London Assembly Health Committee
Call for evidence: healthy early years

Response from Better Breastfeeding campaign
February 2018

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Better Breastfeeding

1. About Better Breastfeeding

The Better Breastfeeding campaign (www.betterbreastfeeding.uk) was started in August 2017 in response to the widespread cuts to breastfeeding support across the UK. Most mothers want to breastfeed - around 80% begin breastfeeding - but by 8 weeks, half of those mothers have stopped altogether. Of those, 80% said they stopped breastfeeding before they wanted to. This results of hundreds of thousands of mothers being let down every year.

There is strong evidence that a lack of breastfeeding support is harmful to mothers' mental health. One study found that when mothers want to breastfeed but are unable to, they have twice the rate of postnatal depression as those who managed to breastfeed. The case for improved support for breastfeeding has never been stronger, yet services are being cut across the country.

Better Breastfeeding campaigns for better support, better understanding and a better environment for breastfeeding in the UK.

In particular, we aim to:

– highlight the need for skilled breastfeeding help for mothers and advocate for improved provision of such services, so that all mothers are able to access it
– promote a better understanding and discussion of the issues facing mothers who want to breastfeed
– help commissioners achieve a better understanding of their responsibilities in supporting mothers effectively
– work with other organisations to achieve these aims

2. Breastfeeding and health

The importance of breastfeeding for health in developed countries like the UK is often underestimated.

In fact, with optimal breastfeeding in the UK, each year:

– 250 premature babies' lives could be saved
– Over 100 deaths of babies from SIDS could be avoided
– 865 cases of breast cancer could be avoided

As well as saving lives, breastfeeding protects the health of mothers and babies in the short and long term:

– breastfeeding protects babies from respiratory, gastrointestinal and ear infections
– children who were breastfed have a 13% lower risk of obesity
– children who were breastfed have a 35% lower risk of type 2 diabetes
– mothers who breastfeed have a 50% lower risk of postnatal depression
– mothers who have breastfed have a lower lifetime risk of type 2 diabetes, heart disease, breast and ovarian cancer, and osteoporosis

The effects are not modest. A recent study found that mothers who breastfed for more than 6 months had a 47% reduced risk of type 2 diabetes. Another study found an 18% lower risk of heart disease and a 17% lower risk of stroke.

A review of studies into breastfeeding and childhood leukaemia, the most common childhood cancer, found that it reduced the risk by 14-20%.

The effect of not breastfeeding on maternal mental health, particularly among those who want to breastfeed - including almost all mothers in London - is very profound.

3. Financial costs of low breastfeeding rates

Breastfeeding helps to keep babies out of GP surgeries and out of hospital. Moderate improvements in breastfeeding rates in the UK would result in:

– 54,000 fewer GP visits and 9000 fewer hospital admissions
– save the NHS around £48 million per year

These estimates are very conservative. A recent study in the Lancet estimated that the cost to the UK economy of low breastfeeding rates ran into billions of pounds as a result of lower cognition (IQ) among those who were not breastfed as babies.

4. Environmental impacts of low breastfeeding rates

When babies are not breastfed, they must be fed on formula milk for at least a year. Although cow's milk is suitable after the first 12 months, there are many brands of "toddler milks" currently marketed to parents.

Formula milk packaging causes a significant waste problem in London. Ready-to-feed formula milk comes in small recyclable plastic bottles or cartons. These must be given several times a day to an exclusively formula-fed baby, resulting in large amounts of waste over the course of the child's first 1-3 years. Most parents choose to buy powdered milk formula as this is much less expensive. However, the tubs used for powdered milk are currently not recyclable and therefore end up in landfill at great cost to local councils and to the environment.

The manufacture and distribution of formula milk also contributes to greenhouse gas emissions. A study looking at Asia-Pacific countries found that each kilogram of formula milk powder produced results in the release of 4kg of carbon dioxide emissions.

Plastic baby bottles are mostly recyclable but these add to the volume of plastic that must be disposed of.

5. Reducing inequality

> *"Breastfeeding is a natural safety net against the worst effects of poverty … exclusive breastfeeding goes a long way towards cancelling out the health difference between being born into poverty or being born into affluence. It is almost as if breastfeeding takes the infant out of poverty for those few vital months in order to give the child a fairer start in life and compensate for the injustices of the world into which it was born."*
>
> *- James P. Grant, Executive Director of UNICEF, 1980 to 1995*

Breastfeeding is a powerful means of reducing inequality, yet in the UK women on the lowest incomes and with the lowest educational level are the least likely to breastfeed. This widens the inequality gap even further. In addition to health inequality, lower breastfeeding rates in these groups leads to wider social inequality because breastfeeding impacts on cognition, educational attainment and future income.

