



Public Health
England

Protecting and improving the nation's health

Official statistics

Breastfeeding prevalence at 6-8 weeks after birth (experimental statistics)

2017/18 statistical commentary
(November 2019 update)

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing and reduce health inequalities. We do this through world-leading science, research, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

Correction notice: Since publication in November 2018, Redbridge Council has identified errors in the breastfeeding data it submitted to Public Health England (PHE) for all 4 quarters of 2017/18. This error has caused a statistically significant change in the national breastfeeding data for 2017/18, and so PHE has updated and reissued the 2017/18 annual statistical release and statistical commentary.

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Main findings

The revised aggregate breastfeeding rate for England for 2017/18 is 43.1% (with confidence intervals of 43.0– 43.2%). This is based on 140 out of 150 reporting local authorities who provided sufficient quarterly data for annual figures to be calculated. This compares to 44.4% in 2016/17, 43.1% in 2015/16, and to 43.8% for 2014/15 based on data collected by NHS England.

Breastfeeding prevalence at a PHE centre level can be published for the North East, East Midlands, and East of England. All other areas fail to meet validation at stage 3 (known breastfeeding status for infants age 6-8 weeks is lower than the 95% quality standard).

Breastfeeding prevalence can be published for 68 local authorities (passing all 3 stages of validation) and percentages range from 18.9% to 81.6%.

This statistical commentary should be considered alongside the 2017/18 Annual Breastfeeding prevalence at 6-8 weeks after birth statistical release, which can be found at www.gov.uk/government/statistics/breastfeeding-at-6-to-8-weeks-after-birth-annual-data.

Please treat the figures with caution. Where totals are presented for England and PHE centres, these are aggregate totals of the areas that submitted information and passed initial validation. Any reference to previous quarters' data relates to 'refreshed' figures provided in the latest reporting quarter. Where no reference to a particular quarter is mentioned it should be assumed that the data refers to the most recent quarter's data.

Background

In October 2015, the responsibility for commissioning children's public health for the 0-5 years' population transferred from NHS England to local authorities. To support this transfer Public Health England established an interim data collection for a number of key performance indicators associated with these services which it is critical to monitor and report.

The breastfeeding information within this publication has been obtained via the interim reporting system to collect health visiting activity at a local authority resident level. It was submitted to PHE by local authorities on a voluntary basis. It covers Quarters 1-4 of 2017/18. The full data publication can be found at www.gov.uk/government/statistics/breastfeeding-at-6-to-8-weeks-after-birth-annual-data

The decision has been taken to publish this information as 'experimental statistics' on the basis that there has been a significant change to the reporting methods, both in units of collection and the mandatory/voluntary nature.

Data collection method

An interim reporting system was hosted on the Local Government Association (LGA) website to collect the data on health visiting indicators. The reporting window for revisions of Quarter 1-4 data was 6 August to 14 September 2018.

To support local authorities in submitting data, detailed guidance was circulated to explain how analysts and commissioners in local authorities should submit health-visiting indicators.

A dedicated mailbox (interimreporting@phe.gov.uk) was also in place to respond to questions and comments.

Once the collection window closed, the data received was centrally collated, validated and reported.

Joint submissions

Following publication of Quarter 2, 2015/16 (January release), it was confirmed that Hackney and City of London would be submitting data jointly and that any data submitted in previous quarters for Hackney also included City of London residents.

As the data submitted for the Isles of Scilly showed very small numbers, which in some cases would have needed to be suppressed, these have been combined with Cornwall.

Data quality findings

The following data relates to the whole of 2017/18 based on refreshed data for Quarters 1, 2, 3 and 4. Out of 150 reporting local authorities, all submitted a return for the interim reporting collection for at least 3 quarters in 2017/18.

Prior to validation, a process of estimation was applied to any local authority data where a return was submitted for only 3 quarters in 2017/18, or DK was submitted for any data item. An estimated numerator for the missing quarter was calculated as an average of the numerators of the other 3 quarters, and the same for an estimated denominator. Where a numerator or denominator has been submitted as 0, no estimation has been performed. An annual numerator and denominator have been calculated based on the estimated numerator and denominator and the known numerators and denominators.

