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Breastfeeding: Attitudes and Policies

1. Introduction

The World Health Organisation (WHO) recommends exclusive breastfeeding for at least the first six months of an infant's life, and for at least the first two years to offer the optimum health advantages that breastfeeding offers for both mother and baby.¹

Northern Ireland has the lowest rates of breastfeeding in the UK, although recent rates indicate that more women want to breastfeed, with initiation rates for the 20 years prior to 2010 having almost doubled from 36% to 64%.²

Cultural and social attitudes play a role in a woman's decision to breastfeed and to continue breastfeeding. Women have reported feeling embarrassed breastfeeding in a public place, with some having been challenged by members of the public, or asked to leave by business owners or staff. However, attitudes among the public appear to be changing. The Northern Ireland DHSSPS Health Survey 2014-15³ reported that 71% of

¹ World Health Organisation website available: http://www.who.int/nutrition/topics/exclusive_breastfeeding/en/

² Breastfeeding- a great start: a strategy for Northern Ireland (2013-23); DoH available: <https://www.health-ni.gov.uk/publications/breastfeeding-strategy>

³ Health Survey Northern Ireland 2014-15; DoH: available <https://www.health-ni.gov.uk/publications/health-survey-northern-ireland-first-results-201415>

respondents agreed there should be a law in Northern Ireland to protect women who want to breastfeed in public; (72% of females and 69% of males). This is based on 3,915 respondents.

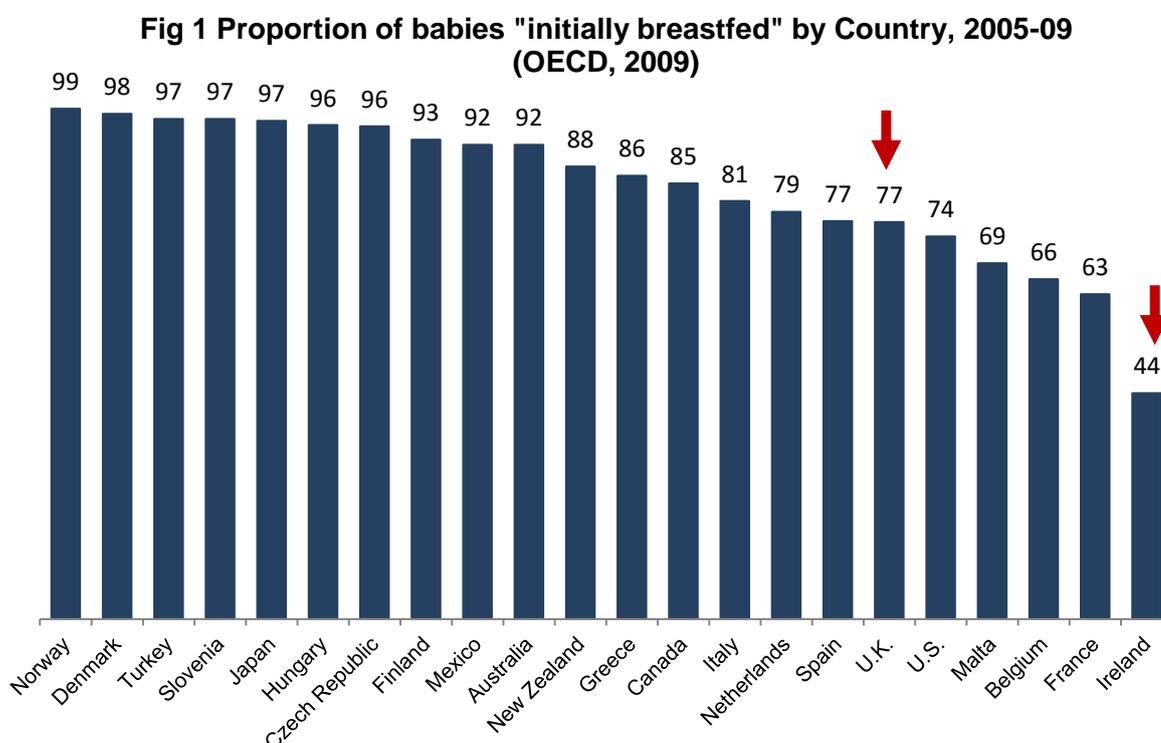
This paper presents statistical data on rates of breastfeeding globally and in NI. It also reviews recent evidence-based research providing evidence of cultural and social factors influencing women’s choices around breastfeeding, and examines policy and strategies relating to breastfeeding in NI, the rest of the UK and the Republic of Ireland.

2. Breastfeeding Rates: A Comparative Analysis

2.1 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*”. Figure 1 presents international data from the OECD for the period 2005 – 2009 on infants who were initially breastfed. Both the UK and Ireland are highlighted with red arrows.

The data shows that initial breastfeeding is almost universal in Scandinavia (98% – 99%), and is at a very high level in countries such as Turkey, Slovenia, Japan and Hungary etc. (96% and over). The UK rate was 77 per cent in 2005 and only 44% in the Republic of Ireland.

