**The State of Breastfeeding in the UK – Why breastfeeding needs everyone to support it.**

**By Shereen Fisher, Chief Executive, Breastfeeding Network**

Blog adapted from speech given at BfN’s Volunteer Celebration Event in Parliament on Tuesday 14th November 2017, event hosted by Alison Thewliss, MP Glasgow Central.

~

There is a great deal of unarguable evidence of the benefits of breastfeeding to babies and to mothers, and women in the UK are advised to feed their baby exclusively on breast milk for the first six months.

Yet the UK has some of the lowest breastfeeding rates in the World: figures from 2016 show that

* Whilst 81% of mothers try breastfeeding at birth,
* Only 34% still breastfeed at 6 months and
* Only 0.5% are still breastfeeding at 12 months
* 8/10 British women stop breastfeeding before they want to.

**With a very high rate of intention - and then of disappointment - why do we in the UK, with the fifth largest economy, have some of the worst breastfeeding records in the world?**

There are many reasons but the main ones are:

* An entrenched bottle-feeding culture where formula milk is seen as nearly as good
* current policy that hold mothers **alone** responsible for making breastfeeding work and that doesn’t address the wider social, economic and cultural issues
* social stigma and awkwardness felt by mothers and partners doing something that is perceived to be ‘unpopular’

AND

* **Inadequate support for families** to help them through the practical and emotional challenges associated with being a new parent, breastfeeding, including returning to work.

All of these factors combine to make breastfeeding a hard choice for women and creates **worsening health inequalities**, because the lowest breastfeeding rates of all are amongst our least affluent communities.

The Breastfeeding Network is one of the UK’s main charities dedicated to providing support for choice in infant feeding.

Over the past 20 years we have supported **hundreds of thousands** of women and their families with breastfeeding through the National Breastfeeding Helpline and face to face in communities where we run peer support schemes working alongside health care professionals.

We have also trained over 6000 peer supporters in their communities to support local women and families, many of whom do this on a voluntary basis.

The charity is unique in addressing health inequalities in that we are:

* committed to working in areas where breastfeeding rates are at their lowest
* uncompromising in our stance to never charge women for their peer support training

AND

* Additionally, we run a unique service which informs mothers and health care professionals on the impact of medication and breastfeeding. The service deals with over 10,000 enquiries every year and is the only breastfeeding charity which is giving important attention to the relationship between maternal mental health and breastfeeding.

**We all have a responsibility and we know what works …**

Dr Nigel Rollins of the World Health Organisation said in 2016,

‘Success in breastfeeding is not the sole responsibility of a woman – the promotion of breastfeeding is a collective social responsibility’

I would go further to say that both **support and promotion** **are** collective social responsibilit**ies**. There is consensus that a programme which is simply based on promotion is doing nothing to change the environment in which women are trying to breastfeed. Support for breastfeeding needs to exist everywhere - in health care settings - and outside in communities - because breastfeeding can happen anywhere.

So, just as the saying goes ‘It takes a village to raise a child’ - It takes a community to support mothers to breastfeed.

And we know that:

* where peer support services meet with good national and local strategic plans,
* where hospitals and healthcare units are properly ‘baby-friendly’, and
* where commitments from employers, businesses and communities are in place to support breastfeeding

… that a village can flourish that can help women to breastfeed in comfort and at ease.

There has been progress, it is easy to think that nothing has changed. Healthcare systems have made progress. In England 57% of births happen in baby friendly accredited hospitals (at Autumn 2017).

But with recent staff shortages in maternity services, cuts to health visiting services and de-commissioning of voluntary sector support we are on a precipice that could undermine progress.

Many parents still report poor quality or a complete lack of support that frustrated their intention to breastfeed – there simply was no one to help them in their village.

We are concerned that there is a further decline in investment in support services and this is backed up by two key pieces of research.

* A 2017 UNICEF survey of Infant Feeding Leads across England revealed that over half of breastfeeding support services had seen cuts.
* Cardiff University research found that breastfeeding peer supporters were available in only 56% of NHS regions. This is contrary to national guidance, which states that peer support should be available in the UK to aid the initiation and continuation of breastfeeding.

The impact of all this is that families aren't receiving the support they need to continue to breastfeed. 80% of mums who stop breastfeeding in the early days do so before they want to.

What is clear is that the provision of support that is reliable, predictable and personalised for women is grossly inadequate. I would argue that the lack of and variable nature of support then also contributes to a sense that parents are being let down. This in turn has implications for future decisions around infant feeding.

On the flip side – get the support right, enable choice to happen, empower women and enable them to believe in their choices - then breastfeeding can flourish and parents can grow in confidence. Mothers who call the National Breastfeeding Helpline also highly value support coming from a peer who has time, skills and experience. Feedback from parents we have supported routinely evidences some the best human qualities – kindness, empathy, wisdom and compassion as well as practical understanding and know-how.

Getting the support right so that every mother and parent can access a village of support is essential for real change to happen.

**So, the policy and investment decisions that Governments make to back and drive the change are essential here too – it can’t be left to mothers alone.**

The Scottish Government can be distinguished in its efforts demonstrating a commitment to ensuring that every child gets off to the best start and to supporting breastfeeding. Scotland, offers strong legal protection for women who breastfeeding in public. Also, Scotland have 100% of maternity units meeting the Unicef Baby Friendly Initiative best practice standards. The newly published **Programme for Government** includes a commitment to increase resources for breastfeeding and early days support.

**Now these changes need leadership from all UK Governments.**

**So, as an MP what can you do to help build an environment that supports breastfeeding?**

Use your influential voice and play your part in creating and shaping policies for key outcomes that we need to turn this situation around:-

 **Pledge your support to Unicef’s Call to Action – this means**

1. Backing a national infant feeding strategy board that will set the vision and make clear the various aspects of work to follow.
2. It will ensure that breastfeeding is addressed in all relevant policy areas including health inequalities, physical and mental health, obesity, community resilience, social isolation – breastfeeding goes a long way to addressing these priorities.
3. Supporting a programme of work that considers the whole parent journey from pregnancy to new parenting. This means support for baby friendly initiatives and then also investment in community support so that support is available beyond the healthcare system. This needs to be UK wide and not the current patchy provision.
4. And of course examine the need to control the commercial promotion of formula that undermines parental choice and breastfeeding.

**These initial achievements will finally start to set us up as a country on a firm footing that can work with the intention of new parents to breastfeed and help put support in place that mothers and babies deserve.**