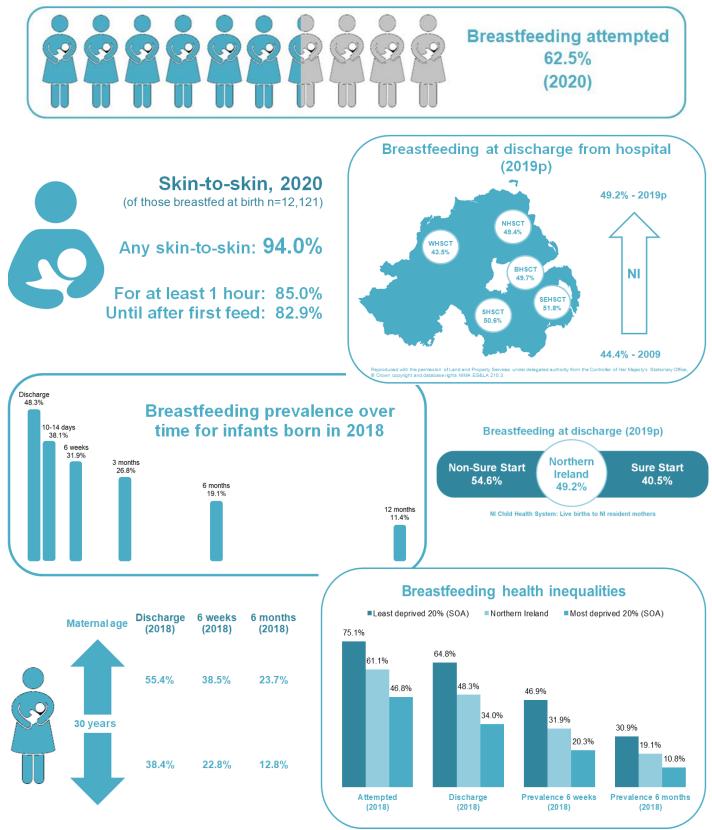


Breastfeeding in Northern Ireland, November 2021



Contents	Page
List of figures	1
List of tables	2
Northern Ireland context and policy on breastfeeding	3
UNICEF Baby Friendly Initiative	4
Baby Friendly Initiative in Northern Ireland	4
Impact of SARS-CoV-2 (COVID-19) on breastfeeding	5
Impact of the Covid-19 pandemic on breastfeeding support in Northern Ireland	7
Northern Ireland Maternity System (NIMATS) and Northern Ireland Child Health System	9
Feeding at birth	10
Skin-to-skin contact at birth	11
Breastfeeding attempted	13
Health and Social Care Trust	14
Maternal age	14
Deprivation	15
Maternal age and deprivation	15
Place of birth	16
Feeding during postnatal stay	17
Feeding at discharge - NIMATS	18
Supplementation	19
Support with feeding	20
Feeding at discharge - CHS	21
Health and Social Care Trust	21
Place of birth	21
Prevalence of breastfeeding	23
Trends in breastfeeding prevalence	23
Maternal age	23
Deprivation	24
Breastfeeding and inequality	24
	25
Breastfeeding rates at discharge by HSCT / Local Commissioning Group (LCG) - Belfast HSCT	
	27
- Northern HSCT	28
- South Eastern HSCT	30
- Southern HSCT	31
- Western HSCT	32
Breastfeeding prevalence by HSCT / LCG and Local Government District (LGD1992)	33
Council Areas	34
- Breastfeeding at discharge by Council Area (LGD2014)	34
- Breastfeeding prevalence by Council Area (LGD2014)	35
Sure Start Services	36
- Belfast Child Care Partnership Area	38
- Northern Child Care Partnership Area	39
- South Eastern Child Care Partnership Area	40
- Southern Child Care Partnership Area	41
- Western Child Care Partnership Area	42
Breastfeeding in neonatal units	43
Comparing Northern Ireland breastfeeding rates to other regions:	46
- Breastfeeding in England	46
- Breastfeeding in Wales	47
- Breastfeeding in Scotland	48
- Breastfeeding in the Republic of Ireland	49
Appendix 1: Data sources	50
Appendix 2: Data tables	52
References and Image credits	88

List of Figures

Figure 1: Breastfeeding offered (%) at birth by hospital, 2020 NIMATS experimental data

Figure 2: Feeding status at birth, 2020 NIMATS experimental data

Figure 3: Infant feeding at birth by hospital, 2020 NIMATS experimental data

Figure 4: Skin-to-skin contact at birth by feeding type at birth, 2020 NIMATS experimental data

Figure 5: Skin-to-skin contact at birth by hospital, 2020 NIMATS experimental data

Figure 6: Breastfeeding attempted (%) by Health and Social Care Trust (HSCT), 2015-2020

Figure 7: Breastfeeding attempted (%) by maternal age, 2015-2020

Figure 8: Breastfeeding attempted (%) by deprivation quintile (SOA), 2015-2020

Figure 9: Breastfeeding attempted (%) by maternal age and deprivation quintile (SOA), 2020

Figure 10: Breastfeeding attempted (%) by hospital, 2015-2020

Figure 11: At least one effective breastfeed during postnatal stay by hospital, 2020 NIMATS experimental data

Figure 12: Feeding status at discharge, 2020 NIMATS experimental data

Figure 13: Breastfeeding at discharge by feeding method, 2020 NIMATS experimental data

Figure 14: Supplementation by hospital, 2020 NIMATS Experimental data

Figure 15: Breastfeeding support at discharge, 2020 NIMATS experimental data

Figure 16: Northern Ireland breastfeeding at discharge (%), 2009-2019p

Figure 17: Breastfeeding rate at discharge (%) by HSCT / LCG, 2019p

Figure 18: Breastfeeding rate at discharge (%) by hospital, 2019p

Figure 19: Prevalence of breastfeeding (%) up to 12 months for infants born in 2018

Figure 20: Prevalence of breastfeeding (%) up to 12 months: 2016, 2017 and 2018

Figure 21: Prevalence of breastfeeding* by maternal age for births in 2018

Figure 22: Prevalence of breastfeeding* by deprivation (SOA quintile) and stage for births in 2018

Figure 23: Map - Breastfeeding at discharge (%) by electoral ward, 2017-2019p

Figure 24: Breastfeeding rates at discharge (%) for the most and least deprived quintiles (SOA), 2017-2019p

Figure 25: Breastfeeding rate at discharge by Health and Social Care Trust / Local Commissioning Group, 2009 & 2014-2019p

Figure 26: Belfast LCG breastfeeding at discharge, 2009 and 2014-2019p

Figure 27: Map - Breastfeeding at discharge (%) by electoral ward, 2017-2019p - Belfast HSCT

Figure 28: Northern LCG breastfeeding at discharge, 2009 and 2014-2019p

Figure 29: Northern LCG breastfeeding at discharge, 2009 and 2014-2019p

Figure 30: Northern HSCT Map - Breastfeeding at discharge (%) by electoral ward, 2017-2019p

Figure 31: South Eastern LCG breastfeeding at discharge, 2009 and 2014-2019p

Figure 32: South Eastern HSCT Map - Breastfeeding at discharge (%) by electoral ward, 2017-2019p

Figure 33: Southern LCG breastfeeding at discharge, 2009 and 2014-2019p

Figure 34: Southern HSCT Map - Breastfeeding at discharge (%) by electoral ward, 2017-2019p

Figure 35: Western LCG breastfeeding at discharge, 2009 and 2014-2019p

Figure 36: Western HSCT Map - Breastfeeding at discharge (%) by electoral ward, 2017-2019p

Figure 37: Breastfeeding prevalence by HSCT / LCG and Local Government District (LGD1992), 2018

Figure 38: NI Map – Breastfeeding rate at discharge (%) by Council area (LGD2014), 2019p

Figure 39: Breastfeeding prevalence (%) by Council area (LGD2014), 2018

Figure 40: Breastfeeding at discharge (%) by Sure Start and Non Sure Start area, 2017-2019p

Figure 41: Belfast CCP breastfeeding prevalence (%) by Sure Start, 2016-2018 (combined)

Figure 42: Northern CCP breastfeeding prevalence (%) by Sure Start, 2016-2018 (combined)

Figure 43: South Eastern CCP breastfeeding prevalence (%) by Sure Start, 2016-2018 (combined) Figure 44: Southern CCP breastfeeding prevalence (%) by Sure Start, 2016-2018 (combined) Figure 45: Western CCP breastfeeding prevalence (%) by Sure Start, 2016-2018 (combined) Figure 46: Wales: Intention to breastfeed and breastfeeding at birth, 10 days, 6 weeks, 6 months, 2001-2020

List of Tables

Table 1: Skin-to-skin contact at birth for infants' breastfed at birth by hospital, 2020

Table 2: Breastfeeding attempted (%) by year, 2015-2020

Table 3: Belfast Trust - Wards with lowest and highest breastfeeding rates at discharge (%), 2017-2019p

Table 4: Northern Trust - Wards with lowest and highest breastfeeding rates at discharge (%), 2017-2019p

Table 5: South Eastern Trust - Wards with lowest and highest breastfeeding rates at discharge (%), 2017-2019p

Table 6: Southern Trust - Wards with lowest and highest breastfeeding rates at discharge (%), 2017-2019p

Table 7: Western Trust - Wards with lowest and highest breastfeeding rates at discharge (%), 2017-2019p

Table 8: Breastfeeding rate at discharge (%) by Council area (LGD2014), 2017-2019p

Table 9: Breastfeeding at discharge (%) by Child Care Partnership (CCP) and Sure Start area, 2017 - 2019p (combined)

 Table 10: Belfast CCP - Breastfeeding duration by Sure Start, combined data 2016-2018

Table 11: Northern CCP - Breastfeeding prevalence by Sure Start, combined data 2016-2018

Table 12: South Eastern CCP - Breastfeeding prevalence by Sure Start, combined data 2016-2018

 Table 13: Southern CCP - Breastfeeding prevalence by Sure Start, combined data 2016-2018

Table 14: Western CCP - Breastfeeding prevalence by Sure Start, combined data 2016-2018

Table 15: Neonatal Network Northern Ireland Early breastmilk feeding (Day 14 of life), 2019 & 2020

Table 16: Neonatal Network Northern Ireland Breast feeding at discharge home, 2013 to 2020

Table 17: Babies <33 weeks gestation receiving any mother's milk at discharge by year of discharge, 2013-2018

Table 18: Wales: Intention to breastfeed and breastfeeding at birth, 10 days, 6 weeks, 6 months, by health board providing the service, 2020

Table 19: Republic of Ireland: Trends in feeding at discharge, 2009-2018

Northern Ireland context and policy on breastfeeding

'Breastfeeding – A Great Start. A strategy for Northern Ireland 2013-2023' aims to improve the health and well-being of mothers and babies through breastfeeding and outlines the strategic direction to protect, promote, support and normalize breastfeeding in Northern Ireland.¹

The Northern Ireland Draft Programme for Government Framework 2016–21 aims to improve wellbeing for all – by tackling disadvantage, and driving economic growth. The framework includes 14 outcomes and those particularly relevant to breastfeeding are 'Outcome 4: We enjoy long, healthy, active lives' and 'Outcome 14: We give our children and young people the best start in life'.²

The *Making Life Better* strategy aims to "Achieve better health and wellbeing for everyone and reduce inequalities in health."³ The strategic framework is structured around six key themes and the following three themes relate to breastfeeding:

- Theme 1: Giving every child the best start recognises that what happens to children in their earliest years is key to outcomes in adult life. Under Outcome 2, Healthy and confident children and young people, the strategy commits to implementation of the breastfeeding strategy including support programmes for those least likely to breastfeed.
- Theme 3: Empowering Healthy Living, Outcome 7 Improved health and reduction in harm highlights the need to develop and implement strategies, action plans and targeted programmes to increase breastfeeding rates.
- Theme 6: Developing Collaboration focuses on the need for integration of public health principles across all parts of society and under Outcome 17, A Strategic Approach to Public Health identifies the requirement to consider and implement legislative change to support public heath including promotion and support of breastfeeding.

Other strategies in Northern Ireland that relate to breastfeeding include:

- Health and Wellbeing 2026 Delivering Together⁴
- A Fitter Future for All-Framework for Preventing and Addressing Overweight and Obesity in Northern Ireland 2012-2022⁵
- A Strategy for Maternity Care in Northern Ireland 2012-2018⁶
- A Healthier Future: A Twenty Year Vision for Health and Wellbeing in Northern Ireland 2005-2025⁷
- The Executive's Child Poverty Strategy⁸
- Children and Young People's Strategy 2017-2027 Consultation Document⁹
- 'Supporting the best start in life' Infant Mental Health Framework and Action Plan 2015-2018¹⁰
- Improving and Safeguarding Social Wellbeing A Strategy for Social Work in Northern Ireland 2012-2022¹¹

In line with Department of Health (DoH) priorities, including the Making Life Better public health framework, the Draft Programme for Government Framework 2016–21, and local government-led community planning, the Public Health Agency Corporate plan sets out the strategic direction and priorities for 2017-21.¹² Under the outcome "All children and young people have the best start in life" it includes the *"Proportion of mothers breastfeeding on discharge and differential between the average and most deprived breastfeeding"* as a key indicator to monitor breastfeeding.¹³

UNICEF Baby Friendly Initiative

The World Health Organisation (WHO) and UNICEF recommend that every infant should be exclusively breastfed for the first six months of life, with continued breastfeeding for up to two years or longer^{14,15.}

The WHO Ten Steps to Successful Breastfeeding, revised in 2018 are reflected in the UNICEF UK Baby Friendly Initiative Standards.^{16,17}

UNICEF UK Baby Friendly Initiative (BFI) awards are based on a set of interlinking evidence-based standards for maternity, health visiting, neonatal and children's centres services. These are designed to provide parents with the best possible care to build close and loving relationships with their baby and to feed their baby in ways which will support optimum health and development. UNICEF UK BFI works with the health service to support breastfeeding.

UNICEF UK also runs a Baby Friendly programme for universities to ensure that their courses equip newly qualified midwives and health visitors to implement the Baby Friendly standards. Universities implement the standards in stages and the course is accredited as Baby Friendly.

The National Institute for Health and Clinical Excellence (NICE) guidance recommends that healthcare providers, including hospitals and community use the Baby Friendly Initiative as a minimum standard.¹⁸ At December 2019, across the UK, 62% of maternity services, 72% of health visiting services, 47% of Midwifery courses; 15% Health visiting courses, 21 children's centres and 12 neonatal units have achieved full, independent Baby Friendly accreditation.¹⁹

In 2016 UK BFI launched the Achieving Sustainability standards which are designed to support longerterm implementation of best practice standards.²⁰ A service is considered to be achieving sustainability when they have implemented and maintained the core Baby Friendly standards for at least two years as confirmed by a full re-assessment. In addition, they have adequate leadership structures in place to support continued maintenance of the standards. Gold award services must also demonstrate that they cultivate a positive and enabling culture for Baby Friendly, with consideration given to the specific cultural and societal challenges in the UK.

Baby Friendly Initiative in Northern Ireland

The Northern Ireland breastfeeding strategy outlines the need to ensure that 'Health and Social Care has the necessary knowledge, skills and leadership to protect, promote, support and normalise breastfeeding'. One of the strategic actions included is that all maternity and community health care services should achieve and maintain UNICEF UK BFI accreditation and that Universities in Northern Ireland should be supported to achieve UNICEF UK BFI University Standards accreditation for midwifery and health visiting training courses.

Introduced in Northern Ireland in 1994, the Baby Friendly Initiative is currently supported by the Public Health Agency (PHA) and implemented across all five HSC Trust areas.

All maternity units in Northern Ireland have achieved full BFI. This compares to 100% in Scotland, 86% in Wales and 53% in England.²¹ Health Visiting Services across all five HSC Trust areas have achieved full BFI accreditation for the health visiting service. In the UK the percentage of services with full Baby Friendly accreditation totals 60% of maternity services and 73% of health visiting services. Within the University setting in UK, 44% of Midwifery courses and 17% Health visiting courses have BFI accreditation. Also in UK a total of 21 children's centres and 15 neonatal units have achieved full, independent accreditation.

Sure Starts in Northern Ireland are encouraged to implement the UNICEF UK Baby Friendly standards for Children's Centres and, where possible, to work towards accreditation jointly with a group of other Sure Start projects. Recent progress has meant that more Sure Start projects in NI are now actively working with the BFI Professional Officer for NI to achieve and maintain BFI accreditation. A full list of NI Sure Start awards can be accessed at https://unicefbfi.secure.force.com/Events/Awards.

The BFI Neonatal Standards were developed in response to the need to improve breastfeeding outcomes for the most vulnerable babies and mothers. The standards focus on specific ways to transform care for families within the neonatal unit as follows;

- 1. Enabling staff to support parents to have a close and loving relationship with their baby.
- 2. Enabling babies to receive breastmilk and to be breastfed when possible
- 3. Valuing parents as partners in care.

There are 15 fully accredited BFI Neonatal Units in UK and the Northern HSCT became the first Neonatal Unit in NI to achieve full BFI accreditation in 2021.

In 2017 Queens University Belfast achieved Full University Standards accreditation for their BSc (Hons) Midwifery Sciences (3 years) and BSc (Hons) Midwifery Studies (18 months) courses.

UNICEF UK Baby Friendly Initiative Gold Standard Awards are presented to services in recognition of their long standing commitment to best practice and implementation of the Achieving Sustainability Standards. In Northern Ireland a total of nine services have now achieved a BFI Gold Standard award. They include; Antrim Hospital; Causeway Hospital, NHSCT Health Visiting Services; SEHSCT Health Visiting Services, South West Acute Hospital Maternity service and WHSCT (Southern Sector) Health Visiting Services. In November 2020 Northern Ireland's first GOLD Children's Centre award was achieved jointly by Glenbrook, Smile and Shankill Sure Starts.

Impact of SARS-CoV-2 (COVID-19) on breastfeeding

On the 11 March 2020 the WHO Director General announced that the spread of coronavirus SARS-Cov-2 as a pandemic.²² In response to the pandemic, restrictions and measures introduced to control the spread of the virus impacted on virtually every aspect of everyday life. It also included rapid changes to the delivery of health services in Northern Ireland, including maternity and health visiting services.

New guidance was developed for the care of women during pregnancy, delivery and postnatally during the COVID-19 pandemic.^{23,24} However, changes to services have had implications for pregnant women, new parents and infants.²⁵ For example, one significant change has been a reduction in face-to-face contacts and the introduction of online and telephone consultations for antenatal and postnatal education and visits. Restrictions were also been put in place for partners accompanying women for review appointments and giving birth.²⁶ In addition, restrictions have reduced face-to-face support for new mothers from family, friends and peers. There has also been an impact on the availability of community support for new mothers including, for example, a reduction in Breastfeeding Support Groups operating across Northern Ireland and an increase in online support. Such changes have the potential to impact on mothers' experiences of caring for a new baby and decisions around infant feeding, specifically initiation and continuation of breastfeeding.

Current World Health Organization (WHO) guidance encourages mothers with suspected or confirmed COVID-19 to continue or initiate breastfeeding, highlighting that the benefits of breastfeeding substantially outweigh any potential risks for transmission, a view supported by other professional

groups.^{27,28,29,30,31} Guidance also states that breastfeeding women may be offered COVID-19 vaccination and should not stop breastfeeding in order to be vaccinated.^{32,33,34,35}

Internationally, at a policy level, concerns have been raised highlighting the negative impact of some COVID-19 policies and their potential to prevent or impede breastfeeding.^{36,37} However, studies to examine the impact of the COVID-19 pandemic on breastfeeding rates have found mixed results.^{38,39} Further monitoring of Northern Ireland breastfeeding data will be necessary to explore the impact of COVID-19 on future breastfeeding trends.

UK studies have explored the impact of the pandemic and subsequent control measures on mothers and their new born infants, including the effects on infant feeding practices. For example, two large online surveys conducted in May and June 2020 explored the experiences of women who gave birth before and during the pandemic/lockdown.

A mixed methods survey of 1,219 mothers of babies under one year reported that 41.8% of mothers felt that lockdown had a positive impact on their breastfeeding experience; mothers who were white, had a university education, or had given birth before the pandemic more likely to express this view (p=0.000, p=0.004, p=0.000 respectively).⁴⁰ A positive experience was associated with more time to focus, fewer visitors, more privacy, increased responsive feeding, greater partner support, and for some, a delayed return to work. However, 27% of mothers felt lockdown had a negative experience on their breastfeeding experience, associated with a lack of face-to-face support, a lack of social support, stress of caring for other children, intense focus on breastfeeding, no experience of feeding in public, and work concerns.

The study reported that women, who gave birth during the pandemic, were more negatively affected by the pandemic and lockdown. For example, they were more likely to attribute a lack of face-to-face support as a reason for stopping breastfeeding (72.6% vs 42.9%, p=0.025) and less likely to state they had enough practical (38.2% vs 42.3%, p=0.000) or emotional (34.4% vs 38.8%, p=0.000) support from health professionals. The early weeks of breastfeeding were identified as a particular time when women were affected by a lack of face-to-face contact with health professionals and that this contributed to some women stopping breastfeeding before they were ready or had intended.

Authors highlighted the potential of the pandemic to widen health inequalities. Those mothers who had better living circumstances (e.g. more home space, access to green space, Wi-Fi connections and fewer financial worries) reported a more positive breastfeeding experience compared to those with more challenging living circumstances.

The COVID-19 New Mum Study investigated the impact of the lockdown on maternal experiences, mood and infant feeding based on 1,365 survey responses from mothers who had given birth before and during lockdown.⁴¹ It found that women with children delivered during lockdown had shorter hospital stays (p<0.001). Thirty nine percent 39% reported changes to their birth plan as a result of the pandemic which included having to give birth in a hospital rather than in a midwife-led unit, only being allowed one birth partner, limited support from birth partner who could only be present during active labour but not during induction, early labour or after delivery.

Overall, 45% (n=141) of mothers who had given birth during lockdown felt they had not received enough support and help with infant feeding since delivery.

As a result of the lockdown, 13% of mothers reported changes (feed frequency, duration, cessation or weaning) to infant feeding. For example, of the mothers who were breastfeeding, 30% reported an increase in feed frequency while 10% indicated a decrease. Qualitative responses from mothers who had given birth during the lockdown most frequently reported a lack of breastfeeding support (n=21),

particularly face-to-face help with practical problems such as latching, resulting in the mother expressing milk, introducing formula or stopping breastfeeding.

The study reported that mothers who had given birth during lockdown and had younger infants were more likely to report having had contact with a health professional (67% vs 33%, p<0.005) or a mother and baby or breastfeeding support group (33% vs 26%, p<0.05) compared to those who had given birth before lockdown. For all mothers, the majority of contacts with mother and baby or breastfeeding support groups were online or by phone.

These studies highlight the impacts of COVID-19 on new mothers. The pandemic has created challenges and gaps in the delivery of face-to-face support for breastfeeding and highlighted the need to explore alternative ways of delivering services for expectant and new mothers.

Impact of the Covid-19 pandemic on breastfeeding support in Northern Ireland

In light of evidence from existing studies, the Public Health Agency commissioned an engagement exercise to explore the experiences of mothers and providers (health professionals and voluntary sector) in Northern Ireland in relation to breastfeeding support during the COVID-19 pandemic.⁴² A qualitative approach was adopted which included seven group discussions; five with new mothers and two with service providers. Mothers who were currently breastfeeding or had fed for an extended period of time were included in the groups, along with those who had initially breastfed but stopped.

Findings the discussion groups highlighted that for many of the mothers, breastfeeding during the COVID-19 pandemic facilitated uninterrupted time which was particularly important in the early days to establish breastfeeding. New mothers also felt less pressure to entertain family and friends and have had the required time to master the skill of breastfeeding. However, mothers also reported feeling lonely and more isolated as a result of the pandemic with many struggling because of the lack of support from family and friends.

Mothers reported highly variable experiences of breastfeeding support in hospital during the COVID-19 pandemic. While some felt they were well supported, others felt a real lack of support with establishing breastfeeding. Some mothers who had given birth towards the start of the pandemic mentioned that there was less physical support due to COVID-19, which made it difficult to check positioning and attachment issues. Early discharge and restrictions on birth partners visits were reported to impact on support for new mothers and the establishment of breastfeeding.

Breastfeeding support in the early days, following discharge from hospital varied depending on the stage of the pandemic. Home visits that took place were valued in providing support to observe feeding, positioning and attachment and diagnose physical conditions such as mastitis or tongue tie. However, some mothers reported that home visits did not occur and having to travel to their local health centre/GP to receive this support. Several mothers highlighted challenges in accessing support from their local GP surgery or health centre, as appointments were severely restricted.

In addition to the support provided on the maternity ward and in the community, mothers sought breastfeeding support through other sources including video calls, social media (What's App, Facebook and Instagram) and socially distanced face-to-face groups. These alternative methods of delivering breastfeeding support provided a range of benefits and challenges for both mothers and service providers. For example, while most mothers considered video calls the best alternative to faceto-face support, finding them convenient and a source of connection and reassurance at a time of isolation, they highlighted household distractions, privacy concerns and frequency of groups as challenges to using video calls. Service providers reported on the benefits of online video groups, including increased engagement due to their ability to deliver more frequent sessions and increased accessibility for mothers. However, they also reported that these platforms presented challenges for delivery including the need for smaller groups, IT challenges, internet access in rural/deprived areas and difficulties in visualising issues such as positioning and attachment.

During the pandemic, new mothers encountered a variety of issues with breastfeeding which could be categorised as physical issues, those relating to social support and isolation and reassurance. Many of the issues raised were those that mothers can routinely experience and not a result of the pandemic. However, the pandemic magnified some of these issues due to changes in breastfeeding support.



The physical issues encountered with breastfeeding varied depending on the stage. Mothers reported issues with positioning and attachment of their baby in the early days, particularly when medical intervention was required during the birth. Diagnosis and treatment of tongue tie was highlighted as challenging during the pandemic with issues such as mastitis, abscesses and cracked nipples commonplace at a slightly later stage. Mothers reported a lack of social support and feeling isolated which, for many, was a direct impact of the pandemic. The lack of contact with family and friends and an inability to attend face-to-face support groups or antenatal classes left many feeling very isolated and lonely. This presented a significant challenge in sustaining breastfeeding, particularly if mothers encountered difficulties. In many cases, mothers were simply seeking reassurance that they had been doing the right thing by breastfeeding. A key concern appears to be whether their infant was getting enough milk

Mothers had clear preferences in terms of method for accessing breastfeeding support depending on the issue, with speed of response, privacy and degree of social contact wanted/required and stage of breastfeeding important factors in their choice.

Physical issues	Social support/ isolation	Reassurance
\checkmark	\times	\checkmark
\checkmark	\checkmark	\checkmark
	\times	
\approx	\times	×
		Isolation X X X X X X X X X

Issues encountered vs appropriate platform The issues encountered dictates the platform that should be used

The report highlighted the need for a face-to-face approach, particularly in the early days of breastfeeding or when a mother encounters physical breastfeeding issues. It proposed a combination of face-to-face and virtual support as the best way forward, using appointment, video calls and other platforms such as WhatsApp to deliver breastfeeding support. Given the highly variable breastfeeding

experiences of mothers, it outlined the importance in offering timely, flexible, and tailored support; suggesting that this approach is likely to increase engagement and may help in the sustainability of breastfeeding.

Northern Ireland Maternity System (NIMATS) and Northern Ireland Child Health System (CHS)

This briefing includes analysis of data sourced from the Northern Ireland Maternity System (NIMATS) and Northern Ireland Child Health System (CHS).

The Northern Ireland Maternity System (NIMATS) contains a range of demographic and clinical information on mothers and infants. It captures data relating to the current maternity process, but also contains details about the mother's past medical and obstetric history. It is a key source for data on birth numbers, interventions, maternal risk factors, birth weights, maternal smoking, BMI and breastfeeding at discharge. In June 2016 a number of changes were implemented on NIMATS to expand the data collected in relation to infant feeding and inform practice (for further information see Appendix: Data Sources). On the basis that this has involved changes to the NIMATS system and recording practice, information relating to these fields has been included as **experimental data**.

The Northern Ireland Child Health System (CHS) acts as a call and recall system for a variety of immunisations, vaccinations and screening tests. In addition, a wide range of health data is recorded at birth, throughout infancy and while the child is at school. Each of the four legacy health board areas has its own identical CHS and data is currently extracted separately from each system. This tends to mean that data reported from CHS is less current than NIMATS.

The Child Health System currently collates information on the feeding status of infants at discharge from hospital, first visit (10-14 days), 6 weeks, 3 months, 6 months and 12 months in line with Healthy Child, Healthy Future. This data provides an indication of the prevalence of breastfeeding at these time points.

Data limitations: There is a time lag in reporting data on breastfeeding prevalence for example, 12 month data for an infant born in December 2019 will not be due for collection until December 2020. It is important to note that feeding status was not fully recorded for all time points as illustrated by the high proportions of unknowns at 6 and 12 months.

Both NIMATS and CHS capture information on breastfeeding at discharge. This brief includes data from both sources as NIMATS data is directly available from the Northern Ireland data warehouse, providing more recent data. However, it is important to note that there will be some variation in the total births included as the systems collect information differently for example, NIMATS will record births in Northern Ireland hospitals while CHS will include infants not born in NI hospitals. This may result in minor variation in the breastfeeding rates calculated from each system for the same time period.

Feeding at birth

All mothers should be offered the opportunity to give a first breast feed at birth; data for 2020 indicates that overall, 73.8% of infants (74.1% of mothers) were offered the opportunity of a first breastfeed (Figure 1, <u>Appendix Table A</u>). Figure 1 illustrates variation by hospital.

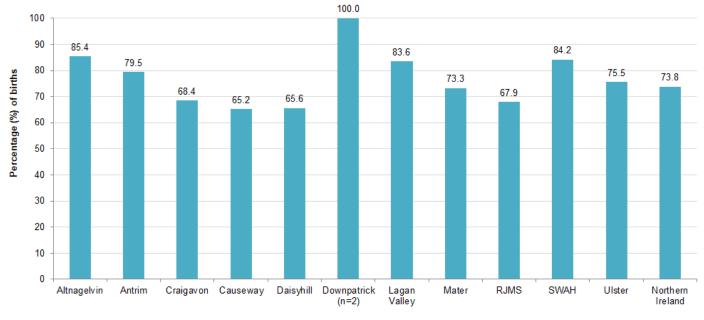


Figure 1: Breastfeeding offered (%) at birth by hospital, 2020 NIMATS experimental data

Source: NIMATS; Live births to NI residents; excludes infants who died in delivery suite, home births and babies born before arrival at hospital.

Data also shows that at birth 57.1% of infants were breastfed, 30.0% were formula fed while a further 12.9% did not receive a feed at this time (Figure 2, <u>Appendix Table B</u>).

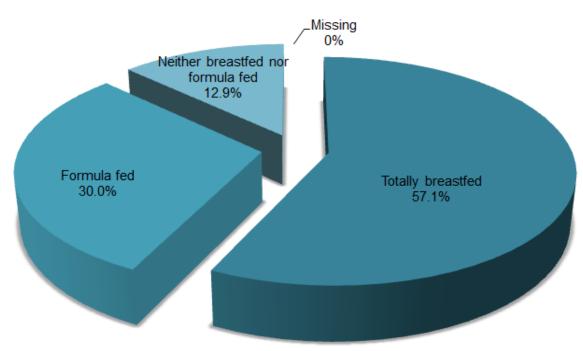
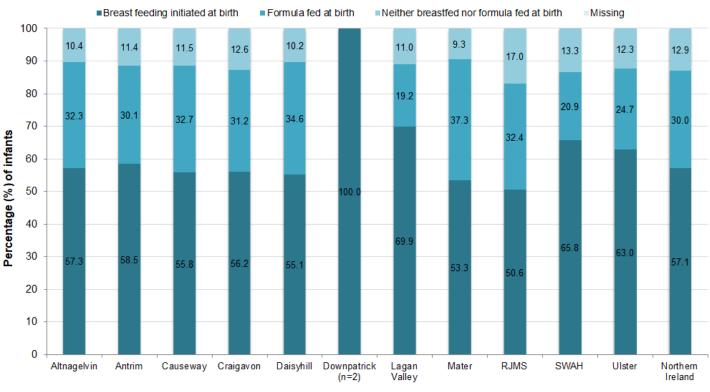
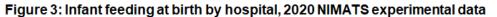


Figure 2: Feeding status at birth, 2020 NIMATS experimental data

Base N=21,228: Breastfeeding initiated (n=12,121), Formula fed at birth (n=6,370), neither (n=2,736), missing (n=1). Source: NIMATS; Live births to NI residents; excludes infants who died in delivery suite, home births and babies born before arrival at hospital.

Figure 3 illustrates the variation in infant feeding at birth by hosptial. The highest rates of breastfeeding initiation at birth were recorded for Downpatrick (100.0%, n=2), followed by Lagan Valley (69.9%, n=51) and South West Acute (65.8%, n=753) with the lowest rates recorded for the Royal Jubilee (50.6%, n=2,413) (<u>Appendix Table B</u>).





Step 8 of the UNICEF Baby Friendly Initiative (BFI) outlines that mothers should be supported to recognise and respond to their infants' cues for feeding, regardless of feeding type⁴³. Overall, NIMATS data shows that responsiveness was discussed with 96.4%% of mothers at birth (ranging from 95.4% to 100% by hospital).

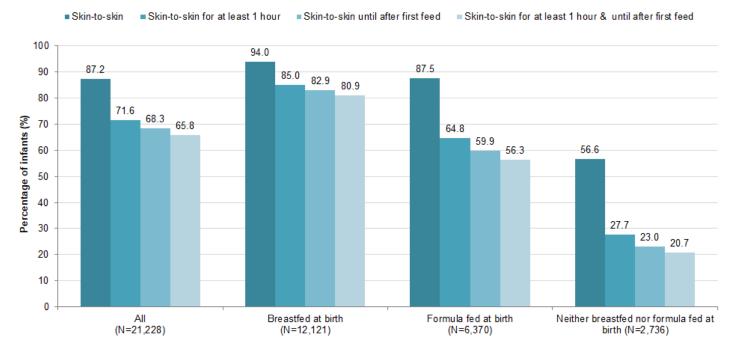
Skin-to-skin contact at birth

Skin-to-skin contact has a number of benefits for mothers and babies. There is evidence that skin-to-skin contact at birth can support mothers to establish and maintain breastfeeding.^{44,45}

NIMATS data for 2020 shows that 87.2% of infants (18,511/21,228) received skin-to-skin contact at birth; 71.6% (15,192/21,228) (received skin-to-skin contact for at least one hour with 68.3% (14,491/21,228) having skin-to-skin contact until after the first feed (Figure 4, <u>Appendix Table C</u>). Skin-to-skin contact at birth was more common among infants who were breastfed at birth (94.0%; 11,390/12,121) compared to those who were formula fed at birth (87.5%; 5,573/6,370).

Source: NIMATS; Live births, NI resident mothers Excludes infants who died in delivery suite, home births and infants born before arrival at hospital.

Figure 4: Skin-to-skin contact at birth by feeding type at birth, 2020 NIMATS Experiemental data



Source: NIMATS; Live births to NI residents; excludes infants who died in delivery suite, home births and babies born before arrival at hospital.

It is recommended that skin-to-skin contact begins immediately, regardless of method of delivery and should be uninterrupted for at least one hour. Figure 5 shows overall rates of skin-to-skin contact which range from 82.2% to 100% depending on hospital (<u>Appendix Table D</u>).

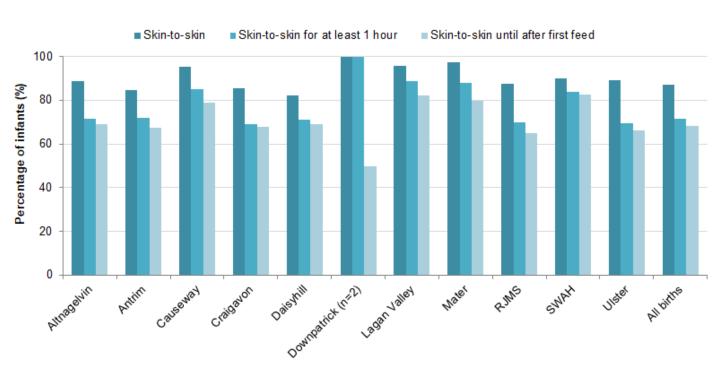


Figure 5: Skin-to-skin contact at birth by hospital, 2020 NIMATS experimental data (all feeding types)

Source: NIMATS; Live births to NI residents; excludes infants who died in delivery suite, home births and babies born before arrival at hospital.

