(PHE\) 5-year strategy](#) (2020 to 2025) identifies Best Start in Life as a priority intervention, and as such, is included in the Prevention Green Paper [Advancing our Health: prevention in the 2020s](#)⁶.

The [NHS Long Term Plan](#) is committed to improving services for children and young people. As part of this commitment the [Child Digital Strategy](#) and Maternity Programme is overseeing the development and

¹ [Barriers to Breastfeeding Briefing Document \(unicef.org.uk\)](#)

² [180509 Breastfeeding.pdf](#)

³ [Benefits of breastfeeding - NHS \(www.nhs.uk\)](#)

⁴ [The benefits of breastfeeding - Baby Friendly Initiative \(unicef.org.uk\)](#)

⁵ [Breastfeeding at 6 to 8 weeks after birth: annual data 2020 to 2021 - GOV.UK \(www.gov.uk\)](#)

⁶ [Early years high impact area 3: Supporting breastfeeding - GOV.UK www.gov.uk](#)

implementation of a Digital Parent Child Health Record, in line with the aims to modernise the [Healthy Child Programme](#). Further development is underway to improve access and timeliness of data with the aim of knowing where every child is, and how well they are.

[The Marmot Review](#) (2010) recognised the contribution that breastfeeding makes to child health and well-being, whilst reducing infant mortality, obesity and tackling inequalities⁷. [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 life⁸.

NICE Guidance (PH11) recommends a multifaceted approach or coordinated programme of interventions should take place across a range of settings to increase breastfeeding rates⁹. Recommendations include peer support programmes as well as individual support, training and an environment that is supportive of breastfeeding. NICE Clinical Guidelines (CG37) 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 time available to prioritise supporting women to breastfeed¹⁰.

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.

Social, environmental, population context

Factors associated with breastfeeding rates include ethnic group (White British women are less likely than Black & Minority Ethnic women to breastfeed); age (women younger than 35 years are less likely to breastfeed¹¹); smoking (women smoking in pregnancy are less likely to initiate breastfeeding and continue with breastfeeding) and poverty¹².

Table 2: Comparison between Norfolk, East of England Region and England on factors that can impact breastfeeding (2019/20)¹³:

	Norfolk	East of England (regional)	England (national)
Factors that can positively impact breastfeeding initiation and continuation			
Mothers from BME groups	4.9%	14.5%	20.5%
Women aged 35 years or above	18.5%	22.9%	22.5%
Factors that can negatively impact breastfeeding initiation and continuation			
Smoking status at time of delivery	13.6%	9.5%	10.4%
Children in absolute low income families	14.0%	11.8%	15.6%

Burden of ill health and gaps in services

The UK has some of the lowest breastfeeding rates in the world, with 34% of babies receiving any breastmilk at 6 months and only 1% of women exclusively breastfeeding at 6 months¹⁴.

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

⁷⁷ [Fair Society Healthy Lives \(The Marmot Review\) - IHE \(instituteofhealthequity.org\)](#)

⁸ [Health Equity in England: The Marmot Review 10 Years On - The Health Foundation](#)

⁹ [Overview | Maternal and child nutrition | Guidance | NICE](#)

¹⁰ [Postnatal care up to 8 weeks after birth | Guidance | NICE](#)

¹¹ [Factors associated with breastfeeding in England: an analysis by primary care trust | BMJ Open](#)

¹² [Factors associated with breastfeeding in England: an analysis by primary care trust | BMJ Open](#)

¹³ [Child and Maternal Health - Data - PHE](#)

¹⁴ [Barriers to Breastfeeding Briefing Document \(unicef.org.uk\)](#)

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 STP this is 73% (or three quarters) of babies, similar to the national average of 72%.

Since April 2019 breastfeeding initiation has been consistently higher in data from the Norfolk and Norwich Hospital (NNUH) with an average of 79%, compared with the Queen Elizabeth Hospital (QEH) in King's Lynn and James Paget University Hospital (JPUH) in Gorleston with averages of 70%, just below national average (see Figure 1).¹⁵

