

Draft Feeding in the First Year of Life Report

Scientific Consultation: 19 July to 13 September 2017

Royal College of Midwives

Response

The Royal College of Midwives (RCM) is the trade union and professional organisation that represents the vast majority of practising midwives in the UK. It is the only such organisation run by midwives for midwives. The RCM is the voice of midwifery, providing excellence in representation, professional leadership, education and influence for and on behalf of midwives. We actively support and campaign for improvements to maternity services and provide professional leadership for one of the most established clinical disciplines.

The RCM is grateful to the Scientific Advisory Committee on Nutrition for the comprehensive and detailed work, as set out in the draft report, and welcomes the opportunity to respond to this consultation.

Our contribution will focus on the areas of policy, practice and research, as encompassed in Terms of Reference, Section 4d.

Definitions

The UK has one of the lowest rates of breastfeeding in Europe and one which declines very rapidly in the first few weeks of life. Analysis shows that in England in 2015/16 rates dropped from over three quarters of women initially breastfeeding to just 43.2% at 6-8 weeks (The Lancet Breastfeeding series paper 1, data sources and estimates: countries without standardized surveys 2016).

The RCM notes that the incidence of breastfeeding is currently defined as the proportion of babies who were breastfed initially. This includes all babies who were put to the breast at all, even if this was on one occasion only. (Terms of Reference, Point 6) The proportion given is 80% of UK infants are now at least initially breastfed and the RCM would question whether this is an accurate and meaningful figure.

There is now the routine practice of placing babies skin to skin within one hour of delivery with support and encouragement for mothers to breastfeed, which is in line with NICE guidance. This does mean that many babies may be recorded as having initially breastfed, without it ever becoming fully established, or even being the intended method of feeding.

Research Recommendation (Paragraph 546) states: “The intensity and duration for breastfeeding should be measured as precisely as possible in all studies, preferably by application of standard WHO definitions of breast milk exposure and a prospective study design”.

The RCM agrees that a consistent, measurable and reliable baseline for marking breastfeeding initiation is important and recommends that an interval be identified some hours after birth at which to record this observation.

Our intention would not be to diminish the importance of breastmilk exposure at birth in any way, but to give a more accurate starting point from which to determine duration of breastfeeding.

Socio-economic influences on breastfeeding

The prevalence of breastfeeding has profound implications for the health of both mother and baby. As it can give rise to health inequality of generations, it is a government priority at the forefront of the public health policy agenda.

The RCM recognises that socio-economic and other complex factors can have a considerable influence on breastfeeding rates. We acknowledge the reference given to this in paragraph 57, but believe it to be of such relevance to a scientific enquiry on feeding in the first year of life as to warrant more attention from the Committee, inclusion within the body of the report and to feature amongst the Committee’s recommendations – where it is sadly absent.

Explanations as to why breastfeeding rates in the UK compare unfavourably with other developed nations are multiple and varied. The prevalence of breastfeeding is especially low among very young mothers and disadvantaged socio-economic groups. Data from the 2010 Infant Feeding Survey showed that 46% of mothers in the most deprived areas were breastfeeding, compared with 65% in least deprived areas.

Financial pressures may result in mothers returning to the workforce before they are ready to stop breastfeeding and cultural intolerance of breastfeeding mothers in the workplace is clearly unhelpful. Recent welfare reforms have seen an upsurge in the number of families dependent on food bank subsidy and there is likely to be a negative impact on breastfeeding with increased food poverty. More research into this is clearly needed.

Societal attitudes may lead to women feeling uncomfortable about breastfeeding in public, under pressure to supplement to achieve weight gain and to be in doubt about their own milk production. The RCM works hard to promote breastfeeding acceptance across communities and would encourage the Committee to make recommendations which will do likewise.

Public Health England commissioned survey of 500 mothers (March 2107) showed that more than half were concerned that breastfeeding could mean that they wouldn’t be able to tell if their baby was getting too much or not enough milk.

Nearly 3 in 10 worried that breastfeeding could mean their baby might not be getting the right nutrients, indicating why mothers may stop breastfeeding at an early point.

Healthy Start food and vitamin vouchers support low income families across the UK, and their uptake can be patchy. The RCM believes that consistent advice about micronutrients (Chapter 7) must be given to all mothers in relation to supplements and dietary requirements in pregnancy and while breastfeeding.

High quality and ongoing support by midwives, maternity support workers and other health professionals is crucial, if the aspiration to improve breastfeeding rates in the UK is to succeed.

Peer Support

The RCM's report Pressure Points: The case for better postnatal care (2014) is based on surveys of midwives, maternity support workers, student midwives and mothers. Through this research, we consistently found that many mothers gave up breastfeeding before they wanted to because of a lack of support and information from health professionals.

Professional and peer support is a critical factor and investment is needed in structured and high quality programmes. Support for breastfeeding mothers has been shown to increase the length of time women continue to breastfeed. Our evidence showed that that when support was offered to women, the duration and exclusivity of breastfeeding is increased. Effective support was found to be appropriate input from a trained personnel during antenatal or postnatal care, and ongoing scheduled visits, so that women can predict when support will be available. It should be tailored to the setting and the needs of the specific population group.

The RCM is aware that many specialist breastfeeding jobs have been down-graded or closed, which has an inevitable impact on the level of service mothers can expect to receive in the early weeks of their babies' lives. We are aware of the financial constraints operating across the public sector, however to ensure adequate support for breastfeeding mothers, it is necessary to invest in high quality service provision,

Cost & benefit

Chapter 3 Methodology – Conclusions (Paragraph 127) states: 'Increasing the prevalence of breastfeeding would be expected to yield significant health service cost savings through reduction in the risk of common infections and risk of breast cancer in the mother'.

The RCM agrees with this forecast, which is consistent with the available evidence, and advocates the front-loading of resources into service provision to secure these long-term gains.

Clare Livingstone

Professional Policy Advisor

12/09/17