AIMS For a better birth...

Poor breastfeeding education for UK healthcare professionals: a huge gap in the provision of early breastfeeding support for new mothers.

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In this article, independent midwife and IBCLC lactation consultant Lucy Moggridge describes the pitiful lack of education that midwives receive on breastfeeding, despite the well documented benefits for mothers and babies. She goes on to explain how this lack of good education, in combination with understaffing, all too often leads to failures in the support provided by midwives to new mothers.

By Lucy Moggridge

Despite widespread recognition of the benefits of breastfeeding and the acknowledgement of its significant health benefits for both mothers and infants, the UK continues to report some of the lowest breastfeeding rates in the world.

According to the World Health Organisation (WHO), breastfeeding for at least the first 6 months of life is essential for optimal infant development, nutrition & maternal health.[1] However only 1% of UK infants are exclusively breastfed for that recommended period (Infant Feeding Survey, NHS Digital, 2012; .[2, 3]

This points to a significant gap between science, knowledge, policy and ultimately actual practice.

In truth many mothers enter into parenthood with full intentions to breastfeed but quickly encounter barriers that undermine their confidence and success even when they are motivated to do so. A qualitative study by Brown, referred to in her book, *Why Breastfeeding Grief and Trauma Matter*[4] revealed that many mothers felt disappointed by the care they received, with some citing a "tick box approach" to breastfeeding support. This approach to feeding only leads to early cessation, even when the mothers are highly motivated to continue.

It appears that one issue here is the insufficient knowledge and skills of many midwives who are the first line of support for breastfeeding mothers. Consequently, good antenatal education about breastfeeding is lacking and, even more importantly, so is good support postnatally.

Health Professional Education : A Critical Shortfall

Health professionals often receive limited, inconsistent or outdated training on breastfeeding, many only using a little of what the mainstream services provide within a hospital setting and the rest built upon years of handed down methods and opinions. The UNICEF Baby Friendly Initiative has made strides, but gaps remain. A review by UNICEF UK (2017) found that breastfeeding features minimally in midwifery curricula. Without robust education, professionals may provide inconsistent and sometimes outdated, substandard breastfeeding support and advice, contributing to misinformation and reduced breastfeeding success.[5, 6]

Institutions need to work towards an integrated, compassionate, individualised approach and this requires coordinated and compassionate responses including but not restricted to:

- Mandatory, evidence based training for ALL healthcare professionals (midwives, obstetricians, maternity support workers, maternity assistants, paediatricians, neonatal nurses etc).[7]
- Expansion and employment of IBCLC (International Board Certified Lactation Consultant) roles. This enables plans to be put in place for each family that is tailored to their needs.[8]
- Inclusion of peer support networks (peer support significantly increases likelihood of continued breastfeeding outcomes).[9]
- Reframing public health messages and reducing formula company marketing.[10, 2]
- Embedding breastfeeding support into digital healthcare platforms

So why is breastfeeding/breast milk so important?

Essentially, in terms of human development, breast milk provides a vital role. Breast milk not only provides nutrition, it is a living, bloodborne, immunologically active substance that is specifically tailored for human infants. It contains necessary antibodies, hormones, enzymes and stem cells that contribute to infant immune system development and provides all important protection against infections, chronic illnesses and even some childhood cancers.[11] Furthermore, breastfeeding supports maternal health, reducing the risk of breast and ovarian cancer, type 2 diabetes and postpartum depression.[2, 12] Given these unparalleled benefits, every effort should be made to ensure that breastfeeding is protected and

supported as the human norm.

Benefits for mothers include:

- Reduced risk of breast cancer - for each additional 12 months of breastfeeding the overall risk is reduced by 4.3%. Breastfeeding reduces the risk of Triple Negative Breast Cancer[13] by 20%, and in carriers of BRCA1 mutations[14], by 22–55%.[15]
- Reduced ovarian and endometrial cancer risk - long term feeding reduces risk further.[16]
- Lower risk of type 2 diabetes - by 32%.[17]

Benefits for babies include:

- Increased cognitive development and improved neurodevelopment (better working memory/nonverbal skills at ages 4-6).[18]
- The above was especially true in pre term babies receiving any breastmilk and they had lower neurodevelopmental impairment.[19]
- Fewer infections and increased immunity, particularly respiratory, gastrointestinal, and ear infections,[20] and better gut colonisation by bifidobacterium and lactobacillus, which enhance immune defences.[21]
- Lowered diabetes and obesity risks.[22,]
- Lowered rates of SIDS (sudden infant death syndrome) - breastfeeding duration of at least 2 months is associated with half the risk of SIDS.[23]
- Longer duration of breastfeeding, at all or exclusively, is associated with better educational achievement at age 5.[24]

Initiation rates of Breastfeeding in the UK are relatively high at 81%, but only 34% of infants are still receiving any breast milk at 6 months of age.[15] The early cessation of breastfeeding is often linked not only to maternal choice, but also to the lack of aforementioned support and knowledge of those healthcare providers, particularly in those early days and weeks. In my dual role as an Independent Midwife and an IBCLC I see the fallout of this in practice.

An **International Board Certified Lactation Consultant (IBCLC)** in the UK is a healthcare professional with specialist training in breastfeeding and lactation. Recognised for their advanced clinical skills, IBCLCs support families, healthcare providers, and public health efforts to improve infant feeding outcomes.[25]

Our primary role is to assess and manage breastfeeding challenges, such as poor latch, pain, low milk supply, or tongue-tie. We develop personalised care plans to help mothers and babies establish effective and comfortable feeding. IBCLCs also monitor infant growth and ensure breastfeeding is meeting nutritional needs.

Education and emotional support are key aspects of our work. IBCLCs provide antenatal and postnatal breastfeeding education, helping families feel informed and confident. We also support those facing complex situations, such as re-lactation,[26] induced lactation, premature birth, or health conditions affecting feeding.

In the UK, IBCLCs work in various settings including some NHS hospitals, community services, private practice, and voluntary organisations such as La Leche League or NCT. We often collaborate with midwives, health visitors, GPs and paediatricians, offering expert input on feeding in both routine and high-risk scenarios.

IBCLCs also play an advocacy role, supporting the Baby Friendly Initiative (BFI) led by UNICEF UK and promoting breastfeeding-friendly policies. Their work contributes to public health goals, such as reducing infant illness and improving maternal wellbeing. Yet rarely will you find an IBCLC in a hospital setting leading an infant feeding team.

Certification is granted by the International Board of Lactation Consultant Examiners (IBLCE) and requires a thorough exam, clinical experience and continuing education. IBCLCs adhere to a professional code of ethics and must recertify every five years (IBCLE, 2023)

In summary, IBCLCs provide expert, evidence-based support to promote and protect breastfeeding, making a vital contribution to maternal and infant health across the UK.

Breastfeeding Physiology: gaps in antenatal education

A fundamental challenge is that many women enter parenthood with minimal understanding of how breastfeeding actually works from a physiological perspective. Commonly during antenatal care, education surrounding breastfeeding is often rushed, basic and minimal - we have lost the trust that women can take on new knowledge through pregnancy, so it is simplified or omitted completely to “not overwhelm the woman with information”. Antenatal classes may prioritise labour and birth, treating breastfeeding as an afterthought. Many women don't know about how breastmilk is produced, where or how hormone involvement occurs to allow let down, about feedback mechanisms that allow milk to flow, or why latch is so important for milk transfer to assist this process. Some would say that a knowledge of breastfeeding anatomy and physiology is not necessary for successful feeding, that simply knowing some of the practicalities, how to get a good latch and where to find support is sufficient. For others though, especially when they have not grown up seeing breastfeeding in their daily lives, understanding how the body works helps them to manage expectations and make sense of everything.[27]

Upon reflection this is most likely why I get so many women who are a week, two weeks, four weeks into

their feeding journey, still struggling with basics such as latch, positions, and using incorrect flange sizes on pumps etc. Women are often contacting me for support when their breastfeeding journeys are already on the brink of failure, or have derailed entirely. However they are not failing, they are being failed by a lack of readily available practical support from an early stage.

