

6. Feeding and health after the early weeks

Key findings

- By Stage 3 (when babies were around eight to ten months old), nearly seven in ten mothers who breastfed initially (68%) reported that they had experienced problems as a result of breastfeeding (after prompting with specific types of problem) at some point since their baby was born. The most frequently mentioned problems were engorgement (36%), worry over not having enough milk (35%) and the baby having difficulty taking the breast or sucking effectively (21%).
- Over three in five mothers at Stage 3 who breastfed initially (62%) reported (after prompting) that they had experienced breast or nipple pain while breastfeeding at some point since their baby was born.
- At Stage 2 (when babies were around four to six months old) 12% of all mothers had experienced problems feeding their baby in the period between Stages 1 and 2. At Stage 3, 8% of all mothers had experienced feeding problems between Stages 2 and 3.
- At Stage 2 the most commonly reported problems were a perception that their baby was not feeding sufficiently well (18% of mothers who reported experiencing problems); the baby being ill (11%); vomiting or reflux (10%) and not having enough breastmilk (10%). At Stage 3, mothers were most likely to report problems relating to the introduction of solids (37% of mothers experiencing problems in this period).
- Three-quarters (75%) of mothers at Stage 2 who had experienced problems had received help or information (a decrease since 2005, when the proportion was 83%) and nearly two-thirds of mothers at Stage 3 (65%) had received help (compared with 71% in 2005).
- Of the mothers who had stopped breastfeeding by Stage 3, over three in five (63%) said that they would have liked to have breastfed for longer. This was a decrease since 2005 (73%), suggesting that more mothers were able to follow their own feeding preferences in 2010.
- The most common reasons for stopping breastfeeding in the first week were problems with the baby rejecting the breast or not latching on properly (27%), having painful breasts or nipples (22%) and feeling that they had 'insufficient milk' (22%).
- The proportion of mothers citing 'insufficient milk' as a reason for stopping breastfeeding increased to a peak of 39% at six weeks to four months, then fell to 23% at six to nine months. This was also the most frequently mentioned reason for stopping breastfeeding overall (reported by 31% of mothers who had stopped breastfeeding by Stage 3). However, this represents a decrease since 2005 when this reason was cited by 39% of mothers.
- Seventy-two per cent of mothers at Stage 2 and 79% at Stage 3 reported that their baby had suffered from any type of health problem. However, only a small proportion of babies had had to stay overnight in hospital as a result of a health problem (9% at Stage 2 and 10% at Stage 3).
- Common health problems suffered by babies by Stage 3 were constipation (44%), colic (42%), sickness or vomiting (39%) and diarrhoea (39%).
- Babies who were exclusively breastfed for a minimum of four months were considerably less likely than babies who were never breastfed to suffer from diarrhoea (25% compared with 45% of those who were never breastfed), constipation (32% compared with 48%) and sickness or vomiting (29% compared with 41%).
- Nearly all mothers (96%) had seen a health visitor by Stage 1 of the survey (when babies were four to ten weeks old).
- By Stage 2 and 3, the majority of mothers took their baby to a Child Health Clinic, Children's Centre or GP for regular check-ups or to be weighed (88% at Stage 2 and 82% at Stage 3).

However, the frequency of visits declined as the baby grew older (70% were visiting once a month at Stage 2, declining to 49% at Stage 3).

Previous chapters have explored some of the characteristics of breast and formula-feeding mothers and feeding problems they experienced in the early weeks. This chapter explores feeding and health issues beyond the initial weeks. The first part of the chapter discusses feeding problems encountered after the first stage of the survey, sources of support during this time and reasons for stopping breastfeeding. Later in the chapter, health problems experienced by babies and whether any health issues resulted in an overnight stay in hospital are covered. Finally it looks at routine contact with health professionals over the later weeks such as visits to child health clinics.

6.1 Problems experienced with feeding in later months

Problems experienced with milk feeding in the first few weeks have been reported in Chapter 4. At later stages of the survey, mothers were asked about further problems with feeding, the nature of problems experienced and the extent to which they received information or help with their problem.