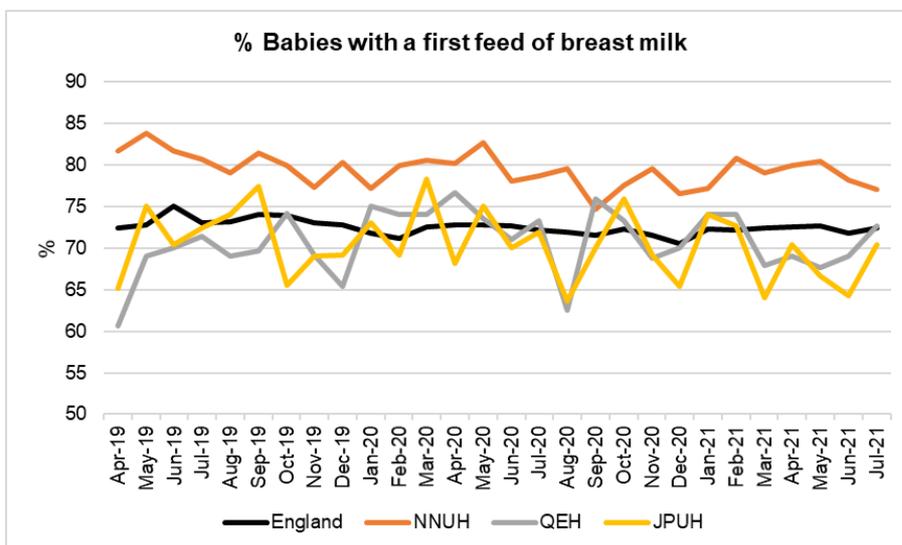
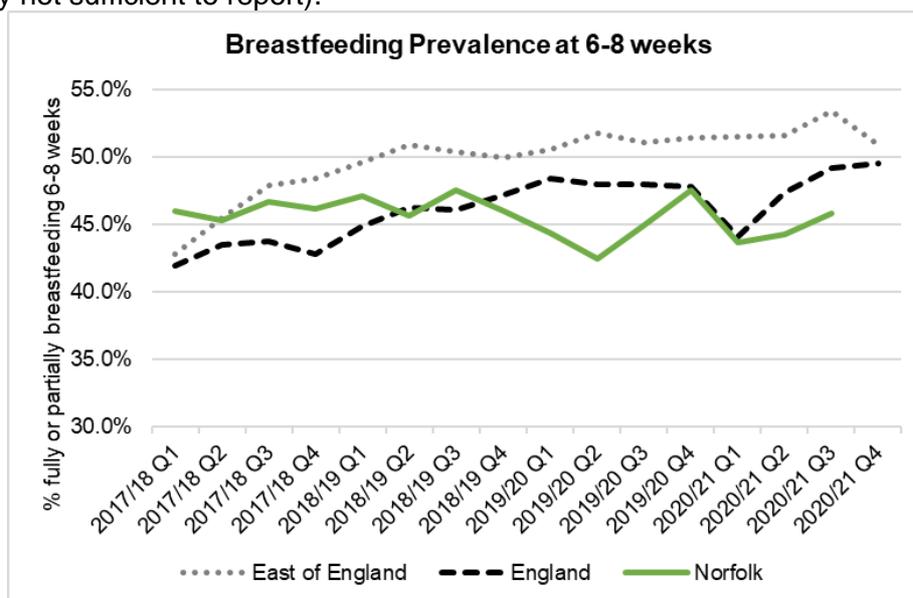


Figure 1: Percentage of babies with a first feed of breast milk. Collected as part of the Maternity Services Dataset.¹⁶

The definition of a baby being breastfed at 6 to 8 weeks is babies who 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 50% in 2020/21. Overall, the breastfeeding rate in Norfolk for 2020/21 was 41%. The rate has fluctuated more locally, with no obvious trend (see Figure 2). The covid-19 pandemic has negatively affected the collection of breastfeeding data everywhere, but this has been more obvious in Norfolk (with the Quarter 4 2020/21 data quality not sufficient to report).¹⁷



¹⁵ [Maternity Services dashboard - NHS Digital](#)

¹⁶ [Maternity Services dashboard - NHS Digital](#)

¹⁷ [Breastfeeding at 6 to 8 weeks after birth: annual data 2020 to 2021 - GOV.UK \(www.gov.uk\)](#)

Figure 2: Percentage babies fully or partially breastfed at 6-8 weeks but is now in line with the national average at 48% in quarter 4 of 2019/20.¹⁸

Breastfeeding varies across the county and is correlates with levels of deprivation. In general, more deprived areas of the county see the lowest rates of breastfeeding - from 27% of babies being breastfed at 6-8 weeks in 'Yarmouth Nelson and Southtown' in Great Yarmouth to 84% of babies in Nelson in the west of Norwich (see figure 3).¹⁹

