

10. Feeding outside the home

Key findings

- By Stage 3 (when babies were eight to ten months old), nearly three in ten (29%) mothers had returned to work, considerably fewer than the 45% who were back at work by Stage 3 in 2005. Just over three-quarters (76%) of these mothers had waited until their baby was at least six months old before their return to work, compared with 57% in 2005. These findings are likely to be linked to a change in maternity leave entitlements in 2007.
- Most mothers who had returned to work by Stage 3 were working part-time: 13% were working less than 15 hours per week and a further 53% were working between 15 and 30 hours.
- Nearly one in five (19%) working mothers said that they were provided with facilities to either express milk or to breastfeed at work (up from 15% in 2005). Mothers in Scotland were more likely than average to report such facilities (24%) and mothers in Northern Ireland were less likely to do so (14%).
- Nearly one in five mothers who were working at Stage 3 felt that their return to work had affected the way they fed their baby (19%), with over half of these mothers saying it had caused them to stop or cut down breastfeeding (56%).
- The Breastfeeding etc. (Scotland) Act was passed in Scotland in March 2005, making it an offence to stop mothers from breastfeeding their children under the age of two in public places. The Equality Act 2010, which came into effect in October 2010, introduced protection from discrimination for women who are breastfeeding across the whole of Great Britain, up until babies are 26 weeks old. In Northern Ireland, breastfeeding mothers are protected by sex discrimination legislation. At Stage 2 (when babies were four to six months old), half of mothers (49%) were aware of legislation protecting their right to breastfeed in public. Awareness was highest in Scotland (73%), where legislation has been in place for longer.
- Nearly three-fifths of mothers breastfeeding initially had breastfed in public by Stage 3 (58%), up from around half in 2005 (51%). Breastfeeding in public was particularly associated with mothers of second or later babies (63%), mothers who were older (66% aged 30 – 34, 69% aged 35 or over), mothers who lived in the least deprived quintile (66%) or mothers who were classified to the managerial/professional socio-economic group (70%). Breastfeeding mothers from an Asian ethnic background were considerably less likely than other mothers to have breastfed in public (39%).
- Just over one in ten (11%) mothers who had breastfed in public said that they had been stopped or been made to feel uncomfortable doing so. Nearly half of these mothers (47%) had encountered problems finding somewhere suitable to breastfeed.
- Eight per cent of mothers who breastfed initially said that they had not breastfed in public but wanted or tried to do so.
- Mothers in Scotland (60%) and England (59%) who breastfed initially were more likely to have breastfed in public than mothers in other countries (52% in Wales, 42% in Northern Ireland). Mothers in Scotland also tended to have more positive experiences when breastfeeding in public. They were more comfortable about feeding in public without going to a special place (12% compared with 8% overall), were less likely to report problems finding a suitable venue (36% compared with 47% overall) and were also less likely to report being stopped or made to feel uncomfortable (8% compared with 11% overall).
- Just under half of mothers who breastfed initially reported that they felt uncomfortable breastfeeding their baby in front of other people (45%). Discomfort was most acute in public

places (43%), but for some it was an issue in their own home (13%). Most of these mothers felt uncomfortable breastfeeding in front of male relatives or friends (73%), with others feeling uncomfortable in front of female relatives or friends (27%) or their doctor/GP (15%).

This chapter covers the experiences of mothers when feeding their babies outside the home. Two main topics are covered: firstly the relationship between how a mother feeds her baby and her working status and conditions, and secondly women's experiences of and feelings about feeding when other people are present. Emphasis is placed on the prevalence of breastfeeding in public places, the places where mothers prefer to breastfeed, and the barriers that exist for mothers wanting to do this. Results are placed in the context of sex discrimination legislation in Northern Ireland, amended in 2008¹, which banned discrimination against women on the grounds that they have recently given birth and the Equality Act 2010², which introduced protection from discrimination for women across Great Britain who are breastfeeding (including in public places). Legislation protecting the rights of mothers to breastfeed in public has been in place in Scotland since March 2005³. The Scottish legislation made it illegal for anyone in Scotland to ask a breastfeeding woman to leave a public place such as a café, shop or public transport.

10.1 Feeding the baby after returning to work

This section investigates in more detail the relationship between mothers' working arrangements and feeding patterns including timing of return, working hours and facilities for breastfeeding or expressing breastmilk. However, in order to present these findings in context, we first describe some background statistics relating to mothers' working patterns and (where comparative data are available) how these have changed since previous surveys.

