

Publication Report



Breastfeeding Statistics

Financial Year 2010/11

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About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD's statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the [ISD website](#).

Introduction

Encouraging and supporting breastfeeding is recognised as an important public health activity. There is good evidence that breastfeeding in infancy has a protective effect against many childhood illnesses. Breastfed infants are likely to have a reduced risk of infection, particularly those affecting the ear, respiratory tract and gastro-intestinal tract. This protective effect is particularly marked in low birth weight infants. Other probable benefits include improved cognitive and psychological development, and a reduced risk of childhood obesity. There is evidence that women who breastfed have lower risks of breast cancer, epithelial ovarian cancer and hip fracture later in life.

A key section of the 2007 Scottish Government action plan '[Better Health, Better Care](#)' lays out the benefits of giving children the 'best possible start'. These actions include encouraging NHS Boards to increase the proportion of newborn children who are exclusively breastfed. A health improvement target was set to increase the proportion of newborn children exclusively breastfed at 6-8 weeks in Scotland from 26.2% in 2006/07 to 32.7% in 2010/11 (an increase of 25%).

Support and encouragement for breastfeeding can be provided at many levels. For example: health promotion campaigns at a national level; policies in maternity hospitals at NHS board level and primary care teams working with individual women and groups within the community. While these can support and encourage mothers to initiate and continue breastfeeding, there are a wide range of other factors that influence mothers. Maternal age and deprivation are known to be strongly associated with the likelihood of breastfeeding.

This release provides an update of breastfeeding statistics in Scotland to include data for babies born in the financial year 2010/11. These statistics are derived from data collected at the child health programme public health nurse/health visitor First Visit review (which takes place at around 10 days) and 6-8 week review. These data are recorded on the Child Health Systems Programme - Pre-School (CHSP-PS) system. Data are presented by NHS Board, Community Health Partnership (CHP) and Council Area and also by deprivation, maternal age and smoking status. As all NHS Boards in Scotland now use the CHSP-PS (Grampian and Orkney implemented the system during 2010), this release presents Scotland wide data for the first time. Information on variation in the timing of the 6-8 week review across Scotland and breastfeeding rates by age at the 6-8 week review is also presented in this release for the first time.

New methodology and revision of previously published statistics

In this publication, a new methodology has been implemented to improve the accuracy of breastfeeding statistics by NHS Board, Council Area, CHP and deprivation (SIMD 2009) quintile for all years presented. This is due to limitations identified in the postcode derived information from CHSP Pre-school such that where a child's postcode of residence has changed, in some instances the derived NHS Board of residence, Council Area, CHP and deprivation quintile may not reflect where the child lived at the time of their First Visit/6-8 week review. This applies to reviews recorded prior to July 2011. The new methodology provides a more accurate reflection of where children lived at the time of their First Visit/6-8 week review and has been implemented to improve the accuracy of breastfeeding statistics by NHS Board, Council Area, CHP and SIMD 2009 quintile for all years presented.

Previously published breastfeeding statistics for financial years 2001/02 to 2009/10 have been revised based on the new methodology. The overall Scotland level breastfeeding

rates are not affected by the new methodology. There is very little impact on figures at NHS Board level with the difference in reported figures mainly in the range -0.2 to 0.3 percentage points, at CHP/council area level mainly in the range -0.8 to 0.8 percentage points and by SIMD quintile mainly in the range -0.5 to 1.0 percentage points. Some Boards/CHP/council areas/SIMD quintiles may see slightly larger differences in some years. Rates for the most recent time periods are likely to be affected less than those for the earliest time periods reported. This revision does not affect the overall interpretation or conclusions to be drawn from previously published data. Further information on the new methodology is available in [Appendix A1 – Background Information](#).

Key points

- The Scottish Government target was to increase the proportion of newborn children exclusively breastfed at 6-8 weeks in Scotland from 26.2% in 2006/07 to 32.7% in 2010/11 (an increase of 25%). The exclusive breastfeeding rate at 6-8 weeks has remained static since 2006/07. In 2010/11, 26.5% of babies were exclusively breastfed at the 6-8 week review.
- Across Scotland, the overall breastfeeding rate at the First Visit review has remained at a broadly similar level over the last decade, with slight increases in the most recent years. Over the same period there has been a slight decrease in the exclusive breastfeeding rate. The prevalence of overall and exclusive breastfeeding at the 6-8 week review has remained static across Scotland over the last decade. The number of Boards included in these statistics has increased from 10 to 14 Boards over the last decade, however these patterns are observed amongst the 10 Boards for which data is available across the entire period presented.
- Overall breastfeeding rates in the most deprived areas of Scotland have increased over the last decade. The overall breastfeeding rate at the First Visit in the most deprived areas (SIMD quintile 1) in 2010/11 was 30.9%; this has increased from 24.3% in 2001/02. At the 6-8 week review, 22.3% of babies in the most deprived areas were breastfed in 2010/11 compared with 18.1% in 2001/02. In the most affluent areas overall breastfeeding rates have remained fairly constant since 2001/02 but exclusive breastfeeding rates have fallen.

Results and Commentary

Data collection and coverage

NHS Scotland provides a universal health promotion programme to all children and their families known as the child health programme. This programme includes various elements such as formal screening for specific medical problems, routine childhood immunisations, and a structured programme of needs assessment, health promotion, and parenting support provided through regular scheduled contacts with health visitors, school nurses and other health professionals.

The delivery of the child health programme to pre-school aged children is supported by the Child Health Systems Programme Pre-School information system (CHSP Pre-School). The system facilitates the invitation of children for specific child health programme contacts as they reach the appropriate age and also allows recording of information obtained and/or care given during the contacts.

These breastfeeding statistics are derived from data collected at the public health nurse/health visitor First Visit review (at around 10 days old) and the 6-8 week review and recorded on CHSP Pre School. At these reviews, the health professional (normally a public health nurse/health visitor) records whether a mother is exclusively breastfeeding (baby is fed breast milk only), mixed feeding (baby is fed both breast and formula milk), or if the baby is being fed formula milk only. The overall breastfeeding rate includes babies who are exclusively breastfed and babies who are mixed breast and formula fed.

The number of NHS Boards participating in the CHSP-PS and included in these statistics has increased since 2001/02 from 10 to 14 Boards (all NHS Boards in Scotland now use the CHSP-PS). This has resulted in an increase in the proportion of the pre-school population covered by CHSP-PS from approximately 84% in 2001/02 to 100% in 2010/11. Therefore the trend for 'All participating NHS Boards' should be interpreted with a degree of caution. In particular, NHS Grampian and NHS Orkney implemented the CHSP-PS during 2010 and are included in these statistics for the first time (in the figures for 2010/11 only). These Boards account for approximately 8% of First Visit and 10% of 6-8 week reviews in 2010/11 and have higher breastfeeding rates than the Scotland average. This should be borne in mind when comparing the 'All participating NHS Boards' breastfeeding rates for 2010/11 with previous years. The trends observed among the ten NHS Boards participating in the CHSP-PS throughout the ten year period for which data are presented are similar to those observed for 'All participating NHS Boards'.

Data Completeness

It is estimated that First Visit and 6-8 week review data are missing for approximately 1% and 5.5% respectively of babies eligible to receive these reviews. These figures vary across NHS Board areas and in general are higher in areas of deprivation. In some cases the review will have taken place but the data has not been recorded on CHSP-PS due, for example, to the review form not being returned for data entry. A proportion of the missing information will also be due to babies not receiving a First Visit/ 6-8 week review which can happen for a variety of reasons e.g. due to a hospital stay or the public health nurse/health visitor being unable to make contact with the family.

In addition, data on feeding status is missing on a small proportion of First Visit/ 6-8 week review records each year. For the financial year 2010/11, feeding status is unknown on

1.1% of First Visit and 1.4% of 6-8 week review records. These figures vary between NHS Boards. The number of reviews used as the denominator for the breastfeeding rates relates to babies who received a First Visit/ 6-8 week review and whose feeding status is known.

