



## **NCT Briefing: Breastfeeding**

**This briefing is for NCT workers and others who want to know more about NCT's stance on breastfeeding and the evidence to support our policy. More detailed briefings on the health outcomes associated with baby feeding, how breastfeeding benefits all, the WHO Global Strategy and International Code are available.**

Breastfeeding has evolved over millions of years to meet babies' needs for growth, development and nurturing. It is a relationship that provides relaxing, stress reducing hormones to the mother as well as stimulation, connection, and protection to the baby.

Breastmilk is customised to meet each baby's needs, providing antibodies to target the specific infections the baby experiences, growth factors, enzymes and hormones among other factors. Unrestricted feeds in hot weather mean babies take more of the thirst quenching milk, whereas longer feeds provide milk with increased energy content when babies are hungry.

Colostrum, produced after the birth, is full of antibodies, growth factors, cells and other anti-infective properties to line the baby's intestine and prime the baby's immune system. Colostrum also has a laxative effect on the baby, clearing the bilirubin from the bowel, and thus helping to prevent jaundice.

When babies are breastfed early and often, they stimulate a plentiful supply of breastmilk and mothers are less likely to experience engorgement. These early, frequent feeds are associated with less weight loss and lower levels of bilirubin in the baby, and increase the duration of breastfeeding.<sup>1</sup> Positioning and attachment are important to ensuring mothers and babies are comfortable and babies are able to 'milk' the breast effectively.

Breastfeeding works best when babies are fed on cue, that is, when they begin to make signs that they are hungry.<sup>2</sup> In the early days these are likely to be for frequent, though irregular feeds, but babies can be encouraged to feed to a more predictable pattern if that suits the family circumstances.<sup>3</sup> Each mother and baby is individual, making, releasing and taking milk at different rates, so one pattern cannot fit all. Exclusive breastfeeding – when the baby receives only breastmilk, and no other liquids or solids, with the exception of medicine, vitamins, or mineral supplements<sup>4</sup> from the start means a mothers' milk supply is balanced with the baby's needs more easily and the baby receives the greatest protection.

### **Health outcomes**

Breastfeeding is one of the most effective ways to reduce health inequalities. Health outcomes are greatest when babies are breastfed exclusively for the first six months of life and breastfeeding continues when solid foods are introduced.<sup>5</sup> Breastfeeding beyond the first year offers considerable benefits to both mother and child. The NCT supports women to continue breastfeeding for as long as they and their baby want. As breastfeeding is the physiological norm, we frequently refer to the risks of not breastfeeding for babies, children, and mothers.

Evidence shows that breastfeeding has profound effects on the developing immune system. Babies not fed mother's milk have higher rates of infections of the ear, gut, respiratory and urinary tract. They are more likely to be in hospital in their first year due to serious illness. Children who were not breastfed also have higher rates of type 1 and type 2 diabetes, allergic disease, asthma and lymphomas in later in life.<sup>6</sup>

More detailed studies indicate that some effects are dose-related, with improved outcomes being associated with longer breastfeeding.<sup>7</sup> Conversely, the risks increase as the period of exclusive breastfeeding decreases, with the highest risk in babies who receive no human milk.<sup>8</sup>

### **Breastfeeding rates in the UK**

In the UK, more than three quarters of women start breastfeeding their babies. However, by the age of 6 weeks, fewer than half of babies are receiving breastmilk and three quarters are having formula milk, either in addition or exclusively.<sup>9</sup> Most women (90% of those who stop in the first 6 weeks) stop breastfeeding before they wanted to because they do not receive accurate information and sufficient support.

Insufficient milk and sore nipples are the most common reasons cited by women for stopping breastfeeding earlier than they would have wanted. These can be prevented or overcome by good positioning at the breast and unrestricted feeding. It is essential that information provided for mothers supports them to continue to breastfeed for as long as they choose.

The NCT believes society, health professionals and families need to have greater confidence in breastfeeding in order to provide the support women and babies need. Concern about women's ability to produce sufficient milk should be considered in the context of evolution, wet nursing and mothers' ability to fully breastfeed twins. Lactation failure is rare. The perception that women do not have enough milk for their babies occurs almost exclusively in industrialised countries.<sup>10</sup> Skin to skin contact whenever possible will facilitate more frequent feeding.<sup>11</sup>

Evidence indicates that unrestricted mother-baby contact with kangaroo or skin-to-skin care and unrestricted feeding without additional fluids unless medically indicated increases the likelihood mothers will continue to breastfeed for as long as they wish.<sup>12</sup> However, family and community support is also important in enabling women to participate in society while breastfeeding their babies.

### **Improving support for breastfeeding**

Social and cultural support for breastfeeding is lacking in many areas of the UK, so that it is difficult for some women to make a decision to breastfeed and to carry through their choice. This is particularly evident in families where babies have been bottle fed with formula for generations, for women who would like to continue to breastfeed when they return to work and who are breastfeeding older babies or toddlers. Younger women and women from disadvantaged groups are least likely to know other women who have breastfed, and many find it difficult to combine breastfeeding with other aspects of their lives. The NCT wants breastfeeding to be part of everyday life, to make it easier to combine breastfeeding with a social and working life and for women to receive the support they need to carry through their decisions.