10.1.1 Maternity leave

Since the last Infant Feeding Survey in 2005 was carried out, statutory maternity entitlements for women in the UK have changed: in April 2007, these entitlements increased to nine months' paid leave together with a further three months' unpaid leave for those wishing to take it.⁴ This was an increase from the previous entitlements (introduced in April 2003) of six months' paid leave and a further six months' unpaid.

The Infant Feeding Survey data seem to reflect some of these policy changes in maternity leave entitlements. At Stage 1 of the survey (when babies were four to ten weeks old), mothers in 2010 were just as likely as mothers in 2005 to be on maternity leave (60% and 59% respectively), but more likely to be on maternity leave than mothers in 2000 (50%). At Stages 2 and 3, mothers in 2010 were much more likely than mothers in 2005 to be on maternity leave. At Stage 2 (when babies were four to six months old), 57% of mothers were still on maternity leave, compared with 43% in 2005 and 22% in 2000. At Stage 3 (when babies were eight to ten months old) 31% were still on maternity leave, compared with 14% in 2005 and two per cent in 2000.

The increased proportion of mothers on maternity leave at Stages 2 and 3 is reflected in the decreased proportion of mothers who were back at work at these stages of the survey. In 2010, a very small proportion (6%) of mothers were working by the time of the Stage 2 survey (compared with 13% in 2005). By Stage 3, 29% were back at work; considerably fewer than the 45% who were back at work by Stage 3 in 2005.

It is worth noting that babies were on average three weeks younger at Stage 3 in 2010 than in 2005 (as discussed in Chapter 1). Due to the changes in maternity leave policy discussed above, it is helpful to compare the proportion of mothers back at work when babies were nine months or older. In 2010, 35% of mothers whose babies were nine months or older were back at work, compared with

26% of mothers of younger babies. In 2005, there was less variation by age, with 46% of mothers whose babies were nine months or older having returned to work, compared with 42% of mothers of younger babies. While there is less of an increase between 2005 and 2010 for mothers of babies aged 9 months or older, it is still clear that mothers returned to work later in 2010 than in 2005.

There was little variation in the proportion of mothers working at Stage 2 by country, although mothers in Northern Ireland were most likely to be on paid maternity leave at Stage 2 (60%), while mothers in England were the least likely (52%). By Stage 3 of IFS 2010, mothers in Northern Ireland (36%) and Wales (34%) were more likely to have returned to work, whilst those in England (29%) and Scotland (26%) were less likely to have done so. Mothers in Scotland were most likely to be on paid maternity leave (30% vs. 21% average), while mothers in England were most likely not to be working (40% vs. 39% average).

Table 10.1

10.1.2 Age of baby when mother returned to work

The changes to statutory maternity leave entitlement in 2007 may have had an impact on the time at which mothers returned to work. By Stage 3 of IFS 2010, just over three-quarters (76%) of mothers returning to work waited until their baby was at least 6 months old, compared with 57% in 2005. There was no significant variation by country.

The tendency towards longer maternity leave is evident across all occupational groupings, but the change has been most marked among those in routine and manual occupations, who tended to return to work later on average (81% for 6 months or older) than mothers returning to managerial/professional and intermediate occupations (74% for 6 months or older for both). This is the opposite pattern to that observed in 2005 (where 62% of mothers in managerial positions and 50% of mothers in routine and manual occupations waited until their baby was 6 months or older before returning to work).

Table 10.2

10.1.3 Working hours

The majority of mothers (66%) who had returned to work by Stage 3 were working part-time – that is up to 30 hours a week. Thirteen per cent were working less than 15 hours a week and a further 53% between 15 and 30 hours. The profile of working hours remains similar to that found in 2005. However, as in 2005, there were some variations in working hours by country and other factors. The key distinguishing factor was the mother's occupational group: mothers in managerial/professional occupations were nearly three times as likely to be working full-time as mothers in routine/manual occupations (44% compared with 15%). Mothers in Northern Ireland were also more likely to be working full-time than mothers in other countries (42% compared with 32% overall). Mothers returning after their first baby were more likely to be working full-time than mothers returning after a later baby (34% compared with 28%).