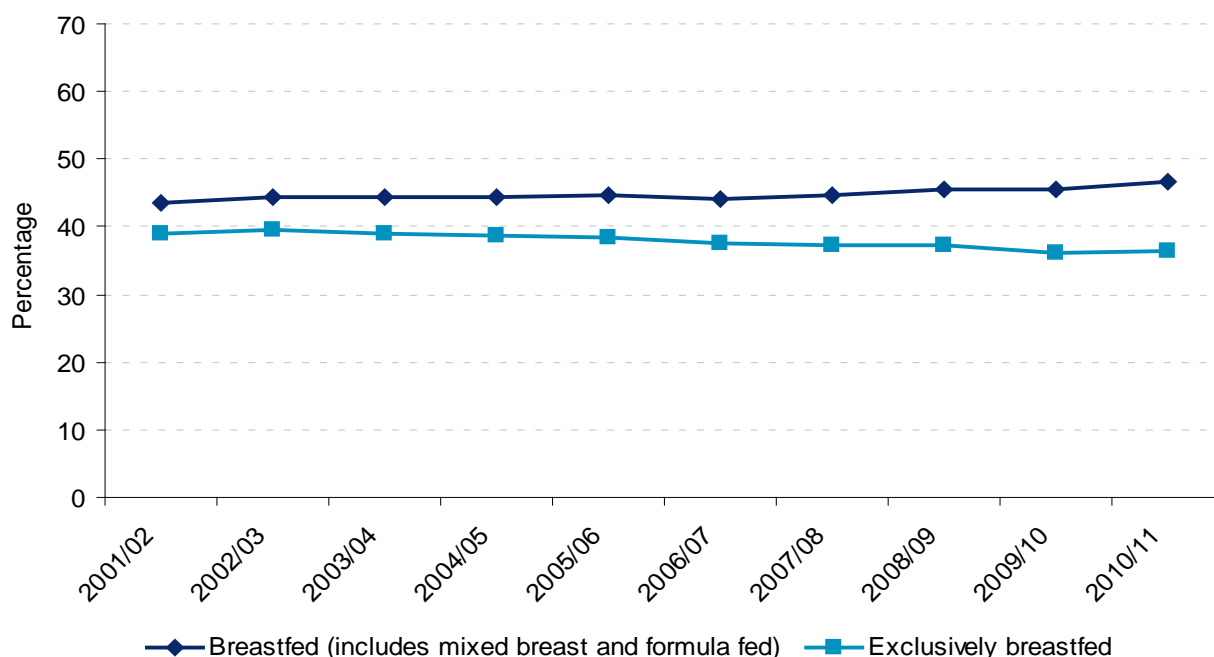
Breastfeeding at the First Visit

In 2010/11, a total of 46.8% of babies were breastfed at the First Visit review (which takes place at around 10 days). This comprises 36.3% of babies who were exclusively breastfed and 10.5% who were fed both breast milk and formula milk (mixed feeding).

The overall breastfeeding rate at the First Visit has increased from 45.6% in 2009/10 (the exclusive breastfeeding rate has stayed the same). However, NHS Grampian and NHS Orkney implemented the CHSP-PS during 2010 and are included in these statistics for the first time. These Boards account for approximately 8% of First Visit reviews in 2010/11 and have higher breastfeeding rates than the Scotland average. This should be borne in mind when comparing the all participating NHS Boards breastfeeding rates for 2010/11 with previous years. The trends observed among the ten NHS Boards participating in the CHSP-PS throughout the ten year period for which data are presented are similar to those observed for 'All participating NHS Boards'.

Across Scotland, the overall breastfeeding rate at the First Visit review has remained at a broadly similar level over the last decade, with slight increases in the most recent years. Over the same period there has been a slight decrease in the exclusive breastfeeding rate. The percentage of babies who were mixed fed at the First Visit has increased from 4.5% to 10.5% between 2001/02 to 2010/11.

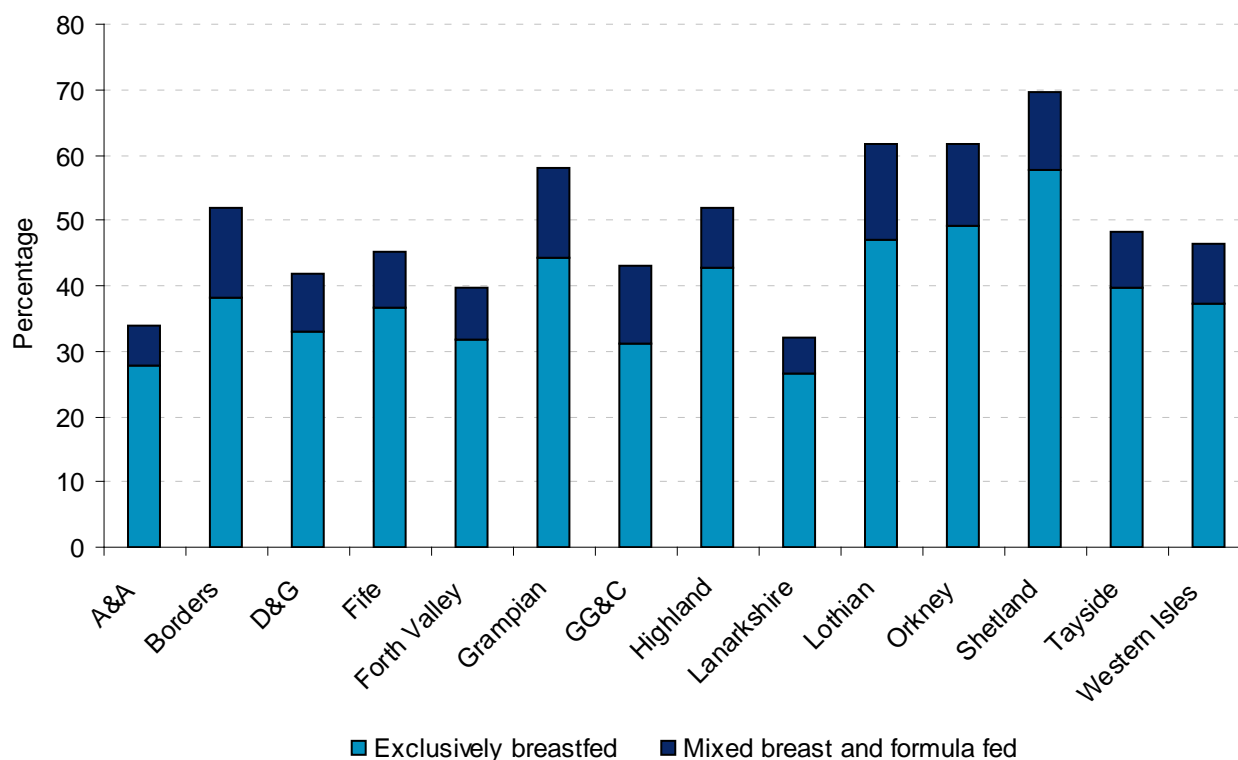
**Breastfeeding at the First Visit; All participating NHS Boards;
Year of Birth 2001/02 to 2010/11¹**



1. The CHSP-PS system, from which these statistics are derived, was introduced in 1991 and the number of participating boards has increased over the years. All NHS boards in Scotland now use the CHSP-PS. The number of NHS Boards included in these statistics has increased from 10 Boards in 2001/02 to 14 Boards in 2010/11. NHS Grampian and NHS Orkney implemented during 2010 and are included in the statistics for the first time (in the figures for 2010/11 only). This should be borne in mind when comparing the all participating NHS Boards figures for 2010/11 with previous years.

The prevalence of breastfeeding at the First Visit varies by geographical area. For example, exclusive breastfeeding rates in 2010/11 range from 26.6% in NHS Lanarkshire to 57.6% in NHS Shetland. There is also variation in the trends observed, with rates in some Boards being fairly static, while others have seen an increase or decrease in the prevalence of breastfeeding.