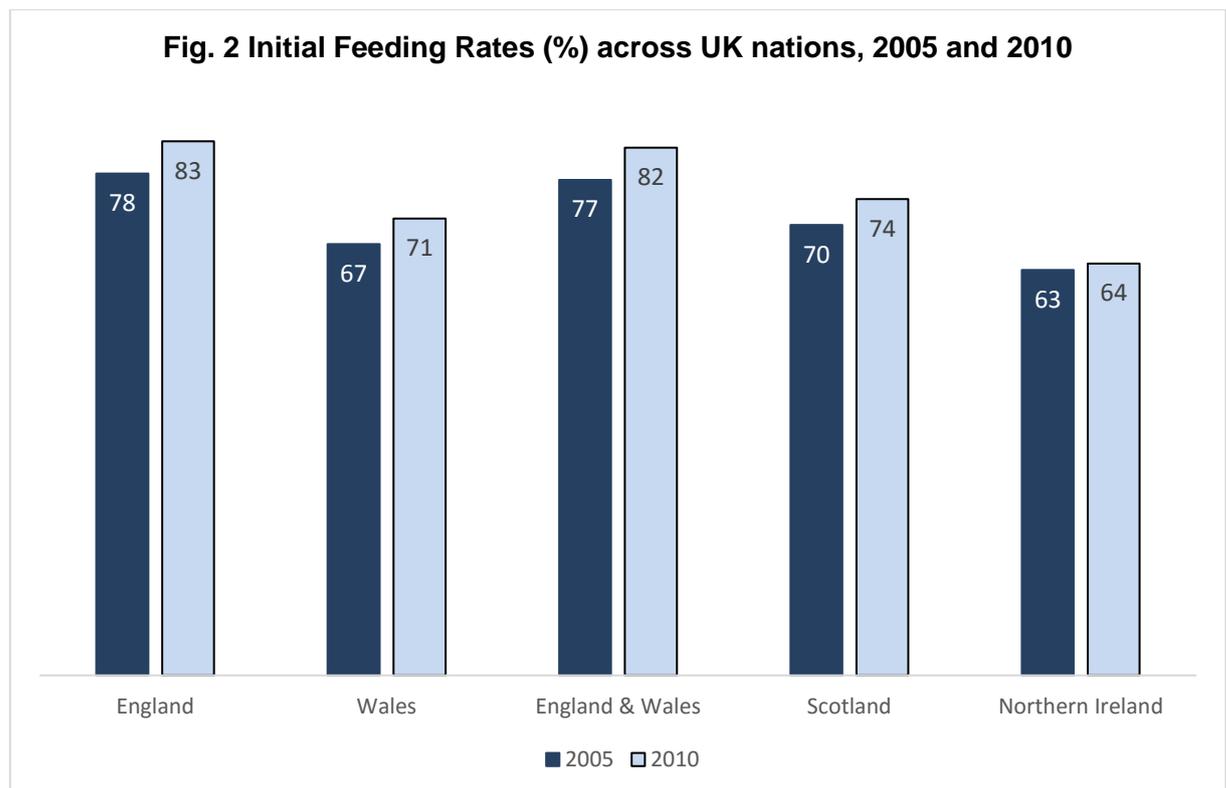


Source: OECD 2009

In relation to *exclusive* breastfeeding, (i.e. no other food or drink) the World Health Organisation (WHO) found that the European Region has the lowest breastfeeding rates in the world.⁴ In 2006–2012, only an estimated 25 per cent of infants in the European region were exclusively breastfed for the first 6 months, compared with 43 per cent in the WHO South-East Asia Region. According to the WHO, recent data on exclusive breastfeeding from 21 countries in Europe show that, on average, 13 per cent of infants are exclusively breastfed during the first 6 months, which is far below the global recommendation. Even though the rate of early initiation of breastfeeding is very high in some countries (Fig 1), exclusive breastfeeding rates drop rapidly between 4 and 6 months of age and are very low at 6 months. In general, mothers with lower socioeconomic status (less income, education and employment) are less likely to begin breastfeeding.

2.2 UK comparisons

The Infant Feeding Survey (IFS), which was the most comprehensive and detailed analysis of breastfeeding trends in the UK, was discontinued in 2010. This section will report some of the key findings from the final, 2010 survey, and supplement these with more recent data from the individual UK nations.



Source: Infant Feeding Survey, 2010

⁴ WHO (2015) **WHO European Region has lowest global breastfeeding rates**. 5 August 2015. Available at: <http://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>

Fig 2 reveals that initial feeding rates rose in all four UK nations between 2005 and 2010. In Northern Ireland, which had the lowest initial rate in 2005 (63%), the rise was one percentage point, the smallest increase in the UK.

2.3 England

Table 1 illustrates the prevalence of breastfeeding in England, both initially and after 6-8 weeks.^{5 6} The statistics show a significant drop occurs after discharge, with rates falling from around 74 per cent to 44 – 47 per cent (includes both total and partial breastfeeding). Another feature of the table is the observed year-on-year fall in breastfeeding rates after 6-8 weeks, from 47 per cent in 2012 to 44 per cent in 2015.

Table 1 Prevalence of Breastfeeding in England, 2011 - 2015

Year	Breastfed initially (%)	Breastfeeding 6-8 weeks (total/partial) %
2011/12	74.0	47.2
2012/13	73.9	47.2
2013/14	74.0	45.8
2014/15	74.3	43.8

Source: NHS England, 2016

2.4 Wales

The latest statistics (2015) reveal that breastfeeding rates ranged from 59 per cent at birth to 38 per cent after 6-8 weeks (total / partial). Babies of older mothers are also more likely to be breastfed than those with younger mothers⁷.

2.5 Scotland

In Scotland, breastfeeding rates are monitored through the Child Health Programme (CHP). Specifically, records of feeding behaviour are made by Health Visitors at the 10 day and 6-8 week review dates. Table 2 presents data on breastfeeding rates (%) at the time of the first health visitor home visit (10 days). The statistics in Table 2 and 3

⁵ Please note that as the methodology used by NHS England (Table 2.1) differs from that adopted by the Infant Feeding Survey (IFS), the figures in Table 2.1 are not directly comparable to those in Fig 2.2.

⁶ NHS England (2016) **Breastfeeding, 2015-16, Q1**. Available at: <https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2014/03/Breastfeeding-1516Q11.xlsx>

⁷ Welsh Government (2016) **Statistical First Release: Births in Wales 2005-15: data from the National Community Child Health database**. Published 16 August 2016. Available at: <http://gov.wales/docs/statistics/2016/160810-births-2015-data-national-community-child-health-database-en.pdf>

include both total and partial breast feeding. Table 2.2 shows that the overall rate has increased slightly, from 47 per cent in 2010/11 to 49 per cent in 2015/16 ⁸.

