

Report of Peter Roderick Director of Public Health

## **Breastfeeding and Infant Feeding**

### **Summary**

1. The 1,001 days from pregnancy to the age of two set the foundations for an individual's cognitive, emotional and physical development. These early days are a critical time for development, but they are also a time when babies are at their most vulnerable.
2. There are multiple factors that contribute to giving every baby the best start in life and one crucial factor that can influence both a mother and baby's health post-pregnancy is good infant feeding practices, which provide optimum nutrition and build loving and secure attachments.
3. It is important to facilitate women's choices around feeding their babies. Personal choice should be respected, and objective advice and support should be offered to all parents and carers, irrespective of whether they are breastfeeding, expressing, using formula or a combination of approaches.
4. As with many aspects of public health, inequalities in maternal and infant outcomes exist, with poorer outcomes experienced by certain groups of women and their babies. We know that these risk factors can be reduced through promotion of breastfeeding initiation and support for breastfeeding duration.
5. The protection, promotion and support for breastfeeding are a vitally important public health priority as breastfeeding promotes health, prevents disease, and provides numerous benefits for both mother and baby. There is overwhelming evidence that breastfeeding saves lives and protects the health of babies and mothers both in the short and long term.

## **Policy Basis**

### **National Policy**

6. Findings from the 'National Maternity Review' were published in 'Better Births' in February 2016. The Maternity Transformation Programme was established to implement the actions set out in this policy, taking a multi-agency approach to delivering the national ambition to halve the rates of stillbirths, neonatal mortality, maternal mortality and brain injury by 2025.
7. One of the schemes of work is 'Improving prevention', which takes a public health approach of preventing poor outcomes through actions to improve women's health – before, during and after pregnancy to ensure that families get off to the best start possible. Breastfeeding and infant feeding are a key element of this piece of work.

### **Local Priorities**

8. The Health and Wellbeing strategy sets out the vision for York's children to have the best possible start in life, which we know can be achieved through good infant feeding practices, especially breastfeeding. Focusing on nutrition and relationship building in the first 1001 days can also contribute significantly towards progress against the six big ambitions:
  - Becoming a health generating city
  - Make good health more equal across the city
  - Prevent now to avoid harm later
  - Start good health and wellbeing young
  - Work to make York a mentally health city
  - Build a collaborative health and care system
9. Evidence shows that breastfeeding can also play a key role in achieving the health goals of the strategy.
  - Mental wellbeing: Breastfeeding supports the mother-baby relationship and the mental health of both baby and mother;
  - Healthy weight: Breastfeeding protects children from a vast range of illnesses, including obesity, infection, diabetes, asthma and heart disease, as well as cot death (Sudden Infant Death Syndrome)
  - Healthy life expectancy: Breastfeeding protects mothers from breast and ovarian cancers and heart disease.

## **Recommendations**

10. The Committee is asked to:

- 1) To note the work being undertaken in both areas.

Reason:

To support our ambition of protecting, promoting and supporting breastfeeding and safe infant feeding practices.

## **Background**

### **Introduction**

11. Good nutrition is essential for a baby's growth and development and responsive feeding (feeding your baby when they show signs of hunger) creates a secure bond and attachment, which helps baby feel safe.
12. It is important to facilitate women's choices around feeding their babies and feeding preferences are made for a variety of reasons. Personal choice should be respected, and objective advice and support should be offered to all parents and carers, irrespective of whether they are breastfeeding, expressing, using formula or a combination of approaches.
13. Improving breastfeeding rates would have a profoundly positive impact on child health. For example, increasing the number of babies who are breastfed could cut the incidence of common childhood illnesses such as ear, chest and gut infections and estimates suggest it could save the NHS up to £50 million each year.
14. Breastfeeding rates in comparable European countries, with similar population sizes and demographics, show that it is possible to increase rates with a supportive breastfeeding culture and the political will to do so. This section should include enough information to set the subject matter of the report in context, enabling the reader to understand why the report has been brought to the meeting. It may include a summary of any previous Member decisions on the subject.