Table 10.3

10.1.4 Facilities to breastfeed or express milk

One in six working mothers in the UK (16%) said that their employer offered facilities to express milk, eight per cent said that they could breastfeed at work, and 19% said that at least one of these facilities were offered (up from 15% in 2005). These figures may be under-estimates, as mothers who have no need to use such facilities may not be aware of whether or not they are offered. Working mothers who were breastfeeding at Stage 3 were among those most likely to say that such facilities were offered (35%). This may be an indication that breastfeeding women are more likely than non-breastfeeding mothers to be aware of workplace breastfeeding facilities, but equally it may be an indication that the existence of such facilities allowed women to continue breastfeeding for longer.

As in 2005, working mothers in Northern Ireland were least likely to report being provided with such facilities (14%), while working mothers in Scotland were most likely to report that they had these facilities at work (24%). This finding may well be linked with the law that came into force in March 2005 to protect the right of mothers in Scotland to feed in public places. While it did not cover breastfeeding in the workplace as such, it may have helped to create a more supportive environment for breastfeeding. Legislation offering similar protection came into effect later in the rest of the UK (2008 in Northern Ireland and 2010 in England and Wales), so future rounds of the IFS may observe less of a gap between Scotland and the rest of the UK on this measure. See section 10.2 for further discussion on this.

Table 10.4

10.1.5 How feeding has been affected by return to work

Various sections of this report have explored the relationship between feeding behaviour and return to work after a baby is born. For example, Chapter 2 noted that there was no clear relationship between the age of the baby when the mother returned to work and the duration of breastfeeding. This is a change since 2005, when it was observed that mothers returning to work after six months, or not at all, were more likely than mothers returning earlier to still be breastfeeding at this stage. In Chapter 6, a small proportion of mothers who had stopped breastfeeding identified returning to work or college as one of the factors behind stopping breastfeeding (6%), although this increased to 20% among mothers who stopped breastfeeding when their baby was between six and nine months. In Chapter 8, we observed that mothers returning to work when their baby was between four and six months old were most likely to have introduced solids by the time their baby was four months old (38% compared with 30% overall). Similarly, mothers returning to work when their baby was between four and six months old and six and nine months old were most likely to have introduced solids by five months (82% and 80% respectively).

Mothers who were working at Stage 3 were asked specifically whether their return to work had affected the way they fed their baby. Overall, 19% of mothers working at this stage said that this was the case (the same proportion as in 2005). Working mothers in England were most likely to say this (20%) and mothers in Northern Ireland were least likely to do so (13%).

As in 2005, mothers working in managerial or professional occupations in 2010 were more likely than other working mothers to say that feeding had been affected (29% compared with 9% of mothers working in routine or manual occupations). Linked to this, mothers returning to work full-time were also more likely than those working part-time to say this (28% compared with 12% working less than 15 hours).

Table 10.5

Mothers who said their baby's feeding had been affected by work were asked in what ways this had been the case; answers were collected in an open format and later coded. The responses given were dominated by mothers saying that returning to work had caused them to stop or cut down on breastfeeding (56% of mothers whose feeding had been affected, a drop from 69% in 2005). Other changes were that the baby had to feed from a bottle (16%), that someone else had to feed the baby (12%) and that the mother had only continued with morning/evening or night feeds (11%).

Although mothers' return to work still had some impact on feeding practices, it would appear, looking at the findings discussed in various chapters, that it had less influence than in 2005.

Table 10.6

10.2 Feeding in public places

Throughout the survey series, the Infant Feeding Survey has measured the extent to which mothers have fed their baby in public, whether they have encountered problems when doing this, and their views on the provision of facilities for feeding babies – especially for breastfeeding.

The Breastfeeding etc. (Scotland) Act was passed in Scotland in March 2005, making it an offence to stop mothers from breastfeeding their children under the age of two in public places such as restaurants, bars, buses and shopping centres. In Scotland, therefore, the law had been in place for about five years before the babies included in the 2010 IFS were born. In Northern Ireland, since April 2008, the Sex Discrimination (Northern Ireland) Order 1976, as amended, has banned discrimination against women on the grounds that they have recently (i.e. within the last 26 weeks) given birth. This protection applies in relation to the provision of goods, facilities and services to the public. The law was in place about two years before the babies included in the 2010 IFS were born. The Equality Act 2010, which came into effect in October 2010, introduced protection from discrimination for women who are breastfeeding across Great Britain, up until babies are 26 weeks old. As the babies included in the 2010 IFS were born between August and October 2010, this means that the majority of mothers taking part in the 2010 Infant Feeding Survey who lived in England and Wales would have benefited from this protection from when their babies were quite young, but not from birth.

