

## 4. Birth, post-natal care and the early weeks

### Key findings

- Skin-to-skin contact soon after birth is known to help mothers to establish a first successful breastfeed. The majority of mothers (81%) had skin-to-skin contact with their baby within an hour of the birth, rising to 88% within 24 hours. This was a significant increase since 2005 (when it was 72% within an hour and 81% within 24 hours). Breastfeeding initiation was indeed much higher for babies exposed to skin-to-skin contact (84% for those babies within an hour of contact and those who had contact between one and twelve hours, compared with 61% with no such contact).
- Mothers of the most premature babies (born when mothers were less than 32 weeks pregnant) were more likely to initiate breastfeeding (92%), although there was no difference in breastfeeding initiation between full term and all babies born prematurely.
- Babies starting life in special care were more likely to be given breastmilk initially (85%). Babies spending long periods of time in special care after the birth were more likely than average to be breastfed at one and two weeks (for example, 78% of those spending two to three days and 77% of those spending four or more days were being breastfed at one week, compared with 70% of all mothers).
- There was a relationship between how mothers were fed themselves as infants and how their peers fed their babies with how long mothers breastfed their own children. Breastfeeding mothers who were themselves entirely formula fed were more likely to stop breastfeeding in the first two weeks (27%) than mothers who were only breastfed themselves (9%). For breastfeeding mothers where most of their friends only formula fed their babies, these mothers were more likely to stop breastfeeding within two weeks (26%) than mothers where most of their friends breastfed only (6%).
- Just over three in ten breastfed babies had received additional feeds in the form of formula, water or glucose while in hospital (31%). This practice was particularly associated with those starting life in special care (73%), prematurity (67%) and receiving phototherapy for jaundice (63%). In about 14% of cases, additional feeds had been given on advice and in 10% of cases, it was because the mother wanted to. The remaining 7% said that neither of these applied.
- Provision of formula or additional drinks was associated with an increased likelihood of stopping breastfeeding in the early weeks, particularly for those who wanted to do so, as opposed to doing so on advice. By the end of the first week, 42% of those who wanted to give additional feeds and 21% of those advised to do so had stopped breastfeeding, compared with 10% of mothers who exclusively breastfed in hospital.
- Nearly three-quarters of mothers who breastfed initially put their baby to the breast within the first hour (74%).
- Most babies born in a hospital, birth centre or unit who were breastfed initially stayed with their mother at all times (89%). This is an increase since 2005 (84%).
- Nearly seven in ten mothers breastfeeding in the hospital, birth centre or unit (69%) had been shown how to put their baby to the breast in the first few days (84% of first-time mothers and 50% of mothers of second or later babies).
- Just under half of mothers breastfeeding in the hospital, birth centre or unit (48%) were informed about how to recognise that their baby was getting enough milk and nearly two in five (37%) felt they were confident enough to recognise whether or not their baby was getting enough milk.
- Around three in ten mothers had experienced some kind of feeding problem either in the hospital, birth centre or unit (29%) or in the early weeks after leaving (30%). The highest levels of problems were experienced by mothers who used a combination of breastmilk and formula (52% in hospital, 42% after leaving).

- Over four in five breastfeeding mothers who experienced problems were offered help or support (84% in the hospital, birth centre or unit, 82% after leaving). Those who did not receive help or support for these problems were more likely to have stopped breastfeeding within the first two weeks than those who did receive such help or support (27% compared with 15% after leaving the hospital, birth centre or unit).
- Nearly seven in ten mothers (69%) had been given the contact details of a voluntary organisation or community group which helps new mothers with infant feeding.
- Nearly two-thirds of mothers (64%) were aware of the National Breastfeeding Helpline, with four per cent saying they had used it in the UK.

This chapter examines factors related to the birth and to care provided to mothers in the hospital, birth centre or unit. There is a particular focus on how the gestational age of the baby at birth and events during and immediately after the birth may affect feeding, and more specifically breastfeeding, in the first few weeks. This chapter also covers problems with breastfeeding in the hospital, birth centre or unit and the initial weeks, reasons for stopping and what could have helped mothers continue breastfeeding for longer. The possible influence of relatives and friends on mothers' feeding practices is also considered.

## 4.1 Breastfeeding and factors associated with the birth

Chapter 3 noted that the majority of mothers who said that they had planned to breastfeed followed through with their intentions. However, it is useful to examine the variance in prevalence of breastfeeding in the first two weeks by factors related to the labour and delivery and whether the mother gave birth in a hospital with full accreditation from the Baby Friendly Initiative, enabling any potential influences on breastfeeding initiation to be detected.

The findings of logistic regression on understanding the impact of these factors as well as of various demographic characteristics on breastfeeding initiation and prevalence at two and six weeks (based on full term babies) can be found in Appendix C.

Contextual information such as type of delivery, where the mother gave birth, analgesia given during labour, the gestational age of the baby at birth and whether the baby was admitted to special care are discussed in Chapter 1.