Table 2 Breastfeeding (%) at 10 days, 2010 - 2016

	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Breastfed (%)	46.9	47.0	47.2	48.4	48.3	49.3
N	54,946	56,800	55,602	54,592	54,604	53,572

Source: NHS Scotland

The known drop-off in breastfeeding rates over time is clearly visible in Table 3, which presents data on the proportion of mothers breastfeeding (total and partial) after 6-8 weeks. In 2010/11, 37 per cent of infants were breastfed (total /partial), compared with 39 per cent in 2015/16.

Table 3 Breastfeeding at 6-8 weeks, 2010 - 2016

	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Breastfed (%)	37.1	36.7	36.5	37.8	37.9	38.9
N	53,448	54,570	53,241	52,247	51,793	49,258

Source: NHS Scotland

2.6 Northern Ireland

The Infant Feed Survey (IFS), which provided a detailed analysis of breastfeeding in the UK every five years, was discontinued after the 2010 survey. Data on feeding rates is now provided through the Department of Health's Child Health System (CHS) and the Northern Ireland Maternity System (NIMATs).

Table 4 reveals that the proportion of mothers who are breastfeeding (either wholly or partially) when leaving hospital has remained largely unchanged for the past five years, ranging between 44 per cent in 2012/13 and 46 per cent in 2014/15.

Table 4 Breastfeeding status at discharge from hospital, 2010 - 2015

Year	Breastfeeding status at discharge, 2010 - 2015			Infant breastfed (partial / total) (%)	n
	Total (%)	Partial (%)	Not at all (%)		
2010/11	38.2	7.6	54.2	45.8	25,556
2011/12	37.7	6.5	55.8	44.2	25,220
2012/13	36.9	7.3	55.9	44.1	24,911

⁸ NHS Scotland (2016) **Breastfeeding Statistics Scotland, 2015/16**. Published 26 October 2016. Available at: <https://www.isdscotland.org/Health-Topics/Child-Health/Publications/2016-10-25/2016-10-25-Breastfeeding-Report.pdf>

2013/14	38.3	7.7	54.0	46.0	24,169
2014/15	38.6	7.4	54.0	46.0	24,309

Source: NIMATs / CHS, DoH

Table 5 and Fig 3 present the proportion of mothers in Northern Ireland who are breastfeeding (either wholly or partially) at different time periods, from hospital discharge right through to 12 months. Fig 3 demonstrates a strong, inverse relationship between the age of the infant and breastfeeding status: the older the infant, the less likely breastfeeding will occur. For example, at discharge nearly half (46%) of infants are being breastfed. By 12 months, however, this figure has dropped to 5.7 per cent.

Table 5 Breastfeeding status by time period, 2013 - 2014

Trust	% Infants breastfed (total/partial) by time period and Trust area, 2013-14						
	Total	Discharge	10-14 days	6 weeks	3 months	6 months	12 months
Northern Ireland	24,169	45.5%	34.8%	27.6%	20.8%	11.7%	5.7%
Belfast	4,732	44.6%	32.2%	27.1%	20.0%	9.7%	3.3%
Northern	5,806	45.4%	37.2%	28.2%	22.3%	15.4%	7.4%
South Eastern	4,301	48.8%	36.3%	28.3%	21.7%	6.4%	6.3%
Southern	5,404	48.0%	36.5%	29.8%	22.2%	14.0%	5.7%
Western	3,926	39.4%	30.4%	23.2%	16.8%	11.1%	5.3%

Source: NIMATs / CHS, DoH

Table 5 also contains data for the five health and social care trusts. At discharge, the Western Health and Social Care Trust has the smallest proportion of breastfed infants (39%), while the Belfast Trust has the lowest proportion of breastfed infants at 12 months (3.3%).

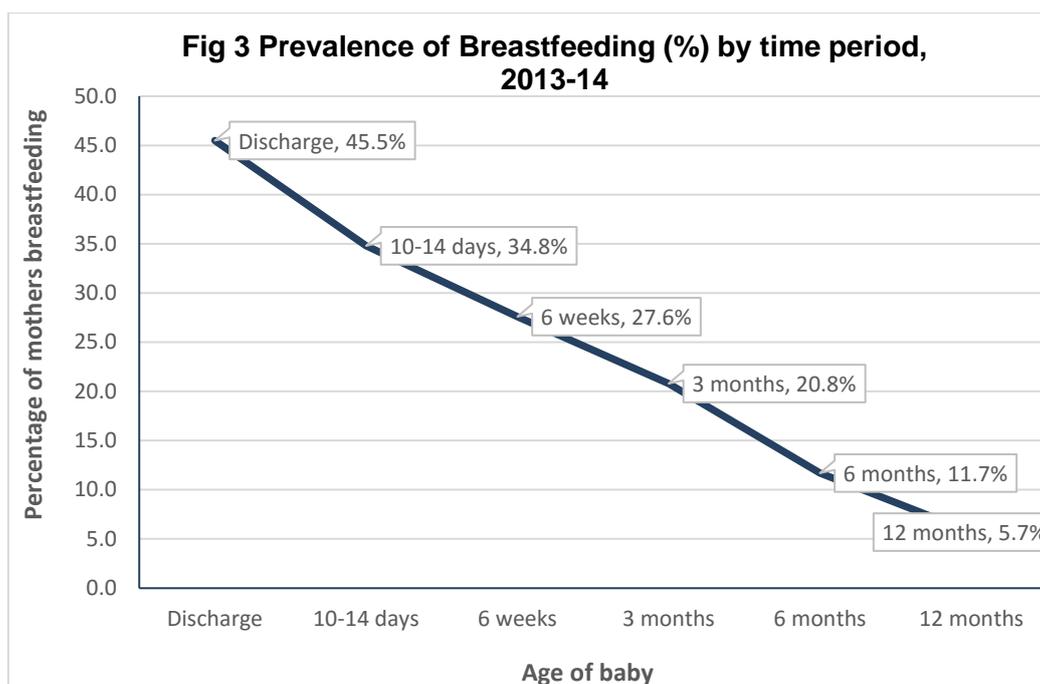


Table 6 Breastfeeding status (at discharge) by indicator, 2014/15

Indicator	Category	% infants breastfed (partial / total)	N
Age	Under 20	19.9%	708
	20-24	28.1%	3,424
	25-29	41.9%	6,600
	30-34	52.6%	8,196
	35-39	56.2%	4,378
	40+	54.0%	1,000
Ethnic Group	White	44.8%	22,972
	Asian	80.7%	221
	Black	86.5%	112
	Mixed	62.4%	367
	Other	76.5%	290
Deprivation quintile	Most deprived	31.5%	5,590
	2 nd	43.3%	5,293
	3 rd	47.1%	5,138
	4 th	51.9%	4,728
	Least deprived	63.4%	3,560
All Infants		46.0%	24,309

