



Royal College
of Midwives

**Position
Statement**

infant

feeding



The Royal College of Midwives position

Exclusive breastfeeding for the first six months of a baby'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 World Health Organisation (WHO) and UK departments of health recommendations to promote and support breastfeeding.

As with other areas of maternity care, midwives and maternity support workers should promote informed choice. If, after being given appropriate information, advice and support on breastfeeding, a woman chooses not to do so, or to give formula as well as breastfeeding, her choice must be respected.

Breastfeeding mothers and their partners should be given information and support to help manage the physical, mental, emotional and societal challenges of breastfeeding. Similarly, those parents of infants that are formula-fed, whether exclusively or partially, should be provided with the information to enable them to do so safely and be given support to encourage the bonding process.

A collaborative approach to breastfeeding which promotes the benefits of peer support programmes and third sector involvement will ensure the best outcomes for women and their families. The RCM supports the WHO Global Strategy for infant and young child feeding and International Code of the Marketing of Breast Milk Substitutes

and subsequent World Health Assembly resolutions. Clinicians should make every possible effort for all babies to have skin-to-skin contact with their mothers within one hour of birth.

Maternity units must be appropriately staffed and sufficient investment made in postnatal care to enable each woman to get the support and advice she needs to make informed choices about feeding her baby.

Breastfeeding mothers should feel supported and respected by wider society; providers of services, facilities or premises that are open to the public have a responsibility to ensure that women are able to breastfeed in public places.

Pre-registration midwifery education programmes should adhere to the NMC's Essential Skills Cluster for the initiation and continuation of breastfeeding, as set out in the Standards for pre-registration midwifery education.

UK-wide Infant Feeding surveys (which were discontinued in 2015) should be reinstated, in order to ensure robust monitoring and to inform commissioning strategies.

There needs to be increased awareness and uptake of the Healthy Start Scheme and other initiatives that promote healthy eating choices and relieve food poverty.



Background and context

Breastfeeding, more than any other health behaviour, has a broad-spectrum and long-lasting impact on public health. Breastfeeding positively influences inpatient admission rates in the early weeks of life for respiratory and gastric conditions, and to reduce the risk of Sudden Infant Death Syndrome.

Long term benefits include protection against diabetes and obesity, and there are documented advantages to developmental performance and educational achievement.

For women, breastfeeding has been shown to reduce the risk of breast and ovarian cancer, osteoporosis and diabetes, and it can assist in weight management in the postnatal period.

The RCM recognises there are socioeconomic determinants of health which impact on young women and women from socially deprived groups. These women are among those least likely to breastfeed and they and their babies suffer from some of the worst health and social outcomes. Breastfeeding provides an opportunity to address this inequality.

The most recent National Statistics UK Infant Feeding Survey carried out in 2010 shows that the breastfeeding initiation rate stood at 81 per cent. This is likely to be a reflection of the efforts within maternity units to support women to establish breastfeeding before they are discharged. Skin-to-skin contact between mothers and babies

immediately after birth improves breastfeeding initiation and there are pockets of good practice but extremely wide variation in the proportion of babies receiving this in England. However, rates of breastfeeding across the UK fall dramatically to just 43 per cent at 6-8 weeks. This has been attributed to pain and discomfort, perceived inefficient milk supply, sleep and tiredness, attitudes of family, friends, co-workers and the general public, as well as early return to work, maternal age, education levels and other physical and mental factors. It is illegal to ask a breastfeeding woman to leave a public place and a poll in 2015 found 72 per cent of people support public breastfeeding. Despite this, the same poll found 6 out of 10 mothers who breastfeed take steps to hide it in public and more than a third feel embarrassed or uncomfortable.

The RCM, as a professional organisation and trade union, is well aware of the pressures on new mothers in the workplace and we will continue to advocate for every workplace to be compliant with health and safety law and the Equality Act 2010. This includes our support for flexible working and temporary changes to working arrangements where appropriate.

Successfully supporting mothers to breastfeed depends on sufficient numbers of appropriately trained and skilled staff, including midwives, maternity support workers and peer support services. The RCM continues to express concern over workforce issues that according



to research findings, shows many mothers are left with inadequate support and information to enable them to breastfeed. The RCM will continue to lobby for adequate investment in tailored services and peer support programmes that will reach out to mothers with support.

A woman is also more likely to choose to breastfeed and have a good experience if her partner supports her decision. The RCM recognises the role of fathers and partners in breastfeeding and that good sources of advice and support are essential for them.

With the right support and guidance, most women are able to breastfeed. However, the parents of infants that are formula-fed, whether exclusively or partially, need accessible evidence-based information to enable them to do so safely.

This will include instruction on cleaning and sterilising appropriate equipment and the correct method for making up formula feeds, to minimise the risks associated with artificial feeding. All midwives and maternity support workers should promote close physical contact between mother and baby when feeding.

As the leading organisation representing maternity staff, the RCM will work collaboratively with other stakeholders, including the Trades Union Congress, other professional bodies and the third sector to remove barriers, uphold high standards and promote best practice in all areas related to infant feeding.

The RCM complies with the WHO International Code of Marketing of Breast-Milk Substitutes and our work with commercial companies is determined on that basis.



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Royal College
of Midwives

10-18 Union Street
London
SE1 1SZ

info@rcm.org.uk
www.rcm.org.uk

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