At Stages 2 and 3, mothers were asked to report any problems experienced since completing the previous questionnaire. Thus the periods of reference are approximately between four to ten weeks and four to six months and between four to six months and eight to ten months. Twelve per cent of all mothers at Stage 2 had experienced problems feeding their baby in the period between Stages 1 and 2, which is in line with 2005 (also 12%). At Stage 3, 8% of all mothers had experienced feeding problems between Stages 2 and 3, which is also in line with 2005 (9%).

Table 6.1

Mothers who had encountered feeding problems were asked (in an open format question) about the nature of these problems. Responses were later coded into categories.

Problems encountered in the first few months (between about four to ten weeks and four to six months) included a perception that their baby was not feeding sufficiently well (18% of those experiencing problems); the baby being ill (11%); vomiting or reflux (10%); not having enough breastmilk (10%) and linked to this, needing to top up with formula (9%). Nine per cent of mothers also reported that breastfeeding was uncomfortable or painful.

By the later stages (between about four to six and eight to ten months), the key source of difficulties related to the introduction of solids (37% of mothers experiencing problems in this period) and a further 10% mentioned that their baby had to be started on solids. Further detail on problems experienced when weaning to solids can be found in Chapter 8. The baby not feeding properly (18%) and being ill (14%) continued to be common issues, but the other problems mentioned at Stage 2 had abated. Teething had become more of an issue by Stage 3 – it was mentioned by 12% of mothers experiencing problems (compared with 3% at Stage 2).

Table 6.2

6.1.1 Pain and problems associated with breastfeeding

In a departure from previous surveys, mothers who had breastfed their baby at least initially were asked in more detail about problems experienced while breastfeeding. Firstly, they were asked if they had experienced nipple or breast pain since their baby was born as a result of breastfeeding and secondly, whether they had ever experienced specific problems as a result of breastfeeding.

Over three in five mothers at Stage 3 had experienced breast or nipple pain while breastfeeding (62%) at some point since their baby was born. Around a third had experienced sore nipples which were damaged, cracked or bleeding (34%), while over a quarter had had sore nipples with no obvious damage (26%). Around three in ten reported that they had had painful breasts (31%).

Mothers who breastfed for less than two weeks were the least likely to have experienced any pain as a result of breastfeeding (54%). Likelihood of experiencing any breast or nipple pain increased with duration of breastfeeding (with the peak being for mothers who breastfed for four to six months – of whom 70% had experienced pain). The longer a mother breastfed, the greater the window of opportunity she had to experience some type of pain as a result of breastfeeding. It should be borne in mind that some mothers who breastfed for less than two weeks will have had little time to have experienced pain as a result of breastfeeding.

Looking in more detail at the type of pain mothers experienced, the overall pattern observed by duration of breastfeeding was most evident for experience of sore nipples with no obvious damage (18% less than two weeks, compared with 29% for four to six months and six months or more). However, duration of breastfeeding did not appear to play as great a role for the other types of pain. For example, mothers who breastfed for four to six months were a little more likely to suffer from sore nipples which were damaged, cracked or bleeding (37%), but otherwise there was no variation by duration. Other than for mothers with the least experience of breastfeeding (25% for those breastfeeding for less than two weeks compared with 31% overall), there was not a clear pattern by duration of breastfeeding for experience of painful breasts.

Table 6.3

Table 6.4 shows that nearly seven in ten mothers (68%) at Stage 3 reported that they had experienced problems as a result of breastfeeding at some point since their baby was born. Mothers were prompted with a range of different problems and were also able to record other problems not listed, which were later coded into categories.

The most common problems experienced by mothers by Stage 3 were engorgement (36%) and worry over not having enough milk (35%). Other frequently mentioned problems were the baby having difficulty taking the breast or sucking effectively (21%); blocked milk ducts (14%); and mastitis (12%). It is worth noting that this question was also asked in Stage 2 and findings were almost identical to Stage 3.