### 4.1.1 Type of delivery

Nearly two-thirds of babies were born by normal birth (63%), while nearly a quarter (24%) were born by caesarean section. Vacuum extraction (*ventouse*) and forceps were each used in seven per cent of births (see Chapter 1). Although the likelihood to breastfeed initially and to breastfeed at one and two weeks did not vary much by method of birth, those who had had a vacuum extraction were more likely to breastfeed at each of these stages. For example, 84% of mothers who had undergone this procedure began breastfeeding initially, compared with 81% overall. In addition, at one and two weeks mothers who had a vacuum extraction were still more likely to breastfeed with 74% and 72% doing so for the respective stages, compared with 70% and 67% overall. There is no obvious reason for this and it may be a finding which is not replicated.

**Table 4.1**

### 4.1.2 Where the mother gave birth

For the first time in the Infant Feeding Survey, mothers in 2010 were asked in more detail about where they gave birth, rather than just hospital or home. Most mothers reported that they gave birth in hospital, either in a midwife-led unit (64%) (where care is entirely delivered by midwives and mothers are encouraged to give birth with as little medical intervention as possible) or a consultant-led unit (the traditional 'Labour Ward') (29%). A further 2% reported that they gave birth in a midwife-led unit or birth centre separate from hospital and 3% reported they gave birth at home. See Chapter 1 for further discussion on these findings.

Breastfeeding initiation was highest among the small proportion who gave birth at home (88%) and among those who reported that they gave birth in a consultant-led unit (85%), compared with 81% overall. Mothers giving birth at home may receive more consistent support to establish breastfeeding and they may not have to deal with the range of different staff and practices that occur in hospital; they may also be more predisposed to breastfeed for lifestyle reasons and due to their socio-economic characteristics. There are likely to be a number of factors influencing the higher proportion of mothers initiating breastfeeding who reported that they gave birth in consultant-led units. As discussed in Chapter 1, mothers reporting that they gave birth in a consultant-led unit were more likely to give birth by caesarean section and less likely to have a normal birth. After having a complicated birth, mothers may receive more support, particularly if the baby has to go into special care. The higher breastfeeding initiation rate may also relate to socio-demographics; older mothers and those from managerial and professional occupations were more likely to report that they gave birth in a consultant-led unit and these groups were also more likely to breastfeed.

Those who had home births also had the highest breastfeeding rates in the early weeks following the birth, where at one week 82% of those who had a home birth were breastfeeding, compared with 70% overall. Furthermore, the proportion of mothers who had home births and were still breastfeeding after two weeks from birth stayed relatively stable with just over four in five (81%) still doing so, while the overall breastfeeding rate dropped to two-thirds (67%).

Those who gave birth in a consultant-led unit also had higher breastfeeding rates after one week (75%) and two weeks (71%) from birth, although the difference was not as pronounced as for those who had had a home birth.

**Table 4.1**

### 4.1.3 Analgesia

For the first time in 2010, mothers were asked about non-pharmacological methods of pain relief used in labour, such as using a Transcutaneous Electrical Nerve Stimulator (TENS) machine or birthing pool, as well as pharmacological methods such as gas and air.

The most commonly used pharmacological analgesic during labour was gas and air, used by 70% of mothers. Epidurals were used by a third of mothers (33%) while pethidine or similar injections were used in a slightly lower proportion of births (28%). Only 10% of mothers did not receive any pharmacological analgesic during labour (although they may have used non-pharmacological methods).

In terms of non-pharmacological methods of pain relief, nearly two in five (38%) mothers reported that they used natural methods of pain relief, such as breathing or massage, 15% used a TENS machine and 11% used water or a birthing pool. See Chapter 1 for further discussion on these findings.

Those who used a TENS machine during the birth were most likely to breastfeed initially (93% compared with 81% overall). Mothers who used a TENS machine continued to have the highest breastfeeding rates after one and two weeks from birth (86% and 83% respectively, compared with 70% and 67% overall). Those who used a birthing pool were also more likely than average to breastfeed initially (89%) and at one week (81%) and two weeks (79%). However, these rates could be explained by considering the profile of mothers who used a birthing pool or TENS machine during the birth. As discussed in Chapter 1, mothers using either of these methods tended to be older and have a managerial or professional occupation, factors associated with higher rates of breastfeeding.

Mothers who used pethidine had the lowest rates of breastfeeding initiation (77%): pethidine and similar analgesics can make babies more sleepy after the birth, which can make it more difficult to establish breastfeeding. This pattern continued at one week and two weeks, for example at two weeks, 61% of mothers who received pethidine or similar were still breastfeeding, compared with 67% overall. Socio-demographic factors may also have been at play here, although the pattern is less marked than for the use of TENS machines: mothers receiving pethidine were more likely to be younger and to be in routine or manual occupations, although the findings for those who had never worked matched the average (see Chapter 1).

