

3. Choice of feeding methods

Key findings

- When asked to think back to before they had their baby, three-quarters of mothers (75%) said they intended to breastfeed their baby in some way, an increase from seven in ten (70%) in 2005.
- Mothers of second or later babies who had breastfed their previous child for six weeks or more (94%), mothers who said most of their friends only breastfed (92%) and mothers who were only breastfed themselves as infants (89%) were the most likely to intend to breastfeed (either exclusively or with formula).
- Almost all mothers who intended to breastfeed actually did so, at least initially: 98% of those intending to breastfeed only and 95% of those intending to give breastmilk and formula.
- Most mothers who planned to formula feed only actually did so (82%), however, nearly one in five (18%) breastfed initially. This is an increase on 2005, where about one in ten (11%) mothers who planned only to formula feed actually breastfed their baby.
- Mothers who intended to breastfeed only did so for longer compared with mothers who intended to mix breast and formula feeding and those who had only intended to formula feed. For example, when babies were six months old, 50% of mothers who intended to breastfeed only were still doing so compared with 23% of mothers who intended to use mixed feeding.
- Over four in five mothers said they were aware of the health benefits of breastfeeding (83%) and three-quarters (75%) were able to name a benefit spontaneously. Mothers from managerial and professional occupations (89%) and mothers aged 35 or over (84%) were most likely to be able to name a benefit.
- About four in five mothers recalled receiving information during their pregnancy about the health benefits of breastfeeding (82%), with midwives being the most common source of such information (83% of those who recalled receiving information). Mothers who recalled receiving information were more likely than mothers who had not to intend to breastfeed (77% compared with 66%) and were more likely to actually initiate breastfeeding (83% compared with 73% of those who did not recall receiving information).
- Nearly all mothers had attended antenatal check-ups (96%), while about two in five (38%) had attended antenatal classes. First-time mothers (64%) and mothers from managerial and professional occupations (50%) were the most likely to attend antenatal classes.
- About three-quarters (76%) of all mothers had discussed feeding at their antenatal check-ups, while just less than three in ten of all mothers had discussed feeding at antenatal classes (28%).
- Two in five mothers (41%) were taught how to position their baby for breastfeeding and how to attach their baby to the breast during their pregnancy.

This chapter explores how mothers intended to feed their baby prior to the birth. It looks at the reasons behind their feeding choice and the possible social factors that may have influenced it. It also examines the influence that health professionals and others may have had on mothers' choice of feeding method, through information received at antenatal check-ups and classes.

3.1 Planned method of feeding

At Stage 1 of the survey, when babies were around four to ten weeks old, all mothers were asked if they had planned before the birth how they were going to feed their baby. The majority of mothers said that they had made plans, with over nine in ten (92%) across the UK being able to state their planned feeding method. Overall, three-quarters of mothers (75%) said that they planned to breastfeed in some way, an increase from seven in ten (70%) in 2005. Around three in five (61%) mothers intended only to breastfeed and a further 14% intended to breastfeed and formula feed. One in twelve (8%) had not decided on their method of feeding before the birth.

Mothers in England were the most likely to plan to breastfeed (76%), and mothers in Northern Ireland were the least likely (58%). Conversely, mothers in Northern Ireland were the most likely to plan to formula feed only (31%), and mothers in England were the least likely to do so (16%).

Table 3.1

Table 3.2 shows that first time mothers were a little more likely to intend to breastfeed (76%) compared with mothers of second or later babies (73%). This pattern was more pronounced when looking at those who intended only to breastfeed with two-thirds (66%) of first time mothers stating this was their intention compared with just over half (55%) of mothers of second or later babies. First time mothers were also more likely than mothers of second or later babies to say they had not made up their mind before the birth how they were going to feed their baby (10% and 5% respectively).

Given the association between mothers' experiences of feeding a previous baby and how they fed their current baby, it is not surprising to see that there was also a strong association between the mother's previous feeding experience and her intended feeding behaviour this time around. Almost all mothers of second or later babies (94%) who had breastfed their previous child for six weeks or more said they had intended to breastfeed this time round, with most saying they planned to breastfeed only (73%). Two-thirds (67%) of mothers of second or later babies who had breastfed their previous child for less than six weeks said they had also intended to breastfeed this time round, although 23% said they intended to use infant formula only. Mothers who did not breastfeed their previous child at all were least likely to have intended to breastfeed this time round: 29% of these mothers intended to breastfeed compared with 62% who intended to use infant formula only. It is interesting to note that a higher proportion of mothers switched from previous exclusive formula use to intending to breastfeed (29%) than the proportion of mothers who breastfed previously for more than six weeks intending to use formula only this time round (3%).