Source: NIMATs / CHS, DoH

Table 6 presents data on the breastfeeding status of mothers upon discharge from hospital in Northern Ireland in the year 2014 – 15 by three indicators, namely age, ethnic group and deprivation quintile⁹. The table reveals that older mothers are more likely to be breastfeeding (either totally or partially) when they leave hospital than their

⁹ A **deprivation quintile** refers to a 20 per cent segment of a population distribution, which ranges from the least deprived 20 per cent to the most deprived 20 per cent.

younger counterparts. For example, only 20 per cent of young mothers (under 20) were breastfeeding at discharge compared with 54 per cent of those aged 40 or more. With regard to ethnicity, mothers from a white ethnic group were least likely to be breastfeeding at discharge (45%), compared with either Asian (81%) or Black (87%) mothers. In terms of deprivation, mothers living in the least deprived (most affluent) wards were twice as likely to be breastfeeding at discharge (63%) as mothers living in the most deprived wards (32%).

2.7 Northern Ireland: Comparison with other UK Nations

Data from the 2010 Infant Feeding Survey (IFS) showed that, while initial breastfeeding rates rose substantially in Northern Ireland after 1990, Table 7 shows that by 2010 the region still had the lowest incidence of initial breastfeeding in the UK¹⁰ at 64 per cent.

Table 7 Initial Breastfeeding Rates (%): a UK comparison, 1980 - 2010

	1980	1985	1990	1995	2000	2005	2010
United Kingdom	-	-	62	66	69	76	81
England	-	-	-	-	-	78	83
Wales	-	-	-	-	-	67	71
England & Wales	67	65	64	68	71	77	82
Scotland	50	48	50	55	63	70	74
Northern Ireland	-	-	36	45	54	63	64

Source: Infant Feeding Survey, 2010

Table 8 presents statistics on the proportion of infants in the UK nations in 2014/15 who were breastfed (either totally or partially) at two discrete points, namely 10-14 days and 6-8 weeks after birth. While a general downward trend is evident across all four jurisdictions, the proportion of infants in Northern Ireland who are breastfed at the 6 – 8 week point (28%) is the lowest in the UK.

Table 8 Breastfeeding rates at 10-14 days and 6-8 weeks: a UK comparison, 2014/15

	10-14 days (%)	6-8 weeks (%)	Year
England	-	44	2014/15
Wales	44	38	2014/15
Scotland	49	39	2014/15
Northern Ireland	35	28	2013/14

Source: PHA (NI), NHS Scotland, NHS Wales, NHS England

¹⁰ Health and Social Care Information Centre (2012) **Infant Feeding Survey**. Available at: <http://www.hscic.gov.uk/catalogue/PUB08694/Infant-Feeding-Survey-2010-Consolidated-Report.pdf>

In brief, the latest figures indicate that Northern Ireland has the lowest breastfeeding rates in the UK at initiation (birth), 10 – 14 days, and 6- 8 weeks.

3. Influencing Factors

Multiple factors influence a woman's decision not to breastfeed, or to cease to breastfeed. Reasons women give “...range from the medical, cultural, and psychological, to physical discomfort and inconvenience.”¹¹ The Infant Feeding Survey also indicates that mothers with certain characteristics are less likely to breastfeed:

- 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.¹²

3.1 Advice and support

Mothers may experience a lack of confidence in breastfeeding. This is influenced by the level of support and guidance they receive from professionals in the early weeks in order to establish and sustain appropriate breastfeeding practices. Provision of supplementary formula milk in the hospital or at home is associated with an increased likelihood of stopping breastfeeding in the early weeks¹³ and a lowering of milk supply. Formula feeding also means that other people can be involved in feeding as breastfeeding is time-consuming, can be difficult to plan, and can also lead to fatigue from frequent feeding. If there is a lack of peer knowledge and influence from other women in the family, this can also have an impact.

4. Evidence-based Research

Some 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, and a variety of factors influence a mother's decision. A Lancet Editorial highlights the influence of multinational commercial interests in the manufacturing of milk formula, blaming them for what it views as a situation with “...catastrophic consequences on breastfeeding rates and the health of subsequent generations.”¹⁴

¹¹ Editorial 'Breastfeeding: achieving the new normal, 30 January 2016; The Lancet Vol. 387 no: 10017 pp 403-504.

¹² 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.

¹³ Infant Feeding Survey 2010, p83.

¹⁴ Editorial 'Breastfeeding: achieving the new normal, 30 January 2016; The Lancet Vol. 387 no: 10017 pp 403-504.

Medical illness in either the infant or mother can mean that breastfeeding has to be stopped, or is not viable,¹⁵ or mothers may experience pain and infection in the breast area, or have a low milk supply. However, there is widespread evidence that breastfeeding is beneficial in the long-term to both mother and baby.