**Table 4.1**

#### 4.1.4 Prematurity and special care

Also for the first time in this longitudinal survey, mothers were asked how many weeks into their pregnancy they gave birth. The majority of babies were full term (born at 37 weeks or more) at birth (93%), 4% were born at 35-36 weeks gestation and 3% at 34 weeks or less. This is discussed further in Chapter 1.

Although there were no differences in breastfeeding initiation rates between full term and all babies born prematurely (81% for both), mothers of the most premature babies (less than 32 weeks) were most likely to initiate breastfeeding (92% compared with 81% overall). As discussed in Chapter 2, breastfeeding includes giving expressed breastmilk via a syringe, bottle or cup etc., which is of particular relevance for premature babies. Not breastfeeding presents particular health risks for premature babies; preterm babies who are not breastfed or who do not receive breastmilk are more likely to develop necrotising enterocolitis<sup>1</sup>, and premature babies are likely to have different nutritional needs than babies born at full-term as they have not had the same length of time to build stores of energy and nutrients before birth, so breastmilk can be especially valuable. Mothers of premature babies may therefore be more motivated to give breastmilk to their baby, at least in the short term. This group of mothers was also more likely to be breastfeeding at one and two weeks (90% at both weeks compared with 70% at one week and 67% at two weeks overall).

**Table 4.2**

Mothers were asked if their baby had been given phototherapy for jaundice or had been admitted to special care. Only 7% were admitted to special care and 5% were put under a lamp; one in ten were affected by either (11%). This is discussed further in Chapter 1.

Babies starting life in special care were more likely to be given breastmilk initially (85% compared with 81% overall) and at one week (75% compared with 70% overall), although there was no difference at two weeks (70% compared with 67% overall). Spending longer in special care had a positive effect on breastfeeding prevalence at one and two weeks. Those spending two days or more were more likely to be still breastfeeding at one week (78% at two to three days and 77% at four or more days compared with 69% for those spending a day and 70% overall). Those spending four days or more were more likely to be breastfeeding at two weeks (72%), compared with 62% for those spending a day and 67% overall.

**Table 4.2**

It could be assumed that the longer stay in special care meant that mothers had more direct access to breastfeeding support. The relationship between prematurity and being in special care is also likely to be an influencing factor. As discussed in Chapter 1, over half of premature babies were

admitted to special care (53% vs. 5% of full term babies) and the proportion increased with the prematurity of the baby (37% of those born at 35-36 weeks were admitted to special care compared with 83% for those less than 32 weeks). Babies spending longer in special care were more likely to be premature (see Chapter 1 for further discussion) and mothers of such babies may receive more encouragement and feel more motivated to give breastmilk to their babies (either from the breast directly or through expressing), given the particular risks of not doing so for premature babies. As discussed earlier in this section, initiation rates for premature babies generally were in line with the average, except for the most premature, so it may be that the combination of prematurity and being in special care means these babies are more likely to be given breastmilk.

#### 4.1.5 Length of time before skin-to-skin contact

Skin-to-skin contact soon after birth is known to help mothers to establish a first successful breastfeed. As discussed in Chapter 1, the majority of mothers (81%) had skin-to-skin contact with their baby within an hour of the birth, rising to 88% within 24 hours. This was a significant increase since 2005 (when it was 72% within an hour; 81% within 24 hours). Nearly four in five mothers said they had skin-to-skin contact for as long as they wanted (79%) in 2010.

Breastfeeding initiation was indeed much higher for babies exposed to skin-to-skin contact (84% immediately or within an hour and between one and twelve hours, compared with 61% with no such contact). The breastfeeding prevalence rates at one and two weeks were correlated with initial incidence.

**Table 4.2**

#### 4.1.6 Baby Friendly Initiative

For the first time in 2010, it has been possible to compare initiation rates between hospitals which have achieved full accreditation from UNICEF's Baby Friendly Initiative (BFI) with other hospitals. Fifteen per cent of mothers who gave birth in a hospital, birth centre or unit did so in one with full BFI accreditation (71% did not and a further 15% were unclassified as mothers did not provide enough detail about the hospital where they gave birth). However, there was considerable disparity by country. Full BFI accreditation was highest in Scotland and Northern Ireland (52% in each) and lowest in England (9%). Wales fell in the middle at 34%. BFI is discussed in more detail in Chapter 1.

Mothers who gave birth in a UK hospital, birth centre or unit which was fully BFI accredited were less likely to initiate breastfeeding than those who did not (75% and 82% respectively). This pattern was not consistent throughout the UK however. Whilst in England and Wales mothers giving birth in a hospital with full BFI accreditation were less likely to initiate breastfeeding than those in a non-BFI hospital (79% compared with 83% in England and 68% compared with 72% in Wales), in Northern Ireland the reverse was true, with mothers giving birth in a BFI accredited hospital being more likely to initiate breastfeeding (66% compared with 62% in a non-BFI hospital). In Scotland there was no statistically significant difference in incidence by BFI status (74% of mothers giving birth in a BFI hospital initiated breastfeeding compared with 73%).

