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Breastfeeding Rates

Northern Ireland has one of the lowest rates of breastfeeding in the world.¹ This paper has been compiled in response to a request from the HSSPS Committee regarding the recent publication of breastfeeding rates in the UK.² Breastfeeding rates in Northern Ireland and wider afield are presented. In addition, policy guidelines and initiatives designed to increase and promote breastfeeding across our local landscape are also highlighted.

1 Introduction

Adequate nutrition during infancy is essential to ensure that babies develop healthily. Breastfeeding is widely advocated by the medical profession as the best way to give infants a healthy start in life.³ According to the World Health Organisation (WHO) “*breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants.*” Breast milk contains a balanced mix of nutrients and antibodies that strengthen the baby’s immune system, help with digestion, and protect against infection. Over time, the composition of breast milk changes in response to a baby’s needs.⁴

¹ DHSS Breastfeeding Strategy for Northern Ireland (1999) page1. <http://www.dhsspsni.gov.uk/breastfeeding.pdf>

² DHSSPS Press Release: “More than eight out of ten newborn babies in the UK are now breastfed, says new report” <http://www.northernireland.gov.uk/index/media-centre/news-departments/news-dhssps/news-dhssps-june-archive-2011/news-dhssps-210611-more-than-eight.htm>

³ British Medical Association http://www.bma.org.uk/images/Early%20life%20nutrition%20FINAL_tcm41-182859.pdf page26.

⁴ European Union Public Health Information System. http://www.euphix.org/object_document/o5131n27421.html

For mothers who choose not to breastfeed or for mothers where breastfeeding is not possible, a wide variety of formula milk alternatives are available. However, the properties in formula milk do not change during each feed, nor can it replicate the unique antibodies and the immunological properties designed to protect infants that are available in breast milk.⁵

Evidence-based studies also show that breastfed babies are better protected from the risk of infection compared to babies fed formula milk. There have also been studies which suggest longer-term benefits, such as reduced risk of obesity.⁶ The benefits of breastfeeding for mothers include a decreased incidence of severe bleeding after birth, breast and ovarian cancers.⁷ In terms of prevention and saving, breastfeeding is also associated with reduced costs for the family and health care system.⁸

2 Current policy in Northern Ireland

As a result of a systematic review of evidence on feeding,⁹ the WHO made a global public health recommendation that infants should be **“exclusively breastfed, with no other food or drink until they are around six months of age.”** This recommendation was adopted in 2004 in Northern Ireland by the Department of Health, Social Services and Public Safety (DHSSPS) and the Public Health Agency (PHA).¹⁰ Current DHSSPS guidance on feeding infants is as follows:¹¹

- Breastmilk is the best form of nutrition for infants; it provides all the nutrients a baby needs.
- Exclusive breastfeeding is recommended for the first six months of an infant's life.
- Six months is the recommended age for the introduction of solid foods for both breast and formula fed infants.
- Breastfeeding (and/or breastmilk substitutes, if used) should continue beyond the first six months along with appropriate types and amounts of solid foods.
- Mothers who are unable to, or choose not to, follow these recommendations should be supported to optimise their infants' nutrition.

Since the introduction of the WHO policy guidance however, there has been different levels of opinion regarding the length of time that mothers in developed countries should exclusively breastfeed their babies. There has also been a level of debate about some of the benefits of breastfeeding compared to formula feeding.¹²

⁵ Newman, J. How breast milk protects newborns http://www.breastfeedingonline.com/HowBreastmilkProtects_Newborns.pdf

⁶ WHO exclusive breastfeeding http://www.who.int/nutrition/topics/exclusive_breastfeeding/en/

⁷ NHS/NICE (July 2006) Promotion of breastfeeding initiation and duration – Evidence into practice briefing http://www.breastfeedingmanifesto.org.uk/doc/publication/EAB_Breastfeeding_final_version_1162237588.pdf

⁸ UNICEF Financial benefits of breastfeeding <http://www.unicef.org.uk/BabyFriendly/About-Baby-Friendly/Breastfeeding-in-the-UK/Financial-benefits/>

⁹ WHO (2002) Optimal duration of exclusive breastfeeding: http://www.who.int/nutrition/publications/optimal_duration_of_exc_bfeeding_report_eng.pdf and "Optimal duration of exclusive breastfeeding (Review, 2009)", Kramer MS, Kakuma R. (2009) The Cochrane Library, Issue 4

¹⁰ Public Health Agency: Statement on exclusive breastfeeding and recommendations for the introduction of solid foods at six months. Available online at: <http://www.publichealth.hscni.net/news/pha-statement-exclusive-breastfeeding-and-recommendations-introduction-solid-foods-six-months>

¹¹ DHSSPS (2004) Recommendations on breastfeeding duration and weaning, CMO circular http://www.dhsspsni.gov.uk/hssmd_breastfeeding.pdf page1.

