Breastfeeding

Summary

- Breastfeeding provides optimal nutrition for babies and brings many health benefits for mother and baby, both short and long-term.
- Breastfed babies have fewer infections and are less likely to become overweight or develop diabetes or an atopic illness (e.g. asthma, eczema and allergies).
- Mothers who breastfeed have lower rates of breast and ovarian cancer, diabetes and postnatal depression and have improved weight loss after pregnancy.
- Breastfeeding can also enhance the emotional attachment between mother and baby.
- Rates of breastfeeding in Bristol are high, however there are much lower rates among younger women, White women and those living in the more deprived wards of the city.

Breastfeeding initiation

In Bristol the breastfeeding initiation rate (any breastfeeding at 48 hours) in 2023/24 was 81.4%1[1]. This rate has been more than 80% since 2018/19 and has been gradually increasing for several years (see Fig. 4).

Comparable data on infant feeding initiated within the first few days of life (to permit comparisons between Bristol and elsewhere) are not available beyond 2020/21, but at that time it was estimated that 83.1% of babies born to Bristol resident mothers received breastmilk as their 'first feed' (of those where this was known), compared to a national average of 71.7%[2]. This is a slightly different measure than the breastfeeding initiation statistic used locally, but we can be very confident that initiation rates are also significantly higher in Bristol than the England average also. This is certainly the case for breastfeeding at later mandatory checks as will be described later in this document.

However, there is significant variation in breastfeeding initiation rates across Bristol, with much lower initiation rates for younger women (under 20), White British women and women living in deprived wards, especially in the South of the city (Fig. 1-3). While the difference between the initiation rates in the most and least deprived areas has slightly narrowed over time (see Fig.2) significant inequalities remain. For example, initiation rates at 48 hours ranged from 100% in Bishopston and Ashley Down to 54% in Hartcliffe and Withywood during 2023/24.

[1] Bristol City Council, Public Health; Locally collated maternity dataset (NBT & UHBW)
[2] Office for Health Improvement & Disparities – Child and maternal health statistics

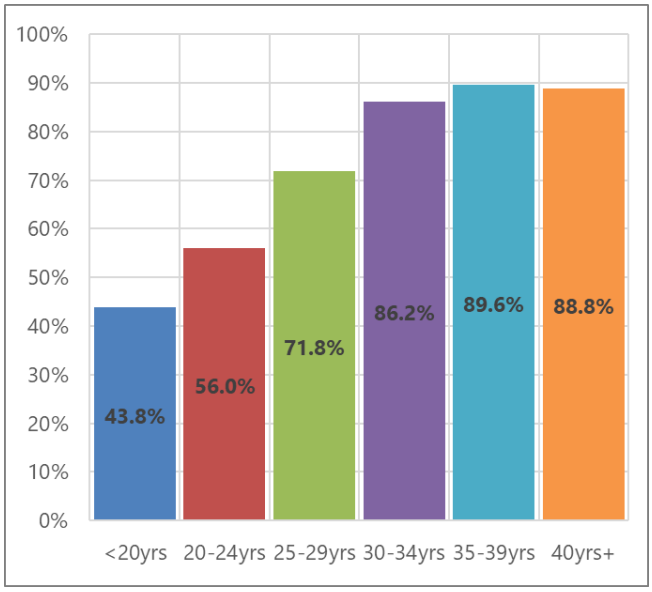


Fig 1: Any breastfeeding at 48 hours by maternal age during latest 3 year period (2021/22-2023/24)[1]

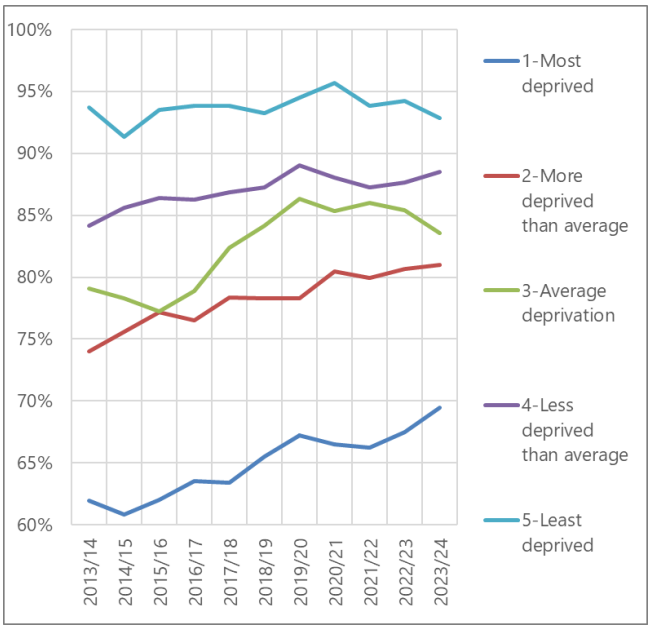


Fig 2: Any breastfeeding at 48hrs by deprivation quintile (IMD2019 in Bristol) annual trends[1]

