



## > Infant feeding

Supporting parent choice



The message we are getting from our members is clear. We must do something to address the state of postnatal care. That's what our campaign Pressure Points is all about. Presenting the evidence and making a case for better provision of postnatal care – enabling midwives, maternity support workers and student midwives to give women and their families the care that they deserve.

This report continues our study by focusing on infant feeding and demonstrating how the situation could be improved through the funding of more midwives. One thing is certain – our members cannot continue to paper over the cracks in an underfunded and under-resourced postnatal environment, without there being detrimental effects on the health of women, children and the over-stretched maternity teams who are crying out to be given the tools to support them.

*Cathy Wannick*

Chief Executive,  
Royal College of Midwives

## Pressure Point 3

### Breastfeeding and bottle feeding; the background

**Over the past ten years, there has been an increased focus on child care policies by successive governments. For example, the Healthy Child Programme and Children and Young People's Health Outcomes Framework, place special emphasis on child health and development.**

Initiatives to promote breastfeeding have been high on successive governments' policy agendas, because the research evidence highlights the benefits that breastfeeding confer on an infant's early development, resilience to health problems and general long-term health. In some areas of the UK, generations of women have never breastfed their infants and, consequently, have experienced worse health and social outcomes, such as frequent infant hospital admissions for infections during the neonatal period. The government focus on targeting breastfeeding aims to level the playing field and narrow health inequalities by promoting breastfeeding among women from lower-socio economic groups. In the UK, a high proportion of women start breastfeeding, but relatively few continue up to the six months, which is recommended by the WHO. Our research shows that there is a lack of investment in resources such as time, appropriate personnel and training of health and support professionals to provide

consistent advice and encouragement to support women to initiate and sustain breastfeeding up to and beyond six months. The evidence shows that a workforce who have the right knowledge and skills to support women to initiate and establish breastfeeding, and support those who choose to formula feed as safely as possible, will have a positive impact on women continuing to breastfeed. In Scotland, for example, investment in infant health and breastfeeding is reaping rewards in terms of an upwards trend in breastfeeding duration rates. The 2010 Infant Feeding Survey showed an increase in breastfeeding initiation rates to 81 per cent in the UK and though duration rates have increased to 34 per cent, it remains difficult to make progress on this as some women commence breastfeeding but give up because of lack of professional or peer support. Likewise, women who have chosen to bottle-feed find it equally difficult to get the support they need.

## What should women be receiving?

### NICE recommends that:

- Initiation of breastfeeding should be encouraged as soon as possible after the birth, ideally within one hour.
- From the first feed, women should be offered skilled breastfeeding support (from a healthcare professional, another mother, or peer support) to enable comfortable positioning of the mother and baby, ensuring that the baby attaches correctly to the breast, establishing effective feeding and preventing concerns such as pain or sore nipples.
- A mother wanting to feed her baby formula milk should be taught how to make the feed using correct, measured quantities of formula, as based on the manufacturer's instructions; and how to clean and sterilise bottles and teats and how to store formula milk.
- Breastfeeding women wanting information about how to prepare formula feed should be told how to do this.

### NICE Quality Statement recommends that:

- Women receive breastfeeding support through a service that is an evaluated and structured programme. Information about bottle feeding is discussed with the mother or, the main carer, of formula-fed babies.

## The survey results

Between September and November 2013, the RCM surveyed its midwife, maternity support worker (MSW) and student midwife members across the UK. Working with the online parenting group Netmums, the RCM also asked mothers about their experiences of postnatal care and infant feeding. Throughout this report we will show the results of surveys by using the icons below.