As previously shown, rates of skin to skin contact are higher among infants breastfed at birth and Table 1 provides the breakdown of rates by hospital.

Births	s Skin-to-skin		Skin-to-skin for at least 1 hour		Skin-to-skin until after first feed	
Ν	N	%	N	%	N	%
1,386	1,307	94.3	1,141	82.3	1,150	83.0
1,868	1,731	92.7	1,614	86.4	1,528	81.8
292	287	98.3	271	92.8	262	89.7
1,831	1,700	92.8	1,525	83.3	1,511	82.5
1,023	924	90.3	873	85.3	866	84.7
2	2	100.0	2	100.0	1	50.0
51	49	96.1	48	94.1	46	90.2
40	40	100.0	40	100.0	35	87.5
2,413	2,284	94.7	2,076	86.0	1,987	82.3
753	724	96.1	701	93.1	701	93.1
2,462	2,342	95.1	2,016	81.9	1,958	79.5
12,121	11,390	94.0	10,307	85.0	10,045	82.9
	N 1,386 1,868 292 1,831 1,023 2 51 40 2,413 753 2,462	N N 1,386 1,307 1,868 1,731 292 287 1,831 1,700 1,023 924 2 2 51 49 40 40 2,413 2,284 753 724 2,462 2,342	N N % 1,386 1,307 94.3 1,868 1,731 92.7 292 287 98.3 1,831 1,700 92.8 1,023 924 90.3 2 2 100.0 51 49 96.1 40 40 100.0 2,413 2,284 94.7 753 724 96.1 2,462 2,342 95.1	BirthsSkin-to-skinleastNN%N1,3861,30794.31,1411,8681,73192.71,61429228798.32711,8311,70092.81,5251,02392490.387322100.02514996.1484040100.0402,4132,28494.72,07675372496.17012,4622,34295.12,016	Births Skin-to-skin least 1 hour N N % N % 1,386 1,307 94.3 1,141 82.3 1,868 1,731 92.7 1,614 86.4 292 287 98.3 271 92.8 1,831 1,700 92.8 1,525 83.3 1,023 924 90.3 873 85.3 2 2 100.0 2 100.0 51 49 96.1 48 94.1 40 40 100.0 40 100.0 2,413 2,284 94.7 2,076 86.0 753 724 96.1 701 93.1 2,462 2,342 95.1 2,016 81.9	Births Skin-to-skin least 1 hour after fir N N % N % N 1,386 1,307 94.3 1,141 82.3 1,150 1,868 1,731 92.7 1,614 86.4 1,528 292 287 98.3 271 92.8 262 1,831 1,700 92.8 1,525 83.3 1,511 1,023 924 90.3 873 85.3 866 2 2 100.0 2 100.0 1 51 49 96.1 48 94.1 46 40 40 100.0 40 100.0 35 2,413 2,284 94.7 2,076 86.0 1,987 753 724 96.1 701 93.1 701 2,462 2,342 95.1 2,016 81.9 1,958

Table 1: Skin-to-skin contact at birth for infants breastfed at birth by hospital, 2020

Breastfeeding attempted

Breastfeeding is considered to have been attempted if the baby has been put to the breast or received mother's breast milk while in hospital. In 2020, data shows that breastfeeding was attempted^{*} for around 6 out of ten births (62.5%) in Northern Ireland, a 5.7% increase from 56.8% in 2015 (Table 2; <u>Appendix Table E</u>).

Year	Yes Breastfeeding		No Breastfeeding not			ng data	То	tal
i eai	atterr N	npted %	atten N	npted %	N	%	N	%
2020	13,355	62.5	7,903	37.0	110	0.5	21,368	100.0
2019	13,883	62.1	8,368	37.4	100	0.4	22,351	100.0
2018	13,917	61.1	8,730	38.3	119	0.5	22,766	100.0
2017	13,877	59.9	9,174	39.6	100	0.4	23,151	100.0
2016	13,907	57.9	10,107	42.1	-	-	24,014	100.0
2015	13,751	56.8	10,450	43.2	-	-	24,201	100.0

Table 2: Breastfeeding attempted (%) by year, 2015-2020

Source: Northern Ireland Maternity System (NIMATS); live births to NI resident mothers (excludes unknown residence); excludes home births and infants who died in the delivery suite.

Note: New fields relating to infant feeding were introduced on the NIMATS system in July 2016 allow the identification of missing data.

Note: In 2016 changes to NIMATS involved the creation of a new screen to record all the feeding and relationship questions.

Health and Social Care Trust

In 2020, breastfeeding was attempted during the postnatal stay for 64.8% of infants from the South Eastern HSCT* area compared to 64.4% from the Western HSCT, 63.1% in the Northern HSCT, 61.3% in the Southern HSCT and 59.6% of those in the Belfast HSCT (Figure 6, Appendix Table E).

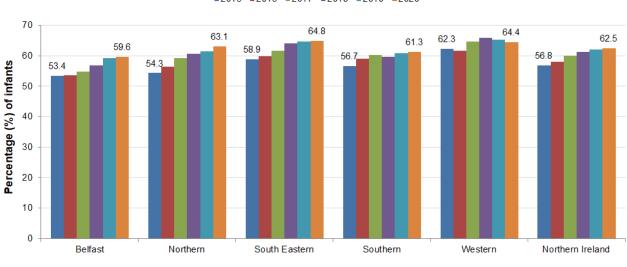


Figure 6: Breastfeeding attempted (%) by HSCT*, 2015-2020

■2015 ■2016 ■2017 ■2018 ■2019 ■2020

Source: Northern Ireland Maternity System (NIMATS). Data includes live births to NI resident mothers; excludes home births and infants died in delivery suite Based on maternal residence

Maternal age

NIMATS data shows that the rate of breastfeeding varies according to mother's age, with older mothers generally more likely to attempt breastfeeding (Figure 7, Appendix Table F). For example, in 2020, 45.6% of mothers aged 20-24 years attempted to breastfeed compared to 67.3% of mothers aged 30-34 years. A similar trend is observed for previous years.

While the overall rate of attempted breastfeeding in Northern Ireland remained stable in 2020 (62.5%) compared to 2019 (62.1%), there was variation by maternal age group; decreased rates were observed in mothers under 20 years, 20-24 years, 25-29 years and 40+ years in 2020 compared with 2019, while rates increased for mothers 30-34 years and 35-39 years in 2020 compared with 2019.

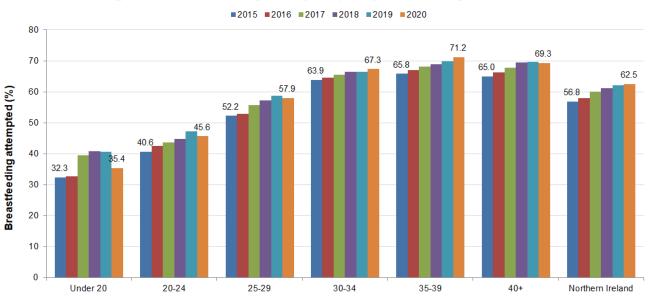


Figure 7: Breastfeeding attempted (%) by maternal age, 2015-2020

Source: Northern Ireland Maternity System (NIMATS). Data includes live births to NI resident mothers, excludes home births and infants who died in the delivery suite

Deprivation

There is an association between attempted breastfeeding and deprivation. In 2020, breastfeeding was reported as having been attempted for 48.7% of births to mothers living in the 20% most deprived Super Output Areas (SOAs) in Northern Ireland compared to 76.4% of births to mothers living in the 20% least deprived SOAs (Figure 8, <u>Appendix Table G</u>).

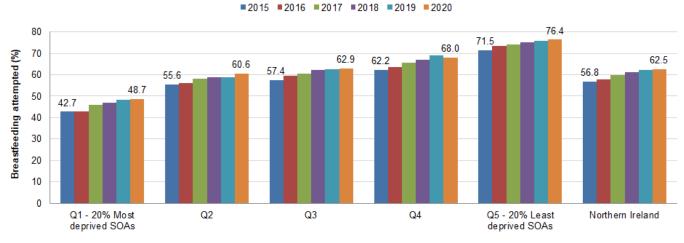


Figure 8: Breastfeeding attempted (%) by deprivation quintile (SOA), 2015-2020

Source: NIMATS: Live births to NI resident mothers; excludes home births and infants died in delivery suite. Note: Deprivation status as per Northern Ireland Multiple Deprivation Measure 2017 for Super Output Area (SOA).

Maternal age and deprivation

Figure 9 shows the combined picture of maternal age and deprivation status on breastfeeding attempted (Appendix Table H). In general, an increasing trend in the rates of attempted breastfeeding with age is seen across all levels of deprivation. The highest rates are reported for mothers aged 30 and over living in the 20% least deprived SOAs (Q5), where breastfeeding was attempted for 80.3% of births. Contrastingly, the lowest rates of attempted breastfeeding were reported in mothers aged <20 years living in Q3 (33.8%) and the 20% most deprived SOAs, Q1 (34.3%). The relatively low numbers of births to those Under 20 years of age in deprivation quintiles Q3 to Q5 may account for the variation observed in the rates of breastfeeding attempted within these groups.

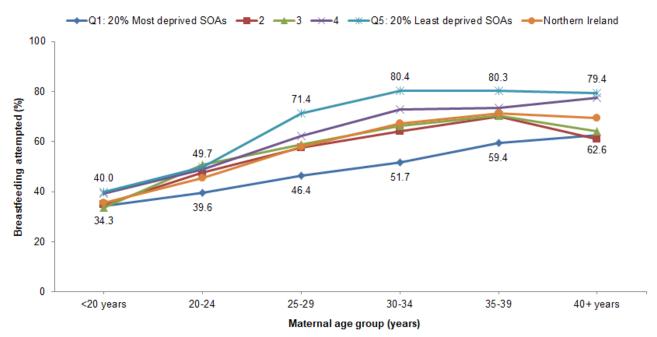


Figure 9: Breastfeeding attempted (%) by maternal age and deprivation quintile (SOA), 2020

Source: Northern Ireland Maternity System (NIMATS). Data includes live births to NI resident mothers; excludes home births and infants died in delivery suite. Deprivation status as per Northern Ireland Multiple Deprivation Measure 2017 for Super Output Area (SOA).

Place of birth

There is variation observed in the rates of attempted breastfeeding by hospital (Figure 10, <u>Appendix</u> <u>Table I)</u>. Data for 2020 show that the highest rates of attempted breastfeeding were recorded for Downpatrick (100.0%, n=2), South West Acute (71.8%, n=828), Lagan Valley (68.9%, n=51) and Ulster (68.7%, n=2,705).

In Northern Ireland between 2015 and 2020 the proportion of births where breastfeeding was attempted increased from 56.8% to 62.5%, an increase of 5.7 percentage points. During this period, the greatest increase in rate of attempted breastfeeding was observed for Antrim (10.9 percentage point increase) with the lowest increase recorded for Altnagelvin and South West Acute (2.0 percentage point increase) [excluding Downpatrick hospital due to relatively low number of births].

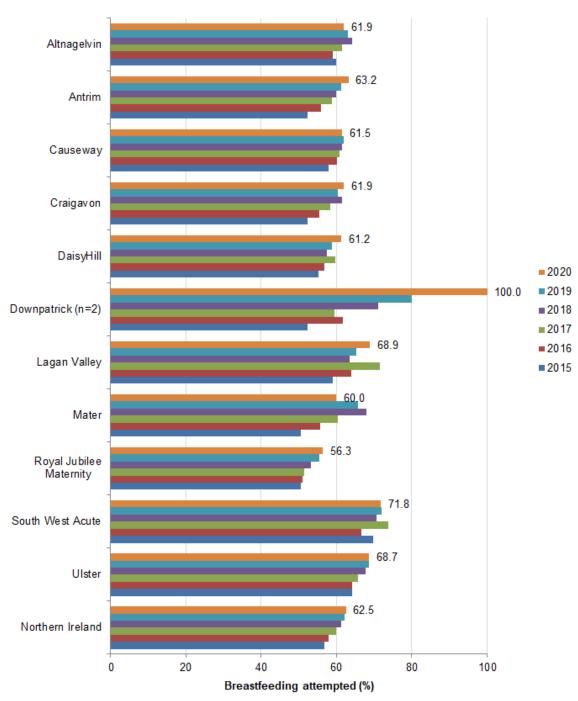


Figure 10: Breastfeeding attempted (%) by hospital, 2015-2020

Source: Northern Ireland Maternity System (NIMATS). Data includes live births to NI resident mothers; excludes home births and infants died in delivery suite.

Note: On 30 April 2013 the Mater became a Midwifery Led Unit (MLU) and all consultant services moved to Royal Jubilee Maternity.

Feeding during the postnatal stay

In addition to information on breastfeeding having been attempted, NIMATS captures data on whether the infant has had at least one effective breastfeed during the postnatal stay.

Overall, where breastfeeding was attempted, 87.4% (11,599/13,273) of infants had at least one effective breastfeed during the postnatal stay. Figure 11 shows that there was some variation by hospital (<u>Appendix Table J</u>).

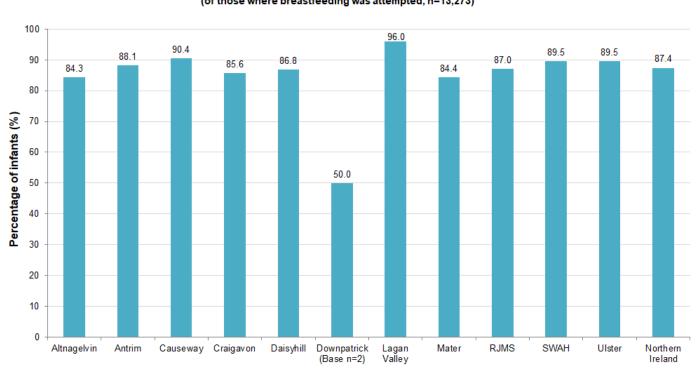


Figure 11: At least one effective breastfeed during postnatal stay by hospital, 2020 NIMATS experimental data (of those where breastfeeding was attempted, n=13,273)

Source: Northern Ireland Maternity System (NIMATS). Data includes live births to NI resident mothers; excludes home births, infants died in delivery suite and babies born before arrival at hospital.

Feeding at discharge - NIMATS

NIMATS figures for 2020 indicate that 50.4% of infants were receiving breastmilk at discharge (37.0% totally breastfed and 13.4% partially breastfed) with 49.1% formula fed at discharge (Figure 12). As previously stated, there will be some variation between total births recorded on the NIMATS and CHS as the systems collate information differently, for example NIMATS will record births in Northern Ireland hospitals while CHS will include infants not born in NI hospitals.

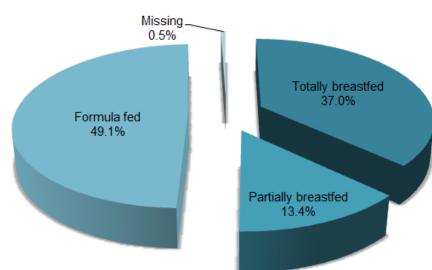


Figure 12: Feeding status at discharge, 2020 NIMATS experimental data

Base N=21,201: Totally breastfed (n=7,838), Partially breastfed (n=2,840), Formula fed (n=10,415), missing (n=108) Source: NIMATS experimental data; Live births to NI residents; excludes home births, babies born before arrival at hospital, infants who died in delivery suite, neonatal unit or postnatal ward.

For those who were totally or partially breastfed at discharge, the method of feeding was recorded as either breast, expressed or both. Figure 13 (<u>Appendix Table K</u>) shows that the majority (92.2%) of those recorded as totally breastfeeding at discharge were feeding by breast compared to 42.6% of those discharged partially breastfeeding.

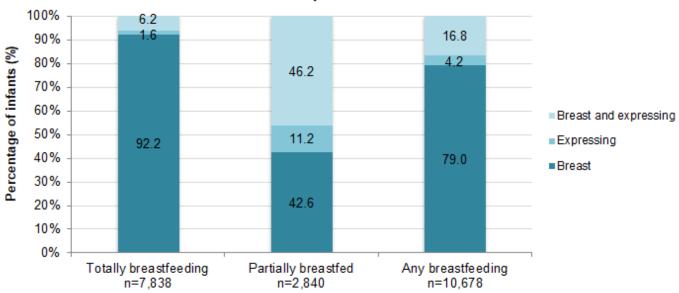


Figure 13: Breastfeeding at discharge by feeding method, 2020 NIMATS experimental data

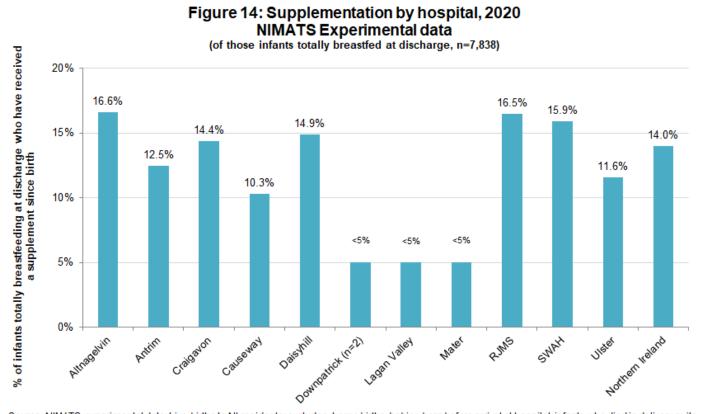
Source: NIMATS experimental data; Live births to NI residents; excludes home births, babies born before arrival at hospital, infants who died in delivery suite, neonatal unit or postnatal ward.

Supplementation

Evidence suggests that providing new born babies with foods or fluids other than breast milk in the first few days after birth has a negative impact on the successful establishment and maintenance of breastfeeding.^{46,47} Supplementation with artificial milk has also been found to significantly alter the intestinal microflora.⁴⁸

Current WHO guidance recommends that 'Mothers should be discouraged from giving any food or fluids other than breast milk, unless medically indicated'.⁴⁹ One of the key findings from a 2016 review of the Baby-friendly Hospital Initiative stated that 'Avoiding in-hospital supplementation appears to be a key step for breastfeeding success, perhaps reflecting adequate implementation of the rest of Ten Steps.'⁵⁰

For infants who are recorded as being totally breastfed at discharge, NIMATS also records if the infant has received any formula supplements. The system does not record the reason for supplementation i.e. clinical indication, fully informed choice or other. Overall, 14.0% (n=1,099) of infants who were totally breastfed at discharge had also received a formula supplement since birth (Figure 14, <u>Appendix Table L</u>). The rates of supplementation vary between hospitals and range from 0% to 16.6%.



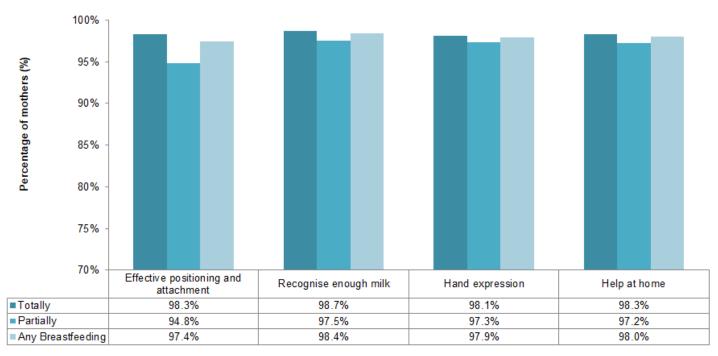
Source: NIMATS experimental data; Live births to NI residents; excludes home births, babies born before arrival at hospital, infants who died in delivery suite, neonatal unit or postnatal ward.

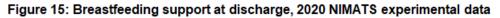
As previously highlighted, skin-to-skin contact at birth can support mothers to establish and maintain breastfeeding. As such, it is of interest to note that of those infants who were totally breastfed at discharge (n=7,838), 13.3% (973/7,299) of those who had skin-to-skin contact at birth had received a supplement compared to 23.4% (126/539) of those who did not have skin-to-skin contact at birth.

Support with feeding

The UNICEF UK Baby Friendly Initiative standards for maternity services require staff to enable mothers to get breastfeeding off to a good start and to support mothers to make informed decisions regarding the introduction of food or fluids other than breastmilk. Mothers should be supported to initiate and maintain breastfeeding and manage common difficulties. This includes coaching mothers on how to express breastmilk including hand expression, understanding good positioning and attachment and milk supply.

NIMATS data for 2020 shows that over nine out of ten mothers who were totally or partially breastfeeding at discharge had received information on effective positioning and attachment, recognising enough milk, hand expression and accessing help at home at discharge (Figure 15). Some variation is observed by hospital (<u>Appendix Table M</u>).





Note: Non-Zero axis

Source: NIMATS experimental data; Live births to NI residents; excludes home births, babies born before arrival at hospital, infants who died in delivery suite, neonatal unit or postnatal ward.

BFI standards relating to support with bottle-feeding highlight that mothers who are formula feeding or mixed feeding should be taught about safe preparation and storage of formula. NIMATS data for 2020 shows that the majority (98.1%) of mothers formula feeding at discharge are offered information/support to sterilise equipment (range 97.4%-100%), make up feeds (range 97.3%-100%) and discuss first milks (range 96.9%-100%) (<u>Appendix Table N</u>); while all mothers partially breastfeeding at discharge (n=2,840) were offered this information.

Feeding at discharge - CHS

Figure 16 shows the number of infants receiving **any**[†] breast milk at discharge from hospitals[‡] in Northern Ireland from 2009-2019p. Between 2009 and 2010, the rate of breastfeeding at discharge increased from 44.4% to 44.9%. While the rates for 2011 and 2012 decreased to 44.0% and 42.6% respectively, figures for 2013 showed an increase in the rate to 45.2% which remained relatively stable until 2015. There has been an increase in the rate of breastfeeding between 2016 and 2019p from 46.2% to 49.2% (Figure 16).

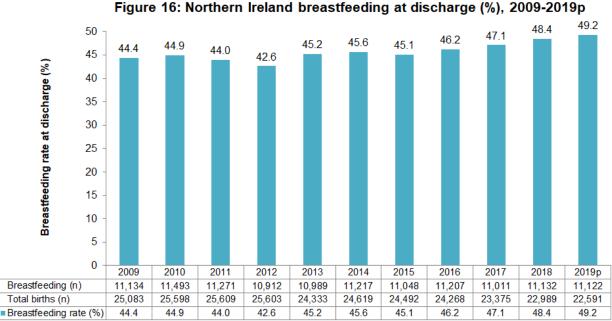


Figure 16: Northern Ireland breastfeeding at discharge (%), 2009-2019p

Source: Northern Ireland Child Health System; Live births

Health and Social Care Trust

CHS data for 2019p shows that the South Eastern HSCT/LCG[^] has the highest breastfeeding rates at discharge (51.8%) followed by the Southern HSCT (50.6%), Belfast HSCT (49.7%), Northern (49.4%) and Western (43.5%) (Figure 17, Appendix Table O). For definitions of 'Total' and 'Partial' breastfeeding refer to Page 47.

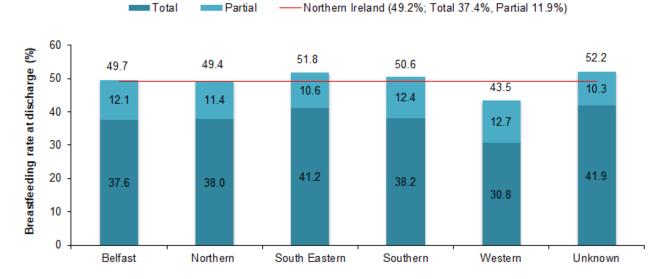


Figure 17: Breastfeeding rate at discharge (%) by HSCT/ LCG[^], 2019p

Source: Northern Ireland Child Health System; Live births. Note: ^ LCG based on maternal residence.

[†] Data includes infants receiving only breast milk and those receiving both breast milk and formula.

[‡] 2019p data includes 34 births: At home (n=11), ROI Hospital (n=16), England Hospital (n=4), Scottish Hospital (n=1), Blank (n=2).

Place of birth

In 2019p the highest rates of any breastfeeding at discharge from hospital were Downpatrick MLU (69.2%, n=13), Mater (59.7%), Lagan Valley (53.5%), and Ulster (55.4%) (Figure 18, <u>Appendix Table P</u>).

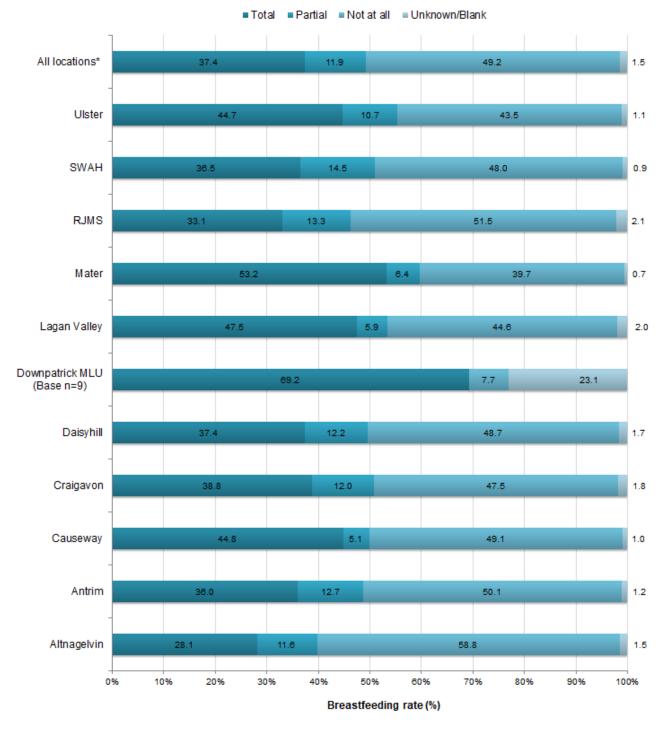


Figure 18: Breastfeeding rate at discharge (%) by hospital, 2019p

Source: CHS; Live births to NI resident mothers. All locations* - Excludes 34 births - At home (n=11), ROI Hospital (n=16), England Hospital (n=4), Scottish Hospital (n=1), Blanks (n=2).

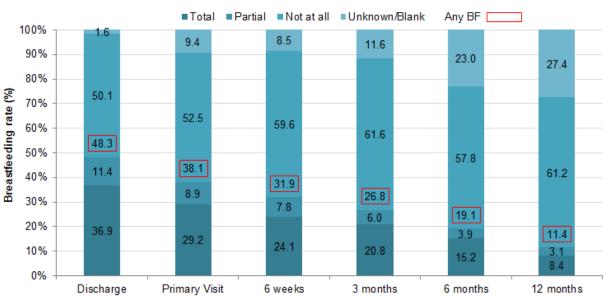
Further data on breastfeeding rates at discharge (%) by maternal age group and deprivation quintile (SOA) are available in <u>Appendix Table Q</u> and <u>Appendix Table R</u> respectively.

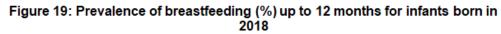
Prevalence of breastfeeding

The Child Health System currently collates information on the feeding status of infants at discharge from hospital, first visit (10-14 days), 6 weeks, 3 months, 6 months and 12 months in line with Healthy Child, Healthy Future. This data provides an indication of the prevalence of breastfeeding.

There is a time lag in reporting data on breastfeeding prevalence for example, 12 month data for an infant born in December 2019 will not be due for collection until December 2020.

Figure 19 (<u>Appendix Table S</u>) shows the prevalence of breastfeeding for births in 2018. Data shows a drop in the number of infants receiving any breast milk from 48.3% at discharge to 38.1% at the primary visit, 31.9% at 6 weeks, 26.8% at 3 months, 19.1% at 6 months and 11.4% at 12 months.





Source: Child Health System; Live births to NI resident mothers. Advise caution: feeding data for infants born in 2018 not fully recorded.

Figure 20 (<u>Appendix Table T</u>) provides a comparison of data on breastfeeding prevalence up to 12 months for births in the years 2016, 2017 and 2018. Data for 2018 highlights an ongoing need for improvement in the recording of feeding status to reduce the proportion of unknowns / blanks, particularly at 6 and 12 month time points. Variation is observed in the proportion of unknowns / blanks by HSCT and data collection time point (<u>Appendix Table U</u>).

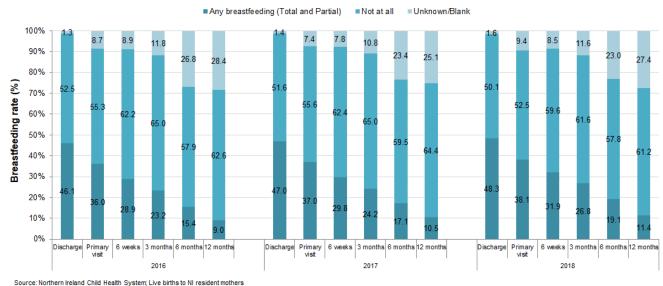
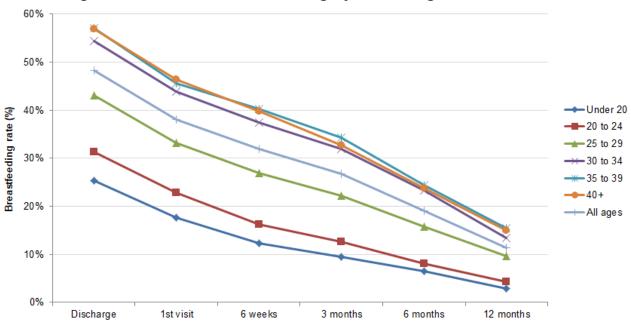


Figure 20: Prevalence of breastfeeding (%) up to 12 months for births in 2016, 2017 and 2018

Maternal age

Figure 21 (<u>Appendix Table V</u>) shows the prevalence of breastfeeding by maternal age for infants born in 2018. Mothers aged over 30 years are almost twice as likely as those under 30 years of age to be feeding beyond 6 weeks.





Deprivation

Figure 22 (<u>Appendix Table W</u>) shows that the rate of breastfeeding is higher in the least deprived areas and this pattern is consistent at each recording time point.

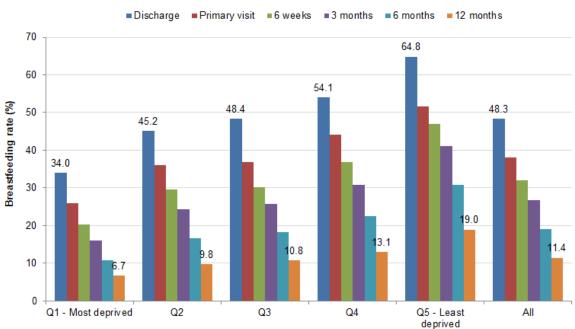


Figure 22: Prevalence of breastfeeding* by deprivation (SOA quintile) and stage for births in 2018

Source: Northern Ireland Child Health System; Live births to NI resident mothers; * Combined Total and Partial breastfeeding. Advise caution: feeding data for infants born in 2018 not fully recorded. Deprivation status as per Northern Ireland Multiple Deprivation Measure 2017 for Super Output Area (SOA)

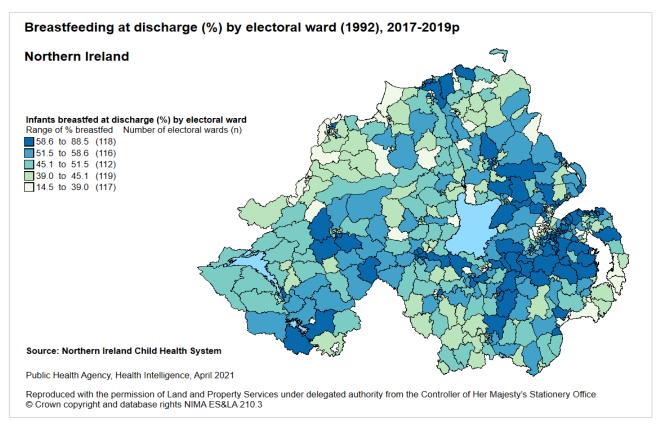
Source: Northern Ireland Child Health System; Live births to NI resident mothers. * Combined total and partial breastfeeding

Breastfeeding and inequality

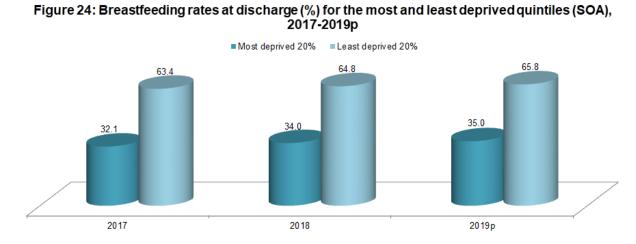
Using data from the Child Health System it is possible to map the variation in average breastfeeding rates for 2017-2019p at local ward level (1992) across Northern Ireland (Figure 23). Due to small numbers a three year period is used to provide some stability in rates.

At a Northern Ireland level the lowest breastfeeding rates are found in Upper Springfield (14.5%), Bushmills (15.0%, n=3), Collin Glen (17.1%), Shankill (18.0%) and Ardoyne (18.2%) wards, with the highest breastfeeding rates observed in Malone (88.5%), Crawfordsburn (86.2%), Princetown (85.2%), Craigavad (83.6%) and Stranmillis (83.0%).

Figure 23



The Northern Ireland Multiple Deprivation Measure (NIMDM) provides a relative measure of deprivation for Super Output Areas (SOAs) across Northern Ireland. Figure 24 shows that breastfeeding rates at discharge are almost twice as high among those living in the 20% least deprived SOAs compared to the 20% most deprived SOAs.



Source: Northern Ireland Child Health System; Live births to NI resident mothers; Northern Ireland Multiple Deprivation Measure (NIMDM) 2017

Breastfeeding rates at discharge by Health and Social Care Trust (HSCT) / Local Commissioning Group (LCG)

Figure 25 shows the variation in rates of breastfeeding at hospital discharge from the Child Health System by LCG based on maternal residence (<u>Appendix Table X</u>).

At a Northern Ireland regional level the rate of breastfeeding at discharge has increased from 44.4% in 2009 to 49.2% in 2019p (an average yearly increase of 0.48%).

At HSCT/ LCG level, between 2009 and 2019p, the Northern HSCT showed the largest increase in breastfeeding rates at discharge, with an increase of 7.0 percentage points, compared to 6.4 for the Belfast HSCT, 3.8 for South Eastern HSCT, 3.5 for the Southern HSCT and 2.6 for the Western HSCT (CHS).

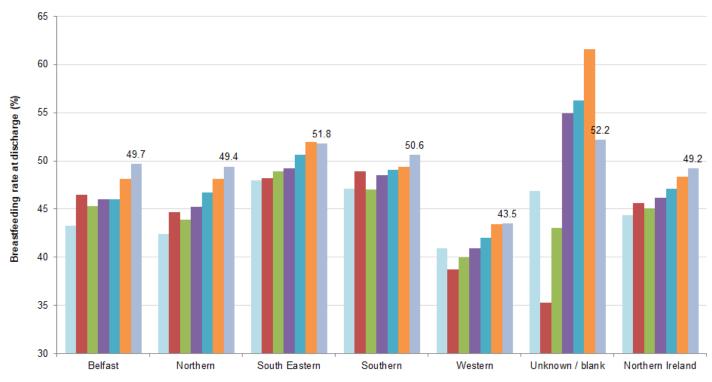


Figure 25: Breastfeeding rate at discharge by Health and Social Care Trust / Local Comimissioning Group, 2009 & 2014-2019p

= 2009 = 2014 = 2015 = 2016 = 2017 = 2018 = 2019p

Source: Nortern Ireland Child Health System; Live births to NI residents Note: Non-zero axis

The following pages provide breakdowns by HSCT and Local Government District (LGD1992) areas for comparative purposes.

