



**We want the new government to invest in the health of women and children by supporting and protecting breastfeeding**

The new government needs to **prioritise the first 1001 days of a child's life**, from conception to age two, to enable children to survive and thrive. How an infant is fed and nurtured strongly influences a **child's future life chances and emotional health**. Importantly, if a woman breastfeeds there are substantial **health benefits** for her - having impacts on **her future long after breastfeeding has stopped**.

**Independent, practical, evidence-based information and support is essential for every family. Supporting women with breastfeeding can go a long way to protecting children and mothers from a wide range of preventable ill health, including obesity and mental health problems.**

This window of opportunity cannot be missed for the future health outcomes of mothers and the next generation. In addition to well documented health outcomes, supporting breastfeeding will also contribute to a **stronger economy** – potential annual savings to the NHS are estimated at about £40 million per year from just a moderate increase in breastfeeding rates.

Support for breastfeeding is also **an environmental imperative** and recognition of the contribution breastfeeding can make to avoiding environmental degradation should be a matter of increasing global and political attention.

In the UK, the majority of women start to breastfeed but breastfeeding rates drop rapidly – **our continuation rates are some of the lowest in the world** and are even lower amongst women living in deprived areas, where increasing rates could make a real difference to health inequalities. Support for all women, parents and families with breastfeeding falls short of what is wanted and needed.

Women tell us they encounter difficulties with the **public perceptions of breastfeeding out of the home**. Families tell us they are still regularly exposed to **conflicting messaging and marketing for formula milks** that drowns out advice from healthcare professionals. Women tell us they receive **little to no help with infant feeding** and that their health visitors, midwives and doctors often have

little training or knowledge about breastfeeding and limited time to support them. Recent **cuts in health visitor numbers and breastfeeding peer support services** mean many women may be left without the support they need however they choose to feed their infants.

Despite robust evidence showing that investment in breastfeeding support and protection makes sense, politically breastfeeding has been viewed by governments as a lifestyle choice and so left to parents to work out for themselves. For too many women, trying to breastfeed without support, or stopping before they want to, is deeply upsetting and the situation is made worse by **fragmented care, and poor and often conflicting advice** from those they are seeking to support them. To ensure an increase in breastfeeding rates, to help reverse obesity rates and to reduce widening health inequalities will require significant investment in breastfeeding.

**It is essential that our new government prioritises breastfeeding and invests in its support and protection.**

**We call on all political parties to commit to the following actions, if elected:-**

- To appoint a **permanent, multi-sectoral infant and young child feeding strategy group** and develop, fund and implement a **national strategy to improve infant and young child feeding practices**.
- To include actions to **promote, protect and support breastfeeding in all policy areas** where breastfeeding has an impact.
- To implement the **Unicef UK Baby Friendly Initiative** across community and paediatric services, building on the recommendation for maternity services in the **NHS Long Term Plan**.
- To protect babies from harmful commercial interests by bringing the full **International Code of Marketing of Breastmilk Substitutes** into UK law and enforcing this law.
- To **commission, and sustainably fund**, universal **breastfeeding support programmes** delivered by specialist/lead midwives and health visitors or suitably qualified breastfeeding specialists, such as IBCLC lactation consultants and breastfeeding counsellors, alongside trained peer supporters with accredited qualifications.
- To maintain and expand universal, accessible, affordable and confidential breastfeeding support through the **National Breastfeeding Helpline** and sustaining the **Drugs in Breastmilk Service**.
- To deliver **universal health visiting services and the Healthy Child Programme** by **linking in with local specialist and support services**.
- To establish/re-establish universal **Children's Centres** with a focus on areas of deprivation, offering **breastfeeding peer support**.
- To make it a statutory right of working mothers and those in education **to work flexibly** as required and to access a **private space** and **paid breaks** to breastfeed and/or express breastmilk and manage its safe storage.
- To commit to **resourcing for charitable** organisations who play a **key role within the health agenda** working at a national and local level to support families and communities with infant feeding.
- To support the commitment to undertake an **Infant Feeding Survey** which builds on the data previously collected in the Infant Feeding Survey 2010 (now discontinued). To implement **the recommendations of the Becoming Breastfeeding Friendly (BBF) study**.

## Case for Action

- 1. Breastfeeding benefits all babies**, and studies have shown that just a small increase in breastfeeding rates could cut NHS expenditure considerably. It is vital to invest in breastfeeding support in the early months and this will reap rewards in the future that are likely to exceed the initial cash flows associated with putting proper support in place.
- A UNICEF report states that "**no other health behaviour has such a broad-spectrum and long-lasting impact on public health**. The good foundations and strong emotional bonds provided in the early postnatal period and through breastfeeding can affect a child's subsequent life chances".
- Evidence has also demonstrated that a child from a low-income background who is breastfed is likely to have better health outcomes than a child from a more affluent background who is formula-fed. **Breastfeeding provides one solution to the long-standing problem of health inequality**.
- Research into the extent of the burden of disease associated with low breastfeeding rates is **hampered by data collection methods**. This can be addressed by investment in good quality research.

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## References

1. Laurence M. Grummer-Strawn Nigel Rollins, (2015), Impact of Breastfeeding on Maternal and Child Health. <https://onlinelibrary.wiley.com/toc/16512227/2015/104/S467>
2. Borra C, Iacovou M, Sevilla A (2015) Maternal Child Health Journal (4): 897-907. *New evidence on breastfeeding and postpartum depression: the importance of understanding women's intentions*.
3. Brown, A, Rance J, Bennett, P (2015) Understanding the relationship between breastfeeding and postnatal depression: the role of pain and physical difficulties. *Journal of Advanced Nursing* **72** (2): 273-282
4. <https://www.brunel.ac.uk/research/News-and-events/news/Breastfeeding-for-longer-could-save-the-NHS-40-million-a-year>
5. Li R, Fein SB, Chen J, Grummer-Strawn LM, (2008) Why mothers stop breastfeeding: mothers' self-reported reasons for stopping during the first year. *Pediatrics* **122**: S60-S76
6. Support for breastfeeding is an environmental imperative. *BMJ* 2019; 367 doi: <https://doi.org/10.1136/bmj.l5646> (Published 02 October 2019) Cite this as: *BMJ* 2019;367:l5646 <https://www.bmj.com/content/367/bmj.l5646>
7. McAndrew F et al (2012) *Infant Feeding Survey 2010*
8. NHS (2019) NHS Long term Plan <https://www.longtermplan.nhs.uk/>
9. National Institute for Health and Care Excellence (2013) *Postnatal Guideline* NICE, London <https://www.nice.org.uk/guidance/cg37>
10. National Institute for Health and Care Excellence (2012) *Improved access to peer support* NICE, London
11. Rollins N, Bhandari N, Hajeerhoy N, et al (2016) Why invest, and what it will take to improve breastfeeding practices? *The Lancet* **387** 491-504
12. Wilson AC, Forsyth JS, Greene SA, Irvine L, Hau C, Howie PW. 1998 Relation of infant diet to childhood health: seven year follow up of cohort of children in Dundee infant feeding study. *BMJ*. Jan 3;316(7124):21-5.
13. Brown, A, Finch, G, Trickey, H, Hopkins, R (2019) 'A lifeline when no one else wants to give you an answer' – An Evaluation of the BFN's Drugs in Breastmilk service. <https://breastfeedingnetwork.org.uk/wp-content/pdfs/BfN%20Final%20report%20.pdf>

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