The higher figures shown in Tables 6.3 and 6.4 relative to Table 6.2 are likely to be due to the fact that these problems are more likely to have been experienced in the early weeks (see Chapter 4 for further discussion on problems experienced at this stage) and also because mothers were specifically prompted about pain and problems experienced. For example, 10% of mothers reporting problems between Stage 1 and Stage 2 said they did not have enough breastmilk, compared with 35% of all mothers who said they had worried over not having enough milk at some point since their baby was born. Nine per cent of mothers reporting problems between Stage 1 and Stage 2 reported that breastfeeding was uncomfortable or painful, compared with 62% reporting they had experienced breast or nipple pain at some point since their baby was born (see Table 6.3).

As with breast or nipple pain, mothers who breastfed for four to six months were most likely to experience problems of any sort (77%) and those who breastfed for less than two weeks were least likely to have done so (55%). Seventy per cent of those who breastfed the longest (six months or more) had problems, which was slightly above average (68%).

The nature of problems experienced varied by duration of breastfeeding, however. The likelihood of having had engorgement, mastitis or blocked milk ducts increased with duration (for example, 46% of mothers breastfeeding for six months or more experienced engorgement, compared with 20% of those breastfeeding for less than two weeks). In contrast, those who breastfed for two weeks or less were the most likely to have had problems with their baby taking to the breast, with this problem being reported less as duration increased (31% of mothers who breastfed for less than two weeks and 14% for mothers who breastfed for six months or more).

Worry over having enough milk was most acute among those who breastfed for between six weeks and six months (44% of mothers who breastfed for six weeks to four months and 43% of mothers who breastfed for four to six months). It was lowest among those who breastfed for less than two weeks (29%), followed by those who breastfed for six months or more (32%).

Table 6.4

6.2 Help and information with feeding problems

Mothers who reported feeding difficulties (as discussed at the start of section 6.1) were asked whether they had received any help or information with their problem. Three-quarters of mothers at Stage 2 said that they had received help with a problem experienced in the period between Stages 1 and 2 (75%). At Stage 3, just under two-thirds reported they had received help with a problem in the period between Stages 2 and 3 (65%). This is a decrease since 2005, when 83% received help at Stage 2 and 71% did at Stage 3. This may be linked to staffing problems, for example, there has been a decrease in the number of health visitors.

The most frequently used sources of help or information were similar at both stages¹. The most common source was the health visitor (52% at Stage 2 and 49% at Stage 3). A similar proportion referred to their doctor/GP at Stage 2 (49%), although fewer mothers turned to their doctor at Stage 3 (33%). Other key sources used by mothers were their partner, friend or relative (20% at Stage 2 and 26% at Stage 3) and the SureStart or Children's Centre or Children's Health Clinic (16% at Stage 2 and 17% at Stage 3). Perhaps reflecting the lower usage of the GP at Stage 3, the proportion mentioning each of these at Stage 3 increased, relative to Stage 2.

Potentially linked to the point made above, mothers were much less likely to have received help or information from a health visitor at both Stages 2 and 3 in 2010 than in 2005 (76% at Stages 2 and 3 in 2005 reducing to 52% and 49% at Stages 2 and 3 in 2010). Having said that, some of the decrease could also have been due to mothers seeing a health visitor at a SureStart, Children's Centre or Children's Health Clinic (16% received help from this source in 2010, compared with a negligible proportion using SureStart in 2005). Mothers were more likely to have used their GP at Stage 2 (49% in 2010 compared with 38% in 2005), although there was less difference at Stage 3 (33% in 2010 and 30% in 2005). In terms of informal sources of information, mothers relied more on the internet/web based resources in 2010 than 2005 and less on their partner, friend or relative or printed materials; at Stage 2 in 2010, 16% used the internet (1% at Stage 2 in 2005), 20% turned to their partner, friend or relative (36% in 2005) and 5% used books, leaflets or magazines (10% in 2005).