Mothers who gave birth in a hospital with full BFI accreditation were also less likely to be breastfeeding at one and two weeks than those in a non-BFI hospital, which continues the pattern established at initiation. For example, at one week, 71% of mothers in hospitals without full accreditation were breastfeeding, compared with 61% in fully accredited hospitals. At two weeks, the figures were 68% and 58% respectively.

Breaking this down by country, in England and Wales the prevalence of breastfeeding at one and two weeks was higher among mothers who had given birth in a hospital without full BFI accreditation (69% of mothers in England and 56% of mothers in Wales were breastfeeding at two weeks, compared with 63% and 47% respectively for mothers who gave birth in a hospital with full BFI accreditation). In Scotland and Northern Ireland, however, there was no difference in prevalence at one or two weeks by BFI accreditation status.

**Table 4.3**

In interpreting the findings, it is worth bearing in mind that there are several stages towards full accreditation, so some hospitals which were not yet fully accredited at the time of the survey would have been at or near to the standards required by BFI. In England, over the past few years the funding to work towards BFI accreditation has been targeted at the most deprived areas, particularly in the North East where breastfeeding initiation rates were lowest: these hospitals were therefore starting from a much lower level. Conversely, in London, where initiation rates were highest, there were no hospitals with full BFI accreditation (see Chapter 1 for further details on BFI and Chapter 2 for initiation and prevalence by English region). Although specific funding was not directed in this way outside England, hospitals in the most deprived areas in the devolved nations were also more likely to have achieved full accreditation status. Thus, the lower breastfeeding initiation and prevalence rates in England and Wales for mothers giving birth in hospitals with full BFI accreditation is likely to be a reflection of the demographic profile of the area (since mothers in certain regions and more deprived areas are less likely to breastfeed). The fact that more hospitals in Scotland and Northern Ireland had achieved full accreditation than in England and Wales may also be a factor, meaning that the relationship between deprivation and full BFI accreditation had less impact in Scotland and Northern Ireland.

## 4.2 Experiences in the hospital, birth centre or unit and breastfeeding in the early weeks

This section investigates mothers' experiences in the hospital, birth centre or unit separate from the hospital and how these are associated with initiation and duration of breastfeeding in the early weeks. In this section, figures are based on the large majority (95% - see Chapter 1, Section 1.9.4) who gave birth in hospital or in a birth centre or unit separate from the hospital.<sup>2</sup>

### 4.2.1 Length of stay in the hospital, birth centre or unit

Table 4.4 displays the distribution of length of stay in the hospital, birth centre or unit based on all breastfeeding mothers. Nearly two-fifths (39%) spent no more than one day in the hospital, birth centre or unit with a further quarter (26%) spending up to two days. Breastfeeding mothers who had had a normal delivery spent the least amount of time in the hospital, birth centre or unit with over half (56%) spending no more than one day there. Conversely, those who had had a caesarean section spent the longest in the hospital, birth centre or unit, with two-thirds (66%) spending more than two days there. Compared with 2005, the proportion of breastfeeding mothers staying no longer than two days increased slightly to 65% (compared with 61% in 2005).

Breastfeeding mothers of premature babies tended to have longer stays in hospital than those with full term babies (56% and 14% respectively spent more than three days there). Similarly, those

whose babies were admitted to special care spent longer in hospital (64% spent more than three days there compared with 12% of mothers whose babies were not admitted to special care).

**Table 4.4**

## 4.2.2 Breastfeeding status at the time of leaving the hospital, birth centre or unit

There has been a small increase since 2005 in the proportion of breastfeeding mothers still breastfeeding by the time they left the hospital, birth centre or unit (89% compared with 87% in 2005), although this is due to an increased proportion who were mixed feeding (16% compared with 13% in 2005), rather than only breastfeeding, which remained the same (73% compared with 74% in 2005). This may be related to the fact that the length of time mothers actually spent in the hospital, birth centre or unit also decreased slightly, so the likelihood of still breastfeeding when leaving was higher.

Although mothers who had had a caesarean had average breastfeeding initiation rates (see Table 4.1), breastfeeding mothers who had had a caesarean were less likely to be breastfeeding exclusively on leaving the hospital, birth centre or unit (62% compared with 73% overall). They had a greater likelihood to be mixed feeding at this stage (24% compared with 16% overall). This may be linked to having had a longer stay in the hospital, birth centre or unit (as shown in Table 4.4) and having had a more complicated delivery.

Breastfeeding mothers of premature babies were more likely to have introduced formula by the time they left hospital than breastfeeding mothers of full term babies (31% were mixed feeding and 15% were only giving formula). This may reflect the additional needs of these babies, meaning that there may have been a medical reason for giving formula, as well as the fact that these babies would have spent longer in hospital than full term babies (mothers of full term babies may have introduced formula after leaving hospital).

