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Once statistics have been designated as National Statistics, it is a statutory requirement that the Code of Practice shall continue to be observed.

The statistics last underwent a full assessment by the Office for Statistics Regulation (OSR) against the Code of Practice in May 2012. The OSR is the regulatory arm of the UK Statistics Authority.

The continued designation of these statistics as National Statistics was confirmed in May 2018 following a compliance check by the Office for Statistics Regulation. The compliance check report highlighted a number of strengths and made suggestions for improvements.

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Introduction

The health benefits of breastfeeding

Breastfeeding provides the best nutrition for babies and young children\(^1\) and supports children’s health in the short\(^1\) and longer term\(^2\). There is strong evidence that breastfeeding reduces children’s risk of gut, chest, and ear infections and leads to a small but significant improvement in brain development and IQ\(^3\). Growing evidence suggests that breastfeeding also protects against Sudden Infant Death Syndrome (‘cot death’), promotes healthy weight in childhood and into adulthood, and reduces the risk of Type 1 and Type 2 diabetes and childhood leukaemia\(^3\).

Breastfeeding also benefits mothers’ health, with strong evidence that it reduces the risk of breast and ovarian cancer, and some evidence that it may also promote maternal healthy weight and reduce the risk of Type 2 diabetes\(^3\). The benefits of breastfeeding for both baby and mother are seen across the world, including in high income countries such as Scotland\(^5-8\).

International and Scottish policy on infant feeding

In recognition of the important health benefits of breastfeeding, the World Health Organisation\(^9\) and Scottish Government\(^10\) recommend that children are exclusively breastfed (that is they receive no fluids or food apart from breast milk) for the first 6 months of life then, after the introduction of complementary solid foods, children continue to be breastfed up to their second birthday or for as long as the mother and baby wish. The recommendation for exclusive breastfeeding for the first 6 months of life is echoed by professional child health organisations in the UK\(^11\) and around the world\(^12\) and the UK Scientific Advisory Committee on Nutrition\(^13\).

As noted above, Scottish Government policy recommends that solid foods should be introduced into babies’ diets when they are around six months of age. It is recognised however that some babies may be started on solid foods earlier than six months for a variety of reasons. Additional guidance that this should never happen before an infant is four months old (17 weeks) is therefore provided for clarity \(^11, 15\).

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Information used in this publication

This publication reports on breastfeeding rates in Scotland, with the most recent results being for babies becoming eligible for the relevant child health reviews in the year April 2018 to March 2019. The information it contains comes from Health Visitor reviews of children at around 10 to 14 days of age (the ‘Health Visitor first visit’), 6 to 8 weeks of age (the ‘6-8 week review’), and 13 to 15 months of age (the ‘13-15 month review’). These child health reviews are offered to all children as part of the universal Child Health Programme(14). The Health Visitor first visit and the 6-8 week review are longstanding. The 13-15 month review was introduced for babies born from April 2016 (i.e. those turning 13 months from May 2017) as part of the enhanced Health Visiting pathway published in 2015(14). 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)

The questions on whether the baby has ever been breastfed and whether the baby has always been exclusively breastfed were added to the Health Visitor first visit and 6-8 week review in February 2016. Results relating to these questions for these reviews are therefore provided for babies eligible for review from 2016/17 onwards. The question on current feeding has been included in these reviews for many years, hence results relating to this question are provided for babies eligible for review from 2002/03 onwards. All results relating to the 13-15 month review are provided for babies eligible for review in 2017/18 onwards, reflecting when this review was introduced. This publication is the first to provide information from the 13-15 month review.

In this report, ‘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.

Coverage of the Health Visitor first visit is very high. Comparing the number of babies turning ten days (hence becoming eligible for the Health Visitor first visit) to the number of reviews recorded for those children suggests that 97% of babies eligible in 2018/19 received their first visit. Coverage of the 6-8 week review is high however it is lower than that of the first visit, and has fallen over recent years. 89% of eligible babies in 2018/19 received their 6-8 week review, with coverage in the mainland Boards ranging from 81% in NHS Greater Glasgow

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2 This question is not asked at the 13-15 Month review


and Clyde to 97% in NHS Borders. Reasons for the decline in recorded coverage of the 6-8 week review, and the geographical variation in coverage, should be investigated, and every effort made to ensure that all children in all parts of Scotland receive their review.