Table 3.2

The vast majority of mothers who said they had decided before the birth how they planned to feed their baby carried out their stated intentions, at least in terms of what they did initially. However, while this association might be expected it must also be treated with caution. The fact that mothers were asked retrospectively about their feeding intentions may mean that they could have forgotten or rationalised their intentions, in the light of their actual experience.

Mothers who intended to breastfeed were more likely to have carried out their intentions than mothers who intended only to use formula. Nearly all (98%) mothers who intended only to breastfeed initiated breastfeeding and, of mothers who planned to give breastmilk and formula, 95% breastfed initially. Most mothers who planned only to formula feed did actually do so (82%), however, nearly one in five (18%) breastfed initially. Where mothers had not decided how to feed their baby before the birth, their actual feeding behaviour was split, with 64% breastfeeding initially and 36% using only infant formula.

While the actual feeding behaviour of mothers who intended only to breastfeed or to give breastmilk and formula has remained unchanged since 2005, breastfeeding initiation rates have increased among mothers who intended only to formula feed or had not decided how to feed their baby before the birth. The proportion of mothers initiating breastfeeding who had planned only to formula feed increased from 11% in 2005 to 18% in 2010, while for mothers who had not decided how to feed their baby before the birth, it increased from 57% in 2005 to 64% in 2010. This may be linked to the increase in the proportion of mothers having skin-to-skin contact with their baby within an hour of the birth, which may make mothers more likely to try breastfeeding (see Chapter 1).

Table 3.3

While the association between stated intentions and actual feeding behaviour was strong, it is also useful to examine whether feeding intentions were related to the duration of breastfeeding and exclusive breastfeeding among mothers who initiated breastfeeding.

Table 3.4 shows that mothers who said they intended to breastfeed only did so for longer compared with mothers who said they intended to adopt a mixed feeding approach (giving breastmilk and formula). Thus, at one week 90% of mothers who intended to breastfeed only were still doing so compared with 81% of mothers who intended to use a mixed feeding approach. This difference continued through until nine months. For example, at six months 50% of mothers who intended to breastfeed only were still doing so compared with 23% of mothers who intended to use mixed feeding.

Mothers who said they had not intended to breastfeed but who did so initially, breastfed for the shortest time. Thus, of these mothers under half (44%) were still breastfeeding at one week, and this had fallen to six per cent at six months.

Table 3.4

Table 3.5 shows a similar pattern when looking at the duration of exclusive breastfeeding. Mothers who had intended only to breastfeed were likely to feed exclusively for longer than mothers who intended to use mixed feeding. Thus, 71% of mothers who had intended to breastfeed only and who fed exclusively at birth were still exclusively breastfeeding at one week compared with 53% of mothers who had intended to use mixed feeding. At six weeks the proportions of mothers who were still exclusively breastfeeding were 40% and 11% respectively.

Mothers who intended to use infant formula only but who actually breastfed exclusively at birth tended not to feed exclusively for long. Thus, at one week only 37% of these mothers were still feeding exclusively and this had dropped to seven per cent at six weeks.

Table 3.5

3.2 Reason for choice of feeding method

At Stage 1, all mothers who said they knew before the birth how they were going to feed their baby were asked why they had planned to feed their baby in this way. Answers were collected in open format and later coded into categories. More than one reason could be provided.

Table 3.6 shows that by far the most common reason behind the intention to breastfeed only was an understanding that this was best for the baby's health. This reason was given by 83% of all mothers who planned only to breastfeed, with first-time mothers being more likely than mothers of second or later babies to cite this as a reason (88% and 76% respectively). Other common reasons given for planning to breastfeed included convenience (22%), because of the health benefits for the mother (17%), because of the closer bond it helped to create between mother and baby (16%) and because it was cheaper than using infant formula (15%). Just over quarter of mothers of second or later babies stated convenience as a reason (26%), compared with 19% of first-time mothers.