Breastfeeding at the First Visit by NHS Board of Review; Year of Birth 2010/11



Key

A&A: Ayrshire & Arran

D&G: Dumfries & Galloway

GG&C: Greater Glasgow & Clyde

Source: ISD Scotland, CHSP-PS Aug 2011

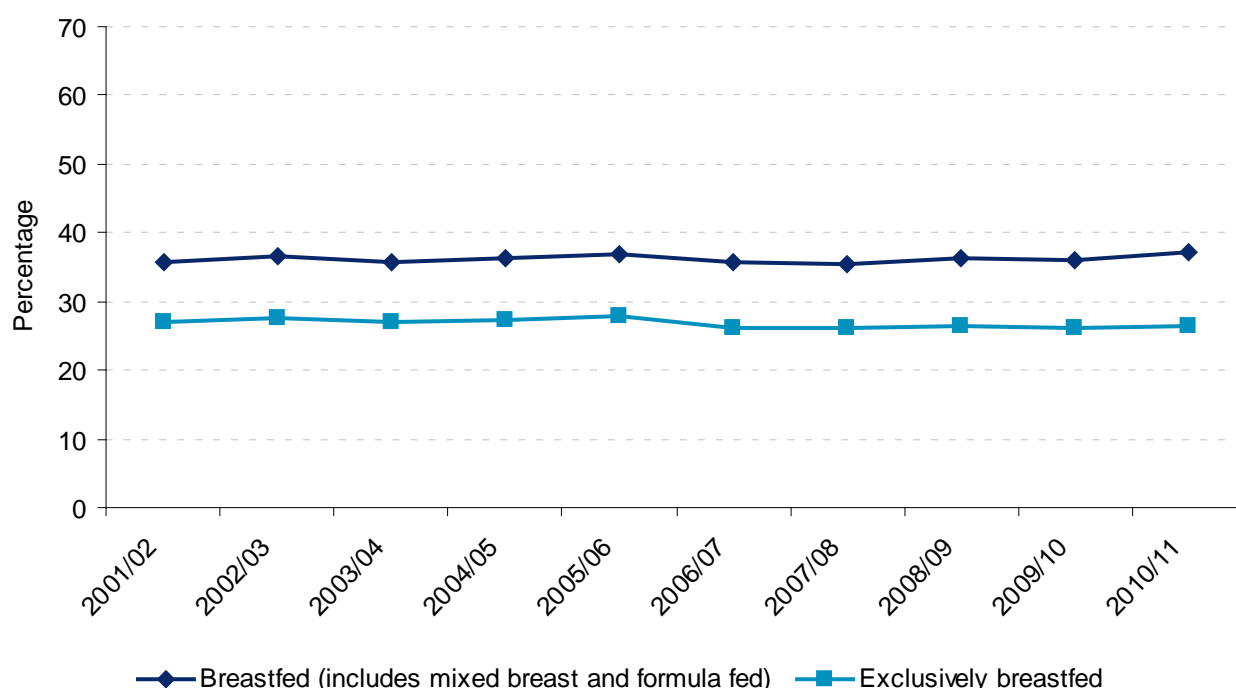
Breastfeeding at the 6-8 Week Review

At the 6-8 week review, the overall breastfeeding rate in 2010/11 was 37.1%. This comprises 26.5% of babies who were exclusively breastfed and 10.6% who were mixed breast and formula fed.

The prevalence of breastfeeding at the 6-8 week review has increased from 2009/10 (36.0% of babies were breastfed in 2009/10 including 26.1% who were exclusively breastfed). However, NHS Grampian and NHS Orkney implemented the CHSP-PS during 2010 and are included in these statistics for the first time. These Boards account for approximately 10% of 6-8 week reviews in 2010/11 and have higher breastfeeding rates than the Scotland average. This should be borne in mind when comparing the all participating NHS Boards breastfeeding rates for 2010/11 with previous years. The trends observed among the ten NHS Boards participating in the CHSP-PS throughout the ten year period for which data are presented are similar to those observed for 'All participating NHS Boards'.

The prevalence of overall and exclusive breastfeeding at the 6-8 week review has remained static across Scotland over the last decade.

**Breastfeeding at the 6-8 Week Review; All participating NHS Boards;
Year of Birth 2001/02 to 2010/11¹**



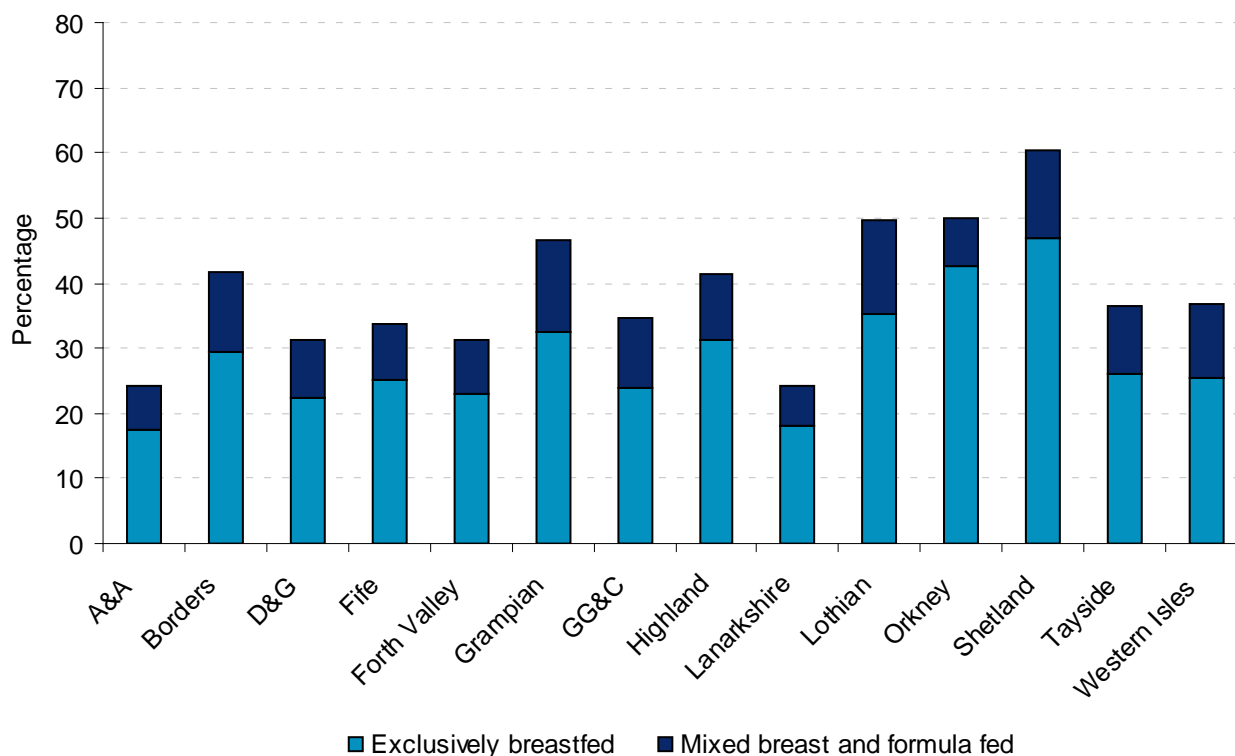
1. The CHSP-PS system, from which these statistics are derived, was introduced in 1991 and the number of participating boards has increased over the years. All NHS boards in Scotland now use the CHSP-PS. The number of NHS Boards included in these statistics has increased from 10 Boards in 2001/02 to 14 Boards in 2010/11. NHS Grampian and NHS Orkney implemented during 2010 and are included in the statistics for the first time (in the figures for 2010/11 only). This should be borne in mind when comparing the all participating NHS Boards figures for 2010/11 with previous years.

Source: ISD Scotland, CHSP-PS Aug 2011

Breastfeeding rates at the 6-8 week review vary by geographical area. For example, exclusive breastfeeding rates in 2010/11 range from 17.3% in NHS Ayrshire & Arran to 46.8% in NHS Shetland. A small proportion of this variation may be accounted for by

differences in the timing of the 6-8 week review (this is discussed in the next section). There is also variation in the trends observed, with rates in some Boards being fairly static, while others have seen an increase or decrease in the prevalence of breastfeeding.

