



# Supporting All Families in Feeding their Baby

The gap between aspiration and reality



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New research from Scotland has revealed a widespread, critical need for education and information with regard to infant nutrition. Midwives and health visitors urgently need more funding and support.

A survey of midwives and health visitors, conducted from February to April 2016 by independent market research company Synergy Healthcare Research<sup>1</sup> for the British Specialist Nutrition Association (BSNA), set out to understand the current infant feeding service for infants aged 0-12 months in Scotland. The research built on previous work undertaken in the UK, predominantly in England, during 2014. The first stage involved a series of group discussions and telephone interviews conducted with 19 midwives and health visitors in Edinburgh, Glasgow and Aberdeen. This was followed by an online survey of 50 midwives and health visitors from across Scotland. The results have not yet been published.

BSNA supports breastfeeding and increasing rates of breastfeeding. However, for those parents who cannot, or who choose not to, breastfeed, bottle feeding with infant formula is the only safe alternative for babies. The survey found that whilst encouraging and supporting breastfeeding is integral to the roles of the midwife and health visitor, unfortunately reality does not always meet this aspiration. Both midwives and health visitors acknowledge that they are not as well informed about infant feeding<sup>2</sup> as they would like to be; and that a lack of time and a tick-box culture prevents them from tailoring advice and support to parents' individual needs and circumstances. Consequently, parents are unlikely to be able to make an informed choice about what and how best to feed their baby and there is a risk that they may start to formula feed without understanding the

best and safest way to do so. More comprehensive, integrated education about all infant feeding is urgently required as both health professionals and parents need to be sufficiently well informed in order to be able to make the best and safest decisions for the infants in their care.

**A significant proportion of Scottish midwives and health visitors acknowledged that they were not as well informed about infant feeding as they would like to be**

Whilst 76% of midwives and 64% of the health visitors surveyed claimed to have a very high knowledge of breastfeeding, only 48% of midwives and 40% of health visitors could say the same about formula feeding.

The need for more education was clearly recognised and actively welcomed: 60% of midwives and 52% of health visitors wanted to know more about breastfeeding, whilst 32% of midwives and 64% of health visitors wanted to know more about formula feeding. Most of the knowledge gaps appeared to be around formula feeding: some midwives and health visitors said that they tended to find out about new developments in formula milks and equipment either from discussions with parents, or from what is available in the shops.

The research found that both midwives and health visitors wanted to know more about, for example: the ingredients of, and different types of formula milks; which formula milks are best for which situations; how to make formula milks up safely; or how to advise mothers on how best to continue breastfeeding when returning to work.

Breastfeeding rates are very low in Scotland and bottle feeding is extremely common; only 35% of babies are exclusively breastfed at First Review (10 days),<sup>3</sup> dropping to 27% by the 6-8 week review.<sup>3</sup> This means that 65% of babies are either formula fed or mixed fed at the 10 day review, rising to 73% by the 6-8 week review. Synergy's research found that, antenatally, many parents are only receiving advice on how to breastfeed, and are frequently uninformed about formula feeding. The research also found that, postnatally, owing to a reluctance on the part of health professionals to provide information about formula feeding until they know a parent has either started formula feeding or made the decision to do so, parents may not, in practice, receive information on the safe way to make up feeds and sterilise equipment until they have already started making up bottles. In 2015 there were 53,802 live births in Scotland.<sup>4</sup> Consequently, it may be extrapolated that up to 34,972 Scottish mothers might not be receiving all the information they need about their baby's nutrition prior to making a feeding decision.