Although national policy recommended provision of the 13-15 month review from May 2017 onwards, in practice NHS Boards have implemented this review at different times as local capacity has allowed. All Boards except NHS Greater Glasgow & Clyde had implemented the review by the end of 2018/19. NHS Greater Glasgow & Clyde implemented in 2019/20, i.e. after the period covered by this publication. Coverage of the 13-15 month review is increasing over time, reflecting its implementation across Scotland. 53% of children turning 13 months in 2017/18 received a review, increasing to 71% in 2018/19.

When a review is provided, the quality of information recorded on infant feeding is high. In 2018/19, over 99% of first visit records, 99% of 6-8 week review records, and 92% of 13-15 month review records contained valid information on the baby’s current feeding method. The information contained in this report therefore provides an accurate picture of how babies in Scotland are fed.

In addition to providing information on infant milk feeding, this publication for the first time also provides information on the age (in months) at which babies were started on complementary solid foods. This information is recorded at the 13-15 month review.

Other sources of information on infant feeding in Scotland

Other sources of information are available on infant feeding in Scotland. The UK wide Infant Feeding Survey was carried out every 5 years between 1975 and 2010, and provides some results for Scotland specifically\(^5\). As the Infant Feeding Survey has now been discontinued, the Scottish Government commissioned a one off Scottish Maternal and Infant Nutrition Survey: which provides detailed information on the nutrition of pregnant women, infants aged 8-12 weeks, and infants aged 8-12 months and reported in February 2018 (15). The Growing Up in Scotland Survey also includes detailed information on infant feeding\(^6\). Growing Up in Scotland is following up two groups of children born in Scotland in 2004/05 and 2010/11.

The one off Diet and Nutrition Survey of Infants and Young Children provided detailed information on the diet and nutritional status of UK children aged 4 to 18 months in 2011 (16), with specific results for a ‘boosted’ sample of Scottish children available (17).

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Main Points

• Breastfeeding protects the health of children and mothers. Current guidance recommends that babies should receive just breast milk for the first 6 months of life then, after introduction of solid foods, should continue to breastfeed up to their second birthday or for as long as the mother and baby wish.

• Breastfeeding rates are increasing in Scotland.

• Almost two thirds (65%) of babies born in Scotland in 2018/19 were breastfed for at least some time after their birth.

• More than half (53%) of babies were being breastfed at 10-14 days of age in 2018/19. This has increased from 44% in 2002/03.

• The proportion of babies being breastfed at 6-8 weeks of age has increased from 36% of babies in 2002/03 to 43% in 2018/19.

• In 2018/19, 18% of toddlers were still being breastfed at 13-15 months of age.

• Breastfeeding is much more common among older mothers, and those from less deprived areas of Scotland. However, recent improvements in breastfeeding rates are being seen in all groups, and inequalities in breastfeeding rates are reducing.

• In 2018/19, 70% of toddlers had been introduced to solid food at six months of age or older. Only 1% had been started on solids at less than four months of age.
Results and Commentary

The proportion of babies who were ever breastfed

Information recorded at the Health Visitor first visit shows that 65% of babies eligible for review in Scotland in 2018/19 were “ever breastfed”, that is, were breastfed for at least some period of time after their birth.

Figure 1 – Proportion of babies ever breastfed, 2018/19

Source: ISD Scotland, CHSP-PS August 2019

For comparison, the Infant Feeding Survey found that 74% of babies born in Scotland in 2010 were ever breastfed. The Scottish Maternal and Infant Nutrition Survey found that 75% of the babies surveyed at 8-12 weeks of age (born in 2017) and 76% of those surveyed at 8-12 months (born in 2016) had ever been breastfed. The specialist infant feeding surveys consistently report higher breastfeeding rates than are found using information collected from almost all mothers through the Health Visitor child health reviews. This reflects the fact that older women from less deprived areas (who are more likely to breastfeed) are more likely to respond to the surveys, whereas uptake of child health reviews is more similar across different population groups. This means that it is difficult to directly compare the feeding survey results to the results presented in this publication, and that the results in this publication are likely to give a more accurate picture of the actual level of breastfeeding in the population as a whole.

Having said that, the infant feeding surveys have other strengths, in particular in giving more detailed information on how parents feed their children and the factors that influence their choices. In addition, the Infant Feeding Survey provides information on long term trends in breastfeeding rates, and on how breastfeeding rates vary across the UK. Results show that the proportion of babies born in Scotland that were ever breastfed has increased over recent years, up from around 50% in 1980 to 1990. The survey also shows that the proportion of babies ever breastfed in Scotland has been consistently and substantially lower than that
achieved in England. For example, 83% of babies born in England in 2010 who were included in the survey were ever breastfed, compared to 74% in Scotland.

