

The 1001 Critical Days

The Importance of the Conception to Age Two Period – Breastfeeding Supplement

The 1001 Critical Days cross party manifesto highlights the importance of acting early to enhance the outcomes for children. With a forward by the Chief Medical Officer (CMO), the manifesto calls for interventions that are evidence based and economically sound, have an emphasis on training of staff, and focus on prevention and early intervention.

The CMO's 2013 report, 'Our children deserve better', highlights worrying trends in low breastfeeding rates in England. It recognises the impact and the importance of improving breastfeeding rates to promote child and maternal health and wellbeing. The report calls for implementation of UNICEF's Baby Friendly Initiative as a minimum standard to support breastfeeding, and calls for monitoring and examination of the effects of the marketing of breast milk substitutes (WHO, 2013).

Why is breast milk and breastfeeding so important?

'Breastfeeding is a natural safety net against the worst effects of poverty.....exclusive breastfeeding goes a long way towards cancelling out the health difference between being born into poverty or being born into affluence. It is almost as if breastfeeding takes the infant out of poverty for those few vital months in order to give the child a fairer start in life and compensate for the injustices of the world into which it was born.'

James P. Grant, past Executive Director of UNICEF

- Mother and baby interactions are intuitive and at birth the mother is physiologically programmed to communicate, feed and care for her baby. Left alone, she will respond to her baby's needs and the hormone oxytocin will be released (Cadwell, 2007). Oxytocin, the love hormone, promotes very early attachment behaviours, breastfeeding and the baby's brain development (Uvnäs-Moberg & Francis, 2003, Winberg, 2005).
- The WHO (2011) and DH (2013) recommend that all infants are exclusively breastfed for six months and thereafter alongside other foods. In the UK breastfeeding initiation rates are improving (62% 1990, 76% 2005 to 81% 2010), but there are large social and demographic variations and only small numbers of women continue to breastfeed exclusively. In 2010, only 17% of all mothers were still exclusively breastfeeding at 3 months, 12% at 4 months and 1% at 6 months (McAndrew et al, 2012).
- Many women in the UK grow up in a 'bottle feeding' culture where keeping breastfeeding going can be challenging. Young mothers and those from lower socio-economic groups are least likely to breastfeed and have the worst health and social outcomes for themselves and their babies.
- Low breastfeeding rates lead to increased incidence of illness, which has significant implications for children, families and the health services.
- One in ten babies born alive needs specialist neonatal care of some sort. Breastfeeding or providing breast milk for premature and sick babies improves their short- and long-term health and well-being outcomes, reducing both mortality and morbidity (Renfrew et al, 2009).

- Commissioning services to increase and sustain breastfeeding would make an important contribution to improving public health, reducing health inequalities and saving significant costs (£40m) to the NHS (Renfrew et al, 2012).
- Breastfed babies have a reduced risk of obesity, diabetes, respiratory infections, gastroenteritis, ear infections, allergic disease and Sudden Infant Death Syndrome (American Academy of Paediatrics, 2012; Arenz et al, 2004; Bartok & Ventura, 2009; Cathal & Layte, 2012; Chivers et al, 2010; Harder et al, 2005; Hoddinott et al, 2008; Horta et al, 2007; Ip et al, 2007; Quigley, 2007; Renfrew et al, 2012a; Scott et al, 2012; Shields et al, 2006).
- Breastfed babies are less likely to be admitted to hospital and the impact on the child's IQ and other measures of development is beginning to be seen in high-quality studies (Horta & Victoria, 2013; Iacovou & Sevilla-Sanz, 2010; Kramer et al, 2008, Renfrew et al, 2009).
- Breastfeeding provides a unique opportunity for attachment between mother and baby and can protect the child from maternal neglect (Strathearn et al, 2009).
- For mothers, breastfeeding is associated with a reduction in breast and ovarian cancers (WCRF/AICR, 2009).

Investing in breastfeeding and relationship building is now recognised as a positive, proactive mechanism to promote mother-infant attachment behaviours and improve the mental health and well-being for the mother and the child

(Britton et al, 2011; Ekstrom et al, 2006; Groër, 2005; Gutman et al, 2009; Heikkilä et al, 2011; Kim et al, 2011; Oddy et al, 2009; Oddy et al, 2011; Sacker et al, 2006; Strathearn et al, 2009; Sunderland, 2007; Unite/CPHVA, 2008).

What works to support breastfeeding?

- The evidence suggests that in the antenatal period women want a conversation about infant feeding that equips them with the self-confidence and skills to feed and care for their baby after birth that is culturally sensitive.
- Parents value sharing their experiences and involving the father in the practicalities of breastfeeding (Henderson et al, 2011; Hoddinott et al, 2012).
- Young mothers prefer to learn in peer groups, one-to-one and at home (Dyson et al, 2010)
- Women in prison value the same things as other mothers (Albertson et al, 2012)
- Mothers value practical help including; how to recognise baby's feeding cues, positioning, attachment, milk production and milk transfer, responsive feeding, expressing of breastmilk and how to manage common breastfeeding problems.
- Peer support, including home visiting, should be offered within 48 hours of transfer home (NICE, 2011)
- An infant feeding assessment will help the mother and supporter to reflect on 'what has happened' and develop 'a way forward' together.
- Support should be: scheduled, predictable, face-to-face and offered by skilled breastfeeding supporters, lay or professional (Renfrew, 2012). Women need support to breastfeed when 'out and about.' Employers and colleges can help with flexible breaks to ease return to work or study.
- UNICEF Baby Friendly Initiative should be implemented across maternity, health visiting, neonatal care and children's centres in order to ensure consistent levels of evidence based practice to support all parents to feed their baby optimally and develop close and loving

relationships (NICE, 2013). Baby Friendly Standard 5 explicitly supports this aim: “Support parents to have a close and loving relationship with their baby”

Enabling all mothers to get breastfeeding off to a good start (Tier 1, 1001 Critical Days) builds on foundations laid in pregnancy and immediately post-birth. A universal multifaceted approach aims to build a mother’s confidence and ability to feed her baby based on her individual needs, preferences and desires from a biological, psychological and cultural perspective (UNICEF, 2012).

A full list of references can be found in:

UNICEF (2012) The evidence and rationale for the UNICEF UK Baby Friendly Initiative standards
<http://www.unicef.org.uk/BabyFriendly/Resources/General-resources/The-evidence-and-rationale-for-the-UNICEF-UK-Baby-Friendly-Initiative-standards/>

CMO (2013) CMO's annual report 2012: Our Children Deserve Better
<https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays>

Pledges of support

The following organisations have pledged support for this *1001 Critical Days Manifesto – Breastfeeding Supplement*.

Association of Breastfeeding Mothers (ABM)
<http://abm.me.uk/>

Best Beginnings
<http://www.bestbeginnings.org.uk/>

Breastfeeding Network
<http://www.breastfeedingnetwork.org.uk/>

First Steps Nutrition
<http://www.firststepsnutrition.org/>

Lactation Consultants of Great Britain (LCGB)
<http://www.lcgb.org/>

La Leche League GB
<http://www.laleche.org.uk/>

NCT
<http://www.nct.org.uk/>

Baby Friendly Initiative UNICEF UK
<http://www.unicef.org.uk/BabyFriendly/>

World Breastfeeding Trends Initiative (WBTi) UK working group
<https://ukbreastfeeding.org>