The NCT supports the right of mothers to breastfeed wherever they are with their babies. We campaign for public places to ensure breastfeeding families are welcomed and for private facilities to be available where possible as some mothers and babies prefer this.

Women should have access to extended maternity pay, flexible working arrangements, on-site crèches where possible, suitable facilities for expressing and storing breastmilk and breastfeeding breaks when they return to work. Women in Italy, Portugal Austria and Norway are entitled to two breastfeeding breaks during their working day.<sup>13</sup>

The NCT supports the Baby Friendly Initiative (BFI) as a way to improve the support available to mothers in hospitals and community facilities. There is evidence that implementing the BFI programme improves health professionals' knowledge and enables more women to start breastfeeding.<sup>14</sup>

**The NCT provides trained breastfeeding counsellors and campaigns for a breastfeeding-friendly culture because:**

- Most women want to breastfeed and need good information and support in order to do so for as long as they choose.
- Breastfeeding is threatened (by commercial pressures, modern Western culture, employment practices etc.) and needs protection.
- It is important for health and well-being, particularly for more disadvantaged families.
- Breastfeeding has minimal impact on the environment so is part of a sustainable way of living.

The NCT is committed to using the best available evidence to inform policy development and practice. We lobby for research on effective ways to support breastfeeding and enable women to continue breastfeeding for as long as they would like.

The NCT supports the Breastfeeding Manifesto and is a member of the steering group of the Coalition of more than 36 health professional and organisations, trade unions, charities and mother support groups working to improve support for breastfeeding and awareness of its role in reducing health inequalities.

**References and further sources of information:**

**References**

1. World Health Organization Division of Child Health and Development. *Evidence for the ten steps to successful breastfeeding: revised*. Geneva: World Health Organization, Division of Child Health and Development; 1998.
2. Renfrew MJ, Dyson L, Wallace L et al. *The effectiveness of public health interventions to promote the duration of breastfeeding: systematic review*. London: National Institute for Health and Clinical Excellence; 2005.  
Available from: <http://www.publichealth.nice.org.uk/page.aspx?o=511622> and <http://www.publichealth.nice.org.uk/page.aspx?o=511625>
3. Renfrew MJ, Lang S, Martin L, and Woolridge M. *Interventions for influencing sleep patterns in exclusively breastfed infants (Cochrane Review) Withdrawn - out of date*.  
Available from: [www.library.nhs.uk/Default.aspx](http://www.library.nhs.uk/Default.aspx)
4. WHO Division of Child Health and Development. *Indicators for assessing breastfeeding practices. Report No. WHO/CDD/SER/91.14*. Geneva: World Health Organization.; 1991.
5. World Health Organisation. *Global strategy for infant and young child feeding*. Geneva: World Health Organization; 2003.

6. Ip S, Chung M, Raman G et al. *Breastfeeding and maternal and infant health outcomes in developed countries. Evidence Report/Technology Assessment No 153*. Rockville, MD: Agency for Healthcare Research and Quality; 2007.  
Available from: <http://www.ahrq.gov/clinic/tp/brfouttp.htm>
7. Lawlor DA, Riddoch CJ, Page AS, et al. Infant feeding and components of the metabolic syndrome: findings from the European Youth Heart Study. *Archives of Disease in Childhood* 2005;90(6):582-8.
8. Rothenbacher D, Weyermann M, Beermann C, et al. Breastfeeding, soluble CD14 concentration in breast milk and risk of atopic dermatitis and asthma in early childhood: birth cohort study. *Clin Exp.Allergy* 2005;35(8):1014-21.
9. Bolling K, Grant C, Hamlyn B et al. *Infant Feeding Survey 2005*. London: The Information Centre for Health and Social Care; 2007.  
Available from: <http://www.ic.nhs.uk/pubs/ifs06>
10. Akre J. Infant feeding: the physiological basis. *Bulletin of the World Health Organization* 1989;67(Suppl):1.
11. Moore ER, Anderson GC, and Bergman N. *Early skin-to-skin contact for mothers and their healthy newborn infants Cochrane Database of Systematic Reviews 2007, Issue 3. Art. No.: CD003519. DOI: 10.1002/14651858.CD003519.pub2*.  
Available from: [www.library.nhs.uk/Default.aspx](http://www.library.nhs.uk/Default.aspx)
12. Howard CR, Howard FM, Lanphear B, et al. Randomized clinical trial of pacifier use and bottle-feeding or cupfeeding and their effect on breastfeeding. *Pediatrics* 2003;111(3):511-8.
13. *Breastfeeding and returning to work*. Edinburgh: Health Education Board for Scotland; 2000.
14. Bartington S, Griffiths LJ, Tate AR, et al. Are breastfeeding rates higher among mothers delivering in Baby Friendly accredited maternity units in the UK? *Int J Epidemiol.* 2006;35(5):1178-86.

**Date for review: April 2009**

**Filepath: U:\Briefings\Baby feeding**

The NCT wants all parents to have an experience of pregnancy, birth and early parenthood that enriches their lives and gives them confidence in being a parent.

Donations to support our work are welcome.

Registered No. 2370573 (England) • Registered Office: Alexandra House, Oldham Terrace, London W3 6NH • Registered Charity No. 801395