**Breastfeeding at the 6-8 Week Review by NHS Board of Review;
Year of Birth 2010/11**



Key

A&A: Ayrshire & Arran

D&G: Dumfries & Galloway

GG&C: Greater Glasgow & Clyde

Source: ISD Scotland, CHSP-PS Aug 2011

Breastfeeding rates at the First Visit and 6-8 week review are available for financial years 2001/02 to 2010/11, by NHS Board, Council Area and Community Health Partnership. For tables and charts please see:

[Breastfeeding by NHS Board of Review and Financial Year](#) 

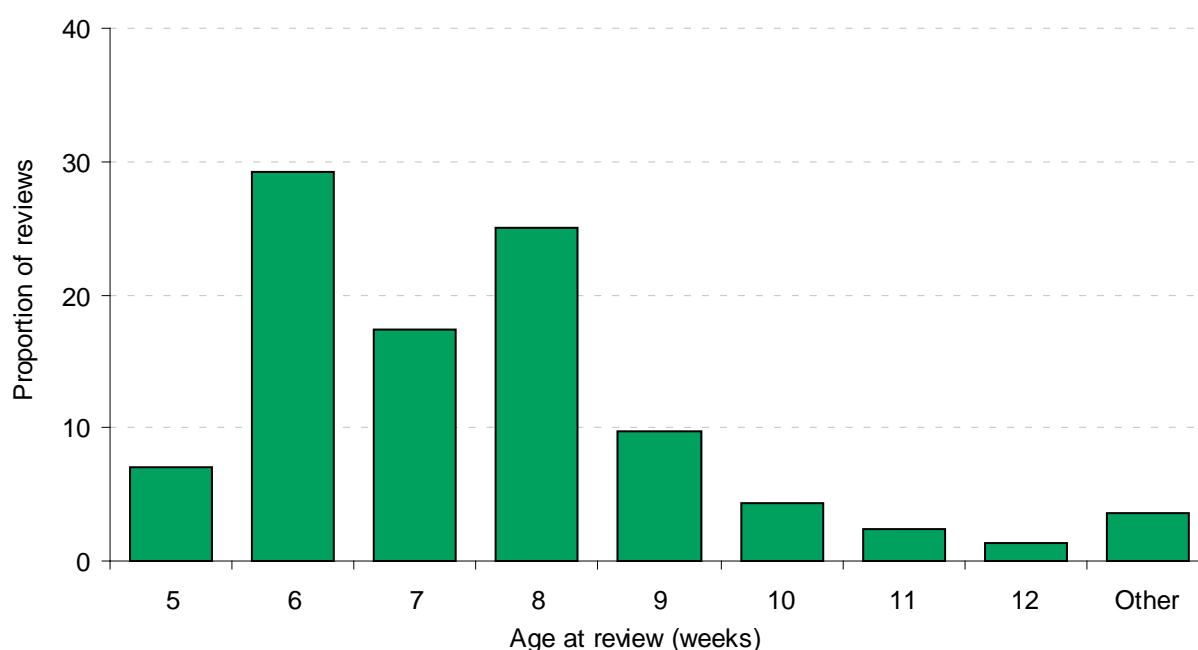
[Breastfeeding by Council Area and Financial Year](#) 

[Breastfeeding by Community Health Partnership and Financial Year](#) 

Timing of the 6-8 Week Review

Across Scotland, there is variation in the timing of the 6–8 week review. The majority of babies receive their 6-8 week review between 6 and 8 weeks old, however some reviews are recorded as taking place earlier than this and some later. The maximum age limit for the 6–8 week review is recommended as 12 weeks. Children born more than 28 days prematurely are scheduled for the 6-8 week review by gestational age (i.e. based on expected date of delivery) and this accounts for a large portion of the reviews that occur beyond 12 weeks.

**Timing of the 6-8 Week Review; Scotland;
Year of birth 2010/11**



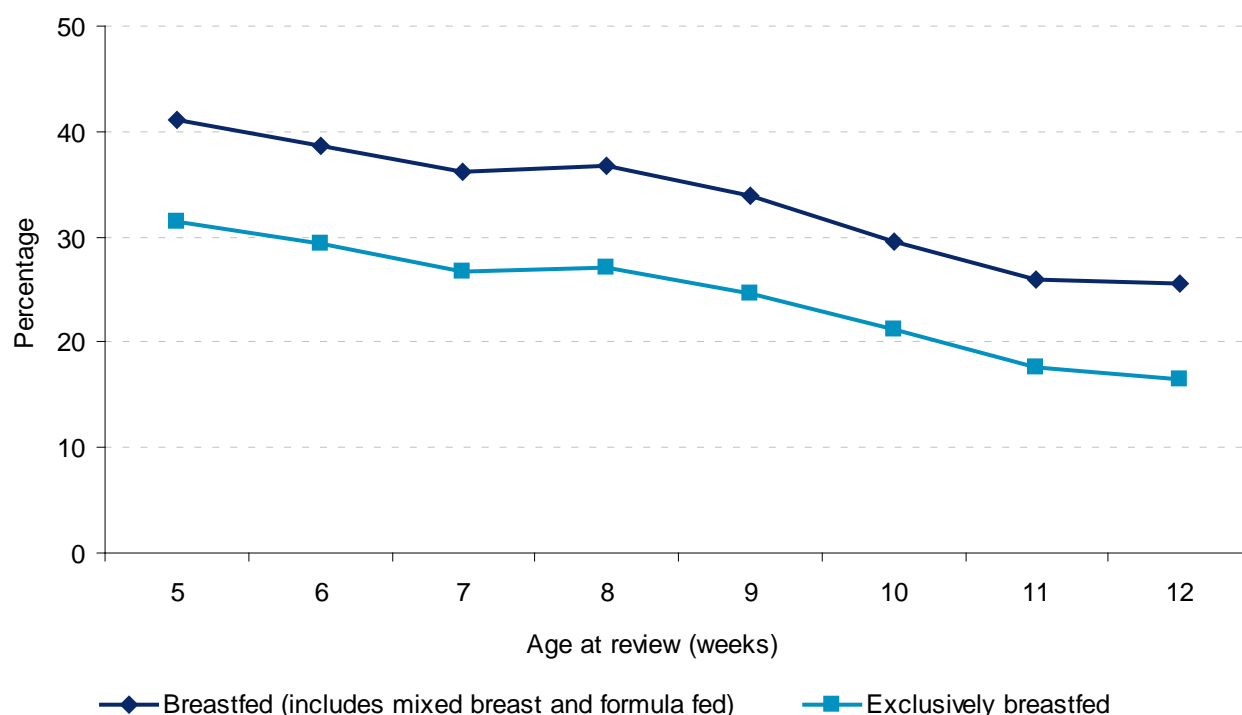
Source: ISD Scotland, CHSP-PS Aug 2011

At NHS Board level there is a considerable amount of variation in the timing of the 6-8 week review. For example, the majority of 6-8 week reviews in NHS Borders are carried out at 5 or 6 weeks (in 2010/11 73.9% of reviews in Borders took place at 5 or 6 weeks of age). However in NHS Tayside most reviews are carried out at 8 or 9 weeks (73.2% of reviews in 2010/11).

At Scotland level the pattern of timing of review has remained fairly consistent over the last decade. However changes in the timing of review over the decade are observed in some NHS Boards. For example in NHS Lanarkshire in 2001/02, 41.5% of reviews took place at 5 or 6 weeks of age. In 2010/11, 23.5% of reviews took place at 5 or 6 weeks of age.

Breastfeeding rates decrease with increasing age of child at the review. Across all participating NHS Boards between 2001/02 and 2010/11, 41.2% of babies who received their review at 5 weeks were breastfed, compared with 36.8% who were reviewed at 8 weeks and 25.5% at 12 weeks. Variation in the timing of the 6-8 week review will therefore have some effect on the reported breastfeeding rates.

Breastfeeding at the 6-8 Week Review by age of child at review in weeks; All participating NHS Boards; Years of birth 2001/02 - 2010/11 combined



Source: ISD Scotland, CHSP-PS Aug 2011

ISD assessed whether it would be possible to produce adjusted breastfeeding rates at NHS Board level which would take account of variation in the timing of review between NHS Boards, however the model was found to be not technically feasible and robust. This was due to the small number of reviews at some ages at NHS Board level (particularly in the smaller Boards or Boards which carry out the majority of reviews at a certain age).

Breastfeeding rates at the 6-8 week review by age in weeks are available at Scotland level for births in 2001/02 to 2010/11 combined. Information on the distribution of reviews by age in weeks is available at Scotland and NHS Board level for financial years 2001/02 to 2010/11. For tables and charts please see:

[Breastfeeding at the 6-8 week review by age of child at review](#) 

The variation in breastfeeding rates between NHS Boards is only partly attributable to differences in the timing of the 6-8 week review. For example the distribution of reviews in NHS Fife and NHS Grampian is broadly similar; however the prevalence of breastfeeding in these Boards is quite different.