As well as measuring awareness of the legislation across the UK for the first time, the survey covered mothers' awareness of stickers or leaflets promoting locations in their area where breastfeeding is welcome.

10.2.1 Awareness of the right to breastfeed in public

At Stage 2, half (49%) of mothers said they were aware of legislation protecting their right to breastfeed in public. Given that the legislation has been in place for longer in Scotland, it is not surprising that awareness was highest among mothers in Scotland (73%). Awareness was also relatively high in Northern Ireland at 55%, compared with 47% in England and 44% in Wales. Stage 2 fieldwork started in January 2011, so the Equality Act 2010 would have been in place across Great Britain for around three months when mothers completed the questionnaire. It is also worth bearing in mind that in Scotland, two years of active public debate preceded the legislation, which will have helped to raise awareness of the issue of breastfeeding in public. This did not happen for the Equality Act covering the whole of Great Britain and, as it covers a broader range of issues than the Scottish law, it is less likely that the public would be aware that it included protection from discrimination for women who are breastfeeding. The higher level of awareness in Northern Ireland than England and Wales may be related to the Breastfeeding Welcome scheme, which has been in place in Northern Ireland since 2005⁵. Local businesses and council facilities display stickers and certificates showing that breastfeeding is welcome there, to encourage mothers to breastfeed in public. This is also discussed in the next section.

Those who initially breastfed were more likely to have heard of the legislation than those who had never breastfed (51% and 40% respectively).

Those in managerial and professional occupations had relatively high awareness of the legislation (55%, compared with 47% of those in intermediate occupations, 46% of those in routine and manual occupations and 40% of those who had never worked). Younger mothers were less likely to be aware of the legislation than average (43% of mothers aged under 20 and aged 20-24). These characteristics correlate with mothers' initiation and duration of breastfeeding (see Chapter 2) and therefore it is not surprising that these variables are also related to awareness of the legislation.

Table 10.7

10.2.2 Awareness of stickers or leaflets promoting locations where breastfeeding is welcome

For the first time in 2010, mothers were also asked whether they had seen stickers or leaflets promoting locations in their area where breastfeeding is welcome, in order to measure awareness of Breastfeeding Welcome schemes which have been established in some areas in the UK. As mentioned in the previous section, local businesses and council facilities can join the scheme to encourage mothers to breastfeed in public. In Northern Ireland and Wales, there are national schemes, established in 2005 and 2006 respectively. There is no national Breastfeeding Welcome Scheme in Scotland, but there are a number of local schemes, which are run by NHS Boards and local authorities. Similarly, in England, some local schemes are in operation.

One in three (33%) said they had seen stickers or leaflets, with recall highest among mothers in Northern Ireland (53%), followed by those in Scotland (41%), Wales (35%) and England (32%).

Those who initially breastfed were more likely to recall seeing stickers or leaflets than those who had never breastfed (34% and 29% respectively).

Table 10.8

10.2.3 Prevalence of feeding in public by country

By Stage 2, nearly all mothers had fed in public places (92%). Across the UK as a whole, 46% said they had breastfed in public (up from 39% in 2005), 63% had bottle-fed in public, and just 8% had never fed in public. By Stage 3, the proportion who had breastfed in public was at a similar level to Stage 2 at 47% while the proportion having bottle-fed in public rose to 71% (reflecting the increased use of formula by this stage), and just 6% had never fed in public. Again, the proportion who had breastfed in public was higher than in 2005 (39% in 2005 compared with 47%).

By country, the prevalence of breastfeeding in public reflected the differential breastfeeding rates by country (see Chapter 2); thus the rate of breastfeeding in public was highest in England (47% at Stage 2, 48% at Stage 3) and lowest in Northern Ireland (27% at both Stages 2 and 3).

Table 10.9

10.2.4 Prevalence of breastfeeding in public among breastfeeding mothers

While important for benchmarking purposes, the figures presented in Table 10.10 simply reflect the differential breastfeeding rates by country. Perhaps of more interest is the proportion of breastfeeding mothers who have breastfed in public.