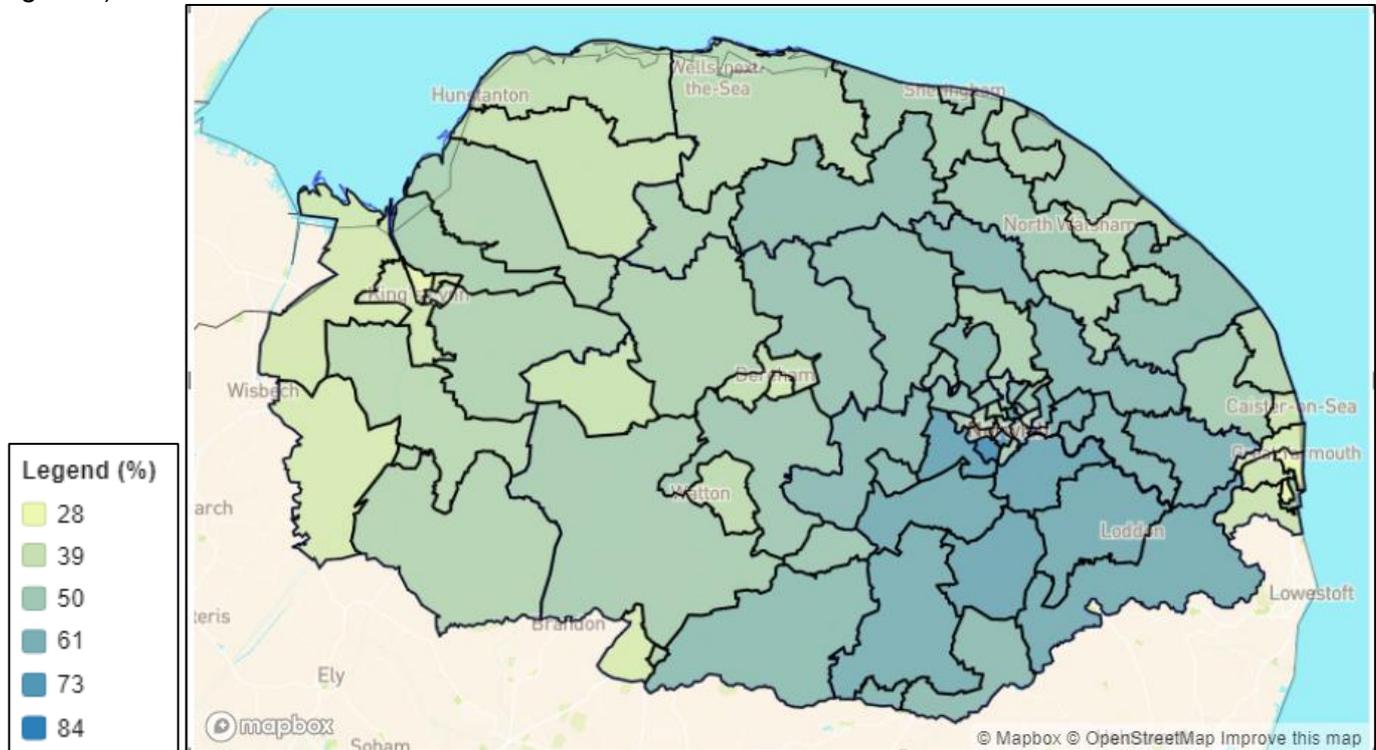


Figure 3: Percentage babies fully or partially breastfed at 6-8 weeks by County Electoral Division 2019/20. Data provided by Cambridgeshire Community Services NHS Trust.

Although difficult to measure cost savings, breastfeeding is associated with a 13% reduction in child overweight or obesity. Child overweight and obesity is significantly linked to obesity in adulthood. In 2017 obesity related illnesses cost the NHS an estimated £5.1 billion annually²⁰.

Findings show that for just five common childhood illnesses, moderate increases in breastfeeding would convert into cost savings of up to £50 million for the NHS and hundreds of thousands less hospital admissions and GP appointments²¹. and reduce consultation rates by 50,000+ each year for common childhood illnesses.

Current services, local plans and strategies

Commissioning the services of the Healthy Child Programme is the responsibility of Norfolk County Council. The Norfolk 0-19 Healthy Child Programme 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. All practitioners are trained to UNICEF Baby Friendly standards. 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.