¹² Fewtrell, M et al. (2011) Six months of exclusive breast feeding: how good is the evidence? British Medical Journal. Available online at: <http://www.bmj.com/content/342/bmj.c5955.full>

3 Breastfeeding rates

Breastfeeding rates declined sharply after the 1920s as a result of the introduction of evaporated cow’s milk followed by the mass introduction of formula milk products. At present, wide variations in breastfeeding rates exist. Uptake rates are typically low, and are only now beginning to improve.

One of the problems of interpreting statistics about breastfeeding rates at the population level is that not all countries gather regular or consistent breastfeeding data.¹³ The figures presented in this section are estimates based on national studies. For the purposes of the paper, breastfeeding rates are reported in two areas:

- I. incidence of babies who were “initially breastfed”
- II. babies who were “exclusively breastfed” (with no other food and drink) at 6 months of age - as per WHO/ DHSSPS recommendations.

3.1 Incidence of babies “initially breastfed” (International trends)

The incidence of breastfeeding is defined as “the proportion of babies who were breastfed initially, including babies who were put to the breast, even if this was only once”.¹⁴ Country specific survey data illustrated in Figure 1 shows the percentage of babies recorded who were “initially breastfed”. Both the UK and Ireland are highlighted with red arrows.

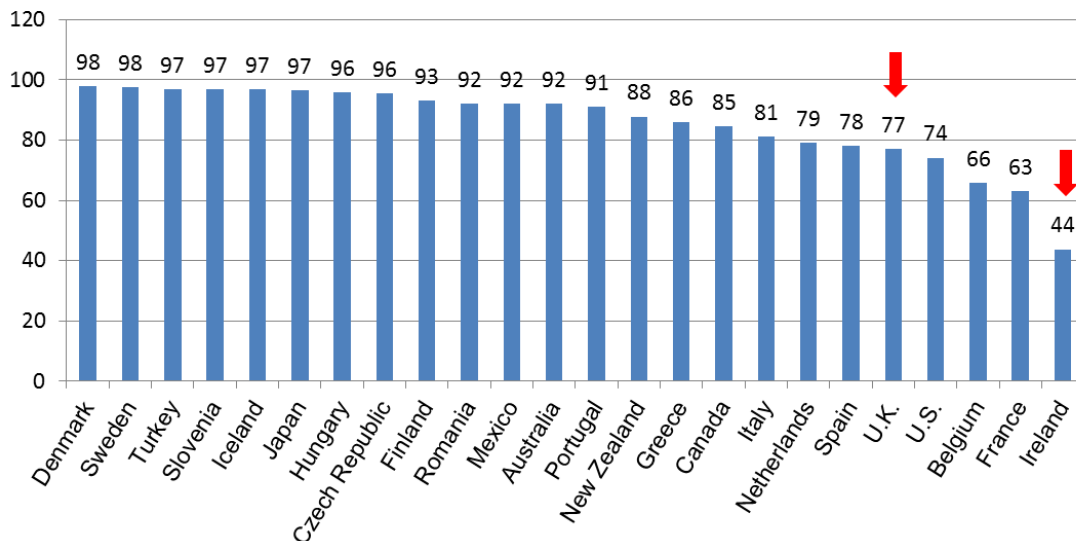


Figure 1 National survey data: Proportion of babies “initially breastfed” (OECD, 2005)

As can be seen from the sample of countries presented, the widest uptake of initially breastfed infants are in Scandinavia (e.g. Denmark and Sweden at 98%) whilst the country least likely to have infants initially breastfed is **Ireland** (44%). Scandinavian countries have witnessed large increases in the number of mothers breastfeeding over