Nearly three in five (58%) of mothers who breastfed initially, had done so in public by Stage 3 (up from 51% in 2005). This proportion was higher in Scotland (60%) and England (59%) than in Wales (52%) and Northern Ireland (42%). Since 2005, the proportions had increased in Scotland (up from 55%), England (from 52%) and Wales (from 44%), but not in Northern Ireland (from 40% in 2005, which was not a statistically significant increase).⁶

There was a large degree of variation in the prevalence of public breastfeeding by different demographic subgroups. Table 10.10 displays how this proportion varies by the mother's socio-economic group, IMD, age and ethnicity and awareness of the new legislation. The key variations were as follows:

- Mothers breastfeeding initially who were in managerial or professional occupations were more likely than their counterparts in other occupational groups, or who had never worked, to breastfeed in public. In the UK, 70% of breastfeeding mothers in managerial/professional occupations had fed this way in public, compared with 51% of those in routine/manual occupations and just 35% of those who had never worked.
- Mothers breastfeeding initially who lived in the least deprived areas were more likely to breastfeed in public than those living in more deprived areas (66% in the least deprived IMD quintile compared with 49% in the most deprived IMD quintile)
- Older mothers who breastfed initially were more likely than younger mothers to have breastfed in public (69% of breastfeeding mothers aged 35 or over, compared with 33% of those under the age of 20).

- Mothers of second or later babies were more likely to have breastfed their baby in public than first-time mothers (63% compared with 54%).

As observed in section 2.4, mothers in higher occupational groups, older mothers and mothers of a second or later baby, all breastfed for longer than average, so the above variations may be associated with duration of breastfeeding (i.e. the longer a mother breastfeeds, the more likely she is to do it in public). Older, professional women and more experienced mothers may also have more confidence about feeding in public and feel less embarrassed or worried about what others think. The mother's local environment may also be a factor. As breastfeeding is more prevalent in the least deprived areas, this may create a greater tolerance of breastfeeding in public in the local area.

By ethnicity, there are differences in the rates of breastfeeding in public which cannot be linked to duration of breastfeeding. Section 2.4 showed that mothers from Black, Chinese/other and mixed ethnic backgrounds, and to a lesser extent Asian mothers, breastfed for longer on average than White mothers. Accordingly, breastfeeding mothers of Mixed ethnic origin (77%) and Black mothers (67%) were more likely to have breastfed in public than White mothers (60%). However, Asian breastfeeding mothers were considerably less likely to have breastfed in public (39%). This would indicate that the propensity to breastfeed in public may be linked to different cultural practices associated with mothers from an Asian ethnic background. There were no statistically significant differences for mothers from a Chinese or other ethnic background, due to the small sample size for this subgroup.

Mothers who were aware of legislation protecting their right to breastfeed in public were also more likely to have done so than those who were not aware of this protection (61% compared with 57%), although differences were not as marked as for the demographic characteristics discussed above.

Table 10.10

10.3 How mothers prefer to breastfeed in public

Mothers who had ever breastfed in public were asked at Stage 2 about their preference between: using special facilities such as a 'mother and baby room'; breastfeeding where they are but finding a quiet place to sit; or breastfeeding where they are without going to any special place.

Most mothers (88%) expressed a preference, with a large majority preferring to make some kind of special arrangement to breastfeed (43% said they preferred a quiet place to sit, and 36% that they preferred a mother and baby room; just 8% said they preferred to breastfeed where they were without going to special place). Since 2005, there has been a drop in the proportion preferring to breastfeed in a mother and baby room (down from 42% to 36%), which suggests that mothers have become more confident about breastfeeding in public.

Mothers in Scotland were most likely to say they preferred breastfeeding where they are without going anywhere special (12%, compared with 8% overall) and correspondingly, were least likely to say they preferred to use a mother and baby room (30% compared with 36% overall). This is perhaps related to the fact that the legislation discussed earlier was introduced in Scotland before the rest of the UK (see Section 10.2).

A preference for breastfeeding in a mother and baby room was associated with awareness of the new legislation (among those who had breastfed in public, 40% of those who were *not* aware of the

legislation preferred a mother and baby room, compared with 33% of those who were aware of the legislation).

It was noted in section 10.2.4 that Asian mothers were much less likely than mothers from White or other ethnic groups to breastfeed in public. Among those who had breastfed in public, there was a stronger preference for a private room in which to breastfeed (66% of Asian mothers who breastfed in public preferred a mother and baby room, compared with 33% among White mothers).

Table 10.11

10.4 Barriers to breastfeeding in public

It is clear from the above discussion that many breastfeeding mothers do breastfeed in public, although most feel more comfortable feeding in a discreet location, either in a quiet place or in a special mother and baby room. This section explores the extent and nature of problems encountered by women when attempting to breastfeed in public, as well as investigating the factors which deter mothers who would like to breastfeed in public but have not done so.