Belfast HSCT / LCG (Appendix Table Y)

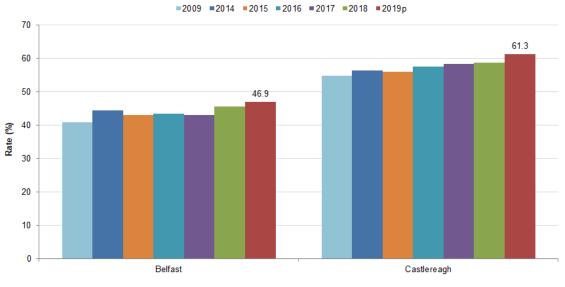


Figure 26: Belfast LCG breastfeeding at discharge, 2009 and 2014-2019p

Source: Northern Ireland Child Health System; Live births to NI resident mothers

Figure 27

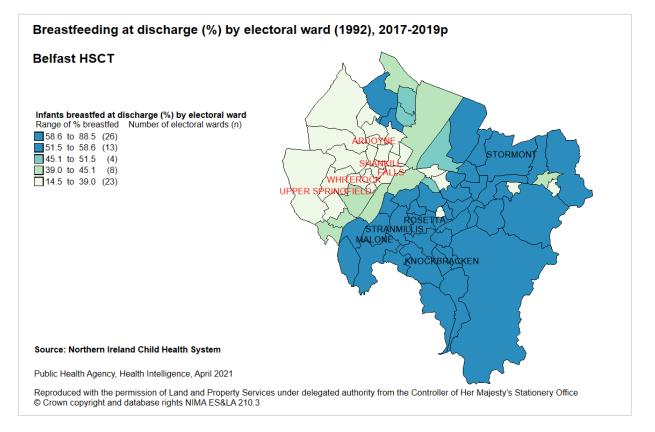


Table 3: Belfast HSCT / LCG

Wa	Wards with highest breastfeeding rates 2017 - 2019p				
	Ward	Breastfeeding rate (%)			
1	Malone	88.5			
2	Stranmillis	83.0			
3	Stormont	82.8			
4	Knockbracken	81.7			
5	Rosetta	81.5			

W	Wards with lowest breastfeeding rates 2017 - 2019p				
	Ward	Breastfeeding rate (%)			
1	Upper Springfield	14.5			
2	Shankill	18.0			
3	Ardoyne	18.2			
4	Falls	21.3			
5	Whiterock	21.7			

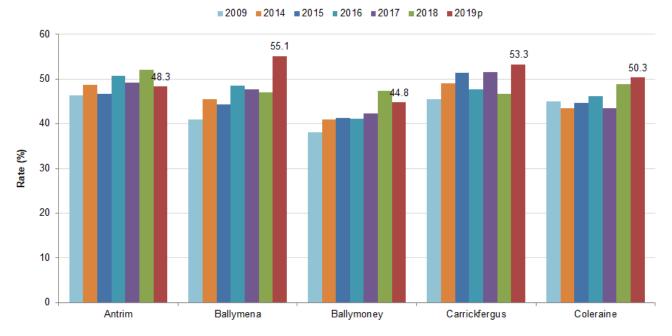


Figure 28: Northern LCG breastfeeding at discharge, 2009 and 2014-2019p

Source: Northern Ireland Child Health System; Live births to NI resident mothers

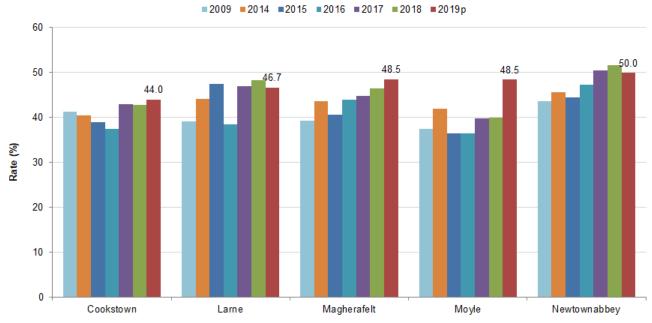


Figure 29: Northern LCG breastfeeding at discharge, 2009 and 2014-2019p

Source: Northern Ireland Child Health System; Live births to NI resident mothers

28

Figure 30

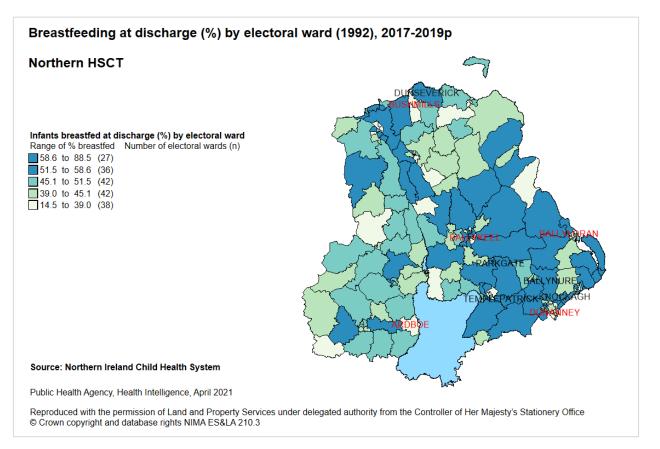


Table 4: Northern HSCT / LCG

Wa	Wards with highest breastfeeding rates 2017 - 2019p				
	Ward	Breastfeeding rate (%)			
1	Dunseverick	81.8 (n=9)			
2	Knockagh	74.1			
3	Ballynure	73.4			
4	Templepatrick	72.7			
5	Parkgate	72.2			

Wa	Wards with lowest breastfeeding rates 2017 - 2019p				
	Ward	Breastfeeding rate (%)			
1	Bushmills	15.0 (n=3)			
2	Dunanney	21.2 (n=18)			
3	Ballyloran	23.3 (n=10)			
4	Ardboe	23.3 (n=24)			
5	Ballykeel	24.1 (n=19)			

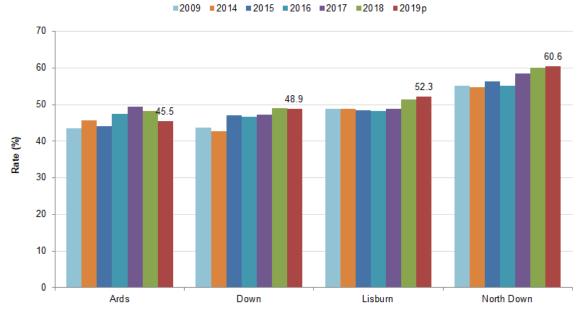


Figure 31: South Eastern LCG breastfeeding at discharge, 2009 and 2014-2019p

Source: Northern Ireland Child Health System; Live births to NI resident mothers



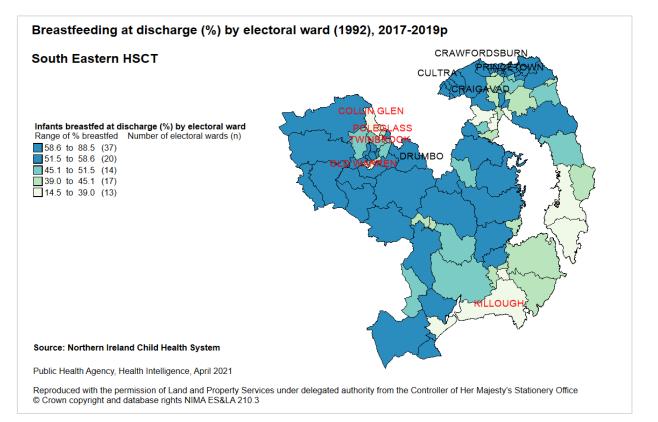


Table 5: South Eastern HSCT / LCG

W	Wards with highest breastfeeding rates 2017 - 2019p				
	Ward	Breastfeeding rate (%)			
1	Crawfordsburn	86.2			
2	Princetown	85.2			
3	Craigavad	83.6			
4	Cultra	83.0			
5	Drumbo	81.4			

Wa	Wards with lowest breastfeeding rates 2017 - 2019p				
	Ward	Breastfeeding rate (%)			
1	Collin Glen	17.1			
2	Poleglass	20.2			
3	Twinbrook	20.6 (n=26)			
4	Killough	30.6			
5	Old Warren	30.6			

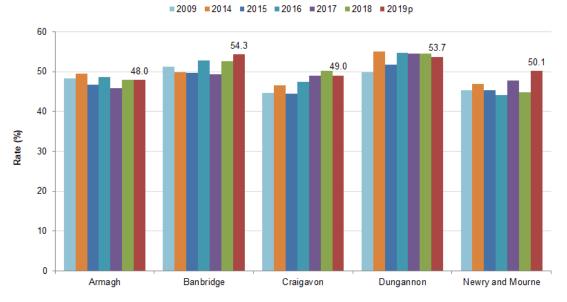


Figure 33: Southern LCG breastfeeding at discharge, 2009 and 2014-2019p

Source: Northern Ireland Child Health System; Live births to NI resident mothers

Figure 34

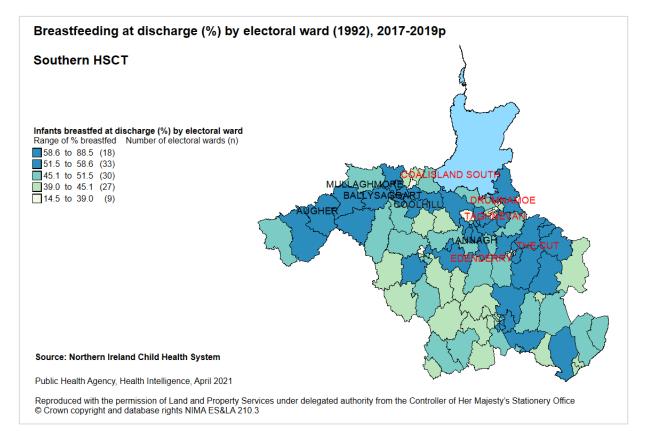


Table 6: Southern HSCT / LCG

W	Wards with highest breastfeeding rates 2017 - 2019p			
	Ward	Breastfeeding rate (%)		
1	Coolhill	72.3		
2	Mullaghmore	69.2		
3	Augher	68.9		
4	Annagh	67.7		
5	Ballysaggart	66.9		

W	Wards with lowest breastfeeding rates 2017 - 2019p				
	Ward	Breastfeeding rate (%)			
1	Drumnamoe	26.0 (n=26)			
2	Taghnevan	27.8			
3	Edenderry	33.7			
4	Coalisland South	34.7			
5	The Cut	34.9 (n=22)			

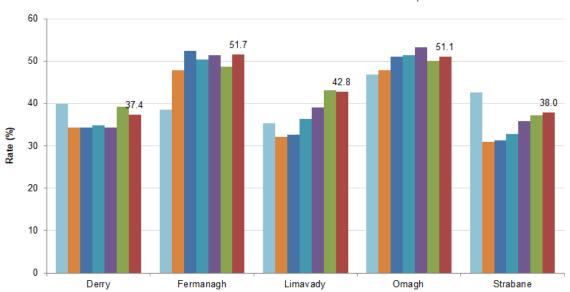


Figure 35: Western LCG breastfeeding at discharge, 2009 and 2014-2019p

2009 2014 2015 2016 2017 2018 2019p

Source: Northern Ireland Child Health System; Live births to NI resident mothers

Figure 36

Breastfeeding at discharge (%) by electoral ward (1992	e), 2017-2019p
Western HSCT	12
Infants breastfed at discharge (%) by electoral ward Range of % breastfed Number of electoral wards (n) 58.6 to 88.5 (10) 51.5 to 58.6 (14) 45.1 to 51.5 (22) 39.0 to 45.1 (25) 14.5 to 39.0 (34)	SHANTAL POWMES LONE CARD HILL CREGGAR OUTN
E Contraction of the second se	EALRY WATER DRUERAGH DERGMONEY CLANABOGAN
Source: Northern Ireland Child Health System	
Public Health Agency, Health Intelligence, April 2021	S start
Reproduced with the permission of Land and Property Services under delegated author © Crown copyright and database rights NIMA ES&LA 210.3	ity from the Controller of Her Majesty's Stationery Office

Table 7: Western HSCT / LCG

Wa	Wards with highest breastfeeding rates 2017 - 2019p					
	Ward Breastfeeding rate (%)					
1	Erne	71.2				
2	Dergmoney	67.4				
3	Clanabogan	67.2				
4	Fairy Water	64.7				
5	Drumragh	62.5				

Wa	Wards with lowest breastfeeding rates 2017 - 2019p					
	Ward Breastfeeding rate					
1	Greystone	18.4 (n=7)				
2	Coolessan	22.2 (n=10)				
3	Shantallow West	23.0				
4	Carn Hill	23.0 (n=23)				
5	Creggan South	23.4 (n=29)				

Breastfeeding prevalence by HSCT / LCG and Local Government District (LGD1992), 2018

Figure 37 (<u>Appendix Table AD</u>) shows the prevalence of breastfeeding (%) by HSCT / LCG and Local Government District (LGD1992) for 2018.

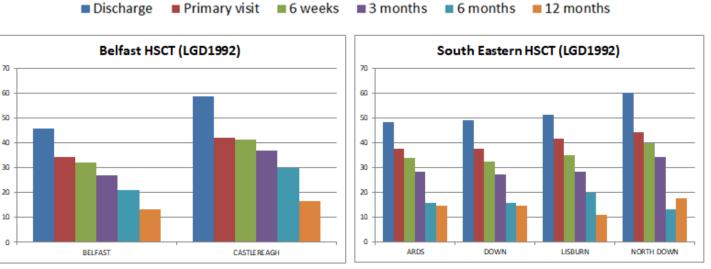
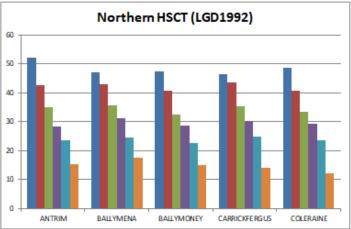
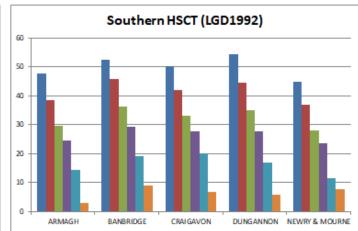
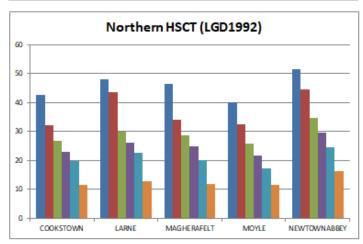
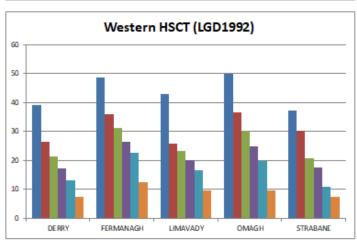


Figure 37: Breastfeeding prevalence (%) by Local Government District (LGD1992), 2018









Source: Northern Ireland Child Health System; Live births to NI resident mothers

Council Areas

Data for 2019p shows the highest rates of breastfeeding at discharge in Lisburn and Castlereagh (59.7%) and Ards and North Down (52.7%) with the lowest rates in Derry City and Strabane (37.6%) and Belfast (46.6%) based on maternal residence (Figure 38; Table 8; <u>Appendix Table AE</u>).

Figure 38

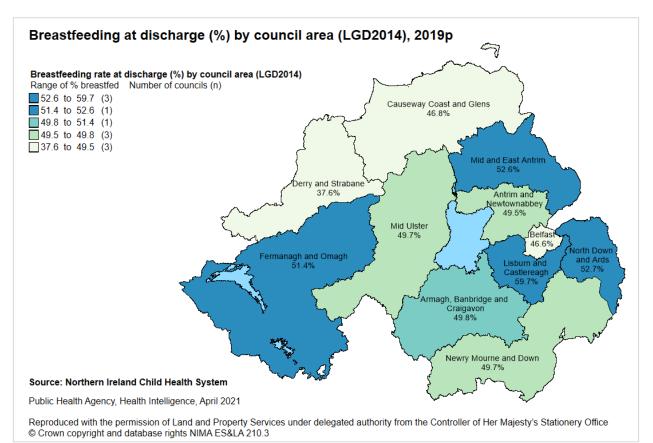
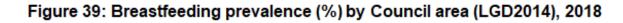


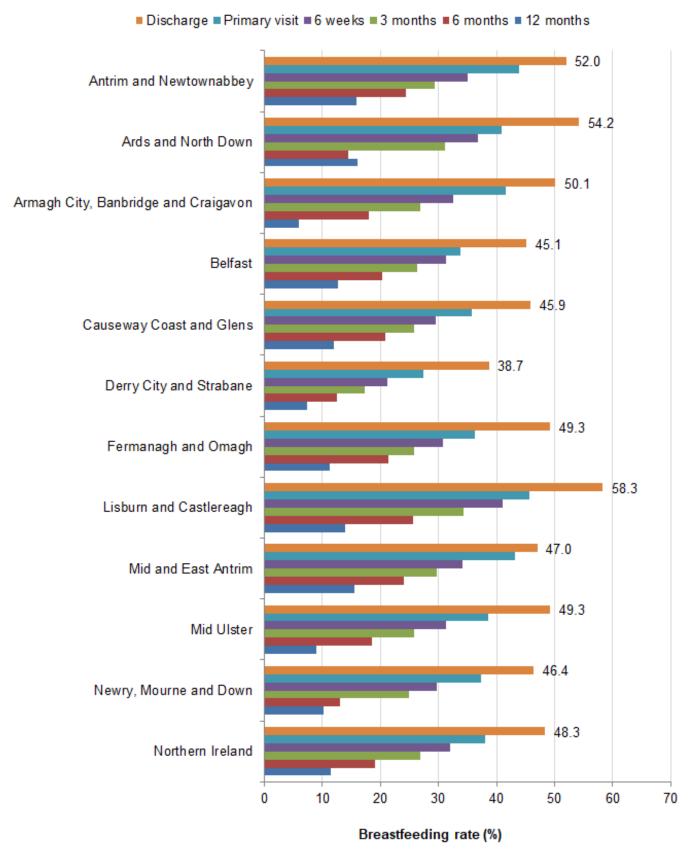
Table 8: Breastfeeding	at discharge	(%) h	v Council area	(I GD2014)	2017	2018 and 2019n
Table 0. Dreasticeunity	at uischarge	(70) D	y council alea	(LODZ017),	2017	z_0 to and z_0 to p

	2017			2018			2019p		
Council (LGD2014)	Breastfeeding at discharge			Breastfeeding at discharge			Breastfeeding at discharge		
	Births	N	%	Births	N	%	Births	N	%
Antrim and Newtownabbey	1,694	850	50.2	1,626	845	52.0	1,648	815	49.5
Ards and North Down	1,546	837	54.1	1,510	818	54.2	1,535	809	52.7
Armagh City, Banbridge and Craigavon	2,901	1,398	48.2	2,851	1,429	50.1	2,732	1,361	49.8
Belfast	4,218	1,795	42.6	4,292	1936	45.1	4,197	1,955	46.6
Causeway Coast and Glens	1,622	675	41.6	1,500	689	45.9	1,515	709	46.8
Derry City and Strabane	1,921	667	34.7	1,837	711	38.7	1,820	684	37.6
Fermanagh and Omagh	1,485	777	52.3	1,461	720	49.3	1,391	715	51.4
Lisburn and Castlereagh	1,722	983	57.1	1,809	1,054	58.3	1,720	1,027	59.7
Mid and East Antrim	1,520	733	48.2	1,474	693	47.0	1,465	770	52.6
Mid Ulster	2,126	1,036	48.7	2,055	1,013	49.3	2,087	1,038	49.7
Newry, Mourne and Down	2,421	1,148	47.4	2,376	1,102	46.4	2,278	1,133	49.7
Total	23,176	10,899	47.0	22,791	11,010	48.3	22,388	11,016	49.2

Source: Northern Ireland Child Health System; Live births to NI resident mothers. * Any breastfeeding (Total/Partial)

Figure 39 (<u>Appendix Table AF</u>) shows the variation in breastfeeding prevalence (%) by Council area (LGD2014) for 2018.





Source: Northern Ireland Child Health System; Live births to NI resident mothers.

Further breakdowns on the rates of breastfeeding at discharge (%) by Council area (LGD2014) and District Electoral Ward (DEA2014) are available at <u>Appendix Table AG</u>.

Sure Start Services

Sure Start is a government programme which provides a range of support services for parents and children under the age of four, who live in disadvantaged areas across Northern Ireland. It aims to support parents from pregnancy and to give children the best start in life. Each Sure Start project works with parents as well as statutory agencies and community-based organisations from the area, to design and deliver a range of services that best meet local need.

The NI Breastfeeding Strategy asks Sure Starts to support best practice by implementing UNICEF UK Baby Friendly Initiative Children's Centre Standards.

In addition to core services, Sure Starts may also offer additional antenatal and postnatal support and advice on breastfeeding.

Figure 40 (<u>Appendix Table AH</u>) shows the rates of breastfeeding at discharge (%) categorised by Sure Start and Non Sure Start area for the years 2017 to 2019p. Data for 2019p shows that 54.6% of mothers resident in Non Sure Start areas were breastfeeding on discharge from hospital compared to 40.5% of mothers resident in Sure Start Areas.

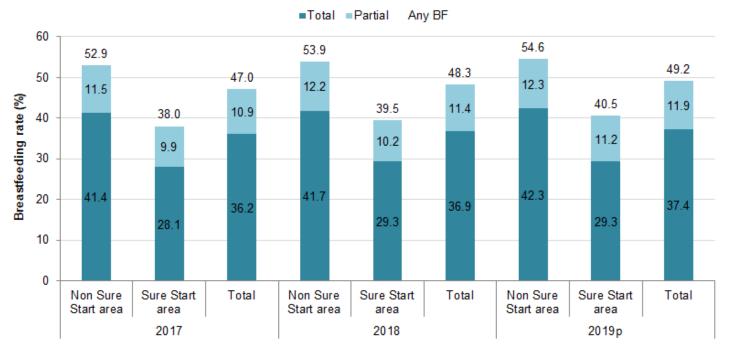


Figure 40: Breastfeeding at discharge (%) by Sure Start and Non Sure Start area, 2017-2019p

Source: Northern Ireland Child Health System; Live births to NI resident mothers

Table 9 shows breastfeeding rates at discharge (%) by Child Care Partnership and Sure Start areas for the three year period 2017-2019p (combined) with the highest rates at a Northern Ireland level recorded for Dungannon (56.6%), Clogher Valley (56.2%), Blossom (51.6%), South Belfast (51.3%) and Newry City (49.3%) Sure Starts.

Child Care	Sure Start Area	Total live births	Any Breastfeedi	ng at discharge
Partnership Area	Sure Start Area	Total live births	Number	%
	Beechmount	263	80	30.4
	Clan Mor	331	99	29.9
	East Belfast	1,396	532	38.1
	Glenbrook	812	220	27.1
Belfast	Outer West Belfast	878	325	37.0
ССР	Saol Ur	638	164	25.7
	Shankill	1,128	305	27.0
	Smile	764	253	33.1
	South Belfast	1,167	599	51.3
	Belfast CCP Total	7,377	2,577	34.9
	Abbey	824	346	42.0
	Antrim	222	83	37.4
	Ballymena	662	280	42.3
N la utha a uur	Coleraine	542	177	32.7
Northern	Dalriada	491	204	41.5
	Gold	767	306	39.9
	Horizon	495	181	36.6
	Northern CCP Total	4,003	1,577	39.4
	Ards	654	267	40.8
	Bangor	308	137	44.5
South	Colin	980	278	28.4
Eastern	Downpatrick	862	338	39.2
	Lisburn	299	115	38.5
	South Eastern CCP	3,103	1,135	36.6
	ArKe	564	252	44.7
	Blossom	771	398	51.6
	Clogher Valley	521	293	56.2
	Dungannon	997	564	56.6
0 1	Kilkeel	163	72	44.2
Southern	Newry City	822	405	49.3
	South Armagh	1,141	499	43.7
	Splash	877	313	35.7
	Star	165	59	35.8
	Southern CCP Total	6,021	2,855	47.4
	Cherish	734	340	46.3
	Dungiven	653	274	42.0
	Edenballymore	630	198	31.4
	LAST	726	334	46.0
Mantaria	Little Hands	531	183	34.5
Western	Rainbow	421	174	41.3
	Shantallow	831	242	29.1
	Strabane	839	288	34.3
	Waterside	686	263	38.3
	Western CCP Total	6,051	2,296	37.9
	Non Sure Start	41,800	22,485	53.8
Total	Sure Start	26,555	10,440	39.3
	NI Total	68,355	32,925	48.2

Table 9: Breastfeeding at discharge (%) by Sure Start area, 2017 - 2019p (combined)

Source: Northern Ireland Child Health System; Live births to NI resident mothers

Breakdowns on the prevalence of breastfeeding (%) by Sure Start areas within each Child Care Partnership are provided in pages 38-42.

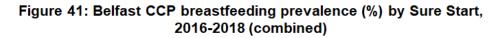
Belfast Child Care Partnership Area

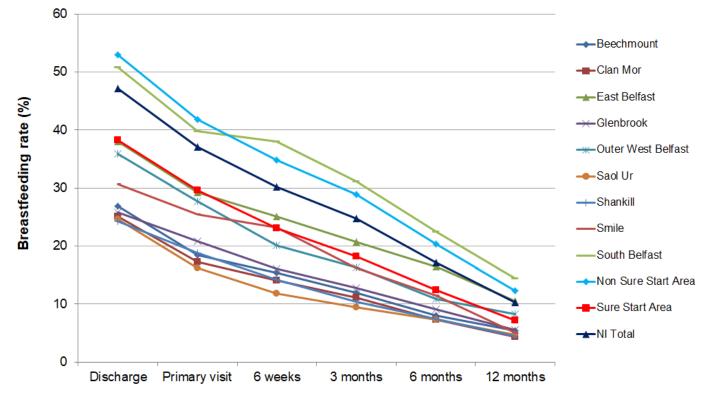
Within the Belfast Child Care Partnership area the highest rate of breastfeeding at discharge was recorded for South Belfast Sure Start (50.8%) compared with the lowest for Shankill Sure Start (24.3%) (Table 10, Figure 41).

Belfast CCP	Total live births	Discharge	Primary visit	6 weeks	3 months	6 months	12 months
Beechmount	260	26.9	18.5	15.4	11.9	8.1	5.4
Clan Mor	342	25.1	17.3	14.0	11.1	7.3	4.4
East Belfast	1437	38.0	29.3	25.1	20.7	16.5	10.5
Glenbrook	851	25.9	20.8	16.1	12.8	9.0	5.5
Outer West	917	35.9	27.7	20.1	16.4	10.9	8.3
Saol Ur	689	24.7	16.3	11.8	9.4	7.3	4.6
Shankill	1178	24.3	18.8	14.2	10.4	7.4	4.5
Smile	772	30.7	25.4	23.2	16.2	11.4	5.1
South Belfast	1146	50.8	39.8	38.0	31.2	22.4	14.4
NI Sure Start	27,682	38.3	29.6	23.1	18.3	12.4	7.1
NI Non Sure	42,378	52.9	41.9	34.8	28.9	20.3	12.3
NI Total	70,060	47.1	37.0	30.2	24.7	17.2	10.3

Table 10: Breastfeeding prevalence by Sure Start, combined data 2016-2018

Source: Northern Ireland Child Health System; Live births to NI resident mothers





Northern Child Care Partnership Area

Within the Northern Child Care Partnership area the highest rate of breastfeeding at discharge was recorded for Gold Sure Start (41.4%) compared to the lowest for Coleraine Sure Start (32.0%) (Table 11, Figure 42).

Northern CCP	Total live	Discharge	Primary	6 weeks	3 months	6 months	12 months
Northern CCP	births	Discharge	visit	o weeks	3 monuns	6 monuns	12 monuns
Abbey	804	41.2	34.8	26.0	20.9	15.0	9.6
Antrim	235	38.3	30.2	25.5	18.7	16.6	11.1
Ballymena	707	40.2	33.0	24.2	19.7	15.8	10.3
Coleraine	572	32.0	26.7	18.7	14.3	11.2	7.2
Dalriada	529	38.4	31.9	25.3	21.9	17.6	11.0
Gold	805	41.4	31.4	24.1	20.7	16.3	9.6
Horizon	512	36.3	32.2	22.5	18.4	14.6	9.2
NI Sure Start	27,682	38.3	29.6	23.1	18.3	12.4	7.1
NI Non Sure	42,378	52.9	41.9	34.8	28.9	20.3	12.3
NI Total	70,060	47.1	37.0	30.2	24.7	17.2	10.3
				•			

Source: Northern Ireland Child Health System; Live births to NI resident mothers

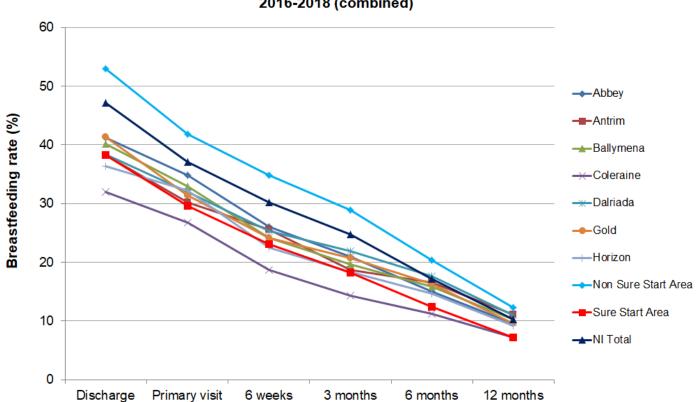


Figure 42: Northern CCP breastfeeding prevalence (%) by Sure Start, 2016-2018 (combined)

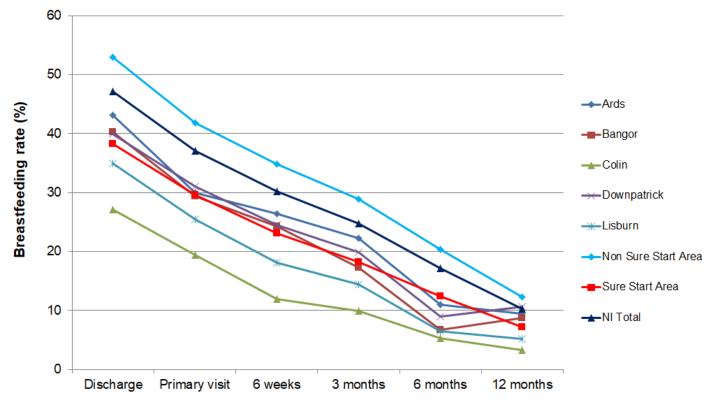
South Eastern Child Care Partnership Area

Within the South Eastern Child Care Partnership area the highest rate of breastfeeding at discharge was recorded for Ards Sure Start (43.1%) compared to the lowest for Colin Sure Start (27.1%) (Table 12, Figure 43).

South Eastern CCP	Total live births	Discharge	Primary visit	6 weeks	3 months	6 months	12 months
Ards	719	43.1	29.9	26.4	22.3	11.0	9.5
Bangor	330	40.3	29.4	24.2	17.3	6.7	8.8
Colin	1,051	27.1	19.4	12.0	9.9	5.3	3.2
Downpatrick	892	39.9	31.1	24.4	19.8	9.0	10.7
Lisburn	326	35.0	25.5	18.1	14.4	6.4	5.2
NI Sure Start	27,682	38.3	29.6	23.1	18.3	12.4	7.1
NI Non Sure	42,378	52.9	41.9	34.8	28.9	20.3	12.3
NI Total	70,060	47.1	37.0	30.2	24.7	17.2	10.3
Source: Northern Ireland	Child Health Syste	m; Live births to N	I resident mothe	rs			

Table 12: Breastfeeding prevalence by Sure Start, combined data 2016-2018





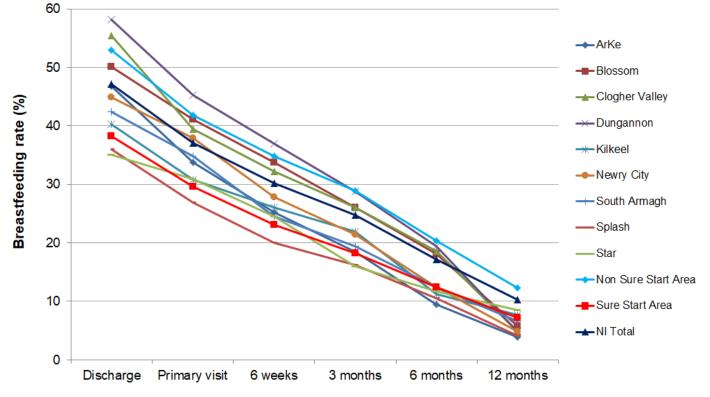
Southern Child Care Partnership Area

Within the Southern Child Care Partnership area the highest rate of breastfeeding at discharge was recorded for Dungannon Sure Start (58.2%) compared to the lowest for Star Sure Start (35.1%) (Table 13, Figure 44).

Total live births	Discharge	Primary visit	6 weeks	3 months	6 months	12 months
575	46.8	33.7	25.2	18.4	9.4	3.8
785	50.1	41.1	33.8	26.0	18.1	5.7
565	55.4	39.5	32.2	26.0	18.6	4.8
1,012	58.2	45.3	37.0	28.8	19.4	4.8
169	40.2	30.8	26.0	21.9	11.2	7.7
838	44.9	37.9	27.8	21.4	12.4	4.8
1,230	42.4	34.8	24.6	19.4	12.4	6.6
947	36.0	26.8	20.0	16.2	10.6	4.1
188	35.1	30.9	24.5	16.0	11.7	8.5
27,682	38.3	29.6	23.1	18.3	12.4	7.1
42,378	52.9	41.9	34.8	28.9	20.3	12.3
70,060	47.1	37.0	30.2	24.7	17.2	10.3
	births 575 785 565 1,012 169 838 1,230 947 188 27,682 42,378	birthsDischarge57546.878550.156555.41,01258.216940.283844.91,23042.494736.018835.127,68238.342,37852.9	birthsDischargevisit57546.833.778550.141.156555.439.51,01258.245.316940.230.883844.937.91,23042.434.894736.026.818835.130.927,68238.329.642,37852.941.9	birthsDischargevisit6 weeks57546.833.725.278550.141.133.856555.439.532.21,01258.245.337.016940.230.826.083844.937.927.81,23042.434.824.694736.026.820.018835.130.924.527,68238.329.623.142,37852.941.934.8	birthsDischargevisit6 weeks3 months57546.833.725.218.478550.141.133.826.056555.439.532.226.01,01258.245.337.028.816940.230.826.021.983844.937.927.821.41,23042.434.824.619.494736.026.820.016.218835.130.924.516.027,68238.329.623.118.342,37852.941.934.828.9	birthsDischargevisit6 weeks3 months6 months57546.833.725.218.49.478550.141.133.826.018.156555.439.532.226.018.61,01258.245.337.028.819.416940.230.826.021.911.283844.937.927.821.412.41,23042.434.824.619.412.494736.026.820.016.210.618835.130.924.516.011.727,68238.329.623.118.312.442,37852.941.934.828.920.3

 Table 13: Breastfeeding prevalence by Sure Start, combined data 2016-2018

Figure 44: Southern CCP breastfeeding prevalence (%) by Sure Start, 2016-2018 (combined)



Western Child Care Partnership Area

Within the Western Child Care Partnership area the highest rate of breastfeeding at discharge was recorded for LAST Sure Start (46.6%) compared to the lowest for Shantallow Sure Start (29.7%) (Table 14, Figure 45).

Western CCP	Total live	Discharge	Primary	6 weeks	3 months	6 months	12 months
Western CCP	births	Discharge	visit	o weeks	3 monuns	6 monuns	
Cherish	771	45.7	35.0	30.4	23.7	17.5	9.1
Dungiven	672	39.9	28.3	24.7	19.6	11.5	9.1
Edenballymore	652	29.8	20.9	13.7	10.3	6.4	4.0
LAST	736	46.6	36.8	27.0	21.1	15.9	8.7
Little Hands	555	31.0	23.6	18.0	13.2	9.7	5.4
Rainbow	428	40.0	32.5	23.4	17.8	11.9	6.3
Shantallow	910	29.7	20.3	15.2	11.6	7.6	4.2
Strabane	864	31.5	23.3	16.2	12.8	8.9	5.3
Waterside	711	39.7	30.1	22.4	16.9	12.5	7.0
NI Sure Start	27,682	38.3	29.6	23.1	18.3	12.4	7.1
NI Non Sure	42,378	52.9	41.9	34.8	28.9	20.3	12.3
NI Total	70,060	47.1	37.0	30.2	24.7	17.2	10.3

Table 14: Breastfeeding prevalence by Sure Start, combined data 2016-2018

Source: Northern Ireland Child Health System; Live births to NI resident mothers

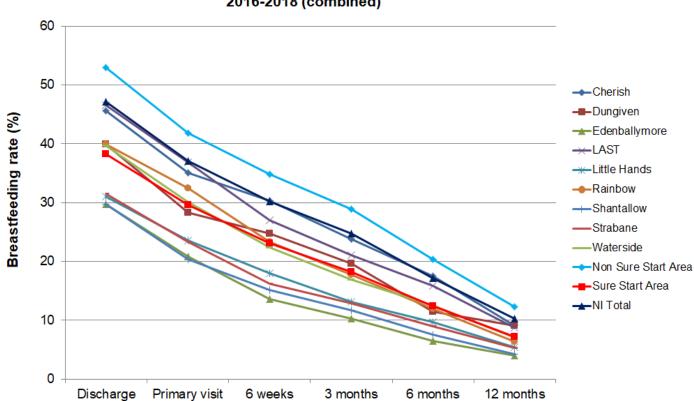


Figure 45: Western CCP breastfeeding prevalence (%) by Sure Start, 2016-2018 (combined)

Source: Northern Ireland Child Health System; live births to NI resident mothers. Advise caution: feeding data for infants born in 2018 may not be fully recorded

Breastfeeding in neonatal units

There is evidence that feeding breast milk to infants in neonatal units has both short-term and long-term benefits to health.^{51,52,53} Breast milk has been shown to reduce infection and necrotising enterocolitis (NEC) as well as evidence of longer term neurodevelopmental advantages.⁵⁴

In Northern Ireland, the BadgerNet[™] neonatal system (BNNS) records information relating to all infants admitted to neonatal care in Northern Ireland.