Table 6.5

6.3 Reasons for stopping breastfeeding after the early weeks

Chapter 2 showed that 14% of women in the UK who breastfed initially had stopped within one week and 19% had stopped within two weeks. After the initial two weeks (which have been considered in some detail in Chapter 4), the rate of giving up breastfeeding slowed: 68% of mothers who had started breastfeeding were still doing so when their babies were six weeks old and 42% continued for six months or more. This section looks at the reasons given by women for stopping breastfeeding, whether they would have liked to have breastfed for longer and what would have helped them to do so.

Mothers who had stopped breastfeeding in the survey period were asked why they had stopped. The reasons mothers gave were collected in an open format and later coded into categories. The most frequently mentioned reason was having insufficient milk, reported by 31% of mothers at Stage 3. This represents a decrease since 2005 when this problem was cited by 39%² of mothers who had stopped breastfeeding by Stage 3.

Other common reasons for stopping breastfeeding were problems with the baby rejecting the breast or not latching on properly (19%), having painful breasts/nipples (12%), the baby feeding too often/being constantly hungry (10%) and breastfeeding taking too long / being too tiring (8%).

Reasons for stopping breastfeeding varied according to duration. The most common reasons for stopping breastfeeding in the first week were problems with the baby rejecting the breast or not latching on properly (27%), having painful breasts or nipples (22%) and insufficient milk (22%).

The first two problems gradually decreased during the later weeks and months. However, the proportion of mothers citing insufficient milk as a reason for stopping breastfeeding increased to a peak of 39% at six weeks to four months, then fell to 23% at six to nine months. Similarly, the baby feeding often/being constantly hungry was reported as the reason for stopping by five per cent of mothers who breastfed for less than a week, rising to 13% of mothers who breastfed for six weeks to six months and then falling to eight per cent of mothers who breastfed for six to nine months.

Some reasons for stopping breastfeeding only became an issue for mothers who breastfed for a longer period. Although returning to work or college was cited as the reason for stopping by six per cent of mothers overall, this increased to 13% among mothers who breastfed for four to six months and 20% of mothers who breastfed for six to nine months.

Table 6.6

6.3.1 Whether mothers would have liked to have breastfed for longer and what would have helped them to do so

In addition to being asked about reasons for stopping breastfeeding, mothers were also asked about whether they would have liked to have breastfed for longer and, if so, whether any further help or support might have helped them to do this.

Overall, 63% of mothers who stopped breastfeeding during the survey period said they would have liked to have breastfed for longer, while 26% said they breastfed for as long as they intended and 7% said they breastfed for longer than they intended. Fewer mothers said they would have liked to have breastfed for longer than in 2005 (63% compared with 73% in 2005), suggesting that more mothers

were able to follow their own feeding preferences in 2010. The fact that more mothers breastfed for longer in 2010 than in 2005 (as discussed in Chapter 2), may also explain why fewer felt they would have liked to have breastfed for longer than they did.

The earlier mothers stopped breastfeeding the more likely they were to say they would have liked to have breastfed for longer; 81% of mothers who breastfed for less than a week and 86% of mothers who breastfed for between one and two weeks said they would have liked to have breastfed for longer, compared with 34% of mothers who breastfed for between six and nine months.

The groups most likely to say they had breastfed for as long as they intended to were those who breastfed for between four and six months and between six and nine months (46% for both). In contrast, only 13% of mothers who breastfed for less than a week said they had done so for as long as they intended, indicating that this early discontinuation remains a problem for mothers.

Compared with older mothers, younger mothers were less likely to be content with the period they breastfed for (70% of those aged under 20 and 71% of those aged 20 to 24, compared with 59% of those aged 35 or over). This was also the case for first-time mothers, who were more likely than mothers of second or later babies to say they would have liked to have breastfed for longer (66% and 61% respectively). This is likely to reflect the fact that younger mothers, and to a lesser extent, first time mothers tended to breastfeed for a shorter period than other mothers (as discussed in Chapter 2).