4.1 Benefits of breastfeeding

Academic and government research has consistently shown that breastfeeding is beneficial to the health of both infants and their mothers. In January 2016 the Lancet editorial concluded that *“Breastmilk makes the world healthier, smarter, and more equal...”* and asks why, despite consolidation of the evidence of the health and economic benefits of breastfeeding, so little progress has been made.¹⁶ Breastfeeding is one of the few health positive behaviours that is more prevalent in low-income countries, where most children are still being breastfed at one year.¹⁷ In the UK, despite positive associations with educational attainment for breastfed children having been reported, only 20% of children are breastfed at one year.¹⁸

Research has shown that breastfeeding has long term effects on both the infant and mother’s health. Children who are breastfed for longer are less likely to suffer childhood infections (and morbidity), and have higher levels of intelligence than those who are breastfed for shorter periods or not at all. This is an inequality that persists into later life. Breastfeeding also offers mothers protection against breast cancer, with growing evidence that it may also protect against diabetes and ovarian cancer.¹⁹

In 2015 the UN General Assembly formally accepted a new set of 17 measurable “Sustainable Development Goals” to be achieved by 2030.²⁰ Breastfeeding plays a central role in achieving the goals on maternal and child health, cancer and diabetes, obesity and nutrition, and educational attainment.²¹ These goals are not only relevant in low income countries, but are also vital healthcare issues in the UK and Republic of Ireland.

Interventions to promote breastfeeding are effective if *“implemented concurrently through several channels.”*²² However, supportive measures are necessary not only at

¹⁵ 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 breastfeeding if HIV positive.

¹⁶ Editorial ‘Breastfeeding: achieving the new normal, 30 January 2016; The Lancet Vol. 387 no: 10017 pp 403-504.

¹⁷ Victoria C. G. et al, ‘Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect’; Lancet 2016; Vol. 387: pp475-90

¹⁸ Rollins N. C. et al, ‘Why Invest, and what it will take to improve breastfeeding practices?’ Lancet 2016; 387: 493-504

¹⁹ Victoria C. G. et al, ‘Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect’; Lancet 2016; Vol. 387: pp475-90

²⁰ Transforming our World: The 2030 Agenda for Sustainable Development; United Nations, 2015 available: <https://sustainabledevelopment.un.org/post2015/transformingourworld/publication>

²¹ Victoria C. G. et al, ‘Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect’; Lancet 2016; Vol. 387: pp475-90, Conclusions

²² Rollins N. C. et al, ‘Why Invest, and what it will take to improve breastfeeding practices?’ Lancet 2016; 387: 493-504

legislation and policy level, but also in relation to social attitudes, workplace and employment conditions, and healthcare services.²³

4.2 Deterrents to breastfeeding

4.2.1 Cultural and social attitudes

Despite the acknowledged health benefits of breastfeeding, evidence suggests that social and cultural attitudes have a strong influence on decisions around breastfeeding.^{24 25 26} In one study women reported not only being embarrassed in certain social contexts, but also being sensitive to the embarrassment of others. This not only applied to members of the public, but also to family members. Some participants in the study reported feeling such a sense of responsibility for reducing others' discomfort they adopted an 'etiquette' for breastfeeding where they looked for a 'private space' when breastfeeding in public. Ambivalence toward public breastfeeding was not only caused by being seen as socially inappropriate, but also as insensitive to the feelings of others.²⁷

4.2.2 Returning to work

Breastfeeding rates decrease around 4-6 months. This is a trend linked to mothers returning to work,²⁸ although breastfeeding can continue in settings where childcare is available and where breastfeeding and the expressing of breastmilk is supported. Low cost interventions by employers such as providing nursing rooms, can reduce absenteeism and improve performance and commitment among staff. A study in the U.S. found that such facilities increased breastfeeding at 6 months by 25%.²⁹

Childcare arrangements also have an influence.³⁰ Babies are less likely to be breastfed if they are cared for by family, friends or neighbours, a finding that was true across all socio-economic groups. Formal childcare centres were more likely to offer a supportive environment for mothers to continue breastfeeding, for example by offering storage facilities for expressed milk. However, rates of breastfeeding were lower among advantaged families using formal childcare on a full-time basis,³¹ despite evidence showing that high-income, better educated mothers are more likely to breastfeed.³² It has been recommended that research be undertaken to identify influencers for different

²³ Rollins N. C. et al, 'Why Invest, and what it will take to improve breastfeeding practices?' *Lancet* 2016; 387: 493-504

²⁴ Leeming, D., Williamson, I., Johnson S., and Lyttle, S., Socially sensitive lactation: Exploring the social context of breastfeeding. *Psychology & Health*, 2013, 28(4):450-68.

²⁵ Brown, A, (2016), What Do Women Really Want? Lessons for Breastfeeding Promotion and Education. *Breastfeeding Medicine*, doi: 10.1089/bfm.2015.0175

²⁶ Dagher, R, et al (2016), Determinants of breastfeeding initiation and cessation among employed mothers: a prospective cohort study, *BMC Pregnancy and Childbirth*, DOI: 10.1186/s12884-016-0965-1

²⁷ Leeming, D., Williamson, I., Johnson S., and Lyttle, S., Socially sensitive lactation: Exploring the social context of breastfeeding. *Psychology & Health*, 2013, 28(4):450-68.

²⁸ Infant feeding Survey 2010, p111

²⁹ Rollins N. C. et al, 'Why Invest, and what it will take to improve breastfeeding practices?' *Lancet* 2016; 387: 493-504

³⁰ Pearce A, Li L, Abbas J et al (2012) Childcare use and inequalities in breastfeeding: findings from the UK Millennium Cohort Study. *Arch. Dis. Child*; 97(1): pp 39-42

³¹ As above pp 39-42

³² Rollins N. C. et al, 'Why Invest, and what it will take to improve breastfeeding practices?' *Lancet* 2016; 387: 493-504

socio-economic groups in order that policy and practices can be targeted more effectively.³³

4.2.3 Promotional information

In a recent study of women's attitudes to breastfeeding promotion and support, respondents said they would like to see a change in the message promoting breastfeeding from being 'best', to being 'normal', and to include wider values than health benefits.³⁴ They also pointed out that the attitudes of others either directly or indirectly affected their decisions about, and ability to breastfeed. Therefore, promotion and education targeting family members and wider society would be beneficial.³⁵ The British Nutrition Foundation also questions breastfeeding promotions for using the repeated argument that "breast is best", followed by a list of health benefits, arguing that a societal approach targeting both genders, all ages and all socio-demographic groups would be more effective.³⁶

It was also found to be more likely that women will choose to, and continue to breastfeed if they have had family members who breastfed.³⁷ A Northern Ireland study found a positive association for adolescents who had seen family members breastfeeding or had been breastfed themselves, "*...a culture where breastfeeding is encouraged, accepted and widely practised would produce more positive breastfeeding attitudes.*"³⁸ This suggests that targeting young people may have an influence on later attitudes to breastfeeding.