Midwives



MSWs

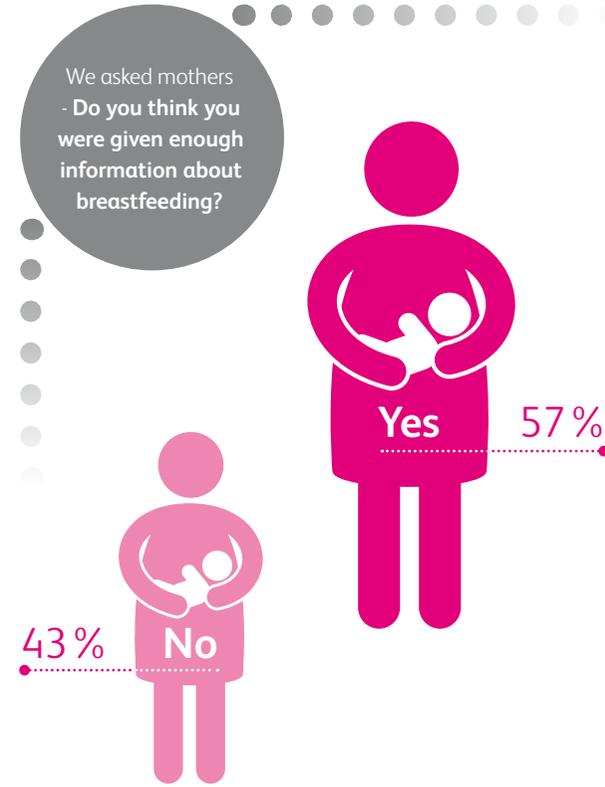
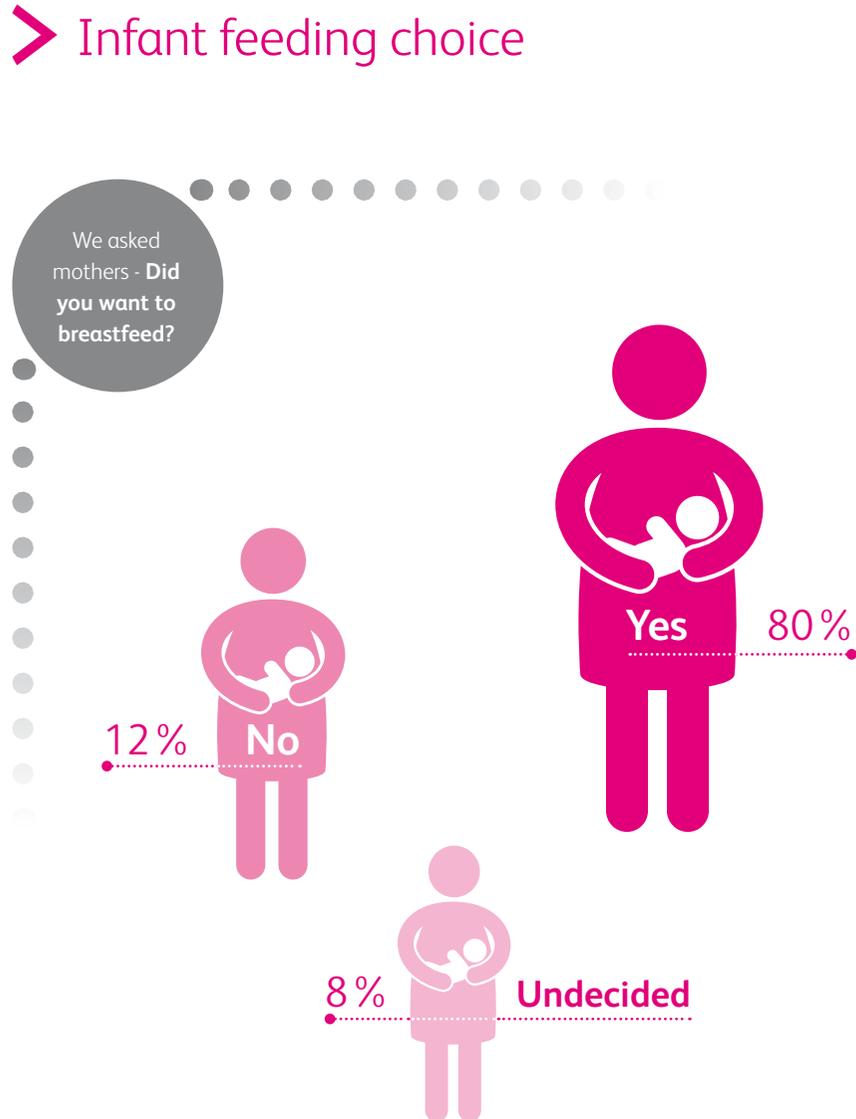


