Breast milk is not only best for babies, the process of breastfeeding also provides mothers with numerous health benefits. However, 19% of mothers do not breastfeed their infants and, of those who do, many discontinue well before they had intended (McAndrew et al, 2012). The reasons why mothers discontinue breastfeeding are multifaceted and include physical problems, social factors and practical difficulties. To sustain breastfeeding for longer, mothers need better antenatal preparation, good support mechanisms, and evidence-based information to help them cope with problems if they arise.

Why breast milk is best for babies
Breastfeeding has a range of advantages including nutritional, immunological and psychological benefits for the baby. Breast milk is a complex, living nutritional fluid containing antibodies, enzymes, long-chain fatty acids and hormones, many of which cannot be replicated in formula. Accordingly, there are important consequences for the short, medium and long-term health of babies and mothers, depending on how the baby is fed. The number of good-quality studies, including some randomised controlled trials from developed country settings which are relevant to the UK, is increasing. These have shown that babies who are not breastfed are more likely to develop various diseases and conditions. These include lower respiratory tract infection, gastrointestinal infection and otitis media (Howie et al, 1990; Wilson et al, 1998; Kramer et al, 2001; Horta et al, 2007; Ip et al, 2007; Quigley et al, 2007). Preterm babies who are not breastfed or who do not receive breast milk are more likely to develop necrotising enterocolitis (Henderson et al, 2009). For mothers who do not breastfeed there is an increased risk of developing breast cancer (Collaborative Group on Hormonal Factors in Breast Cancer et al, 2002).

Policy on infant feeding
The World Health Organization (WHO) recommends exclusive breastfeeding for the first 6 months of an infant’s life (WHO, 2001; WHO/UNICEF, 2003). WHO’s definition of exclusive breastfeeding is that an infant receives only breast milk, and no other liquids or solids, with the exception of medicine, vitamins or mineral supplements (Gartner et al, 2005). This recommendation was adopted by the UK health departments from 2003 (Department of Health (DH), 2003) on the advice of the Scientific Advisory Committee on Nutrition, and breastfeeding has been included in the Public Health Outcomes Framework for England (DH, 2013) (Box 1).

Breastfeeding rates
The rate of initiation for breastfeeding has steadily increased over the last few decades, from 62% in 1990 to 81% by 2010.
While this increase is encouraging, the rate of exclusive breastfeeding and the duration of breastfeeding are not as positive. Although 81% of mothers commenced breastfeeding at birth in 2010, only 69% of them did so exclusively (Table 2). The decline in exclusive breastfeeding is very dramatic. At 1 week, less than half of all mothers (46%) exclusively breastfed, and this fell to under a quarter (23%) by 6 weeks and just 1% by 6 months (McAndrew et al, 2012).

Despite the low numbers of mothers exclusively breastfeeding, there are mothers who will continue to give breast milk but alongside other fluids (e.g. infant formula and water) or weaning foods. When looking at these figures, the number of babies receiving some breast milk is greater (Table 3).

In 2010, across the UK, 94% of mothers who breastfed initially were still doing so after 2 days (6% had stopped) and 86% were still breastfeeding at 1 week (14% had stopped). By 6 weeks, 68% of mothers who initiated breastfeeding

<table>
<thead>
<tr>
<th>Year</th>
<th>Breastfed</th>
<th>2005</th>
<th>2010</th>
<th>2005</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth</td>
<td>65%</td>
<td>69%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 week</td>
<td>45%</td>
<td>46%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 weeks</td>
<td>38%</td>
<td>40%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 weeks</td>
<td>33%</td>
<td>35%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 weeks</td>
<td>28%</td>
<td>30%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 weeks</td>
<td>21%</td>
<td>23%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 months</td>
<td>18%</td>
<td>21%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 months</td>
<td>13%</td>
<td>17%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 months</td>
<td>7%</td>
<td>12%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 months</td>
<td>3%</td>
<td>5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 months</td>
<td></td>
<td>1%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Adapted from: McAndrew et al, 2012
were still doing so, and this fell to 42% by 6 months (McAndrew et al, 2012). Although giving other fluids and solids is not recommended until 6 months of age, the figures show that many parents are introducing them earlier.

