

# SET UP TO FAIL:

Infant feeding, informed choice and the case for policy change.



2025

The  
Lowdown.



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### Note on Quotations:

This report includes many direct quotes from women who participated in the survey. These quotes are presented in their original form and have not been edited, as we believe it is vital to centre women's voices and experiences in their own words. Participants were not required to provide a name; where names appear, they are pseudonyms chosen by the research team.

### Acknowledgement:

We extend our deepest thanks to the women who took part in this research and generously shared their experiences with us. Many of the stories told were deeply personal and, at times, difficult to revisit. We are profoundly grateful for their honesty, courage, and trust. Their voices bring truth, insight, and the power to inspire change.



# EXECUTIVE SUMMARY & RECOMMENDATIONS

In the UK, women are advised to exclusively breastfeed for the first six months of their baby's life. While this is presented as a public health priority, a growing body of evidence suggests that current policy does not reflect women's lived experiences or meet their needs. Despite most women planning to exclusively breastfeed, the majority go on to use formula at some point in the weeks after giving birth, yet the UK's policy framework on infant feeding restricts proactive conversations on the use of infant formula, meaning women and their families are poorly prepared when breastfeeding challenges occur and infant formula is needed. Furthermore, the recent infant formula market investigation by the Competition and Markets Authority (CMA) has highlighted the role that guilt, shame and poor preparation for the possibility of formula feeding has played in the development of a distorted market which punishes parents at a vulnerable time.

Our report: **“Set up to fail”: infant feeding, informed choice and the case for policy change**” hopes to contribute to the development of policy that better supports women and their families in this area. We present findings from a survey in which more than 830 women shared their experiences of NHS delivered infant feeding support and advice. Drawing on both quantitative and qualitative data, the report explores how some women feel they are being set up to fail - under prepared for the difficulties they may face when breastfeeding, often lacking the support they need to overcome challenges and denied information about infant formula and formula feeding. Our report raises the issue of how risk and benefit communication in this area falls far short of the same standards applied to other areas of healthcare: while the health advantages of breastfeeding are well established, the NHS conveys them in a way which makes them overwhelming by highlighting rare risks, implying certain benefits of breastfeeding are proven where the evidence is contested or uncertain, using relative risks rather than absolute risks and failing to explain the difference between improved health at a population level and that at an individual one, where many mothers and babies will not experience better or worse outcomes as a result of feeding method.

As will be explored in the course of this report, there is a failure to acknowledge the additional risks and benefits of infant feeding methods that matter to women themselves, for instance the chances of physical pain, or the ability to share care with a partner. All of this contributes to a framework in which women are left without what they need to make informed choices for themselves and their babies.



# KEY FINDINGS

The survey finds that the current framework of NHS delivered infant feeding care:

## ● Pushes an ideal it fails to deliver and leaves women unprepared for the reality of infant feeding

More than half of women (52%) said the information they received did not prepare them for their infant feeding journey, and just 5% said it prepared them “well”. Most women (68%) intended to exclusively breastfeed their babies for the first six months, but less than half of those ended up doing so. Many moved to combination feeding or formula feeding sooner than they had planned. Many women described feeling wholly unprepared for how difficult breastfeeding could be. They expected it to be “natural” and that it would come easily, but experienced pain, latch problems, low supply and conflicting advice.

“I thought breastfeeding would be easy and just told my midwife I'd 'give it a go'. **I had no idea how difficult it was going to be** with issues around getting a latch in the golden hours; how painful it could be; how all consuming it is.”

*Anne\*, Combination Feeding, England*

## ● Provides inconsistent support for breastfeeding

Only one in ten women said the NHS provided all the information and support they needed to overcome breastfeeding challenges or concerns. There were issues with access to timely or effective support for women who wanted to breastfeed. The most common challenge reported - tongue tie - was poorly managed, with long waits for assessment and treatment. Many women had to pay privately or stop breastfeeding altogether.

“Our biggest challenge was a severe tongue tie. The midwives could see it as it was so severe but the first nhs appointment to cut it was 5 weeks away. It was preventing a good latch but **different midwives kept just showing me different positions. It wasn't the positions that was the problem.** The latch issue lead to multiple mastitis episodes on the first two weeks that required antibiotics. All could have been avoided with instant diagnosis and procedure.”

*Emily\*, Exclusive Breastfeeding, England*

## ● Provides poor support for formula feeding

There was minimal proactive information about formula use, which left parents having to grapple with issues of sterilisation, preparation and quantities on their own - often in a period of high stress. Fewer than one in 10 women said they were given information on how to safely prepare powdered formula. Just 4% said they were given all the information and support they needed about formula feeding, and 57% had to find information elsewhere.