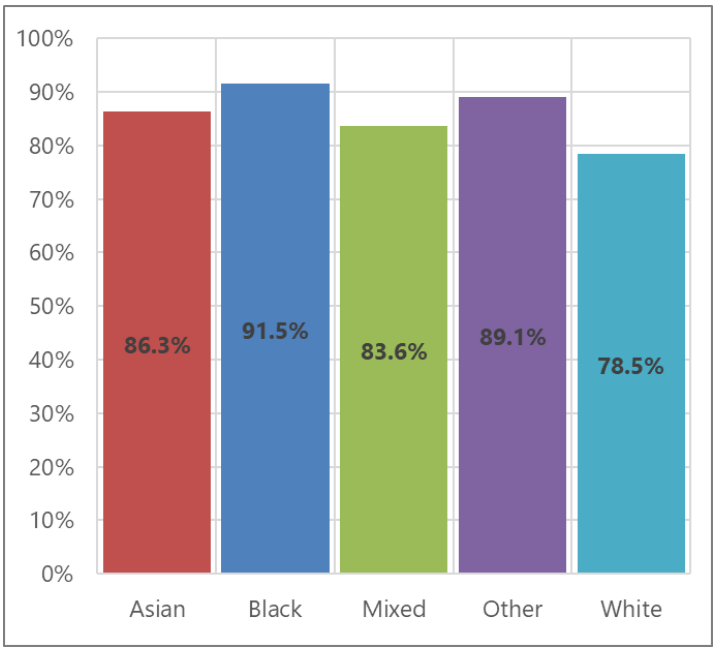


Fig. 3: Any breastfeeding at 48 hours by broad ethnicity, during latest 3 year period 2021/22-2023/24[1]

Breastfeeding continuation

The World Health Organisation (WHO) advise that babies are breastfed for the first 6 months and continue for as long as they wish (2 years and beyond). As mothers have contact with the Health Visiting service when their baby is 10-14 days (at the 'New Birth Visit') 6 to 8 weeks,1 year and 2-2 1/2 years, breastfeeding continuation is measured at these points. Although national continuation comparison data is only available for 6 to 8 weeks.

New Birth Visit: The latest local data available (2023/24) shows that 56.8% of babies in Bristol were exclusively breastfed, and 81.3%[3] were exclusively or partially breastfed ('any breastfeeding'), at the time of the New Birth Visit (10-14 days). The rates of exclusive breastfeeding at the new birth visit have been slowly increasing since 2018/19 those for 'any' breastfeeding' have risen in most years since 2015/16 (see Fig. 4).

6 to 8 weeks: Bristol has significantly higher breastfeeding continuation rates at 6-8 weeks than the England and Core Cities average[2] (see Fig. 5); for the year from 2022/23 Q3 to 2023/24 Q2 the Bristol rate for any breastfeeding was 71.5% compared to a national average of 55.9% and Core Cities average of 58.9%. The Bristol trends in figure 4 show that there was an apparent stalling in the improvement in this measure during 2022/23, but during the latest year (2023/24) there has been a strong recovery. Local data for (2023/24) shows that 49.5% of babies in Bristol were exclusively breastfeed and 73.6% were either exclusively or partially breastfed at 6 to 8 weeks[3].