Student Midwives



Mothers

> Infant feeding choice



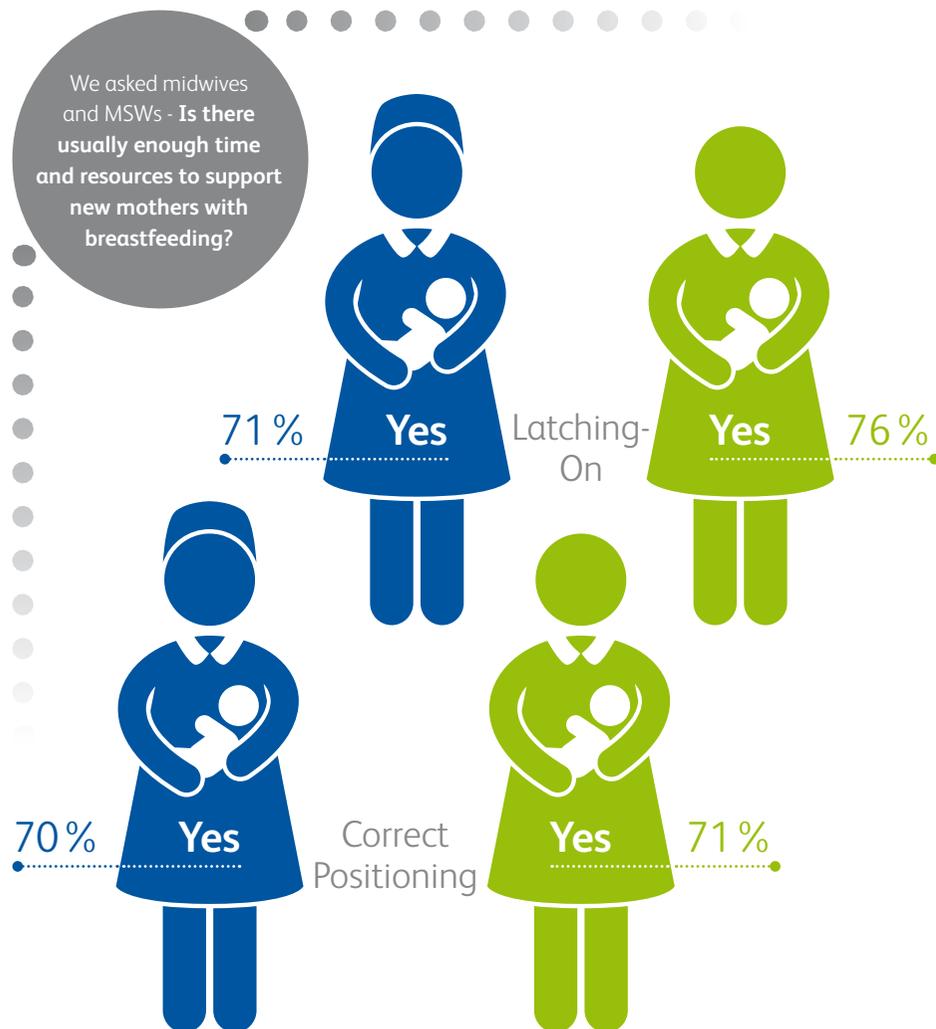
*mother* - "I just wish I had more help with breastfeeding. I didn't know who to contact once out of the hospital, and even during the postnatal visits I wish I was told that I just need to keep at it in order for it to work, and that it takes time. As a result I was only able to breastfeed for a month, which I regret."

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While 80 per cent of the women asked said they had wanted to breastfeed, only 57 per cent reported that they received enough information about breastfeeding.

We are told constantly by mothers that they gave up breastfeeding before they wanted to because of a lack of support and information from health professionals.

> Time and resources



*mother* - "I was keen to be discharged from hospital but was not shown how to hand-express (milk from my breast) or helped to latch-on before I left. We had skin-to-skin after the birth and the baby fed which was great but that didn't mean I knew how to latch her (to my breast)."

