

### Key points

- The Royal College of Paediatrics & Child Health strongly encourages mothers to breastfeed.
- Breast milk helps protect babies from gastro-intestinal, ear, and urinary infections and has many additional potential benefits.
- Further research is needed to establish the full range of health benefits provided by breastfeeding.

### Implications for children's health

The UK still has one of the lowest rates of breastfeeding in Europe. The most recent statistics for England (fourth quarter, 2010-11) tell us that 73.7% of new mothers initiate breastfeeding, but that this rapidly declines to 45.2% prevalence after 6-8 weeks.<sup>1</sup> Rates are particularly low among very young mothers and disadvantaged socio-economic groups, potentially widening existing health inequalities and contributing further to the cycle of deprivation.<sup>2 3</sup>

The WHO recommends exclusive breastfeeding for the first 6 months of a baby's life.<sup>4</sup> Definitions of 'exclusive' vary in the literature, ranging from 'no supplement of any kind including water while breastfeeding' to 'occasional formula is permissible while breastfeeding'.<sup>5</sup> The RCPCH supports and recommends the former definition.

Mothers commonly stop breastfeeding exclusively shortly after discharge from hospital or when their baby is around four months of age, perhaps because they have returned to work, or because they consider this to be the right time to introduce complementary foodstuffs.<sup>6</sup> If all UK infants were exclusively breastfed for six months, admissions to hospital due to diarrhoea would be halved and those due to respiratory infections would fall by a quarter.<sup>7</sup>

Breastfeeding plays an important part in protecting children's health. In addition to protecting against infection, breastfeeding may confer other health benefits. More research is needed to establish the extent to which breastfeeding reduces the risk of diabetes mellitus (IDDM),<sup>8</sup> raised blood pressure<sup>9</sup>, asthma, allergies and other atopic conditions<sup>101112</sup> and children's behaviour<sup>13</sup>. The RCPCH calls for further studies to improve the evidence base.

### Policy and practice to support breastfeeding

The RCPCH supports the Baby Friendly Initiative, a framework drawn up by UNICEF in 1992 to support best practice in promoting and encouraging breastfeeding. This contains *10 Steps to Successful Breastfeeding* (for maternity units) and a *7 Point Plan for the Protection, Promotion and Support of Breastfeeding in Community Health Care Settings*. For more information on the initiative and how to achieve accreditation, visit <http://www.unicef.org.uk/BabyFriendly>

The RCPCH calls for a collaborative, multidisciplinary approach involving families and healthcare professionals to increase both the initiation and continuation of breastfeeding.

This approach needs to be based on a solid foundation of evidence. A better understanding is also needed about why many women choose not to breastfeed. Breastfeeding is a natural process and with support, knowledge and education, the expectation is that the vast majority of women should be able to breastfeed.<sup>14</sup>

The RCPCH does not condone the promotion of infant formula, the provision of free samples to mothers or health professionals, aggressive marketing techniques, or non-evidenced claims of health benefits. The RCPCH acknowledges that a small percentage of babies will require infant formula, because they have specific medical conditions or their mothers have been unable to breastfeed. All infant formula must be based on rigorous, high quality research and clinical testing to ensure that when formula is required, babies receive the best possible product.

## Further reading / resources

For more information on breastfeeding from the NHS, go to <http://www.breastfeeding.nhs.uk>

Regular updates on research into breastfeeding are available via UNICEF at <http://www.babyfriendly.org.uk/page.asp?page=13>

Breastfeeding Manifesto Coalition  
[http://www.breastfeedingmanifesto.org.uk/the\\_coalition.php](http://www.breastfeedingmanifesto.org.uk/the_coalition.php)

National Breastfeeding Helpline: 0300 100 0212  
<http://www.nationalbreastfeedinghelpline.org.uk>

This is one of a series of position statements developed by the health policy team at RCPCH. For more details about our work, go to <http://www.rcpch.ac.uk> or email [health.policy@rcpch.ac.uk](mailto:health.policy@rcpch.ac.uk)

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<sup>1</sup> Department of Health (2011) *Statistical release: Breastfeeding initiation and prevalence at 6 to 8 weeks - Quarter 4, 2010/11* Accessed 31 May 2011

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_127140.xls](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_127140.xls)

<sup>2</sup> Acheson D (1998) *Independent inquiry into inequalities in health* London: The Stationery Office

<sup>3</sup> Bolling K, Grant C, Hamlyn B et al. (2007) *Infant feeding 2005. A survey conducted on behalf of The Information Centre for Health and Social Care and the UK health departments by BMRB Social Research* London: The Information Centre.

<sup>4</sup> WHO (2001) *The optimal duration of exclusive breastfeeding: Report of an expert consultation; Geneva, Switzerland 28-30 March 2001*

<sup>5</sup> Ip S, Chung M, Raman G, Chew P, Magula N, DeVine D, Trikalinos T, Lau J. (2007) *Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries. Evidence Report/Technology Assessment No. 15*

<sup>6</sup> EU Project on Promotion of Breastfeeding in Europe (2004) *Protection, promotion and support of breastfeeding in Europe: a blueprint for action*. European Commission, Directorate Public Health and Risk Assessment..Accessed 3 June 2011

[http://europa.eu.int/comm/health/ph\\_projects/2002/promotion/promotion\\_2002\\_18\\_en.htm](http://europa.eu.int/comm/health/ph_projects/2002/promotion/promotion_2002_18_en.htm)

<sup>7</sup> Quigley MA, Kelly YJ, Sacker A (2007) "Breastfeeding and hospitalisation for diarrhoeal and respiratory infection in the UK millennium cohort study". *Pediatrics* 119: 837-842

<sup>8</sup> Mayer EJ, Hamman RF, Gay EC (1988) "Reduced risk of IDDM among breastfed children: the Colorado IDDM registry" *Diabetes* 37:1625-32.

<sup>9</sup> Martin RM, Ness AR, Gunnell D et al. (2004) "Does breastfeeding in infancy lower blood pressure in childhood?" *Circulation* 109:1259-1266

<sup>10</sup> Oddy, W (2009) "Breast feeding and childhood asthma" *Thorax* 64:558-559

<sup>11</sup> Dell, S, To, T (2001) "Breastfeeding and Asthma in Young Children: Findings From a Population-Based Study" *Arch Pediatr Adolesc Med* 1(55):1261-1265

<sup>12</sup> Greer et al. (2008) "Effects of early nutritional interventions on the development of atopic disease in infants and children" *Pediatrics* 121(1):183-191

<sup>13</sup> Heikkilä K, Sacker A, Kelly Y, Renfrew M, Quigley M (2011) "Breast feeding and child behaviour in the Millennium Cohort Study" *Arch Dis Child*

<sup>14</sup> WHO (2003) *Global Strategy for Infant and Young Child Feeding*