Synergy's research reiterates some of the findings of the Pressure Points survey conducted in 2014 across the UK by the Royal College of Midwives (RCM)<sup>5</sup> amongst midwives, student midwives and maternity support workers, which also found that mothers who choose to formula feed are finding it difficult to obtain the information and support they need. The RCM survey also found that, in many cases, this is due to time and resource constraints. One midwife in Edinburgh told Synergy researchers that: *"Sometimes we get people saying 'I'm going to give my baby formula, which one is best?' And I don't know, and I'm not sure that I'm even supposed to know or supposed to recommend a particular brand. I think that probably goes against our regulations."*

### **There is a risk that new parents do not always receive sufficient information about formula feeding when they need it and may start formula feeding without understanding the best and safest way to do so**

The lack, or late provision, of information around formula feeding could lead to potentially unsafe practices: parents may not receive correct information on the safe way to make up feeds until they have started making up bottles. This could affect not only those infants who are formula fed, but also those who are mixed fed, or

fed with expressed breastmilk. This is at odds with the recommendation of the Baby Friendly Initiative (BFI), which states: *"All pregnant women should have the opportunity for a meaningful discussion about feeding their baby that takes into account their individual circumstances and needs."*<sup>6</sup>

### **A lack of time and a tick-box culture prevents Scottish midwives and health visitors from tailoring advice and support to parents' individual needs and circumstances**

Whilst midwife priorities centre on infant and maternal health, health visitors in Scotland now have safeguarding and child protection as their primary focus. Seventy-six per cent of midwives and 64% of health visitors surveyed said that they did not have enough time or resource to discuss feeding with new parents; although 80% would like to be able to spend more time with mother and baby to give them the personalised advice and training that would benefit them both.

The Baby Friendly Initiative (BFI)<sup>4</sup> states that: *"...all pregnant women should have the opportunity for a meaningful discussion about feeding their baby that takes into account their individual circumstances and needs."* It also states that staff should: *'communicate information effectively in a way which will enhance mothers' confidence; listen to mothers' concerns and questions; empathise with her circumstances and demonstrate sensitivity, and build confidence: mothers should end the conversation feeling well informed.'*<sup>4</sup>

Eighty per cent of the health professionals surveyed by Synergy would like to be able to give more one-on-one advice or training. Having more time alone with parents would allow them more opportunity to tailor information appropriately; make parents more relaxed and less scared to ask questions; allow healthcare professionals to observe feeds; and build longer-term relationships. The midwives also believed that they have limited ability to make an impact on parents' feeding choices as mothers had decided how they would feed their baby before they even became pregnant; and that friends and family (especially the maternal grandmother), culture and the media were all more influential than health professionals.

Unfortunately, the aspiration of midwives and health visitors to encourage and support breastfeeding is not being met in reality, partly due to problems within the service itself. The research found that:

- Set information on feeding is given out at fixed time points, and not always discussed with parents
- Conversations are scripted, not natural
- Due to time pressures, paperwork is filled in during the appointment, inhibiting active listening
- Because complex cases take priority, other appointments may be delayed, shortened or rushed
- If parents are struggling to feed, the health professional may not have the time or opportunity to observe a feed or watch a bottle being made up.

One Edinburgh midwife commented: *"If you're working in a busy postnatal ward and it's full and the buzzers are going... and somebody's wanting help with breastfeeding and you're short staffed... that can be really frustrating for a midwife, because you feel you can't spend that time with somebody. And even once they're home, if you have lots of visits to do and there's a woman struggling with breastfeeding, you can only do what you can within a short time, because you're conscious about other people to see. And sometime you leave and you think... I've spent time, but you just have this feeling they're going to give up."*

### **Midwives and health visitors believe that their lack of knowledge, time and impact mean that parents are not in a position to make an informed choice about how best to feed their infant**

The research found that in the antenatal setting, only 24% of midwives and 5% of health visitors provide prospective parents with information on both breast and bottle feeding. In many cases, prospective parents must specifically ask for information about formula feeding before they are provided with any information about it. Consequently, parents may not have their misconceptions about bottle or formula feeding answered and they may not be in a position to make an informed choice either.

The provision of information is more tailored in the postnatal setting: 84% of health professionals give out information on both breast and bottle feeding in varying amounts. However, the research suggests that information on formula tends to be given to parents who are already formula feeding their baby.