¹³ Hector, J.(2011) Complexities and subtleties in the measurement and reporting of breastfeeding practices *International Breastfeeding Journal*, 6:5

¹⁴ Data taken from the Infant Feeding Survey

the last 20 years. Some possible explanations include: family friendly policies, good conditions for maternity leave (up to one year, most of which is paid) and flexible breaks at work for breastfeeding mothers; ongoing campaigns promoting breastfeeding; a ban on advertising artificial milk substitutes; and the social acceptability of breastfeeding in public places.¹⁵

3.2 Incidence of babies “initially breastfed” (UK trends)

Preliminary results from the UK’s **Infant Feeding Survey (IFS, 2010)**¹⁶ shows that *initial* breastfeeding rates in the UK have increased by 5%. In 2005 the rate was 76%¹⁷ rising to 81% in 2010.¹⁸ Although this is positive, readers are reminded that these figures include all babies who were put to the breast, even if this was only on one occasion. Initial breastfeeding rates by jurisdiction are shown in Figure 2.

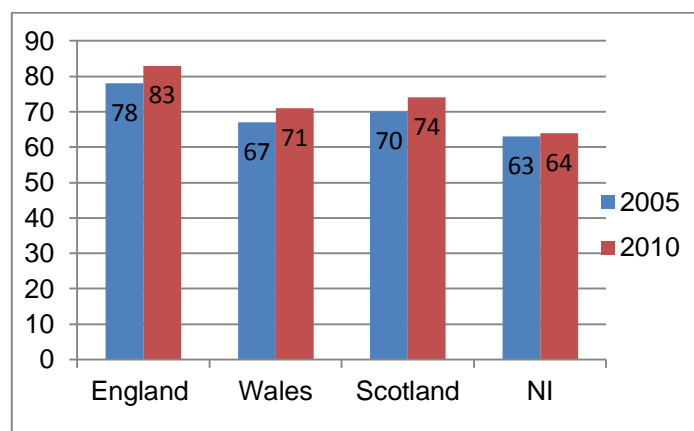


Figure 2 Percentage of *initial* breastfeeding rates in the UK (2005-2010)

Figure 2 illustrates that Northern Ireland has the **lowest** incidence of initial breastfeeding in the UK - almost 20% less than England in 2010. However, trends in “initially breastfed” rates in Northern Ireland¹⁹ have been **rising over the last 20 years** - as shown in Figure 3.

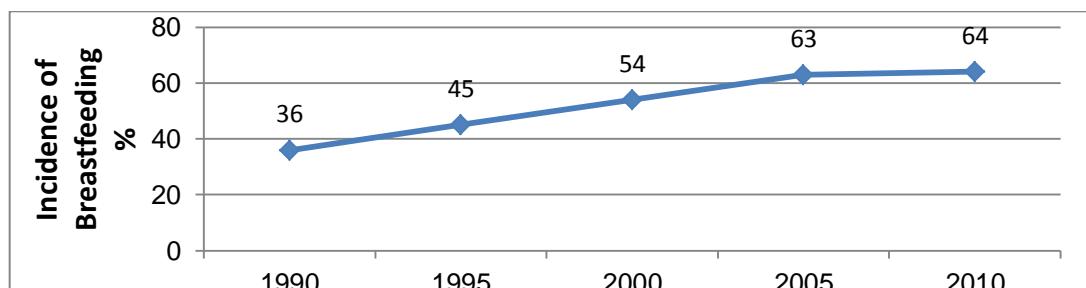


Figure 3 Percentage of *initial* breastfeeding rates in Northern Ireland (1990-2010)

¹⁵ Brekke, et al. (2005) Breastfeeding and introduction of solid foods in Swedish infants. *British Journal of Nutrition*, 94, 377-382

¹⁶ The IFS provides estimates on breastfeeding. The survey has 3 stages of data collection over a 9-12 month period. Stage 1 is carried when babies are 6-10 weeks old, Stage 2 when they are 4-6 months old, and Stage 3 when babies are 8-10 months old.

¹⁷ Based on a sample size of 12,290 UK mothers.

¹⁸ Based on a sample of 15,722 UK mothers.