**Infant feeding at the Health Visitor first visit**

At the time of the Health Visitor first visit at around 10-14 days of age, 53% of babies eligible for review in 2018/19 were receiving any breastfeeding. 37% were being exclusively breastfed (receiving breast milk only) at that time and a further 15% were receiving 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. The proportion of babies being exclusively breastfed declined marginally over the 2000s but this has now begun to rise again. The proportion of babies receiving mixed feeding continues to rise (15%) and is now three times higher than it was in 2002/03 (5%).

**Figure 2 – Current feeding at Health Visitor first visit, 2002/03 to 2018/19**

Source: ISD Scotland, CHSP-PS August 2019

**Infant feeding at the 6-8 Week review**

At the time of the 6-8 week review, 43% of babies eligible for review in 2018/19 were receiving any breastfeeding. 32% were being exclusively breastfed and a further 11% were receiving mixed breast and formula feeding.
The proportion of babies receiving any breastfeeding at this stage has increased from 36% in 2002/03. This is due to small increases in the proportion of babies receiving exclusive and mixed breastfeeding, particularly in the most recent years.

**Figure 3 – Current feeding at 6-8 week review, 2002/03 to 2018/19**

![Graph showing breastfeeding rates from 2002/03 to 2018/19](chart.png)

Source: ISD Scotland, CHSP-PS August 2019

The proportion of babies eligible for review in 2018/19 reported as always exclusively breastfed from birth to the time of the 6-8 week review was 29%. This is slightly lower than the 32% that were reported as exclusively breastfed over the 24 hours leading up to the review. This is to be expected as a small number of babies may have required temporary supplementary feeding prior to exclusive breastfeeding being established.

For comparison, the Infant Feeding Survey found that 50% of babies born in Scotland in 2010 were receiving any breastfeeding at 6 weeks of age. The Scottish Maternal and Infant Nutrition Survey found that 55% of babies surveyed at 8-12 weeks of age (born in 2017) were receiving any breastfeeding at 6 weeks of age. The Infant Feeding Survey found that the proportion of babies born in Scotland in 2010 who were exclusively breastfed from birth up to 6 months of age (i.e. fed in line with current recommendations) was extremely low at 1%.
Infant feeding at the 13-15 Month review

At the time of the 13-15 month review, 18% of babies eligible for review in 2018/19 were receiving any breastfeeding. 8% were being exclusively breastfed and a further 9% were receiving mixed breast and formula/cow’s milk feeding. A very high proportion of 13-15 month records had ‘other’ recorded as the type of milk feeding in 2017/18 and 2018/19. The option to record cow’s milk was only added very late into 2018/19. It is reasonable to assume that most babies receiving ‘other’ milk were receiving cow’s milk. It is anticipated that recording of ‘other’ milk feeding will reduce now it is possible to record cow’s milk specifically.
Drop off in breastfeeding as babies get older

By the time of their Health Visitor first visit, 81% of babies eligible for review in 2018/19 who were ever breastfed were still being breastfed (57% exclusive and 23% mixed breastfeeding) and the remaining 19% of babies were no longer being breastfed. The proportion of babies still being breastfed has increased slightly from 79% in 2016/17.

By the time of their 6-8 week review, 67% of babies eligible for review in 2018/19 who were ever breastfed were still being breastfed (50% exclusive and 17% mixed breastfeeding) and the remaining 33% of babies were no longer being breastfed. The proportion of babies still being breastfed has increased slightly from 64% in 2016/17.

There is some variation in the timing of the 6-8 week review across Scotland, with some Boards delivering the review relatively early in the 6-8 week window and some relatively late. As breastfeeding declines as babies get older, Boards delivering their 6-8 week review relatively late will appear to have a greater decline in breastfeeding rates up to the point of the review than Boards delivering the review relatively early.

By the time of their 13-15 month review, only 28% of babies eligible for review in 2018/19 who were ever breastfed were still being breastfed (13% exclusive and 15% mixed breastfeeding) and the remaining 72% of babies were no longer being breastfed.