### **Barriers to breastfeeding**

15. Unicef and the World Health Organisation recommend exclusive breastfeeding for the first six months of an infant's life, with continued breastfeeding alongside the introduction of appropriate complementary

foods up to two years of age; however, breastfeeding is no longer seen as the norm.

16. Breastfeeding is viewed by many as difficult to achieve and largely unnecessary because formula milk is seen as a close second best. This is largely due to the strong commercial influences from formula milk companies, which use marketing strategies to promote formula milk as equal to breast milk.
17. Infant feeding is also a highly emotive subject because so many families have experienced the trauma of trying very hard to breastfeed and facing challenges which have led them to stop.
18. Research has shown that eight out of ten women stop breastfeeding before they want to. Factors for this include: a lack of support from family or professionals; belief that they have insufficient milk supplies to nourish their baby; or employers who have not got adequate provision to support women returning to work and expressing breast milk.
19. Local data for York shows this clearly. Breastfeeding rates at the time of delivery are 74% (on average) but this figure reduces considerably by 6-8 weeks, where on average only 44% of families are still breastfeeding their babies in York.
20. For breastfeeding to become the social norm, families need ongoing support from pregnancy through to the early weeks and months. A truly coordinated approach across all services and systems is required. This must also consider wider community initiatives, including welcoming breastfeeding in public places and educating children and adults about the value of breastfeeding.

### **Tackling health inequalities**

21. Breastfeeding plays a crucial role in narrowing health inequalities between our least deprived and most deprived communities. It is well documented that residents in our most deprived wards are more likely to have worse health outcomes and higher rates of ward deprivation are associated with lower breastfeeding rates at 6 to 8 weeks (with only 29% of babies breastfed in the most deprived ward, compared to 61% in the least deprived).

