

Breastfeeding in focus: Insights from the sector



Executive Summary

Written by Dayna Brackley,
Cressida Pidgeon & Rosie Osborne

Foreword

The Children's Health and Food programme at Impact on Urban Health is working towards a world where all children have equitable access to healthy, nutritious food as they grow up – no matter where they live or what family they come from.

The food options that are most consistently affordable and available should be the healthiest, regardless of where you live. However, too often this isn't the reality for children and families, who can find themselves navigating unequal access to support services during early infancy and a commercial food industry that saturates neighbourhoods with unhealthy food options as children grow up. We live in a country where per calorie, healthy food is almost twice as expensive as unhealthy food.¹

The importance of nutrition for baby and child health is clear, yet there are considerable gaps in national food policies for the Early Years, especially around breastfeeding and infant feeding – the so-called 'baby blind-spot'. Government policy (or lack thereof) affects local policy, which in turn affects support services on offer for families. Factors such as economic inequality and structural racism also impact the options that are available and accessible to mothers and can shape their experience of services that they do access. This is a health equity issue, and it is one that can be tackled.

Impact on Urban Health commissioned this report to better understand how policy and practice could shift towards a more equitable system for infant feeding and support. While we recognise that a wealth of research on breastfeeding already exists, our aim was to understand breastfeeding policy and practice issues directly from the diverse perspectives of those working in and around breastfeeding, from statutory health services to community support services, from academics to NGOs and campaigning organisations, as well as national and local government bodies.

We believe the resulting report does justice to the complexity of this issue and the sector. There are many important and nuanced factors that shape baby feeding choices and the length of time mothers breastfeed. We've seen the power held by the Commercial Infant Milk Formula (CIMF) industry, which often fills information gaps left by overstretched statutory and community services, yet we've also been inspired by the energy and practical desire for change across all parts of the system. Research participants have shared not only their experience as professionals, but also their personal experience as mothers and carers. Many participants went over and above to contribute to the project, offering time, expertise, resources, and signposting.

The recommendations for change in this report are derived from interviewees who we believe are best positioned to identify the necessary policy and practice shifts to create an infant feeding food system that ensures all children have the best start in life. We would like to thank all those who contributed, and the team at Bremner & Co who have led this research with great care and empathy.

We're proud to share these insights and recommendations more widely across the sector, with local and national decision-makers, and with all who can play a role in achieving a more equitable system for all infants and families.

Carole Coulon
Children's Health and Food programme portfolio manager, Impact on Urban Health

About

Impact on Urban Health

Impact on Urban Health, part of Guy's & St. Thomas' Foundation, focuses on addressing health inequities by making urban areas healthier places for everyone to live. They focus on a few complex health issues that disproportionately impact people living in cities – children's health and food, multiple long-term conditions, the health effects of air pollution and children's mental health. They take a place-based approach, which means developing an understanding of how the local environment, social context and economic factors affect people's health. They partner with other organisations to deliver projects, conduct research and amplify their results.

Bremner & Co

Bremner & Co is a food policy consultancy working to make the food system fairer. Founded in 2015, they focus on improving food policy and practice so that everyone has the right to good, nutritious, healthy food. They started their journey running the office of the School Food Plan for the Department for Education, delivering policies and plans to improve England's school food culture. Since then, they have worked on food systems research, advocacy and partnership building, strategy and policy. They have worked with international, national and local governments, not-for-profit and charitable organisations, academics and schools, with the aim of transforming our food system. They have a focus on child nutrition across the life course, from breastfeeding through to leaving further education.

Contributors

Impact on Urban Health and Bremner & Co would like to thank the organisations and individuals who work in the breastfeeding sector for their involvement in this work. They would also like to give special thanks to Vicky Sibson from First Steps Nutrition Trust, for her expertise, insightful feedback and invaluable counsel throughout the drafting process. Her thoughtful advice and guidance have greatly contributed to the quality and depth of this report.