National Neonatal Audit Programme (NNAP)

The National Neonatal Audit Programme (NNAP) is a national clinical audit of NHS-funded care for babies admitted to neonatal services in England, Scotland, Wales and the Isle of Man. The audit reports on key measures of the process and outcomes of neonatal care. The 2020 report examines care provided to babies with a final discharge from neonatal care between 1 January 2019 and 31 December 2019; 88,181 babies were eligible for one or more NNAP measure, with 181 participating neonatal units.⁵⁵ The report highlights the potential impact of the COVID-19 pandemic on data completeness and accuracy.

The NNAP report includes two measures relating to breastmilk feeding:

• Early Breastmilk Feeding: Does a baby born at less than 32 weeks' gestational age receive any of their own mother's milk on day 14 of life?

This measure is designed to help units understand their rates of mothers' own milk feeding during babies' stay in the neonatal unit.

- Of the 6,756 eligible babies born at less than 32 weeks, there were 6,747 babies with data available from the final or penultimate day of care. Data were missing for 9 (0.1%) eligible babies.
- Of the 6,747 babies with data entered, 58.3% (3,935 babies) were receiving any of their mothers own milk at the time of discharge.
- Breastmilk feeding at discharge: Does a baby born at less than 32 weeks' gestational age receive any of their own mother's milk at discharge to home from a neonatal unit?
 For very preterm babies who received all their care in one neonatal unit without being transferred this measure describes the proportion receiving any of their own mother's milk when they were discharged home.
- Of the 7,359 babies born at less than 32 weeks, 7,345 had data available from day 13-15 of life.
- Of these 7,345 babies, 82.4% (6,054 babies) were receiving some of their own mothers' milk at 14 days of life. Data were missing for 14 (0.2%) eligible babies.

The report made the recommendation that neonatal units and networks should focus on both the early initiation and sustainment of breastmilk feeding in conjunction with parents by:

- Reviewing data and processes in order to undertake selected quality improvement activities suited to the local context
- Removing barriers to successful breastmilk feeding by ensuring that appropriate and comfortable areas are provided with adequate, regularly cleaned expressing equipment
- Seeking and acting on feedback from local parents on their experience of starting and sustaining breast feeding
- Working to achieve and sustain both UNICEF UK Baby Friendly Initiative Neonatal Unit accreditation and Bliss Baby Charter accreditation
- Implementing the guidance and evidence-based care practices set out in the BAPM Maternal Breastmilk Toolkit
- Working with local parents to review and improve local practices around the early communication of the benefits of breastmilk, ideally prior to birth wherever possible

Tables 15 and 16 show the proportion of babies born at less than 32 weeks' gestational age receiving any of their own mother's milk on day 14 of life and at discharge to home from a neonatal unit in Northern Ireland respectively.

- Data for 2020 shows that 78.7% of babies born at less than 32 weeks' gestational age were receiving any of their own mother's milk on day 14 of life (Table 15).
- The 2019 comparable figure for NNNI was 77.6% compared to 82.4% reported by NNAP.

Table 15: Neonatal Network Northern Ireland Early breastmilk feeding (Day 14 of life), 2019 & 2020

Bench marking Audit Question	Early breastmilk feeding: Does a baby born at less than 32 weeks' gestational age receive any of their own mother's milk on day 14 of life?										
		Northern Ireland (NNNI) NNAP									
	Eligible babies	Data outcome	BM at discharge home	[#] No BM at discharge home	Missing Data						
2020	178	174	137/174 (78.7%)	37	4	Not available					
2019	206	196	152/196 (77.6%)	44	10	6,054 / 7,345 (82.4%)					

Source: NICORE

- Inclusion criteria: Babies born at less than 32 weeks' gestational age who survive to their 14th day of life, babies who experienced their final neonatal discharge in the calendar year of analysis.

- Attribution: Babies will be attributed to their location of care at 48 hours of life, which is intended as a proxy measure of the intention to provide ongoing care for a baby in a given neonatal unit. When a baby is in transit between units at 48 hours the baby will be assigned to the transferring hospital. When multiple admission locations exist at 48 hours of life, the baby will be attributed to the earliest associated admission time.

Babies will be classified as meeting NNAP standard if they are noted to have received any of the following types of enteral feed on their 14th day

of life: suckling at the breast, mother's fresh expressed breastmilk, or mother's frozen expressed breastmilk.

Table 16: Neonatal Network Northern Ireland Breast feeding at discharge home, 2013 to 2020

Bench marking Audit Question	Breastmilk (BM) feeding at discharge home: Does a baby born at less than 32 weeks' gestational age receive any of their own mother's milk at discharge to home from a neonatal unit?									
			NNAP							
	Eligible babies	Data outcome								
2020	161	158	90/158 (57.0%)	68	3	Not available				
2019	166	154	87/154 (56.5%)	67	12	3,935 / 6,747 (58.3%)				
2018	193	183	90/183 (49.2%)	93	10					
2017	189	183	89/183 (48.6%)	94	6					
2016	203	184	84/184 (45.7%)	100	19					
2015	214	189	80/189 (42.3%)	109	25					
2014	216	192	81/192 (42.2%)	111	24					
2013	243	227	103/227 (45.4%)	124	16					

Source: NICORE; Badger Net data 04/06/2021

- *All data as per 2019 criteria. [#] Performance = (BM at discharge home / Data Outcome) x 100

Note: From the 2019 data year, change of gestational age upper limit to babies born at less than 32 weeks' gestational age and change of inclusion criteria so that babies transferred during their neonatal care are no longer excluded.

- NNAP Developmental standard: Eighty percent (80%) of babies born at less than 32 weeks' gestational age should receive at least some of their mother's milk at discharge home from the neonatal unit. Source of standard: By consensus, in consultation with BAPM.

- Inclusion criteria: Babies born at less than 32 weeks' gestational age, • Babies who are discharged home alive, • Babies who experienced their final neonatal discharge in the calendar year of analysis.

- Attribution will be to the neonatal unit of final discharge.

- Babies will be classified as meeting the NNAP standard if they are noted to have received any of the following types of enteral feed on their final day of care: • Suckling at breast, • Mother's fresh expressed breast milk, • Mother's frozen expressed breast milk.

- Data for 2020 shows that 57.0% of babies born at less than 32 weeks' gestational age were receiving any of their own mother's milk at discharge to home from a neonatal unit in Northern Ireland, highlighting an increasing trend since 2014 (42.2%) (Table 16).
- The 2019 comparable figure for NNNI was 56.5% compared to 58.3% reported by NNAP.

Table 17 provides information on the proportion of babies born at **less than 33 weeks gestational age** discharged on mother's milk and those discharged breastfeeding. Data for 2020 shows that while 51.1% of babies are discharged on mother's milk, under half of these (22.0%) are discharged breastfeeding.

Table 17: Babies <33 weeks gestation</th>receiving any mother's milk at discharge by year of discharge,2013-2018

Year	Babies discharged	Babies discharged	on mother's milk	Babies discharged breastfeeding		
rear	N	Ν	%	N	%	
2020	223	114	51.1	49	22.0	
2019	256	127	49.6	58	22.7	
2018	259	128	49.4	58	22.4	
2017	262	123	46.9	51	19.5	
2016	289	128	44.3	48	16.6	
2015	315	122	38.7	44	14.0	
2014	294	117	39.8	56	19.0	
2013	336	145	43.2	52	15.5	
Source: B	adgerNet Standardised Feeding Rep	oorts: Note: Discharge to home / war	rd / foster care; babies admitted	d any time		

Comparing Northern Ireland breastfeeding rates to other regions

Currently there is variation between UK countries in the time points at which breastfeeding data is recorded / reported and the definitions used and as such direct comparisons between Northern Ireland breastfeeding rates and other UK countries are not possible.

The following sections highlight the current sources of breastfeeding data for England, Scotland, Wales and the Republic of Ireland.

Breastfeeding in England

The Public Health Outcomes Framework (PHOF) for England sets out a vision for public health in England.⁵⁶ The framework sets out high-level outcomes supported by a broad set of indicators to measure how well public health is being improved and protected at national and local level. Two breastfeeding indicators (C05) are included within the Health Improvement domain as follows:

- 2.02i Breastfeeding initiation
 - (% of all mothers who breastfeed their babies in the first 48hrs after delivery)
- 2.02ii Breastfeeding prevalence at 6-8 weeks after birth

(% of all infants due a 6-8 week check that are totally or partially breastfed)

Breastfeeding initiation (Experimental statistics)

Data relating to breastfeeding status immediately after birth is captured and reported by NHS Digital via the Maternity Services Data Set (MSDS). The MSDS records whether a baby's first feed was maternal breast milk, donor breast milk or not breast milk.

In July 2021, 60.0% of babies received maternal or donor breast milk, 23.4% were recorded as not breast milk and 16.6% were categorised as missing/outside reporting parameters.⁵⁷ [Annual figures published for England for 01 Apr 2019 to 31 Mar 2020 report that 72.8% of babies with a recorded feeding type received breast milk for their first milk, however this excludes missing values.⁵⁸]

Breastfeeding at 6-8 weeks after birth (Experimental statistics)⁵⁹

- The aggregate breastfeeding rate for England for 2019/20 is 48% (with confidence intervals of 47.9 to 48.1%), and the rate is increasing. This is based on 144 out of 149 reporting local authorities who provided sufficient quarterly data for annual figures to be calculated. This compares to 46.2% in 2018/19, 43.1% in 2017/18, 44.4% in 2016/17, 43.2% in 2015/16, and 43.8% for 2014/15. 2014/15 data was collected by NHS England.
- Breastfeeding prevalence at a PHE centre level can be published for the North East and East Midlands. All other areas fail to meet validation at stage 3 (known breastfeeding status for infants age 6 to 8 weeks is lower than the 95% quality standard).
- Breastfeeding prevalence can be published for 69 local authorities (passing all 3 stages of validation) and percentages range from 22.7% to 79.4%.

Breastfeeding in Wales

The annual Maternity and Birth Statistics publication provides statistics on maternity and births in Wales, and replaces the two previous individual statistical releases on maternity and births.⁶⁰ The two primary data sources for this release are the Maternity Indicators dataset (MI ds) and the National Community Child Health Database (NCCHD).

Table 18 presents breastfeeding statistics by age of child from the 2020 report.⁶¹

- The Maternity Indicators dataset records the mother's intention to breastfeed rather than whether breastfeeding at birth actually occurred. Data refers to the 27,321 mothers who delivered in 2020.
- Data on breastfeeding at birth and on babies turning 10 days, 6 weeks and 6 months recorded in the NCCHD refers to <u>any</u> breastfeeding, including babies fed with solely breastmilk, and those who were combination fed.
- For breastfeeding at birth, data presented refers to the 28,781 live births in 2020. For breastfeeding at the other age points, data refers to the babies turning that age in 2020: 28,672 babies turning 10 days, 28,872 turning 6 weeks, 29,319 turning 6 months.

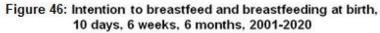
Table 18: Intention to breastfeed and breastfeeding at birth, 10 days, 6 weeks, 6 months, by health board providing the service, 2020

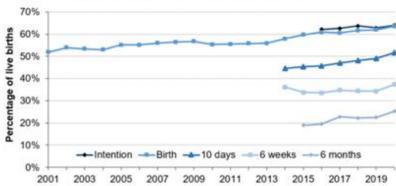
	Maternity Indicator dataset	National Community Child Health Database Breastfeeding at:							
	Intention to breastfeed	Birth	10 days	6 weeks	6 months				
Number (n)	27,321	28,781	28,672	28,872	29,319				
Any breastfeeding (n)	17,102	16,940	13,167	7,685	4,968				
Percentage* (%)	63.9%	63.5%	51.7%	37.4%	25.3%				
Missing records (n)	569	2,100	3,216	8,317	9,678				
Valid data (%)	97.9%	92.7%	88.8%	71.2%	67.0%				

* The percentages are of the total records less records with no stated breastfeeding status: 569 records for intention to breastfeed, 2,100 records at birth, 3,216 records at 10 days, 8,317 records at 6 weeks, 9,678 records at 6 months.

Note that breastfeeding data at all points in time is subject to data quality issues as not all records are complete. Annual and quarterly breastfeeding data with data completeness percentages are published on **StatsWales**, by local health board.

Figure 46 shows the trends in breastfeeding since 2001. At all points of data collection, annual breastfeeding rates are the highest on record in 2020. Note that breastfeeding at 10 days, 6 weeks and 6 months has been revised for the full back series. Previously published data counted children born in the calendar year, not turning the reference age in the calendar year.





Source: Maternity Indicators dataset, National Community Child Health Database (a) The percentages are of the total records less records with no stated breastfeeding status: In 2020 there were 569 records for intention to breastfeed, 2,100 records at birth, 3,216 records at 10 days, 8,317 records at 6 weeks, 9,678 records at 6 months.

Breastfeeding in Scotland

NHS Scotland provides a universal health promotion programme to all children and their families known as the Child Health Programme.⁶² Breastfeeding rates in Scotland are monitored and published annually. The information is collected at Health Visitor reviews of children at around 10-14 days (First Visit), 6-8 weeks, and 13-15 months of age.⁶³

At each review, the Health Visitor asks the mother:

- Whether the baby has ever been breastfed ${}^{\$}$
- Whether the baby has always been exclusively breastfed**
- The type of milk feeding the baby is currently receiving (i.e. over the 24 hours leading up to the review)^{††}

Key findings for babies born in Scotland during 2020/2021 are as follows:

- Overall breastfeeding rates continue to increase in Scotland, mainly due to an increase in mixed breast and formula feeding.
- Two thirds (66%) of babies eligible for review in Scotland in 2020/21 were "ever breastfed" i.e. breastfed for at least some time after their birth.
- At the health visitor first visit at around 10-14 days of age:
 - 55% of babies eligible for review in 2020/21 were receiving any breastfeeding.
 - 38% were being exclusively breastfed (receiving breast milk only) and a further 17% were mixed feeding (receiving both breast and formula milk).
 - The proportion of babies receiving any breastfeeding at this stage has increased from 44% in 2002/03 this is mainly due to more babies receiving mixed feeding, up from 5% in 2002/03 to 17% in 2020/21.
- At the time of the 6-8 week review:
 - 45% of babies eligible for review in 2020/21 were receiving any breastfeeding.
 - 32% were being exclusively breastfed and a further 13% were mixed breast and formula feeding.
 - 28% of babies eligible for review in 2020/21 were reported as always exclusively breastfed from birth to the time of the 6-8 week review.
- At the time of the 13-15 month review:
 - 21% of babies eligible for review in 2020/21 were receiving any breastfeeding.
 - 9% were being exclusively breastfed for their milk feeds and a further 12% were receiving mixed breast and formula/cow's milk feeding.
- By the time of their:
 - Health Visitor first visit, 84% of babies eligible for review in 2020/21 who were ever breastfed were still being breastfed (57% exclusive and 27% mixed breastfeeding) and the remaining 16% of babies were no longer being breastfed. The proportion of babies still being breastfed has increased slightly from 79% in 2016/17.
 - 6-8 week review, 70% of babies eligible for review in 2020/21 who were ever breastfed were still being breastfed (49% exclusive and 20% mixed breastfeeding) and the remaining 30% of babies were no longer being breastfed. The proportion of babies still being breastfed has increased slightly from 64% in 2016/17.
 - 13-15 month review, only 32% of babies eligible for review in 2020/21 who were ever breastfed were still being breastfed (13% exclusive and 19% mixed breastfeeding) and the remaining 68% of babies were no longer being breastfed. The proportion of babies still being breastfed has increased slightly from 27% in 2017/18.

[§] 'Breastfeeding' includes being fed at the breast and being fed expressed breast milk. Being 'always exclusively' breastfed means that the baby has only ever been breastfed from birth up to the time of their review, and has never received fluids or food (except medicines) apart from breast milk. Current milk feeding method is recorded as breast only, formula only, mixed (i.e. both breast and formula milk), or other (i.e. the very small number of children on specialist non-milk feeding for medical reasons). There is also the option to record cow's milk at the 13-15 month review.

¹¹ Information Services Division. CHSP-PS: Pre-School screening and reviews. http://www.isdscotland.org/Health-Topics/Child-Health/Child-Health-Programme/ChildHealth-Systems-Programme-Pre-School.asp

Breastfeeding in the Republic of Ireland

The Perinatal Statistics Report 2018 presents national statistics on perinatal events in Ireland. This report is based on data collected from Part 3 of the Birth Notification Form (BNF01) for the National Perinatal Reporting System (NPRS) and provides information on mothers giving birth and babies born in 2018.⁶⁴

Breastfeeding at discharge

Breastfeeding statistics are based on live births only and exclude early neonatal deaths. Type of feeding is recorded at the time of discharge from hospital (Table 19).

											% Ch	ange
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2009 - 2018	2009 - 2018
Any breastfeeding	52.8	54.1	55.3	55.4	55.9	57.0	58.0	59.9	59.8	60.4	14.4	1.0
Exclusive breastfeeding * 1,2,5	45.5	46.2	47.0	46.9	46.6	46.6	48.0	49.8	48.6	47.3	4.0	-2.7

Table 19: Trends in feeding at discharge, 2009-2018

Notes: Percentages are subject to rounding. 1 Based on live births. 2 Based on maternities. 5 Excludes early neonatal deaths. 6 Any breastfeeding includes type of feeding recorded as either breast or combined.

Key findings in relation to breastfeeding at discharge from hospital are as follows:

- 60.4% of babies recorded any breastfeeding in 2018, compared to 55.9% in 2013 and 52.8% in 2009;
- 47.3% of babies were exclusively breastfed in 2018 compared to 46.6% in 2013 and 45.5% in 2009;
- Breastfeeding rates increased with mothers' age up to the 35- 39 year age group, after which the rate declined. Mothers in the 35-39 year age group reported the highest breastfeeding rate at 53.4%;
- Exclusive breastfeeding was more common:
 - for singleton births compared to multiple births (47.7% vs 28.1%);
 - among mothers in 'higher professional' (64.3%) and 'skilled manual workers' (60.6%) socioeconomic groups. Breastfeeding was least common among 'unemployed' mothers (27.8%).

Breastfeeding at First and 3 month Public Health Nurse (PHN) visits

The Health Service Executive's National Service Plan 2020 includes the following Key Performance Indicators (KPIs) in relation to breastfeeding. The following highlights the position as outlined in the quarterly performance report for December 2020 (activity YTD):^{65,66}

- % babies breastfed (exclusively & not exclusively) at first PHN Visit 56.7% (PC135, Target 64%)
- % babies breastfed exclusively at first PHN visit **39.1%** (PC143, Target 50%)
- % babies breastfed (exclusively & not exclusively) at 3 month PHN visit **29.0%** (PC136, Target 46%)
- % babies breastfed exclusively at 3 month PHN visit 31.0% (PC144, Target 32%)^{‡‡}

Quarterly performance reports are available.⁶⁷

^{‡‡} The denominator for KPI calculations is the total number of babies seen by PHN. * Refers to exclusive breastfeeding only

Appendix 1: Data sources

Information on infant feeding in Northern Ireland is currently available from the following sources:

1. Northern Ireland Maternity System (NIMATS)

The Northern Ireland Maternity System (NIMATS) is a hospital based system which collects data on a range of maternal and infant characteristics.

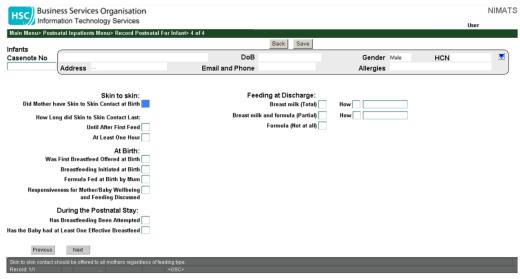
The Northern Ireland Maternity System (NIMATS) contains a range of demographic and clinical information on mothers and infants. It captures data relating to the current maternity process, but also contains details about the mother's past medical and obstetric history. It is a key source for data on birth numbers, interventions, maternal risk factors, birth weights, maternal smoking, BMI and breastfeeding at discharge. NIMATS is available in all five Trust areas and is now available through the data warehouse. As a result of ongoing work, recording of data on NIMATS has improved in recent years.

New NIMATS fields

In June 2016 a number of changes were implemented on NIMATS to expand the data collected in relation to infant feeding and inform practice. A new screen was added to the Infant exam and birth details section to capture information on skinto-skin contact and feeding at birth.

n Menu> Delivery Menu> Infant Exam & Birth Detail	s> 3 of 3		
enote No	Back Save		
	DoB	Gender	HCN 💆
ious Patient Address	Email and Phone	Allergies	
Infant Feeding			
Skin to skin:			
Did Mother have Skin to Skin Contact at Birth Y			
How Long did Skin to Skin Contact Last:			
Until After First Feed Y			
At Least One Hour Y			
At Birth:			
Was First Breastfeed Offered at Birth			
Breastfeeding Initiated at Birth			
Formula Fed at Birth by Mum N			
Responsiveness for Mother/Baby Wellbeing			
and Feeding Discussed			
Previous			
o skin contact should be offered to all mothers regardless	of feeding type.		

A new postnatal screen added to NIMATS records information on infant feeding during the postnatal stay and the feeding status at discharge. It also provides the opportunity to complete outstanding information from the infant exam and birth details fields.



2. Northern Ireland Child Health System

The Child Health System (CHS) is a patient centred community based operational system comprising seven modules: Module 1 – Child Register; Module 2 – Preschool Vaccination and Immunisation; Module 3 – Preschool Developmental Surveillance; Module 4 – School Health; Module 5 – Special Needs; Module 6 – New-born Hearing; and Module 7 - Influenza.

Historically, the Northern Ireland Child Health System recorded information on the status of infant feeding at discharge from hospital. However, in 2010 a new system was implemented to improve the reporting systems and provide a better picture of infant feeding. Information on infant feeding status is now collected at the following time points after birth; discharge from hospital, first visit by health visitor (10-14 days), 6 weeks, 3 months, 6 months and 12 months.

Northern Ireland Child Health System infant feeding definitions (1 November 2016):

Up to 6 months

- Total: Totally breastfed is defined as infants who have received breast milk only within the previous 24 hours (this may be expressed breast milk) that is, they have NOT received formula milk, any other liquids or food.
- Partial: Partially breastfed is defined as infants who have received any breast milk (this may be expressed breast milk) as well as formula milk or any other liquids or food within the previous 24 hours.
- Not at all: Not at all breastfed is defined as infants who have not received any breast milk within the previous 24 hours.

From 6 months

- Total: Totally breastfed is defined as infants who have received breast milk only (this may be expressed breast milk) as the milk element of a weaning diet within the previous 24 hours that is, they have NOT received formula milk.
- Partial: Partially breastfed is defined as infants who have received any breast milk (this may be expressed breast milk) as well as formula milk as the milk element of a weaning diet within the previous 24 hours.
- Not at all: Not at all breastfed is defined as infants who have not received any breast milk within the previous 24 hours.

Any BF or B/BC: babies who are receiving only breast milk and those who are receiving both breast milk and formula.

3. Neonatal Intensive Care Outcomes Research and Evaluation (NICORE)

NICORE has been routinely collecting data on neonatal units in Northern Ireland since 1994. The data is used to monitor a number of key quality markers and to ensure consistently high standards of care so that all babies admitted to a neonatal unit in Northern Ireland will benefit. Each neonatal unit (NNU) routinely provides a range of socio-demographic, obstetric, neonatal process and outcome data relating to individual episodes of care.

4. BadgerNet[™] neonatal system (BNNS)

In the BadgerNet[™] neonatal system (BNNS), discharge feeding data are available from two sources i.e. summary discharge data items 'DischargeMilk' and 'DischargeFeeding' and the more detailed daily data items which can be analysed for the day of discharge 'EnteralFeeds' and 'FeedingMethod'.

Appendix 2: Data tables

Year	Hospital		astfeeding at birth		feeding not at birth	Mis	sing	Total		
		Ν	%	N	%	Ν	%	To N 2,420 3,193 3,260 523 1,856 2 73 75 4,771 1,144 3,911 21,228 2,417 2,922 3,857 898 1,683 10 101 298 4,791 1,188 4,068 22,233	%	
	Altnagelvin	2,066	85.4	354	14.6	-	-	2,420	100.0	
	Antrim	2,539	79.5	654	20.5	-	-	3,193	100.0	
	Craigavon	2,231	68.4	1,029	31.6	-	-	3,260	100.0	
	Causeway	341	65.2	182	34.8	-	-	523	100.0	
	Daisyhill	1,217	65.6	639	34.4	-	-	1,856	100.0	
000	Downpatrick	2	100.0	-	0.0	-	-	2	100.0	
020	Lagan Valley	61	83.6	12	16.4	-	-	73	100.0	
	Mater	55	73.3	20	26.7	-	-	75	100.0	
	RJMS	3,238	67.9	1,533	32.1	-	-	4,771	100.0	
	SWAH	963	84.2	181	15.8	-	-	1,144	100.0	
	Ulster	2,954	75.5	956	24.4	1	0.0	N 2,420 3,193 3,260 523 1,856 2 73 75 4,771 1,144 3,911 21,228 2,417 2,922 3,857 898 1,683 10 101 298 4,791 1,188 4,068 22,233	100.0	
	Northern Ireland	15,667	73.8	5,560	26.2	1	0.0	21,228	100.0	
	Altnagelvin	2,103	87.0%	314	13.0%	-	-	2,417	100.0	
	Antrim	2,282	78.1%	640	21.9%	-	-	2,922	100.0	
	Craigavon	2,697	69.9%	1,160	30.1%	-	-	3,857	100.0	
	Causeway	608	67.7%	290	32.3%	-	-	898	100.0	
	Daisyhill	1,079	64.1%	604	35.9%	-	-	1,683	100.0	
040	Downpatrick	9	90.0%	1	10.0%	-	-	10	100.0	
019	Lagan Valley	83	82.2%	18	17.8%	-	-	101	100.0	
	Mater	234	78.5%	64	21.5%	-	-	298	100.0	
	RJMS	3,392	70.8%	1,399	29.2%	-	-	4,791	100.0	
	SWAH	938	79.0%	250	21.0%	-	-	1,188	100.0	
	Ulster	3,116	76.6%	952	23.4%	-	-	21,228 2,417 2,922 3,857 898 1,683 10 101 298 4,791 1,188 4,068	100.0	
	Northern Ireland	16,541	74.4	5,692	25.6	0	0.0	22,233	100.0	

Table A: Breastfeeding offered at birth by hospital, 2020 and 2019 NIMATS Experimental Data

	Breast			Formu	Formula fed at birth by mother					
Hospital	feeding	Ye	es	N	0	Miss	sing	То	tal	
•	initiated at birth	N	%	N	%	Ν	%	N	%	
	Y	-	-	1,386	57.3	-	-	1,386	100.0	
Altnagelvin	Ν	782	32.3	252	10.4	-	-	1,034	100.0	
-	Total	782	32.3	1,386 57.3 - - 3 252 10.4 - - 3 1,638 67.7 - - 1,868 58.5 - - - 1,868 58.5 - - - 2,231 69.9 - - - 2,231 69.9 - - - 2,231 69.9 - - - 2,231 69.9 - - - 2,231 67.3 - - - 2,231 67.3 - - - 1,831 56.2 - - - 2,243 68.8 - - - 2,412 12.6 - - - 1,023 55.1 - - - 1,213 65.4 - - - 2 100.0 - - - - 2 100.0 - - - - -<	-	2,420	100.0			
	Y	-	-	1,868	58.5	-	-	1,868	100.0	
Antrim	Ν	962	30.1	363	11.4	-	-	1,325	100.0	
	Total	962	30.1	2,231	69.9	-	-	3,193	100.0	
	Y	-	-	292	55.8	-	-	292	100.0	
Causeway	Ν	171	32.7	60	11.5	-	-	231	100.0	
	Total	171	32.7	352	67.3	-	-	523	100.0	
	Y	-	-	1,831	56.2	-	-	1,831	100.0	
Craigavon	Ν	1,017	31.2	412	12.6	-	-	1,429	100.0	
C C	Total	1,017	31.2	2,243	68.8	-	-	3,260	100.0	
	Y	-	-	1,023	55.1	-	-	1,023	100.0	
Daisyhill	Ν	643	34.6	190	10.2	-	-	833	100.0	
-	Total	643	34.6	1,213	65.4	-	-	1,856	100.0	
	Y	-	-		100.0	-	-	2	100.0	
Downpatrick	Ν	-	-	-	0.0	-	-	-	100.0	
	Total	-	0.0	2	100.0	-	-	2	100.0	
	Y	-	-	51	69.9	-	-	51	100.0	
Lagan Valley	N	14	19.2	8	11.0	-	-	22	100.0	
0 2	Total	14	19.2	59	80.8	-	-	73	100.0	
	Y	-	-	40	53.3	-	-	40	100.0	
Mater	Ν	28	37.3	7	9.3	-	-	35	100.0	
	Total	28	37.3	47	62.7	-	-	75	100.0	
	Y	-	-	2,413	50.6	-	-	2,413	100.0	
RJMS	Ν	1,548	32.4		17.0	-	-	2,358	100.0	
	Total	1,548	32.4	3,223	67.6	-	-	4,771	100.0	
	Y	-	0.0	753	65.8	-	-	753	100.0	
SWAH	Ν	239	20.9	152	13.3	-	-	391	100.0	
	Total	239	20.9	905	79.1	-	-	1,144	100.0	
	Y	-	-	2,462	63.0	-	-	2,462	100.0	
	Ν	966	24.7	482	12.3	-	-	1,448	100.0	
Ulster	Missing	-	-	-	0.0	1	0.0	1	100.0	
	Total	966	24.7	2,944	75.3	1	0.0	3,911	100.0	
	Y	-	-		57.1	-	-	12,121	100.0	
Northern	N	6,370	30.0	2,736	12.9	-	-	9,106	100.0	
Ireland	Missing	-	-	-	-	1	0.0	1	100.0	
	Total	6,370	30.0	14,857	70.0	1	0.0	21,228	100.0	

Table B: Infant feeding at birth by hospital, 2020 NIMATS Experimental data

Source: NIMATS; Live births, NI resident mothers Excludes infants who died in delivery suite, home births and infants born before arrival.

Year	Feeding	Skin-To-Skin (STS) contact	Yes		Total		
rear	at birth	Skin-To-Skin (STS) contact	Ν	%	Ν	%	
		STS	18,511	87.2	21,228	100	
	All birthe	STS at least 1 hour	15,192	71.6	21,228	100	
	 at birth All births Breastfed Formula fed Neither breastfed nor formula fed All births Breastfed 	STS until after first feed	14,491	68.3	21,228	100	
		STS at least 1 hour & until after first feed	13,962	65.8	21,228	100	
		STS	11,390	94.0	12,121	100	
	Broactfod	STS at least 1 hour	10,307	85.0	12,121	100	
	Diedslieu	STS until after first feed	10,045	82.9	12,121	100	
2020		STS at least 1 hour & until after first feed	9,810	80.9	12,121	100	
2020		STS	5,573	87.5	6,370	100	
	Formula	STS at least 1 hour	4,127	64.8	6,370	100	
	fed	STS until after first feed	3,818	59.9	6,370	100	
		STS at least 1 hour & until after first feed	3,585	56.3	6,370	100	
		STS	1,548	56.6	2,736	100	
		STS at least 1 hour	758	27.7	2,736	100	
		STS until after first feed	628	23.0	2,736	100	
		STS at least 1 hour & until after first feed	567	20.7	2,736	100	
		STS	18,863	84.8	22,233	100	
	All birtho	STS at least 1 hour	15,156	68.2	22,233	100	
	All Dirths	STS until after first feed	14,254	64.1	22,233	100	
		STS at least 1 hour & until after first feed	13,685	61.6	22,233	100	
		STS	11,510	92.6	12,435	100	
	Dragattad	STS at least 1 hour	10,368	83.4	12,435	100	
	Breastied	STS until after first feed	10,043	80.8	12,435	100	
2010		STS at least 1 hour & until after first feed	9,791	78.7	12,435	100	
2019		STS	5,534	85.2	6,492	100	
	Formula	STS at least 1 hour	3,943	60.7	6,492	100	
	fed	STS until after first feed	3,600	55.5	6,492	100	
		STS at least 1 hour & until after first feed	3,341	51.5	6,493	100	
	Neither	STS	1,819	55.0	3,305	100	
		STS at least 1 hour	845	25.6	3,305	100	
		STS until after first feed	611	18.5	3,305	100	
	fed	STS at least 1 hour & until after first feed	553	16.7	3,305	100	

Table C: Skin-To-Skin (STS) contact at birth by feeding type at birth, 2019 and 2020 NIMATSExperimental data

Source: NIMATS; Live births, NI resident mothers Excludes infants who died in delivery suite, home births and infants born before arrival.

