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# JSNA Health and Wellbeing Profile 2023/24

## **Breastfeeding**

#### **Summary**

- Breastfeeding provides optimal nutrition for babies and brings many health benefits for mother and baby, both short and long-term.
- Breastfed babies have fewer infections and are less likely to become overweight or develop diabetes or an atopic illness (e.g. asthma, eczema and allergies).
- Mothers who breastfeed have lower rates of breast and ovarian cancer, diabetes and postnatal depression and have improved weight loss after pregnancy.
- Breastfeeding can also enhance the emotional attachment between mother and baby.
- Rates of breastfeeding in Bristol are high, however there are much lower rates among younger women, White women and those living in the more deprived wards of the city.

### **Breastfeeding initiation**

In Bristol the breastfeeding initiation rate (any breastfeeding at 48 hours) in 2022/23 was 81.1%. This rate has been more than 80% since 2018/19, the rate is higher than the national average and has been gradually increasing for several years (see Fig. 4).

However, there is significant variation in breastfeeding initiation rates across Bristol, with much lower initiation rates for younger women (under 20), White British women and women living in deprived wards, especially in the South of the city (Fig. 1-3). While the difference between the initiation rates in the most and least deprived areas has slightly narrowed over time (see Fig.2) significant inequalities remain. For example, initiation rates at 48 hours ranged from 99% in Bishopston and Ashley Down to 43% in Hartcliffe and Withywood during 2022/23.

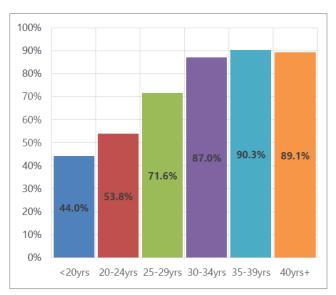


Fig 1: Any breastfeeding at 48 hours by maternal age during latest 3 year period (2020/21-2022/23)

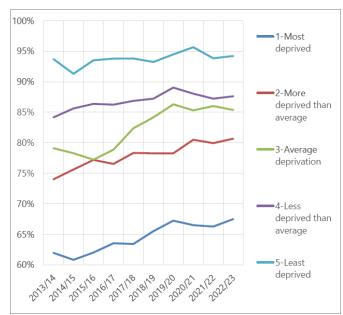


Fig 2: Any breastfeeding at 48hrs by deprivation quintile (IMD2019 in Bristol ) annual trends

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Fig. 3: Any breastfeeding at 48 hours by broad ethnicity (& BAME group), during latest 3 year period 2020/21-2022/23

#### **Breastfeeding continuation**

The World Health Organisation (WHO) advise that babies are breastfed for the first 6 months, and continue for as long as they wish (2 years and beyond). As mothers have contact with the Health Visiting service when their baby is 10-14 days (at the 'New Birth Visit') 6 to 8 weeks,1 year and 2-2 1/2 years, breastfeeding continuation is measured at these points. Although national continuation comparison data is only available for 6 to 8 weeks.

**New Birth Visit:** The latest local data available (2022/23) shows that 54% of babies in Bristol were exclusively breastfed, and 79.7% were exclusively or partially breastfed ('any breastfeeding'), at the time of the New Birth Visit (10-14 days). The rates of exclusive breastfeeding at the new birth visit have decreased a little since 2019/20 while the rates of 'any breastfeeding' have risen slightly for most of the period since 2018/19 (see Fig. 4).

**6 to 8 weeks:** Bristol has significantly higher breastfeeding continuation rates at 6-8 weeks than the England and Core Cities average<sup>1</sup> (see Fig. 5), while these have been gradually increasing over time, during 2022/23 the improvement appears to be stalling (see Fig. 4). Local data (2022/23) shows that 46.7% of babies in Bristol were exclusively breastfeed and 69.8% were either exclusively or partially breastfeed at 6 to 8 weeks compared to 53.8% ('any breastfeeding') on average across the country.