**Table 4.5**

## 4.2.3 Reasons for stopping breastfeeding in the first few weeks

Mothers who had stopped breastfeeding within the first two weeks were asked why they had stopped (reasons for stopping at later stages are covered in Chapter 6). Answers were collected in an open format and subsequently coded into categories.

The reasons given for stopping varied to some extent depending on whether mothers stopped breastfeeding within the first or second week after the birth. The most common reasons for stopping in the first week were:

- baby not sucking / rejecting the breast (33%)
- having painful breasts or nipples (22%)
- mother feeling she had insufficient milk (17%).

Mothers who stopped breastfeeding in the second week were more likely than those stopping in the first week to say this was because they thought they had insufficient milk (28%) or because the baby was 'too demanding' or 'always hungry' (17%). Mothers saying that the baby was not sucking / rejecting the breast (22%) or that they had painful breasts or nipples (21%) were still given as key



reasons for stopping in the second week, both of which are likely to be linked to poor positioning and attachment to the breast.

The proportion of mothers who stopped breastfeeding because the baby would not suck or rejected the breast remained at the same level in 2010 as in 2005 (for example, 35% in 2005 and 33% in 2010 for those who stopped breastfeeding when their baby was less than one week old). However, the proportion of mothers citing insufficient milk as a reason for stopping breastfeeding decreased between 2005 and 2010, particularly at one week, but less than two weeks (42% in 2005 and 28% in 2010). The proportion of mothers who stopped breastfeeding at one week, but less than two weeks as a result of painful breasts or nipples also reduced from 30% in 2005 to 21% in 2010.

**Table 4.6**

#### 4.2.4 What could have helped mothers continue to breastfeed for longer

The majority of mothers who stopped breastfeeding in the first two weeks would have liked to have carried on for longer, particularly those who had continued breastfeeding into the second week (85% of those who stopped between one and two weeks and 80% of those stopping within the first week). The main factors that mothers who breastfed for less than one week indicated could have helped them continue for longer were:

- more support and guidance from hospital staff, midwives and family (23%)
- if the baby could have latched on the breast easier (19%)
- less pain (14%).

A similar pattern emerged for those who stopped between one and two weeks, although achieving a good latch was less of an issue (13%), not having had health problems/being on medication was more likely to be mentioned (12% compared with 6% for those stopping within the first week). Clearly these findings mirror to some extent the reasons mothers gave for stopping breastfeeding, although it is notable that nearly a quarter of mothers felt that more support could have helped them to overcome these problems.

**Tables 4.7 and 4.8**

#### 4.2.5 Time taken to initiate breastfeeding

It is known that putting the baby to the breast as soon as possible after the birth helps to establish breastfeeding. Mothers breastfeeding at least initially were asked how soon after their baby was born they first put him/her to the breast. Nearly three-quarters (74%) had initiated breastfeeding within the first hour. A further 13% had initiated breastfeeding between one and four hours and 9% after more than four hours.

Mothers of premature babies who breastfed initially tended to take longer to put babies to the breast than mothers of full term babies; this is likely to have been because the baby needed care which precluded this or because the baby was not able to feed from the breast. For example, 31% of premature babies were put to the breast after 24 hours, compared with 2% of full term babies.

**Table 4.9**

#### 4.2.6 Contact between mother and baby in the hospital, birth centre or unit

Babies being kept by the mother's side at all times helps encourage the practice of breastfeeding. The proportion of babies born in the hospital, birth centre or unit who stayed with their mother at all times has increased since 2005 - 89% of mothers who breastfed initially in 2010 compared with 84% in 2005.

Ninety-five per cent of breastfeeding mothers whose babies were not admitted to special care said their baby was with them at all times, compared with 22% of breastfeeding mothers whose babies had spent some time in special care. Only seven per cent of mothers of babies who spent four days or more in special care said they were continuously together, compared with 51% of those whose babies spent less than two days. While typically mothers would not be with their baby all the time if they were in special care, some of these mothers may have stayed in a parents' room within the special care unit. Also, mothers whose babies only spent a very short time away from them in special care may not have counted this. Linked to this, breastfeeding mothers of full term babies (92%) were more likely to continuously be together with their baby, than mothers of premature babies (47%), who are more likely to have needed additional care.

**Table 4.10**

#### 4.2.7 Formula and other drinks in the hospital, birth centre or unit

Feeding practices in the hospital, birth centre or unit where the mother gives birth can help inform mothers' future feeding choices. Around three in ten breastfed babies (31%) had been given formula, water or glucose while in the hospital, the birth centre or unit, a slight decrease since 2005 (33%). In 14% of cases, this was on advice. In one in ten cases (10%), it was because the mother wanted to. The remaining 7% said that neither of these applied.

Babies in special care who were breastfed initially and, to a lesser extent, those receiving phototherapy were more likely to have received additional feeds/liquids (73% and 63% respectively). Linked to special care, premature babies and those weighing less than 2.5 kilos were also more likely to receive additional feeds (67% and 61% respectively).