Mothers of second or later babies who had breastfed previous children tended to give fuller responses than those who had not breastfed and were more likely to mention a number of reasons for planning to breastfeed. The difference was most marked for convenience, with mothers who had experienced breastfeeding a previous child being much more likely to mention this than those who had not (28% compared with 8%). Older mothers were also more likely to mention convenience than younger mothers (28% of those aged 35 or over compared with 13% of mothers aged 20-24 and under 20). These two findings may be linked, as older mothers are more likely to have had previous children.

Table 3.6

Table 3.7 shows that the most common reasons given by mothers who planned before the birth to use infant formula only were that they did not like the idea of breastfeeding (20%), convenience or due to their lifestyle (19%) and because other people could feed the baby (17%).

Previous feeding behaviour was a common reason cited by mothers of second or later babies who intended to use formula only this time round. Over a third (35%) said this was how they had fed their previous children, while 18% said they had tried breastfeeding in the past and had not liked it or were put off by the experience of others.

The youngest mothers (those aged under 20) were more likely to say they did not like the idea of breastfeeding (31%) and that they would be embarrassed to breastfeed (20%), which may reflect the fact that young mothers may feel more self-conscious about breastfeeding. These concerns were also more likely to be expressed by first-time mothers (30% and 16% respectively). First time mothers were also more likely to plan to use infant formula only because other people could feed the baby (21%).

Table 3.7

3.3 Awareness of the health outcomes related to infant feeding

A range of health outcomes are associated with how infants are fed. In order to match the language in which these are normally discussed with mothers, respondents were asked whether they were aware of the health benefits of breastfeeding.

As seen in the previous section, a key reason mothers stated for wanting to breastfeed was the health benefits associated with doing so. At Stage 1 of the survey all mothers, irrespective of their feeding intentions were asked whether they were aware of the health benefits of breastfeeding and if so, what the benefits were for the baby and for the mother as a result of doing so.

Overall, 83% of mothers across the UK said that they were aware of the health benefits of breastfeeding; three-quarters (75%) were able to name at least one of these specific benefits spontaneously in 2010. The proportion aware of the health benefits was very similar to 2005 (84% in 2005), although the proportion able to name a benefit was higher in 2005 (80%).

Mothers in Scotland were most likely to be aware of the health benefits of breastfeeding (86% compared with 83% overall), and able to name a benefit (79% compared with 75% overall). This fits in with a finding reported later in the chapter that mothers in Scotland were the most likely to recall receiving information about the health benefits of breastfeeding, although the fact that a similarly high proportion recalled receiving information in Northern Ireland did not also translate into greater awareness (83% aware of health benefits and 72% aware and able to name a health benefit in Northern Ireland). The proportion of mothers aware of health benefits and able to name a health benefit also dropped in Northern Ireland, relative to 2005 (88% and 83% in 2005), although it remained broadly consistent in the other UK nations.

Table 3.8

Socio-demographic characteristics also had an effect on awareness of the health benefits of breastfeeding. Mothers in managerial or professional occupations had the highest levels of knowledge (89% aware and able to name a benefit), while those who had never worked had the lowest levels (44% aware and able to name a benefit).

In addition, older mothers were more likely than younger ones to be aware of the health benefits and be able to spontaneously give a health benefit of breastfeeding. For example, over four in five (84%) mothers aged 35 or over were aware and able to name a health benefit, compared to three in five mothers under 20 years of age (60%).

In terms of ethnicity, White mothers were more likely to say that they were aware of the health benefits of breastfeeding than any other group. Seventy-eight per cent of White mothers were able to name a health benefit of breastfeeding, compared with 64% of mothers from Chinese or other ethnic minority groups, 63% of Black mothers and 59% of Asian mothers. Mothers from a mixed race background were in line with the average.

Mothers who said they had intended only to breastfeed were more likely to be aware of the health benefits of breastfeeding (82% aware and able to name a benefit) than those who said they were planning to use infant formula only (56% aware and able to name a benefit). This pattern continued through to actual feeding behaviour where four in five (80%) of those who breastfed initially were aware and able to name a benefit compared with over half (55%) of those who never breastfed.

There was no difference in the level of awareness of the health benefits of breastfeeding between first-time and second-time mothers. However, among mothers of second or later babies, those who had breastfed their previous child were more likely to be aware of the health benefits of breastfeeding, compared with those who had not. For example, 84% of mothers who had breastfed their previous child for 6 weeks or more were able to name a benefit, compared with 56% of those who had not breastfed their previous child.