**Why do so many women stop exclusive breastfeeding earlier than 6 months?**

In a recent survey conducted by NUK (2015) and completed by 1432 mothers, it was found that 45% of the mothers interviewed did not feel that the antenatal classes they attended taught them effectively how to breastfeed, and 58% felt they had not been prepared for the potential problems they may encounter with breastfeeding. Although breastfeeding is often viewed as being natural, 71% of mothers in this study went on to encounter problems. The problems they encountered were similar to those encountered by mothers in the Infant Feeding Survey 2010 (McAndrew et al, 2012), as were the reasons women gave for discontinuing breastfeeding earlier than they had intended to.

Women’s reasons for discontinuing breastfeeding fall into different categories

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**Table 3. Duration of breastfeeding among all mothers who initiated breastfeeding**

<table>
<thead>
<tr>
<th>Duration</th>
<th>2005</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>2 days</td>
<td>94%</td>
<td>94%</td>
</tr>
<tr>
<td>3 days</td>
<td>91%</td>
<td>92%</td>
</tr>
<tr>
<td>4 days</td>
<td>88%</td>
<td>89%</td>
</tr>
<tr>
<td>5 days</td>
<td>86%</td>
<td>88%</td>
</tr>
<tr>
<td>6 days</td>
<td>84%</td>
<td>86%</td>
</tr>
<tr>
<td>1 week</td>
<td>83%</td>
<td>86%</td>
</tr>
<tr>
<td>2 weeks</td>
<td>78%</td>
<td>81%</td>
</tr>
<tr>
<td>6 weeks</td>
<td>63%</td>
<td>68%</td>
</tr>
<tr>
<td>4 months</td>
<td>44%</td>
<td>52%</td>
</tr>
<tr>
<td>6 months</td>
<td>33%</td>
<td>42%</td>
</tr>
<tr>
<td>9 months</td>
<td>23%</td>
<td>28%</td>
</tr>
</tbody>
</table>

Adapted from: McAndrew et al, 2012

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**Table 4. Reasons why mothers discontinued breastfeeding in the Infant Feeding Survey 2010**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insufficient milk</td>
<td>31%</td>
</tr>
<tr>
<td>Baby would not suck/rejected, would not latch on</td>
<td>19%</td>
</tr>
<tr>
<td>Painful breasts/nipples</td>
<td>12%</td>
</tr>
<tr>
<td>Baby feeding too often/constantly/every x hours/hungry baby</td>
<td>10%</td>
</tr>
<tr>
<td>Breastfeeding took too long/was tiring, too demanding</td>
<td>8%</td>
</tr>
<tr>
<td>Returned to work/college</td>
<td>6%</td>
</tr>
<tr>
<td>Mother ill/on medication that prevented breastfeeding</td>
<td>6%</td>
</tr>
<tr>
<td>Domestic reasons (coping with other children/relatives)</td>
<td>5%</td>
</tr>
</tbody>
</table>

Adapted from: McAndrew et al, 2012
The most common were physical reasons such as insufficient milk supply, the baby not sucking or rejecting the breast, and painful breasts or nipples. Many of these problems can be resolved if women are given appropriate support, advice and encouragement, as well as practical assistance to resolve problems.

Returning to work or college was a less common reason for discontinuing breastfeeding in the Infant Feeding Survey 2010 than in previous surveys, although 6% cited this reason.

Mothers who initiate formula-feeding from the onset often cite more social reasons for doing so, including not liking the idea of breastfeeding (20%), convenience or due to their lifestyle (19%), and because other people could feed the baby (17%). First-time mothers were also more likely to plan to use infant formula only because it meant that other people could help to feed the baby (21%) (McAndrew et al, 2012).

Sustaining breastfeeding

Many mothers (63%) who discontinue breastfeeding would have liked to continue for longer (McAndrew et al, 2012), and the NUK (2015) survey found that 60% who encountered problems felt like they were failures. To encourage mothers to sustain breastfeeding for longer, they need appropriate evidence-based information, good support mechanisms and problem-solving approaches to help them through any difficulties.

Information should be given in the antenatal period in visual, verbal and written formats, and backed up in the postnatal period. The content should cover the basics of breastfeeding, with particular attention being paid to positioning and attachment, expression of breast milk and how to overcome common difficulties.

Good attachment

Good attachment is fundamental to successful breastfeeding, and most breastfeeding problems can be attributed to poor or suboptimal positioning and attachment. If problems persist, attachment can usually be improved, giving good results. Teaching mothers the signs of good attachment (Box 2) may help reduce associated problems such as sore nipples, engorgement and mastitis.