Table 6.7

The main factors that could have influenced mothers to breastfeed for longer were:

- More support and guidance from hospital staff, midwives and family (17%)
- If the baby could have latched on the breast easier (17%)
- Naturally producing more milk (15%)
- Less pain / being more comfortable (10%)

These are similar to the issues mentioned by mothers in Chapter 4 and reflect the fact that a sizeable proportion of mothers stopped breastfeeding in the early weeks. They also mirror the reasons mothers gave for stopping breastfeeding, as discussed earlier in this section. As identified by mothers themselves, most problems with breastfeeding can be prevented or treated with the right support and information; this could reduce the number of mothers stopping breastfeeding before they wanted to in the future.

There was some variation in the factors which would have helped mothers breastfeed longer by duration of breastfeeding. Mothers stopping breastfeeding when their baby was less than two weeks old (who would have liked to have breastfed for longer) would have particularly valued more support and guidance (27% for less than one week; 21% for one to two weeks) and were also most likely to mention difficulties with latching the baby on to the breast (20% and 17% respectively) and pain (13% and 16% respectively). These factors decreased with duration. Linked to the findings for reasons for stopping breastfeeding, 'naturally producing more milk' was most likely to be mentioned as a factor between six weeks and six months (19% for six weeks to four months; 20% for four to six months). Although not mentioned by many mothers who would have liked to have breastfed for longer overall (6%), mothers who breastfed the longest (six to nine months) were considerably more likely to mention that having more time to feed would have helped them to continue breastfeeding (22%),

indicating that practical / logistical factors were more significant for this group than problems relating to breastfeeding in their decision to stop.

Table 6.8

6.4 Dummy usage

For the first time in 2010, mothers were asked at Stage 2 of the survey if their baby had used a dummy and at what age their baby had started using a dummy. Over half (54%) of mothers were giving their baby a dummy at Stage 2, when babies were four to six months old. A further 10% of babies had previously used one. Dummy usage was higher among mothers who had never breastfed (81%) compared with those who had breastfed (59%).

A third (33%) of mothers started giving their baby a dummy at the age of one to two weeks, rising to over half of mothers (56%) by the time babies were eight weeks old. Mothers who had never breastfed their baby tended to introduce a dummy sooner than those who had breastfed. Over half (55%) of mothers who did not breastfeed had introduced a dummy by the time their baby was two weeks old, compared with just over a quarter (27%) who breastfed at least initially. By the time babies were 8 weeks old, 74% of mothers who did not breastfeed and 50% of those who did had introduced a dummy. The UK health departments and UNICEF Baby Friendly Initiative³ recommend that dummies should not be introduced to breastfed babies until breastfeeding is established (usually when babies are around six to eight weeks old), as it can interfere with breastfeeding.

Table 6.9

6.5 Health problems with the baby

The UK health departments recommend that mothers should breastfeed exclusively up until their baby reaches six months, and continue to breastfeed (alongside giving solid foods) for as long as the mother and baby wish^{4 5}: research has shown that breastmilk helps build immunity to infection and can reduce the risk of many health conditions in babies including gastroenteritis (vomiting and diarrhoea), ear infections and chest infections. It has also been shown that the risk of many of these conditions declines in line with the duration and exclusivity of breastfeeding; i.e. there is a dose-response effect.⁶

It is therefore of interest to measure the extent to which babies had suffered from these and other health conditions, and to relate prevalence of baby illnesses to incidence and duration of breastfeeding. As an indicator of the severity of the illness, for the first time in 2010, mothers were asked if any of the health problems their baby had experienced had resulted in an overnight stay in hospital.

6.5.1 Prevalence of health conditions at different ages

Seventy-two per cent of mothers at Stage 2 and 79% at Stage 3 reported that their baby had suffered from a health problem. In total 87% of mothers reported their baby had suffered from a health problem at either Stage 2 or Stage 3. A variety of health problems were mentioned by mothers.

By the time babies were about four to six months old, 35% of mothers reported that their baby had had colic or painful wind, 28% mentioned constipation, 20% mentioned sickness or vomiting, 18% mentioned diarrhoea and 13% mentioned chest problems or infections.