Year	Hospital	Births	Skin-te	o-skin	Skin-to-skin for at least 1 hour		Skin-to-skin until after first feed		Skin-to-skin for at least 1 hour & skin-to-skin until after first feed	
		Ν	N	%	N	%	Ν	%	N	%
	Altnagelvin	2,420	2,153	89.0	1,727	71.4	1,677	69.3	1,521	62.9
	Antrim	3,193	2,703	84.7	2,297	71.9	2,148	67.3	2,104	65.9
	Causeway	523	499	95.4	446	85.3	413	79.0	403	77.1
	Craigavon	3,260	2,790	85.6	2,248	69.0	2,213	67.9	2,127	65.2
	Daisyhill	1,856	1,526	82.2	1,321	71.2	1,281	69.0	1,243	67.0
2020	Downpatrick	2	2	100.0	2	100.0	1	50.0	1	50.0
	Lagan Valley	73	70	95.9	65	89.0	60	82.2	60	82.2
	Mater	75	73	97.3	66	88.0	60	80.0	59	78.7
	RJMS	4,771	4,171	87.4	3,339	70.0	3,104	65.1	3,011	63.1
	SWAH	1,144	1,031	90.1	960	83.9	945	82.6	928	81.1
	Ulster	3,911	3,492	89.3	2,721	69.6	2,589	66.2	928 2,505	64.1
	All births	21,228	18,510	87.2	15,192	71.6	14,491	68.3	13,962	65.8
	Altnagelvin	2,417	2,063	85.4	1,592	65.9	1,533	63.4	1,371	56.7
	Antrim	2,922	2,345	80.3	1,960	67.1	1,857	63.6	1,797	61.5
	Causeway	898	853	95.0	778	86.6	727	81.0	719	80.1
	Craigavon	3,857	3,092	80.2	2,422	62.8	2,360	61.2	2,254	58.4
	Daisyhill	1,683	1,400	83.2	1,204	71.5	1,121	66.6	1,092	64.9
2019	Downpatrick	10	10	100.0	10	100.0	9	90.0	9	90.0
	Lagan Valley	101	100	99.0	88	87.1	84	83.2	80	79.2
	Mater	298	289	97.0	266	89.3	253	84.9	244	81.9
	RJMS	4,791	4,089	85.3	3,027	63.2	2,731	57.0	2,645	55.2
	SWAH	1,188	1,037	87.3	948	79.8	915	77.0	899	75.7
	Ulster	4,068	3,585	88.1	2,861	70.3	2,664	65.5	2,575	63.3
	All births	22,233	18,863	84.8	15,156	68.2	14,254	64.1	13,685	61.6

Table D: Skin-to-skin contact at birth by hospital, 2019 and 2020 NIMATS Experimental data

нѕст	Year	Y		Ν		Mis	sing	To 4,136 4,336 4,437 4,360 4,437 4,360 4,659 4,656 4,710 4,703 4,970 5,124 5,326 5,260 5,556 5,682 5,739 5,841 5,759 5,950 3,658 3,853 4,029 3,963 4,224 4,302 4,303 4,224 4,302 4,303 4,224 4,302 4,303 4,224 4,302 4,303 4,224 4,302 5,269 5,374 5,500 5,515 5,482 5,3611 3,671 3,674 3,671 3,886 <th colspan="2">Total</th>	Total	
	rear	Ν	%	Ν	%	Ν	%	N	%	
	2020	2,463	59.6	1,655	40.0	18	0.4	4,136	100.0	
	2019	2,570	59.3	1,749	40.3	17	0.4	4,336	100.0	
	2018	2,519	56.8	1,903	42.9	15	0.3	4,437	100.0	
	2017	2,384	54.7	1,965	45.1	11	0.3	4,360	100.0	
Belfast	2016	2,496	53.5	2,173	46.5	-	-	4,669	100.0	
	2015	2,485	53.4	2,171	46.6	-	-	4,656	100.0	
	2014	2,533	53.8	2,177	46.2	-	-	4,710	100.0	
	2013	2,454	52.2	2,249	47.8	-	-	4,703	100.0	
	2012	2,464	49.6	2,506	50.4	-	-	4,970	100.0	
	2020	3,232	63.1	1,870	36.5	22	0.4	5,124	100.0	
	2019	3,277	61.5	2,027	38.1	22	0.4	5,326	100.0	
	2018	3,186	60.6	2,052	39.0	22	0.4	5,260	100.0	
	2017	3,295	59.3	2,238	40.3	23	0.4		100.0	
Northern	2016	3,208	56.5	2,474	43.5	-	-		100.0	
	2015	3,118	54.3	2,621	45.7	-	-		100.0	
	2014	3,192	54.6	2,649	45.4	-	-		100.0	
	2013	3,161	54.9	2,598	45.1	-	-		100.0	
	2012	3,071	51.6	2,879	48.4	-	-		100.0	
	2020	2,369	64.8	1,266	34.6	23	0.6		100.0	
	2019	2,491	64.7	1,341	34.8	21	0.5		100.0	
	2018	2,584	64.1	1,419	35.2	26	0.6		100.0	
0	2017	2,441	61.6	1,494	37.7	28	0.7		100.0	
South	2016	2,531	59.9	1,693	40.1	-	-		100.0	
Eastern	2015	2,536	58.9	1,766	41.1	-	-		100.0	
	2014	2,470	57.4	1,833	42.6	-	-		100.0	
	2013	2,471	57.2	1,846	42.8	-	-		100.0	
	2012	2,539	56.9	1,927	43.1	-	-		100.0	
	2020	2,965	61.3	1,850	38.2	24	0.5		100.0	
	2019	3,145	60.9	2,002	38.8	15	0.3		100.0	
	2018	3,145	59.7	2,085	39.6	39	0.7		100.0	
	2017	3,234	60.2	2,122	39.5	18	0.3		100.0	
Southern	2016	3,247	59.0	2,253	41.0	-	-		100.0	
	2015	3,125	56.7	2,390	43.3	-	-		100.0	
	2014	3,197	58.3	2,285	41.7	_	-		100.0	
	2013	3,056	57.3	2,279	42.7	-	-		100.0	
	2012	3,168	55.5	2,536	44.5	_	-		100.0	
	2020	2,326	64.4	1,262	34.9	23	0.6		100.0	
	2019	2,400	65.3	1,249	34.0	25	0.7		100.0	
	2018	2,483	65.8	1,271	33.7	17	0.5		100.0	
	2017	2,523	64.7	1,355	34.8	20	0.5		100.0	
Western	2016	2,425	61.6	1,514	38.4	-	-		100.0	
incolorini	2015	2,487	62.3	1,502	37.7	-	-		100.0	
	2014	2,405	60.2	1,592	39.8	_	-		100.0	
	2013	2,321	59.7	1,565	40.3	-	-		100.0	
	2013	2,395	58.3	1,713	41.7	-	_		100.0	
	2012	13,355	62.5	7,903	37.0	110	0.5		100.0	
	2020	13,883	62.1	8,368	37.4	100	0.3	22,351	100.0	
	2019	13,917	61.1	8,730	38.3	119	0.4	22,351	100.0	
	2018	13,877	59.9	9,174	<u> </u>	100	0.5	23,151	100.0	
Northern	2017						0.4			
reland	2016	13,907	57.9	10,107	42.1	-	-	24,014 24,201	100.0	
		13,751	56.8	10,450	43.2	-	-		100.0	
	2014	13,797	56.7	10,536	43.3	-	-	24,333	100.0	
	2013	13,463	56.1	10,537	43.9	-	-	24,000	100.0	
	2012	13,637	54.1	11,561	45.9	-	-	25,198	100.0	

Table E: Breastfeeding attempted (%) by Health and Social Care Trust*, 2012-2020

Source: Northern Ireland Maternity System (NIMATS). Data includes live births to NI resident mothers; excludes home births and infants died in delivery suite. * Based on maternal residence.

Veer		Ye	es	N	0	Mis	sing	N 509 2,488 5,469 7,600 4,317 985 21,368 622 2,790 5,781 7,753 4,409 996 22,351 641 2,810 6,051 7,949 4,435 880 22,766 677 2,878 6,277 7,961 4,482	tal
Year	Age group	Ν	%	Ν	%	N	%	N	%
	Under 20	180	35.4	326	64.0	3	0.6	509	100.0
	20-24	1,135	45.6	1,343	54.0	10	0.4	2,488	100.0
	25-29	3,168	57.9	2,271	41.5	30	0.5		100.0
2020	30-34	5,115	67.3	2,452	32.3	33	0.4	7,600	100.0
	35-39	3,074	71.2	1,213	28.1	30	0.7	4,317	100.0
	40+	683	69.3	298	30.3	4	0.4	985	100.0
	Total	13,355	62.5	7,903	37.0	110	0.5	21,368	100.0
	Under 20	252	40.5	368	59.2	2	0.3	622	100.0
	20-24	1,315	47.1	1,458	52.3	17	0.6	2,790	100.0
	25-29	3,394	58.7	2,360	40.8	27	0.5	5,781	100.0
2019	30-34	5,150	66.4	2,574	33.2	29	0.4	7,753	100.0
	35-39	3,078	69.8	1,312	29.8	19	0.4	4,409	100.0
	40+	694	69.7	296	29.7	6	0.6	996	100.0
	Total	13,883	62.1	8,368	37.4	100	0.4	22,351	100.0
	Under 20	261	40.7	378	59.0	2	0.3	641	100.0
	20-24	1,257	44.7	1,540	54.8	13	0.5	2,810	100.0
	25-29	3,455	57.1	2,565	42.4	31	0.5	6,051	100.0
2018	30-34	5,279	66.4	2,619	32.9	51	0.6	7,949	100.0
	35-39	3,054	68.9	1,365	30.8	16	0.4	4,435	100.0
	40+	611	69.4	263	29.9	6	0.7	880	100.0
	Total	13,917	61.1	8,730	38.3	119	0.5	22,766	100.0
	Under 20	267	39.4	401	59.2	9	1.3	677	100.0
	20-24	1,253	43.5	1,613	56.0	12	0.4	2,878	100.0
	25-29	3,494	55.7	2,753	43.9	30	0.5	6,277	100.0
2017	30-34	5,212	65.5	2,720	34.2	29	0.4	7,961	100.0
	35-39	3,057	68.2	1,407	31.4	18	0.4	4,482	100.0
	40+	594	67.8	280	32.0	2	0.2	876	100.0
	Total	13,877	59.9	9,174	39.6	100	0.4	23,151	100.0
	Under 20	257	32.7	529	67.3	-	-	786	100.0
	20-24	1,318	42.5	1,783	57.5	-	-	3,101	100.0
	25-29	3,498	52.9	3,117	47.1	-	-	6,615	100.0
2016	30-34	5,284	64.5	2,914	35.5	-	-	8,198	100.0
	35-39	2,954	66.9	1,459	33.1	-	-	4,413	100.0
	40+	596	66.1	305	33.9	-	-	901	100.0
	Total	13,907	57.9	10,107	42.1	-	-	24,014	100.0
	Under 20	248	32.3	520	67.7	-	-	768	100.0
	20-24	1,383	40.6	2,020	59.4	-	-	3,403	100.0
	25-29	3,451	52.2	3,159	47.8	-	-	6,610	100.0
2015	30-34	5,133	63.9	2,903	36.1	-	-	8,036	100.0
	35-39	2,926	65.8	1,519	34.2	-	-	4,445	100.0
	40+	610	65.0	329	35.0	-	-	939	100.0
	Total	13,751	56.8	10,450	43.2	-	-	24,201	100.0

Table F: Breastfeeding attempted by maternal age, 2015-2020

Source: Northern Ireland Maternity System (NIMATS). Data includes live births to NI resident mothers, excludes home births and infants who died in the delivery suite.

	Deprivation quintile	Ye		N	· ·					
Voor		Breastf		Breastf		Mis	Missing To		otal	
Year	1 – Most deprived 20% 5 – Least deprived 20%	atten	npted	not atte	empted			N 4,748 4,564 4,315 4,142 3,599 21,368 4,972 4,775 4,535 4,408 3,661 22,351 5,054 4,892 4,659 4,447 3,714 22,766 5,081 5,099 4,745 4,514 3,712		
		N	%	N	%	Ν	%	Ν	%	
	1	2,312	48.7	2,412	50.8	24	0.5	4,748	100.0	
	2	2,765	60.6	1,778	39.0	21	0.5	4,564	100.0	
2020	3	2,713	62.9	1,579	36.6	23	0.5	4,315	100.0	
2020	4	2,815	68.0	1,301	31.4	26	0.6	4,142	100.0	
	5	2,750	76.4	833	23.1	16	0.4	3,599	100.0	
	Total	13,355	62.5	7,903	37.0	110	0.5	21,368	100.0	
	1	2,406	48.4	2,541	51.1	25	0.5	4,972	100.0	
	2	2,812	58.9	1,938	40.6	25	0.5	4,775	100.0	
2010	3	2,834	62.5	1,681	37.1	20	0.4	4,535	100.0	
2019	4	3,047	69.1	1,345	30.5	16	0.4	4,408	100.0	
	5	2,784	76.0	863	23.6	14	0.4	3,661	100.0	
	Total	13,883	62.1	8,368	37.4	100	0.4	22,351	100.0	
	1	2,366	46.8	2,668	52.8	20	0.4	5,054	100.0	
	2	2,877	58.8	1,985	40.6	30	0.6	4,892	100.0	
204.0	3	2,904	62.3	1,731	37.2	24	0.5	4,659	100.0	
2018	4	2,980	67.0	1,444	32.5	23	0.5	4,447	100.0	
	5	2,790	75.1	902	24.3	22	0.6	3,714	100.0	
	Total	13,917	61.1	8,730	38.3	119	0.5	22,766	100.0	
	1	2,331	45.9	2,731	53.7	19	0.4	5,081	100.0	
	2	2,969	58.2	2,101	41.2	29	0.6	5,099	100.0	
2017	3	2,865	60.4	1,858	39.2	22	0.5	4,745	100.0	
2017	4	2,961	65.6	1,533	34.0	20	0.4	4,514	100.0	
	5	2,751	74.1	951	25.6	10	0.3	3,712	100.0	
	Total	13,877	59.9	9,174	39.6	100	0.4	23,151	100.0	
	1	2,339	42.8	3,121	57.2	-	-	5,460	100.0	
	2	2,880	56.0	2,262	44.0	-	-	5,142	100.0	
2046	3	2,960	59.5	2,015	40.5	-	-	4,975	100.0	
2016	4	2,969	63.5	1,706	36.5	-	-	4,675	100.0	
	5	2,759	73.3	1,003	26.7	-	-	3,762	100.0	
	Total	13,907	57.9	10,107	42.1	-	-	24,014	100.0	
	1	2,342	42.7	3,146	57.3	-	-	5,488	100.0	
	2	2,859	55.6	2,285	44.4	-	-	5,144	100.0	
0045	3	2,887	57.4	2,146	42.6	-	-	5,033	100.0	
2015	4	2,934	62.2	1,786	37.8	-	-	4,720	100.0	
	5	2,729	71.5	1,087	28.5	-	-	3,816	100.0	
	Total	13,751	56.8	10,450	43.2	-	-	24,201	100.0	

Table G: Breastfeeding attempted by deprivation quintile (SOA), 2015-2020

Source: NIMATS: Live births to NI resident mothers; excludes home births and infants died in delivery suite. Note: Deprivation status as per Northern Ireland Multiple Deprivation Measure 2017 for Super Output Area (SOA).

Table H: Breastfeeding attempted (%) by maternal age and deprivation quintile (SOA), 2020

Maternal	Deprivation quintile (SOA)	V	es		No	Mic	sing	Tot	al
age group at	1 – Most deprived 20%	I	55	Г	NO	IVIIS	sing	100	ai
birth	5 – Least deprived 20%	Ν	%	Ν	%	N	%	N	%
	1	74	34.3	140	64.8	2	0.9	216	100.0
	2	39	34.8	73	65.2	-	0.0	112	100.0
00	3	27	33.8	52	65.0	1	1.3	80	100.0
<20 years	4	26	39.4	40	60.6	-	-	66	100.0
	5	14	40.0	21	60.0	-	-	35	100.0
	Total	180	35.4	326	64.0	3	0.6	509	100.0
	1	353	39.6	536	60.1	3	0.3	892	100.0
	2	281	47.5	309	52.3	1	0.2	591	100.0
20-24	3	226	50.8	216	48.5	3	0.7	445	100.0
years	4	184	48.8	192	50.9	1	0.3	377	100.0
	5	91	49.7	90	49.2	2	1.1	183	100.0
	Total	1,135	45.6	1,343	54.0	10	0.4	2,488	100.0
	1	627	46.4	716	53.0	7	0.5	1,350	100.0
	2	697	57.6	506	41.8	7	0.6	1,210	100.0
25-29	3	669	58.9	459	40.4	8	0.7	1,136	100.0
years	4	623	62.3	372	37.2	5	0.5	1,000	100.0
	5	552	71.4	218	28.2	3	0.4	773	100.0
	Total	3,168	57.9	2,271	41.5	30	0.5	5,469	100.0
	1	719	51.7	666	47.8	7	0.5	1,392	100.0
	2	989	64.1	549	35.6	5	0.3	1,543	100.0
30-34	3	1,039	66.3	525	33.5	4	0.3	1,568	100.0
years	4	1,182	72.9	431	26.6	8	0.5	1,621	100.0
	5	1,186	80.4	281	19.0	9	0.6	1,476	100.0
	Total	5,115	67.3	2,452	32.2	33	0.4	7,600	100.0
	1	427	59.4	287	39.9	5	0.7	719	100.0
	2	642	70.1	267	29.1	7	0.8	916	100.0
35-39	3	629	70.4	260	29.1	5	0.6	894	100.0
years	4	639	73.4	220	25.3	11	1.3	870	100.0
	5	737	80.3	179	19.5	2	0.2	918	100.0
	Total	3,074	71.2	1,213	28.1	30	0.7	4,317	100.0
	1	112	62.6	67	37.4	-	-	179	100.0
	2	117	60.9	74	38.5	1	0.5	192	100.0
10	3	123	64.1	67	34.9	2	1.0	192	100.0
40+ years	4	161	77.4	46	22.1	1	0.5	208	100.0
	5	170	79.4	44	20.6	-	-	214	100.0
	Total	683	69.3	298	30.3	4	0.4	985	100.0
Northern In	reland	13,355	62.5	7,903	37.0	110	0.5	21,368	100.0

Source: NIMATS: Live births to NI resident mothers; excludes home births and infants died in delivery suite. Note: Deprivation status as per Northern Ireland Multiple Deprivation Measure 2017 for Super Output Area (SOA).

		Bre	astfeedi	ng attempt	ted	Mie	sing	То	Total	
Place of birth	Year	Ye	S	N	0		sing		lai	
		N	%	Ν	%	N	%	N	%	
	2020	1,505	61.9	914	37.6	13	0.5	2,432	100.0	
	2019	1,534	63.1	880	36.2	16	0.7	2,430	100.0	
	2018	1,588	64.2	873	35.3	13	0.5	2,474	100.0	
Altnagelvin	2017	1,592	61.5	985	38.0	12	0.5	2,589	100.0	
	2016	1,522	58.9	1,061	41.1	-	-	2,583	100.0	
	2015	1,618	59.9	1,084	40.1	-	-	2,702	100.0	
	2014	1,576	58.7	1,107	41.3	-	-	2,683	100.0	
	2020	2,031	63.2	1,169	36.4	12	0.4	3,212	100.0	
	2019	1,796	61.3	1,120	38.2	13	0.4	2,929	100.0	
	2018	1,701	59.8	1,129	39.7	14	0.5	2,844	100.0	
Antrim	2017	1,723	58.8	1,190	40.6	17	0.6	2,930	100.0	
	2016	1,672	55.9	1,320	44.1	-	-	2,992	100.0	
	2015	1,541	52.3	1,406	47.7	-	-	2,947	100.0	
	2014	1,491	52.8	1,335	47.2	-	-	2,826	100.0	
	2020	2,016	61.5	1,240	37.8	23	0.7	3,279	100.0	
	2019	2,400	61.8	1,468	37.8	14	0.4	3,882	100.0	
	2018	2,439	61.5	1,505	37.9	24	0.6	3,968	100.0	
Craigavon	2017	2,450	60.7	1,574	39.0	13	0.3	4,037	100.0	
	2016	2,501	60.2	1,651	39.8	-	-	4,152	100.0	
	2015	2,356	57.9	1,716	42.1	-	-	4,072	100.0	
	2014	2,377	59.3	1,632	40.7	-	-	4,009	100.0	
	2020	326	61.9	200	38.0	1	0.2	527	100.0	
	2019	544	60.4	352	39.1	4	0.4	900	100.0	
	2018	552	61.5	342	38.1	3	0.3	897	100.0	
Causeway	2017	559	58.4	395	41.3	3	0.3	957	100.0	
	2016	562	55.5	451	44.5	-	-	1,013	100.0	
	2015	569	52.2	520	47.8	-	-	1,089	100.0	
	2014	626	52.4	569	47.6	-	-	1,195	100.0	
	2020	1,140	61.2	716	38.4	8	0.4	1,864	100.0	
	2019	993	58.8	689	40.8	6	0.4	1,688	100.0	
	2018	939	57.4	688	42.1	9	0.6	1,636	100.0	
Daisyhill	2017	1,053	59.7	705	40.0	6	0.3	1,764	100.0	
	2016	1,007	56.8	765	43.2	-	-	1,772	100.0	
	2015	988	55.2	802	44.8	-	-	1,790	100.0	
	2014	997	54.8	822	45.2	-	-	1,819	100.0	
	2020	2	100.0		0.0	-	-	2	100.0	
	2019	8	80.0	1	10.0	1	10.0	10	100.0	
	2018	22	71.0	5	16.1	4	12.9	31	100.0	
Downpatrick	2017	25	59.5	10	23.8	7	16.7	42	100.0	
	2016	29	61.7	18	38.3	-	-	47	100.0	
	2015	43	52.4	39	47.6	-	-	82	100.0	
	2014	32	61.5	20	38.5	-	-	52	100.0	

Table I: Breastfeeding attempted by place of birth, 2014-2020

Source: NIMATS: Live births to NI resident mothers; excludes home births and infants died in delivery suite.

		Brea	astfeedi	ng attemp	ted			_	
Place of birth	Year	Yes		N		Miss	sing	То	tal
		N	%	N	%	Ν	%	N	%
	2020	51	68.9	17	23.0	6	8.1	74	100.0
	2019	66	65.3	31	30.7	4	4.0	101	100.0
	2018	54	63.5	22	25.9	9	10.6	85	100.0
Lagan Valley	2017	75	71.4	24	22.9	6	5.7	105	100.0
0 ,	2016	112	64.0	63	36.0	-	-	175	100.0
	2015	116	58.9	81	41.1	-	-	197	100.0
	2014	100	56.5	77	43.5	-	-	177	100.0
	2020	45	60.0	30	40.0	-	-	75	100.0
	2019	196	65.8	101	33.9	1	0.3	298	100.0
	2018	206	68.0	95	31.4	2	0.7	303	100.0
Mater	2017	160	60.4	105	39.6	-	-	265	100.0
	2016	135	55.6	108	44.4	-	-	243	100.0
	2015	95	50.5	93	49.5	-	-	188	100.0
	2014	101	51.0	97	49.0	-	-	198	100.0
	2020	2,706	56.3	2,085	43.3	19	0.4	4,810	100.0
	2019	2,676	55.4	2,134	44.2	16	0.3	4,826	100.0
	2018	2,724	53.2	2,388	46.6	12	0.2	5,124	100.0
RJMS	2017	2,653	51.5	2,493	48.4	2	0.0	5,148	100.0
	2016	2,871	50.9	2,770	49.1	-	-	5,641	100.0
	2015	2,884	50.4	2,839	49.6	-	-	5,723	100.0
	2014	3,129	52.0	2,887	48.0	-	-	6,016	100.0
	2020	828	71.8	318	27.6	7	0.6	1,153	100.0
	2019	860	72.0	326	27.3	8	0.7	1,194	100.0
	2018	877	70.6	359	28.9	6	0.5	1,242	100.0
SWAH	2017	921	73.7	322	25.8	6	0.5	1,249	100.0
	2016	844	66.6	423	33.4	-	-	1,267	100.0
	2015	851	69.8	369	30.2	-	-	1,220	100.0
	2014	781	63.4	450	36.6	-	-	1,231	100.0
	2020	2,705	68.7	1,214	30.8	21	0.5	3,940	100.0
	2019	2,810	68.7	1,266	30.9	17	0.4	4,093	100.0
	2018	2,815	67.6	1,324	31.8	23	0.6	4,162	100.0
Ulster	2017	2,666	65.6	1,371	33.7	28	0.7	4,065	100.0
	2016	2,652	64.2	1,477	35.8	-	-	4,129	100.0
	2015	2,690	64.2	1,501	35.8	-	-	4,191	100.0
	2014	2,587	62.7	1,540	37.3	-	-	4,127	100.0
	2020	13,355	62.5	7,903	37.0	110	0.5	21,368	100.0
	2019	13,883	62.1	8,368	37.4	100	0.4	22,351	100.0
Newthern	2018	13,917	61.1	8,730	38.3	119	0.5	22,766	100.0
Northern Ireland	2017	13,877	59.9	9,174	39.6	100	0.4	23,151	100.0
	2016	13,907	57.9	10,107	42.1	-	-	24,014	100.0
	2015	13,751	56.8	10,450	43.2	-	-	24,201	100.0
	2014	13,797	56.7	10,536	43.3	-	-	24,333	100.0
Source: NIMATS: Live bi				and the second to	for the other states				

Table I (continued): Breastfeeding attempted by place of birth, 2014-2020

Source: NIMATS: Live births to NI resident mothers; excludes home births and infants died in delivery suite.

Total Effective breastfeed during postnatal stay Base n = 13,273 infants Site Yes No attempted breastfeeding Ν % Ν % Ν % 1,263 Altnagelvin 84.3 235 15.7 1,498 100.0 1,779 240 100.0 Antrim 88.1 11.9 2,019 292 323 100.0 Causeway 90.4 31 9.6 Craigavon 1,715 85.6 289 14.4 2,004 100.0 984 150 13.2 1,134 100.0 Daisyhill 86.8 **Downpatrick** 50.0 1 50.0 2 100.0 1 2 Lagan Valley 48 96.0 4.0 50 100.0 Mater 38 84.4 7 45 100.0 15.6 **RJMS** 2,338 87.0 350 13.0 2,688 100.0 **SWAH** 735 89.5 86 10.5 821 100.0 Ulster 2,406 89.5 283 10.5 100.0 2,689 **Total attempted** 11,599 87.4 1,674 12.6 13,273 100.0 breastfeeding

Table J: At least one effective breastfeed during postnatal stay by hospital, 2020 NIMATS experimental data

Source: NIMATS experimental data; Live births to NI residents; excludes infants who died in delivery suite, home births and babies born before arrival at hospital.

Table K: Breastfeeding at discharge by feeding method, 2020 NIMATS experimental data

	Method of feeding at discharge									
Milk type at discharge	Breast		Expressed		Both breast and expressed		Total			
	Ν	%	Ν	%	Ν	%	Ν	%		
Totally breastfeeding	7,226	92.2	129	1.6	483	6.2	7,838	100.0		
Breast and formula feeding	1,209	42.6	318	11.2	1,313	46.2	2,840	100.0		
Any breastmilk	8,435	79.0	447	4.2	1,796	16.8	10,678	100.0		

Source: NIMATS experimental data; Live births to NI residents; excludes home births, babies born before arrival at hospital, infants who died in delivery suite, neonatal unit or postnatal ward.

Table L: Supplementation by hospital, 2020 NIMATS Experimental data

Hospital	Supplementation of breastfed infants during post-natal stay	Total (Base = 7,838 infants totally breastfed at discharge)
-	%	Ν
Altnagelvin	16.6	718
Antrim	12.5	1165
Causeway	10.3	214
Craigavon	14.4	1,189
Daisyhill	14.9	712
Downpatrick	0.0	1
Lagan Valley	4.3	46
Mater	3.3	30
RJMS	16.5	1,573
SWAH	15.9	447
Ulster	11.6	1,743
Total	14.0	7,838

Source: NIMATS experimental data; Live births to NI residents; excludes home births, babies born before arrival at hospital, infants who died in delivery suite, neonatal unit or postnatal ward.

Feeding type at discharge	Site Altnagelvin			•	nise Enough		xpression		At Home		Fotal
		N	% mothers	N	% mothers	N	% mothers	N	% mothers	Ν	% mothers
	Altnagelvin	694	97.5	700	98.3	696	97.8	697	97.9	712	100.0
	Antrim	1,142	98.7	1,146	99.0	1,140	98.5	1,147	99.1	1,157	100.0
	Craigavon	1,174	98.9	1,177	99.2	1,174	98.9	1,175	99.0	1,187	100.0
	Causeway	213	99.5	214	100.0	214	100.0	214	100.0	214	100.0
	Daisyhill	690	97.0	694	97.6	678	95.4	673	94.7	711	100.0
Totally	Downpatrick	1	100.0	1	100.0	1	100.0	1	100.0	1	100.0
breastfed	Lagan Valley	46	100.0	46	100.0	44	95.7	46	100.0	46	100.0
	Mater	30	100.0	30	100.0	30	100.0	30	100.0	30	100.0
	RJMS	1,524	97.9	1,534	98.5	1,530	98.3	1,530	98.3	1,557	100.0
	SWAH	443	99.1	445	99.6	442	98.9	444	99.3	447	100.0
	Ulster	1,705	98.2	1,711	98.6	1,704	98.2	1,711	98.6	1,736	100.0
	Total	7,662	98.3	7,698	98.7	7,653	98.1	7,668	98.3	7,798	100.0
	Altnagelvin	240	94.9	245	96.8	246	97.2	247	97.6	253	100.0
	Antrim	428	96.8	436	98.6	433	98.0	435	98.4	442	100.0
	Craigavon	469	94.7	487	98.4	484	97.8	484	97.8	495	100.0
	Causeway	33	94.3	33	94.3	33	94.3	34	97.1	35	100.0
	Daisyhill	200	94.3	204	96.2	202	95.3	201	94.8	212	100.0
Partially	Downpatrick	-	-	-	-	-	-	-	-	-	-
breastfed	Lagan Valley	-	-	-	-	-	-	-	-	-	-
	Mater	9	100.0	9	100.0	9	100.0	9	100.0	9	100.0
	RJMS	653	92.9	678	96.4	684	97.3	674	95.9	703	100.0
	SWAH	136	94.4	141	97.9	139	96.5	141	97.9	144	100.0
	Ulster	449	96.1	458	98.1	456	97.6	458	98.1	467	100.0
	Total	2,617	94.8	2,691	97.5	2,686	97.3	2,683	97.2	2,760	100.0
	Altnagelvin	934	96.8	945	97.9	942	97.6	944	97.8	965	100.0
	Antrim	1,570	98.2	1,582	98.9	1,573	98.4	1,582	98.9	1,599	100.0
	Craigavon	1,643	97.7	1,664	98.9	1,658	98.6	1,659	98.6	1,682	100.0
	Causeway	246	98.8	247	99.2	247	99.2	248	99.6	249	100.0
	Daisyhill	890	96.4	898	97.3	880	95.3	874	94.7	923	100.0
Any	Downpatrick	1	100.0	1	100.0	1	100.0	1	100.0	1	100.0
breastfeeding	Lagan Valley	46	100.0	46	100.0	44	95.7	46	100.0	46	100.0
	Mater	39	100.0	39	100.0	39	100.0	39	100.0	39	100.0
	RJMS	2,177	96.3	2,212	97.9	2,214	98.0	2,204	97.5	2,260	100.0
	SWAH	579	98.0	586	99.2	581	98.3	585	99.0	591	100.0
	Ulster	2,154	97.8	2,169	98.5	2,160	98.0	2,169	98.5	2,203	100.0
	Total	10,279	97.4	10,389	98.4	10,339	97.9	10,351	98.0	10,558	100.0

 Table M: Breastfeeding support at discharge with hospital range, 2020 NIMATS experimental data

Feeding type at	Site	Ste	rilise	Make	Up Feed	Discu	ss Milk	Т	otal
discharge	Site	Ν	% mothers						
	Altnagelvin	1,363	98.3	1,364	98.3	1,360	98.1	1,387	100.0
	Antrim	1,490	97.4	1,492	97.6	1,481	96.9	1,529	100.0
	Craigavon	1,495	98.9	1,497	99.1	1,495	98.9	1,511	100.0
	Causeway	269	98.5	269	98.5	270	98.9	273	100.0
	Daisyhill	890	97.7	890	97.7	895	98.2	911	100.0
	Downpatrick	1	100.0	1	100.0	1	100.0	1	100.0
Formula fed	Lagan Valley	21	100.0	21	100.0	21	100.0	21	100.0
	Mater	36	100.0	36	100.0	36	100.0	36	100.0
	RJMS	2,327	97.4	2,324	97.3	2,329	97.5	2,389	100.0
	SWAH	531	98.9	531	98.9	532	99.1	537	100.0
	Ulster	1,609	98.4	1,610	98.5	1,611	98.5	1,635	100.0
	Total	10,032	98.1	10,035	98.1	10,031	98.1	10,230	100.0

Table N: Formula feeding support at discharge with hospital range, 2020 NIMATS experimental data

Source: NIMATS experimental data; Live births to NI residents; excludes home births, babies born before arrival at hospital, infants who died in delivery suite, neonatal unit or postnatal ward.

Table O: Breastfeeding at discharge by Health and Social Care Trust, 2019p

			Number	of births					Rate	(%)		
HSCT / LCG	Total BF	Partial BF	Any BF	Not at all	Unknown / blank	All	Total BF	Partial BF	Any BF	Not at all	Unknown / blank	All
Belfast	1,631	526	2,157	2,120	63	4,340	37.6	12.1	49.7	48.8	1.5	100.0
Northern	2,038	612	2,650	2,631	83	5,364	38.0	11.4	49.4	49.0	1.5	100.0
South Eastern	1,599	410	2,009	1,806	64	3,879	41.2	10.6	51.8	46.6	1.6	100.0
Southern	1,983	646	2,629	2,464	99	5,192	38.2	12.4	50.6	47.5	1.9	100.0
Western	1,111	460	1,571	1,988	54	3,613	30.8	12.7	43.5	55.0	1.5	100.0
Unknown	85	21	106	92	5	203	41.9	10.3	52.2	45.3	2.5	100.0
Total	8,447	2,675	11,101	11,101	368	22,591	37.4	11.9	49.2	49.2	1.6	100.0

			Number	of births					Rate	∋ (%)		
Birthplace	Total BF	Partial BF	Any BF	Not at all	Unknown / blank	All	Total BF	Partial BF	Any BF	Not at all	Unknown/ blank	All
Altnagelvin	675	279	954	1,410	35	2,399	28.1	11.6	39.8	58.8	1.5	100.0
Antrim	1,057	374	1,431	1,469	35	2,935	36.0	12.7	48.8	50.1	1.2	100.0
Causeway	403	46	449	441	9	899	44.8	5.1	49.9	49.1	1.0	100.0
Craigavon	1,510	465	1,975	1,846	69	3,890	38.8	12.0	50.8	47.5	1.8	100.0
Daisyhill	634	207	841	825	28	1,694	37.4	12.2	49.6	48.7	1.7	100.0
Downpatrick	9	-	9	1	3	13	69.2	-	69.2	7.7	23.1	100.0
Lagan Valley	48	6	54	45	2	101	47.5	5.9	53.5	44.6	2.0	100.0
Mater	157	19	176	117	2	295	53.2	6.4	59.7	39.7	0.7	100.0
RJMS	1,601	645	2,246	2,496	102	4,844	33.1	13.3	46.4	51.5	2.1	100.0
SWAH	429	170	599	564	11	1,174	36.5	14.5	51.0	48.0	0.9	100.0
Ulster	1,836	440	2,276	1,789	45	4,110	44.7	10.7	55.4	43.5	1.1	100.0
All locations*	8,359	2,651	11,010	11,003	341	22,354	37.4	11.9	49.3	49.2	1.5	100.0

Table P: Breastfeeding at discharge by hospital, 2019p

Table Q: Breastfeeding at discharge by maternal age, 2019p

			Number	of births			Rate (%)							
Age group	Total BF	Partial BF	Any BF	Not at all	Unknown / blank	All	Total BF	Partial BF	Any BF	Not at all	Unknown / blank	All		
Under 20	117	44	161	456	13	630	18.6	7.0	25.6	72.4	2.1	100.0		
20-24	657	250	907	1,853	37	2,797	23.5	8.9	32.4	66.2	1.3	100.0		
25-29	1,920	673	2,593	3,113	89	5,795	33.1	11.6	44.7	53.7	1.5	100.0		
30-34	3,276	950	4,226	3,423	127	7,776	42.1	12.2	54.3	44.0	1.6	100.0		
35-39	1,962	592	2,554	1,764	77	4,395	44.6	13.5	58.1	40.1	1.8	100.0		
40+	430	144	574	397	18	989	43.5	14.6	58.0	40.1	1.8	100.0		
Unknown	0	1	1	3	2	6	0.0	16.7	16.7	50.0	33.3	100.0		
Total	8,362	2,654	11,016	11,009	363	22,388	37.4	11.9	49.2	49.2	1.6	100.0		

Deprivation			Number	of births					Rate	e (%)		
quintile	Total BF	Partial BF	Any BF	Not at all	Unknown / blank	All	Total BF	Partial BF	Any BF	Not at all	Unknown / blank	All
1 - Most deprived	1,207	517	1,724	3,108	87	4,919	24.5	10.5	35.0	63.2	1.8	100.0
2	1,626	559	2,185	2,501	87	4,773	34.1	11.7	45.8	52.4	1.8	100.0
3	1,681	514	2,195	2,298	70	4,563	36.8	11.3	48.1	50.4	1.5	100.0
4	1,920	563	2,483	1,889	69	4,441	43.2	12.7	55.9	42.5	1.6	100.0
5 - Least deprived	1,928	501	2,429	1,213	50	3,692	52.2	13.6	65.8	32.9	1.4	100.0
Total	8,362	2,654	11,016	11,009	363	22,388	37.4	11.9	49.2	49.2	1.6	100.0
Source: Northern Ireland Ch	nild Health Svster	m: Live births to	NI resident mot	hers.			-		•			
Deprivation status as per No					tput Area (SOA).							