One Glasgow midwife commented: *"If we have time we get to tailor it, we get to know our women... We deliver what we have to, our mandatory stuff that we have to tell them and hand them over,*

**About the British Specialist Nutrition Association**

BSNA is the trade association representing the manufacturers of products designed to meet the particular nutritional needs of individuals; these include specialist products for infants and young children (including infant formula, follow on formula and complementary weaning foods), medical nutrition products for diagnosed disorders and medical conditions, including parenteral nutrition, and gluten-free foods. [www.bsna.co.uk](http://www.bsna.co.uk)

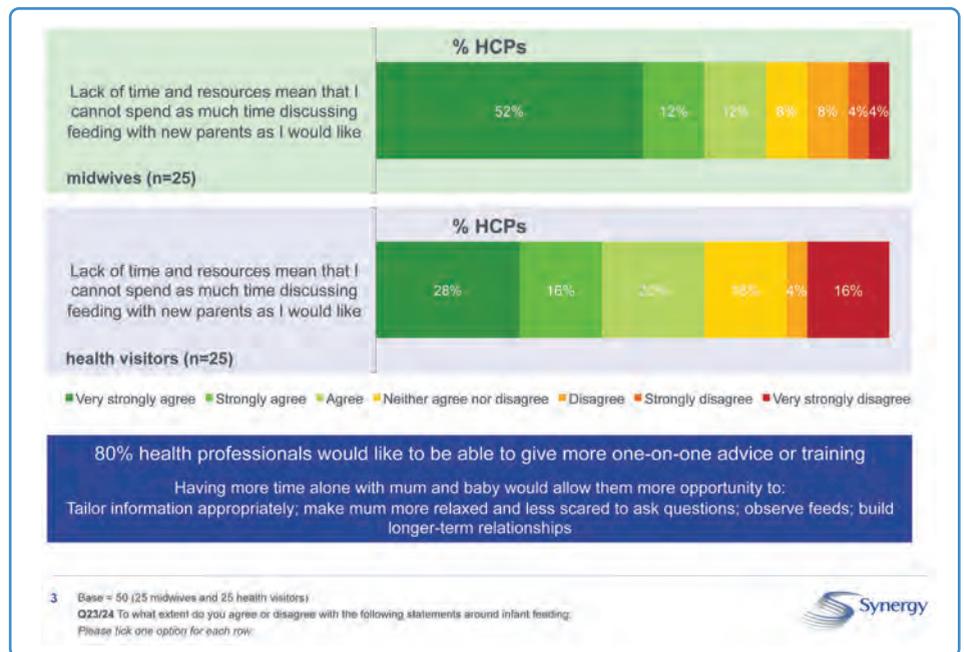
*but then we get to tweak it. Say somebody has bottle-fed their previous baby, and obviously we're teaching them about all the benefits and risks... but if they're absolutely adamantly one way or the other, I'm like fine, then go down that route. It's great. But over where I am at the moment, there isn't that time."*

These findings are supported by the 2014 research conducted by the Royal College of Midwives, which found<sup>5</sup> that 76% of women who had chosen to bottle feed said they weren't given enough active support and encouragement in feeding their baby.