Figure 4 – Babies eligible for review 2018/19 who have ever been breastfed:

Source: ISD Scotland, CHSP-PS August 2019
For comparison, the Infant Feeding Survey found that, among babies born in Scotland in 2010 who were ever breastfed, 78% were still being breastfed (exclusive or mixed) at 2 weeks of age, declining to 68% at 6 weeks, and 43% at 6 months. The Scottish Maternal and Infant Nutrition Survey found that 73% of babies surveyed at 8-12 weeks of age (born in 2017) who were ever breastfed were still receiving any breastfeeding at 6 weeks of age. It is clear from the child health review and survey data that the most rapid drop off in breastfeeding occurs over the first 2 weeks after birth, with a more gradual decline seen thereafter. Results from successive Infant Feeding Surveys (up to the last survey in 2010) showed little change in the proportion of ever breastfed babies that were still being breastfed at 6 weeks of age. By contrast, the results for Scotland from the child health reviews suggest that the proportion of ever breastfed babies that are still being breastfed at up to 6-8 weeks of age has increased slightly over recent years.
Age at introduction of complementary solid foods

As noted above, current guidance from the WHO and the Scottish Government recommends that children are started on solid foods (in addition to continuing their milk feeding) at around six months of age. Solid foods should never be introduced earlier than four months (17 weeks) of age.

For children eligible for a 13-15 month review in 2018/19, 70% were started on solid foods at six months of age or older. An additional 21% and 8% of babies were started on solids at 5 and 4 months respectively. Only 1% of babies were started on solid foods before 4 months of age. Some babies started on solids relatively ‘late’ (i.e. at 7 months of age or later) may have been premature and hence not developmentally ready to cope with solid foods before then. Younger mothers and those from deprived areas were less likely to wait until their baby was six months old before starting solid foods.

Figure 5 – Percentage of babies started on solid foods at age 6 months or older, by mother’s age, as recorded at the 13-15 month review, 2018/19

Source: ISD Scotland, CHSP-PS August 2019
Relationship between breastfeeding and mothers’ age, deprivation level, and ethnicity and the baby’s ‘looked after’ status

There are strong associations between mothers’ age, deprivation level, and ethnicity and breastfeeding rates (15, 16).

Breastfeeding is much more common among older compared to younger mothers. Among babies eligible for review in 2018/19, 58% of babies born to mothers aged 40 years or over were breastfed (exclusive or mixed) by the time of their 6-8 week review, compared to 13% of babies born to mothers aged less than 20 years.

Figure 6 – Infant Feeding at 6-8 week review by mother's age, 2018/19

![Chart showing infant feeding at 6-8 week review by mother's age]

Source: ISD Scotland, CHSP-PS August 2019
Note: The figures in the centre of the rings show the number of babies with a valid feeding type

Breastfeeding is much more common among mothers living in less compared to more deprived areas. Among babies eligible for review in 2018/19, 62% of babies born to mothers living in the least deprived areas of Scotland (Scottish Index of Multiple Deprivation quintile 5) were breastfed (exclusive or mixed) by the time of their 6-8 week review, compared to 28% of babies born to mothers living in the most deprived areas (quintile 1).

Figure 7 – Infant Feeding at 6-8 week review by mother’s deprivation level, 2018/19

![Chart showing infant feeding at 6-8 week review by mother's deprivation level]

Source: ISD Scotland, CHSP-PS August 2019
Note: The figures in the centre of the rings show the number of babies with a valid feeding type
Whilst inequalities in breastfeeding rates by maternal age and deprivation remain high as shown above, there are some indications that these are reducing. The increases in breastfeeding rates seen over recent years have been evident in mothers from all age groups and all levels of deprivation but in general, the increases have been greater in younger women and in those from more deprived areas.

Babies from minority ethnic groups are more likely to be breastfed than White Scottish babies. Among babies eligible for review in 2018/19, 86% of babies of Black, Caribbean or African ethnicity were breastfed (exclusive or mixed) by the time of their 6-8 week review, compared to 36% of White Scottish babies. The proportion of babies breastfed at 6-8 weeks has increased in all ethnic groups since figures became available in 2016/17.

Figure 8 – Infant Feeding at 6-8 week review by baby’s ethnicity, 2018/19

Source: ISD Scotland, CHSP-PS August 2019

Note: The figures in the centre of the rings show the number of babies with a valid feeding type
Babies who are under the care of their Local Authority due to care or protection needs that cannot be met by their parents (known as ‘looked after children’) are much less likely to be breastfed than non-looked after children. Among babies eligible for review in 2018/19, 22% of babies who were looked after at the time of their 6-8 week review were recorded as being breastfed (exclusive or mixed), compared to 43% of non-looked after babies. In early infancy, looked after children may live at home with their parents under social work supervision; with other family members or friends; or with foster carers or prospective adopters. Looked after babies not living with their biological mother will obviously have limited opportunity to be breastfed.