Table R: Breastfeeding at discharge by deprivation quintile (SOA), 2019p

Table S: Prevalence of breastfeeding (%) up to 12 months for infants born in 2018

			Number	of births					Rate	e (%)		
Stage	Total BF	Partial BF	Any BF	Not at all	Unknown / blank	All	Total BF	Partial BF	Any BF	Not at all	Unknown / blank	All
Discharge	8,406	2,604	11,010	11,411	370	22,791	36.9	11.4	48.3	50.1	1.6	100.0
Primary visit	6,651	2,030	8,681	11,968	2,142	22,791	29.2	8.9	38.1	52.5	9.4	100.0
6 weeks	5,504	1,776	7,280	13,581	1,930	22,791	24.1	7.8	31.9	59.6	8.5	100.0
3 months	4,746	1,362	6,108	14,028	2,655	22,791	20.8	6.0	26.8	61.6	11.6	100.0
6 months	3,465	899	4,364	13,184	5,243	22,791	15.2	3.9	19.1	57.8	23.0	100.0
12 months	1,910	698	2,608	13,948	6,235	22,791	8.4	3.1	11.4	61.2	27.4	100.0
Source: Child Healt	h System; Live bi	irths to NI reside	nt mothers; Adv	vise caution: feed	ing status not fully	recorded						

				Number	of births					Rate	e (%)		
Year	Stage	Total BF	Partial BF	Any BF	Not at all	Unknown/ Blank	All	Total BF	Partial BF	Any BF	Not at all	Unknown/ Blank	All
	Discharge	8,406	2,604	11,010	11,411	370	22,791	36.9	11.4	48.3	50.1	1.6	100.0
	Primary	6,651	2,030	8,681	11,968	2,142	22,791	29.2	8.9	38.1	52.5	9.4	100.0
2018	6 weeks	5,504	1,776	7,280	13,581	1,930	22,791	24.1	7.8	31.9	59.6	8.5	100.0
2010	3 months	4,746	1,362	6,108	14,028	2,655	22,791	20.8	6.0	26.8	61.6	11.6	100.0
	6 months	3,465	899	4,364	13,184	5,243	22,791	15.2	3.9	19.1	57.8	23.0	100.0
	12 months	1,910	698	2,608	13,948	6,235	22,791	8.4	3.1	11.4	61.2	27.4	100.0
	Discharge	8,381	2,518	10,899	11,964	313	23,176	36.2	10.9	47.0	51.6	1.4	100.0
	Primary	6,518	2,068	8,586	12,878	1,712	23,176	28.1	8.9	37.0	55.6	7.4	100.0
2017	6 weeks	5,145	1,763	6,908	14,459	1,809	23,176	22.2	7.6	29.8	62.4	7.8	100.0
2017	3 months	4,370	1,240	5,610	15,072	2,494	23,176	18.9	5.4	24.2	65	10.8	100.0
	6 months	3,132	836	3,968	13,779	5,429	23,176	13.5	3.6	17.1	59.5	23.4	100.0
	12 months	1,734	701	2,435	14,925	5,816	23,176	7.5	3	10.5	64.4	25.1	100.0
	Discharge	8,801	2,310	11,111	12,659	323	24,093	36.5	9.6	46.1	52.5	1.3	100.0
	Primary	6,586	2,078	8,664	13,323	2,106	24,093	27.3	8.6	36.0	55.3	8.7	100.0
2016	6 weeks	5,216	1,755	6,971	14,981	2,141	24,093	21.6	7.3	28.9	62.2	8.9	100.0
2010	3 months	4,345	1,245	5,590	15,668	2,835	24,093	18	5.2	23.2	65	11.8	100.0
	6 months	2,827	882	3,709	13,939	6,445	24,093	11.7	3.7	15.4	57.9	26.8	100.0
	12 months	1,440	725	2,165	15,083	6,845	24,093	6	3	9.0	62.6	28.4	100.0
	Discharge	9,160	1,811	10,971	13,014	328	24,313	37.7	7.4	45.1	53.5	1.3	100.0
	Primary	6,543	2,044	8,587	13,541	2,185	24,313	26.9	8.4	35.3	55.7	9	100.0
2015	6 weeks	5,048	1,759	6,807	14,975	2,531	24,313	20.8	7.2	28	61.6	10.4	100.0
2015	3 months	4,097	1,215	5,312	15,524	3,477	24,313	16.9	5	21.8	63.9	14.3	100.0
	6 months	2,455	962	3,417	13,136	7,760	24,313	10.1	4	14.1	54	31.9	100.0
	12 months	1,180	778	1,958	15,558	6,797	24,313	4.9	3.2	8.1	64	28	100.0
	Discharge	9,338	1,820	11,158	12,931	363	24,452	38.2	7.4	45.6	52.9	1.5	100.0
	Primary	6,691	1,881	8,572	13,522	2,358	24,452	27.4	7.7	35.1	55.3	9.6	100.0
2014	6 weeks	5,010	1,728	6,738	15,164	2,550	24,452	20.5	7.1	27.6	62	10.4	100.0
2014	3 months	3,907	1,308	5,215	15,316	3,921	24,452	16	5.3	21.3	62.6	16	100.0
	6 months	2,060	999	3,059	12,672	8,721	24,452	8.4	4.1	12.5	51.8	35.7	100.0
	12 months	798	801	1,599	14,875	7,978	24,452	3.3	3.3	6.5	60.8	32.6	100.0

Table T: Prevalence of breastfeeding (%) up to 12 months for infants born 2014 to 2018

Table U: Prevalence of breastfeeding (%) by Health and Social Care Trust / LocalCommissioning Group, 2018

HSCT				Number o	f births (N))				Rate	e (%)		
/ LCG	Stage	Total BF	Partial BF	Any BF	Not at all	Blank	All	Total BF	Partial BF	Any BF	Not at all	Blank	All
	Discharge	1,577	559	2,136	2,223	83	4,442	35.5	12.6	48.1	50.0	1.9	100.0
	Primary visit	1,211	377	1,588	2,073	781	4,442	27.3	8.5	35.7	46.7	17.6	100.0
сŢ	6 weeks	1,157	353	1,510	2,495	437	4,442	26.0	7.9	34.0	56.2	9.8	100.0
BHSCT	3 months	986	297	1,283	2,228	931	4,442	22.2	6.7	28.9	50.2	21.0	100.0
	6 months	793	215	1,008	2,009	1,425	4,442	17.9	4.8	22.7	45.2	32.1	100.0
	12 months	458	164	622	1,939	1,881	4,442	10.3	3.7	14.0	43.7	42.3	100.0
	Discharge	1,987	560	2,547	2,673	80	5,300	37.5	10.6	48.1	50.4	1.5	100.0
	Primary visit	1,624	525	2,149	2,963	188	5,300	30.6	9.9	40.5	55.9	3.5	100.0
СT	6 weeks	1,332	398	1,730	3,463	107	5,300	25.1	7.5	32.6	65.3	2.0	100.0
NHSCT	3 months	1,171	315	1,486	3,685	129	5,300	22.1	5.9	28.0	69.5	2.4	100.0
	6 months	963	251	1,214	3,862	224	5,300	18.2	4.7	22.9	72.9	4.2	100.0
	12 months	574	183	757	4,063	480	5,300	10.8	3.5	14.3	76.7	9.1	100.0
	Discharge	1,650	454	2,104	1,873	73	4,050	40.7	11.2	52.0	46.2	1.8	100.0
	Primary visit	1,276	361	1,637	1,912	501	4,050	31.5	8.9	40.4	47.2	12.4	100.0
SCT	6 weeks	1,074	346	1,420	2,457	173	4,050	26.5	8.5	35.1	60.7	4.3	100.0
SEHSCT	3 months	933	246	1,179	2,669	202	4,050	23.0	6.1	29.1	65.9	5.0	100.0
•	6 months	572	111	683	1,971	1,396	4,050	14.1	2.7	16.9	48.7	34.5	100.0
	12 months	393	154	547	2,763	740	4,050	9.7	3.8	13.5	68.2	18.3	100.0
	Discharge	2,037	581	2,618	2,583	98	5,299	38.4	11.0	49.4	48.7	1.8	100.0
	Primary visit	1,680	489	2,169	2,932	198	5,299	31.7	9.2	40.9	55.3	3.7	100.0
ŝĊŢ	6 weeks	1,260	426	1,686	2,581	1,032	5,299	23.8	8.0	31.8	48.7	19.5	100.0
SHSCT	3 months	1,065	320	1,385	2,743	1,171	5,299	20.1	6.0	26.1	51.8	22.1	100.0
	6 months	650	198	848	2,605	1,846	5,299	12.3	3.7	16.0	49.2	34.8	100.0
	12 months	233	109	342	2,241	2,716	5,299	4.4	2.1	6.5	42.3	51.3	100.0
	Discharge	1,155	450	1,605	2,059	36	3,700	31.2	12.2	43.4	55.6	1.0	100.0
	Primary visit	860	278	1,138	2,088	474	3,700	23.2	7.5	30.8	56.4	12.8	100.0
SCT	6 weeks	681	253	934	2,585	181	3,700	18.4	6.8	25.2	69.9	4.9	100.0
WHSCT	3 months	591	184	775	2,703	222	3,700	16.0	5.0	20.9	73.1	6.0	100.0
	6 months	487	124	611	2,737	352	3,700	13.2	3.4	16.5	74.0	9.5	100.0
	12 months	252	88	340	2,942	418	3,700	6.8	2.4	9.2	79.5	11.3	100.0
<i>(</i> 0	Discharge	8,406	2,604	11,010	11,411	370	22,791	36.9	11.4	48.3	50.1	1.6	100.0
lents	Primary visit	6,651	2,030	8,681	11,968	2,142	22,791	29.2	8.9	38.1	52.5	9.4	100.0
esid	6 weeks	5,504	1,776	7,280	13,581	1,930	22,791	24.1	7.8	31.9	59.6	8.5	100.0
Total NI Residents	3 months	4,746	1,362	6,108	14,028	2,655	22,791	20.8	6.0	26.8	61.6	11.6	100.0
otal	6 months	3,465	899	4,364	13,184	5,243	22,791	15.2	3.9	19.1	57.8	23.0	100.0
F	12 months	1,910	698	2,608	13,948	6,235	22,791	8.4	3.1	11.4	61.2	27.4	100.0

Source: Child Health System; Live births to NI resident mothers. Advise caution: feeding status not fully recorded

Mothers age	Total hintha	Disch	narge	Prima	ry visit	6 we	eks	3 mo	onths	6 mc	onths	12 m	onths
group	Total births	Ν	%	N	%	N	%	N	%	N	%	N	%
Under 20	650	165	25.4	115	17.7	80	12.3	62	9.5	42	6.5	19	2.9
20 to 24	2,821	882	31.3	643	22.8	459	16.3	357	12.7	226	8.0	124	4.4
25 to 29	6,061	2,615	43.1	2,014	33.2	1,633	26.9	1,345	22.2	955	15.8	585	9.7
30 to 34	7,966	4,331	54.4	3,490	43.8	2,979	37.4	2,545	31.9	1,857	23.3	1,065	13.4
35 to 39	4,426	2,526	57.1	2,019	45.6	1,786	40.4	1,517	34.3	1,079	24.4	685	15.5
40+	863	491	56.9	400	46.3	343	39.7	282	32.7	205	23.8	130	15.1
Not known	4	-	-	-	-	-	-	-	-	-	-	-	-
Total	22,791	11,010	48.3	8,681	38.1	7,280	31.9	6,108	26.8	4,364	19.1	2,608	11.4

 Table V: Prevalence of breastfeeding by maternal age, 2018

Table W: Prevalence of breastfeeding by deprivation quintile (SOA), 2018

Total	Disch	narge	Primar	y visit	6 we	eks	3 mo	nths	6 mo	nths	12 mo	onths
births	Ν	%	Ν	%	N	%	Ν	%	Ν	%	Ν	%
5,033	1,712	34.0	1,307	26.0	1,024	20.3	809	16.1	542	10.8	337	6.7
4,861	2,195	45.2	1,754	36.1	1,436	29.5	1,181	24.3	808	16.6	475	9.8
4,731	2,290	48.4	1,740	36.8	1,433	30.3	1,223	25.9	864	18.3	511	10.8
4,451	2,406	54.1	1,965	44.1	1,645	37.0	1,370	30.8	1,002	22.5	581	13.1
3,715	2,407	64.8	1,915	51.5	1,742	46.9	1,525	41.0	1,148	30.9	704	19.0
22,791	11,010	48.3	8,681	38.1	7,280	31.9	6,108	26.8	4,364	19.1	2,608	11.4
	births 5,033 4,861 4,731 4,451 3,715	births N 5,033 1,712 4,861 2,195 4,731 2,290 4,451 2,406 3,715 2,407	birthsN%5,0331,71234.04,8612,19545.24,7312,29048.44,4512,40654.13,7152,40764.8	births N % N 5,033 1,712 34.0 1,307 4,861 2,195 45.2 1,754 4,731 2,290 48.4 1,740 4,451 2,406 54.1 1,965 3,715 2,407 64.8 1,915	birthsN%N%5,0331,71234.01,30726.04,8612,19545.21,75436.14,7312,29048.41,74036.84,4512,40654.11,96544.13,7152,40764.81,91551.5	births N % N % N 5,033 1,712 34.0 1,307 26.0 1,024 4,861 2,195 45.2 1,754 36.1 1,436 4,731 2,290 48.4 1,740 36.8 1,433 4,451 2,406 54.1 1,965 44.1 1,645 3,715 2,407 64.8 1,915 51.5 1,742	births N % N % N % 5,033 1,712 34.0 1,307 26.0 1,024 20.3 4,861 2,195 45.2 1,754 36.1 1,436 29.5 4,731 2,290 48.4 1,740 36.8 1,433 30.3 4,451 2,406 54.1 1,965 44.1 1,645 37.0 3,715 2,407 64.8 1,915 51.5 1,742 46.9	births N % N % N % N 5,033 1,712 34.0 1,307 26.0 1,024 20.3 809 4,861 2,195 45.2 1,754 36.1 1,436 29.5 1,181 4,731 2,290 48.4 1,740 36.8 1,433 30.3 1,223 4,451 2,406 54.1 1,965 44.1 1,645 37.0 1,370 3,715 2,407 64.8 1,915 51.5 1,742 46.9 1,525	birthsN%N%N%5,0331,71234.01,30726.01,02420.380916.14,8612,19545.21,75436.11,43629.51,18124.34,7312,29048.41,74036.81,43330.31,22325.94,4512,40654.11,96544.11,64537.01,37030.83,7152,40764.81,91551.51,74246.91,52541.0	births N % <td>births N %<td>births N %</td></td>	births N % <td>births N %</td>	births N %

Source: Northern Ireland Child Health System; Live births to NI resident mothers; Advise caution: feeding status not fully recorded Deprivation status as per Northern Ireland Multiple Deprivation Measure 2017 for Super Output Area (SOA)

Year		HSCT / LCG						
		Belfast	Northern	South Eastern	Southern	Western	Unknown / blank	Total
	Total births (n)	4,340	5,364	3,879	5,192	3,613	203	22,591
2019p	B/BC (n)	2,157	2,650	2,009	2,629	1,571	106	11,122
	Rate (%)	49.7	49.4	51.8	50.6	43.5	52.2	49.2
2018	Total births (n)	4,442	5,300	4,050	5,299	3,700	198	22,989
	B/BC (n)	2,136	2,547	2,104	2,618	1,605	122	11,132
	Rate (%)	48.1	48.1	52.0	49.4	43.4	61.6	48.4
2017	Total births (n)	4,361	5,585	3,995	5,392	3,843	199	23,375
	B/BC (n)	2,006	2,608	2,020	2,650	1,615	112	11,011
	Rate (%)	46.0	46.7	50.6	49.1	42.0	56.3	47.1
2016	Total births (n)	4,665	5,710	4,269	5,519	3,930	175	24,268
	B/BC (n)	2,145	2,580	2,099	2,679	1,608	96	11,207
	Rate (%)	46.0	45.2	49.2	48.5	40.9	54.9	46.2
2015	Total births (n)	4,660	5,773	4,334	5,535	4,011	179	24,492
	B/BC (n)	2,112	2,536	2,120	2,600	1,603	77	11,048
	Rate (%)	45.3	43.9	48.9	47.0	40.0	43.0	45.1
2014	Total births (n)	4,711	5,875	4,336	5,502	4,028	167	24,619
	B/BC (n)	2,190	2,627	2,089	2,692	1,560	59	11,217
	Rate (%)	46.5	44.7	48.2	48.9	38.7	35.3	45.6
2013	Total births (n)	4,719	5,800	4,336	5,362	3,916	200	24,333
	B/BC (n)	2,086	2,613	2,113	2,518	1,546	113	10,989
	Rate (%)	44.2	45.1	48.7	47.0	39.5	56.5	45.2
2012	Total births (n)	5,047	5,855	4,981	5,288	4,152	280	25,603
	B/BC (n)	2,014	2,499	2,233	2,359	1,674	133	10,912
	Rate (%)	39.9	42.7	44.8	44.6	40.3	47.5	42.6
2011	Total births (n)	4,840	5,887	4,551	5,546	4,310	475	25,609
	B/BC (n)	2,139	2,461	2,174	2,554	1,698	245	11,271
	Rate (%)	44.2	41.8	47.8	46.1	39.4	51.6	44.0
2010	Total births (n)	4,834	6,066	4,452	5,765	4,253	228	25,598
	B/BC (n)	2,225	2,587	2,262	2,674	1,646	99	11,493
	Rate (%)	46.0	42.6	50.8	46.4	38.7	43.4	44.9
2009	Total births (n)	4,699	5,877	4,502	5,625	4,235	145	25,083
	B/BC (n)	2,037	2,489	2,162	2,647	1,731	68	11,134
	Rate (%)	43.3	42.4	48.0	47.1	40.9	46.9	44.4
2008	Total births (n)	4,746	6,225	4,641	5,583	4,255	75	25,525
	B/BC (n)	1,943	2,617	2,172	2,570	1,787	27	11,116
	Rate (%)	40.9	42	46.8	46	42	36	43.6
2007	Total births (n)	4,435	6,031	4,445	5,422	4,126	123	24,582
	B/BC (n)	1,788	2,516	2,035	2,366	1,679	50	10,434
	Rate (%)	40.3	41.7	45.8	43.6	40.7	40.7	42.4

Table X: Breastfeeding at discharge by Health and Social Care Trust (HSCT) / Local Commissioning Group (LCG), 2007-2019p.

Source: Northern Ireland Child Health System; Live births

Table Y: Belfast HSCT breastfeeding at discharge by Local Government District (LGD), 2007-2019p.

Year		Belfast	Castlereagh	BHSC
	Total births (n)	3,494	846	4,340
2019p	B/BC (n)	1,638	519	2,157
	Rate (%)	46.9	61.3	49.7
	Total births (n)	3,594	848	4,442
2018	B/BC (n)	1,638	498	2,136
	Rate (%)	45.6	58.7	48.1
	Total births (n)	3,525	836	4,361
2017	B/BC (n)	1,518	488	2,006
	Rate (%)	43.1	58.4	46.0
	Total births (n)	3,843	822	4,665
2016	B/BC (n)	1,672	473	2,144
	Rate (%)	43.5	57.5	46
	Total births (n)	3,862	798	4,660
2015	B/BC (n)	1,666	446	2,112
	Rate (%)	43.1	55.9	45.3
	Total births (n)	3,897	814	4,711
2014	B/BC (n)	1,732	458	2,190
	Rate (%)	44.4	56.3	46.5
	Total births (n)	3,911	808	4,719
2013	B/BC (n)	1,635	451	2,086
	Rate (%)	41.8	55.8	44.2
	Total births (n)	4,343	704	5,047
2012	B/BC (n)	1,626	388	2,014
	Rate (%)	37.4	55.1	39.9
	Total births (n)	4,032	808	4,840
2011	B/BC (n)	1,687	452	2,139
	Rate (%)	41.8	55.9	44.2
	Total births (n)	3,991	843	4,834
2010	B/BC (n)	1,754	471	2,225
	Rate (%)	43.9	55.9	46
	Total births (n)	3,869	830	4,699
2009	B/BC (n)	1,581	456	2,037
	Rate (%)	40.9	54.9	43.3
	Total births (n)	3,894	852	4,746
2008	B/BC (n)	1,509	434	1,943
	Rate (%)	38.8	50.9	40.9
	Total births (n)	3,647	788	4,435
2007	B/BC (n)	1,383	405	1,788
	Rate (%)	37.9	51.4	40.3

Antrim Ballymena Ballymoney Carrickfergus Year Coleraine NHSCT Total births (n) 742 400 584 5,364 638 364 B/BC (n) 2019p 308 409 163 213 294 2,650 Rate (%) 48.3 44.8 50.3 55.1 53.3 49.4 Total births (n) 635 784 342 358 582 5,300 B/BC (n) 2018 331 369 162 167 284 2,547 Rate (%) 52.1 47.4 48.8 47.1 46.6 48.1 Total births (n) 669 782 400 433 609 5,585 2017 B/BC (n) 329 223 265 372 169 2,608 Rate (%) 49.2 47.6 42.3 51.5 43.5 46.7 Total births (n) 678 877 375 392 628 5,710 2016 B/BC (n) 344 425 154 187 290 2,580 Rate (%) 50.7 48.5 41.1 47.7 46.2 45.2 Total births (n) 711 407 786 395 664 5,773 2015 B/BC (n) 332 296 2,536 348 168 203 Rate (%) 46.7 44.3 41.3 44.6 51.4 43.9 Total births (n) 705 798 400 440 685 5,875 2014 B/BC (n) 343 362 164 216 297 2,627 Rate (%) 48.7 45.4 41.0 49.1 43.4 44.7 Total births (n) 695 753 418 726 5,800 389 2013 B/BC (n) 326 336 359 166 177 2,613 Rate (%) 48.3 47.7 39.7 44.9 45.1 45.5 Total births (n) 803 884 434 327 689 5,855 2012 B/BC (n) 358 177 378 153 292 2,499 Rate (%) 44.6 42.4 42.8 40.8 46.8 42.7 Total births (n) 642 753 818 378 438 5,887 B/BC (n) 2011 343 328 121 182 270 2,461 Rate (%) 45.6 40.1 32.0 41.6 42.1 41.8 Total births (n) 754 776 410 469 673 6,066 2010 B/BC (n) 351 332 166 200 278 2,587 Rate (%) 46.6 42.8 40.5 42.6 41.3 42.6 Total births (n) 437 792 790 400 615 5,877 2009 B/BC (n) 324 152 276 2,489 367 199 Rate (%) 46.3 41.0 38.0 45.5 44.9 42.4 Total births (n) 854 824 407 500 717 6,225 2008 B/BC (n) 390 349 148 230 312 2,617 Rate (%) 45.7 42.4 43.5 36.4 46.0 42.0 Total births (n) 822 822 382 443 645 6,031 2007 B/BC (n) 388 319 128 198 271 2,516 Rate (%) 47.2 38.8 33.5 44.7 42.0 41.7

Table Z: Northern HSCT breastfeeding at discharge by Local Government District (LGD), 2007-2019p.

Table Z (continued): Northern HSCT breastfeeding at discharge by Local Government District (LGD), 2007-2019p.

Year		Cookstown	Larne	Magherafelt	Moyle	Newtownabbey	NHSC
	Total births (n)	534	332	604	165	1,001	5,364
2019p	B/BC (n)	235	155	293	80	500	2,650
	Rate (%)	44.0	46.7	48.5	48.5	50.0	49.4
	Total births (n)	510	342	591	175	981	5,300
2018	B/BC (n)	218	165	275	70	506	2,547
	Rate (%)	42.7	48.2	46.5	40.0	51.6	48.1
	Total births (n)	550	318	636	176	1,012	5,585
2017	B/BC (n)	236	149	285	70	510	2,608
	Rate (%)	42.9	46.9	44.8	39.8	50.4	46.7
	Total births (n)	557	323	622	195	1,063	5,710
2016	B/BC (n)	209	124	273	71	503	2,579
	Rate (%)	37.5	38.4	43.9	36.4	47.3	45.2
	Total births (n)	564	331	663	173	1,079	5,773
2015	B/BC (n)	220	157	269	63	480	2,536
	Rate (%)	39.0	47.4	40.6	36.4	44.5	43.9
	Total births (n)	565	370	661	186	1,065	5,875
2014	B/BC (n)	228	163	289	78	487	2,627
	Rate (%)	40.4	44.1	43.7	41.9	45.7	44.7
	Total births (n)	566	371	663	206	1,013	5,800
2013	B/BC (n)	224	154	291	81	499	2,613
	Rate (%)	39.6	41.5	43.9	39.3	49.3	45.1
	Total births (n)	525	364	701	196	932	5,855
2012	B/BC (n)	223	151	290	67	410	2,499
	Rate (%)	42.5	41.5	41.4	34.2	44.0	42.7
	Total births (n)	537	341	645	201	1,134	5,887
2011	B/BC (n)	210	137	270	82	518	2,46
	Rate (%)	39.1	40.2	41.9	40.8	45.7	41.8
	Total births (n)	607	342	699	203	1,133	6,066
2010	B/BC (n)	239	133	299	69	520	2,587
	Rate (%)	39.4	38.9	42.8	34.0	45.9	42.6
	Total births (n)	537	332	680	206	1,088	5,87
2009	B/BC (n)	222	130	267	77	475	2,489
	Rate (%)	41.3	39.2	39.3	37.4	43.7	42.4
	Total births (n)	515	326	693	203	1,186	6,225
2008	B/BC (n)	217	116	274	81	500	2,617
	Rate (%)	42.1	35.6	39.5	39.9	42.2	42.0
	Total births (n)	543	362	652	224	1,136	6,03 ⁻
2007	B/BC (n)	185	133	280	92	522	2,516
	Rate (%)	34.1	36.7	42.9	41.1	46.0	41.7

Table AA: South Eastern HSCT breastfeeding at discharge by Local Government District (LGD), 2007-
2019p.

Year		Ards	Down	Lisburn	North Down	SEHSCT
	Total births (n)	802	767	1,572	738	3,879
2019p	B/BC (n)	365	375	822	447	2,009
	Rate (%)	45.5	48.9	52.3	60.6	51.8
	Total births (n)	755	881	1,656	758	4,050
2018	B/BC (n)	365	432	851	456	2,104
	Rate (%)	48.3	49.0	51.4	60.2	52.0
	Total births (n)	750	870	1,575	800	3,995
2017	B/BC (n)	371	411	769	469	2,020
	Rate (%)	49.5	47.2	48.8	58.6	50.6
	Total births (n)	798	903	1,701	867	4,269
2016	B/BC (n)	379	421	821	478	2,099
	Rate (%)	47.5	46.6	48.3	55.1	49.2
	Total births (n)	877	911	1,667	879	4,334
2015	B/BC (n)	388	429	808	495	2,120
	Rate (%)	44.2	47.1	48.5	56.3	48.9
	Total births (n)	862	910	1,678	886	4,336
2014	B/BC (n)	394	389	821	485	2,089
	Rate (%)	45.7	42.7	48.9	54.7	48.2
	Total births (n)	849	932	1,665	890	4,336
2013	B/BC (n)	397	426	783	507	2,113
	Rate (%)	45.1	46.8	45.7	47.0	57
	Total births (n)	1,053	1,204	1,657	1,067	4,981
2012	B/BC (n)	446	502	757	528	2,233
	Rate (%)	42.4	41.7	45.7	49.5	44.8
	Total births (n)	904	930	1,756	961	4,551
2011	B/BC (n)	405	443	800	526	2,174
	Rate (%)	44.8	47.6	45.6	54.7	47.8
	Total births (n)	861	926	1,704	961	4,452
2010	B/BC (n)	417	447	839	559	2,262
	Rate (%)	48.4	48.3	49.2	58.2	50.8
	Total births (n)	871	975	1,741	915	4,502
2009	B/BC (n)	380	427	850	505	2,162
	Rate (%)	43.6	43.8	48.8	55.2	48.0
	Total births (n)	958	998	1,736	949	4,641
2008	B/BC (n)	448	433	782	509	2,172
	Rate (%)	46.8	43.4	45	53.6	46.8
	Total births (n)	964	919	1,643	919	4,445
2007	B/BC (n)	428	393	741	473	2,035
	Rate (%)	44.4	42.8	45.1	51.5	45.8

Year		Armagh	Banbridge	Craigavon	Dungannon	Newry and Mourne	SHSCT
	Total births (n)	821	565	1,350	966	1,490	5,192
2019p	B/BC (n)	394	307	662	519	747	2,629
	Rate (%)	48.0	54.3	49.0	53.7	50.1	50.6
	Total births (n)	876	606	1,378	970	1,469	5,299
2018	B/BC (n)	420	319	692	529	658	2,618
	Rate (%)	47.9	52.6	50.2	54.5	44.8	49.4
	Total births (n)	901	619	1,391	963	1,518	5,392
2017	B/BC (n)	414	306	681	525	724	2,650
	Rate (%)	45.9	49.4	49.0	54.5	47.7	49.1
	Total births (n)	885	638	1,419	988	1,589	5,519
2016	B/BC (n)	430	337	672	540	700	2,679
	Rate (%)	48.6	52.8	47.4	54.7	44.1	48.5
	Total births (n)	971	645	1,396	974	1,549	5,535
2015	B/BC (n)	454	320	621	504	701	2,600
	Rate (%)	46.8	49.6	44.5	51.7	45.3	47
	Total births (n)	865	660	1,438	924	1,615	5,502
2014	B/BC (n)	428	329	668	509	758	2,692
	Rate (%)	49.5	49.8	46.5	55.1	46.9	48.9
	Total births (n)	838	648	1,397	948	1,531	5,362
2013	B/BC (n)	397	305	636	510	670	2,518
	Rate (%)	47.4	47.1	45.5	53.8	43.8	47.0
	Total births (n)	925	619	1,519	999	1,226	5,288
2012	B/BC (n)	427	293	638	488	513	2359
	Rate (%)	46.2	47.3	42	48.8	41.8	44.6
	Total births (n)	942	667	1,468	906	1,563	5,546
2011	B/BC (n)	435	321	677	466	655	2,554
	Rate (%)	46.2	48.1	46.1	51.4	41.9	46.1
	Total births (n)	915	754	1,551	918	1,627	5,765
2010	B/BC (n)	419	357	708	462	728	2,674
	Rate (%)	45.8	47.3	45.6	50.3	44.7	46.4
	Total births (n)	920	688	1,477	934	1,606	5,625
2009	B/BC (n)	444	352	659	465	727	2,647
	Rate (%)	48.3	51.2	44.6	49.8	45.3	47.1
	Total births (n)	878	738	1,470	892	1,605	5,583
2008	B/BC (n)	378	361	677	450	704	2,570
	Rate (%)	43.1	48.9	46.1	50.4	43.9	46.0
	Total births (n)	873	712	1,411	879	1,547	5,422
2007	B/BC (n)	360	357	578	429	642	2,366
	Rate (%)	41.2	50.1	41	48.8	41.5	43.6

Table AB: Southern HSCT breastfeeding at discharge by Local Government District (LGD), 2007-2019p.

Table AC: Western HSCT breastfeeding at discharge by Local Government District (LGD), 2007-2019p.

Year		Derry	Fermanagh	Limavady	Omagh	Strabane	WHSCT
	Total births (n)	1,333	753	402	638	487	3,613
2019p	B/BC (n)	499	389	172	326	185	1,571
	Rate (%)	37.4	51.7	42.8	51.1	38.0	43.5
	Total births (n)	1,369	795	401	667	468	3,700
2018	B/BC (n)	537	387	173	334	174	1,605
	Rate (%)	39.2	48.7	43.1	50.1	37.2	43.4
	Total births (n)	1,408	791	437	694	513	3,843
2017	B/BC (n)	483	407	171	370	184	1,615
	Rate (%)	34.3	51.5	39.1	53.3	35.9	42.0
	Total births (n)	1,408	791	437	694	513	3,843
2016	B/BC (n)	509	418	157	354	170	1,608
	Rate (%)	34.8	50.4	36.3	51.4	32.9	40.9
	Total births (n)	1,562	788	477	640	544	4,011
2015	B/BC (n)	536	414	156	327	170	1,603
	Rate (%)	34.3	52.5	32.7	51.1	31.3	40.0
	Total births (n)	1,575	800	428	711	514	4,028
2014	B/BC (n)	541	382	138	340	159	1,560
	Rate (%)	34.3	47.8	32.2	47.8	30.9	38.7
	Total births (n)	1,572	822	407	615	500	3,916
2013	B/BC (n)	541	402	139	293	171	1,546
	Rate (%)	34.4	48.9	34.2	47.6	34.2	39.5
	Total births (n)	1,832	656	504	579	581	4,152
2012	B/BC (n)	685	301	198	270	220	1,674
	Rate (%)	37.4	45.9	39.3	46.6	37.9	40.3
	Total births (n)	1,684	814	494	747	571	4,310
2011	B/BC (n)	574	393	177	368	186	1,698
	Rate (%)	34.1	48.3	35.8	49.3	32.6	39.4
	Total births (n)	1,621	897	450	746	539	4,253
2010	B/BC (n)	610	377	173	313	173	1,646
	Rate (%)	37.6	42	38.4	42	32.1	38.7
	Total births (n)	1,665	427	601	720	822	4,235
2009	B/BC (n)	665	165	213	337	351	1,731
	Rate (%)	39.9	38.6	35.4	46.8	42.7	40.9
	Total births (n)	1,644	467	570	699	875	4,255
2008	B/BC (n)	630	178	215	358	406	1,787
	Rate (%)	38.3	38.1	37.7	51.2	46.4	42.0
	Total births (n)	1,603	489	523	688	823	4,126
2007	B/BC (n)	626	186	184	312	371	1,679
	Rate (%)	39.1	38	35.2	45.3	45.1	40.7

Table AD: Breastfeeding prevalence (%) by Local Government District (LGD1992), 2018

LCG/ HSCT	LGD (1992)	Stage	Total	Partial	Any	Not at all	Unknown / blank	All
		Discharge	33.0	12.6	BF 45.6	52.4	2.0	100.0
		Discharge	25.7	8.6	<u> </u>	48.9	16.8	100.0
		Primary visit 6 weeks	25.7	7.6	34.3	48.9 57.0	10.8	100.0
	BELFAST	3 months	24.0	6.6	27.0	49.3	23.7	100.0
		6 months	16.2	4.7	21.0	49.3	34.7	100.0
		12 months	9.7	3.6	13.4	44.4	44.6	100.0
		Discharge	46.2	12.5	58.7	39.9	1.4	100.0
		Primary visit	33.8	8.0	41.9	39.9	20.8	100.0
		6 weeks	32.1	9.4	41.5	52.7	5.8	100.0
BHSCT	CASTLEREAGH	3 months	29.8	7.0	36.8	53.7	9.6	100.0
		6 months	23.6	5.3	30.0	48.9	21.1	100.0
		12 months	12.7	3.9	16.6	50.5	32.9	100.0
		Discharge	35.5	12.6	48.1	50.0	1.9	100.0
		Primary visit	27.3	8.5	35.7	46.7	17.6	100.0
		6 weeks	26.0	7.9	34.0	56.2	9.8	100.0
	BHSCT TOTAL	3 months	22.2	6.7	28.9	50.2	21.0	100.0
		6 months	17.9	4.8	22.7	45.2	32.1	100.0
		12 months	10.3	3.7	14.0	43.7	42.3	100.0
		Discharge	38.4	13.7	52.1	46.5	1.4	100.0
		Primary visit	30.9	11.8	42.7	55.3	2.0	100.0
		6 weeks	24.7	10.4	35.1	62.4	2.5	100.0
	ANTRIM	3 months	22.7	5.8	28.5	69.3	2.2	100.0
		6 months	20.9	2.7	23.6	72.0	4.4	100.0
		12 months	12.8	2.5	15.3	71.8	12.9	100.0
		Discharge	38.3	8.8	47.1	51.3	1.7	100.0
		Primary visit	33.3	9.8	43.1	55.0	1.9	100.0
		6 weeks	28.4	7.4	35.8	62.1	2.0	100.0
	BALLYMENA	3 months	24.5	6.8	31.3	65.9	2.8	100.0
		6 months	19.1	5.4	24.5	71.4	4.1	100.0
		12 months	13.1	4.3	17.5	73.9	8.7	100.0
		Discharge	38.0	9.4	47.4	50.6	2.0	100.0
		Primary visit	32.7	7.9	40.6	57.9	1.5	100.0
		6 weeks	26.6	5.8	32.5	66.4	1.2	100.0
NHSCT	BALLYMONEY	3 months	23.4	5.3	28.7	69.9	1.5	100.0
		6 months	17.0	5.8	22.8	75.7	1.5	100.0
		12 months	9.6	5.3	14.9	80.4	4.7	100.0
		Discharge	36.3	10.3	46.6	51.4	2.0	100.0
		Primary visit	34.1	9.5	43.6	54.7	1.7	100.0
		6 weeks	27.9	7.3	35.2	63.4	1.4	100.0
	CARRICKFERGUS	3 months	25.7	4.7	30.4	68.7	0.8	100.0
		6 months	22.6	2.2	24.9	72.6	2.5	100.0
		12 months	9.2	5.0	14.2	78.5	7.3	100.0
		Discharge	41.4	7.4	48.8	50.2	1.0	100.0
		Primary visit	33.0	7.7	40.7	57.9	1.4	100.0
		6 weeks	26.1	7.2	33.3	65.3	1.4	100.0
	COLERAINE	3 months	23.0	6.2	29.2	68.7	2.1	100.0
		6 months	17.5	6.0	23.5	73.5	2.9	100.0
		12 months	9.1	3.1	12.2	79.6	8.2	100.0