**Table 4.11**

Provision of formula or additional drinks was associated with an increased likelihood of stopping breastfeeding in the early weeks. By the end of the first week, 29% of breastfeeding mothers whose babies had been given one of these feeds had stopped breastfeeding, compared with 10% of those who exclusively breastfed in hospital. A similar differential was observed at two weeks (35% compared with 14%).

However, looking at mothers giving additional feeds in more detail, it would appear that the decision to stop breastfeeding after early exposure to formula or other liquids is often a personal choice. Only 21% of mothers advised to give formula or liquids had stopped breastfeeding in the first week, with this rising to 42% of mothers who decided early on that they wanted to give additional feeds.

**Table 4.12**

## 4.3 Problems feeding the baby and help or support given

### 4.3.1 Help with how to put baby to the breast in the first few days

Mothers who initially breastfed and gave birth in a hospital, birth centre or unit were asked whether anyone had shown them how to put their baby to the breast in the first few days; 69% had been shown this (a slight decrease since 2005 (72%)). Those who did not receive this help were asked whether they would have liked it. Just over one in five did not want this help (21%), but one in ten (10%) would have liked it.

Understandably, breastfeeding mothers of first babies were more likely than mothers of second or later babies to be given guidance on how to put the baby to the breast (84% and 50% respectively). A further eight per cent of first time breastfeeding mothers would have liked this help, although they did not receive it. A slightly greater proportion of breastfeeding mothers of second or later babies (12%) did not receive this help, but would have liked to.

Breastfeeding mothers in the devolved nations were more likely to have received help with breastfeeding than those in England (Wales 73%, Northern Ireland 73%, Scotland 71% compared with 68% in England).

Breastfeeding mothers of premature babies born at 35-36 weeks gestation were more likely to receive help to put the baby to the breast than full term babies (76% compared with 69%). However, breastfeeding mothers of babies who were more premature were less likely to receive this help (52% of mothers of 32-34 weeks premature babies; 25% of mothers of less than 32 weeks premature babies). This is likely to be because such premature babies would only be able to take expressed breastmilk through a tube.

Mothers in managerial and professional occupations (73%) who breastfed initially were more likely to receive help with breastfeeding than those who had not worked (52%). However, the latter group was also more likely to not want any help (33% compared with 18% of those in managerial and professional occupations).

**Table 4.13**

The intensity of breastfeeding support may be expected to have an effect on the mother's continuation with breastfeeding. Therefore mothers were asked how long the person helping them stayed with them. Overall, 38% of mothers receiving help with breastfeeding said that the person helping them left once the baby was feeding, but came back to check on them, while a similar proportion (37%) said that they had been left as soon as the baby had started feeding. Only 15% said that someone had stayed with them the whole time until the end of the feed.

Again, there are indications that mothers in the devolved nations received more breastfeeding support than English mothers: 44% of mothers in Northern Ireland and 42% in Wales and Scotland said that someone came back to check on them, compared with 37% in England. This may relate to relative resources available in the devolved nations, compared with England.

Mothers of premature babies also received a greater intensity of support, with 24% of these mothers saying the person helping them stayed the whole time, compared with 15% for full term babies.

There were also indications that breastfeeding mothers in routine and manual occupations and those who had never worked received a greater intensity of support: 18% and 20% respectively reported that the person helping them stayed with them the whole time they were feeding, compared with 13% of mothers in managerial and professional occupations. The intensity of support for mothers of first and second or later babies was similar (not included in table).

**Table 4.14**

### 4.3.2 Recognising that the baby is getting enough milk

For the first time in 2010, mothers who breastfed initially and gave birth in a hospital, birth centre or unit were asked whether anyone had explained how to recognise that their baby was getting enough milk and whether they felt confident they could recognise this. In just under half of cases (48%), this was explained to the mother and 37% felt they were confident enough to recognise whether or not their baby was getting enough milk (nearly four out of five of those who received this explanation).

Mothers in Scotland were most likely to have been given this information (54% compared with 48% overall) and this translated into a greater proportion feeling confident they could recognise their baby was getting enough milk (42% compared with 37% overall). First time mothers were more likely to be given this information (51% compared with 44% of mothers of second or later babies), but this difference was not as marked as for help with putting the baby to the breast, suggesting that this information is being disseminated more widely.

Mothers of full term babies were more likely to be given this information than those who had premature babies (48% compared with 43%).

**Table 4.15**

The majority of mothers found this information very or extremely useful (89%) and two in five (40%) found it extremely useful.

**Table 4.16**

### 4.3.3 Problems feeding the baby in the hospital, birth centre or unit and after leaving

Mothers were asked about the existence and nature of feeding problems both while in the hospital, birth centre or unit and after leaving. Feeding problems after leaving the hospital, birth centre or unit relate to the period between leaving and the time of completion of the Stage 1 questionnaire (around four to ten weeks). Feeding problems at later stages are covered in Chapter 6. Answers relating to feeding problems were collected in an open format and then responses were later coded into categories.