Table 3.9

When mothers who said they were aware of the health benefits of breastfeeding were asked to specify what they thought the health benefits were, the most commonly mentioned health benefit for the baby was that breastfeeding helps to build the baby's immunity resulting from antibodies passed on from the mother. This was mentioned by over two-thirds (69%) of mothers who were aware of the health benefits (and were able to name at least one). Other health benefits frequently cited by mothers who were aware of the health benefits were that:

- breastfeeding reduces the likelihood of asthma, eczema and other allergies (25%)
- breastmilk is more nutritious and has more vitamins than infant formula (24%)
- the baby has less colic or wind and fewer stomach and digestive problems (13%)
- it helps to reduce the chance of childhood obesity (12%)

The most commonly cited health benefit of breastfeeding for the mother was that it helps the uterus contract after the birth and/or helps the mother lose weight (mentioned by 67% of mothers who knew about the health benefits of breastfeeding). In addition, reducing the risk of cancer was also cited as a health benefit of breastfeeding to the mother with 38% citing that it reduces the risk of breast or ovarian cancer and a further 22% saying that it reduces the risk of cancer generally.

Additionally, one in five (20%) mothers mentioned the role of helping the bonding process with the baby as a health benefit for both the mother and the baby.

Regarding health benefits for the baby, there were some variations by country in terms of the health benefits of breastfeeding mentioned, which may reflect the different sources of information provided to mothers in each of the UK nations. Mothers in Scotland (33%) and Northern Ireland (30%) were more likely than mothers in England (25%) and Wales (22%) to mention the role of breastfeeding in protecting against allergies such as asthma and eczema. Conversely, mothers in Scotland were least likely to state that breastmilk is more nutritious / has more vitamins (16% compared to 24% overall) and mothers in Northern Ireland were least likely to mention that it helps develop the immune system (64% compared to 69% overall).

In terms of health benefits for the mother, mothers in Scotland and Northern Ireland were more likely to mention the reduced risk of cancer (32% and 27% respectively, compared to 21% in England and 22% in Wales) and osteoporosis (14% and 12% respectively compared with eight per cent in England and nine per cent in Wales). Conversely, mothers in Scotland were least likely to mention that breastfeeding helped the uterus to contract and helped the mother lose weight (54% compared with 67% overall). Regarding health benefits for the mother and baby, mothers in Scotland were also least likely to mention that breastfeeding helps bonding with the baby (15% compared with 20% overall).

Table 3.10

3.4 Sources of information on the health outcomes related to infant feeding

At Stage 1 all mothers were asked if they had received any information during their pregnancy about the health outcomes related to infant feeding (again, to match the language in which these are normally discussed with mothers, the term 'health benefits of breastfeeding' was used). Just over four in five mothers (82%) across the UK recalled receiving information about the health benefits of breastfeeding, although this was higher in Scotland (88%) and Northern Ireland (87%) than in Wales (82%) or England (81%).

As might be expected, first-time mothers were more likely to recall being given information about the health benefits of breastfeeding (87% compared with 77% of mothers of second or later babies). However, as discussed in section 3.3, mothers of second or later babies were just as likely to be aware of the health benefits of breastfeeding as first-time mothers, as they are likely to have received information about this in an earlier pregnancy.

The patterns by age, occupational group and ethnicity discussed in section 3.3 were reflected in the proportions recalling receiving information about the health benefits of breastfeeding, however they were much less marked. This indicates that not recalling receiving information accounts to some extent for lack of awareness and knowledge of the health benefits of breastfeeding, but other factors are also involved. For example, over four in five (85%) of those in managerial and professional occupations recalled receiving this information, compared with 71% of those who had never worked. Mothers aged under 20 (73%), Chinese (74%) and Asian (77%) mothers were less likely than average (82%) to recall receiving this information.

Table 3.11

Table 3.12 shows that mothers who recalled receiving information on the benefits of breastfeeding during pregnancy were more likely to say that they were aware of the health benefits of breastfeeding (87%), compared to mothers who did not recall receiving any information (64%). Mothers who recalled receiving information were also more likely to be able to name a health benefit spontaneously, with 79% being able to do so, compared with 57% of mothers who did not recall receiving information.

Information provided during pregnancy also appears to be related to feeding intentions and behaviour. Mothers who recalled receiving information on the health benefits of breastfeeding were more likely to have planned to breastfeed (77%) than those who did not recall receiving information (66%). They were also more likely to have actually breastfed initially compared with those who did not recall receiving information (83% and 73% respectively).