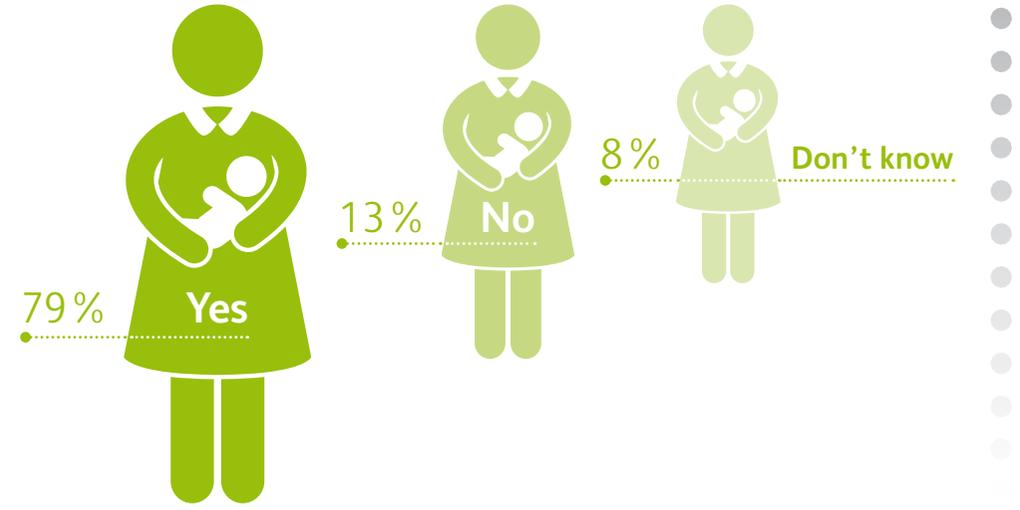
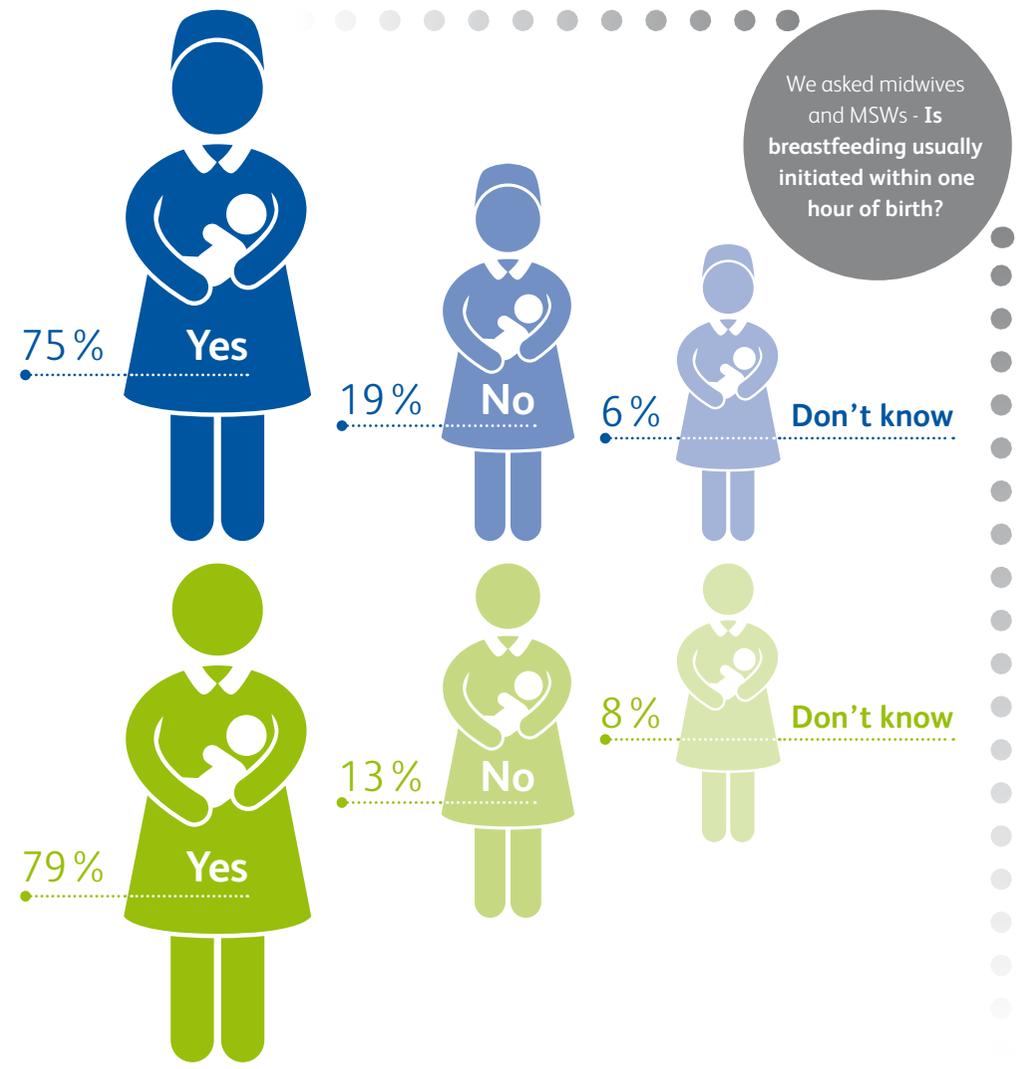
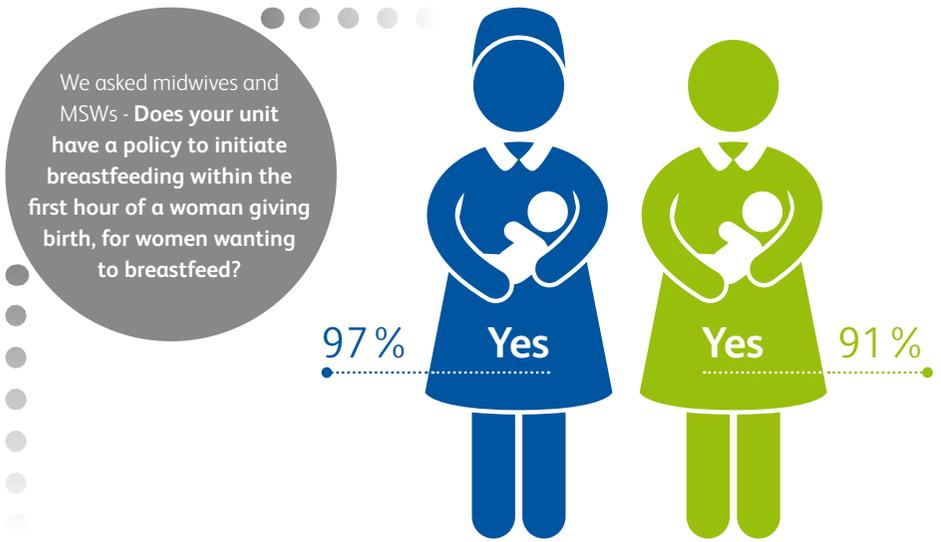
*MSW* - "Although it was the woman's second baby, it was apparent that the baby had lost an excessive amount of weight and she needed further support visits and to review the baby's weight. This failure to provide proper infant feeding support to all mothers early on in the postnatal period is not cost-effective as it can lead to more visits and higher costs later on."