**Figure 9 – Infant Feeding at 6-8 week review by baby’s looked after (LAC) status, 2018/19**

Source: ISD Scotland, CHSP-PS August 2019

Note: The figures in the centre of the rings show the number of babies with a valid feeding type.
Variation in breastfeeding rates across Scotland

The population living in different areas of Scotland varies in terms of levels of deprivation, the proportion of mothers in different age groups, and ethnic diversity. These factors therefore influence the breastfeeding rates seen in different areas. In addition, attitudes to breastfeeding in local communities, and the level of breastfeeding support available to mothers, can also vary between areas and influence breastfeeding rates. In general, breastfeeding rates are higher in the East and North of Scotland, and lower in the West and South.

Figure 10 – Proportion of babies breastfeeding at the 6-8 week review by NHS Board Of Residence, 2018/19

Source: ISD Scotland, CHSP-PS August 2019
Promoting and supporting breastfeeding in Scotland

Modest improvements have been seen over recent years in the proportion of mothers starting breastfeeding and in the proportion of babies still being breastfed at 6-8 weeks of age. Initially, improvements in breastfeeding rates at 6-8 weeks were driven by increases in mixed feeding (babies receiving both breast and formula feeding), but more recently small improvements have also been seen in exclusive breastfeeding rates. These go along with small increases seen in the proportion of women persisting with breastfeeding once they start, and conversely small decreases in the proportion of women stopping breastfeeding when their baby is still very young. Despite these encouraging signs, breastfeeding rates in Scotland remain low compared to those achieved in other countries(3), and there is scope to further improve the health of babies and mothers, and reduce inequalities in health, through increasing sustained exclusive breastfeeding(20).

International policies and initiatives to promote breastfeeding include:

- The World Health Organisation's International Code of Marketing of Breast-milk Substitutes which seeks to protect mothers and babies from inappropriate, commercially driven, promotion of formula feeding(21)
- UNICEF’s Innocenti Declaration (22)
- WHO's Global strategy for infant and young child feeding(23) and implementation plan(24)
- The European Commission's blueprint for action on breastfeeding(25)

There have been a number of policy developments in Scotland to support breastfeeding over recent years(26), including:

- Passing of the Breastfeeding etc. (Scotland) Act 2005 which protects mothers' right to breastfeed their children in all public places(27)
- Development of information for parents on breastfeeding including the Ready Steady Baby booklet7, the Off to a Good Start booklet8, and material provided through ParentClub9
- Implementation of the UNICEF UK Baby Friendly Initiative10 in Scotland which seeks to improve breastfeeding support provided through health services by accrediting maternity services, and more recently health visiting, and neonatal services, that meet minimum standards

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Publication of an overarching national strategy on improving maternal and infant nutrition in 2011(10)

Publication of The Best Start: A Five-Year Forward Plan for Maternity and Neonatal Care in Scotland in 2017(28)

A commitment to increasing support for breastfeeding in the Scottish Government’s Programme for Scotland 2017-18(29)

There is good evidence that interventions can work to improve breastfeeding rates. The available evidence has been summarised in numerous literature reviews(30-32) and clinical guidelines(33-35).

Overall, it is likely that comprehensive approaches that consider a wide range of issues will be required to significantly improve sustained breastfeeding rates. Interventions within the health service, such as ensuring the availability and quality of breastfeeding support for new mothers, are important. Equally, wider interventions, such as influencing public attitudes to breastfeeding, restricting the inappropriate promotion of formula milk, and ensuring supportive employment policies that allow women to continue to breastfeed after returning to work(36), will also be required.
References


18. Bansal N, Chalmers JWT, Fischbacher CM, Steiner MFC, Bhopal RS, and on behalf of the Scottish Health and Ethnicity Linkage Study (2014). Ethnicity and first birth: age,


**Supporting information accompanying this report**

This publication is accompanied by

- An interactive [Infant Feeding Dashboard](#)
- Summary data tables in [Excel](#)
- Machine readable detailed open data tables available through the [NHS Scotland open data platform](#)
- A [technical report](#) giving background information on data quality and methods

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Further Information

Further information on the CHSP Pre-School system, including details of other analyses available can be found on the child health pages of the ISD website

The next release of this publication will be in October 2020.

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