Research Goals

The aim of this research was to report on breastfeeding policy and practice issues from the perspective of those working in and around breastfeeding and to highlight the barriers that contribute to breastfeeding initiation and continuation. We wanted to answer, 'how does the environment in which women are making decisions about breastfeeding impact their choices?'

Methodology

The research involved two phases and used a mixed-methods approach. The first phase involved 28 semi-structured interviews with people working in the field of breastfeeding, from a cross-section of organisations, including academia, charities, government (national and local), health professionals, members of parliament and industry. Alongside the interviewees, we conducted desk research to understand the policy and practice landscape. Finally, we conducted a media and visual content analysis of newspaper articles that mentioned and visually portrayed breastfeeding from the top circulating UK national newspapers. The second phase took a co-design approach, in which we shared the first draft of the report with 11 of the interviewees. They used a Microsoft form to provide feedback on the themes and findings, which were then integrated into the report.

Research Limitations

This research reports on the perspectives of those operating within the system. There was a good range of sectors, with n=14 charity/NGO/campaigner (henceforth referred to as charity), n=5 local government or members of parliament, n=5 health sector, n=3 academia and n=1 industry. This ensured a broad set of views. Only one man was interviewed. A considerable number of women interviewed articulated that it was difficult to separate their personal experiences of breastfeeding from their professional experiences, which means the evidence generated includes both.

The research guide included questions concerning those living in disadvantaged areas and the impacts of policy and practice on different communities in England. In terms of differences by ethnicity and culture, organisations representing Black mothers engaged with the project, but the research did not comprehensively reflect organisations from multiple ethnicities. Other organisations were contacted but were unable to contribute due to time constraints, which echoes findings from this research about an under-resourced support sector. Although we acknowledge

the significance of intersectionality in shaping individual experiences and outcomes, intersectionality was not within scope of the report. Therefore, the report does not examine the complex interplay of overlapping social identities such as race, gender, socioeconomic background and sexuality.

There were strong concerns from the interviewees regarding conflicts of interest. The research team gave formal statements confirming that the research was not funded by industry. This is reflective of the view of the campaigning sector (and extensive evidence)^x that the CIMF industry uses underhand tactics to influence research.

One potential interviewee declined to participate, believing sufficient breastfeeding research exists; interviewees from the campaigning sector believed they know what needs to be done, are frustrated it is not being done and believe action, not research, is what is needed. Many interviewees were keen to understand the purpose and outcomes of the research. Impact on Urban Health had similar feedback with exploratory work on

breastfeeding in 2021 and were asked to fund staffing/practice. Nevertheless, this report fills an important gap by shedding light on the wider views of people from the sector. It is an up-to-date, cross-sector, mixed-method research piece that is both novel and useful.

