



# POSITION STATEMENT

# INFANT FEEDING



*The Royal College of*  
**Midwives**

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## RCM POSITION



**Exclusive breastfeeding for the first six months of an infant's life is the most appropriate method of infant feeding. Breastfeeding should continue alongside complementary foods for up to two years in line with the WHO (2003), ICM (2010) and DH (2009) recommendations to promote and support breastfeeding.**

The RCM supports the WHO Global Strategy for infant and young child feeding (WHO, 2003) and the International Code on the Marketing of Breast Milk Substitutes (WHO, 1981) and subsequent World Health Assembly resolutions. The RCM believes that a collaborative approach to breast-feeding which promotes the benefits of peer support programmes and third sector involvement ensures the best outcomes for women and their families.

As with other areas of maternity care, the RCM's aim is to promote informed choice, and support women in their chosen method of infant feeding. If after being given information and support on breastfeeding, at any point in her antenatal, intra-partum and postnatal journey, a woman decides not to breastfeed or to give formula as well as breastfeeding, she needs the best possible evidence-based information and positive support to enable her to minimise the risks of formula feeding and to promote positive parenting through close physical contact between mother and baby (Article 1 of the WHO Code DHb, 2011).

Mothers who have chosen to bottle-feed should be taught how to clean and sterilise bottles and teats and how to make up and store formula feeds correctly and safely.

Pre-registration midwifery education programmes should include the NMC essential cluster on the initiation and continuation of breastfeeding (NMC, 2007) and support for bottle-feeding mothers.

# BACKGROUND AND CONTEXT

**The evidence on the key contribution that breastfeeding makes to health and development continues to increase. As well as the increasingly-substantiated effects on health (Ip et al, 2007, Horta et al, 2007 Quigley, 2007) the impact on outcomes such as IQ, behaviour and other measures of development is being consistently seen in high quality studies (Kramer et al, 2008, Iacovou & Sevilla-Sanz, 2010, Heikkila et al, 2011).**

Breastfeeding provides a unique opportunity for attachment between mother and baby, and has been shown to protect the child from maternal neglect (Strathearn et al, 2009). No other health behaviour has such a broad-spectrum and long-lasting impact on public health.

In the UK today more women are choosing to breastfeed. However, substantial numbers of infants are formula-fed, either exclusively or partially and parents need unbiased information to enable them to do so safely. Figures from the 2010 Infant Feeding Survey show that breastfeeding initiation rates rose from 76% in 2005 to 81% of women starting to breastfeed, representing an increase of five per cent since 2005 and 12% since 2000. However, the exclusive breastfeeding rate was 69%. Breast feeding initiation rates rose between 2005 and 2010 from 78% to 83% in England, 70% to 74% in Scotland, and 67% to 71% in Wales respectively and Northern Ireland at 64% with no significant rise. Although breastfeeding rates increased in all socio-economic groups, there was a large increase for mothers in routine and manual occupations (65% in 2005 to 74% in 2010) with the highest incidence of breastfeeding among women over 30, ethnic minority women and women who

continued education past 18 years of age. Breastfeeding duration rates also increased from 25% to 34% in the UK in 2010. The gap appears to have narrowed, between those in the highest and lowest occupational groups, however, breastfeeding prevalence declines rapidly to 45.2% at 6-8 weeks (DHa, 2011). The evidence continues to suggest that women give up breastfeeding before they would like, because of lack of support in overcoming the problems they encounter in the early days and weeks (Bolling, 2007). This situation is due to a number of factors such as inconsistent advice, non-supportive environments for breastfeeding at work and in public places. It is only through midwives working together with others will all parents be enabled and supported to realise their infant feeding choices and form secure attachments with their children that are life-long.

A woman's right to breastfeed is protected in Scottish law under the Equality Act, which makes it a criminal offence to prevent a woman from feeding her child in any place in which the public has access. Anyone who prevents a mother breastfeeding in a public place can be prosecuted and face a claim under the Equality Act. The Equality Act 2010 (which applies to England and Wales) makes it a sex discrimination matter for anyone providing services or facilities to the public to treat a woman unfavourably or provide her with a lower different or lower level of service because she is breastfeeding. This applies to public places, such as shops, restaurants, leisure facilities and public transport including planes. However, criminal sanctions are not provided for in the England and Wales, but a mother can take her case to a Equality Act tribunal. This is why it is important that employers ensure that their staff are fully aware of the law.

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