“We were encouraged so heavily to breastfeed but then when we had weight issues the [Health Visitor] wanted to move us to formula without trying interventions first. No support was given and I had to fight to see any support. This made me feel like I'd failed my child. I now combi feed and use ready to drink bottles as **I still don't know how to prepare powder formula. No-one has ever discussed how to formula feed.**”

*Ruth\*, Combination Feeding, England*



## ● Has a negative impact on women's mental health

Feeding struggles were closely tied to feelings of failure, shame and depression. Women described long-lasting mental health effects, including postnatal depressions, anxiety and trauma which they related to infant feeding - whether they breastfed, combination fed or formula fed.

Half of all women said breastfeeding challenges made them feel low or anxious, and impacted upon how they felt as a mother. Shame around formula use was widespread - 75% of women who used it felt some guilt or shame, and 1 in 4 said they did not want to tell others they had used it.

"I got post-natal depression and in the end felt very low about breast feeding but felt so guilty for stopping and switching to formula. I thought I was letting my baby down."

*Diane\*, Combination Feeding, England*



## ● Ignores women's right to bodily autonomy and informed consent

Many women described feeling like their own mental and physical needs were ignored in favour of feeding goals, or felt intense concern about the harms associated with not breastfeeding that were disproportionate to the risks. Others felt values such as the ability to share care were not given weight in discussions, despite the fact that 60% of women said formula feeding enabled others to share the responsibility of feeding.

"there was a sense in which you were an incubator with legs, then a sort of vending machine once you gave birth, not an intelligent human who could weigh risks and benefits"

*Bella\*, Combination Feeding, England*

## ● Places maternity staff under significant constraints

Healthcare professionals were frequently described by women as appearing restricted in what they could say about feeding. Women reported being told that midwives "couldn't mention formula" unless asked, or information was supplied in a covert way.

"I was at high risk of developing post-natal depression as a result of my inability to breastfeed and perceived 'failure' as a new mother; my baby lost a huge amount of weight and we were both in a bad way. One midwife told me I just needed to make myself smoothies and that would help. Eventually one supportive home-visiting midwife 'took her official NHS hat off' and unofficially told us that it wasn't uncommon to be unable to breastfeed after a traumatic birth (which no one had told us), and that she had fed two of her own children with formula and they had thrived - she then packed my husband off to the shops with a list of formula, bottles, steriliser etc so we could finally feed our hungry baby. I'll forever be grateful to her."

*Mena\*, Breastfeeding then switched to Formula Feeding, England*

## ● Can excel when women feel their choices are supported

There were examples throughout of women's wishes being respected, and these have contributed to the development of the recommendations for how improvements to the current framework could be made.

"I was asked clearly by the midwives postpartum on how I wanted to feed my baby and when I stated I wanted them to be EBF [Exclusively Breastfed] **they gave me around the clock support to ensure my breastfeeding journey was as easy as possible**. When however, my baby required additional support, they asked my permission to give formula top ups and stressed how important these were, whilst also ensuring that I was able to return to EBF once my baby's condition had improved."

*Lucy\*, Combination Feeding, England*

## ● Requires comprehensive reform

Only 6% of women support the current NICE guidance for the NHS in which formula feeding is only discussed if a woman raises it, whereas 85% said all feeding options should be discussed with parents proactively, and the majority wanted this information in pregnancy.

"Pumping and combi feeding is working for me at the moment, but only because of home research. **They need to present all options to mothers, with full information available**. Pressuring mothers into one option does not help us, and damages our experiences."

*Nina\*, Combination Feeding, England*

# RECOMMENDATIONS

The report proposes a renewed infant feeding policy with principles of shared decision making at its core, in which women are given fair and balanced information about benefits and downsides of all infant feeding methods, empowered to make the choices which are right for them and their families, and given the supported they need to exercise those choices.

It is clear that a new approach must:

- 1** Provide honest information about breastfeeding challenges, including pain, supply issues and latch and practical, timely support to help overcome these.
- 2** Deliver balanced advice about formula feeding, recognising it as a choice many families make for a variety of reasons.
- 3** Ensure women know that their own mental health is a priority and support feeding choices that work for each family.
- 4** Overhaul the communication of breastfeeding benefits to ensure they are in keeping with the evidence base and best practice in the standards of risk/benefit communication applied to other areas of healthcare.
- 5** Present combination feeding as a valid option that can support the continuation of breastfeeding, with practical guidance on how to do it.