Expression of breast milk

Another invaluable tool for breastfeeding mothers is being able to express breast milk. This can help them to understand how the breasts work, aid understanding of effective attachment and may help the mother to recognise and overcome many breastfeeding complications.

Expressing and storing breast milk can also be useful if a mother wishes her partner, or another person, to feed the baby occasionally, or if she is planning to return to work and wants to continue breastfeeding (Medforth et al, 2011).

Mothers can either hand-express or use a breast pump; whichever method they choose, they should ensure their hands are clean and that all bottles, containers and pump pieces are washed and sterilised. Correct storage of expressed breast milk is important and all mothers should be aware of the recommendations in Box 3.

Problem-solving approach

Mothers can be helped to overcome breastfeeding problems by health professionals adopting a problem-solving approach. The key to effective problem-solving is not telling the mother what to

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**Box 2. Signs of good attachment**

- Chin touching breast
- Mouth open wide
- Cheeks full and rounded
- More areola visible above top lip
- Lower lip curled back
- Rhythmic suck/swallow pattern
- Feeding is pain-free
do, but rather listening carefully to the mother, taking a feeding history, observing a breastfeed, offering information on appropriate solutions to enable her to make her own decisions, and offering ongoing support. Adequate antenatal preparation for any problems that may occur is essential, because for many women it is the feeling of being unprepared for breastfeeding problems that prompts them to discontinue breastfeeding earlier than they had originally intended.

Good support mechanisms are fundamental to breastfeeding success because mothers with strong support feel more confident and tend to breastfeed for longer (Renfrew et al, 2012). National guidelines have recognised the importance of support from health professionals and others, including breastfeeding peer supporters and lay organisations. There is a wide range of people who can offer ongoing support to breastfeeding mothers (Box 4). All have their roles and can add valuable input to the mother’s success.

### Conclusion

An aim of all health professionals and associated groups should be to help mothers not only initiate breastfeeding, but sustain it for as long as the mother intends and, where possible, for mothers to exclusively breastfeed for the first 6 months of the baby’s life. This would help ensure babies receive the best possible nutritional and health benefits from breast milk, and that women also receive the health benefits that breastfeeding offers. To assist mothers to sustain breastfeeding, midwives and other health professionals should offer appropriate evidence-based information. This should commence antenatally and follow through to the postnatal period. Women require information on the basics of breastfeeding, with particular attention being paid to positioning and attachment, expression of breast milk and how to cope with common difficulties. When difficulties occur, the use of a problem-solving approach by health professionals is important.

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**Box 3. Recommendations for storage of breast milk**

Freshly expressed breast milk can be:
- Kept for up to 5 hours at room temperature
- Stored in a refrigerator at 2–4°C for up to 5 days

If milk is not to be used within 24 hours, freezing is recommended:
- Milk can be kept frozen in an ice-making compartment for 2 weeks
- Milk can be kept for up to 6 months in a domestic freezer

Thawing and frozen milk can be:
- Thawed slowly in a refrigerator and used within 24 hours
- Thawed at room temperature and used immediately

Frozen milk should never be thawed or heated in a microwave. Some prefer to warm the milk to body temperature. Never re-freeze breast milk

From: UNICEF/Department of Health, 2010

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**Box 4. Sources of breastfeeding support**

- Partner
- Relatives
- Friends
- Midwife/health visitor
- Breastfeeding support worker
- Breastfeeding peer supporters
- Lay groups
professionals is important. Crucially, a good support mechanism for breastfeeding mothers is imperative.

This supplement was produced as a result of an educational grant from NUK. MA Healthcare retained control over the content.

NUK offers a range of breastfeeding aids including breast pads, efficient breast pumps and soft silicone nipple shields, all designed to aid successful breastfeeding. For more information please visit www.nuk.co.uk/breastfeeding


Breast is best for baby but many mums struggle to establish pain-free, successful breastfeeding. Mums can however be enormously helped by breastfeeding aids such as the NUK Jolie Manual Breast Pump, voted Best Value Manual Breast Pump by Baby London Magazine in August 2015, Silicone Nipple Shields, Breast Pads and Breast Milk Containers, which are all designed to help you achieve successful breastfeeding.

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*You will need to create a customer account. Strictly one redemption per email address