5. Policy and Strategies in Northern Ireland

5.1 Northern Ireland Policy

Government policy in the UK has consistently supported breastfeeding as the best way of ensuring a healthy start for infants. In 2004 the WHO recommendation³⁹ that infants be exclusively breastfed until around six months was adopted by the then Department

³³ Pearce A, Li L, Abbas J et al (2012) Childcare use and inequalities in breastfeeding: findings from the UK Millennium Cohort Study. *Arch. Dis. Child*; 97(1): p. 39-42

³⁴ Brown, A, (2016), What Do Women Really Want? Lessons for Breastfeeding Promotion and Education. *Breastfeeding Medicine*, doi: 10.1089/bfm.2015.0175

³⁵ As above

³⁶ B.J Stewart-Knox, Journal Compilation 2013 British Nutrition Foundation *Nutrition Bulletin*, 38, 57-60

³⁷ Dagher, R, et al (2016), Determinants of breastfeeding initiation and cessation among employed mothers: a prospective cohort study, *BMC Pregnancy and Childbirth*, DOI: 10.1186/s12884-016-0965-1

³⁸ Giles, M. et al; Attitudes to breastfeeding among adolescents; The British Diabetic Association Ltd. 2010 *J. Hum Nutr Diet*, 23, pp. 285-293.

³⁹ 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

of Health, Social Services and Public Safety (DHSSPS) and the Public Health Agency (PHA).⁴⁰ Current DHSSPS guidance on feeding infants is as follows:⁴¹

- 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.

5.2 Breastfeeding strategies

In Northern Ireland, the then DHSSPS published a breastfeeding strategy in 1999 with the aim of:

- supporting breastfeeding;
- identifying co-ordination of breastfeeding activities;
- commissioning support services for breastfeeding mothers;
- raising public awareness of the importance of breastfeeding, and;
- establishing the need for improved training for health professionals.

A review of the strategy in 2010, noted its key achievements including the appointment of a Regional Breastfeeding Co-ordinator, the introduction of peer support programmes, and the establishment of the "Breastfeeding Welcome Here" scheme. Acknowledging that progress had been made in increased breastfeeding initiation rates and an awareness of breastfeeding, the review found that further work was required. For example, more needed to be done in terms of targeting mothers who are least likely to breastfeed (such as those on low incomes), and in challenging public perceptions. The review also recommended that a new 10-year Breastfeeding Strategy, containing high level commitments and measurable targets, be developed.

5.2.1 Breastfeeding strategy for Northern Ireland 2013-2023

A proposed breastfeeding strategy went to public consultation in 2012, resulting in the publication of a new 10-year strategy, *Breastfeeding – A Great Start: A Strategy for Northern Ireland 2013-2023* in June 2013.

⁴⁰ 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>

⁴¹ DHSSPS (2004) Recommendations on breastfeeding duration and weaning, CMO circular http://www.dhsspsni.gov.uk/hssmd_breastfeeding.pdf page1.

The purpose of the Strategy is to improve the health and well-being of mothers and babies in Northern Ireland through breastfeeding. It sets out the strategic direction to protect, promote, support and normalise breastfeeding in Northern Ireland for the next ten years.⁴²

The Strategy sets out to achieve four outcomes, underpinned by 20 strategic actions. The outcomes are set out below with actions relevant to the content of this briefing paper.⁴³

▪ Outcome 1 – Supportive environments for breastfeeding exist throughout Northern Ireland.

Actions include:

- the development and implementation of support policies in all HSC organisations;
- providing supportive environments through staff education and training;
- providing information and education to pregnant women and their families to allow them to make informed decisions about breastfeeding;
- promotion and further rolling out of “Breastfeeding Welcome Here” in more businesses and public places;
- the introduction of legislation to support breastfeeding in public places;
- encouraging HSC organisations and DHSPSS to act as exemplar employer models in providing supportive breastfeeding environments for staff;
- advocating for the strengthening of legislation regulating infant formula and follow on formulas to prevent marketing of these products;
- encouraging Government Departments and Statutory bodies to recognise the value of breastfeeding.

▪ Outcome 2 – Health and Social Care has the necessary knowledge, skills and leadership to protect, promote, support and normalise breastfeeding.

Actions include:

- providing both regional and local lead for implementation of the breastfeeding strategy;
- providing accessible practical help and support from a midwife, health visitor, or maternity support worker;
- developing and delivering community support programmes.

▪ Outcome 3 – High quality information systems in place that underpin the development of policy and programmes, and which support Strategy delivery.

Actions are to:

⁴² Breastfeeding – A Great Start: A Strategy for Northern Ireland 2013 – 2023 (June 2013); DHSSPS, Introduction.

⁴³ For a full list of actions see pp6-8 of ‘Breastfeeding – A Great Start: A Strategy for Northern Ireland 2013 – 2023’

- collect information on Northern Ireland prevalence of breastfeeding according to maternal age, education levels, and socio-economic status etc.;
- collect, monitor, and report breastfeeding initiation rates and incidence at discharge, 10 days, 6 weeks, 3 months, 6 months regionally and locally;
- regularly review research information, support and commission local research and adapt services in light of research findings.

▪ **Outcome 4 – An informed and supportive public.**

Actions are to:

- develop and deliver programmes promoting breastfeeding and to facilitate change in attitudes and culture around breastfeeding;
- encourage Government Departments and Statutory Bodies to depict breastfeeding as the norm.