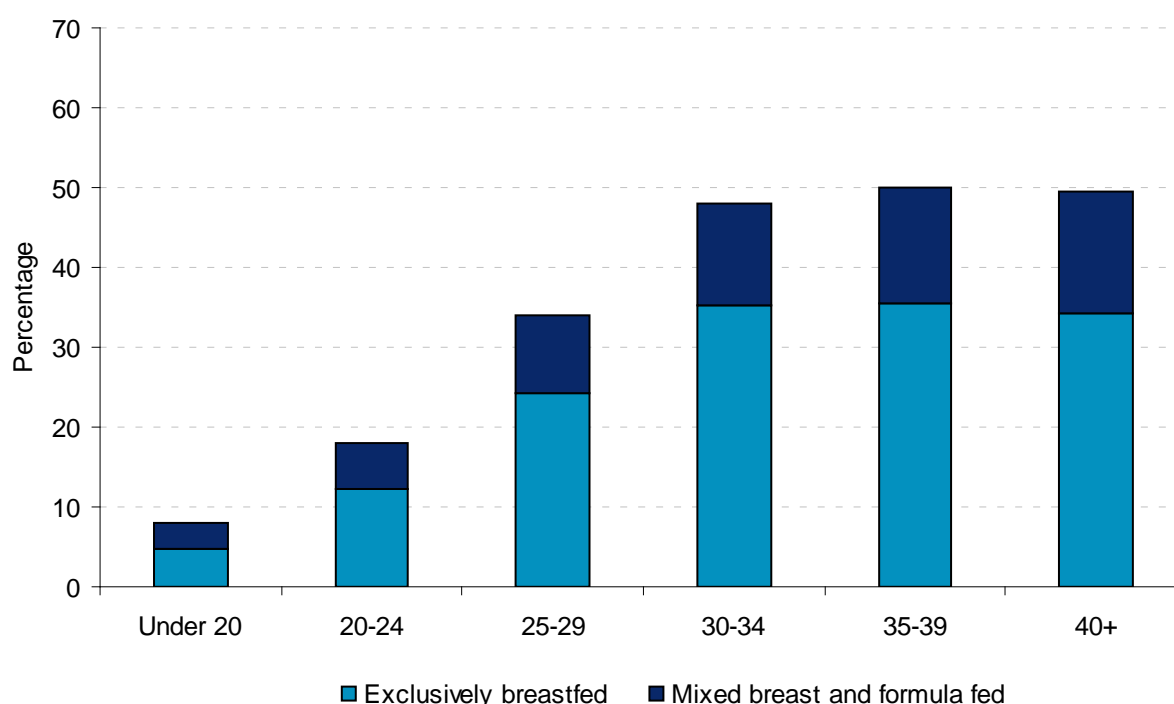
Breastfeeding by Maternal Age, Deprivation and Smoking Status

There are a number of personal, social and cultural issues that are strongly associated with the likelihood of breastfeeding including maternal age, deprivation and smoking status. The analysis presented in this section demonstrates the correlation between each of these factors and breastfeeding.

Maternal Age

Older mothers are more likely to breastfeed than younger mothers. There is a strong trend of increasing breastfeeding rates associated with increasing age of the mother, although this tails off in the 35 plus age groups. In 2010/11, only 4.7% of mothers aged under 20 were exclusively breastfeeding at 6-8 weeks, compared with 34.3% of mothers aged 40 and over. A similar pattern is seen in the overall breastfeeding rate.

Breastfeeding at the 6-8 Week Review by Maternal Age; Scotland; Year of Birth 2010/11



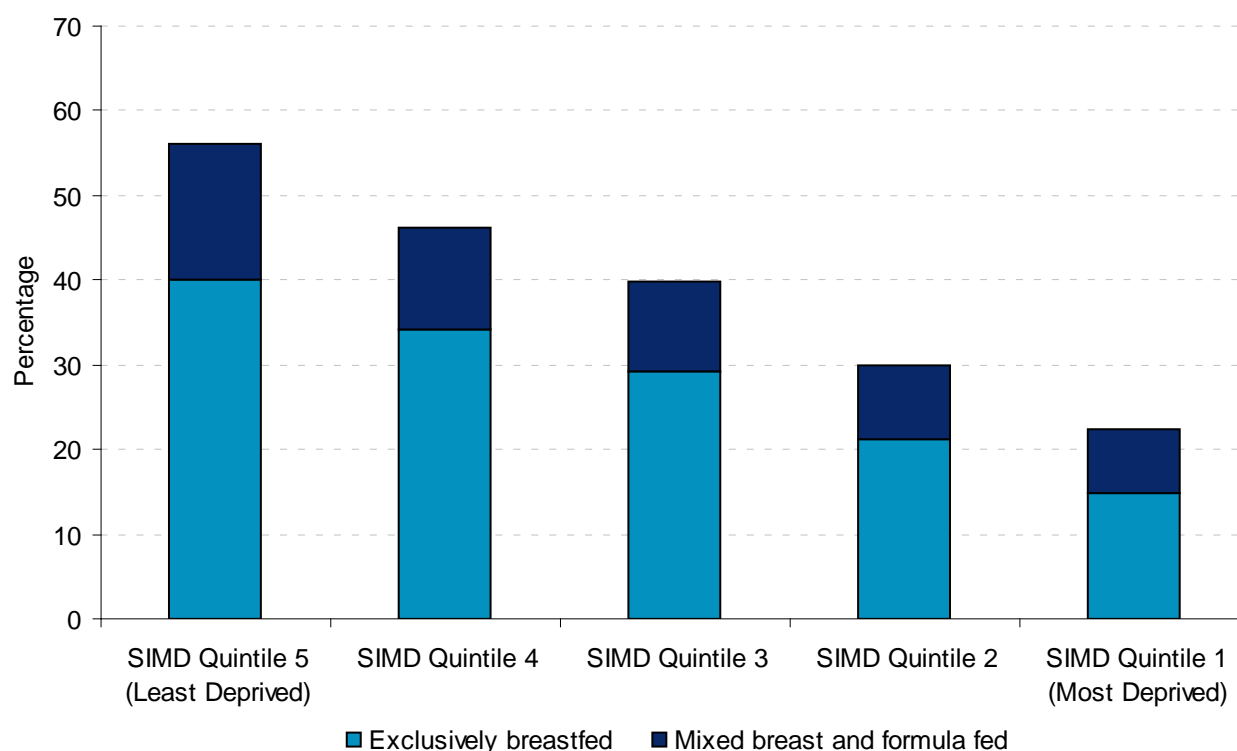
Source: ISD Scotland, CHSP-PS Aug 2011

The increase in the overall prevalence of breastfeeding at the First Visit in recent years can be largely attributed to an increase in breastfeeding among mothers aged 25 to 39. Breastfeeding rates in the younger and older age groups have remained fairly static.

Deprivation

There is a clear association between breastfeeding and deprivation. In 2010/11, 40.2% of mothers in the least deprived areas were exclusively breastfeeding at the 6-8 review, compared with 14.7% of mothers in the most deprived areas. This means mothers in the least deprived areas were nearly three times as likely to exclusively breastfeed at 6-8 weeks compared with mothers in the most deprived areas. A similar pattern is seen in the overall breastfeeding rate.

Breastfeeding at the 6-8 Week Review by Scottish Index of Multiple Deprivation (SIMD) 2009 quintile; Scotland; Year of Birth 2010/11