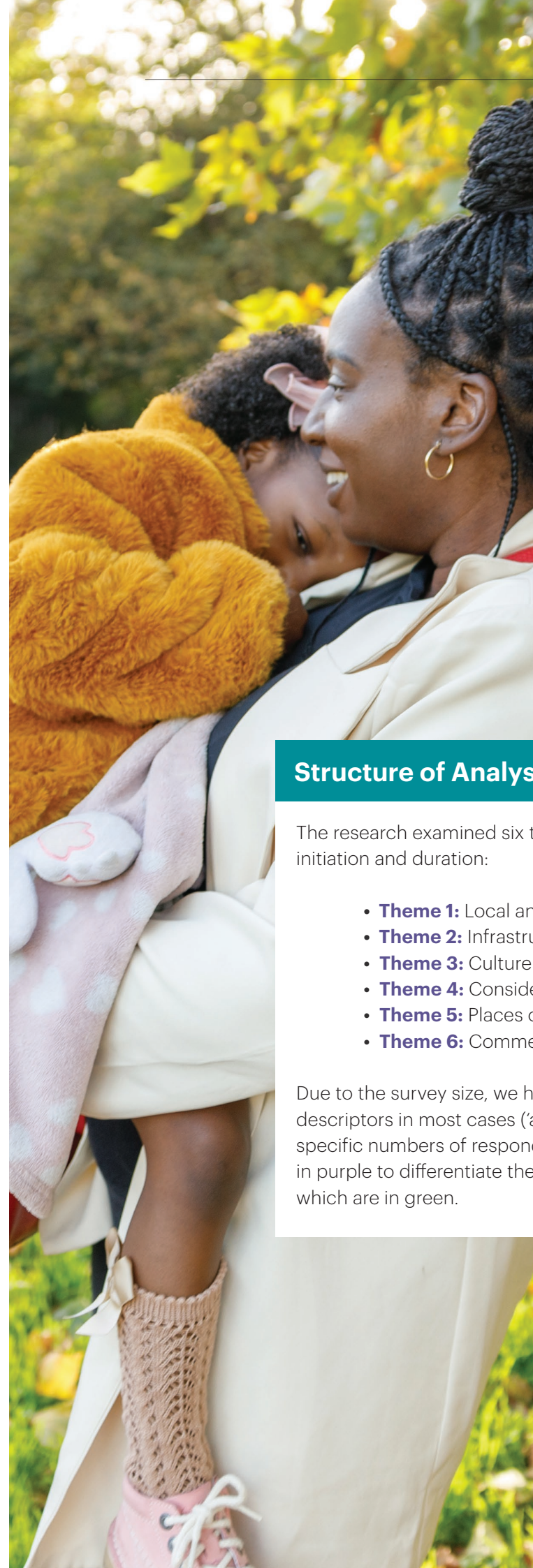
Alongside some constructive criticism of the project goals and outcomes, many organisations went over and above to contribute to the project, giving time, documents, resources and signposting. Some interviewees asked to be re-interviewed so they could contribute further. There is a real appetite and desire for change in this sector. Conversely, it was very difficult to locate, contact or interview representatives of the Conservative government. The only feasible engagement was over email; many representatives declined to be interviewed and instead supplied formal policy positions.

Structure of Analysis

The research examined six themes concerning barriers to breastfeeding initiation and duration:

- **Theme 1:** Local and national policy (including data)
- **Theme 2:** Infrastructure and support
- **Theme 3:** Culture and media
- **Theme 4:** Consideration of demographic characteristics
- **Theme 5:** Places of work or study
- **Theme 6:** Commercial Infant Milk Formula industry

Due to the survey size, we have deliberately used approximate proportion descriptors in most cases ('a minority', 'the majority', 'some', 'several') rather than specific numbers of respondents. Direct quotes from stakeholders are shown in purple to differentiate them from media headlines and other research topics, which are in green.



Recommendations from the breastfeeding sector

The recommendations in this report are derived from those interviewed, who Impact on Urban Health believes are best positioned to identify the necessary policy and practice shifts to create an infant feeding food system that ensures children have the best start in life.

The interviewees recognised that increasing breastfeeding initiation and duration is complex and there is no single solution that is likely to dramatically change breastfeeding trends. There was strong agreement that multiple interventions and policy support are needed. These can be summarised as follows and provide an outline for further strategic direction.

Policy and leadership

For government to:

- Provide better leadership and a fully funded, comprehensive infant feeding strategy.
- Make breastfeeding a statutory service within local authorities and ensure that data is adequately captured, comprehensive and regularly updated.
- Provide funding to both the universal support network and the charity and community support sector to create enabling environments for breastfeeding mothers.

We need more lactation consultants and infant feeding specialists in the NHS and out in the community working in spaces where women from all backgrounds feel safe and comfortable to go. (Academia)

- Strengthen the CIMF industry legislation so that it protects breastfeeding and enforces existing legislation.
- Improve legislation to support mothers returning to work by, for example, making the ACAS guidance statutory and increasing maternity pay. This should also include working with and supporting small and medium sized enterprises to protect breastfeeding in the workplace.
- Create initiatives to change societal norms, such as featuring breastfeeding within education from an early age, so it is seen as a norm and women feel comfortable (and have adequate space) to feed in public. This should include breastfeeding being part of the national curriculum.