The best way to reduce inequality is to ensure that **all** mothers get the support they need to breastfeed. In some parts of London councils have tried to focus breastfeeding support in poorer communities by taking it away from more affluent communities. All babies deserve to have a healthy start to life, and no mother should have her mental health suffer a result of poor breastfeeding support.

6. Breastfeeding in London

Breastfeeding rates in the UK are among the lowest in the world. Only 1% of babies are exclusively breastfed for 6 months, as is recommended, and fewer than 1 in 200 are still breastfed at 1 year. There is a strong bottlefeeding culture in the UK. One of the biggest influences on a mother's decision to breastfeed is whether her mother breastfed her and whether her grandmother breastfed her children. Partners' attitudes to breastfeeding also have a strong influence on a mother's decision over

how to feed her baby. Mothers who decide to breastfeed may find it hard to sustain this in practice in the face of family pressure to bottlefeed.

Breastfeeding rates are higher in England than in the rest of the UK, and they are higher in London compared with the rest of the country. However, rates of breastfeeding in London are still very low compared with other countries, and rates of exclusive breastfeeding to 6 months in London are very low. The main reason for the higher rates in London is the higher numbers of BME mothers who have a family tradition of breastfeeding.

Breastfeeding in public in the city is more accepted than in other parts of the country, but there is still very little awareness that mothers have a right to breastfeed in public (under the Equality Act), and examples of harassment still occur regularly.

From 1975 to 2010 there was a national Infant Feeding Survey every 5 years, which measured breastfeeding rates at all relevant points in time and which asked important questions about mothers' experiences of breastfeeding. This was ended by the 2010-2015 Coalition government and it replaced with the Public Health Outcomes Framework, which calls on local authorities to collect data on all mothers and babies via health visitors. There are several major problems with this data collection. It only measures breastfeeding at 6-8 weeks, so there is no measure of other important time points (exclusive breastfeeding to 6 months, timing of introduction of solid foods, breastfeeding at one year). Nevertheless, this limited data is proving difficult for councils to collect. Currently only half of all councils in England (and only 4 in London) are managing to collect sufficient data to meet Public Health England's requirements for publication. Without the Infant Feeding Survey, there is no qualitative data on mothers' experiences or any breakdown of statistics by ethnicity, age, education or socioeconomic group.

Without good data it is impossible to know whether interventions to improve breastfeeding rates are working or not. Local councils must be encouraged to collect good quality data at 6-8 weeks as a minimum.

7. Cuts to breastfeeding support in London

In London there is a postcode lottery when it comes to good quality breastfeeding support. There are some excellent examples of integrated breastfeeding support - such as Tower Hamlets, which has fully invested in breastfeeding and managed to resist cuts to its comprehensive service.

Other parts of London have little breastfeeding support and are not very far along the path of becoming accredited by the Baby Friendly Initiative. Councils are under pressure from budget cuts, and public health funding from government is no longer ringfenced, so many have reduced or cut their breastfeeding peer support services. These include Brent, Enfield, Bromley, Merton, Greenwich, Harrow.

8. Whose responsibility?

One major issue affecting the provision of good quality integrated breastfeeding support is that responsibility for early years public health moved from the NHS to Local Authorities in 2015. Councils with little experience in this area have struggled to take on this new responsibility. Up until day 10 after birth, a mother and baby are under the care of their midwife and this service is funded by the local NHS CCG from their maternity budget. After day 10, they become the health visitor's responsibility and this service is funded from the local authority's public health budget.

Local authorities are expected to pay for breastfeeding support, but the cost savings that result from improved health (breastfed babies get sick less often and visit the GP less often) go to the local CCG. While local councils may recognise their duty to improve the health of their local population, there is no longer any financial argument for doing so. The link between improved public health and reduced healthcare costs was broken when councils took on this responsibility.

Local councils do not generally have a good understanding of how to support mothers to breastfeed. There is a widespread perception that their job is to promote breastfeeding, but support is very different from promotion.

Supporting mothers to breastfeed means giving them access to timely, skilled practical support to breastfeed, good information about what is normal and what to expect, and social support to do so. It also means having access to specialist support from a lactation consultant for more complex cases (e.g. babies with tongue tie, mothers with low milk supply). When breastfeeding is promoted but not supported, this sets mothers up to feel angry, upset and puts them at risk of postnatal depression.