LCG/ HSCT	LGD (1992)	Stage	Total	Partial	Any	Not at all	Unknown / blank	All
		Discharge	34.1	8.6	42.7	54.7	2.5	100.0
		Primary visit	25.5	6.7	32.2	56.9	11.0	100.0
	COOKSTOWN	6 weeks	19.6	7.3	26.9	69.2	3.9	100.0
		3 months	17.6	5.3	22.9	72.7	4.3	100.0
		6 months	13.5	6.3	19.8	76.9	3.3	100.0
		12 months	7.8	3.5	11.4	82.7	5.9	100.0
		Discharge	34.8	13.5	48.2	50.0	1.8	100.0
		Primary visit	28.4	15.2	43.6	55.3	1.2	100.0
	LARNE	6 weeks	24.0	5.8	29.8	69.0	1.2	100.0
		3 months	21.9	4.1	26.0	71.6	2.3	100.0
		6 months	17.5	5.3	22.8	73.1	4.1	100.0
		12 months	10.2	2.6	12.9	74.6	12.6	100.0
		Discharge	34.5	12.0	46.5	51.9	1.5	100.0
		Primary visit	27.4	6.6	34.0	56.0	10.0	100.0
	MAGHERAFELT	6 weeks	23.2	5.6	28.8	68.2	3.0	100.0
		3 months	20.0	5.1	25.0	72.1	2.9	100.0
		6 months	16.9	3.0	20.0	76.6	3.4	100.0
NHSCT		12 months	8.8	2.9	11.7	82.6	5.8	100.0
NIISCI		Discharge	34.9	5.1	40.0	59.4	0.6	100.0
		Primary visit	28.0	4.6	32.6	66.9	0.6	100.0
	MOYLE	6 weeks	21.1	4.6	25.7	74.3	0.0	100.0
	MOTLE	3 months	17.1	4.6	21.7	77.1	1.1	100.0
		6 months	12.6	4.6	17.1	81.7	1.1	100.0
		12 months	8.6	2.9	11.4	78.9	9.7	100.0
		Discharge	39.1	12.4	51.6	47.5	0.9	100.0
		Primary visit	30.9	13.7	44.5	53.3	2.1	100.0
		6 weeks	25.8	9.0	34.8	63.6	1.6	100.0
	NEWTOWNABBEY	3 months	22.0	7.6	29.7	67.9	2.4	100.0
		6 months	19.2	5.4	24.6	67.3	8.2	100.0
		12 months	13.1	3.1	16.2	72.0	11.8	100.0
		Discharge	37.5	10.6	48.1	50.4	1.5	100.0
		Primary visit	30.6	9.9	40.5	55.9	3.5	100.0
		6 weeks	25.1	7.5	32.6	65.3	2.0	100.0
	NHSCT TOTAL	3 months	22.1	5.9	28.0	69.5	2.4	100.0
		6 months	18.2	4.7	22.9	72.9	4.2	100.0
		12 months	10.8	3.5	14.3	76.7	9.1	100.0
		Discharge	37.5	10.9	48.3	50.1	1.6	100.0
		Primary visit	29.9	7.7	37.6	51.5	10.9	100.0
		6 weeks	26.8	7.2	33.9	61.6	4.5	100.0
	ARDS	3 months	23.6	4.6	28.2	66.1	5.7	100.0
		6 months	13.5	2.3	15.8	42.5	41.7	100.0
051005		12 months	11.8	2.8	14.6	75.8	9.7	100.0
SEHSCT		Discharge	37.6	11.5	49.0	48.5	2.5	100.0
		Primary visit	29.3	8.2	37.5	47.2	15.3	100.0
		6 weeks	24.5	7.9	32.5	62.8	4.8	100.0
	DOWN	3 months	21.8	5.3	27.1	69.0	3.9	100.0
		6 months	12.8	3.0	15.8	50.9	33.4	100.0
		12 months	10.4	4.1	14.5	78.1	7.4	100.0

Table AD (continued): Breastfeeding prevalence (%) by Local Government District (LGD1992), 2018

LCG/ HSCT	LGD (1992)	Stage	Total	Partial	Any	Not at all	Unknown / blank	All
		Discharge	40.8	10.6	51.4	46.8	1.8	100.0
		Primary visit	32.0	9.5	41.5	46.7	11.8	100.0
		6 weeks	25.5	9.2	34.8	61.1	4.1	100.0
	LISBURN	3 months	21.4	6.8	28.2	66.4	5.4	100.0
		6 months	16.4	3.3	19.7	57.3	23.0	100.0
		12 months	6.9	3.7	10.7	58.9	30.4	100.0
		Discharge	47.6	12.5	60.2	38.7	1.2	100.0
		Primary visit	34.6	9.8	44.3	44.1	11.6	100.0
SEHSCT	NORTH DOWN	6 weeks	30.7	9.1	39.8	56.3	3.8	100.0
SENSCI		3 months	27.6	6.7	34.3	60.9	4.7	100.0
		6 months	11.2	1.8	13.1	33.4	53.6	100.0
		12 months	12.8	4.6	17.4	69.5	13.1	100.0
		Discharge	40.7	11.2	52.0	46.2	1.8	100.0
		Primary visit	31.5	8.9	40.4	47.2	12.4	100.0
		6 weeks	26.5	8.5	35.1	60.7	4.3	100.0
	SEHSCT TOTAL	3 months	23.0	6.1	29.1	65.9	5.0	100.0
		6 months	14.1	2.7	16.9	48.7	34.5	100.0
		12 months	9.7	3.8	13.5	68.2	18.3	100.0
		Discharge	37.4	10.5	47.9	51.1	0.9	100.0
		Primary visit	29.2	9.4	38.6	54.1	7.3	100.0
		6 weeks	21.7	7.8	29.5	26.8	43.7	100.0
	ARMAGH	3 months	18.3	6.2	24.4	35.4	40.2	100.0
		6 months	11.3	3.1	14.4	44.1	41.6	100.0
		12 months	2.5	0.6	3.1	32.5	64.4	100.0
		Discharge	42.1	10.6	52.6	45.4	2.0	100.0
		Primary visit	35.6	10.2	45.9	52.1	2.0	100.0
		6 weeks	27.6	8.7	36.3	58.9	4.8	100.0
	BANBRIDGE	3 months	23.9	5.3	29.2	62.4	8.4	100.0
		6 months	14.2	4.8	19.0	55.9	25.1	100.0
		12 months	5.0	4.1	9.1	48.3	42.6	100.0
		Discharge	39.9	10.3	50.2	48.5	1.2	100.0
		Primary visit	32.1	9.8	41.9	56.0	2.2	100.0
SHSCT		6 weeks	24.5	8.6	33.1	56.6	10.3	100.0
30301	CRAIGAVON	3 months	21.1	6.5	27.6	59.5	12.9	100.0
		6 months	15.9	4.1	20.0	56.3	23.7	100.0
		12 months	4.6	2.0	6.6	39.3	54.1	100.0
		Discharge	43.5	8.2	54.5	46.8	1.4	100.0
		Primary visit	33.7	10.8	44.5	50.4	5.1	100.0
		6 weeks	25.4	9.7	35.1	22.0	43.0	100.0
	DUNGANNON	3 months	20.4	7.2	27.6	24.4	47.9	100.0
		6 months	12.3	4.6	16.9	43.5	39.6	100.0
		12 months	4.6	1.1	5.8	36.7	57.5	100.0
		Discharge	33.9	10.9	44.8	52.1	3.1	100.0
		Primary visit	29.9	7.1	37.0	60.0	2.9	100.0
		6 weeks	21.7	6.3	28.0	67.8	4.2	100.0
	NEWRY & MOURNE	3 months	18.4	5.1	23.6	67.9	8.5	100.0
		6 months	8.6	2.8	11.4	46.4	42.1	100.0
		12 months	5.0	2.7	7.7	52.1	40.2	100.0

Table AD (continued): Breastfeeding prevalence (%) by Local Government District (LGD1992), 2018

LCG/ HSCT	LGD (1992)	Stage	Total	Partial	Any	Not at all	Unknown / blank	All
		Discharge	38.4	11.0	49.4	48.7	1.8	100.0
		Primary visit	31.7	9.2	40.9	55.3	3.7	100.0
		6 weeks	23.8	8.0	31.8	48.7	19.5	100.0
	SHSCT TOTAL	3 months	20.1	6.0	26.1	51.8	22.1	100.0
		6 months	12.3	3.7	16.0	49.2	34.8	100.0
		12 months	4.4	2.1	6.5	42.3	51.3	100.0
		Discharge	27.5	11.7	39.2	59.8	1.0	100.0
		Primary visit	19.4	6.9	26.3	58.5	15.2	100.0
	DERRY	6 weeks	14.6	6.9	21.5	73.7	4.8	100.0
	DERKI	3 months	12.8	4.5	17.3	75.7	7.0	100.0
		6 months	10.2	3.0	13.1	78.1	8.8	100.0
		12 months	5.0	2.5	7.5	79.8	12.7	100.0
		Discharge	34.6	14.1	48.7	50.3	1.0	100.0
		Primary visit	27.8	8.3	36.1	54.2	9.7	100.0
	FERMANAGH	6 weeks	23.9	7.3	31.2	64.4	4.4	100.0
		3 months	21.4	5.0	26.4	67.3	6.3	100.0
		6 months	18.0	4.8	22.8	66.4	10.8	100.0
		12 months	9.4	3.0	12.5	76.0	11.6	100.0
		Discharge	33.2	10.0	43.1	56.1	0.7	100.0
		Primary visit	21.2	4.7	25.9	63.1	11.0	100.0
	LIMAVADY	6 weeks	16.5	6.7	23.2	71.6	5.2	100.0
		3 months	14.7	5.2	20.0	74.6	5.5	100.0
		6 months	14.0	2.7	16.7	79.1	4.2	100.0
WHSCT		12 months	7.0	2.7	9.7	83.5	6.7	100.0
WHOOT		Discharge	36.6	13.5	50.1	49.0	0.9	100.0
		Primary visit	27.7	9.0	36.7	48.7	14.5	100.0
	OMAGH	6 weeks	22.8	7.5	30.3	64.0	5.7	100.0
	OWAGIT	3 months	19.3	5.5	24.9	70.0	5.1	100.0
		6 months	16.2	3.6	19.8	67.9	12.3	100.0
		12 months	7.6	2.1	9.7	77.7	12.6	100.0
		Discharge	26.9	10.3	37.2	61.8	1.1	100.0
		Primary visit	22.0	8.3	30.3	59.4	10.3	100.0
	STRABANE	6 weeks	15.6	5.1	20.7	74.8	4.5	100.0
	OTIVIDANE	3 months	12.4	5.1	17.5	78.2	4.3	100.0
		6 months	8.8	2.1	10.9	79.1	10.0	100.0
		12 months	6.2	1.1	7.3	84.0	8.8	100.0
		Discharge	31.2	12.2	43.4	55.6	1.0	100.0
		Primary visit	23.2	7.5	30.8	56.4	12.8	100.0
	WHSCT TOTAL	6 weeks	18.4	6.8	25.2	69.9	4.9	100.0
		3 months	16.0	5.0	20.9	73.1	6.0	100.0
		6 months	13.2	3.4	16.5	74.0	9.5	100.0
		12 months	6.8	2.4	9.2	79.5	11.3	100.0
		Discharge	36.9	11.4	48.3	50.1	1.6	100.0
		Primary visit	29.2	8.9	38.1	52.5	9.4	100.0
NORTHERN	Total NI Residents	6 weeks	24.1	7.8	31.9	59.6	8.5	100.0
IRELAND		3 months	20.8	6.0	26.8	61.6	11.6	100.0
		6 months	15.2	3.9	19.1	57.8	23.0	100.0
		12 months	8.4	3.1	11.4	61.2	27.4	100.0
Source: Child He	ealth System; Live births to N	I resident mothers; Ad	dvise cautio	n: feeding stat	us not fully rec	orded		

Table AD (continued): Breastfeeding prevalence (%) by Local Government District (LGD1992), 2018

Council Area (LGD2014)		2012	2013	2014	2015	2016	2017	2018	2019p
	Total births (n)	1,878	1,714	1,772	1,799	1,748	1,694	1,626	1,648
	Any Breastfeeding (n)	818	838	831	819	853	850	845	815
romoniassoy	Rate (%)	43.6	48.9	46.9	45.5	48.8	50.2	52.0	49.5
	Total births (n)	1,772	1,736	1,742	1,755	1,661	1,546	1,510	1,535
	Any Breastfeeding (n)	875	902	874	883	855	837	818	809
Down	Rate (%)	49.4	52.0	50.2	50.3	51.5	54.1	54.2	52.7
Armagh City.	Total births (n)	3,137	2,865	2,931	2,995	2,932	2,901	2,851	2,732
Banbridge and	Any Breastfeeding (n)	1,423	1,330	1,405	1,386	1,431	1,398	1,429	1,361
Craigavon	Rate (%)	45.4	46.4	47.9	46.3	48.8	48.2	50.1	49.8
	Total births (n)	4,932	4,687	4,649	4,591	4,616	4,218	4,292	4,197
Belfast	Any Breastfeeding (n)	1,900	1,912	2,019	1,949	1,983	1,795	1,936	1,955
	Rate (%)	38.5	40.8	43.4	42.5	43.0	42.6	45.1	46.6
Causeway	Total births (n)	1,766	1,759	1,699	1,721	1,631	1,622	1,500	1,515
Coast and	Any Breastfeeding (n)	696	712	677	683	672	675	689	709
Glens	Rate (%)	39.4	40.5	39.8	39.7	41.2	41.6	45.9	46.8
	Total births (n)	2,159	2,072	2,089	2,106	1,978	1,921	1,837	1,820
	Any Breastfeeding (n)	682	712	700	706	679	667	711	684
Craigavon Belfast Causeway Coast and Glens Derry City and Strabane Fermanagh and Omagh Lisburn and Castlereagh Mid and East Antrim	Rate (%)	31.6	34.4	33.5	33.5	34.3	34.7	38.7	37.6
	Total births (n)	1,551	1,436	1,508	1,428	1,517	1,485	1,461	1,391
-	Any Breastfeeding (n)	704	695	720	741	771	777	720	715
Olliagh	Rate (%)	45.4	48.4	47.7	51.9	50.8	52.3	49.3	51.4
	Total births (n)	1,767	1,701	1,747	1,737	1,755	1,722	1,809	1,720
	Any Breastfeeding (n)	930	959	997	971	986	983	1,054	1,027
Castiercagn	Rate (%)	52.6	56.4	57.1	55.9	56.2	57.1	58.3	59.7
	Total births (n)	1,574	1,506	1,605	1,503	1,585	1,520	1,474	1,465
	Any Breastfeeding (n)	688	687	740	701	730	733	693	770
	Rate (%)	43.7	45.6	46.1	46.6	46.1	48.2	47.0	52.6
	Total births (n)	2,187	2,159	2,139	2,186	2,148	2,126	2,055	2,087
Mid Ulster	Any Breastfeeding (n)	996	1,020	1,022	987	1,012	1,036	1,013	1,038
	Rate (%)	45.5	47.2	47.8	45.2	47.1	48.7	49.3	49.7
	Total births (n)	2,591	2,497	2,569	2,492	2,522	2,421	2,376	2,278
	Any Breastfeeding (n)	1,119	1,109	1,172	1,145	1,139	1,148	1,102	1,133
	Rate (%)	43.2	44.4	45.6	45.9	45.2	47.4	46.4	49.7
	Total births (n)	25,318	24,133	24,452	24,313	24,093	23,176	22,791	22,388
	Any Breastfeeding (n)	10,833	10,876	11,158	10,971	11,111	10,899	11,010	11,016
Nesidents	Rate (%)	42.8	45.1	45.6	45.1	46.1	47.0	48.3	49.2

Table AE: Breastfeeding at discharge by Council Area (LGD2014), 2012-2019p

- ···			Nu	mber of births	(N)					Rate	e (%)		
Council area	Stage	Total BF	Partial BF	Any BF	Not at all	Unknown / blank	All	Total BF	Partial BF	Any BF	Not at all	Unknown / blank	All
	Discharge	634	211	845	763	18	1,626	39.0	13.0	52.0	46.9	1.1	100.0
	Primary visit	504	210	714	878	34	1,626	31.0	12.9	43.9	54.0	2.1	100.0
Antrim and	6 weeks	415	155	570	1,024	32	1,626	25.5	9.5	35.1	63.0	2.0	100.0
Newtownabbey	3 months	364	113	477	1,111	38	1,626	22.4	6.9	29.3	68.3	2.3	100.0
	6 months	325	71	396	1,122	108	1,626	20.0	4.4	24.4	69.0	6.6	100.0
	12 months	211	48	259	1,169	198	1,626	13.0	3.0	15.9	71.9	12.2	100.0
	Discharge	641	177	818	671	21	1,510	42.5	11.7	54.2	44.4	1.4	100.0
	Primary visit	485	132	617	723	170	1,510	32.1	8.7	40.9	47.9	11.3	100.0
Ards and North	6 weeks	432	123	555	892	63	1,510	28.6	8.1	36.8	59.1	4.2	100.0
Down	3 months	387	84	471	960	79	1,510	25.6	5.6	31.2	63.6	5.2	100.0
	6 months	187	31	218	572	720	1,510	12.4	2.1	14.4	37.9	47.7	100.0
	12 months	186	56	242	1,096	172	1,510	12.3	3.7	16.0	72.6	11.4	100.0
	Discharge	1,129	300	1,429	1,386	36	2,851	39.6	10.5	50.1	48.6	1.3	100.0
	Primary visit	907	281	1,188	1,556	107	2,851	31.8	9.9	41.7	54.6	3.8	100.0
Armagh City,	6 weeks	689	239	928	1,361	562	2,851	24.2	8.4	32.5	47.7	19.7	100.0
Banbridge and Craigavon	3 months	592	175	767	1,496	588	2,851	20.8	6.1	26.9	52.5	20.6	100.0
Chalgavon	6 months	403	113	516	1,490	845	2,851	14.1	4.0	18.1	52.3	29.6	100.0
	12 months	114	58	172	1,105	1,574	2,851	4.0	2.0	6.0	38.8	55.2	100.0
	Discharge	1,414	522	1,936	2,268	88	4,292	32.9	12.2	45.1	52.8	2.1	100.0
	Primary visit	1,087	365	1,452	2,125	715	4,292	25.3	8.5	33.8	49.5	16.7	100.0
	6 weeks	1,028	318	1,346	2,521	425	4,292	24.0	7.4	31.4	58.7	9.9	100.0
Belfast	3 months	854	277	1,131	2,259	902	4,292	19.9	6.5	26.4	52.6	21.0	100.0
	6 months	686	185	871	1,999	1,422	4,292	16.0	4.3	20.3	46.6	33.1	100.0
	12 months	399	149	548	1,953	1,791	4,292	9.3	3.5	12.8	45.5	41.7	100.0
	Discharge	565	124	689	794	17	1,500	37.7	8.3	45.9	52.9	1.1	100.0
	Primary visit	438	99	537	905	58	1,500	29.2	6.6	35.8	60.3	3.9	100.0
Causeway Coast	6 weeks	346	97	443	1,024	33	1,500	23.1	6.5	29.5	68.3	2.2	100.0
and Glens	3 months	303	83	386	1,073	41	1,500	20.2	5.5	25.7	71.5	2.7	100.0
	6 months	238	74	312	1,147	41	1,500	15.9	4.9	20.8	76.5	2.7	100.0
	12 months	129	52	181	1,211	108	1,500	8.6	3.5	12.1	80.7	7.2	100.0
	Discharge	503	208	711	1,107	19	1,837	27.4	11.3	38.7	60.3	1.0	100.0
	Primary visit	369	133	502	1,079	256	1,837	20.1	7.2	27.3	58.7	13.9	100.0
Derry City and	6 weeks	273	118	391	1,359	87	1,837	14.9	6.4	21.3	74.0	4.7	100.0
Strabane	3 months	233	86	319	1,402	116	1,837	12.7	4.7	17.4	76.3	6.3	100.0
	6 months	180	51	231	1,439	167	1,837	9.8	2.8	12.6	78.3	9.1	100.0
	12 months	98	39	137	1,485	215	1,837	5.3	2.1	7.5	80.8	11.7	100.0

Table AF: Breastfeeding prevalence (%) by Council area (LGD2014), 2018

Source: Northern Ireland Child Health System; Live births to NI resident mothers. Data updated October 2018 and September 2019.

			Num	ber of births (N)					Rate	e (%)		
Council area	Stage	Total BF	Partial BF	Any BF	Not at all	Unknown / blank	All	Total BF	Partial BF	Any BF	Not at all	Unknown / blank	All
	Discharge	518	202	720	727	14	1,461	35.5	13.8	49.3	49.8	1.0	100.0
	Primary visit	405	126	531	756	174	1,461	27.7	8.6	36.3	51.7	11.9	100.0
Fermanagh and	6 weeks	342	108	450	939	72	1,461	23.4	7.4	30.8	64.3	4.9	100.0
Omagh	3 months	299	77	376	1,002	83	1,461	20.5	5.3	25.7	68.6	5.7	100.0
	6 months	251	62	313	981	167	1,461	17.2	4.2	21.4	67.1	11.4	100.0
	12 months	126	38	164	1,122	175	1,461	8.6	2.6	11.2	76.8	12.0	100.0
	Discharge	841	213	1,054	730	25	1,809	46.5	11.8	58.3	40.4	1.4	100.0
	Primary visit	657	169	826	721	262	1,809	36.3	9.3	45.7	39.9	14.5	100.0
Lisburn and	6 weeks	555	188	743	986	80	1,809	30.7	10.4	41.1	54.5	4.4	100.0
Castlereagh	3 months	486	135	621	1,070	118	1,809	26.9	7.5	34.3	59.1	6.5	100.0
	6 months	379	84	463	961	385	1,809	21.0	4.6	25.6	53.1	21.3	100.0
	12 months	174	77	251	965	593	1,809	9.6	4.3	13.9	53.3	32.8	100.0
	Discharge	543	150	693	755	26	1,474	36.8	10.2	47.0	51.2	1.8	100.0
Mid and East Antrim	Primary visit	475	162	637	812	25	1,474	32.2	11.0	43.2	55.1	1.7	100.0
	6 weeks	400	103	503	946	25	1,474	27.1	7.0	34.1	64.2	1.7	100.0
	3 months	355	83	438	1,003	33	1,474	24.1	5.6	29.7	68.0	2.2	100.0
	6 months	287	67	354	1,065	55	1,474	19.5	4.5	24.0	72.3	3.7	100.0
	12 months	170	59	229	1,108	137	1,474	11.5	4.0	15.5	75.2	9.3	100.0
	Discharge	779	234	1,013	1,004	38	2,055	37.9	11.4	49.3	48.9	1.8	100.0
	Primary visit	617	174	791	1,101	163	2,055	30.0	8.5	38.5	53.6	7.9	100.0
Mid Illatar	6 weeks	481	162	643	965	447	2,055	23.4	7.9	31.3	47.0	21.8	100.0
Mid Ulster	3 months	404	125	529	1,029	497	2,055	19.7	6.1	25.7	50.1	24.2	100.0
	6 months	286	94	380	1,258	417	2,055	13.9	4.6	18.5	61.2	20.3	100.0
	12 months	137	46	183	1,260	612	2,055	6.7	2.2	8.9	61.3	29.8	100.0
	Discharge	839	263	1,102	1,206	68	2,376	35.3	11.1	46.4	50.8	2.9	100.0
	Primary visit	707	179	886	1,312	178	2,376	29.8	7.5	37.3	55.2	7.5	100.0
Newry, Mourne	6 weeks	543	165	708	1,564	104	2,376	22.9	6.9	29.8	65.8	4.4	100.0
and Down	3 months	469	124	593	1,623	160	2,376	19.7	5.2	25.0	68.3	6.7	100.0
	6 months	243	67	310	1,150	916	2,376	10.2	2.8	13.0	48.4	38.6	100.0
	12 months	166	76	242	1,474	660	2,376	7.0	3.2	10.2	62.0	27.8	100.0
	Discharge	8,406	2,604	11,010	11,411	370	22,791	36.9	11.4	48.3	50.1	1.6	100.0
Total	Primary visit	6,651	2,030	8,681	11,968	2,142	22,791	29.2	8.9	38.1	52.5	9.4	100.0
Northern	6 weeks	5,504	1,776	7,280	13,581	1,930	22,791	24.1	7.8	31.9	59.6	8.5	100.0
Ireland	3 months	4,746	1,362	6,108	14,028	2,655	22,791	20.8	6.0	26.8	61.6	11.6	100.0
Ireland residents	6 months	3,465	899	4,364	13,184	5,243	22,791	15.2	3.9	19.1	57.8	23.0	100.0
	12 months	1,910	698	2,608	13,948	6,235	22,791	8.4	3.1	11.4	61.2	27.4	100.0

Table AF (continued): Breastfeeding prevalence (%) by Council area (LGD2014), 2018

			2017			2018			2019p	
Council area LGD2014	District Electoral Area DEA 2014	Total births			Total births	Any BF		Total births	Any BF	
		Ν	Ν	%	N	Ν	%	N	Ν	%
	Airport	294	164	55.8	251	155	61.8	283	160	56.5
	Antrim	302	136	45.0	283	140	49.5	294	120	40.8
	Ballyclare	207	109	52.7	212	117	55.2	195	103	52.8
Antrim and Newtownabbey	Dunsilly	192	102	53.1	214	103	48.1	172	92	53.5
	Glengormley Urban	251	139	55.4	244	126	51.6	229	118	51.5
	Macedon	233	88	37.8	215	97	45.1	252	103	40.9
	Three Mile Water	223	112	50.2	207	107	51.7	223	119	53.4
	Ards Peninsula	215	100	46.5	241	124	51.5	215	84	39.1
	Bangor Central	294	100 46.5 241 124 171 58.2 309 173	173	56.0	269	146	54.3		
	Bangor East and Donaghadee	190	122	64.2	176	92	52.3	184	98	53.3
Ards and North Down	Bangor West	203	95	46.8	182	98	53.8	197	124	62.9
	Comber	179	99	55.3	167	95	56.9	198	111	56.1
	Holywood and Clandeboye	180	120	66.7	163	120	73.6	149	105	70.5
	Newtownards	295	130	44.1	272	116	42.6	323	141	43.7
	Armagh	484	225	46.5	469	233	49.7	445	203	45.6
	Banbridge	441	213	48.3	429	217	50.6	421	217	51.5
	Craigavon	384	176	45.8	399	199	49.9	362	195	53.9
Armagh City, Banbridge and Craigavon	Cusher	345	162	47	338	157	46.4	317	164	51.7
Stalgavon	Lagan River	284	157	55.3	298	169	56.7	251	142	56.6
	Lurgan	502	230	45.8	489	225	46.0	513	222	43.3
	Portadown	471	235	49.9	429	229	53.4	423	218	51.5
	Balmoral	250	169	67.6	253	169	66.8	281	188	66.9
	Black Mountain	505	145	28.7	496	150	30.2	509	159	31.2
	Botanic	438	268	61.2	453	262	57.8	452	278	61.5
	Castle	375	159	42.4	375	181	48.3	396	198	50.0
Colfact	Collin	475	143	30.1	504	175	34.7	482	171	35.5
Belfast	Court	470	104	22.1	460	131	28.5	436	119	27.3
	Lisnasharragh	347	230	66.3	345	222	64.3	326	232	71.2
	Oldpark	499	122	24.4	524	147	28.1	489	158	32.3
	Ormiston	377	239	63.4	360	238	66.1	326	219	67.2
	Titanic	507	216	42.6	522	261	50.0	500	233	46.6

Table AG: Breastfeeding at discharge (%) by Council area (LGD2014) and District Electoral Area (DEA2014), 2017-2019p

			2017			2018			2019p	
Council area LGD2014	District Electoral Area DEA 2014	Total births	Any BF		Total births	Any BF		Total births	Any BF	
		N	N	%	N	N	%	N	Ν	%
	Ballymoney	310	132	42.6	268	128	47.8	274	124	45.3
	Bann	205	85	41.5	176	99	56.3	196	97	49.5
	Benbradagh	262	112	42.7	240	108	45.0	235	110	46.8
Causeway Coast and Glens	Causeway	219	123	56.2	200	116	58.0	184	97	52.7
	Coleraine	258	84	32.6	272	100	36.8	266	124	46.6
	Limavady	176	59	33.5	161	65	40.4	167	62	37.1
	The Glens	202	80	39.6	183	73	39.9	193	95	49.2
	Ballyarnett	336	101	30.1	378	123	32.5	316	93	29.4
	Derg	218	85	39.0	198	75	37.9	232	92	39.7
	Faughan	223	84	37.7	204	94	46.1	201	78	38.8
Derry City and Strabane	Foyleside	202	69	34.2	191	80	41.9	188	80	42.6
	Sperrin	329	110	33.4	300	111	37.0	291	117	40.2
	The Moor	241	68	28.2	221	70	31.7	229	70	30.6
	Waterside	381	150	39.4	345	158	45.8	363	154	42.4
	Enniskillen	205	118	57.6	190	93	48.9	194	111	57.2
	Erne East	203	97	47.8	235	110	46.8	197	101	51.3
	Erne North	197	96	48.7	172	75	43.6	192	87	45.3
Fermanagh and Omagh	Erne West	191	96	50.3	197	108	54.8	170	90	52.9
	Mid Tyrone	254	140	55.1	220	113	51.4	233	124	53.2
	Omagh	225	107	47.6	213	99	46.5	201	92	45.8
	West Tyrone	219	123	56.2	234	122	52.1	204	110	53.9
	Castlereagh East	249	130	52.2	278	140	50.4	275	148	53.8
	Castlereagh South	309	206	66.7	291	208	71.5	270	195	72.2
	Downshire East	169	102	60.4	178	115	64.6	154	114	74.0
Lisburn and Castlereagh	Downshire West	160	101	63.1	199	136	68.3	178	126	70.8
	Killultagh	284	157	55.3	304	176	57.8	254	143	56.3
	Lisburn North	257	154	59.9	266	139	52.3	289	164	56.7
	Lisburn South	300	133	44.3	293	140	47.8	300	137	45.7

Table AG (continued): Breastfeeding at discharge (%) by Council area (LGD2014) and District Electoral Area (DEA2014), 2017-2019p

			2017			2018			2019p	
Council area LGD2014	District Electoral Area DEA 2014	Total births	Any BF		Total births	Any BF		Total births	Any BF	
		Ν	Ν	%	N	N	%	Ν	Ν	%
	Ballymena	311	149	47.9	273	130	47.6	271	150	55.4
	Bannside	204	95	46.6	231	101	43.7	216	123	56.9
	Braid	272	129	47.4	283	139	49.1	260	138	53.1
Mid and East Antrim	Carrick Castle	211	99	46.9	153	70	45.8	198	105	53.0
	Coast Road	173	65	37.6	170	74	43.5	180	69	38.3
	Knockagh	187	93	49.7	164	73	44.5	180	94	52.2
	Larne Lough	170	103	60.6	200	106	53.0	160	91	56.9
	Carntogher	254	115	45.3	234	101	43.2	220	103	46.8
	Clogher Valley	317	166	52.4	333	186	55.9	338	182	53.8
	Cookstown	337	149	44.2	318	140	44.0	325	141	43.4
Mid Ulster	Dungannon	394	242	61.4	373	229	61.4	364	228	62.6
	Magherafelt	261	117	44.8	252	125	49.6	244	122	50.0
	Moyola	237	98	41.4	220	100	45.5	251	121	48.2
	Torrent	332	149	44.9	325	132	40.6	345	141	40.9
	Crotlieve	391	205	52.4	357	181	50.7	362	197	54.4
	Downpatrick	267	103	38.6	293	124	42.3	248	102	41.1
	Newry	403	177	43.9	360	160	44.4	411	217	52.8
Newry, Mourne and Down	Rowallane	234	119	50.9	231	122	52.8	218	123	56.4
	Slieve Croob	280	142	50.7	251	126	50.2	215	107	49.8
	Slieve Gullion	484	216	44.6	486	202	41.6	456	210	46.1
	The Mournes	370	186	50.3	398	187	47.0	368	177	48.1
Total		23,176	10,899	47.0	22,791	11,010	48.3	22,388	11,016	49.2
Source: Northern Ireland Child Health Sys	stem; Live births to NI resident mothers.									

Table AG (continued): Breastfeeding at discharge (%) by Council area (LGD2014) and District Electoral Area (DEA2014), 2017-2019p

				Number of	births (N)					Rate	(%)		
Year		Total BF	Partial BF	Any BF	Not at all	Unknown / blank	Total	Total BF	Partial BF	Any BF	Not at all	Unknown / blank	Total
	Non Sure Start area	5,849	1,696	7,545	6,056	223	13,824	42.3	12.3	54.6	43.8	1.6	100.0
2019p	Sure Start area	2,513	958	3471	4,953	140	8,564	29.3	11.2	40.5	57.8	1.6	100.0
	All	8,362	2,654	11,016	11,009	363	22,388	37.4	11.9	49.2	49.2	1.6	100.0
	Non Sure Start area	5,810	1,703	7,513	6,207	209	13,929	41.7	12.2	53.9	44.6	1.5	100.0
2018	Sure Start area	2,596	901	3,497	5,204	161	8,862	29.3	10.2	39.5	58.7	1.8	100.0
	All	8,406	2,604	11,010	11,411	370	22,791	36.9	11.4	48.3	50.1	1.6	100.0
	Non Sure Start area	5,817	1,610	7,427	6,445	175	14,047	41.4	11.5	52.9	45.9	1.2	100.0
2017	Sure Start area	2,564	908	3,472	5,519	138	9,129	28.1	9.9	38.0	60.5	1.5	100.0
	All	8,381	2,518	10,899	11,964	313	23,176	36.2	10.9	47.0	51.6	1.4	100.0
Source: N	Northern Ireland Child Health	,	,	· ·	11,904	515	23,170	30.2	10.9	77.0	51.0	1.4	100.