There is not usually enough time or resources to support new mothers with important aspects of breastfeeding, such as latching-on and correct positioning, according to around a quarter of both midwives and MSWs.

It is clear from our findings that many women will not be getting the help they need to breastfeed because of time and resource constraints. Getting infant feeding right is a great way to give newborns

the best possible start in life. We need more midwives and MSWs if we are to be confident that we giving good enough support to all women.

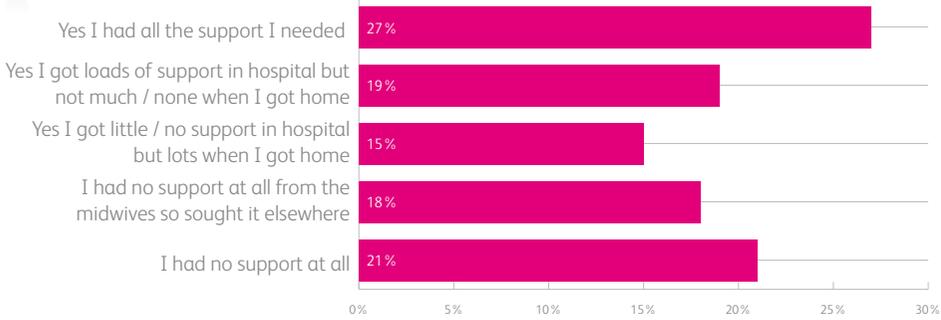
In England, we are campaigning for 4,800 more midwives and our members in the other countries have anecdotally told us that postnatal care is a "Cinderella service" where midwives are pulled from working in the community to staff under resourced labour wards.



Overall, our surveys reflected a disparity between almost uniform adoption of policies for initiating breastfeeding within one hour of giving birth and one in three women saying that they were not encouraged to initiate breastfeeding during the crucial bonding period of the first hour after giving birth.

We asked mothers -  
Do you feel you were given enough active support and encouragement with regard to breastfeeding your baby?

*mother* - "Midwives seem to have so much to do they just get rid of you as quickly as possible to move onto the next patient."



*mother* - "I felt very let down by the lack of support, especially given all the pressure to breastfeed. All the poster campaigns are meaningless if not backed up with effective support."

We asked mothers -  
What support did you receive after the first 24 hours of birth for breastfeeding?