Source: ISD Scotland, CHSP-PS Aug 2011

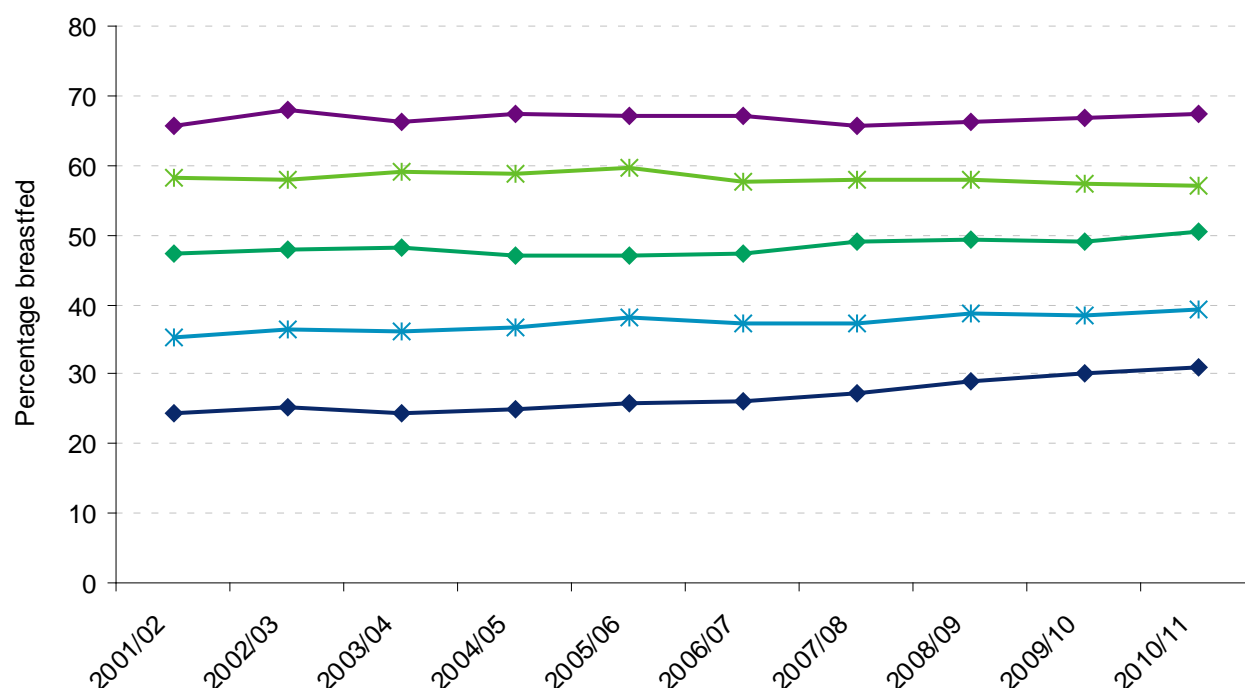
However, breastfeeding rates in the most deprived areas of Scotland have increased over the last decade. The overall breastfeeding rate at the First Visit in the most deprived areas (SIMD quintile 1) in 2010/11 was 30.9%; this has increased from 24.3% in 2001/02. At the 6-8 week review, 22.3% of babies in the most deprived areas were breastfed in 2010/11 compared with 18.1% in 2001/02.

The increase in overall breastfeeding rates in the most deprived areas is mainly due to an increase in the percentage of mothers who are mixed feeding their child. For example, the percentage of babies who were mixed fed at the First Visit increased from 2.9% to 8.9% between 2001/02 and 2010/11, while the prevalence of exclusive breastfeeding has remained at a similar level over this period.

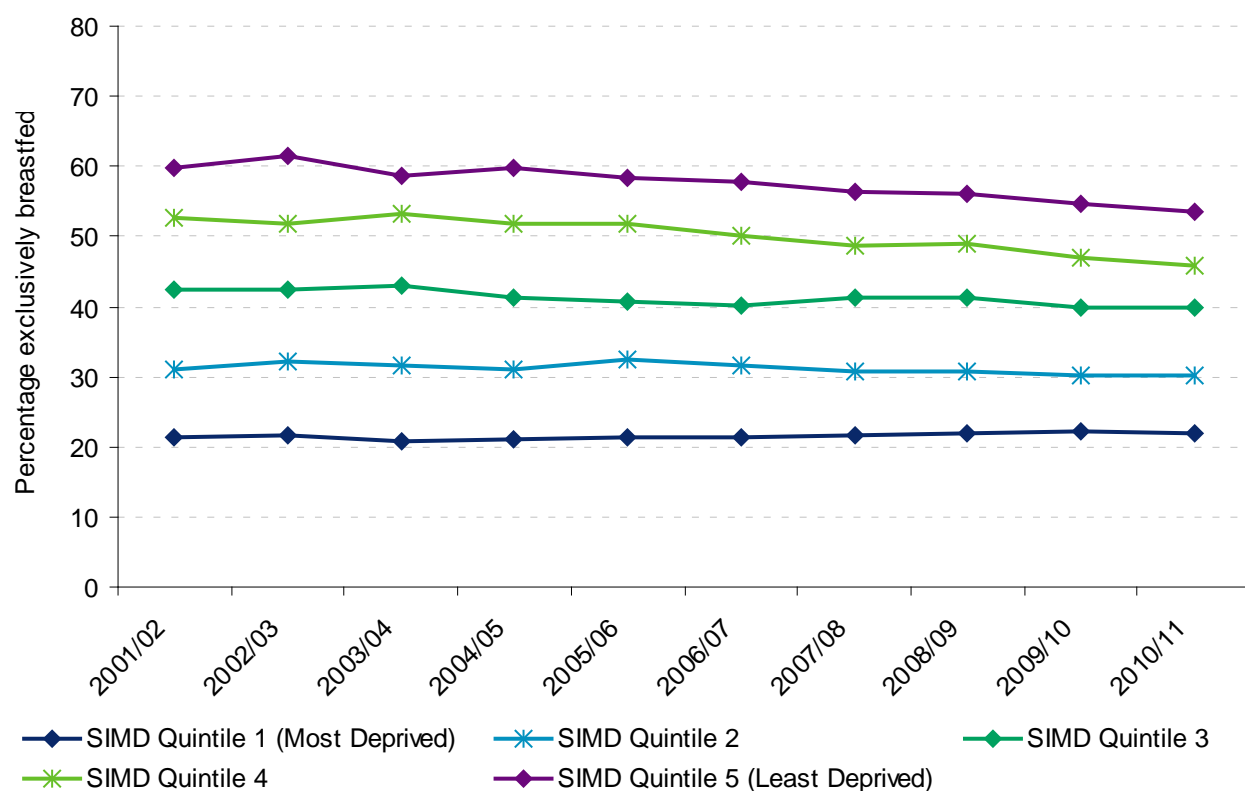
In the most affluent areas there has been an increase in the prevalence of mixed feeding and a decline in the prevalence of exclusive breastfeeding, particularly at the First Visit. At the First Visit the percentage of babies in the least deprived areas (SIMD quintile 5) who were mixed fed increased from 5.8% in 2001/02 to 13.9% in 2010/11. The percentage of babies exclusively breastfed fell from 59.9% in 2001/02 to 53.5% in 2010/11. Similar trends are observed in SIMD quintile 4. The overall breastfeeding rate has remained fairly static.

The number of Boards included in these statistics has increased from 10 to 14 Boards over the last decade, however a similar pattern in the prevalence of breastfeeding by deprivation quintile is observed amongst the 10 Boards for which data is available across the entire period presented.

Breastfeeding at the First Visit by Scottish Index of Multiple Deprivation (SIMD) 2009 quintile; All participating NHS Boards; Year of Birth 2001/02 – 2010/11^R



Exclusive Breastfeeding at the First Visit by Scottish Index of Multiple Deprivation (SIMD) 2009 quintile; All participating NHS Boards; Year of Birth 2001/02 – 2010/11^R



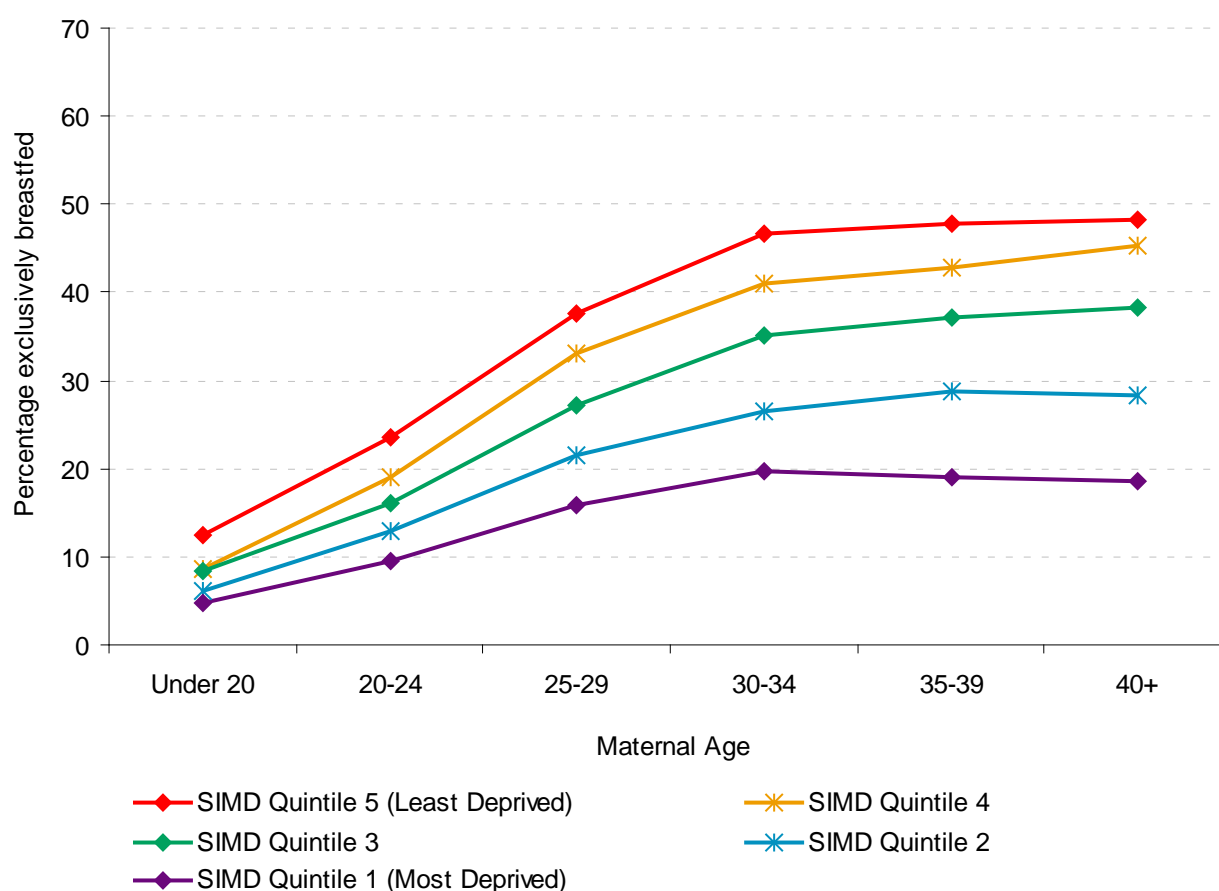
R – Data for financial years 2001/02 to 2009/10 have been revised. Please see note 3 in [Appendix A1 – Background Information](#).