¹⁹ Percentage of mothers at stage one of the sampling (i.e. children aged 4-10 weeks of age)

Although the “initially breastfeed” rates have increased since 1990 (from 36%), the one percent increase from 2005 to 2010 is marginal and not statistically significant.²⁰ The Infant Feeding Survey (2010) also shows:

- The highest incidences of breastfeeding in Northern Ireland were found amongst mothers from managerial and professional occupations; those with the highest educational levels; those aged 30 or over and first time mothers. This pattern was also reflected elsewhere in the UK.
- 70% of first born babies in Northern Ireland and 60% of subsequent births were initially breastfed.²¹ The likelihood of a mother breastfeeding subsequent offspring was strongly linked to her experiences of feeding her previous children.

It is not yet possible to know what percentage of mothers “initially breastfeeding” will still be breastfeeding at 6 months or later, as this data is still being collected. However, drawing on data from the previous Infant Feeding Survey report (2005), **the prevalence of women breastfeeding their babies (in addition to other food and drink) at six months was 14% in Northern Ireland.**²² A declining trend was also reflected in other parts of the UK as shown in Figure 4.

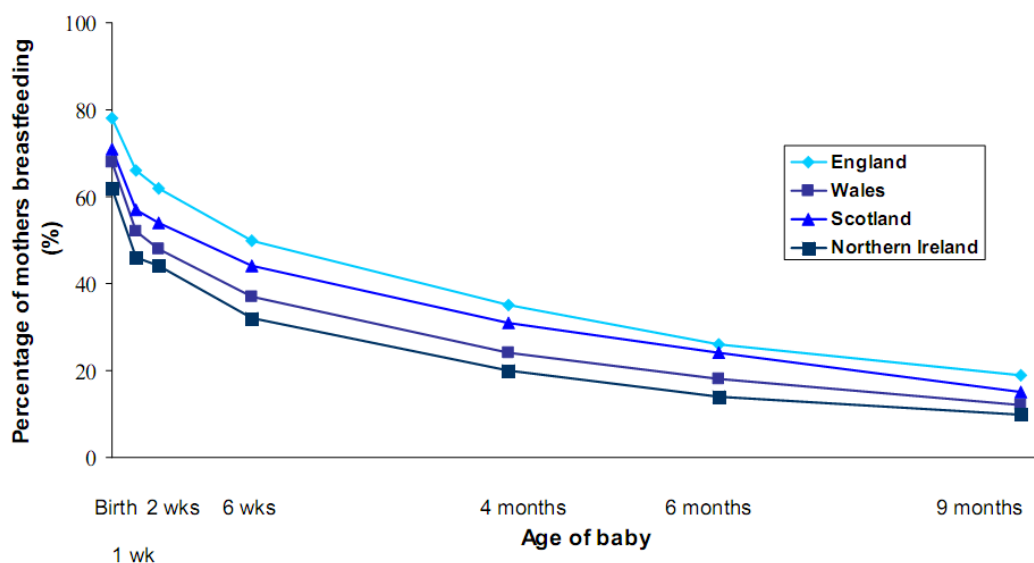


Figure 4 Prevalence of breastfeeding among mothers who breastfed initially²³

3.3 Babies “exclusively breastfed” for 6 months – International trends

World estimates suggest that only **39%** of infants are exclusively breastfed from 0-5 months (i.e. no other food or drink).²⁴ The majority of babies receive some other food

²⁰ Based on a 5% significance level as per the Infant Feeding Survey 2010 (page 3)

²¹ NHS Information Centre Infant Feeding Survey 2010; Tables http://www.ic.nhs.uk/webfiles/publications/003_Health_Lifestyles/IFS_2010_early_results/IFS_2010_headline_report_tables2.pdf page 7

²² Infant Feeding Survey 2005 based on stage 3 mothers (N=1605)

²³ NHS Information Centre Infant Feeding Survey 2005 <http://www.ic.nhs.uk/webfiles/publications/ifs06/2005%20Infant%20Feeding%20Survey%20%28final%20version%29.pdf> page 32

²⁴ UNICEF Child Info: Overview of breastfeeding patterns. http://www.childinfo.org/breastfeeding_overview.html

or fluid in the early months.²⁵ Figure 5 illustrates the decline in the number of babies being exclusively breastfed over time in a number of countries. As can be seen, the **UK has a very low rate of exclusive breastfeeding, especially at the 6 month timeframe** (as shown in the red box).