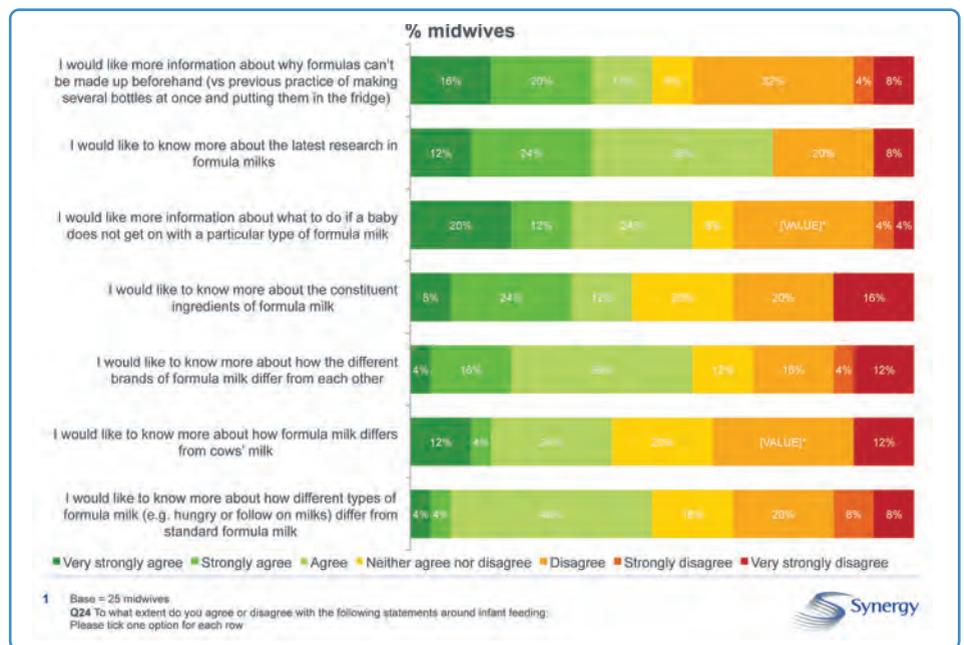
**Conclusion**

As the RCM states: "All women, whether they choose to breastfeed or bottle feed, deserve to receive all the support and advice they need to get it right."<sup>5</sup> Research across the UK and, most recently, in Scotland, has revealed a widespread, critical lack of education and support with regard to infant nutrition. Midwives and health visitors urgently need more funding and support; and deserve to have the time, knowledge and space they need to be able to tailor advice and support to parents' individual needs and circumstances.

Many of the health professionals believe they have insufficient time to discuss feeding with new parents



Midwives have a high level of interest in finding out more about the specifics of formula feeding



References: 1. Synergy Healthcare Research is an independent market research agency that conducts market research among health professionals, payers and patients across the UK, Europe, USA and other major markets. It conducted quantitative and qualitative research amongst midwives and health visitors across Scotland from February to April 2016. [www.synergyresearch.co.uk](http://www.synergyresearch.co.uk) 2. The term 'infant feeding' is used here to describe breastfeeding, formula feeding and mixed feeding. 3. ISD Scotland (2015). Breastfeeding Statistics Scotland - Financial Year 2014/15. Accessed online: <https://isdscotland.scot.nhs.uk/Health-Topics/Child-Health/Publications/2015-10-27/2015-10-27-Breastfeeding-Report.pdf> (August 2016). 4. ISD Scotland (2015). Maternity and Births. Births in Scottish Hospitals - Year ending 31st March 2015. Accessed online: [www.isdscotland.org/Health-Topics/Maternity-and-Births/Publications/data-tables.asp](http://www.isdscotland.org/Health-Topics/Maternity-and-Births/Publications/data-tables.asp) (August 2016). 5. The Royal College of Midwives (2014). Infant feeding: Supporting Patient Choice, Pressure Points, Royal College of Midwives, May 2014. Accessed online: [www.rcm.org.uk/sites/default/files/Pressure%20Points%20-%20Infant%20Feeding%20-%20Final\\_0\\_0.pdf](http://www.rcm.org.uk/sites/default/files/Pressure%20Points%20-%20Infant%20Feeding%20-%20Final_0_0.pdf) (August 2016). 6. UNICEF UK Baby Friendly Initiative (2012). Guide to the Baby Friendly Initiative Standards. Accessed online: [www.unicef.org.uk/Documents/Baby\\_Friendly/Guidance/Baby\\_Friendly\\_guidance\\_2012.pdf](http://www.unicef.org.uk/Documents/Baby_Friendly/Guidance/Baby_Friendly_guidance_2012.pdf) (August 2016).