Table AH: Breastfeeding at discharge by Sure Start and Non Sure Start areas, 2017-2019p

References

¹ Department of Health, Social Services and Public Safety. Breastfeeding – A Great Start. A strategy for Northern Ireland
2013-2023. Belfast, DHSSPS, 2013.
² Draft Programme for government framework 2016-2021: Belfast: Northern Ireland Executive, 2016.
³ Department of Health, Social Services and Public Safety. Making Life Better. A whole system strategic framework for
public health 2013-2023. Belfast: DHSSPS, 2014.
⁴ <u>Health and wellbeing 2026. Delivering together. Department of Health: Belfast, 2016.</u>
⁵ <u>A fitter Future for all: Framework for preventing and addressing overweight and obesity in Northern Ireland 2012-2022.</u>
Belfast: Department of Health, Social Services and Public Safety, 2012.
⁶ A strategy for maternity care in Northern Ireland 2012-2018. Belfast: Department of Health, Social Services and Public
<u>Safety, 2012</u> .
A healthier future: a twenty year vision for health and wellbeing in Northern Ireland 2005-2025. Belfast, DHSSPS, 2005.
⁸ Delivering Social Change. The Executive's child poverty strategy. Belfast: Northern Ireland Executive, 2016.
⁹ Children and young people's strategy 2017-2027 Consultation document. Belfast: Department of Education, 2016.
¹⁰ 'Supporting the best start in life' Infant Mental Health Framework and Action Plan 2015 – 2018 Consultation document.
Belfast: Public Health Agency, 2015.
¹¹ Improving and safeguarding social wellbeing a strategy for social work in Northern Ireland 2012-2022. Belfast:
DHSSPS, 2012.
¹² Department of Health, Social Services and Public Safety. Making life better. A whole system strategic framework for
public health 2013-2023. Belfast: DHSSPS, 2014.
¹³ Public Health Agency. Corporate plan 2017-2021. Belfast: PHA, 2017.
¹⁴ World Health Organisation. Global strategy for infant and young child feeding, the optimal duration of exclusive
breastfeeding. Geneva, World Health Organisation, 2001.
¹⁵ World Health Organisation and UNICEF. Protecting, promoting and supporting breastfeeding: The special role of
maternity services. Geneva, World Health Organisation, 1989.
¹⁶ World Health Organisation/UNICEF. Implementation guidance: protecting, promoting, and supporting breastfeeding in
facilities providing maternity and newborn services: the revised Baby-Friendly Hospital Iniative. Geneva: WHO/UNICEF,
facilities providing maternity and newborn services: the revised Baby-Friendly Hospital Iniative. Geneva: WHO/UNICEF, 2018.
facilities providing maternity and newborn services: the revised Baby-Friendly Hospital Iniative. Geneva: WHO/UNICEF, 2018. ¹⁷ UNICEF UK. Guide to the UK Baby Friendly Initiative Standards. London: UNICEF, 2017.
facilities providing maternity and newborn services: the revised Baby-Friendly Hospital Iniative. Geneva: WHO/UNICEF, 2018. ¹⁷ UNICEF UK. Guide to the UK Baby Friendly Initiative Standards. London: UNICEF, 2017. ¹⁸ National Institute for Health and Care Excellence. Clinical guideline 37 Postnatal care. Routine postnatal care of
 facilities providing maternity and newborn services: the revised Baby-Friendly Hospital Iniative. Geneva: WHO/UNICEF, 2018. ¹⁷ UNICEF UK. Guide to the UK Baby Friendly Initiative Standards. London: UNICEF, 2017. ¹⁸ National Institute for Health and Care Excellence. Clinical guideline 37 Postnatal care. Routine postnatal care of women and their babies. London: NICE, 2006.
facilities providing maternity and newborn services: the revised Baby-Friendly Hospital Iniative. Geneva: WHO/UNICEF, 2018. ¹⁷ UNICEF UK. Guide to the UK Baby Friendly Initiative Standards. London: UNICEF, 2017. ¹⁸ National Institute for Health and Care Excellence. Clinical guideline 37 Postnatal care. Routine postnatal care of women and their babies. London: NICE, 2006. ¹⁹ UNICEF Baby Friendly Statistics Page last updated: December 2020.
 facilities providing maternity and newborn services: the revised Baby-Friendly Hospital Iniative. Geneva: WHO/UNICEF, 2018. ¹⁷ UNICEF UK. Guide to the UK Baby Friendly Initiative Standards. London: UNICEF, 2017. ¹⁸ National Institute for Health and Care Excellence. Clinical guideline 37 Postnatal care. Routine postnatal care of women and their babies. London: NICE, 2006. ¹⁹ UNICEF Baby Friendly Statistics Page last updated: December 2020. ²⁰ UNICEF UK. Achieving Sustainability Standards.
 facilities providing maternity and newborn services: the revised Baby-Friendly Hospital Iniative. Geneva: WHO/UNICEF, 2018. ¹⁷ UNICEF UK. Guide to the UK Baby Friendly Initiative Standards. London: UNICEF, 2017. ¹⁸ National Institute for Health and Care Excellence. Clinical guideline 37 Postnatal care. Routine postnatal care of women and their babies. London: NICE, 2006. ¹⁹ UNICEF Baby Friendly Statistics Page last updated: December 2020. ²⁰ UNICEF UK. Achieving Sustainability Standards. ²¹ UNICEF Baby Friendly Statistics Page last updated: December 2020.
 facilities providing maternity and newborn services: the revised Baby-Friendly Hospital Iniative. Geneva: WHO/UNICEF, 2018. ¹⁷ UNICEF UK. Guide to the UK Baby Friendly Initiative Standards. London: UNICEF, 2017. ¹⁸ National Institute for Health and Care Excellence. Clinical guideline 37 Postnatal care. Routine postnatal care of women and their babies. London: NICE, 2006. ¹⁹ UNICEF Baby Friendly Statistics Page last updated: December 2020. ²⁰ UNICEF UK. Achieving Sustainability Standards. ²¹ UNICEF Baby Friendly Statistics Page last updated: December 2020. ²² WHO Director-General's opening remarks at the media briefing on COVID-19 – 11. Ghebreyesus, 11 March 2020.
 facilities providing maternity and newborn services: the revised Baby-Friendly Hospital Iniative. Geneva: WHO/UNICEF, 2018. ¹⁷ UNICEF UK. Guide to the UK Baby Friendly Initiative Standards. London: UNICEF, 2017. ¹⁸ National Institute for Health and Care Excellence. Clinical guideline 37 Postnatal care. Routine postnatal care of women and their babies. London: NICE, 2006. ¹⁹ UNICEF Baby Friendly Statistics Page last updated: December 2020. ²⁰ UNICEF UK. Achieving Sustainability Standards. ²¹ UNICEF Baby Friendly Statistics Page last updated: December 2020. ²² WHO Director-General's opening remarks at the media briefing on COVID-19 – 11. Ghebreyesus, 11 March 2020. ²³ Public Health Agency Northern Ireland Maternity and Parenting. COVID-19 advice for pregnant women and parents in
 facilities providing maternity and newborn services: the revised Baby-Friendly Hospital Iniative. Geneva: WHO/UNICEF, 2018. ¹⁷ UNICEF UK. Guide to the UK Baby Friendly Initiative Standards. London: UNICEF, 2017. ¹⁸ National Institute for Health and Care Excellence. Clinical guideline 37 Postnatal care. Routine postnatal care of women and their babies. London: NICE, 2006. ¹⁹ UNICEF Baby Friendly Statistics Page last updated: December 2020. ²⁰ UNICEF UK. Achieving Sustainability Standards. ²¹ UNICEF Baby Friendly Statistics Page last updated: December 2020. ²² WHO Director-General's opening remarks at the media briefing on COVID-19 – 11. Ghebreyesus, 11 March 2020. ²³ Public Health Agency Northern Ireland Maternity and Parenting. COVID-19 advice for pregnant women and parents in Northern Ireland
 facilities providing maternity and newborn services: the revised Baby-Friendly Hospital Iniative. Geneva: WHO/UNICEF, 2018. ¹⁷ UNICEF UK. Guide to the UK Baby Friendly Initiative Standards. London: UNICEF, 2017. ¹⁸ National Institute for Health and Care Excellence. Clinical guideline 37 Postnatal care. Routine postnatal care of women and their babies. London: NICE, 2006. ¹⁹ UNICEF Baby Friendly Statistics Page last updated: December 2020. ²⁰ UNICEF UK. Achieving Sustainability Standards. ²¹ UNICEF Baby Friendly Statistics Page last updated: December 2020. ²² WHO Director-General's opening remarks at the media briefing on COVID-19 – 11. Ghebreyesus, 11 March 2020. ²³ Public Health Agency Northern Ireland Maternity and Parenting. COVID-19 advice for pregnant women and parents in Northern Ireland ²⁴ Royal College of Obstetricians and Gynaecologists. Coronavirus (COVID-19) infection and pregnancy – guidance for
 facilities providing maternity and newborn services: the revised Baby-Friendly Hospital Iniative. Geneva: WHO/UNICEF, 2018. ¹⁷ UNICEF UK. Guide to the UK Baby Friendly Initiative Standards. London: UNICEF, 2017. ¹⁸ National Institute for Health and Care Excellence. Clinical guideline 37 Postnatal care. Routine postnatal care of women and their babies. London: NICE, 2006. ¹⁹ UNICEF Baby Friendly Statistics Page last updated: December 2020. ²⁰ UNICEF UK. Achieving Sustainability Standards. ²¹ UNICEF Baby Friendly Statistics Page last updated: December 2020. ²² WHO Director-General's opening remarks at the media briefing on COVID-19 – 11. Ghebreyesus, 11 March 2020. ²³ Public Health Agency Northern Ireland Maternity and Parenting. COVID-19 advice for pregnant women and parents in Northern Ireland ²⁴ Royal College of Obstetricians and Gynaecologists. Coronavirus (COVID-19) infection and pregnancy – guidance for healthcare professionals: Version 12 – 14 October 2020.
 facilities providing maternity and newborn services: the revised Baby-Friendly Hospital Iniative. Geneva: WHO/UNICEF, 2018. ¹⁷ UNICEF UK. Guide to the UK Baby Friendly Initiative Standards. London: UNICEF, 2017. ¹⁸ National Institute for Health and Care Excellence. Clinical guideline 37 Postnatal care. Routine postnatal care of women and their babies. London: NICE, 2006. ¹⁹ UNICEF Baby Friendly Statistics Page last updated: December 2020. ²⁰ UNICEF Baby Friendly Statistics Page last updated: December 2020. ²¹ UNICEF Baby Friendly Statistics Page last updated: December 2020. ²² WHO Director-General's opening remarks at the media briefing on COVID-19 – 11. Ghebreyesus, 11 March 2020. ²³ Public Health Agency Northern Ireland Maternity and Parenting. COVID-19 advice for pregnant women and parents in Northern Ireland ²⁴ Royal College of Obstetricians and Gynaecologists. Coronavirus (COVID-19) infection and pregnancy – guidance for healthcare professionals: Version 12 – 14 October 2020. ²⁵ Renfrew MJ, Cheyne H, Craig J, Duff E, Dykes F, Hunter B, Lavender T, Page L, Ross-Davie M, Spiby H, Downe S.
 facilities providing maternity and newborn services: the revised Baby-Friendly Hospital Iniative. Geneva: WHO/UNICEF, 2018. ¹⁷ UNICEF UK. Guide to the UK Baby Friendly Initiative Standards. London: UNICEF, 2017. ¹⁸ National Institute for Health and Care Excellence. Clinical guideline 37 Postnatal care. Routine postnatal care of women and their babies. London: NICE, 2006. ¹⁹ UNICEF Baby Friendly Statistics Page last updated: December 2020. ²⁰ UNICEF UK. Achieving Sustainability Standards. ²¹ UNICEF Baby Friendly Statistics Page last updated: December 2020. ²² WHO Director-General's opening remarks at the media briefing on COVID-19 – 11. Ghebreyesus, 11 March 2020. ²³ Public Health Agency Northern Ireland Maternity and Parenting. COVID-19 advice for pregnant women and parents in Northern Ireland ²⁴ Royal College of Obstetricians and Gynaecologists. Coronavirus (COVID-19) infection and pregnancy – guidance for healthcare professionals: Version 12 – 14 October 2020. ²⁵ Renfrew MJ, Cheyne H, Craig J, Duff E, Dykes F, Hunter B, Lavender T, Page L, Ross-Davie M, Spiby H, Downe S. Sustaining quality midwifery care in a pandemic and beyond. Midwifery. 2020 Sep;88:102759.
 facilities providing maternity and newborn services: the revised Baby-Friendly Hospital Iniative. Geneva: WHO/UNICEF, 2018. ¹⁷ UNICEF UK. Guide to the UK Baby Friendly Initiative Standards. London: UNICEF, 2017. ¹⁸ National Institute for Health and Care Excellence. Clinical guideline 37 Postnatal care. Routine postnatal care of women and their babies. London: NICE, 2006. ¹⁹ UNICEF Baby Friendly Statistics Page last updated: December 2020. ²⁰ UNICEF UK. Achieving Sustainability Standards. ²¹ UNICEF Baby Friendly Statistics Page last updated: December 2020. ²² WHO Director-General's opening remarks at the media briefing on COVID-19 – 11. Ghebreyesus, 11 March 2020. ²³ Public Health Agency Northern Ireland Maternity and Parenting. COVID-19 advice for pregnant women and parents in Northern Ireland ²⁴ Royal College of Obstetricians and Gynaecologists. Coronavirus (COVID-19) infection and pregnancy – guidance for healthcare professionals: Version 12 – 14 October 2020. ²⁵ Renfrew MJ, Cheyne H, Craig J, Duff E, Dykes F, Hunter B, Lavender T, Page L, Ross-Davie M, Spiby H, Downe S. Sustaining quality midwifery care in a pandemic and beyond. Midwifery. 2020 Sep;88:102759. ²⁶ Department of Health. COVID-19: Regional Principles for visiting in care settings in Northern Ireland.
 facilities providing maternity and newborn services: the revised Baby-Friendly Hospital Iniative. Geneva: WHO/UNICEF, 2018. ¹⁷ UNICEF UK. Guide to the UK Baby Friendly Initiative Standards. London: UNICEF, 2017. ¹⁸ National Institute for Health and Care Excellence. Clinical guideline 37 Postnatal care. Routine postnatal care of women and their babies. London: NICE, 2006. ¹⁹ UNICEF Baby Friendly Statistics Page last updated: December 2020. ²⁰ UNICEF UK. Achieving Sustainability Standards. ²¹ UNICEF Baby Friendly Statistics Page last updated: December 2020. ²² WHO Director-General's opening remarks at the media briefing on COVID-19 – 11. Ghebreyesus, 11 March 2020. ²³ Public Health Agency Northern Ireland Maternity and Parenting. COVID-19 advice for pregnant women and parents in Northern Ireland ²⁴ Royal College of Obstetricians and Gynaecologists. Coronavirus (COVID-19) infection and pregnancy – guidance for healthcare professionals: Version 12 – 14 October 2020. ²⁵ Renfrew MJ, Cheyne H, Craig J, Duff E, Dykes F, Hunter B, Lavender T, Page L, Ross-Davie M, Spiby H, Downe S, Sustaining quality midwifery care in a pandemic and beyond. Midwifery. 2020 Sep;88:102759. ²⁶ Department of Health. COVID-19: Regional Principles for visiting in care settings in Northern Ireland. ²⁷ Williams J, et al. The Importance of Continuing Breastfeeding during Coronavirus Disease-2019: In Support of the
 facilities providing maternity and newborn services: the revised Baby-Friendly Hospital Iniative. Geneva: WHO/UNICEF, 2018. ¹⁷ UNICEF UK. Guide to the UK Baby Friendly Initiative Standards. London: UNICEF, 2017. ¹⁸ National Institute for Health and Care Excellence. Clinical guideline 37 Postnatal care. Routine postnatal care of women and their babies. London: NICE, 2006. ¹⁹ UNICEF Baby Friendly Statistics Page last updated: December 2020. ²⁰ UNICEF UK. Achieving Sustainability Standards. ²¹ UNICEF Baby Friendly Statistics Page last updated: December 2020. ²² WHO Director-General's opening remarks at the media briefing on COVID-19 – 11. Ghebreyesus, 11 March 2020. ²³ Public Health Agency Northern Ireland Maternity and Parenting. COVID-19 advice for pregnant women and parents in Northern Ireland ²⁴ Royal College of Obstetricians and Gynaecologists. Coronavirus (COVID-19) infection and pregnancy – guidance for healthcare professionals: Version 12 – 14 October 2020. ²⁵ Renfrew MJ, Cheyne H, Craig J, Duff E, Dykes F, Hunter B, Lavender T, Page L, Ross-Davie M, Spiby H, Downe S, Sustaining quality midwifery care in a pandemic and beyond. Midwifery. 2020 Sep;88:102759. ²⁶ Department of Health. COVID-19: Regional Principles for visiting in care settings in Northern Ireland. ²⁷ Williams J, et al. The Importance of Continuing Breastfeeding during Coronavirus Disease-2019: In Support of the World Health Organization Statement on Breastfeeding during the Pandemic. J Pediatr. 2020 Aug;223:234-236.
 facilities providing maternity and newborn services: the revised Baby-Friendly Hospital Iniative. Geneva: WHO/UNICEF, 2018. ¹⁷ UNICEF UK. Guide to the UK Baby Friendly Initiative Standards. London: UNICEF, 2017. ¹⁸ National Institute for Health and Care Excellence. Clinical guideline 37 Postnatal care. Routine postnatal care of women and their babies. London: NICE, 2006. ¹⁹ UNICEF Baby Friendly Statistics Page last updated: December 2020. ²⁰ UNICEF UK. Achieving Sustainability Standards. ²¹ UNICEF Baby Friendly Statistics Page last updated: December 2020. ²² WHO Director-General's opening remarks at the media briefing on COVID-19 – 11. Ghebreyesus, 11 March 2020. ²³ Public Health Agency Northern Ireland Maternity and Parenting. COVID-19 advice for pregnant women and parents in Northern Ireland ²⁴ Royal College of Obstetricians and Gynaecologists. Coronavirus (COVID-19) infection and pregnancy – guidance for healthcare professionals: Version 12 – 14 October 2020. ²⁵ Renfrew MJ, Cheyne H, Craig J, Duff E, Dykes F, Hunter B, Lavender T, Page L, Ross-Davie M, Spiby H, Downe S. Sustaining quality midwifery care in a pandemic and beyond. Midwifery. 2020 Sep;88:102759. ²⁶ Department of Health. COVID-19: Regional Principles for visiting in care settings in Northern Ireland. ²⁷ Williams J, et al. The Importance of Continuing Breastfeeding during Coronavirus Disease-2019: In Support of the World Health Organization. Breastfeeding and COVID-19. Scientific Brief. Geneva, Switzerland: WHO, June 2020.
 facilities providing maternity and newborn services: the revised Baby-Friendly Hospital Iniative. Geneva: WHO/UNICEF, 2018. ¹⁷ UNICEF UK. Guide to the UK Baby Friendly Initiative Standards. London: UNICEF, 2017. ¹⁸ National Institute for Health and Care Excellence. Clinical guideline 37 Postnatal care. Routine postnatal care of women and their babies. London: NICE, 2006. ¹⁹ UNICEF Baby Friendly Statistics Page last updated: December 2020. ²⁰ UNICEF Baby Friendly Statistics Page last updated: December 2020. ²¹ UNICEF Baby Friendly Statistics Page last updated: December 2020. ²² WHO Director-General's opening remarks at the media briefing on COVID-19 – 11. Ghebreyesus, 11 March 2020. ²³ Public Health Agency Northern Ireland Maternity and Parenting. COVID-19 advice for pregnant women and parents in Northern Ireland ²⁴ Royal College of Obstetricians and Gynaecologists. Coronavirus (COVID-19) infection and pregnancy – guidance for healthcare professionals: Version 12 – 14 October 2020. ²⁵ Renfrew MJ, Cheyne H, Craig J, Duff E, Dykes F, Hunter B, Lavender T, Page L, Ross-Davie M, Spiby H, Downe S, Sustaining quality midwifery care in a pandemic and beyond. Midwifery. 2020 Sep;88:102759. ²⁶ Department of Health. COVID-19: Regional Principles for visiting in care settings in Northern Ireland. ²⁷ Williams J, et al. The Importance of Continuing Breastfeeding during Coronavirus Disease-2019: In Support of the World Health Organization. Breastfeeding during the Pandemic. J Pediatr. 2020 Aug;223:234-236. ²⁸ World Health Organisation. Breastfeeding and COVID-19. Scientific Brief. Geneva, Switzerland: WHO, June 2020. ²⁹ UNICEF UK Baby Friendly Initiative. Breastfeeding safely during the COVID-19 pandemic. 8 April 2021.
 facilities providing maternity and newborn services: the revised Baby-Friendly Hospital Iniative. Geneva: WHO/UNICEF, 2018. ¹⁷ UNICEF UK. Guide to the UK Baby Friendly Initiative Standards. London: UNICEF, 2017. ¹⁸ National Institute for Health and Care Excellence. Clinical guideline 37 Postnatal care. Routine postnatal care of women and their babies. London: NICE, 2006. ¹⁹ UNICEF Baby Friendly Statistics Page last updated: December 2020. ²⁰ UNICEF Baby Friendly Statistics Page last updated: December 2020. ²¹ WHO Director-General's opening remarks at the media briefing on COVID-19 – 11. Ghebreyesus, 11 March 2020. ²³ Public Health Agency Northern Ireland Maternity and Parenting. COVID-19 advice for pregnant women and parents in Northern Ireland ²⁴ Royal College of Obstetricians and Gynaecologists. Coronavirus (COVID-19) infection and pregnancy – guidance for healthcare professionals: Version 12 – 14 October 2020. ²⁵ Renfrew MJ, Cheyne H, Craig J, Duff E, Dykes F, Hunter B, Lavender T, Page L, Ross-Davie M, Spiby H, Downe S. Sustaining quality midwifery care in a pandemic and beyond. Midwifery. 2020 Sep;88:102759. ²⁶ Department of Health. COVID-19: Regional Principles for visiting in care settings in Northern Ireland. ²⁷ Williams J, et al. The Importance of Continuing Breastfeeding during Coronavirus Disease-2019: In Support of the World Health Organisation. Breastfeeding and COVID-19. Scientific Brief. Geneva, Switzerland: WHO, June 2020. ²⁸ World Health Organisation. Breastfeeding and COVID-19. Scientific Brief. Geneva, Switzerland: WHO, June 2020. ²⁹ UNICEF UK Baby Friendly Initiative. Breastfeeding safely during the COVID-19 pandemic. 8 April 2021. ³⁰ UNICEF UK Baby Friendly Initiative. Breastfeeding safely during the COVID-19 pandemic. 8 April 2021.
 facilities providing maternity and newborn services: the revised Baby-Friendly Hospital Iniative. Geneva: WHO/UNICEF, 2018. ¹⁷ UNICEF UK. Guide to the UK Baby Friendly Initiative Standards. London: UNICEF, 2017. ¹⁸ National Institute for Health and Care Excellence. Clinical guideline 37 Postnatal care. Routine postnatal care of women and their babies. London: NICE, 2006. ¹⁹ UNICEF Baby Friendly Statistics Page last updated: December 2020. ²⁰ UNICEF Baby Friendly Statistics Page last updated: December 2020. ²¹ WHO Director-General's opening remarks at the media briefing on COVID-19 – 11. Ghebreyesus, 11 March 2020. ²³ Public Health Agency Northern Ireland Maternity and Parenting. COVID-19 advice for pregnant women and parents in Northern Ireland ²⁴ Royal College of Obstetricians and Gynaecologists. Coronavirus (COVID-19) infection and pregnancy – guidance for healthcare professionals: Version 12 – 14 October 2020. ²⁵ Renfrew MJ, Cheyne H, Craig J, Duff E, Dykes F, Hunter B, Lavender T, Page L, Ross-Davie M, Spiby H, Downe S. Sustaining quality midwifery care in a pandemic and beyond. Midwifery. 2020 Sep;88:102759. ²⁶ Department of Health. COVID-19: Regional Principles for visiting in care settings in Northern Ireland. ²⁷ Williams J, et al. The Importance of Continuing Breastfeeding during Coronavirus Disease-2019: In Support of the World Health Organization. Breastfeeding and COVID-19. Scientific Brief. Geneva, Switzerland: WHO, June 2020. ²⁸ World Health Organization. Breastfeeding and COVID-19. Scientific Brief. Geneva, Switzerland: WHO, June 2020. ²⁹ UNICEF UK Baby Friendly Initiative. Breastfeeding safely during the COVID-19 pandemic. 8 April 2021. ³¹ Royal College of Midwives and Royal College of Obstetricians and Gynaecologists. Coronavirus (COVID-19) infection
 facilities providing maternity and newborn services: the revised Baby-Friendly Hospital Iniative. Geneva: WHO/UNICEF, 2018. ¹⁷⁷ UNICEF UK. Guide to the UK Baby Friendly Initiative Standards. London: UNICEF, 2017. ¹⁸ National Institute for Health and Care Excellence. Clinical guideline 37 Postnatal care. Routine postnatal care of women and their babies. London: NICE, 2006. ¹⁹ UNICEF Baby Friendly Statistics Page last updated: December 2020. ²⁰ UNICEF Baby Friendly Statistics Page last updated: December 2020. ²¹ UNICEF Baby Friendly Statistics Page last updated: December 2020. ²² WHO Director-General's opening remarks at the media briefing on COVID-19 – 11. Ghebreyesus, 11 March 2020. ²³ Public Health Agency Northern Ireland Maternity and Parenting. COVID-19 advice for pregnant women and parents in Northern Ireland ²⁴ Royal College of Obstetricians and Gynaecologists. Coronavirus (COVID-19) infection and pregnancy – guidance for healthcare professionals: Version 12 – 14 October 2020. ²⁶ Department of Health. COVID-19: Regional Principles for visiting in care settings in Northern Ireland. ²⁷ Williams J. et al. The Importance of Continuing Breastfeeding during Coronavirus Disease-2019: In Support of the World Health Organization. Breastfeeding aduring the Pandemic. J Pediatr. 2020 Aug:223:234-236. ²⁸ World Health Organization. Breastfeeding aduring the CoVID-19 pandemic. 8 April 2021. ³⁰ UNICEF UK Baby Friendly Initiative. Breastfeeding safely during the COVID-19 pandemic. 8 April 2021. ³¹ Royal College of Midwives and Royal College of Obstetricians and Gynaecologists. Coronavirus Oisease. 2019: In Support of a UNICEF Statement: Infant feeding during the Covid-19 outbreak (updated 20 April 2021). ³¹ Royal College of Midwives and Royal College of Obstetricians and Gynaecologists. Coronavirus (COVID-19) infection and pregnancy – guidance for healthcare prof
 facilities providing maternity and newborn services: the revised Baby-Friendly Hospital Iniative. Geneva: WHO/UNICEF, 2018. ¹⁷ UNICEF UK. Guide to the UK Baby Friendly Initiative Standards. London: UNICEF, 2017. ¹⁸ National Institute for Health and Care Excellence. Clinical guideline 37 Postnatal care. Routine postnatal care of women and their babies. London: NICE, 2006. ¹⁹ UNICEF Baby Friendly Statistics Page last updated: December 2020. ²⁰ UNICEF Baby Friendly Statistics Page last updated: December 2020. ²¹ UNICEF Baby Friendly Statistics Page last updated: December 2020. ²² WHO Director-General's opening remarks at the media briefing on COVID-19 – 11. Ghebreyesus, 11 March 2020. ²³ Public Health Agency Northern Ireland Maternity and Parenting. COVID-19 advice for pregnant women and parents in Northern Ireland ²⁴ Royal College of Obstetricians and Gynaecologists. Coronavirus (COVID-19) infection and pregnancy – guidance for healthcare professionals: Version 12 – 14 October 2020. ²⁶ Renfrew MJ, Chevne H, Craig J, Duff E, Dykes F, Hunter B, Lavender T, Page L, Ross-Davie M, Spiby H, Downe S, Sustaining quality midwifery care in a pandemic and beyond. Midwifery. 2020 Sep;88:102759. ²⁶ Department of Health. COVID-19: Regional Principles for visiting in care settings in Northern Ireland. ²⁷ Williams J, et al. The Importance of Continuing Breastfeeding during Coronavirus Disease-2019: In Support of the World Health Organization. Breastfeeding and COVID-19. Scientific Brief. Geneva, Switzerland: WHO, June 2020. ²⁸ World Health Organization. Breastfeeding and COVID-19. Scientific Brief. Geneva, Switzerland: WHO, June 2020. ²⁹ UNICEF UK Baby Friendly Initiative. Breastfeeding safely during the COVID-19 pandemic. 8 April 2021. ³¹ Royal College of Midwives and Royal College of Obstetricians and Gynaec
 facilities providing maternity and newborn services: the revised Baby-Friendly Hospital Iniative. Geneva: WHO/UNICEF, 2018. ¹⁷⁷ UNICEF UK. Guide to the UK Baby Friendly Initiative Standards. London: UNICEF, 2017. ¹⁸ National Institute for Health and Care Excellence. Clinical guideline 37 Postnatal care. Routine postnatal care of women and their babies. London: NICE, 2006. ¹⁹ UNICEF Baby Friendly Statistics Page last updated: December 2020. ²⁰ UNICEF Baby Friendly Statistics Page last updated: December 2020. ²¹ UNICEF Baby Friendly Statistics Page last updated: December 2020. ²² WHO Director-General's opening remarks at the media briefing on COVID-19 – 11. Ghebreyesus, 11 March 2020. ²³ Public Health Agency Northern Ireland Maternity and Parenting. COVID-19 advice for pregnant women and parents in Northern Ireland ²⁴ Avgal College of Obstetricians and Gynaecologists. Coronavirus (COVID-19) infection and pregnancy – guidance for healthcare professionals: Version 12 – 14 October 2020. ²⁵ Renfrew MJ, Cheyne H, Craig J, Duff E, Dykes F, Hunter B, Lavender T, Page L, Ross-Davie M, Spiby H, Downe S. Sustaining quality midwifery care in a pandemic and beyond. Midwifery. 2020 Sep:88:102759. ²⁶ Department of Health. COVID-19: Regional Principles for visiting in care settings in Northern Ireland. ²⁷ Williams J, et al. The Importance of Continuing Breastfeeding during Coronavirus Disease-2019: In Support of the World Health Organization. Breastfeeding and COVID-19. Scientific Brief. Geneva, Switzerland: WHO, June 2020. ²⁸ World Health Organization. Breastfeeding and COVID-19. Scientific Brief. Geneva, Switzerland: WHO, June 2020. ²⁹ UNICEF Statement: Infant feeding during the Covid-19 outbreak (updated 20 April 2021). ³¹ Royal College of Midwives and Royal College of Obstetricians and Gynaecologists. Coronavirus (COVID-19) infection and pregnancy – guidance for h
 facilities providing maternity and newborn services: the revised Baby-Friendly Hospital Inlative. Geneva: WHO/UNICEF, 2018. ¹⁷⁷ UNICEF UK. Guide to the UK Baby Friendly Initiative Standards. London: UNICEF, 2017. ¹⁸ National Institute for Health and Care Excellence. Clinical guideline 37 Postnatal care. Routine postnatal care of women and their babies. London: NICE, 2006. ¹⁹ UNICEF Baby Friendly Statistics Page last updated: December 2020. ²⁰ UNICEF Baby Friendly Statistics Page last updated: December 2020. ²¹ UNICEF Baby Friendly Statistics Page last updated: December 2020. ²² WHO Director-General's opening remarks at the media briefing on COVID-19 – 11. Ghebreyesus, 11 March 2020. ²³ Public Health Agency Northern Ireland Maternity and Parenting. COVID-19 advice for pregnant women and parents in Northern Ireland ²⁴ Royal College of Obstetricians and Gynaecologists. Coronavirus (COVID-19) infection and pregnancy – guidance for healthcare professionals: Version 12 – 14 October 2020. ²⁵ Renfrew MJ, Cheyne H, Craig J, Duff E, Dykes F, Hunter B, Lavender T, Page L, Ross-Davie M, Spiby H, Downe S, Sustaining quality midwifery care in a pandemic and beyond. Midwifery. 2020 Sep;88:102759. ²⁶ Department of Health. COVID-19: Regional Principles for visiting in care settings in Northern Ireland. ²⁷ Williams J, et al. The Importance of Continuing Breastfeeding during the Pandemic. J Pediatr. 2020 Aug;22:32:34-236. ²⁸ World Health Organization. Breastfeeding aduring the Pandemic. J Pediatr. 2020 Aug;22:32:34-236. ²⁹ World Health Organization. Breastfeeding aduring the COVID-19 pandemic. 8 April 2021. ³⁰ UNICEF Statement: Infant feeding during the Covid-19 outbreak (updated 20 April 2021). ³¹ Royal College of Midwives and Royal College of Obstetricians and Gynaecologists. Coronavirus (COVID

³⁶ <u>Department of Health. COVID-19 vaccination for all women of childbearing age, currently pregnant or breastfeeding.</u> <u>Public Health Agency, April 2021.</u> ³⁶ <u>Gribble K, et al. Implications of the COVID-19 Pandemic Response for Breastfeeding, Maternal Caregiving Capacity</u> and Infant Mental Health. Journal of Human Lactation. 2020;36(4):591-603.

³⁷ Tomori C, et al. When separation is not the answer: Breastfeeding mothers and infants affected by COVID-19. Matern Child Nutr. 2020 Oct;16(4):e13033.

³⁸ Zanardo V et al. Infant feeding initiation practices in the context of COVID-19 lockdown. Early Hum Dev. 2021 Jan;152:105286.

³⁹ Kwan j et al. Six-month exclusive breastfeeding and the impact of COVID-19 on breastfeeding practice in Hong Kong: A mixed-methods study. International Breastfeeding Journal (In review – peer review not completed).

⁴⁰ Brown A, Shenker N. Experiences of breastfeeding during COVID-19: Lessons for future practical and emotional support. Matern Child Nutr. 2020 Sep 23:e13088.

⁴¹ <u>Vazquez-Vazquez</u> A, et al. The impact of the Covid-19 lockdown on the experiences and feeding practices of new mothers in the UK: Preliminary data from the COVID-19 New Mum Study. Appetite. 2021 Jan 1;156:104985.

⁴² Ipsos MORI. Impact of the Covid-19 pandemic on breastfeeding support. Report prepared for the Public Health Agency. Belfast: Ipsos MORI, 2021.

⁴³ WHO/UNICEF. Implementation guidance: protecting, promoting, and supporting breastfeeding in facilities providing maternity and newborn services: the revised BABY-FRIENDLY HOSPITAL INITIATIVE. Geneva: WHO/UNICEF, 2018.

⁴⁴ UNICEF. Research on skin-to-skin contact

⁴⁵ <u>Moore ER et al. Early skin-to-skin contact for mothers and their healthy newborn infants. Cochrane Database of</u> <u>Systematic Reviews 2016, Issue 11. Art. No.: CD003519.</u>

⁴⁶ <u>Chantry CJ et al. In-hospital formula use increases early breastfeeding cessation among first-time mothers intending to exclusively breastfeed. J Pediatr. 2014; 164(6): 1339-1345.</u>

⁴⁷ DiGirolamo AM et al. Effect of maternity-care practices on breastfeeding. Pediatrics 2008; 122(Suppl. 2): S43-9.

⁴⁸ Salvatori G and Guaraldi F. Effect of breast and formula feeding on gut microbiota shaping in newborns. Front Cell Infect Microbiol. 2012; 2: 94.

 ⁴⁹ WHO/UNICEF. Implementation guidance: protecting, promoting, and supporting breastfeeding in facilities providing maternity and newborn services: the revised BABY-FRIENDLY HOSPITAL INITIATIVE. Geneva: WHO/UNICEF, 2018.
 ⁵⁰ Pérez-Escamilla R et al. Impact of the Baby-friendly Hospital Initiative on breastfeeding and child health outcomes: a systematic review. Maternal & Child Nutrition 2016; 12: 402-417.

⁵¹ Edmond K and Bahl R. Optimal feeding of low-birth-weight infants. Technical review. Geneva: WHO, 2006.

⁵² <u>Renfrew MJ, Craig D, Dyson L, McCormick F, Rice S, King SE, et al. Breastfeeding promotion for infants in neonatal</u> units: a systematic review and economic analysis. Health Technology Assessment 2009; 13 (40).

⁵³ Department of Health, Social Services and Public Safety. Breastfeeding – A Great Start. A strategy for Northern Ireland 2013-2023. Belfast, DHSSPS, 2013.

⁵⁴ American Academy of Pediatrics. Policy statement. Breastfeeding and the use of human milk. Pediatrics 2012;129;e827.

⁵⁵ National Neonatal Audit Programme (NNAP). National Neonatal Audit Programme 2020 Annual Report on 2019 data. London: Royal College of Paediatrics and Child Health, 2020.

⁵⁶ Public Health England. Public Health Outcomes Framework

⁵⁷ NHS Digital. Maternity Services Monthly Statistics, England – July 2021, Experimental statistics. October 21.

⁵⁸ NHS Digital. NHS Maternity Statistics 2019-20. October 2020.

⁵⁹ Public Health England. Official Statistics. Breastfeeding at 6-8 weeks after birth (Experimental Statistics) 2019/20 Annual Data Statistical Commentary (February 2021). London: PHE, 2021.

⁶⁰ Welsh Government. Maternity and birth statistics

⁶¹ Welsh Government. Maternity and birth statistics: 2020. Cardiff: Welsh Government, 2021.

⁶² Universal Health Visiting Pathway in Scotland - Pre Birth to Pre School. Edinburgh: Scottish Government, 2015.

⁶³ Information Services Division. Infant feeding Statistics Scotland. Financial Year 2020/21. Edinburgh: National Statistics Scotland, 2021.

⁶⁴ Healthcare Pricing Office (HPO) Perinatal Statistics Report 2018. Dublin: August 2021.

- ⁶⁵ <u>Health Service Executive (HSE). Primary Care Services Key Performance Indicator Metadata 2020.</u>
- ⁶⁶ <u>Health Service Executive (HSE). Management Data Report. December 2020.</u>
- ⁶⁷ <u>Health Service Executive (HSE). Performance Reports.</u>

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