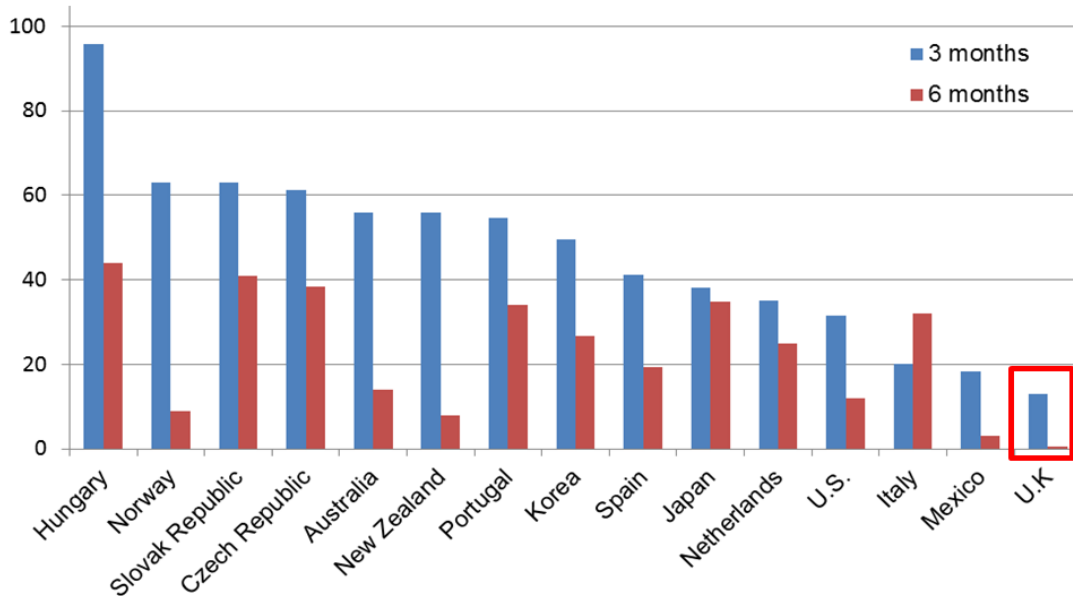


Figure 5 Estimates of “exclusively breastfed” babies at 3 & 6 months by country (2005)

The trend shows that for most countries in the sample, exclusive breastfeeding rates have declined at the 6 month stage. Major differences exist between countries and many factors contribute to these differences. These include cultural, medical and socio-economic factors. For example, the lower rate of exclusive breastfeeding at 6 months may be due to the mother returning to work (as discussed in section 3).

Research conducted on a number of EU countries shows that uptake of breastfeeding can also be hampered by national policy implementation issues, inadequate training of health professionals, a lack of Baby Friendly Hospitals,²⁶ compliance with the WHO Code of Marketing of Breast Milk Substitutes and gaps in legislative provisions for maternity protection.²⁷

3.4 Babies “exclusively breastfed” for 6 months – UK data

Unfortunately, more up-to-date data on UK exclusive breastfeeding rates at the 6 month stage will not be available until 2012. However data from the last Infant Feeding Survey (2005) is presented in Table 1 overleaf.

²⁵ WHO Global Data Bank on Infant and Young Child Feeding, 2009

²⁶ The Baby-Friendly Hospital Initiative launched in 1991, is an effort by UNICEF and the World Health Organization to ensure that all maternities, whether free standing or in a hospital, become centers of breastfeeding support.

²⁷ Cattaneo, A et al. (2009) Protection, promotion and support of breastfeeding in Europe: progress from 2002-2007. Public Health Nutrition 16 (6) 751-759

	England	Wales	Scotland	N. Ireland	UK
Birth	66	58	61	55	65
1 week	46	38	42	35	45
2 weeks	39	32	37	31	38
4 weeks	29	21	25	20	28
2 months	18	12	17	11	18
4 months	8	4	6	4	7
6 months*	*	*	*	*	*

Table 1 Prevalence of “exclusive breastfeeding” at ages up to 6 months UK (2005)²⁸

* Denotes percentage less than 0.5%

This data shows that:

- **55%** of mothers sampled in Northern Ireland **exclusively** breastfed their children at birth. By the end of week 1, this figure had fallen to **35%**. By the third month, this figure had reduced dramatically to **8%**, and by month five to **2%**. At six months, the result is negligible (under 1%).
- **Less than 1% of mothers in the UK were exclusively breastfeeding for six months.**²⁹ This is in contrast to the EU average of 28%.³⁰
- Prevalence of exclusive breastfeeding rates is lower in Northern Ireland than other parts of the UK.³¹

3.5 Breastfeeding data by Trust area in Northern Ireland

Correspondence from the Health Minister indicates that information is not currently available on breastfeeding rates by Trust area.³² However, the Child Health System (CHS) provides information on the number of babies receiving *any* breast milk at discharge from hospital. Latest data (2009) shows that **44%** of babies leaving hospital were breastfed in Northern Ireland.³³ The CHS is being configured to record how children are being fed across the first year of life and this information is likely to be available in 2012. In addition, monitoring “exclusive breastfeeding” is hoped to be possible through the implementation of a new “Healthy Child, Healthy Future” Child Health Promotion Programme.³⁴ The collection of such data will be useful in providing a more complete picture of local breast feeding trends, compared to the survey data collected every five years in the Infant Feeding Survey.

²⁸ NHS Information Centre Infant Feeding Survey 2005 <http://www.ic.nhs.uk/webfiles/publications/ifs06/2005%20Infant%20Feeding%20Survey%20%28final%20version%29.pdf> page 74

²⁹ NHS Information Centre Infant Feeding Survey 2005 <http://www.ic.nhs.uk/webfiles/publications/ifs06/2005%20Infant%20Feeding%20Survey%20%28final%20version%29.pdf> page 74

³⁰ Hosking, G., & Ita, W. (2010). Trust International Early Intervention Review.

http://www.wavetrust.org/WAVE_Reports/WAVE_Trust_International_Early_Intervention_Review_2010.pdf

³¹ Public Health Agency Health Intelligence Briefing (Nov 10) page 9.

³² Personal written correspondence from Mr Poots to the author dated 25th August 2011.

³³ Public Health Agency Health Intelligence Briefing (Nov 10) page 12.

³⁴ Personal written correspondence from Janet Calvert, Regional Breastfeeding Lead - Northern Ireland on 6 September 2011, see <http://www.dhsspsni.gov.uk/healthychildhealthyfuture.pdf>

4 What types of factors can affect breastfeeding rates?

Many mothers cannot breastfeed or choose not to breastfeed. Others combine breast and formula milk feeding. The choice to breastfeed or use alternative milk substitutes is a personal, complex, and emotive issue which is discussed elsewhere in the literature. Nevertheless, a variety of factors can impact on breastfeeding rates. For example:

- Medical illness in either the infant or mother which result in breastfeeding being stopped or not viable;³⁵
- Early difficulties: mothers can experience pain and infection in the breast area; difficulties in latching on; low milk supply;
- Previous experience of breastfeeding other children, and whether mothers were breastfed themselves;
- Lack of guidance and specialist support in early weeks from trained health professionals for establishing / sustaining appropriate breastfeeding practices;
- Provision of supplementary formula milk (fed in the hospital or in the home) is associated with an increased likelihood of stopping breastfeeding in the early weeks³⁶ and a lowering of milk supply;
- Breastfeeding is time-consuming and can be difficult to plan; it can also lead to fatigue from frequent feeding;
- Formula milk feeding enables other people to be involved in feeding;
- Breastfeeding in public or in the presence of family members, even when carried out discreetly, can be embarrassing. A cultural attitude also exists that breastfeeding in public places is socially inappropriate;³⁷
- Similarly, a lack of peer influences (such as grandmothers, friends) and shared knowledge can impact on whether a mother will decide to breastfeed or not;
- Male partners may have a preference for a particular feeding method and their views on feeding practices are not fully understood;
- Breast-feeding rates decrease around 4-6 months – a trend linked to mothers returning to work.³⁸ Likewise, some mothers may experience poor facilities for expressing milk/breastfeeding in the workplace;³⁹
- Lack of confidence in breastfeeding as a method of feeding.

The Infant Feeding Survey also indicates that mothers with certain characteristics are *less likely* to breastfeed, namely:

³⁵ This includes babies born with rare diseases, or very premature babies (less than 32 weeks of gestational age). Mothers are recommended to temporarily avoid breastfeeding if suffering from severe illnesses such as sepsis, Herpes simplex virus type 1, or if they are taking certain drugs or medications. In the UK, mothers are advised to avoid breast-feeding if HIV positive.