By Stage 3, the rate at which babies were suffering from the above conditions (apart from colic/wind) rose (36% of mothers reported their baby having suffered from constipation, 33% mentioned diarrhoea, 33% sickness or vomiting, and 18% chest problems or infections). Thrush (11%), failure to gain sufficient weight (10%) and ear infections (8%) were other conditions mentioned by Stage 3 mothers.

Taking both Stages 2 and 3 together, the most frequently reported problems mentioned at either Stage 2 or Stage 3 were constipation (reported by 44% of mothers at either Stage 2 or Stage 3), colic/wind (42%), sickness or vomiting (39%), diarrhoea (39%), and chest problems or infections (23%).

Table 6.10

Only small proportions of babies had had to stay overnight in hospital as a result of a health problem (9% at Stage 2 and 10% at Stage 3). By Stage 3, a stay in hospital was most common for chest problems/infections (3%) and sickness or vomiting (2%).

Table 6.11

6.5.2 Association between baby health conditions and breastfeeding

As discussed earlier, the risk of a number of health conditions declines in line with the duration and exclusivity of breastfeeding. This section begins, therefore, by comparing the two extremes – those who had never breastfed and those who breastfed exclusively for four months or more (as discussed in Chapter 2, 19% and 12% of all mothers respectively) - before going on to look at the influence of duration of breastfeeding.

Mothers who breastfed exclusively for four months or more were considerably less likely to report that their baby had suffered from diarrhoea (25% compared with 45% of those who never breastfed), constipation (32% compared with 48% respectively) and sickness or vomiting (29% compared with 41% respectively). Babies who were exclusively breastfed for four months or more were also less likely to suffer from colic/painful wind (32% compared with 41% respectively) and thrush (10% compared with 18% respectively). Although less marked, there was also a reduced likelihood of suffering from ear problems or infections (7% compared with 11% respectively). The only problem that babies who were exclusively breastfed for four months or more were more likely to have experienced was not gaining enough weight (13% compared with 8% of those who were never breastfed). There was no significant difference between the two groups in the likelihood of experiencing chest problems or infections.

In considering the findings by duration of breastfeeding, it should be borne in mind that by the time babies were two weeks old, 66% of mothers were breastfeeding, but only 40% were doing so exclusively. By six weeks, 55% were still breastfeeding, but only 23% were doing so exclusively. At four months, the prevalence of breastfeeding and exclusive breastfeeding had dropped to 42% and 12% respectively (see Chapter 2 for further details). Thus, health problems analysed by duration of breastfeeding will be seriously confounded by the fact that the majority of mothers after the early weeks were not breastfeeding exclusively, which will have had an impact on the extent to which babies were protected from infection.

Looking at the most common baby health problems experienced at either Stage 2 or Stage 3 of the survey, there was a gradual decline in some health problems as duration of breastfeeding increased, indicating a dose response effect even for those who were not breastfeeding exclusively. Fifty-seven per cent of those who breastfed for less than two weeks said their baby had been constipated, falling to 36% of mothers who breastfed for 6 months or more. The same pattern was true of those reporting their baby had suffered from colic (reported by 49% of those breastfeeding for two weeks or less, compared with 38% of those who breastfed for six months or more) and diarrhoea (49% falling to 28% respectively). Babies who were breastfed for less than four months were also more likely to suffer from sickness or vomiting than those who were breastfed for longer (for example, 44% less than two weeks, compared with 34% six months or more).

Eight per cent of mothers who had never breastfed and 11% of mothers who breastfed for less than two weeks reported that their baby had not gained enough weight. The rate increased to 20% among those who breastfed their baby for between four and six months, and then decreased to 16% among those who had breastfed their baby for six months or longer. This may be linked with the findings discussed earlier relating to 'insufficient milk', or with mothers' and health professionals' interpretation of weight gain. Revised growth charts for infants, based on a reference population of breastfed babies, were introduced across the UK in 2009⁷. Previous charts were based on a reference group of babies who were predominantly formula fed; babies fed on formula show faster growth rates, which may contribute to later obesity⁸. The slower, more physiological, growth rate for breastfed babies may, however, be interpreted by some parents as a cause for concern. Health professionals may also become unduly concerned if they have not been trained in the use of the new growth charts⁹.