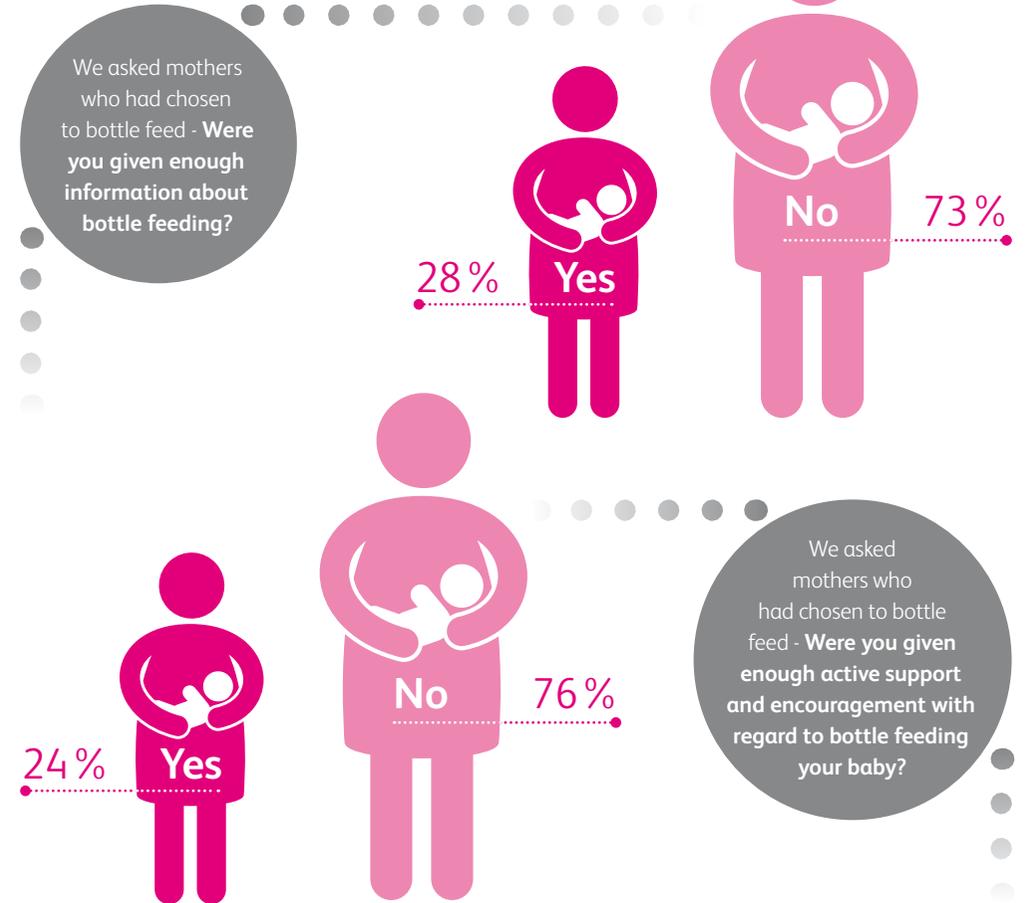
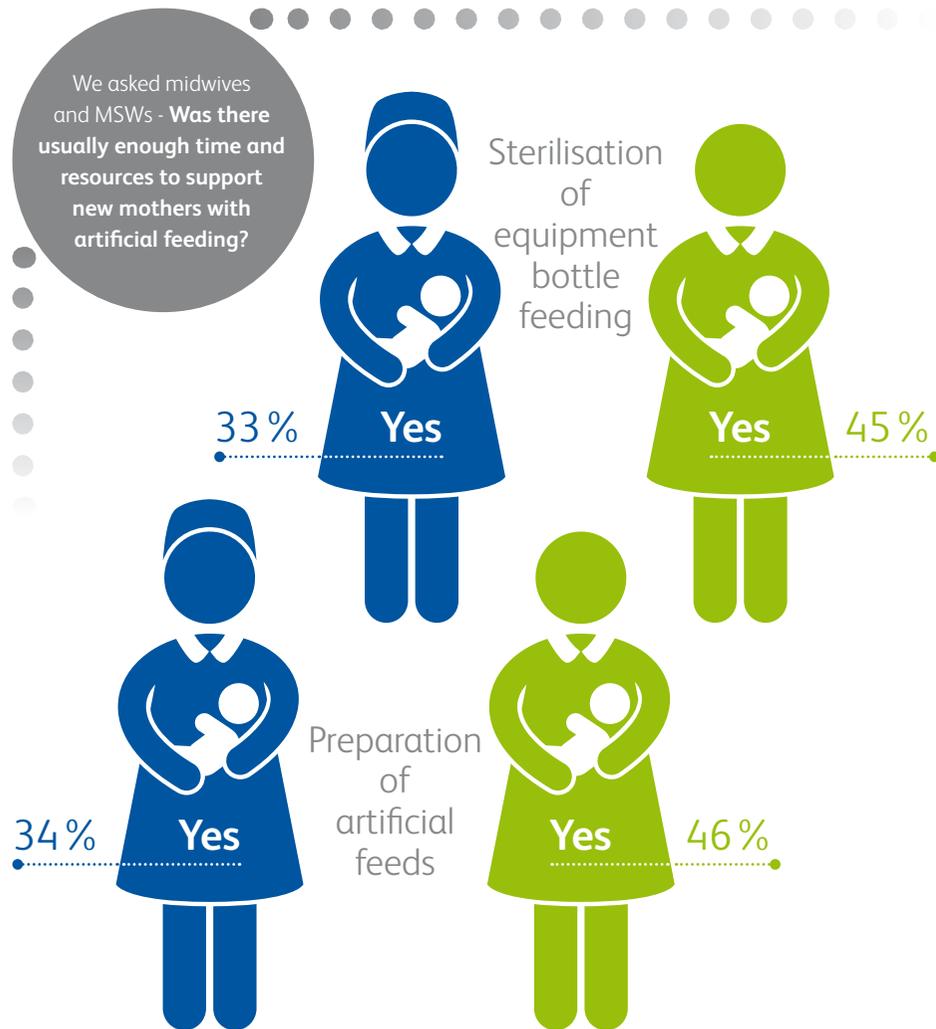
*mother* - "I needed breastfeeding support at the weekend and the community midwives had advised me to call the hospital. The hospital directed me to the community midwives who were not available at the weekend!"

Plenty of support from my midwife	7%
Plenty of support from the maternity team	23%
A little but not enough for me to feel happy / confident	16%
Very little - I felt like I was on my own	25%
I had to seek support from elsewhere (e.g. breastfeeding groups, online, from a friend/family member)	15%
None	15%

Again, our research revealed worrying figures. Despite national breastfeeding standards and policies within maternity units in the UK, the benefit is not being felt by mothers because midwives and MSWs lack time and resources to adequately implement them. Surprisingly, nearly one fifth of midwives surveyed reported that breastfeeding was

not usually initiated within the first hour. However, when we asked mothers if they were encouraged to initiate breastfeeding in the first hour after birth, almost 34 per cent said they were not encouraged. Furthermore, this sentiment is again reflected in the comments of women, saying they received little or no support and encouragement to breastfeed.