Around three in ten mothers (29%) experienced problems with feeding when in the hospital, birth centre or unit and a similar proportion (30%) had experienced problems after they had left the hospital, birth centre or unit. Mothers who were only breastfeeding were more likely than mothers who were only formula feeding to experience feeding problems both while in the hospital, birth centre or unit (22% compared with 10%) and in the early weeks after leaving (30% compared with 11%).

However, by far the highest levels of problems were experienced by mothers who adopted a mixed feeding approach. Over half (52%) of mothers who used a combination of breastmilk and infant formula while in the hospital, birth centre or unit experienced problems in hospital. Similarly, in the period between leaving the hospital, birth centre or unit and completing the Stage 1 questionnaire, 42% of mothers who either introduced or switched to formula after initially breastfeeding said that they experienced problems. However, the cause and effect cannot be determined. Mothers may have adopted a mixed feeding approach because they were having problems with breastfeeding; alternatively the introduction of infant formula may in itself have caused problems or exacerbated existing ones.

#### **Table 4.17**

The problems experienced in hospital by mothers differed in nature depending on how they fed their babies in hospital. For those who breastfed only or gave breastmilk and formula, the baby not sucking, failure to latch on properly (59% and 47% respectively) and breast or nipple discomfort (17% and 10% respectively) were key problems. Additionally, just over a fifth (21%) of mixed-feeding mothers indicated that they needed to give top-ups of formula and 13% reported that their breastmilk dried up or they did not have enough. Formula feeding mothers with problems (i.e. those who did not breastfeed) were particularly likely to mention that the baby was not feeding properly or was not interested (22%) and that the baby wouldn't suck or that they could not get the baby to latch on or attach to the breast (21%); this would suggest that the latter group attempted to initiate breastfeeding but were unable to.

#### **Table 4.18**

After leaving the hospital, birth centre or unit, the main problems experienced by mothers who were formula feeding at this stage (and who did not breastfeed) were related to the health of the baby: vomiting/reflux (19% compared with 3% of mothers with problems who only breastfed and 4% of mothers with problems who introduced or switched to formula) and colic/wind (18% compared with 5% and 4% respectively).

As discussed above, problems encountered in the very early days by breastfeeding mothers were mainly centred on problems with attachment or failure to feed and breast or nipple discomfort. These still featured as key problems for mothers after leaving hospital, indeed the proportion of mothers with problems indicating they were suffering from breast or nipple discomfort had increased (50% for those only breastfeeding and 29% for those who introduced or switched to formula). This was also much higher than in 2005, when 12% of those only breastfeeding and 10% of those who introduced or switched to formula mentioned breast or nipple discomfort.<sup>3</sup> The proportion mentioning problems with latching on was lower than in hospital (35% and 36% respectively), although it should be borne in mind that poor attachment is often the cause of breast or nipple discomfort so the two issues can be interlinked. For mothers introducing or switching to formula, further problems encountered were a need for top-ups of formula (21%), breastmilk having dried up/not having enough milk (18%) and the baby not being satisfied (11%). As the introduction of formula is likely to reduce the mother's supply of breastmilk, it may have exacerbated the latter problems.

**Table 4.19**

#### 4.3.4 Help or support with feeding problems

Mothers who experienced feeding problems were asked whether or not they had been given help or support with these. While in the hospital, birth centre or unit, 84% of breastfeeding mothers who had problems received help or support. After leaving the hospital, birth centre or unit there was a similar level of support for breastfeeding mothers experiencing problems (82%).

**Tables 4.20**

However, although only small subgroups of mothers were affected by a lack of help or support with problems, these mothers were more likely to have stopped breastfeeding within the first two weeks. Just over a third (34%) of mothers who initially breastfed and did not receive help or support in the hospital, birth centre or unit with their feeding problems had stopped within two weeks. This compares with around a quarter (26%) of breastfeeding mothers who did receive help with their feeding problems. For breastfeeding mothers experiencing problems after leaving hospital there was also a difference in breastfeeding cessation by two weeks between those receiving support (15%) and those not (27%). These findings tally with the earlier discussion on what would have helped mothers to breastfeed longer, with more support and guidance from hospital staff, midwives and family being mentioned the most.

**Table 4.21 and Table 4.22**

Breastfeeding mothers who had received help or support for feeding problems (either in the hospital, birth centre or unit or after leaving) were asked who provided this support. In hospital, help for breastfeeding mothers was mainly given by midwives (82%), nurses (26%) or midwifery support workers (23%). Once mothers had left hospital, midwives were still the most common source of information on feeding problems (55%), followed by the health visitor (45%). The support network once out of hospital also included breastfeeding support groups (20%), doctor / GP (17%), a partner / friend / relative (16%) and breastfeeding clinics (10%). Some mothers consulted books, leaflets or magazines (14%) and the internet (13%) for information on breastfeeding problems.

