BREASTFEEDING

What’s the issue?

“Breastfeeding is the healthiest way to feed a baby, and it is recommended that exclusive breastfeeding is undertaken for the first six months, although any breastfeeding has a positive effect, with longer breastfeeding leading to greater benefits. Babies who are breastfeed have less chance of diarrhoea and vomiting (and having to go to hospital as a result), fewer chest and ear infections (and fewer visits to hospital as a result), less chance of being constipated, less chance of developing eczema, and less chance of becoming obese. Breast milk also adapts to the babies’ changing needs. Mother’s who breastfeed lower their risk of getting breast and ovarian cancer, build up a strong bond between mother and baby, and breastfeeding can help with weight loss as producing the milk uses up around 500 calories. It is also cheaper as it avoids buying infant formula milk” [164].

Nationally, if all babies were breastfed, it is estimated that £35 million each year could be saved by the NHS due to treating gastroenteritis alone. Even if breastfeeding prevalence at 6 months was increased by 10%, it is estimated that the NHS could save at least £5.6 million over 4-5 years due to the prevention of cases of otitis media, gastroenteritis and asthma. The cost savings in Hull from these three conditions is estimated to be £33,945 per year (although not all savings will be realised in the first year) [165].

What’s our situation?

For 2014/15, the breastfeeding initiation rate in Hull was 61.5% having increased since 2010/11 (57.2%), but remains significantly lower than England (74.3%) and slightly lower than the average of the 10 comparators (64.5%) [26, 160]. The prevalence of (partially or totally) breastfeeding at 6-8 weeks for 2015/16 was 30.1% which was considerably lower than England (43.2%). The percentage had been increasing in Hull, but due to differences in data collection methods the current rate cannot be compared with historical data [26, 160, 166]. Local analysis of breastfeeding rates at 6-8 weeks revealed the strong influence of deprivation and ethnicity [128].

Full UNICEF accreditation for the community was achieved in 2013 (and more recently renewed in December 2015) which involved training all children’s centre staff, Health Visitors and a range of local authority teams. A re-assessment will be completed in 2018. Part of the accreditation is to engage local businesses to promote breastfeeding in premises locally. Work is ongoing to increase the confidence of Hull mothers to breastfeed in a culture which is predominantly to formula feed. Hull and East Yorkshire Women and Children’s Hospital achieved full accreditation last year and will be re-accredited next year [167].

For more detailed information, see the JSNA Toolkit: Children and Young People report.

What are the strategic needs?

Encourage as many women to breastfeed their babies as possible by explaining the advantages, and by offering advice and support, both prenatally and post-natal. This involves providing quality information, implementing a structured programme of activity using the UNICEF Baby Friendly Initiative as a minimum, training healthcare and support staff to be confident and competent to support breastfeeding mothers, and supporting all mothers and increasing their confidence to breastfeed [165].

As the largest decrease in breastfeeding occurs within the first ten days and the first Health Visitor contact is at ten days, local Health Visitors are working to promote the peer supporter service locally to help mothers to continue to breastfeed prior to the first Health Visitor appointment.

Support and advice should be given on feeding with bottles for women who are not able to breastfeed or women who would like to express milk.
References