> Bottle feeding



About one third of midwives said they have enough time and resources to show mothers how to sterilise bottle feeding equipment or show women how to prepare artificial feeds for their babies. For MSWs, about 45 per cent reported that there is usually time to support women with the sterilisation of equipment and preparation of formula feeds.

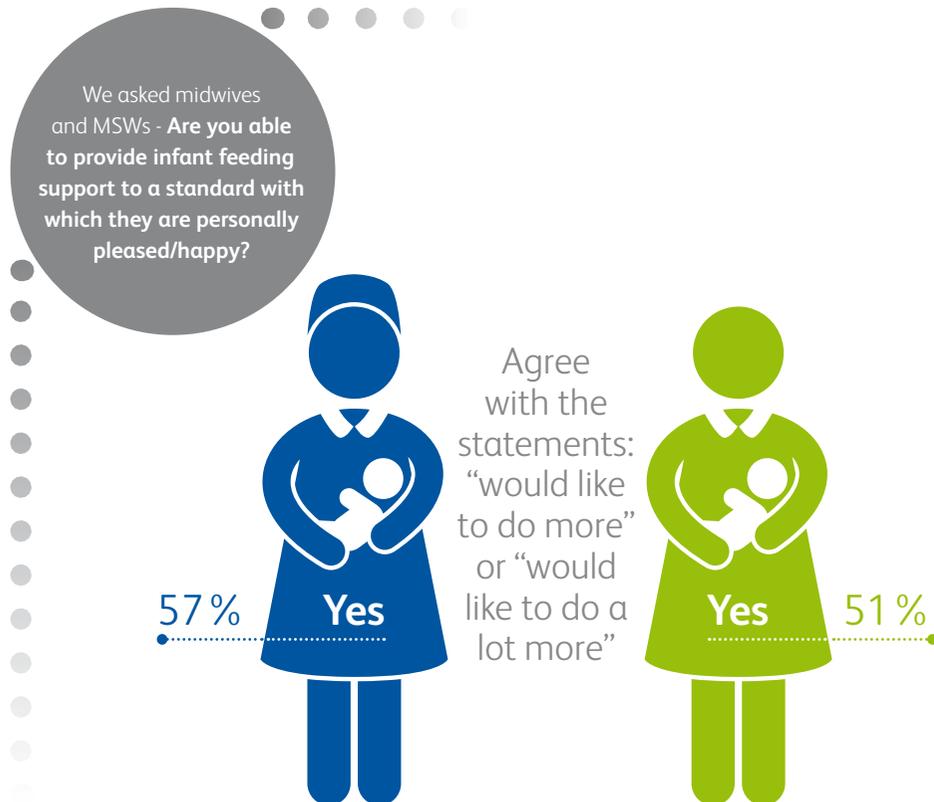
**Referral to a specialist for infant feeding problems**

– 84 per cent of midwives said they found it easy to refer mothers for breastfeeding problems. Where they exist, infant feeding specialists are a good resource for breastfeeding problems and supporting midwives with information and confidence building. However, the information from midwives and MSWs indicates that mothers need advice and support in the early/initial stages of breastfeeding, especially within the crucial first 24 hours of giving birth.

*midwife - "I always feel I'm pushed for time. I am, frustrated that I'm not always able to deliver the standard of care women require and deserve."*

*mother - "I planned to breastfeed exclusively for the first 6 months, however my milk was slow to come in (took over 3 days) and I needed to feed my daughter formula during this time. I was informed by one midwife that I could mix feed, something I had not been informed of previously. I understand the NHS has a duty of care to promote breastfeeding, but due to the lack of support and help (even on the maternity ward) I felt unable to continue attempting breastfeeding."*

*3rd year student midwife - "It feels like there is not enough staff to sufficiently support women through initiating breastfeeding and I fear that if it is known that a mother is bottle feeding then it is easier to discharge her."*



Every mother needs and deserves high-quality maternity care and support from midwives and maternity support workers on a wide range of issues during the crucial postnatal period. Whilst there is some room for improvement in supporting breastfeeding, there is an urgent need to improve the situation for mothers who opt to bottle-feed. A minority of midwives and MSWs think there is usually enough time and resources to help women with important aspects of artificial feeding, and three-quarters of mothers who chose to feed their baby this way did not feel they were given enough information. This is not good enough. All women, whether they choose to breastfeed or bottle feed, deserve to receive all the support and advice they need to get it right.

