Breast feeding: why are UK breast feeding initiation and retention rates among the lowest in Europe?

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Overview

• The challenges:
  – static breastfeeding rates
  – parent’s sub-optimal experiences
  – health inequalities

• What have we learnt from recent research?

• Do we need a different approach?

  ❖ Care & Couthie Communication,
  ❖ Collaboration & Collective action
Prevalence of breastfeeding up to 6 months by UK country (2010)

Base: All Stage 3 mothers (10768)
Breastfeeding in Scotland
6-8 weeks, Health Visitor “Baby Check”

Source: ISD Scotland, CHSP Pre-School Aug 2016
www.isdscotland.org/Health-Topics/Child-Health/Infant-Feeding/
Why?

We Don’t Know
Breastfeeding outside home

Parents want to do the best for their children

**Individual:** genotype, knowledge, beliefs, experience

**Interpersonal:** Family, friends, social network

**Community:** Local culture, natural & built environment

**Organizational:** School, church, etc.


Hospitals/NHS Mat/Pat. leave

Expressing at work

International Code; Targets
Scotland Law: right to feed

Policies, Laws, Other Cultures

A Social-Ecological Model
Education

• Primary Schools

• Seeing a mother breastfeed in class - their language changes

• Complaints!
  (Russell et al. 2004)
Performing Art

Emotions
Experiential learning
Self-efficacy
Feeling well, Happy, Relaxed, Confident
↑ Oxytocin

Technical
Theoretical
Cognitive
Complicated
“School like”
Anxiety
↓ Oxytocin
Wellbeing drives decisions about feeding babies

Hoddinott et al. *BMJ Open* 2012;2:e000504
McInnes et al. *BMC Pregnancy and Childbirth* 2013, 13:114
Making feeding decisions

- Rational, slow, reflective, cognitive, delayed gratification
  VS
- Automatic, fast, intuitive, impulsive, emotion driven, immediate gratification

Reward systems
Motivation
Social bonds....

Oxytocin
Dopamine
Prolactin....

Kahneman D. Thinking fast and slow. London: Allen Lane; 2011
Midwife: suggested staying in hospital to help with breastfeeding (rational)

Young mother: “I could feel myself welling up because I had my heart set on getting out [of hospital] that day …that’s why I said we’d go on to the formula [Day3]” (emotional)
Health Inequalities

Breastfeeding Initiation by employment (UK 2010)
Evidence from Research
The evidence for additional support

- **Cochrane systematic reviews** (Renfrew et al. 2012; Skouteris et al. 2014):
  - Any additional support (professional or lay)
    - increases the duration of breastfeeding
    - Increases the exclusivity of breastfeeding
  - Prolonged postnatal contact 3 weeks < 6 months (Skouteris et al. 2014)
  - Telephone support inconclusive (Lavender et al. 2013)

**BUT…..**

Full scale UK trials of additional support have not worked! (Hoddinott et al, 2011)
Health services support

Rational model
- Provide information about health benefits (and risks)
- Assume health is the main driver of decisions
- Rules based - assume all staff can be trained to give consistent information and support
- One size fits all

Emotional model
- Continuity of care to build strong trusting relationships
- Time to listen to stories and concerns
- Sit through feeds and build confidence
- Personalised and non-judgemental care
Qualitative research: guilt, blame, pressure and lack of confidence

Shame if you do – shame if you don’t: women’s experiences of infant feeding

Gill Thomson*, Katherine Eblech-Burton† and Renee Flackling†

Disempowered, passive and isolated: how teenage mothers’ postnatal inpatient experiences in the UK impact on the initiation and continuation of breastfeeding

Louise Hunter*, Julia Magill-Cuerden* and Christine McCourt†

Nobody actually tells you: a study of infant feeding

By Pat Hoddinott and Roisin Pill
Qualitative research

- **1st time mothers’ stories:** seeing family and friends breastfeeding – language more confident and committed (Hoddinott and Pill, BMJ 1999)

- **Hypothesis:** breastfeeding groups and peer support will improve breastfeeding rates

- **Tests:**
  - No evidence for breastfeeding groups despite promising pilot study. (Hoddinott et al. Birth, 2006; BMJ, 2009; Social Science and Medicine, 2010)
  - No evidence for peer support in UK. (Jolly et al. BMJ 2014.)
What women value

• Being authentically listened to (Schmied et al. 2011)
• Non-judgemental care
• Learning through experience
• Being helped and reassured
• Unrushed time
• Someone they trust
  (Hoddinott & Pill 1999)
The FEST pilot trial
(Hoddinott et al. BMJ Open 2012;2(2):e000652)

- Intervention: daily calls by a dedicated feeding team for 2 weeks after going home from hospital.
- Comparison: mothers could phone feeding team whenever
- All women: met team asap after birth; sat through a feed
- 23% increase in breastfeeding at 6-8 weeks (69 women)
Comparison group: only 1 woman phoned the feeding team

Women undervalued:
- their own needs compared with needs of others
- breastfeeding as a reason to call for help

- Overwhelmed
- Busy midwives
- No problems
- Ran out of phone credit
- My own fault
- Miserable
FEST Trial - Call recordings

• Warmth and empathy
• Known person vs. cold calling
• Lay language
• Non-technical
• Affirmative
• Unrushed, relaxed
• Woman’s wellbeing
• “Breast” seldom mentioned

“What’s working best for you?”

“You’re doing great!”

“How’s the feeding going?”

“Take Care”
Conclusion

• New approaches are needed
• Protect time to care for and help women who are breastfeeding
  - Care & Couthie Communication
• Work together to change local stories
  - Collaboration & Collective action/responsibility
  - Create a Culture where breastfeeding is the norm
“Breastfeeding is one of the biggest public health failures”
Professor John Frank
Director: Scottish Collaboration for Public Health Research and Policy

“Early intervention is far more effective than later remediation. The capabilities that matter can be created……”

Conti and Heckman *Pediatrics* 2013;131;S133
Thank you

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