Local councils often believe that health visitors are able to provide all the breastfeeding support that a mother needs. This is not correct because health visitors in general are not breastfeeding experts. Only a small proportion will have received any more than minimal breastfeeding training before qualifying as health visitors. After that, those who have gone through the Baby Friendly Initiative (BFI) training will have received 2 days' training on the subject. The Baby Friendly Initiative is an important minimum standard - it requires that policies are put in place to protect and encourage breastfeeding in hospital and community settings. At least 80% of the workforce must have undergone the BFI 2-day training. But to receive full accreditation there must also be "additional and social support", through breastfeeding counsellors, peer supporters and health visitors who have undergone additional training. There must also be access to specialist support from lactation consultants (or health visitors who have qualified as lactation consultant level) as well as a robust referral pathway so that mothers who need this extra support can get it quickly.

The most critical time for establishing breastfeeding is the first two weeks, and even a small delay in getting help can lead to the end of breastfeeding. Health visitors are currently mandated to visit just 5 times - antenatally, at 10-14 days, at 6-8 weeks, at 1 year, and at 2 years. Health visitors in London are struggling to make these 5 visits, and the visits would not be frequent enough to cover the critical time period for establishing successful breastfeeding.

This is why additional peer and specialist breastfeeding support services that are well integrated into the hospital and community, working alongside midwives and health visitors, are so important. In Tower Hamlets there are sufficient paid staff as well as volunteers to provide good quality breastfeeding support to all mothers. They make home visits to those who need them as well as offering help on postnatal wards and in drop-in groups. But in many other parts of London there is a much more limited service or councils have cut back on the services that were once in place.

9. National guidance and strategy

There is guidance from the National Institute for Health and Care Excellence (NICE) on what breastfeeding support should be provided, but this is little known among those commissioning services. For example, there is an expectation that mothers are contacted by a peer supporter within 48 hours of leaving hospital. They are also meant to receive "proactive" breastfeeding support, rather than having to seek it out. As a minimum, all midwifery and community services should have Baby Friendly Initiative accreditation and this should be coordinated across all settings.

In practice, this happens in very few places in London.

In 2016, Public Health England (PHE) commissioned Unicef UK to write detailed guidance to help local authorities to commission infant feeding support. In practice, this guidance has not been followed. Recently, PHE convened a London-based "task and finish" group to look at this issue. It recommended that all local authorities in London aim to become Baby Friendly accredited and recommended that local authorities follow the PHE infant feeding commissioning toolkit https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/538344/Commissioning_infant_feeding_services_a_toolkit_for_local_authorities__Part_2_.pdf

In 2017, NHS England published guidance for implementing the government's national maternity strategy, Better Births. The government has made it clear (through correspondence and in answer to parliamentary questions) that it expects improvements to breastfeeding rates in England to be

achieved through Better Births (formally known as the Maternity Transformation Programme). This programme is a joint collaboration between NHSE and PHE and the intention is for it to be delivered through 44 Local Maternity Systems (LMS) in England. Each of these LMSs comprises CCGs, hospital trusts and local authorities and the LMS is governed by the area Sustainability and Transformation Partnership (STP). They are encouraged to co-commission across area and departmental boundaries. In London, there are 5 LMSs.

Better Breastfeeding is very concerned that there has been little progress in developing practical plans within LMSs for achieving the vision set out in Better Births in relation to breastfeeding support.

In 2017, Better Breastfeeding published a "guide to the guidance" for LMSs, bringing together all the relevant national guidance on breastfeeding support - from NICE, Unicef, PHE and other professional bodies https://betterbreastfeeding.uk/resources/.

A key recommendation of PHE and Better Births is for "coproduction" - involvement of local communities in the design of local plans. We have found that there is very little understanding of what coproduction means. Many local authorities have failed to engage with local communities at all, while others think that a public consultation is sufficient.

Better Breastfeeding would like to see London taking the lead on this, setting up a London-wide breastfeeding strategy group, with strong representation of local families, stakeholders and experts. This would enable London to become a "breastfeeding friendly city", providing much-needed leadership for local councils in London and elsewhere in the country for how this can be achieved. We would also like to see breastfeeding embedded into all other relevant policy areas, not just child health but also maternal health, inequality, education, and the environment.

10. Advertising of formula milk

There is a large body of evidence that shows that breastfeeding rates only improve when the advertising and promotion of formula milk and bottle feeding is prohibited. Although the UK has been signed up to the International Code of Marketing of Breastmilk Substitutes since the 1980s, it has not fully enacted this code in law. Currently, only the promotion of infant formula (up to 6 months) is prohibited. So-called "follow-on milks" and toddler milks are widely advertised and, since the branding is identical to infant formula, in practice formula milk itself is widely advertised.