Source: ISD Scotland, CHSP-PS Aug 2011

Maternal Age and Deprivation

Older mothers are more likely to breastfeed but the increase in breastfeeding with age is less pronounced in the more deprived areas. The combined effect of the age of the mother and deprivation on breastfeeding rates is such that, for children born between 2001/02 and 2010/11, only 4.7% of younger mothers (under 20 years of age) in the most deprived areas were exclusively breastfeeding at 6-8 weeks compared with 18.6% of mothers aged 40 and over. In comparison, 12.5% of younger mothers in the least deprived areas were exclusively breastfeeding at 6-8 weeks compared with 48.2% of mothers aged 40 and over.

Exclusive Breastfeeding at the 6-8 Week Review by Maternal Age and Scottish Index of Multiple Deprivation (SIMD) 2009 quintile; All participating NHS Boards; Years of Birth 2001/02-2010/11^R



R – Data for financial years 2001/02 to 2009/10 have been revised. Please see note 3 in [Appendix A1 – Background Information](#).

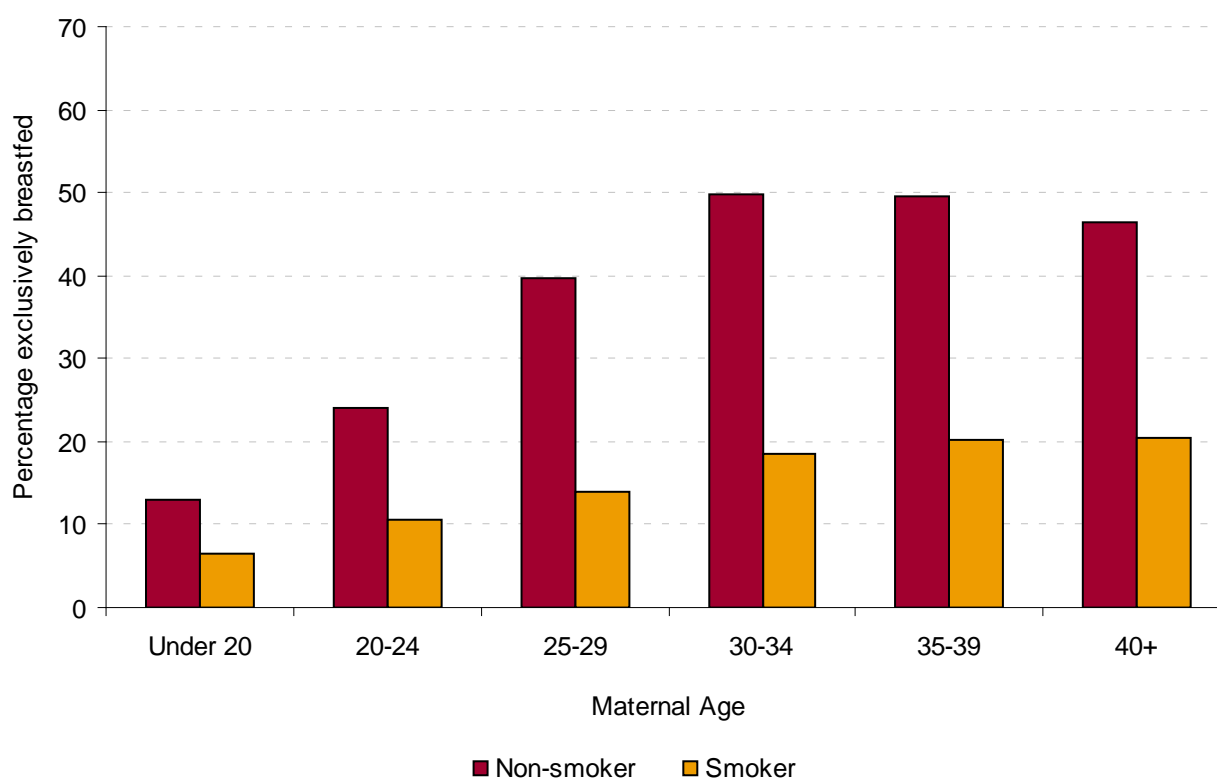
Source: ISD Scotland, CHSP-PS Aug 2011

Smoking

Passive smoking has adverse effects on children's health and is known to significantly increase the risk of sudden infant death, middle ear disease, meningitis and admission to hospital for respiratory disease.

Maternal smoking status is recorded at the First Visit review. At the First Visit, non-smoking mothers are around three times as likely to exclusively breastfeed as mothers who smoke. This is likely to be a reflection of an association between smoking and other social and cultural factors. In 2010/11, 41.3% of non-smoking mothers exclusively breastfed their babies, compared with 13.6% of mothers who smoked. A similar pattern is seen in the overall breastfeeding rate and across maternal age groups and deprivation categories. Maternal smoking status is not collected at the 6-8 week review.

Exclusive Breastfeeding at the First Visit by Maternal Age and Smoking Status; Scotland; Year of Birth 2010/11



Source: ISD Scotland, CHSP-PS Aug 2011

Breastfeeding rates by maternal age, deprivation and smoking status are available for financial years 2001/02 to 2010/11. For tables and charts please see:

[Breastfeeding by maternal age](#) 

[Breastfeeding by deprivation](#) 

[Breastfeeding by maternal age and deprivation](#) 

[Breastfeeding by maternal age and smoking status](#) 

[Breastfeeding by deprivation and smoking status](#) 

Glossary

CHSP-PS

Child Health Systems Programme – Pre-School

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1, 2	Breastfeeding at the First Visit and 6-8 week review by NHS Board of Review	Financial years 2001/02 to 2010/11	Excel [196kb]
3, 4	Breastfeeding at the First Visit and 6-8 week review by Council Area	Financial years 2001/02 to 2010/11	Excel [279kb]
5, 6	Breastfeeding at the First Visit and 6-8 week review by Community Health Partnership	Financial years 2001/02 to 2010/11	Excel [323kb]
7, 8	Breastfeeding at the First Visit and 6-8 week review by Maternal Age	Financial years 2001/02 to 2010/11	Excel [163kb]
9, 10	Breastfeeding at the First Visit and 6-8 week review by Deprivation	Financial years 2001/02 to 2010/11	Excel [171kb]
11, 12	Breastfeeding at the First Visit and 6-8 week review by Maternal Age and Deprivation	Financial years 2001/02 to 2010/11	Excel [291kb]
13	Breastfeeding at the First Visit by Smoking Status and Maternal Age	Financial years 2001/02 to 2010/11	Excel [108kb]
14	Breastfeeding at the First Visit by Smoking Status and Deprivation	Financial years 2001/02 to 2010/11	Excel [120kb]
15, 16	Breastfeeding at the 6-8 week review by age of child at review	Financial years 2001/02 to 2010/11	Excel [172kb]

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Further Information

Further information on the CHSP Pre-School system, including details of other analyses available, is given on the [child health pages](#) of the ISD website.