As mentioned earlier, there was no significant difference in the likelihood of suffering from chest problems or infections between babies who were exclusively breastfed for four months, and those who were never breastfed. However, babies who were breastfed for only between two and six weeks were most likely to have had a chest infection (29%).

Overall, the survey results generally support the information given to mothers about the health benefits of breastfeeding for the baby, with the exception of chest problems or infections.

Table 6.12

6.6 Routine contact with a health professional

This section covers the experience of mothers in relation to routine contact with health professionals, including health visitor visits after the baby was born and visits to Child Health Clinics.

At Stage 1, mothers were asked whether a health visitor had been to see them since their baby was born and, if so, how old their baby was at the first visit. Nearly all mothers (96%) had seen a health visitor by the time they completed the questionnaire – that is when babies were about four to ten weeks. This proportion did not vary by country, but it does represent a slight drop since 2005, when 99% of mothers had seen a health visitor. On average, babies were seen by the health visitor at roughly two weeks old (14.1 days). Again, there was little variation by country.

Table 6.13

At later stages of the survey, mothers were asked how frequently they took their child to a Child Health Clinic, Children's Centre or GP for regular check-ups or to be weighed.

At both Stages 2 and 3 the majority of mothers were taking their babies to see one of these health professionals (88% at Stage 2 and 82% at Stage 3). This was higher at both stages than in 2005 (85% at Stage 2; 76% at Stage 3 in 2005). By country, mothers in Wales were the most likely to be attending routine check-ups (90% at Stage 2 and 87% at Stage 3), while mothers in Northern Ireland were the least likely (72% at Stage 2 and 65% at Stage 3).

Babies were taken to see a health professional less regularly as they got older. At Stage 2 of the survey, seven in ten mothers (70%) were taking their baby to a Child Health Clinic, Children's Centre or GP at least once a month. This proportion dropped to half (49%) of mothers at Stage 3. Compared with other countries, mothers in Northern Ireland were making less frequent trips to such clinics at both stages of the survey (at Stage 2, 27% visited less than once a month compared with 17% for the UK overall; at Stage 3, the equivalent proportions were 42% and 33% respectively).

Table 6.14

Notes and references

¹ At Stage 2, this related to the period between completing the Stage 1 and Stage 2 questionnaire. At Stage 3, this related to the period between completing the Stage 2 and Stage 3 questionnaire.

² Please see 2005 Infant Feeding Report for 2005 data.

³ See Step 9 of the UNICEF Baby Friendly Initiative's Ten Steps to Successful Breastfeeding http://www.unicef.org.uk/Documents/Baby_Friendly/Guidance/Implementation%20Guidance/Step_9_Implementation.pdf?pslanguage=en

⁴ Department of Health (2003) Infant feeding recommendation (London: DH) http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4096999.pdf

⁵ More specifically, the WHO recommends continued breastfeeding along with appropriate complementary foods up to two years of age or beyond.

⁶ See Chapter 1 for further information and references.

⁷ Cole, T.J., Williams, A.F., and Wright, C.M. (2011) Revised birth centiles for weight, length and head circumference in the UK-WHO growth charts. *Annals of Human Biology*, 38 (1). pp. 7-11. ISSN 0301-4460 (doi:10.3109/03014460.2011.544139) See also <http://www.rcpch.ac.uk/growthcharts>

⁸ Dewey KG. Growth patterns of breastfed infants and the current status of growth charts for infants. *J Hum Lact.* 1998 Jun;14(2):89-92.

⁹ Sachs, M., Sharp, L., Bedford, H., and Wright, C.M. (2012) 'Now I understand': consulting parents on chart design and parental information for the UK-WHO child growth charts. *Child Care Health and Development*, 38 (3). pp. 435-440. ISSN 0305-1862 (doi:10.1111/j.1365-2214.2011.01256.x)