Mothers who had ever breastfed in public were asked whether they had ever:

- had problems finding somewhere to breastfeed their baby in public;
- been stopped or made to feel uncomfortable about breastfeeding in public.

The results of these measures were the same at Stage 2 and Stage 3. At Stage 2, just under half (47%) of those who had ever breastfed in public said that they had encountered problems finding somewhere to feed, and 11% said that they had been stopped from breastfeeding or made to feel uncomfortable. On these two measures, little has changed since 2005, when 46% said they had encountered problems finding somewhere to feed, and 13% that they had been stopped or made to feel uncomfortable. This suggests that, although the new legislation may have contributed to mothers feeling more confident about breastfeeding in public (see Sections 10.2 and 10.3), it had had little effect on the attitudes of others by Stage 2 of the survey (although it should be borne in mind that the Equality Act had only been in place for a few months when mothers completed the Stage 2 questionnaire).

Among those who had ever breastfed in public, mothers in Scotland were less likely than mothers in other parts of the UK to report these problems (36% said they had had problems finding somewhere to feed and 8% that they had been stopped or made to feel uncomfortable). This pattern was also evident in 2005 (when the figures were 33% and 8% respectively).⁷ As legislation in Scotland had been in place for nearly a year when Stage 2 took place in 2005, this may be the reason for the more positive experiences of Scottish mothers at that time. There has been no further reduction in problems experienced by Scottish mothers since 2005, but the situation for Scottish mothers remains more positive than for mothers in other parts of the UK.

Given that most Asian mothers prefer to use special mother and baby facilities (see earlier), it is not surprising that a higher than average proportion of Asian mothers who have breastfed in public reported problems finding somewhere to feed (62% compared with 47% overall).

Table 10.12

Mothers who had been stopped or made to feel uncomfortable about breastfeeding in a public place were asked where this had occurred. Answers were collected in an open format and later coded into categories. Table 10.13 displays categories mentioned by at least four per cent of mothers at Stage 3. Not all mothers mentioned a specific place, although 48% said that this had occurred in a café or restaurant, 17% in a shop or shopping centre, five per cent at a park/play area and five per cent on public transport. Many mothers mentioned more general feelings of discomfort rather than a specific place – predominantly disapproving looks or negative reactions from the public (31%), or being made to feel embarrassed or self-conscious (17%). The relatively high proportions mentioning these more general feelings suggest that mothers in this situation are rarely asked to stop breastfeeding, but instead made to feel uncomfortable in more subtle ways.

Table 10.13

All mothers who had breastfed in public were asked what factors had discouraged them from breastfeeding in a public place; answers were chosen from a prompted list. Responses given were similar at Stage 2 and 3, so answers have only been presented for the latter. In the UK, three main factors were given: lack of suitable places (48%), lack of confidence (29%) and concerns about hygiene (28%). Nearly a fifth cited concerns about being made to feel uncomfortable (19%), although this relatively low proportion (together with the 2% who said they had been stopped) confirms the findings reported above – that few mothers are actually stopped or discouraged from breastfeeding due to overt negative public reaction. Instead, mothers appear to be more concerned about the presence and suitability of places to breastfeed.

The pattern of results was fairly similar by country, although Scottish mothers breastfeeding in public were less likely than other mothers to say that there was a lack of suitable facilities (41% compared with 48% overall), while mothers in Wales were more likely to mention this (52%). These findings complement those reported for Scottish mothers in section 10.3 – that they are generally less concerned about such facilities.

Table 10.14

Mothers who had not breastfed in public were asked whether they had ever wanted or tried to do so. Of the 42% who had not breastfed in public, most (80%⁸) had not wanted or tried to, but one in five (20%⁸) had wanted or tried to (representing 8% of mothers who initially breastfed).

Table 10.15

Mothers who would have liked to have breastfed in public but who had not done so, were asked why this was the case. Answers were picked from a prompted list. As shown in Table 10.16, the main barriers to breastfeeding in public for this group were lack of confidence (56%) and a perceived lack of suitable venues (37%). However, 41% of this subgroup, although they may have liked to have fed in public, said that they simply preferred to feed at home.