Ten local authorities did not submit sufficient data for estimation to take place, and no data have been published:

Local Authority	PHE Centre
Lancashire	North West
Bradford	Yorkshire and The Humber
Telford and Wrekin	West Midlands
Enfield	London
Hackney and City of London*	London
Hounslow	London
Islington	London
Lambeth	London
Southwark	London
Wandsworth	London

* Joint submission

This has affected areas which reported DK for any data item in 2 or more quarters. Further validation was performed on annual data for 140 local authorities.

Stage 1 Validation

Definition: Local authorities to submit integers for the 'number of infants totally breastfeeding at 6-8 weeks' and/or the 'number of infants partially breastfeeding at 6-8 weeks' and the combined total must be lower than or equal to the integer for the 'number of infants due a 6-8 week check'. If there are DK "Don't Knows" in the combined total or the denominator the area will automatically fail validation.

Stage 1 validation was not applied to annual data as areas with a valid annual figure calculated from previously published quarterly data automatically pass validation.

Stage 2 Validation

Definition: The value submitted for infants due a 6-8 week review must to be within 20% of the resident population of babies aged zero for that local authority. This is based on the 2017 mid-year ONS population estimates by local authority for babies aged zero. Any values within 20% tolerance of the mid-year population figure for the quarter will pass this check.

Of the 140 valid submissions, all went on to pass stage 2.

Stage 3 Validation

Definition: The percentage of infants whose breastfeeding status was recorded must meet the data quality standard of 95%, being between 95% and 100%. This means the sum of those infants totally breastfed, partially breastfeed and not breastfed should be greater than or equal to 95% of the number of infants due a 6-8 week review.

The threshold of 95% coverage applies to local authorities and PHE centres, but for the aggregated England value the threshold is 85%.

Of the 140 submissions passing stage 2 validation, 69 went on to pass stage 3.

The 72 local authorities that failed stage 3 validation are:

Local Authority	PHE Centre
Gateshead	North East
Hartlepool	North East
North Tyneside	North East
Stockton on Tees	North East
Blackburn with Darwen	North West
Blackpool	North West
Cheshire West and Chester	North West
Cumbria	North West
Salford	North West
St Helens	North West
Barnsley	Yorkshire and The Humber
Calderdale	Yorkshire and The Humber
Doncaster	Yorkshire and The Humber
Kingston upon Hull	Yorkshire and The Humber
Kirklees	Yorkshire and The Humber
North Lincolnshire	Yorkshire and The Humber

Breastfeeding prevalence at 6-8 weeks after birth

Local Authority	PHE Centre
York	Yorkshire and The Humber
Rutland	East Midlands
Birmingham	West Midlands
Dudley	West Midlands
Shropshire	West Midlands
Staffordshire	West Midlands
Stoke on Trent	West Midlands
Walsall	West Midlands
Cambridgeshire	East of England
Hertfordshire	East of England
Milton Keynes	East of England
Norfolk	East of England
Thurrock	East of England
Barking and Dagenham	London
Barnet	London
Bexley	London
Brent	London
Bromley	London
Camden	London
Croydon	London
Ealing	London
Greenwich	London
Hammersmith and Fulham	London
Haringey	London
Harrow	London
Havering	London
Hillingdon	London
Kensington and Chelsea	London
Merton	London
Newham	London
Richmond upon Thames	London
Redbridge	London
Sutton	London
Waltham Forest	London
Westminster	London
Kent	South East
Medway	South East
Portsmouth	South East
Slough	South East
Southampton	South East
Surrey	South East
West Sussex	South East
Windsor and Maidenhead	South East
Bath and North East Somerset	South West

Local Authority	PHE Centre
Bournemouth	South West
Bristol	South West
Devon	South West
Dorset	South West
Gloucestershire	South West
North Somerset	South West
Poole	South West
Somerset	South West
South Gloucestershire	South West
Swindon	South West
Torbay	South West
Wiltshire	South West

Each local authority has to pass stage 2 and 3 of validation in order for its values to be shown.

