

Why is this issue important?

Breast milk and breastfeeding provide the best natural and complete nutrition for infants. Current guidance recommends that babies receive only breast milk for the first six months of life. It is a complete source of nutrition; providing all the nutrients for healthy growth and development. It is recommended that breastfeeding should continue beyond six months, alongside the introduction of appropriate solid foods, up to two years of age or for as long as the mother chooses. Breastfeeding is beneficial to the infant's health – it can reduce the risk of a range of infections during infancy, reduce the risk of admission for asthma and dental decay in later life, and can increase the likelihood of maintaining a healthy weight.¹ It also benefits the mother's health by lowering the risk of breast and ovarian cancer and helping a mother return to her pre-pregnancy weight.¹

In Scotland, about half of all infants are recorded as being breastfed at the health visitor's first visit (at 10–14 days after birth). While the majority of these babies are breastfed only, about one-quarter receive formula milk alongside breast milk. At the 6–8 week review, two in five babies are fed some breast milk each day, with almost one-third being exclusively breastfed. However, the rates vary between NHS Health Boards. In general, breastfeeding rates are higher in the north and east of Scotland and lower in the west and south.²

Are there inequalities to consider?

Younger mothers are considerably less likely to breastfeed compared to older mothers. By the 6–8 week review, fewer than one in 12 mothers younger than 20 years were recorded as breastfeeding exclusively, compared to more than one-third of mothers who were older than 40 years.²

Mothers living in the least deprived areas are nearly three times more likely to breastfeed exclusively at 6–8 weeks compared to mothers living in the most deprived areas.²

Babies from a white Scottish background are less likely to be breastfed than babies from any other ethnic background living in Scotland.²

Challenges and solutions

- Skilled breastfeeding support, offered by trained peers or professionals, to women who want to breastfeed can be effective in promoting breastfeeding.³
- Strategies that rely mainly on face-to-face support are significantly more likely to result in sustained breastfeeding than advice offered from a distance (e.g. by telephone).³
- One-to-one educational programmes tailored to the needs of individual women have been found to be more effective than those offered in a group setting with low-income women who had planned to bottle feed.⁴

Many procedures may be ineffective or detrimental to the initiation or continuation of breastfeeding.⁴ These include:

- the separation of mothers and infants in hospital immediately after birth
- restricting the timing and/or frequency of feeds
- restricting mother–baby contact
- the routine use of supplementary fluids
- the provision of discharge packs containing samples or information on formula feeding

- breast pumping before breastfeeding is established in women at risk of delayed lactation
- the use of topical agents for the prevention of nipple pain.

Examples of positive action

- Breastfeeding support groups are available in most NHS Health Boards in Scotland, e.g. **NHS Lothian**, **NHS Borders**, **NHS Fife** and **NHS Grampian**. Some are facilitated by health professionals and others rely on peer support.
- **Breastfeeding Welcome Schemes** aim to facilitate greater acceptance and promotion of breastfeeding in commercial and community settings, with the overall goal of increasing breastfeeding rates. For example, in the NHS Ayrshire and Arran area, businesses can join the **Breastfeed Happily Here** scheme by ensuring all staff are aware of the Breastfeeding (Scotland) Act 2005 which makes it an offence to stop a person feeding a child milk (breast or bottle) in a public place. The business or venue then displays a sticker in their premises to let parents know that they can 'Breastfeed Happily Here'.

Main indicators[†]

- Babies exclusively breastfed at 6–8 weeks (CYP, HWB).

Linked indicators[‡]

- Child obesity in Primary 1 (CYP, HWB).
- Children admitted to hospital due to asthma (CYP).
- Child dental health in Primary 1 (CYP).
- Child dental health in Primary 7 (CYP).

[†] The letters in brackets indicate the profile the indicator can be found in. CYP = children and young people's profile; HWB = health and wellbeing profile.

[‡] These indicators have been found to be associated with being breastfed as an infant but are not necessarily directly linked.

Resources

- www.feedgood.scot
- **National breastfeeding helpline**
- NHS Health Scotland. **'Off to a Good Start' resources**; 2018.
- NHS Health Scotland. **Breastfeeding and returning to work**; 2018.
- NHS Health Scotland. **Breastfeeding Health Promoting Health Service (HPHS) briefing**; 2016.
- NHS Health Scotland. **Peer support for breastfeeding: guidance for Scotland**; 2013.
- NHS Health Scotland. **Evidence summary: interventions to support parents, their infants and children in the early years (pregnancy to 5 years)**; 2012.
- Scottish Government. **Scottish maternal and infant nutrition survey 2017**; 2018.
- ScotPHO. **Children and young people's profiles**.

References

¹ NHS Health Scotland. **Breastfeeding HPHS briefing**. Edinburgh: NHS Health Scotland; 2016.

² ISD. **Infant feeding statistics Scotland. Financial year of birth 2016/17**. Edinburgh: Information Service Division; 2017.

³ Public Health England. **Rapid review to update evidence for the healthy child programme 0-5**. London: Public Health England; 2015.

⁴ NHS Health Scotland. **Evidence summary: interventions to support parents, their infants and children in the early years (pregnancy to 5 years)**. Edinburgh: NHS Health Scotland; 2012.