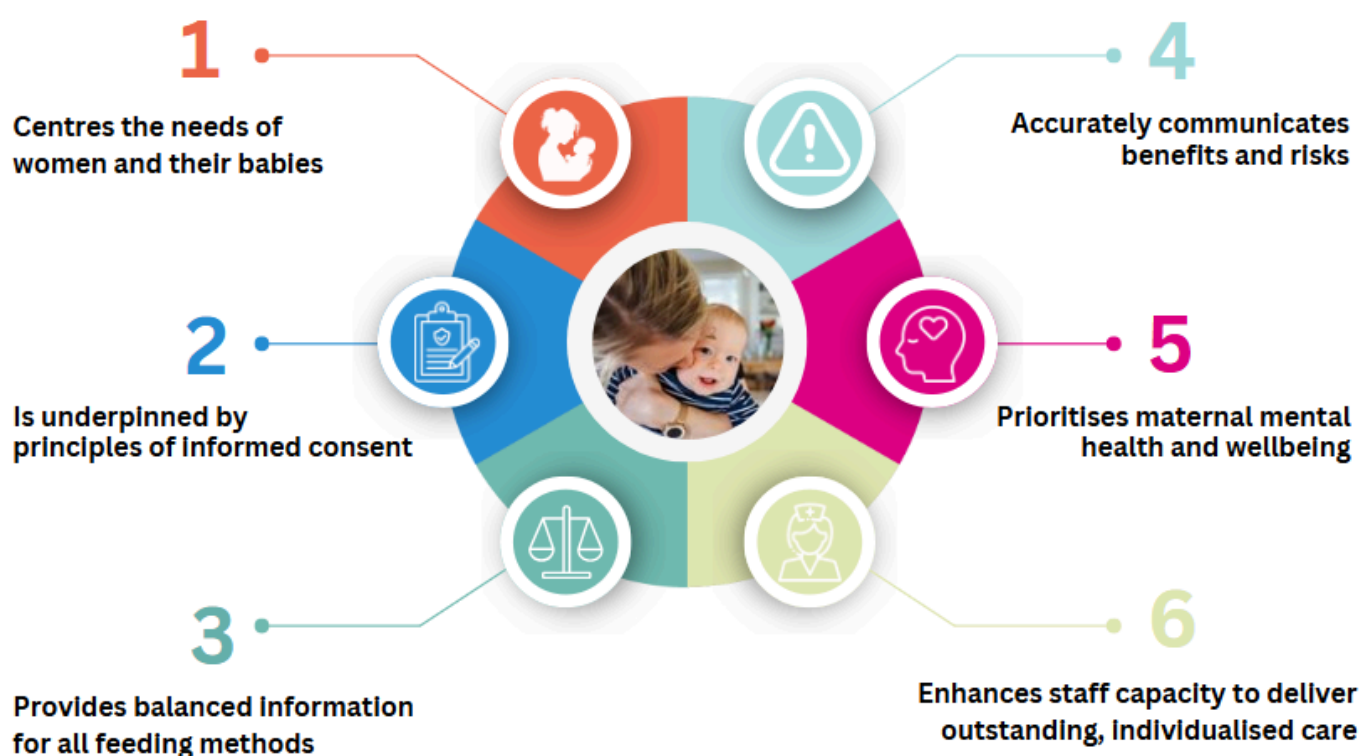
This report demonstrates that the current infant feeding policy is failing women, and their families. It continues to adopt a paternalistic model of care which does not prepare women for the real challenges of infant feeding and prevents informed, supported decision-making that gets women and their families off to the best possible start. It is out of step with principles of informed consent that govern other healthcare issues, and results in failures in the duty of care to women as patients that is enshrined in the NHS Constitution.

The CMA has called for proactive, impartial information about infant formula to be delivered in a timely fashion. We support this recommendation but this report clearly shows this is not enough.

It's time for infant feeding policy to centre the needs, voices and experiences of women. Urgent reform is needed, and it is needed now.