5.2.2 Making Life Better – a whole system framework for public health

*Making Life Better – a whole system framework for public health (2013-2023)*⁴⁴ was published following a public consultation *Fit and Well – Changing Lives* in 2012.⁴⁵ In the context of the consultation, **a Northern Ireland Assembly Health Committee inquiry into health inequalities included recommendations in its report in January 2013, including the introduction of legislation to support breastfeeding.** The framework also called for a collaborative approach to universal and targeted programmes, ante and post-natal care and parenting programmes, and the implementation of the breastfeeding strategy,⁴⁶ to include programmes for those least likely to breastfeed.⁴⁷

5.2.3 Maternity Strategy for Northern Ireland 2012-2018

The Maternity Strategy for Northern Ireland 2012-2018⁴⁸ was published in July 2012. As part of the strategy's development, the Patient Client Council co-ordinated engagement with users who suggested there should be more provision of practical support with breastfeeding.⁴⁹ The strategy recognises the importance of breastfeeding to health and alludes to the link with normalising childbirth and increased positive breastfeeding experiences.

There are a variety of other health strategies and government priorities that encourage breastfeeding such as:

⁴⁴ Making Life Better – a whole system framework for public health (2013-2023), DoH available: <https://www.health-ni.gov.uk/publications/making-life-better-strategy-and-reports>

⁴⁵ Consultation report on Fit and Well available: <https://www.health-ni.gov.uk/publications/making-life-better-strategy-and-reports>

⁴⁶ Breastfeeding – A Great Start: A Strategy for Northern Ireland 2013 – 2023 (June 2013); DHSSPS

⁴⁷ Making Life Better – a whole system framework for public health (2013-2023), DoH

⁴⁸ Maternity Strategy for Northern Ireland 2012-2018; DHSSPS available: <https://www.health-ni.gov.uk/publications/strategy-maternity-care-northern-ireland-2012-2018>

⁴⁹ Patient Client Council Report of the Service User Engagement on the Strategic Review of Maternity Services, 2011 available: www.patientclientcouncil.hscni.net

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 promotion and support of breastfeeding.
Fit Futures (2006); DHSSPS	Recommended action: to increase the percentage of children being breastfed at six months.
A Healthier Future (2005-2015); DHSSPS	Sets the following targets: By 2025, 70% of all infants will be breastfed by one week after birth and; By 2025, 40% of all infants will still be breastfed at 6 months.
Priorities for Action (2010-11) DHSSPS and PHA	Stipulates that the Public Health Agency should “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.”

6. Promotion of Breastfeeding in Northern Ireland

6.1 Northern Ireland Initiatives

Initiatives in Northern Ireland to promote and support breastfeeding include:

- The UNICEF UK Baby Friendly Initiative accreditation has been awarded to 15 hospitals and community facilities in Northern Ireland.⁵⁰ Nine hospitals have been awarded the accreditation, meaning that 93% of all births in Northern Ireland take place in a UNICEF BFI hospital. This is the highest rate of any region in the UK.
- A Regional Breastfeeding Co-ordinator has been in place since 2002, and the Northern Ireland Infant Feeding Co-ordinator’s group meet three to four times a year, feeding into the Northern Ireland breastfeeding strategy.
- Northern Ireland has a representative on the National Infant Feeding Network of 700 infant feeding specialists and academics who share and promote evidence-based practice. The National Infant Feeding Network is funded by the UK Department of Health and supported by UNICEF UK.
- The Public Health Agency: -
 - Has delivered a range of public awareness campaigns, including banners on buses, TV and radio advertisements, and campaigns focused on fathers and grandparents;
 - Published a booklet for mothers returning to work;⁵¹

⁵⁰ 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. This is a voluntary code that aims to “contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breastmilk substitutes, when necessary, on the basis of adequate information and through appropriate marketing and distribution.”

⁵¹ Breastfeeding and Returning to Work; PHA available: <http://www.publichealth.hscni.net/publications/breastfeeding-and-returning-work-0>

- Published a booklet and sample breastfeeding policy for employers;⁵²
- Initiated the “Breastfeeding Welcome Here” Scheme in 2005. It aims to encourage and improve the ‘social acceptability’ of breastfeeding and works in partnership with businesses to facilitate breastfeeding mothers in premises that are open to the general public (such as cafes, museums, libraries, supermarkets, and council buildings). As of March 2016 over 400 local attractions, businesses and council venues had signed up to the scheme. The Northern Ireland Assembly signed up to the scheme in 2015;
- Developed a range of resources (such as leaflets, DVDs) for parents;
- Developed training sessions for health professionals;
- Designed a website about breastfeeding (www.breastfedbabies.org).
- Co-ordinates the Breastfeeding Peer Support Volunteers programme where women who have breastfed are trained to provide mum-to-mum support to women who are breastfeeding;
- Promotes and publicises annual breastfeeding awareness events – NI National Breastfeeding Week, and World Breastfeeding Week.

7. UK Legislation

Protecting women when breastfeeding outside the home in England and Wales relies on equality legislation; the Equality 2010 Act⁵³. Scotland also introduced legislation, the *Breastfeeding etc. (Scotland) Act 2005*⁵⁴ to specifically prevent a woman being stopped or challenged when feeding her child in a public place. In Northern Ireland there is no such law.

7.1 Northern Ireland

In 2014 ECNI highlighted the growing gap between the Sex Discrimination (Northern Ireland) Order (as amended), and the Equality 2010 Act.⁵⁵

There is no governing law that protects a mother’s right to breastfeed her child in public in Northern Ireland. In April 2008, the Sex Discrimination (Northern Ireland) Order 1976 was amended,⁵⁶ banning discrimination against women on the grounds that they have recently (i.e. within the last 26 weeks) given birth. The Equality Commission for Northern Ireland (ECNI) has published guidance for service providers and employers. There is no mention of breastfeeding in the guidance for service providers. However, in the workplace, employers must comply with minimum statutory obligations conforming to health and safety regulations if an employee informs them they are breastfeeding.