Table 10.16

10.5 Mothers' feelings about feeding in front of other people

In 2010, mothers' feelings about feeding in front of others, whether in their own home or in public, were explored for the first time. At Stage 2, all mothers were asked whether they had ever felt uncomfortable about feeding their baby in front of other people. Not surprisingly, mothers were much more likely to report feeling uncomfortable when breastfeeding than when bottle feeding. Among those who had initially breastfed, just under half (45%) said they had felt uncomfortable breastfeeding in front of others. Among those who had ever given milk other than breastmilk, just seven per cent said they had felt uncomfortable bottle feeding.

Discomfort about breastfeeding in front of others was most acute in public places (43% of those who had ever breastfed reported feeling uncomfortable when feeding in public places), but for some it is an issue even at home (13% reported feeling uncomfortable breastfeeding in front of others in their own home). Those who reported that they actually had breastfed in public were more likely to say they felt uncomfortable doing so than those who had not (50% and 33% respectively). This indicates that the 43% of breastfeeding mothers feeling uncomfortable feeding in public places included some mothers who had been put off from doing so altogether.

Among those who breastfed initially, mothers in England were most likely to say they have felt uncomfortable breastfeeding in front of other people (46%), while mothers in Scotland were least likely (39%). As discussed earlier in this section, the fact that legislation protecting mothers' right to breastfeed in public has been in place in Scotland for longer than the rest of the UK may have engendered a more supportive environment and given mothers greater confidence to breastfeed in front of others.

Those who reported having felt uncomfortable when breastfeeding in front of others were asked to state which people they did not feel confident to feed in front of. By far the most common response was 'some male relatives or friends' (73%). Just over a quarter (27%) cited 'some female relatives or friends' and 15% said their 'doctor/GP'.

Linked to earlier findings, Asian mothers were more likely to feel uncomfortable breastfeeding in front of others, as were mothers from Chinese and other ethnic groups (59% and 58% respectively compared with 45% overall). Asian breastfeeding mothers also mentioned a broader range of people they felt uncomfortable feeding in front of than other ethnic groups: they were more likely to feel uncomfortable feeding in front of male (84%) and female (33%) relatives or friends, their doctor/GP (31%) and their midwife (10%).

Although the youngest mothers (those aged under 20) were the least likely to feel uncomfortable feeding in front of others (34% compared with 45% overall), those that did were more likely to indicate feelings of discomfort about feeding in front of health professionals (doctor (32%), health visitor (22%), nurse (19%), midwife (15%)), and peer supporters (19%) than older mothers.

Tables 10.17, 10.18 and 10.19

10.6 Where should facilities be available for breast and bottle-feeding mothers

All mothers (however their baby was fed) were also asked where they considered it important to have facilities for feeding babies – whether by breast or bottle. Answers were selected from a prompted list, but mothers could also record other places which they felt should have these facilities. The majority of mothers at Stage 2 (90%) agreed that shops/shopping centres should provide such facilities, and there was also widespread support for this at restaurants (75%), doctors' surgeries (64%) and Children's Centres and Child Health Clinics (60%).

Results were broadly similar by feeding status, although there were a few differences. Mothers who were only breastfeeding were more likely to mention a need for facilities for feeding babies in libraries (44%), public transport (42%) and public toilets (31%). Mothers who were only formula feeding were more likely think these facilities should be provided in restaurants (78%).

Table 10.20

Notes and references

¹ [http://www.equalityni.org/archive/pdf/Sexdiscrim\(Amendment\)Regs2008uksi20080963en.pdf](http://www.equalityni.org/archive/pdf/Sexdiscrim(Amendment)Regs2008uksi20080963en.pdf)

² <http://www.legislation.gov.uk/ukpga/2010/15/contents>

³ <http://www.legislation.gov.uk/asp/2005/1/contents>

⁴ <http://www.direct.gov.uk/en/Parents/Moneyandworkentitlements/WorkAndFamilies/Pregnancyandmaternityrights/index.htm>

⁵ For more information on the scheme in Northern Ireland, which is facilitated by the Public Health Agency, see <http://breastfedbabies.org/welcomehere> Schemes in the rest of the UK are discussed in section 10.2.2

⁶ See Chapter 9 of the 2005 Infant Feeding Survey report, Table 9.20 <http://www.ic.nhs.uk/pubs/ifs2005>

⁷ See Chapter 9 of the 2005 Infant Feeding Survey report, Table 9.25 <http://www.ic.nhs.uk/pubs/ifs2005>

⁸ Data not shown.