**Table 4.23**

More generally, since leaving the hospital, birth centre or unit<sup>4</sup>, nearly seven in ten mothers (69%), had been given the contact details of a voluntary organisation or community group which helps new mothers with infant feeding. Seventeen per cent of mothers had used these contact details to seek help or information (a quarter of those given the information). In nearly half of cases, the information was given in print (47%), while just over two in five (41%) received the information in conversation.

Mothers who were formula feeding only when leaving hospital were less likely to have been given these contact details than those who were breastfeeding (43% compared with 78%), and accordingly were less likely to have used the details to seek help or information (6% compared with 22%). This reflects the fact that such voluntary organisations and community groups tend to be primarily concerned with supporting mothers with breastfeeding (where the need for support is greatest) and thus this may not have been seen as relevant to mothers who were formula feeding.

There was considerable variation by country: mothers in England were most likely to have been given these contact details (70%) and mothers in Wales were the least likely (51%).

There was also variation by birth order. Nearly three-quarters (74%) of first time mothers were given contact details of a voluntary organisation or community group which helps mothers with infant feeding compared to over three in five (63%) of mothers of second or later babies.

#### **Table 4.24**

Since the last Infant Feeding Survey in 2005, a National Breastfeeding Helpline has been introduced across the UK, which is staffed by volunteers who are trained to give support and information on breastfeeding by telephone. Overall, nearly two-thirds of mothers were aware of the helpline (64%) with four per cent saying that they had used it in the UK.

Awareness of the Helpline was highest in England (65%) and lowest in Wales (51%). Usage levels by country were more in line with each other.

#### **Table 4.25**

### **4.3.5 Publications available to mothers**

A number of publications offering information on pregnancy, infant feeding and health are available to new mothers, although these vary by country. At Stage 1 of the survey, mothers were asked which, if any, of a prompted list of publications they had received either during their pregnancy or after the birth. Most mothers (90%) in the UK recalled receiving at least one of the listed publications. A higher proportion of first time mothers (94%) recalled receiving at least one of these publications, compared with mothers of second or later babies, although the proportion still remains high (86%).

Mothers in Scotland were most likely to recall receiving *'Ready Steady Baby'* and *'Breastfeeding – off to a good start'* (74% and 62% of Scottish mothers respectively). In England and Wales, the most commonly recalled publications received were *'The Birth to Five Book'* (67% and 66% respectively) and *'The Pregnancy Book'* (60% and 57% respectively). Additionally, a similar proportion of Welsh mothers recalled receiving the *'Breastfeeding – the best start for your new baby'* leaflet (57% of Welsh mothers). Mothers in Northern Ireland were less likely to recall receiving any of the listed publications (85% compared with 90% overall); they were most likely to recall receiving *'Breastfeeding – off to a good start'* (66%) and *'The Pregnancy Book'* (52%).

#### **Table 4.26**

## 4.4 The influence of own feeding experiences and friends and relatives

### 4.4.1 Whether the mother was breastfed as a baby

Previous surveys have shown a relationship between how mothers were fed themselves when they were babies and how long they breastfed their own children. This relationship is also evident in the 2010 survey.

Thus breastfeeding mothers who were themselves entirely formula fed were more likely to stop breastfeeding in the first two weeks (27%) than mothers who were only breastfed themselves (9%). These differences continued to be evident beyond the first fortnight: at four weeks, nearly two-thirds (63%) of mothers who were entirely formula fed as babies were still breastfeeding, compared with nearly nine in ten of those who were only breastfed (85%).

**Table 4.27**

### 4.4.2 Influence of friends and relatives

Similarly, there is a correlation between how mothers fed their own babies and how most of their friends with babies fed their children, indicating a peer influence on feeding. Table 4.27 shows that for breastfeeding mothers where most of their friends only formula fed their babies, these mothers were more likely to stop breastfeeding within two weeks (26%) than mothers where most of their friends breastfed only (6%). Twelve per cent of mothers where most of their friends breastfed and gave formula stopped within two weeks. This association again continues beyond the first fortnight, with nearly two-thirds (63%) of mothers with friends who used formula still breastfeeding at four weeks compared with nine in ten (90%) of those with friends who breastfed only and nearly four in five (79%) of those with friends who breastfed and gave formula.

**Table 4.27**



## Notes and references

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<sup>1</sup> Henderson et al 2009

<sup>2</sup> Note that in 2005, these findings were presented for mothers giving birth in hospital only, but as only two per cent of mothers in 2010 gave birth in a midwife-led unit or birth centre separate from the hospital, the findings will be comparable.

<sup>3</sup> See the 2005 Infant Feeding Survey Report, Chapter 4, Table 4.19 <http://www.ic.nhs.uk/pubs/ifs2005>

<sup>4</sup> If the baby was born at home, mothers were asked to answer in relation to the time since the baby was born.