



The Royal College of Midwives
15 Mansfield Street, London, W1G 9NH

Written evidence submitted by the Royal College of Midwives to the Health Committee on Childhood Obesity

Executive summary

- There is a strong association between breastfeeding and reduced risk of obesity in childhood and beyond.
- Women from socially deprived groups are less likely to breastfeed and their babies more likely to suffer from childhood obesity, giving rise to significant health inequality.
- Successful support for breastfeeding mothers depends on sufficient levels of appropriately trained and skilled staff. Evidence shows that this support is patchy and inconsistent.
- Many mothers feel unable establish or to continue breastfeeding due to inadequate support and stigma. Financial and workforce pressures lead some women to stop breastfeeding before they are ready and earlier than is recommended by the World Health Organisation.

The Royal College of Midwives (RCM) is the professional organisation and trade union representing the majority of midwives and staff working in maternity services. We welcome the opportunity to submit evidence in relation to priorities for further action by the Government, especially on the effects of the Plan on health inequality and appropriate interventions to reduce that.

‘Childhood Obesity – Brave and bold action’ has not examined the area of infant feeding. Given the impact of breastfeeding on future weight gain, eating habits and health equality, the RCM urge the Committee to consider our evidence and make appropriate recommendations. Maternity services have huge role to play in preventing obesity and this should not be overlooked if the UK is to improve the long-term health of its children.

Midwives and maternity staff provide crucial information and support on infant feeding during pregnancy and the postnatal period. Their relationship with women and reach into the community means that they are ideally positioned to educate on the benefits of breastfeeding and its protective effects against obesity. Breastfeeding initiation rates have been improving over recent years but there is still great variation. Moreover, breastfeeding rates plummet after 6 weeks. UK breastfeeding rates lag behind other developed countries.

The World Health Organisation and UNICEF recommend exclusive breastfeeding of babies for the first 6 months. Breastmilk provides many health benefits for mothers and babies, including a protective factor against future obesity. Breast milk contains hormones and other biological factors that are involved with the regulation of appetite and food intake¹. Exclusive breastfeeding precludes inappropriate complementary feeding that could lead to unhealthy weight gain². Breastfed infants have been observed to have lower levels of insulin, which is involved in the laying down and storing of fat³.

A commitment to invest in breastfeeding support and create opportunities for women to continue feeding once initiated, will give a high return on investment. UNICEF estimate that increasing breastfeeding rates to a level that reduced the rates of early years obesity by as little as 5%, would result in reducing annual health care expenditures by more than £1.6 million⁴.

The RCM recognises that social determinants of health impact on young women and those from socially deprived groups, meaning these women are significantly less likely to breastfeed. This group also suffers from the highest rates of childhood obesity. We urge the Committee to understand that breastfeeding provides a useful opportunity to address this health inequality⁵.

The evidence shows that skilled and trained staff with access to adequate resources has a positive impact on breastfeeding rates⁶. The RCM is calling for an additional 3500 midwives in England and the reversal of recent austerity measures that have resulted in the closure of vital services and facilities, such as children's centres. We also recognise the importance of peer support services, health visitors, maternity support workers and other services provided by local government to support women to breastfeed. Cuts to public health budgets are a false economy that negatively affects the early years.

Barriers to breastfeeding are found in workplaces, which do not facilitate breastfeeding mothers in their return to work following maternity leave. The RCM advocates for every workplace to be compliant with Health and Safety law and the Equality Act 2010, including flexible working and support for temporary changes to work arrangements where appropriate⁷. Mothers too report feeling unsafe or unwelcome attention when feeding in public places. We urge the Committee to investigate how all new mothers can be supported in our society to breastfeed their babies without negative consequences.

¹ Lucas A, Sarson DL, Blackburn AM, Adrian TE, Aynsley-Green A, Bloom SR. Breast Vs bottle: endocrine responses are different with formula feeding. *Lancet*. 1980; 1 (8181): 1267-9

² Whitehead RG. For how long is exclusive breast-feeding adequate to satisfy the dietary energy needs of the average young baby? *Paediatric Research*. 1995; 37 (2): 239-43

³ Savino F, Liguori SA, Fissore MF, Oggero R. Breast milk hormones and their protective effect on obesity. *International Journal of Paediatric Endocrinology*. 2009; 2009:327505

⁴ Unicef. Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK. <https://www.unicef.org.uk/babyfriendly>

⁵ Fitzsimons E, Pongiglione B. Prevalence and trends in overweight and obesity in childhood and adolescence: findings from the Millenium Cohort Study, with a focus on age 14. Centre for Longitudinal Studies Working Paper 2017/16

⁶ Royal College of Midwives. 2014. Infant Feeding: Supporting parent choice <https://www.rcm.org.uk/sites/default/files/Pressure%20Points%20-%20Postnatal%20Care%20Planning%20-%20Web%20Copy.pdf>

⁷ Health and Safety Executive. New and Expectant Mothers: The Law. (Accessed 16 January 2018) www.hse.gov.uk/pubns/indg373.pdf

⁸ The Equality Act (2010) <http://www.legislation.gov.uk/ukpga/2010/15/contents>

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April 2018