

## HEALTH AND SOCIAL WELLBEING: YOUNG MOTHERS & BREASTFEEDING RATES

<b>Issue/Problem</b>	<b>Low rates of breastfeeding amongst mothers aged under 20.</b>
<b>Evidence Base (Equality &amp; Inequalities Report)</b>	<p>Breastfeeding rates increase with mothers' age. Mothers aged 30 or over had the highest levels of breastfeeding in both 1995 and 2000 (50% 62% respectively). However, females aged under 20 demonstrated the lowest breastfeeding incidence (24%) in both 1995 and 2000.</p> <p><i>Ref: Infant Feeding Survey 1995 and 2000 cited in "Equality and Inequalities in Health and Social Care in Northern Ireland: A Statistical Overview (DHSSPS, 2004:106).</i></p>
<b>Evidence Base (Literature Review)</b>	<p>Social and cultural influences play an important role in a mothers' decision to breast or bottle feed her baby. Research evidence suggests that breastfeeding leads to major health benefits for both mother and baby. However, many young people are either have no knowledge of breastfeeding or are subjected to negative images of breastfeeding by the media which tends to portray bottle feeding as less problematic<sup>1</sup>.</p> <p>Many young mothers lack access to key sources of information and advice on breastfeeding such as antenatal classes, peer support programmes, friends, family and other social support networks. Although many women have access to community midwives after discharge from hospital, research evidence suggests that young first time mothers in particular may lack assertiveness and are therefore reluctant to ask for information or advice on issues such as breastfeeding<sup>2</sup>.</p> <p>Research highlights that young women from low income areas are least likely to breastfeed for a number of reasons including embarrassment, lack of role models which portray breastfeeding in positive circumstances, fear of pain, misconceptions that their babies will not gain sufficient weight from breastfeeding alone, and exposure to a bottle feeding culture which promotes the use of artificial milk<sup>3</sup>. The provision of tokens for free artificial milk may also act as a disincentive for young and low income mothers to breastfeed their infants<sup>4</sup>.</p>

**Is the issue/problem being addressed by current or proposed strategies and policies? On what level?**

The DHSSPS has a [Breastfeeding Strategy for Northern Ireland](#) in place which identifies co-ordination of breastfeeding activities, commissions support services for breastfeeding mothers, raises public awareness of the importance of breastfeeding, and establishes the need for improved training for health professionals.

A [Regional Breastfeeding Co-ordinator](#) has been appointed oversee the promotion of breastfeeding in Northern Ireland. Both the Co-ordinator and the [Health Promotion Agency](#) have been involved in [public awareness campaigns](#) (e.g. through television, radio and bus advertising) aimed at both raising awareness of breastfeeding amongst the general public and encouraging breastfeeding take-up amongst key groups such as young mothers.

A number of local breastfeeding peer support groups have been established throughout the province with the support of voluntary and community groups and initiatives such as Home Start and Sure Start. A number of breastfeeding projects have also been set up under the [Investing for Health Partnerships](#) whereby HSS Trusts work in partnership with voluntary and community groups to promote the benefits breastfeeding in local areas.

**Is the problem amenable to further intervention by the DHSSPS or other?**

- Increase interest in breastfeeding amongst teenage mothers by discussing infant feeding early in the pregnancy and supporting young mothers in tackling practical constraints to breastfeeding<sup>5</sup>.
- Commission research on the potential for schools to positively promote breastfeeding and the needs of teenage mothers<sup>6</sup>.
- Emphasise training for health professionals regarding the needs of young mothers and the misconceptions they hold about breastfeeding.
- More peer support programmes delivered to pregnant teenagers and young mothers with volunteer telephone and counselling support particularly during the 12 week post partum period. Ensure that young mothers have contact with women who have successfully breastfed in order to provide positive role models.
- Combined antenatal education with partner support, postnatal support and incentives for women in low income groups<sup>7</sup>.
- Commission research to examine the effectiveness of interventions amongst different disadvantaged groups such as teenage mothers.

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<sup>1</sup> NHS Scotland. *Breastfeeding Research Guide*.  
<http://www.show.scot.nhs.uk/breastfeed/Research/data/contribute.htm>

## Inequalities and Unfair Access Issues Emerging from the DHSSPS (2004) “Equality and Inequalities in Health and Social Care: A Statistical Overview” Report

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<sup>2</sup> Bailey, C., Pain, R. & Aarvold, J. (2002) *New Mothers' Experiences of Breastfeeding Support*. <http://monitor.isa/707781712/700436464T050406114211.txt.binXsysM0dhttp://www.geography.dur.ac.uk/information/staff/personal/pain/word%20documents/Breastfeeding%20Final%20Report.doc>

<sup>3</sup> Shaw, R., Wallace, L.M. & Bansal, M. “Is Breast Best? Perception of infant feeding”. *Community Practitioner*, 2003, 76(8), pp299-303.

<sup>4</sup> DHSS (1999). *Breastfeeding Strategy for Northern Ireland*. Belfast: DHSS. <http://www.dhsspsni.gov.uk/publications/archived/breastfeeding.pdf>

<sup>5</sup> National Assembly for Wales. (2001) *Investing in a Better Start: Promoting Breastfeeding in Wales*. [www.wales.nhs.uk/Publications/bfeedingstrategy-e.pdf](http://www.wales.nhs.uk/Publications/bfeedingstrategy-e.pdf)

<sup>6</sup> *Ibid.*

<sup>7</sup> Sciacca et al (1995) cited in Health Development Agency. *Breastfeeding for longer –what works?*. <http://www.publichealth.nice.org.uk/page.aspx?o=502749>