Information on other ISD publications and datasets can be found on the [ISD website](#).

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Appendix

A1 – Background Information

1. The CHSP-PS system, from which these statistics are derived, was introduced in 1991 and the number of participating boards has increased over the years. All NHS Boards in Scotland now use the CHSP-PS. The number of NHS Boards included in these statistics has increased from 10 Boards in 2001/02 to all 14 Boards in 2010/11. NHS Grampian and NHS Orkney implemented during 2010 and are included in the statistics for the first time (in the figures for 2010/11 only). This should be borne in mind when comparing the all participating NHS Boards breastfeeding rates for 2010/11 with previous years.

2. There may be some variation between public health nurses in terms of how they define whether a mother is exclusively breastfeeding, mixed feeding or if the baby is being fed formula milk only. In order to improve consistency, the latest guidelines for health professionals who use CHSP-PS (issued in October 2010) specify that the feeding method recorded on CHSP-PS should relate to the type of milk feeding in the last 24 hours. This differs from the World Health Organization (WHO) definition of exclusive breastfeeding where the baby has only ever been given breast milk and has never been fed formula milk, solid foods, or any other liquids.

3. New methodology and revision of previously published statistics

In this publication, a new methodology has been implemented to improve the accuracy of breastfeeding statistics by NHS Board, Council Area, CHP and deprivation (SIMD 2009) quintile for all years presented. This is due to limitations identified in the postcode derived information from CHSP Pre-school such that where a child's postcode of residence has changed, in some instances the derived NHS Board of residence, Council Area, CHP and deprivation quintile may not reflect where the child lived at the time of their First Visit/6-8 week review. This applies to reviews recorded prior to July 2011. Functionality to store the child's postcode at review was added to the CHSP Pre-School system in July 2011, so for review data entered on to the system from that date, the child's postcode at review will be recorded on CHSP Pre-School. The new methodology provides a more accurate reflection of where children lived at the time of their First Visit/6-8 week review and has been implemented to improve the accuracy of breastfeeding statistics by NHS Board, Council Area, CHP and SIMD 2009 quintile for all years presented.

The new methodology is as follows:

- NHS Board figures will now be based on NHS Board of review as recorded on CHSP Pre-school. For the vast majority of children, the NHS Board where they received their First Visit/6-8 week review will be the same as their NHS Board of residence, although there will be some children who live in one NHS board area and attend a practice in a neighbouring NHS board. Records on CHSP Pre-School for the former Argyll & Clyde board area will be mapped to either NHS Greater Glasgow & Clyde or NHS Highland board areas based on the child's postcode at birth as derived from National Records of Scotland (formerly the General Register Office for Scotland) birth registrations.
- It has recently become possible to attach a child's birth postcode to their First Visit/6-8 week review record from birth registration records from the National Records of Scotland using probability matching methods. For reviews recorded prior to July 2011, Council area, CHP and SIMD quintiles will now be based on the child's birth postcode as derived from birth registrations. Birth postcode is a proxy for postcode at review as few families will move home between the birth of their child and the First

Visit/6-8 week review. For a small proportion of records it is not possible to assign a birth postcode and/or derive a council area, CHP or SIMD quintile.

Previously published breastfeeding statistics for financial years 2001/02 to 2009/10 have been revised based on the new methodology. The overall Scotland level breastfeeding rates are not affected. There is very little impact on figures at NHS Board level with the difference in reported figures mainly in the range -0.2 to 0.3 percentage points, at CHP/council area level mainly in the range -0.8 to 0.8 percentage points and by SIMD quintile mainly in the range -0.5 to 1.0 percentage points. Some Boards/CHP/council areas/SIMD quintiles may see slightly larger differences in some years. Rates for the most recent time periods are likely to be affected less than those for the earliest time periods reported. This revision does not affect the overall interpretation or conclusions to be drawn from previously published data.

Notification of the new methodology and revisions to previously published data was circulated to key users of these statistics and was also posted on the ISD website.

4. Breastfeeding rates from child health surveillance data are often compared to breastfeeding rates from the UK wide [Infant Feeding Survey](#) which has been carried out every five years since 1975. The Infant Feeding Survey is based on a sample of mothers in Scotland and uses the WHO definition of exclusive breastfeeding. Results of the survey tend to give a higher breastfeeding rate compared with data from CHSP-PS; however the trends demonstrated are similar.

5. Following a consultation with users on the timing and content of the Breastfeeding publication in March 2010, breastfeeding statistics are now published for the financial year only. Previously published figures for calendar years 2001 to 2009 can be accessed on the [Data Tables](#) page within the child health section of the ISD website.

A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Breastfeeding Statistics
Description	Update of breastfeeding statistics at the First Visit and 6-8 week review. Data are presented by: NHS Board, Council Area, Community Health Partnership, maternal age, deprivation and smoking status.
Theme	Health and Social Care
Topic	Child Health
Format	PDF document and Excel workbooks
Data source(s)	Child Health Systems Programme Pre-School (CHSP Pre-School)
Date that data are acquired	15 August 2011
Release date	25 October 2011
Frequency	Annual
Timeframe of data and timeliness	Includes children born up to 31 March 2011 and 6-8 week review data to July 2011. No delays between data availability and processing of data for publication.
Continuity of data	See notes 1 and 2 in Appendix A1 – Background Information .
Revisions statement	<p>The publication is produced from the latest data extract from CHSP-PS which is a dynamic system, with ongoing updating of records. Data for the previous financial year are updated in the next release though any updates are expected to be minor.</p> <p>Data for earlier financial years may be updated where the publication includes a new presentation of the data as a time-series (for example a new geographical breakdown). This is to ensure there is consistency in the totals (for example the denominator number of reviews) presented for each year across the publication. Any changes are expected to be negligible.</p>
Revisions relevant to this publication	A new methodology has been implemented to improve the accuracy of breastfeeding statistics by NHS Board, Council Area, CHP and deprivation (SIMD 2009) quintile for all years presented. The overall Scotland rates are not affected by the new methodology. For further information see note 3 in Appendix A1 – Background Information .
Concepts and definitions	See Introduction and Appendix A1 – Background Information .
Relevance and key uses of the statistics	Making information publicly available for planning, epidemiology, provision of services and providing comparative information. Monitoring progress towards the national target.
Accuracy	Data are compared to previous year's figures and to expected trends.
Completeness	See 'Data collection and coverage' in the Results and Commentary section
Comparability	The Department of Health publishes statistics on

	breastfeeding initiation and prevalence at 6-8 weeks in England . Breastfeeding rates from CHSP Pre-School data are often compared to rates published in the UK wide Infant Feeding Survey (see note 3 in Appendix A1 – Background Information).
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines .
Coherence and clarity	Breastfeeding tables and charts are accessible via the ISD website . Drop down menus are presented for selection of geography i.e. NHS Board, Community Health Partnership and Council Area.
Value type and unit of measurement	Numbers and percentages
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	National Statistics
UK Statistics Authority Assessment	Awaiting assessment by UK Statistics Authority
Last published	26 October 2010
Next published	October 2012
Date of first publication	Data available from financial year 2001/02. Due to phased implementation of the CHSP Pre-School system, data are available for some NHS boards for earlier years.
Help email	NSS.isdchildhealth@nhs.net
Date form completed	October 2011

A3 – Early Access details (including Pre-Release Access)

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access and, separately, those receiving extended Pre-Release Access.

Standard Pre-Release Access:

Scottish Government Health Department
NHS Board Chief Executives
NHS Board Communication leads

Extended Pre-Release Access

Extended Pre-Release Access of 8 working days is given to a small number of named individuals in the Scottish Government Health Department (Analytical Services Division). This Pre-Release Access is for the sole purpose of enabling that department to gain an understanding of the statistics prior to briefing others in Scottish Government (during the period of standard Pre-Release Access).

Scottish Government Health Department (Analytical Services Division)

Early Access for Management Information

These statistics will also have been made available to those who needed access to 'management information', ie as part of the delivery of health and care:

NHS Board Directors of Public Health
NHS Board Infant Feeding Leads
Chair of CHSP Pre-School National User Group