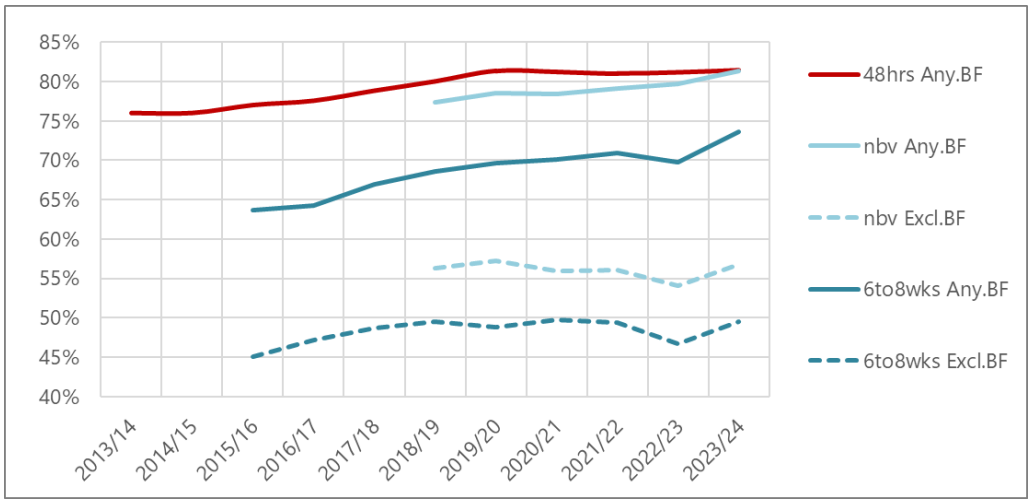


Fig. 4: Breastfeeding initiation and continuation trends (2013/14 – 2023/24)[3]

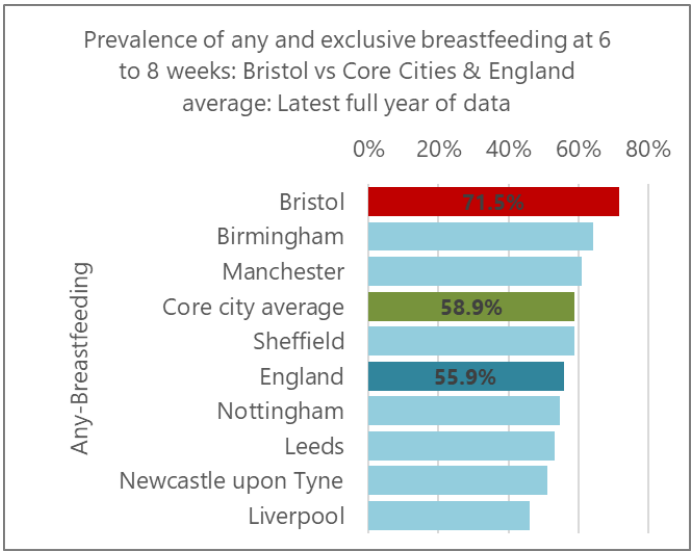
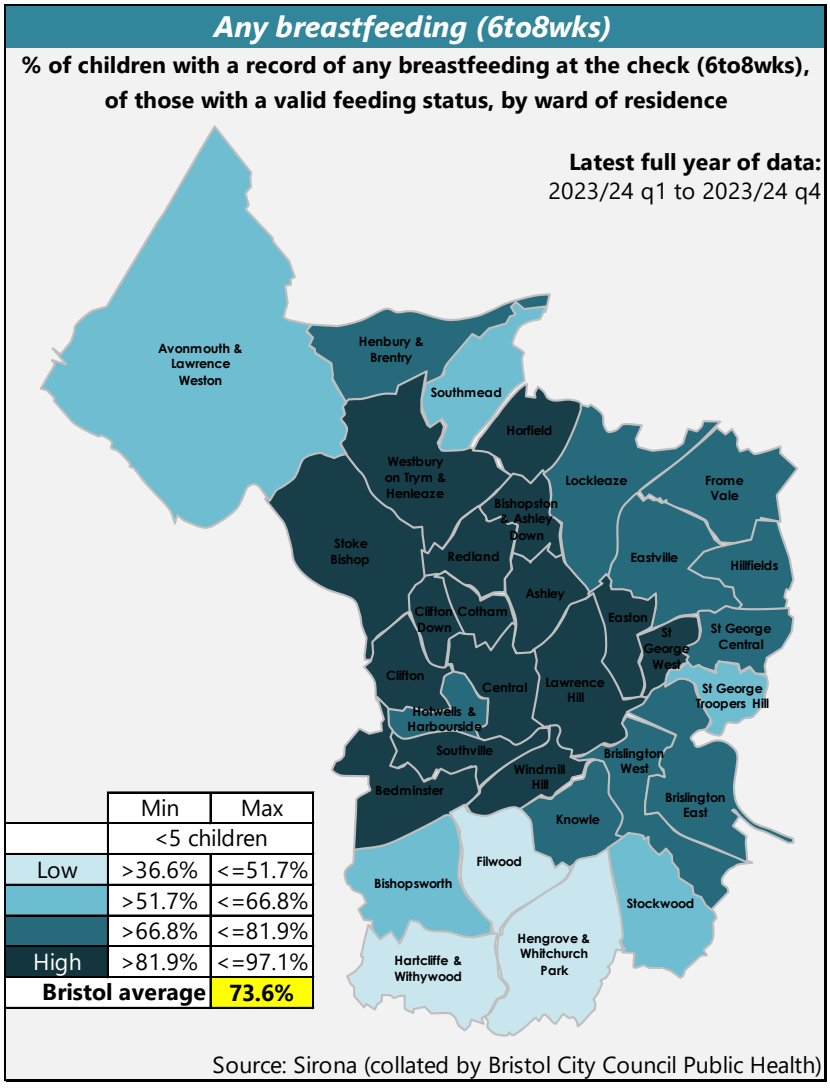