³⁶ Infant Feeding Survey 2005 page 139

³⁷ There is a reported confusion between the sexual and nurturing functions of the breast. Scotland is the only place in the UK that has legislation that makes it an offence to prevent or stop a mother breastfeeding in public places.

³⁸ Data taken from the Infant Feeding Survey 2005: A commentary on infant feeding practices in the UK. Published in 2008 by the Scientific Advisory Committee on Nutrition (SCAN), page pages 17-21

³⁹ The Workplace (Health, Safety and Welfare) Regulations (Northern Ireland) 1993 requires employers to provide suitable rest facilities for workers who are pregnant or breastfeeding. Breastfeeding women also have protection under the Sex Discrimination (NI) Order 1976 which protects employees from suffering less favourable employment terms, opportunities and conditions due to them breastfeeding.

- **Age:** teenage/young mothers;
- **Education:** mothers who have left education at an earlier age;
- **Socio-economic status:** mothers from deprived areas, unemployed or in low income households.⁴⁰

5 Breastfeeding Strategies

Government policy in the UK has consistently supported breastfeeding as the best way of ensuring a healthy start for infants. In Northern Ireland, the Department of Health and Social Services (DHSS) published a Breastfeeding Strategy in 1999. The aim of the strategy was to:

- support breastfeeding;
- identify co-ordination of breastfeeding activities;
- commission support services for breastfeeding mothers,
- raise public awareness of the importance of breastfeeding, and;
- establish the need for improved training for health professionals.

A review of this Strategy was conducted in 2010. The review acknowledges that progress had been made to increase breastfeeding initiation rates and awareness of breastfeeding, but that further work is required. For example, more needs to be done in terms of targeting mothers who are least likely to breastfeed (such as those on low incomes), and challenging public perceptions. The Review also recommended that a new 10-year Breastfeeding Strategy, containing high level commitments and measurable targets, be developed by the DHSSPS. It is anticipated the newly proposed strategy will undergo public consultation in the latter part of 2011.

At present, there are also a variety of other DHSSPS strategies which encourage breastfeeding such as:

Investing for Health (2002); DHSSPS	States that breastfeeding is the best means of giving infants a healthy start in life and endorses the actions in the Breastfeeding Strategy to promote and support breastfeeding.
Fit Futures (2006); DHSSPS	Recommended action: to increase the percentage of children being breastfed at six months.
A Healthier Future (2005-2025); DHSSPS	Sets the following targets: <ul style="list-style-type: none"> • by 2025, 70% of all infants will be breast-fed by one week after birth and; • by 2025, 40% of all infants will still be breast-fed at 6 months.
Priorities for Action (2010-11); DHSSPS and PHA	Stipulates that the Public Health Agency should “ <i>continue to promote and support breastfeeding by working with statutory, voluntary and community sector partners. The Agency should also seek to increase breastfeeding rates, particularly targeting those least likely to breastfeed.</i> ”

⁴⁰ NHS Information Centre. Infant Feeding Survey 2010: Early Results http://www.ic.nhs.uk/webfiles/publications/003_Health_Lifestyles/IFS_2010_early_results/Infant_Feeding_Survey_2010_headline_report2.pdf. In terms of location Mothers from the 20% least deprived wards in NI are twice as likely to breastfeed than those in the 20% most deprived wards.

Elsewhere, guidance frameworks and strategies to encourage uptake of breastfeeding have also been published, for example:

- NICE (2006) Routine post-natal care of women and their babies: NICE clinical care guideline;⁴¹
- NICE (2008) Improving the nutrition of pregnant and breastfeeding mothers and children in low-income households: NICE public health guidance;⁴²
- EC (2008) Protection, promotion and support of breastfeeding in Europe: a blueprint for action;⁴³
- British Medical Association (2009) Early life nutrition and lifelong health.⁴⁴

6 Promotion of Breastfeeding in Northern Ireland

Locally, other initiatives have been established to promote and support breastfeeding activity. Some examples include:

- The UNICEF UK Baby Friendly Initiative.⁴⁵ This is a worldwide initiative to encourage maternity hospitals to implement the 'Ten Steps to Successful Breastfeeding' and to practice in accordance with the 'WHO International Code of Marketing of Breast Milk Substitutes'.⁴⁶ In Northern Ireland, seven maternity units are fully accredited; others are partially accredited. Northern Ireland also has the highest percentage of births delivered in Baby Friendly hospitals in the UK (61%).⁴⁷ This is interesting, given that local rates of breastfeeding uptake are lower in comparison to the rest of the UK.
- Six maternity hospitals in Northern Ireland have their own Breastfeeding Co-ordinators (at the Royal Jubilee, Mater, Antrim, Causeway, Ulster and Altnagelvin Hospitals) and there are six additional Community Breastfeeding Co-ordinators working within the various trusts.⁴⁸ In addition, a Regional Breastfeeding Co-ordinator has been appointed (since 2002) to oversee the promotion of breastfeeding.
- Following research commissioned by the DHSSPS into the attitudes and behaviors associated with breastfeeding, the Public Health Agency (PHA) - the main body responsible for the promoting breastfeeding, has delivered a range of public awareness campaigns in 2004, 2005 and 2007. Previous campaigns include

⁴¹ Available online at: <http://www.nice.org.uk/nicemedia/live/10988/30144/30144.pdf>

⁴² Available online at: <http://www.nice.org.uk/nicemedia/pdf/PH011guidance.pdf>

⁴³ Available online at: <http://www.iblce-europe.org/Download/Blueprint/Blueprint%20English.pdf>

⁴⁴ British Medical Association http://www.bma.org.uk/images/Early%20life%20nutrition%20FINAL_tcm41-182859.pdf

⁴⁵ In NI, this requires maternity services to adopt a breastfeeding policy which has mandatory status and requires staff and facilities to implement standards which comply with the WHO International Code of Marketing.

⁴⁶ This is a voluntary code. Its aims is to "contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breast-feeding, and by ensuring the proper use of breast-milk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution."

⁴⁷ The Baby Friendly Initiative: Baby Friendly Progress in Northern Ireland http://progress.babyfriendly.org.uk/htables/sha_focus.asp?sha=46

⁴⁸ Personal written correspondence from Janet Calvert, Regional Breastfeeding Lead - Northern Ireland on 6 September 2011

advertising banners placed on buses as well as advertisements on TV and radio.⁴⁹ One campaign particularly focused on fathers.

- The “Breastfeeding Welcome Here” Scheme (also initiated by the PHA) has been in operation since 2005. It aims to encourage and improve the “social acceptability” of breastfeeding. The scheme works in partnership with businesses to facilitate breastfeeding mothers in business premises that are open to the general public (such as cafes, museums, libraries, supermarkets, and council buildings). To date, there are around 300 businesses involved in the scheme.⁵⁰
- A range of resources (such as leaflets, DVDs) for parents and training sessions for health professionals have been developed by the PHA, including a website about breastfeeding (www.breastfedbabies.org).
- Breastfeeding peer support groups have been established throughout the province in partnership with volunteer mothers, Trusts and a number of voluntary and community groups - such as Home Start, Sure Start and La Leche League.
- National Breastfeeding Awareness Week.

7 Conclusion

Breastfeeding is a key public health issue. UK policy states that breastfeeding is the best means of feeding infants, yet wide variations in feeding practices exist. Whilst numerous campaigns and initiatives have sought to increase breastfeeding rates, survey data shows that Northern Ireland has:

- the lowest incidence of “initially breastfed” babies in the UK (64%) - a rate which rapidly declines within weeks after birth;
- low rates of “exclusive breastfeeding” (breastfed with no other food or liquids). Only 35% of babies are exclusively breastfed at week one, 11% at two months and less than 1% at six months. These are some of the lowest rates in Europe. The policy recommendation that “infants be exclusively breastfed for the first six months of life” is far from being met.

Certain groups of mothers are also less likely to breastfeed including younger mothers, those who leave education early and those from low socio-economic backgrounds. Increasing the uptake of breastfeeding, as well as ensuring adequate support for new mothers will remain a huge challenge for policy makers and healthcare providers alike.

⁴⁹ Further information available at <http://www.healthpromotionagency.org.uk/Work/Breastfeeding/campaign3.htm>

⁵⁰ Further information available at: <http://www.breastfedbabies.org/page/breastfeeding-welcome-here-information-businesses>