



**The Breastfeeding Network**

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Report	Comment
p5:1 There has been no comprehensive risk assessment of infant and young child feeding in the UK since the Committee on Medical Aspects of Food Policy (COMA) published its report 'Weaning and The Weaning Diet' in 1994.	This is very welcome. There are currently many conflicting and undermining messages.
p35:142 Feeding and regulation of intake	Newborn breastfed infants may be able to regulate intake to meet their needs however the work of Dr Jack Newman suggests that babies appear sleepy and stop feeding when the flow slows and not necessarily when they are full.
p23:81 Weight	<p>The gap in the growth charts during the first two weeks has a sound basis however the uncertainty about the best evidence for infant feeding plans by gradations of % weight loss, allows for significant variations in care. For example there is a popular hypothesis that large volumes of fluid via an epidural, while the mother is in labour, can lead to rapid weight loss in the first few days. This has not been tested adequately yet can delay interventions to increase milk transfer for vulnerable infants.</p> <p>The growth charts, particularly the de-emphasising of the 50<sup>th</sup> centile have helped parents understand their babies growth. If possible it would help to reiterate that babies should not have breastfeeds restricted if they are on the top centiles.</p>

<p>P36:145 Caregiver control and responsiveness</p> <p>P38:156 formula fed infants may not regulate milk intake until over six weeks.</p>	<p>Please consider portion size of formula / expressed breast milk by bottle as the recommendations on the tins have not changed from 30 years ago when the aim was to feed large volumes at well spaced intervals. More physiologically sized portions, fed in response to the baby sounds kinder yet the companies say they have to state large portions as described by COMA.</p>
<p>Timing of the introduction of solid food</p> <p>P7 s12, 'Accordingly the report also set out to summarise evidence from the field of behavioural psychology on food acceptance in the early years.'</p> <p>P23:85.Respiratory and gastrointestinal tract infections and acute otitis media (AOM; middle ear infection) are important causes of morbidity in infancy (Yuan et al., 2001). For example, in England in 2014/15, for every 10,000 emergency hospital...</p> <p>P21:74.Certain feeding reflexes facilitate the acceptance of solid foods. The process by which infants ingest and process foods can be described using four types of age- related behaviours: suckling, sucking, munching and chewing.</p> <p>P13 s41, The [Sugar reduction] Plan includes a sugar reduction pledge to reduce sugar by 20% in products commonly consumed by children by 2020.</p>	<p>The inclusion of behavioural psychology is welcome. Waiting till around 6 months before introducing solid food makes it more likely that babies are active in the process of learning new tastes and textures and the experience ought to be quicker and more enjoyable for all involved. This is often forgotten.</p> <p>Freedom from infections is important for child and careers, particularly for mothers returning to work.</p> <p>Chewing is important and is learnt independently to swallowing purees – so early introduction just means a two stage process.</p> <p>The sugar reduction plan is welcome however much could be achieved by avoiding very sweet foods in the first place and encouraging family / or savoury first foods.</p> <p>One of the greatest achievements of ‘around 6 months’ is that the anxiety caused by the 4-6 months guidance has evaporated. We no longer get distressed calls from mothers reaching the 6 months mark fearing their baby will not learn to eat.</p>

Oral Health P7 s13 and 95, s398.	Oral health and incidence of caries is of great concern. More consideration on this topic is welcome. We would like to see work on the role of illnesses in pregnancy while the enamel is developing, antibiotics and dummies have been flagged up as possible factors. S398 considered breastfeeding in association with caries in older breastfed children, however the mechanism is not clear as breastmilk is usually delivered to the back of the infants mouth so unlikely to pool on front teeth. May also reflect additional milk given by bottle before bed.
Missing:	Infant feeding in emergencies- power-cuts and flooding can happen in the UK, please consider the guidance that was on the Department of Health website, update it as necessary and republish. It included details about choosing bottled water and boiling all water before preparing feeds except when no option.
Communication of SACN evidence	<p>Start for Life leaflets were a useful way to get accurate evidence-based information from SACN reports to parents. Families should have access to hard copies of leaflets with pdf's available on the website. It makes no sense to remove both options. The text about bottle-feeding on the website is hard to follow. Please consider a recommendation to reprint the bottle-feeding leaflet in particular.</p> <p><a href="https://www.gov.uk/government/publications/start4life-updated-guide-to-bottle-feeding/start4life-guide-to-bottle-feeding">https://www.gov.uk/government/publications/start4life-updated-guide-to-bottle-feeding/start4life-guide-to-bottle-feeding</a></p> <p>Industry sponsored education has resulted in a whispering campaign that the age of introduction of solid food is to be reduced. This has caused so much confusion amongst parents and ought to be a warning about the need to stick with the evidence.</p>
The Infant Feeding Survey	Agree, should be reinstated, if necessary on a 10 year cycle, however 5 yearly is preferred for key points.

P Buchanan for the Breastfeeding Network 13/09/2017

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