Framing and Communications

For organisations who fund and advocate for breastfeeding policy and practice change to:

- Undertake work on framing and messaging in the policy and advocacy space, which at times is portrayed as divisive and shouty.
- Promote messaging that acknowledges the challenges women face without shaming them.
- Promote messaging that positively addresses ideology regarding breastfeeding in public.
- Promote messaging that focuses on solutions to improving uptake and communicates the benefits to women and their families.
- Advocate for breastfeeding policy to be aligned with national improvements in GDP and reduced burden on the health system. Likewise, advocate for breastfeeding to be included in food policy and remove the 'baby blindspot'. A particular focus on this should be how inequality affects the outcomes for children from birth.

Advocacy, influence and coalition building

For organisations who fund and advocate for breastfeeding policy and practice change to:

- Provide funding and support to NGOs and charities that advocate for stronger legislation on the marketing of all breastmilk substitutes, including commercial milk formulas. This was the priority for most of the interviewees. Numerous interviewees specifically requested funding and support for the Baby Feeding Law Group UK, The Breastfeeding Alliance and First Steps Nutrition Trust. This funding was deemed necessary to ensure these organisations can focus on delivering their objectives rather than on fundraising efforts. According to stakeholders, such support is crucial for enabling women to make informed decisions on infant feeding, which is a stated but inadequately implemented government goal.

I still feel that the area that is being underinvested and underappreciated is the protection angle. (Charity)

- Lobby and advocate across the political parties for women's and babies' health to be a political priority. This includes influencing government to commit to long-term funding of universal services and the charity and community sector and working with the government on a breastfeeding strategy.
- Use their influence with the private sector to garner greater support for women who breastfeed at work.
- Provide opportunities for collaboration and coalition-building. The interviewees believed there are lots of existing collaborations where breastfeeding should be in scope but is not seen as relevant.

Leadership at national level is key of course, but also the grassroots level collaborations and work is what probably makes the real tangible difference. (Academia)

Funding place-based interventions

For organisations and academics to produce evidence and use it effectively with government to:

- Identify the gaps and barriers in breastfeeding support across the UK.
- Undertake polling research with government to understand which policy levers could have most impact.
- Create case studies and intervention analysis to determine what 'good' looks like. Use this evidence to advocate for national funding of good practice. This involves identifying initiatives, local authorities or programs that have demonstrably improved outcomes for breastfeeding mothers, and analysing the necessary funding, strategy and political will needed to achieve these improvements.
- Commission cost-benefit analysis to assess the impact of investing in infant feeding. We hope this will show:

That the investment you put into nourishing babies will have a life course impact, particularly around the child's development. (MP)



Funding information provision

For organisations who fund and advocate for breastfeeding policy and practice change to:

- Fund independent information provision for women and families on breastfeeding. Organisations such as First Steps Nutrition Trust and HENRY were identified as having the skillset but not the funding to provide this service.
- Fund independent information provision for women and families on formula and formula feeding. Our stakeholders recognised that this is a gap.
- Fund NCT groups so they can offer wider provision to those who cannot afford to pay for classes.

Funding place-based interventions

For funding organisations and local authorities to create demonstrator place-based interventions that support women to breastfeed by:

- Creating sheltered places for women to breastfeed within existing locations, such as libraries.
- Funding infant feeding staff or peer support teams. Focus areas that were recommended, in particular, were:
 - » One-to-one support in the first few days of life 'to ensure consistent, accessible and evidence-based programmes are available for all families' (Charity).
 - » Support for areas with high need such as high infant mortality, malnutrition or increased levels of food insecurity.
 - » Greater peer-to-peer support for women from minority ethnic groups.
- Trialling a cash-first approach to support formula feeding mothers. The interviewees emphasised that this should not undermine breastfeeding.
- Funding the breastfeeding friendly scheme in areas of high need.
- Piloting breastfeeding equivalents of Access to Work so that small to medium employers can access guidance, training and grants to support breastfeeding women.
- Funding successful initiatives developed through Family Hubs.



References

Please find the full list of references online at:
www.urbanhealth.org.uk/insights/reports/breastfeeding-in-focus

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