Table 3.12

Mothers had recalled receiving information from a variety of sources. Midwives were the most common source of information (83%), although this was lower in England (82%) than the other UK nations (90% for Scotland and Northern Ireland, 88% for Wales). Other common sources of information about the health benefits of breastfeeding included books, leaflets and magazines (38%), health visitors (18%) and the internet (13%).

Table 3.13

3.5 Factors associated with planned feeding method

As discussed earlier, there is a very strong association between stated feeding intentions before the birth and actual feeding behaviour, meaning that the relationship seen in Chapter 2 between feeding behaviour and socio-demographic characteristics is expected to be repeated for feeding intentions in this chapter, with older mothers, those from managerial and professional occupations, and those who left education later being the most likely to say they had intended to breastfeed.

However, there are also other social and cultural factors that may be important in influencing a woman's choice of feeding. This section looks at the relationship between planned feeding method and how the mother herself was fed and the influence of her peers. In examining the association between a woman's feeding intentions and those of her peers, it should be borne in mind that the socio-demographics of any peers are likely to be the same as the woman herself in terms of socio-economic group, age and so on.

Table 3.14 shows that of mothers who were breastfed only as babies, 89% were planning to breastfeed themselves (either exclusively or with formula), compared with 60% of mothers who were formula fed only as babies (and 68% of mothers who did not know how they were fed). Likewise, mothers who were formula fed only as babies were more likely to say that they were planning to use infant formula only (30%) compared with mothers who were only breastfed as babies (6%). Nevertheless, the fact that 60% of mothers that were only fed with infant formula as a baby intended to breastfeed themselves (either exclusively or with formula), demonstrates that while how mothers themselves were fed as babies is an important factor, this is not an essential pre-requisite for breastfeeding.

Mothers were also asked if they had known other mothers with young babies before they had their baby, and if so, how these mothers had fed their babies. Nearly nine in ten (88%) mothers across the UK had known other mothers with young babies before they had their baby. Of these, virtually all mothers (98%) knew the feeding method that was used by the other mothers. (Data not shown).

Table 3.14 also shows that nine in ten mothers (92%) who said most of their friends had only breastfed their babies also intended to breastfeed their own baby (either exclusively or with formula). For mothers where most of their peers had only formula fed, the intention to breastfeed dropped again to three in five (60%). However, as with how the mother was fed herself, peer influence was not the only influencing factor, as the majority of these mothers still intended to breastfeed.

Among women who said that they had not known other mothers, and therefore might be expected not to have been influenced by their peers, three-quarters (75%) planned to breastfeed, which was in line with the overall proportion (75%).

Table 3.14

3.6 Antenatal care and feeding information received during pregnancy

At Stage 1 of the survey all mothers were asked about the antenatal care they received. Mothers who had attended antenatal check-ups or classes were also asked whether feeding had been discussed with them. This section looks initially at the antenatal care received by mothers and goes on to examine the information on feeding they received at check-ups and classes during their pregnancy.

3.6.1 Antenatal care received

Almost all mothers across the UK (96%) had attended antenatal check-ups during their pregnancy and this was broadly consistent across countries. Nearly two in five (38%) attended antenatal classes during their pregnancy. Mothers in Scotland were the most likely to have done so (44%), whilst mothers in Wales were the least likely (31%).

Whether or not the mother was a first time mother had no relationship with whether antenatal check-ups were attended, but this did have an effect on whether antenatal classes were attended. Nearly two-thirds (64%) of first time mothers attended these classes whereas around one in ten (11%) mothers of second or later babies did so. Many of the mothers of second or later babies may have attended classes during their first pregnancy and not felt the need to attend them again.

In addition, attendance of antenatal classes was strongly associated with the socio-economic characteristics of the mother, with attendance at antenatal check-ups being influenced to a lesser extent. Half (50%) of mothers in managerial and professional occupations attended antenatal classes, compared with nearly three in ten (29%) mothers in routine and manual occupations and 17% of those who had never worked. Mothers who had never worked were also less likely to attend antenatal check-ups (88%).