## KEY PILLARS OF AN OPTIMAL INFANT FEEDING POLICY:







# INTRODUCTION & METHODOLOGY

In the UK, mothers are advised to exclusively breastfeed their babies for the first six months of life. This guidance is positioned as a key public health priority, on the grounds that breastfeeding confers significant health benefits for both infant and mother (1), and that these health benefits would confer an economic saving to the NHS (2). To discourage formula use and promote breastfeeding as the optimal choice, the UK has adopted elements of the International Code of Marketing of Breastmilk Substitutes - a set of recommendations aimed at regulating the marketing of infant formula. These include curbs on advertising and the use of formula in healthcare settings (3). Additionally, NHS policies restrict healthcare professionals from proactively discussing infant formula or formula feeding. For example, NICE guidance advises that all women should be informed of the benefits of breastfeeding, but formula feeding should only be discussed with those who say they are considering the use of infant formula (4). Under the last NHS Long Term Plan, all NHS maternity services are expected to adopt an accredited infant feeding programme such as the UNICEF Baby Friendly Initiative (5). This programme is reportedly based on “recognising the importance of breastfeeding” while supporting all families with infant feeding (6), however, aspects of the initiative include advice for healthcare professionals not to “collude” with women seeking reassurance that their baby will “do just as well” even if she decides not to breastfeed; “Don’t patronise her with information that she knows is incorrect” (7).

Concerns have been raised in recent years that some of these policies, in their ambition to achieve the best outcomes for mothers and babies at a population level, may have some harmful unintended consequences at the individual level. Despite the fact that most women leave hospital breastfeeding, the majority of families are using infant formula either exclusively or in conjunction with breastmilk by the time their baby is 6-8 weeks old (8).

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1. NHS (2023) Breastfeeding: your questions answered. Available at: <https://www.nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/breastfeeding/your-questions-answered/> (Accessed: 13 April 2025)

2. BBC News. (2014) ‘More breastfeeding “could save NHS millions”’, BBC News, 5 December. Available at: <https://www.bbc.co.uk/news/health-30327780> (Accessed: 24 April 2025).

3. Department of Health and Social Care (2024). Infant and follow-on formula and food for special medical purposes. Available at: <https://www.gov.uk/government/publications/infant-and-follow-on-formula-and-food-for-special-medical-purposes> (Accessed: 13 April 2025)

4. NICE (2021) Postnatal care. NICE guideline [NG194]. Available at: <https://www.nice.org.uk/guidance/ng194> (Accessed: 13 April 2025)

UNICEF UK (2018) Having meaningful conversations with mothers. London: UNICEF UK Baby Friendly Initiative. Available at: <https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2018/10/Having-meaningful-conversations-with-mothers.pdf> (Accessed: 13 April 2025)

5. NHS England (2019) *The NHS Long Term Plan*. Available at: <https://www.longtermplan.nhs.uk/> (Accessed: 13 April 2025)

6. UNICEF UK. (2025) ‘Baby Friendly standards’, UNICEF UK. Available at: <https://www.unicef.org.uk/babyfriendly/about/standards/> (Accessed: 24 April 2025)

7. UNICEF UK (2018) Having meaningful conversations with mothers. London: UNICEF UK Baby Friendly Initiative. Available at: <https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2018/10/Having-meaningful-conversations-with-mothers.pdf> (Accessed: 13 April 2025)

8. Nuffield Trust (2024) Breastfeeding. Available at: <https://www.nuffieldtrust.org.uk/resource/breastfeeding> (Accessed: 13 April 2025)

Increasing proportions of families are opting to combine breast and formula feeding (9). This has raised questions about whether current policy is adequately preparing women for the reality of infant feeding, when no proactive information about formula feeding is provided, while at the same time there is growing concern that a disconnect between the expectation and the reality of breastfeeding has a negative impact on women's wellbeing. For example, research by Fallon et al. (2019) found not only little evidence that current delivery of the Baby Friendly Initiative sustained longer term breastfeeding outcomes, but crucially it “may promote unrealistic expectations of breastfeeding, not meet women's individual needs, and foster negative emotional experiences”, not least because of the guilt women feel following a “failure” to breastfeed (10). While, as noted, all maternity hospitals are advised to adopt the Baby Friendly Initiative or an equivalent - entailing both a fee paid to UNICEF UK and the associated financial implications of delivering ongoing training and documentation of compliance - a 2021 review funded by Public Health England found: “There is minimal evidence of the impact of BFI accreditation on maternal and infant health outcomes” (11). Consequently, any subsequent economic gains attributable to improved health outcomes as a result of BFI are likely limited. Indeed, a reduction in obesity is positioned as a key benefit of breastfeeding by the NHS (12), however, a recent cost/benefit analysis conducted for the thinktank Nesta on measures to reduce obesity found that comprehensive BFI accreditation would cost over £300 million but the effect size on obesity was zero (13).