Passed all validation

Full information is published in the statistical release

(www.gov.uk/government/statistics/breastfeeding-at-6-to-8-weeks-after-birth-annual-data) for 68 local authorities that passed all validation:

Local Authority	PHE Centre
County Durham	North East
Darlington	North East
Middlesbrough	North East
Newcastle upon Tyne	North East
Northumberland	North East
Redcar and Cleveland	North East
South Tyneside	North East
Sunderland	North East
Bolton	North West
Bury	North West
Cheshire East	North West
Halton	North West
Knowsley	North West
Liverpool	North West
Manchester	North West
Oldham	North West
Rochdale	North West
Sefton	North West
Stockport	North West

Breastfeeding prevalence at 6-8 weeks after birth

Local Authority	PHE Centre
Tameside	North West
Trafford	North West
Warrington	North West
Wigan	North West
Wirral	North West
East Riding of Yorkshire	Yorkshire and The Humber
Leeds	Yorkshire and The Humber
North East Lincolnshire	Yorkshire and The Humber
North Yorkshire	Yorkshire and The Humber
Rotherham	Yorkshire and The Humber
Sheffield	Yorkshire and The Humber
Wakefield	Yorkshire and The Humber
Derby	East Midlands
Derbyshire	East Midlands
Leicester	East Midlands
Leicestershire	East Midlands
Lincolnshire	East Midlands
Northamptonshire	East Midlands
Nottingham	East Midlands
Nottinghamshire	East Midlands
Coventry	West Midlands
Herefordshire	West Midlands
Sandwell	West Midlands
Solihull	West Midlands
Warwickshire	West Midlands
Wolverhampton	West Midlands
Worcestershire	West Midlands
Bedford	East of England
Central Bedfordshire	East of England
Essex	East of England
Luton	East of England
Peterborough	East of England
Southend on Sea	East of England
Suffolk	East of England
Kingston upon Thames	London
Lewisham	London
Tower Hamlets	London
Bracknell Forest	South East
Brighton and Hove	South East
Buckinghamshire	South East
East Sussex	South East
Hampshire	South East

Breastfeeding prevalence at 6-8 weeks after birth

Local Authority	PHE Centre
Isle of Wight	South East
Oxfordshire	South East
Reading	South East
West Berkshire	South East
Wokingham	South East
Cornwall and Isles of Scilly*	South West
Plymouth	South West

* Joint submission

Data quality notes

When making a submission, local authorities have the opportunity to enter comments in a free text box to explain any issues with reporting. During the submission of revised Q1-4 data comments were received from 7 local authorities related to breastfeeding data, of collective interest.

Where areas are unable to separate out 'totally' and 'partially' breastfed (because of local processes or data collection), it is still extremely useful for them to report the combined total, as this forms the numerator of the breastfeeding prevalence indicator. A communication was issued asking areas to report the combined total in either the 'total' or 'partial' boxes. On review, the communication should have specified that the total be entered in the 'partial' box as it is known that these infants are at least partially breastfed. Therefore, this change has been made prior to publication, and this affects the following areas. It can therefore be assumed that for the higher geographies, the aggregate value for 'totally breastfed' is slightly low (and the aggregate value for 'partially breastfed' is correspondingly slightly high), but this is judged to be the most accurate way of describing the situation as the combined percentage will be a true reflection of the submitted data.

Four local authorities were identified as having reported combined totals for at least one quarter of 2017/18.

Seven local authorities reported they knew, or suspected, that they had made an incomplete submission. This may include receiving confirmation of nil returns from neighbouring authorities.

Three local authorities reported that recent migration to a new Child Health Information System or problems with their existing system had impacted on their ability to submit, or on the short-term reliability of the figures.