Both attendance at antenatal check-ups and antenatal classes were influenced by the mother's ethnicity. White mothers were the most likely to attend check-ups (97%) and classes (40%), whilst Asian mothers were the least likely to attend either (89% and 25% respectively). This maybe inter-related with findings for occupational group, for example, Asian mothers were the most likely to have never worked (see Chapter 1 for further discussion on this).

Table 3.15

The most common location stated for antenatal classes was in a hospital, birth centre or midwifery led unit, which was mentioned by half of mothers who attended an antenatal class across the UK (51%). This was followed by a quarter (25%) of mothers who stated attending antenatal classes in a Children's Centre and nearly a fifth (19%) who stated attending at a clinic, doctor's surgery or health centre.

There were variations in locations for antenatal classes by country, reflecting how these classes are delivered across the four UK nations. For example, mothers in Northern Ireland and Wales were more likely to attend classes in a hospital, birth centre or midwifery led unit (76% and 75% respectively), mothers in Scotland were more likely to attend classes at a clinic or doctor's surgery (41%) and mothers in England were more likely to attend classes at a Children's Centre (29%).

Additionally, attendance at classes delivered by a voluntary or charitable organisation was more common in England (17%).

Table 3.16

3.6.2 Information on feeding received during antenatal care

Mothers were asked whether feeding was discussed at any antenatal check-ups or classes they attended during this pregnancy. All mothers were also asked if they had been taught positioning and attachment during this pregnancy. Table 3.17 shows that across the UK, 84% of mothers said that feeding had been discussed at an antenatal check-up or class or that they had been taught positioning and attachment. Just over three-quarters of mothers (76%) had discussed feeding at an antenatal check up, while 28% of mothers discussed feeding in an antenatal class. (The teaching of positioning and attachment is discussed later in this section).

Overall, mothers in Scotland and Northern Ireland were more likely (84% and 85% respectively) to discuss feeding at check-ups than mothers in England and Wales (75% and 78% respectively). Scottish mothers were the most likely to have attended classes where feeding was discussed (33%) and Welsh mothers were the least likely to have done so (22%). First time mothers were more likely than mothers of second or later babies to discuss feeding at antenatal check-ups or classes (88% and 80% respectively). This was primarily due to the large difference in attendance of classes including talks or discussions about feeding babies, where nearly half (48%) of first time mothers discussed feeding, compared with six per cent of mothers of second or later babies. Again, this reflects their relative propensity to attend these classes. The proportion of first time and second or later mothers discussing feeding at antenatal check-ups was much more in line with each other (77% and 75% respectively).

Mothers in managerial and professional occupations were also more likely to attend an antenatal class where feeding was discussed (39%) compared with those who had never worked (10%).

Table 3.17 also shows that those intending to formula feed were more likely to discuss feeding at an antenatal check-up than those intending to breastfeed (81% and 75% respectively), although there was no variation in attendance of antenatal check-ups by feeding intention (see Table 3.15). It may be that those intending to formula feed had a more extended discussion about feeding at the check-up, where the health professional sought to understand why they wanted to do this and gave them information about why they may want to consider breastfeeding. Mothers may have been more likely to recall it for this reason. Conversely, those intending to breastfeed were more likely to attend antenatal classes, including those where feeding was discussed (43% and 32%) than those who intended to formula feed only (18% and 10% respectively) – see Table 3.15 as well as Table 3.17. Although this may suggest that attendance at antenatal classes has a positive impact on mothers' likelihood to intend to breastfeed, it should also be borne in mind that the demographic profile of those attending antenatal classes and those intending to breastfeed and actually initiating breastfeeding are similar. In particular, mothers in managerial and professional occupations were more likely to attend antenatal classes, intend to breastfeed and carry out these intentions (see Chapter 2 for information on the demographic profile of those who initiate breastfeeding).

Two in five mothers (41%) across the UK were taught how to position their baby for breastfeeding and how to attach their baby to the breast during pregnancy. Mothers were more likely to be taught this in England and Scotland (42% and 41% respectively) than in Wales or Northern Ireland (36% and 35% respectively). In a similar pattern to the discussion of feeding at classes, a higher proportion of first time mothers were taught positioning of the baby and how to attach to the breast (58%) compared with mothers of second or later babies (24%).

Those who were taught positioning and attachment were also more likely to intend to breastfeed than formula feed (48% compared with 16%). However, it is hard to say whether this influenced their intention to breastfeed, or whether they attended a session on this because a prior intention to breastfeed meant that it seemed relevant to them.

Table 3.17