⁵² Public Health Agency available: <http://www.publichealth.hscni.net/publications/sample-policy-supporting-breastfeeding-employees-0>

⁵³ Equality Act 2010 available: <http://www.legislation.gov.uk/ukpga/2010/15/contents>

⁵⁴ Breastfeeding etc. (Scotland) Act 2005 available: <http://origin-www.legislation.gov.uk/asp/2005/1/contents>

⁵⁵ Gaps in equality law between Great Britain and Northern Ireland; ECNI, 2014.

⁵⁶ Sex Discrimination (Northern Ireland) Order 1976 available: <http://www.legislation.gov.uk/nisi/1976/1042/contents>

This may include altering working conditions or hours of work, or offering suitable alternative work, if available under the same terms and conditions as before. Suitable rest facilities must also be provided for women who are pregnant or breastfeeding.

7.2 England, Scotland and Wales

Under the *Equality Act 2010*⁵⁷ it is discriminatory to treat a woman unfavourably because she is breastfeeding in England, Scotland and Wales. This applies to anyone providing services, facilities and premises to the public and includes public bodies and further and higher education. Service providers include most organisations dealing with the public, and they must not harass or victimise a woman because she is breastfeeding. This includes refusing to provide a service, providing a lower standard of service, or providing a service on different terms. The protection applies irrespective of the age of the child in public places such as parks, sports and leisure facilities, public buildings, and on public transport including buses, trains and planes. The protection also applies in the workplace if an employer provides a service to the public. There is currently no right to time off work to breastfeed, although, as in Northern Ireland, health and safety rights and the right to request flexible working apply.

7.3 Scotland: Breastfeeding etc. (Scotland) Act 2005⁵⁸

Scotland is the only jurisdiction in the UK to have specific law to protect mothers who wish to breastfeed their baby in a public place or licensed premises. This also applies where a baby is being fed milk from a bottle or other container.

The *Breastfeeding etc. (Scotland) Act 2005* applies to children under two years of age, making it,

... an offence to prevent or stop a person in charge of a child who is otherwise permitted to be in a public place or licensed premises from feeding milk to that child in that place or on those premises; to make provision in relation to the promotion of breastfeeding; and for connected purposes.

A public place is described as any place where the public, or a section of the public has access, through payment or otherwise, as a right or by implied permission. Where the offence is committed by an employee, the employer is held responsible for their actions unless it can be proven that the employer took reasonable steps to ensure the employee was aware of the law.

The Act also requires Scottish Ministers to promote and support breastfeeding and disseminate information that promotes and encourages breastfeeding.

⁵⁷ Equality Act 2010 available: <http://www.legislation.gov.uk/ukpga/2010/15/contents>

⁵⁸ Breastfeeding etc. (Scotland) Act 2005 available: <http://origin-www.legislation.gov.uk/asp/2005/1/contents>

7.4 Impact of legislation in Scotland

As in Northern Ireland, rates for breastfeeding in Scotland are historically low. The *Breastfeeding etc. (Scotland) Act* in 2005 was followed around five years later by a strategic framework, *Improving Maternal and Infant Nutrition*⁵⁹ in January 2011. A key component of the framework was promotion and support for breastfeeding within the health sector, as rates in Scotland remained low.

In 2015-16, almost half (49.3%) of babies at 10 days old were being breastfed at the Health Visitor's first visit. Although showing an increase in the last ten years, some of this is accounted for by a rise in babies receiving mixed breast and formula feeding. Babies being fed both breast and formula milk has increased from 6.6% in 2006-07 to 13.7% in 2015-16. As babies get older breastfeeding rates decline. At the health visitor's 6-8 week review, breastfeeding rates had fallen to 38.9%.⁶⁰

Overall exclusively breastfed rates in Scotland have remained largely static over the last decade. However, there are a variety of factors that influence breastfeeding rates including maternal age, deprivation, and smoking status. Mothers in areas of high deprivation are less likely to breastfeed, although this had increased from 26.5% to 34.2% at first visit. Maternal age is also a factor. In 2015-16 only 6.2% of mothers under 20 were exclusively breastfeeding at 6-8 weeks, compared to 34.6% of mothers aged 40 and over. It was also found that women who did not smoke were almost three times more likely to breastfeed at first visit.⁶¹

Geographical variations were also found to be a factor in whether mothers were breastfeeding at first visit. This was thought to relate to areas of deprivation, but also to the levels of advice and support new mothers received from health care staff.⁶² Research carried out in Scotland in 2008⁶³ found that mothers who received breastfeeding advice before birth were more likely to breastfeed (67%), compared to 41% regardless of age, education or anticipated feeding plans. Mothers who had attended all or most of their antenatal classes were much more likely to breastfeed than those who had attended few or none.

Concluding comments

As has been shown, many factors, demographic, medical and social, play a part in a woman's decision to breastfeed. Legislation giving women greater confidence to breastfeed in public may help to influence social attitudes and contribute to overall policy and strategy to 'normalise' breastfeeding, thus improving long-term health for both mothers and children as evidence shows the medical value of breastfeeding.

⁵⁹ *Improving Maternal and Infant Nutrition: A Framework for Action*; Scottish government available: <http://www.gov.scot/Publications/2011/01/13095228/18>

⁶⁰ *Breastfeeding Statistics Scotland Financial Year 2015-16* (25 October 2016); Information Services Division available: www.isdscotland.org/Health-Topics/Child.../2015-10-27-Breastfeeding-Report.pdf

⁶¹ As above

⁶² As above

⁶³ *Breastfeeding in Scotland: the impact of advice for mothers*; Centre for Research on Families and Relationships, Briefing 36, February 2008.

Although legislation in Scotland does not yet appear to have had an impact on breastfeeding rates, where an aim of legislation is to change public attitudes, progress is likely to be slow.