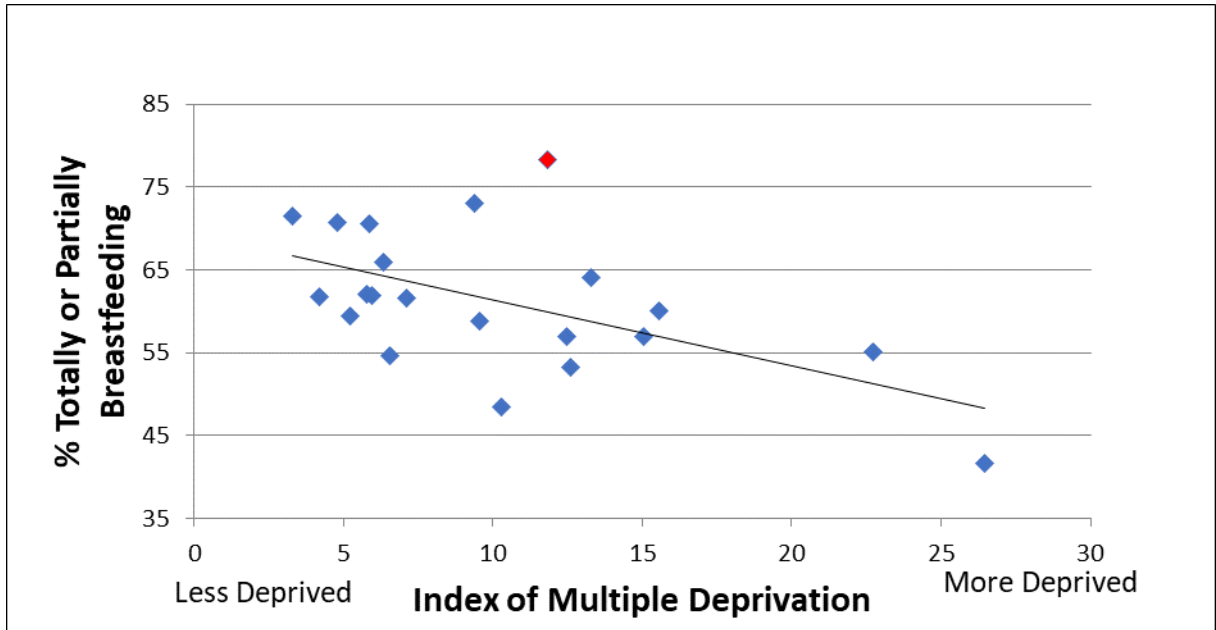


Figure 1 – Percentage of totally or partially breastfeeding rates at 6-8 weeks by ward v. deprivation (aggregated date: 2018-2022)

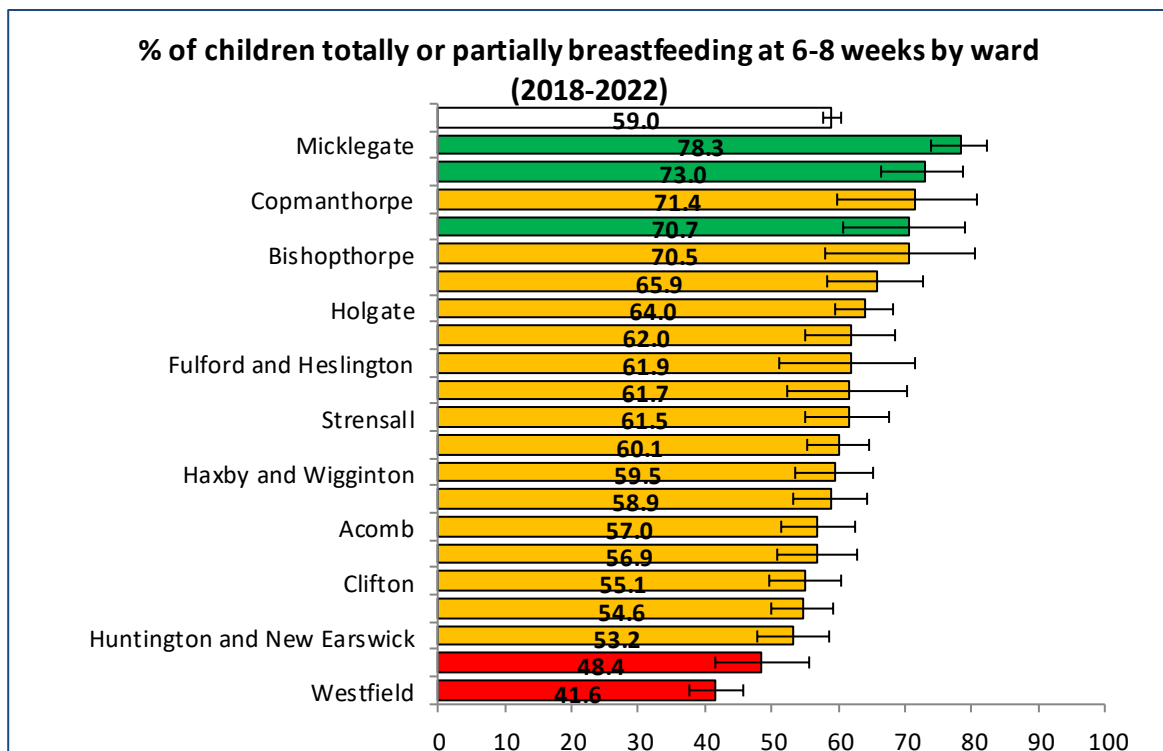


Figure 2 – Percentage of totally or partially breastfeeding rates at 6-8 weeks by ward (aggregated date: 2018-2022)

22. Moderate increases in breastfeeding would translate into improved health outcomes, significant cost savings for the NHS and tens of thousands fewer hospital admissions and GP consultations.