Take, for example, a family I supported who were discharged home on a triple feeding plan (to breastfeed, pump and supplement with expressed Breast Milk (EBM) or formula). They were not told how to manage this plan or how to reduce it to get to the transition of exclusive breastfeeding. These intense regimes can be medically necessary, but can be overwhelming and unsustainable without clear guidance.

In another case, a family with twins had received no information about feeding when they were discharged home; the mother had not been referred to the appropriate Mental Health team, and had trauma from birth and a pre-existing mental health condition. When I got there I was then unpicking all the things that were missed, as well as supporting a traumatised first-time parent with twins, who was suffering with mastitis because they had only seen one person since going home, despite promises of Infant Feeding Team input that did not materialise until 10 days later.

Crucially, it seems many women have only been shown about nurturing positions such as laid back,koala positions to help with deep latch (therefore highly increasing the chance of eliminating sore nipples) if it is "trending" on social media. Nor have they been shown how to recogniseeffective milk transfer or how to manage engorgement, a key factor that can significantly affect latch and milk transfer in those early days.

Postnatal support: A system under pressure

Support in the postnatal period is patchy and in some cases almost non- existent (especially for subsequent mothers who already have children), and this absence occurs when help is needed the most. A 2024 survey by the Care Quality Commission (CQC)[28] stated that only 54% of mothers felt they always received the support they needed after birth, meaning almost half were left flailing (CQC, 2024). Many mothers also described feeling abandoned once they left the hospital, with no integral plans in place. They were expected to manage breastfeeding on their own, often with minimal follow up or guidance, even when there were issues such as faltering weight gains.

Midwives are central to postnatal care, but their capacity to provide skilled lactation breastfeeding support, in ever changing and deteriorating mainstream services, is often compromised by staffing shortages, time constraints, and a lack of in-depth current education. Furber and Thomson (2008)[29] observed that Midwives often feel conflicted between institutional demands and the time-intensive nature of breastfeeding support. Organisational barriers, such as underfunding and a lack of highly skilled IBCLCs as Infant Feeding Leads, further limit consistent, non-conflicting care. Without sorting these staffing issues, all the education in the world is not going to help.

The root of the problem appears to lie in training. While the Nursing & Midwifery Council (NMC)

mandates proficiency in breastfeeding knowledge (NMC, 2019), many Midwives report that their education fails to prepare them for real world breastfeeding support. Advice is often handed down midwife to midwife. A scoping review by Ingram et al. (2019) found that Midwives and student Midwives often lacked confidence in their breastfeeding knowledge, and frequently relied on their own experiences and experiences taught by seasoned Midwives, rather than evidence based techniques.

Experiential learning and mentorship emerged as vital components for developing confidence (not dissimilar to IBCLCs who are required to deliver 1000 hours of breastfeeding support during their training). These opportunities are rarely available. Midwives themselves have expressed a desire for more hands-on training and post qualification refreshers, not just the same 7 hour year-on-year study day, but interactive, deep-dive learning with case studies. This is particularly poignant in complex cases like under/over supply, perceived or otherwise' positioning and why each position works as it does the physiology of breast milk high palates; oral restrictions.

I could go on forever about how important this is and how passionate I am,, as are most IBCLCs I come into contact with.

In conclusion, breastfeeding investment is not just about feeding, it is about equity, sustainability and optimising the Nation's health for now and the future. It needs to be viewed as essential care, not merely an optional portion of care. Breastfeeding is not a lifestyle choice, it is a biological public health imperative. The amount we put into breastfeeding will show in the future and translate directly into reduced strains on NHS mainstream services. This will mean fewer hospital admissions , reduced prescriptions rates, and lower long-term health care costs. Currently though, the United Kingdom continues to face critical challenges in promoting, protecting and supporting breastfeeding women and families.

Further reading:

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26 Editor's note: Re-lactation is when breastfeeding is resumed after a significant break or started for the first time some days or even weeks after the birth. The milk supply will have dwindled when the baby wasn't feeding, but can be helped to build up again if the mother gets the right support.

27 Editor's note: Women who haven't grown up seeing babies being fed all the time often expect a few set 'meal times' with the baby sleeping in between. Understanding just how tiny a new baby's stomach is, understanding 'supply and demand', and understanding the importance and protective effect of night feeds, helps women embark on breastfeeding knowing what to expect.

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