We therefore urge the Mayor and London Assembly to use all the powers available to them to restrict the advertising of all formula milk and baby bottles in London. For example, the Mayor could take the lead in banning advertising of all formula milks on TfL.

11. Breastfeeding – welcome in London

Although breastfeeding in public is protected by law, this is not well known and has never been enforced. Some councils have "breastfeeding welcome" schemes that cafes and restaurants can opt into, but this is very patchy. The Mayor's office could make a big difference in creating a breastfeeding friendly city by setting up and widely promoting a London-wide breastfeeding welcome scheme (suggested title: "Breastfeeding – welcome in London"). This should include information sent to all businesses setting out what the law is and how to train staff who deal with the public. The scheme could also be extended to all London employers, with information about best practice in supporting staff who are breastfeeding, such as providing breastfeeding or expressing breaks and facilities for storing breastmilk.

The welcome scheme should be supported with a public poster campaign promoting breastfeeding in public in the capital. This would go a long way towards making a more breastfeeding friendly city and helping mothers feel more comfortable breastfeeding in public.

12. Educating the whole community

> *"The success or failure of breastfeeding should not be seen solely as the responsibility of the woman. Her ability to breastfeed is very much shaped by the support and the environment in which she lives. There is a broader responsibility of governments and society to support women through policies and programmes in the community."*
>
> *- Dr Nigel Rollins (WHO) in The Lancet*

Partners, parents and grandparents play an important role in supporting a mother to breastfeed. Antenatal education about breastfeeding should include the whole family and whole community. Schools and nurseries can play an important role in educating future generations. For example, nurseries and early years settings can remove toy baby bottles and teach young children how young animals are fed. In secondary schools, curricula should include education about breastfeeding as part of the teaching of human reproduction in science and also in PHSE classes.

13. Providing leadership

There is a great opportunity for London to lead the way in becoming a breastfeeding friendly city and showing other parts of the country how this can be achieved. The Mayor could use his public voice and influence to highlight the issue of low breastfeeding rates in the UK and what can be done to improve them. For example, there must be joined up strategies between the NHS and local authorities and joint funding to support breastfeeding. In the current climate, if supporting breastfeeding is to be a real priority then ringfenced funding is required. We would urge the Mayor to promote this idea nationally, for example through using "sugar tax" revenues to fund breastfeeding support as a way of reducing childhood obesity.

Even when fully resourced, breastfeeding support is relatively cheap, but more breastfeeding would result not only in health benefits but also cost savings to the NHS, reduce waste and carbon emissions, and would provide huge benefits to the economy as a whole. It should be seen as an investment in our future.

> *"If breastfeeding did not already exist, someone who invented it today would deserve a dual Nobel Prize in medicine and economics. Breastfeeding is a child's first inoculation against death, disease, and poverty, but also their most enduring investment in physical, cognitive, and social capacity."*
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> *- Keith Hansen, World Bank, Lancet 2016*

14. Recommendations

We welcome the Mayor of London's interest in making London a "breastfeeding friendly" city and suggest the following actions to achieve this goal:

- Form a London Breastfeeding Strategy Group, including all relevant stakeholders alongside parents themselves, to create a model of breastfeeding support across the city to ensure that all mothers who want to breastfeed are supported to do so. This strategy should be communicated to local authorities and especially to Local Maternity Systems that are delivering the government's Better Births maternity strategy. The strategy should make clear that breastfeeding is a high priority and London councils should follow commissioning guidelines set by NICE and Public Health England.
- Ensure that breastfeeding is considered in all policies where it is relevant, e.g. childhood obesity, adult mental health, reducing waste, reducing carbon emissions.
- Set a target for the whole of London to become fully accredited on the Baby Friendly Initiative in all settings - neonatal, maternity, community and children's centres - within the next 5 years.
- End the advertising and promotion of all formula milks and baby bottles wherever possible in London, especially on TfL.
- Create a London-wide breastfeeding welcome scheme that is well publicised to businesses and to the public, including a high-profile poster campaign to ensure that everyone knows about women's rights to breastfeed in public. The scheme should include information for employers of

breastfeeding mothers, explaining how they can support them through breastfeeding/ expressing breaks and by providing a place to store breastmilk.

- Create a model of a “breastfeeding friendly” city that others can follow, and provide leadership nationally on this issue, including emphasising the importance of funding for breastfeeding support as an investment in the future.
- Encourage schools and nurseries to teach children about breastfeeding as the normal way to feed babies.
- Promote the education of families and communities on the importance of breastfeeding rather than simply focusing on pregnant women.