## Food insecurity

23. The current cost of living crisis has led to an increasing number of families experiencing financial hardship, with some unable to afford the rising cost of infant formula and/or appropriate foods for their infant. This is a huge risk to children's health given that where breastfeeding is not chosen or possible, infant formula before the age of six months is the only option parents have for feeding their infants, and is a key source of both calories and other essential micronutrients between six months and the age of one.
24. Attempts by parents to cut costs, for example by reducing feeding frequency, ignoring best before dates, or over-diluting powdered infant formula, pose significant health risks. Babies being fed with infant formula can therefore become increasingly vulnerable during times of financial hardship or food crisis.

## York's Breastfeeding and Infant Feeding Delivery Plan

25. Our vision is to support all families with infant feeding, however they choose to feed their baby.
26. The York Breastfeeding and Infant Feeding Partnership has developed a multi-agency strategy, led by Public Health, to start to remove the practical, emotional and cultural barriers to breastfeeding, reduce health inequalities, and create an enabling environment for all women who want to breastfeed.
27. The delivery plan sets out how we will protect, promote, support and normalise breastfeeding across York, improving our existing services and in turn supporting women to initiate breastfeeding and continue breastfeeding as well as targeting interventions in areas of low uptake.
28. The table below gives an overview of the actions we will take to deliver our vision.

PROTECTING	PROMOTING	SUPPORTING	NORMALISING
<ul style="list-style-type: none"> <li>✓ International Code of Marketing of Breastmilk Substitutes</li> <li>✓ Breastfeeding policies for staff and the public</li> <li>✓ York Breastfeeding Welcome Scheme</li> </ul>	<ul style="list-style-type: none"> <li>✓ Unicef Baby Friendly Initiative (BFI) accreditation</li> <li>✓ Training</li> <li>✓ Standardised and evidence-based resources across the city</li> </ul>	<ul style="list-style-type: none"> <li>✓ Data collecting and reporting systems</li> <li>✓ Seamless service care pathways</li> <li>✓ Breastfeeding peer support services</li> <li>✓ Healthy Start Scheme</li> <li>✓ Infant Food Insecurity</li> </ul>	<ul style="list-style-type: none"> <li>✓ Communications plan</li> <li>✓ Education - early years &amp; schools</li> <li>✓ Breastfeeding Welcome environments</li> </ul>

## Table 1: Overview of breastfeeding and infant feeding delivery plan

29. Work has already started on many of the delivery plan objectives, and a key project is the implementation of the Unicef Baby Friendly Initiative.
30. In February 2023, funding was obtained through the ICB Inequalities Fund to implement the UNICEF Baby Friendly Initiative (BFI) across Health Visiting and Children Centres. BFI is an evidence based, staged accreditation programme that will support CYC to improve breastfeeding and infant feeding by setting standards for sustainable improvement, providing training for professionals to give consistent information and personalised support to families; and gaining feedback from families about their experiences of care. This programme of work also helps families in building close parent-infant relationships and supports with good mental health for both parent and baby. We now join the 91% of other health visiting services that are working towards BFI accreditation across the UK.
31. A key aspect of improving breastfeeding rates is the provision of face-to-face, ongoing and predictable support to families across all public services, and social support in the local community. The Baby Friendly Initiative enables mothers to receive this help within healthcare services, delivering a holistic, child-rights based pathway for improving care.

### **Consultation**

32. The Breastfeeding and Infant Feeding Partnership is a multi-agency group which has representation from key stakeholders, including families through the Maternity Voices Partnership. Further feedback from service users will be obtained as we progress through the BFI process and our newly appointed Infant Feeding Lead will be working out in the communities to understand what matters to families and how we can improve services and support.

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**Report  
Approved**

**Date** 21/11/2023

**Wards Affected:** [List wards or tick box to indicate all]

**All**

**For further information please contact the author of the report**

## List of Abbreviations Used in this Report

BFI = Baby Friendly Initiative