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<sup>&</sup>lt;sup>1</sup> Child and maternal health statistics, Office for Health Improvement and Disparities (OHID)

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Fig. 4: Breastfeeding initiation and continuation trends (2013/14 – 2022/23)

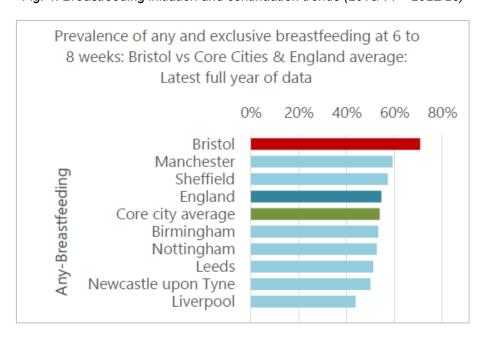


Fig. 5 Breastfeeding prevalence at 6-8 weeks, Bristol compared to England and Core Cities (Latest year of comparable data 2021/22 Q3 to 2022/23 Q2)

However, as with breastfeeding initiation rates, previous analyses (on breastfeeding continuation rates between 2009 and 2017) indicated considerable variation in breastfeeding continuation rates across Bristol, with the lowest continuation rates (at both New Birth Visit and 6-8 weeks) amongst younger women (under 25), White British women and women living in the most deprived wards<sup>2</sup>. More current data (2022/23) show that breastfeeding continuation rates

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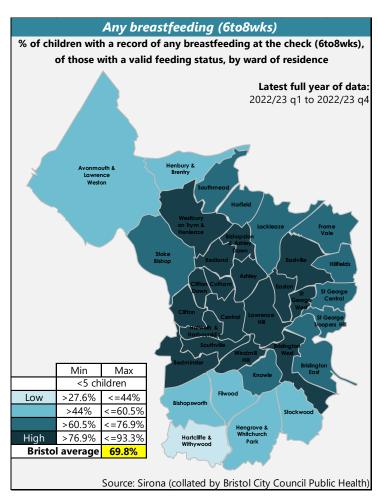
<sup>&</sup>lt;sup>2</sup> Please note that data is not available at present to update the analysis of breastfeeding prevalence at 6 to 8 weeks, by ethnicity or maternal age, so those statistics have not been updated to the latest year of data. The most recent statistics available are from 2017 and so are not presented here.

for 'any breastfeeding' at 6-8 weeks range from 93.3% in Clifton Down to 27.6% in Hartcliffe and Withywood (see map 1). The rates are higher on average in the North and West (inner) locality and lowest in the South of the city.

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Again, while significant inequalities still exist, overall, the wards with the greatest improvement in continuation rates over the last 10 years or more have been the wards with the lowest prevalence of breastfeeding.<sup>3</sup> It is believed that the targeted peer-support service operating in these low prevalence wards has contributed to the improvement of both initiation and continuation rates.

**1 year:** Local data shows that 45.8% of 1 year old children were breastfed in 2022/23, a very similar proportion to the previous year when this data began to be collected routinely.



Map 1: Breastfeeding (any) prevalence at 6-8 weeks in Bristol by ward 2022-2023

#### Further data / links/ consultations:

- Bristol City Council, <u>Bristol Breastfeeding JSNA 2017/18</u>
- Public Health England, <u>Child and Maternal Health Profile</u>

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<sup>&</sup>lt;sup>3</sup> Local data comparing ward rates in 2009-11 with the same rates in 2019-21. 'Improvement' here is the increase in the prevalence of any-breastfeeding (exclusive or partial) between the datasets for these two periods, as a proportion of the baseline statistic.

#### Covid-19 impact:

The Covid-19 pandemic has had widespread impacts on many aspects of health and wellbeing, both directly on the health of those infected and indirectly because of the impact on many determinants of health (such as access to services, work and education, lifestyles and social support networks). The improvement in breastfeeding rates appears to have stalled during the pandemic period. But like much of the Covid-19 impact, the full picture is yet to emerge and may take a few more years of data to better understand the impact.

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