## > 3rd year student midwives knowledge and experience

An overwhelming majority of third-year student midwives (90 per cent) reported having enough knowledge to discuss infant feeding with mothers; and 76 per cent said that they knew about the NICE Quality Standard. Almost a quarter, however, reported a lack of practical experience to support women with bottle feeding and 33 per cent reported not having sufficient practical experience to support women who breast and bottle-fed (mixed-feeding). This could be due to the fact that student midwives are spending less time on postnatal wards to gain the necessary practical experience of working with experienced midwives to learn how to support mothers.

*3rd year student midwife -  
“I did not have the ability to support women to do breastfeeding or mixed-feeding and felt very uncomfortable. When I discussed this with my mentor, she told me to get a healthcare assistant to do it instead, and did not provide me with any support or help.”*

*3rd year student midwife - “I have only had one academic session on bottle feeding and the details of formula feeding are generally not extensively discussed in hospital because of the Baby Friendly Initiative.”*

*3rd year student midwife - “Very little is taught about bottle feeding, because of the Baby Friendly Initiative. I have yet to see a midwife discuss bottle feeding, they just distribute a leaflet. Mixed-feeding women in my Trust are viewed as bottle-feeders, and are seldom given breastfeeding support after they pick up their first formula bottle.”*

Whilst the Unicef Baby Friendly Initiative standards clearly state that women should be able to choose their feeding method, these comments from students suggest that this is not how the standards are understood.

## How do we fix this?

**Time and again, mothers recount their disappointment and frustration at not being able to breastfeed their babies for as long as they wanted because of lack of support from health professionals.**

Our members also reflect the pressure and stress facing midwives and MSWs in trying to meet the expectations of new parents with limited resources. 57 per cent said they would like to provide women with more infant feeding support.

Helping a mother to breastfeed or bottle-feed her infant safely is a fundamental element of postnatal care. Yet midwives and MSWs in our survey have revealed their frustration and disappointment that the reality is that they are providing a 'conveyor belt' type of postnatal care. Furthermore, women are being provided with a standard of postnatal care which a large majority are unhappy with.

When a woman makes the decision not to breastfeed, it is important that this decision is respected. She needs evidence-based information so she can bottle-feed her baby safely and minimise risks of using non-sterile feeding equipment or incorrectly reconstituted powdered infant formula.

NICE recommends a structured approach to infant feeding, addressing both breastfeeding and bottle feeding mothers. It also recommends that health professionals should have sufficient time to support mothers and babies with starting and continuing breastfeeding.

If we are to reach the expectations about breastfeeding and bottle feeding outlined in national policy recommendations and guidance, there is a need to provide adequate resources and time for midwives and maternity support workers to support and encourage women in their chosen method of infant feeding.

Underpinning this is the need for more midwives. Whilst the RCM's latest estimate is that there is no overall shortage of midwives in Scotland, Wales or Northern Ireland, the shortage in England is alarming.

Attempts at improving care will always fall down in a service struggling to deliver many of the basic aspects of postnatal care. Our latest estimate is that the NHS in England is short of around 4,800 midwives. Progress must be made on this figure if we are to improve the support we give to mothers in the vital postnatal period and if we are to implement evidenced- based breastfeeding guidance.

Maternity care is the earliest health intervention of them all and getting it right for mothers, babies and families is an important part of supporting families and building on the future health of our next generation.

## Recommendations

In the light of our findings from surveying midwives, MSWs, student midwives and mothers, the RCM is calling for commissioners and providers of maternity services to:

- Recruit more midwives, particularly in England; progress is being made on reducing this shortage, but it needs to fall much faster. We must have enough midwives and MSWs to ensure all women who choose to breast feed get the support to initiate and continue breast feeding.
- Ensure all parents who have chosen to bottle-feed are shown how to sterilise bottle feeding equipment and ensure that they have had a one-to-one demonstration on making up formula feeds safely before they leave hospital in line with national standards.
- Support is given to women equally regardless of their infant feeding method.

We are calling on the NMC approved education institutions and Lead Midwives for Education (LMEs) to ensure that:

- Student midwives are able to meet the required competencies to support women to feed their infants appropriately and that they are developed to recognise awareness for the situations in which breastfeeding is not possible and so be able to support women to artificially feed.
- The theoretical content on infant feeding includes clarification on the Baby Friendly Initiative standards and an emphasis on the needs of the infant.

Underpinning all this is the need for more midwives, particularly in England. A lack of resources is the key reason standards of postnatal care are not as good as they could be. Attempts at improving care will always fall down in a service struggling to deliver many of the basic aspects of maternity care.

Progress must be made on this if we are to get anywhere in delivering the improvements in postnatal care that the RCM wants to see, midwives believe are necessary, the evidence shows are important and which mothers deserve.

Get involved with our campaign online at [www.rcm.org.uk/pressurepoints](http://www.rcm.org.uk/pressurepoints)

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The Royal College of Midwives

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