Implementation of a new video appointment system by Just One Norfolk enabled Infant Feeding Champions to be able to support mothers with breastfeeding concerns during the COVID-19 pandemic. This offer has

¹⁸ [Breastfeeding at 6 to 8 weeks after birth: annual data 2020 to 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/breastfeeding-at-6-to-8-weeks-after-birth-annual-data-2020-to-2021)

¹⁹ Percentage babies fully or partially breastfed at 6-8 weeks by County Electoral Division 2019/20. Data provided by Cambridgeshire Community Services NHS Trust.

²⁰ [Can the NHS help tackle the UK's obesity epidemic? | The Nuffield Trust](https://www.nuffieldtrust.org.uk/our-work/obesity/can-the-nhs-help-tackle-the-uk-s-obesity-epidemic)

²¹ [The Baby Friendly Initiative | Resources | Preventing disease and saving resources \(unicef.org.uk\)](https://www.unicef.org/uk/resources/preventing-disease-and-saving-resources)

continued, alongside face-to-face appointments due to the success of being able to reach more parents and in a timelier manner.

The Norfolk & Waveney Breastfeeding Strategy 2021-2024 sets out the vision to support families. Driven by Maternity Voices Partnerships (service users) data collections across the Local Maternity & Neonatal System, the strategy proposes actions highlighting the important role we all play in promoting and supporting families to breastfeed. The strategy calls for a collaborative approach to champion, celebrate, normalise, support, and protect breastfeeding. The strategy identifies 3 outcomes: increase breastfeeding initiation rates by 2% per year, increase 6-8 week breastfeeding rates by 2% per year and reduce the gap in breastfeeding prevalence between the most deprived wards and the Norfolk average.

The neonatal and midwifery infant feeding services across Norfolk & Waveney are committed to maintaining UNICEF Baby Friendly Initiative standards; with both NNUH and QEHKL achieving level 3 accreditation – the highest level²². Breastfeeding peer support is available to parents both face-to-face, and digitally through Just One Norfolk platform. There is clear evidence for involving fathers in breastfeeding education to improve breastfeeding outcomes – they have a strong influence on the initiation and duration of breastfeeding^{23 24}. Breastfeeding cafes and support groups are run by volunteers, charities and private groups throughout Norfolk and are promoted via health professionals.

Support is available through primary care, with 29% of women who are unable to see a midwife then access breastfeeding support through primary care or A&E. There are GP Infant Feeding Networks, and Breast Feeding Friendly Surgeries working to build collaboration and support of community and midwifery teams.

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

Service disruption due to the COVID-19 pandemic in 2020/2021 has affected delivery of the 6–8 week Health Visitor review and the collection of data.

Reduced face-to-face Midwifery and Health Visitor contacts during the COVID-19 pandemic, may have impacted breastfeeding support for mothers. A study of 1360 mothers suggests that 70% of the mothers who stopped breastfeeding during the COVID-19 pandemic, reported that a lack of face-to-face support led to their decision to stop breastfeeding²⁵.

In July 2020, the Maternity Voices Partnerships across the LMNS produced a survey to service users to ask options on Infant feeding. The themes that were gathered from this data have informed local strategy and action plans. Service users identified 4 themes: antenatal education, during pregnancy, postnatal peer supporter and overarching items.

There are numerous practical, emotional, and cultural barriers to breastfeeding. In England, breastfeeding rates are lowest in women under 35, White British background and deprived communities²⁶.

UNICEF identified the main barriers regarding breastfeeding in the UK²⁷:

- mis-information regarding the benefits of breastfeeding
- misleading marketing regarding baby formula
- mothers feeling embarrassed to breastfeed in front of others
- lack of face-to-face, on-going, and predictable support
- lack of breastfeeding friendly places at work and in the community
- concerns that breastfeeding may be painful
- worries that breastfeeding could restrict parent's lifestyle
- worries that breastfeeding may stop the mother from exercising
- concerns that parents will not know if baby is getting enough milk or too much milk

²² <https://unicefbfi.secure.force.com/Events/Awards>

²³ Swanson & Power, 2005; Arora et al, 2000; Bromberg & Darby, 1997

²⁴ [Factors Associated with Breastfeeding Initiation and Continuation: A Meta-Analysis | Elsevier Enhanced Reader](#)

²⁵ [Microsoft Word - BFN Summary COVID.docx \(breastfeedingnetwork.org.uk\)](#)

²⁶ [Factors associated with breastfeeding in England: an analysis by primary care trust | BMJ Open](#)

²⁷ [Barriers to Breastfeeding Briefing Document \(unicef.org.uk\)](#)

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