Fig. 5 Breastfeeding prevalence at 6-8 weeks, Bristol compared to England and Core Cities (Latest year of comparable data 2022/23 Q3 to 2023/24 Q2)[2]

[3] Bristol City Council, Public Health, locally collated statistics from data provided by health visiting provider (Sirona)

However, as with breastfeeding initiation rates, previous analyses (of breastfeeding continuation rates between 2009 and 2017) indicated considerable variation in breastfeeding continuation rates across Bristol, with the lowest continuation rates (at both New Birth Visit and 6-8 weeks) amongst younger women (under 25) and White British women[4]. More current data (2023/24) show that breastfeeding continuation rates for 'any breastfeeding' at 6-8 weeks range from an average of 60.1% in the most deprived 20% of Bristol to 88.7% in the least deprived 20% of the city. These demographic factors play out in combination across the city in terms of the variation by ward, and in 2023/24 the rates varied from 97.1% in Cotham to 36.6% in Hartcliffe and Withywood (see map 1). The rates are higher on average in the North and West (inner) locality, also in some parts of the city just south of the city centre, and lowest in the far south of the city[3].



Map 1: Breastfeeding (any) prevalence at 6-8 weeks in Bristol by ward 2023-2024[3]

[4] Please note that data is not available at present to update the analysis of breastfeeding prevalence at 6 to 8 weeks, by ethnicity or maternal age, so those statistics have not been updated to the latest year of data. The most recent statistics available are from 2017 and so are not presented here.

Again, while significant inequalities still exist, overall, the wards with the greatest improvement in continuation rates over the last 10 years or more have been the wards with the lowest prevalence of breastfeeding.[5] It is believed that the targeted peer-support service operating in these low prevalence wards has contributed to the improvement of both initiation and continuation rates.

There has been significant additional investment in infant feeding during 2023-24 as part of the Family Hubs and Start for Life programme in Bristol. A focus of these plans has been on reducing the inequalities in the rates.

1 year: Local data shows that 45.7% of 1 year old children were breastfed in 2023/24, a similar proportion to the previous 2 years when this data began to be collected routinely. With improvement seen this year at earlier age checks (NBV and 6 to 8 weeks) we would expect to see some increase in this measure over the next 12 months.

Further data / links/ consultations:

- Bristol City Council, Bristol Breastfeeding JSNA 2017/18
- Office for Health Improvement & Disparities – Fingertips tool (data derived from the Maternity Services Dataset MSDS v2.0), Child and Maternal Health - Indicators by life-course stage - OHID (phe.org.uk)

Covid-19 impact:
Analysis of national data suggests that breastfeeding rates were not substantially impacted by the pandemic[6]. It is possible that the negative impacts on initiation and continuation (e.g. reduced face to face support from services) may have been counteracted by other factors that supported breastfeeding (e.g. working from home and furlough schemes). However, in Bristol there was a slowing of the improvement seen over previous years which coincided with this period and extended until 2022-23, it is not currently possible to identify causes for this trend. Since then, however the increase in breastfeeding rates has been marked.

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[5] Local data comparing ward rates in 2009-11 with the same rates in 2019-21. 'Improvement' here is the increase in the prevalence of any-breastfeeding (exclusive or partial) between the datasets for these two periods, as a proportion of the baseline statistic.
[6] Quigley, M, A., Harrison, S, Levene, I, McLeish, J, Buchanan, P, Alerdice, F. (2023). Breastfeeding rates in England during the Covid-19 pandemic and the previous decade: Analysis of national surveys and routine data | PLOS ONE. [Accessed: 31/05/24].