The issue has come under the spotlight again as a result of the findings of the Competition and Markets Authority (CMA) infant formula market investigation, which showed formula price increases in recent years have surpassed wider inflationary rises. In a comprehensive report underpinned by both quantitative and qualitative data, the CMA highlighted the key role that guilt and shame felt by mothers needing to use formula milk plays in the development of what is a distorted market, with parents often opting for the most expensive brands to counter some of these negative emotions, even though premium priced products confer no additional health advantages. The research highlighted that while families had received considerable information about breastfeeding from healthcare professionals, few were mentally or practically prepared for the possibility that they may need to use formula, creating significant challenges when that proved to be the case. As one of a number of recommendations to address the problems in the market, the CMA has urged the UK Governments to “design and implement effective policies and processes to proactively provide parents and expecting parents with timely, clear, accurate and impartial information on the nutritional sufficiency of all infant formula products” (14). The Government has 90 days to respond to these recommendations.

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Office for Health Improvement and Disparities (2025) Breastfeeding at 6 to 8 weeks: data for 2024 to 2025. Available at: <https://www.gov.uk/government/statistics/breastfeeding-at-6-to-8-weeks-data-for-2024-to-2025> (Accessed: 13 April 2025)

10. Fallon, V., Harrold, J.A. and Chisholm, A. (2019) ‘The impact of the UK Baby Friendly Initiative on maternal and infant health outcomes: A mixed-methods systematic review’, *Maternal & Child Nutrition*, 15(3), e12778. doi: 10.1111/mcn.12778.

11. Fair, F.J., Morrison, A., & Soltani, H. (2021). The impact of Baby Friendly Initiative accreditation: An overview of systematic reviews. *Maternal & Child Nutrition*, 17(4), e13216. <https://doi.org/10.1111/mcn.13216>

12. NHS (2023). *Benefits of breastfeeding*. Available at: <https://www.nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/breastfeeding/benefits/> (Accessed: 13 April 2025)

13. Webber, L., Coker, T., Goldspink, H., Graff, H., Marchand, N., & Card-Gowers, J. (2024). *Cost-benefit analysis of obesity interventions*. HealthLumen on behalf of Nesta. Available at: <https://blueprint.nesta.org.uk/wp-content/uploads/2024/10/Cost-benefit-analysis-of-obesity-policies-HealthLumen.pdf> (Accessed: 13 April 2025)

14. Competition and Markets Authority (2025). *Infant formula and follow-on formula market study: Final report*. GOV.UK. Available at: <https://www.gov.uk/cma-cases/infant-formula-and-follow-on-formula-market-study#final-report> (Accessed: 13 April 2025).

Despite broad support for offering improved formula information in the antenatal period, some stakeholders oppose providing women with this information if they are, or say they intend to breastfeed on the basis that it could:

- (a) create an assumption that women will inevitably use formula, potentially discouraging breastfeeding, and/or
- (b) contradict the principles of the WHO Code and BFI accreditation (15).

If providing factual information to women about formula feeding falls foul of either of these policies, then it is clear that neither policy meets the needs of women and their families in the UK today. Yet, whether or not this constitutes a policy breach, there is now a crucial opportunity to review the full scope of information provided to women and their families on infant feeding—**and to use this opportunity to develop an approach and policy that truly meet their needs.**

## RESEARCH METHODOLOGY

To support this process, the infant feeding charity Feed, which campaigns to put the voices of women at the heart of infant feeding policy, and The Lowdown, a community-based women's health platform aimed at empowering women to take control of their reproductive health decisions, undertook a survey of more than 830 women across the UK (England, Wales, Scotland and Northern Ireland) in March 2025 to better understand their perspectives of NHS delivered infant feeding care and support, and what could have improved their experience.

This report details the quantitative findings of the survey, which explored the information the NHS provided to women about their infant feeding choices during pregnancy, the degree to which this equipped them for their journey and the support they received to overcome any challenges. It also presents women's views on what information they would have liked to receive and when. Qualitative responses to the survey question asking women to share their thoughts on the information and support they received is presented by theme. Finally, the report presents five recommendations informed by women's own insights into what they wished they had known and how their experience of NHS infant feeding support and care could have been improved.

Women were asked to answer the survey questions in relation to their first child, although an option was given to share how the experience differed with any subsequent child. Most women answered in relation to a birth that was five years ago or less and more than half of respondents had a child who is currently under two years old, including one in five with a baby currently six months old or less. We recognise that Covid-era restrictions may have played a role in women's experiences, although we found strong evidence of positive interactions with healthcare professionals during this period too.



We are grateful to all the women who took part in the survey and took the time to share their experiences, sometimes at great length. There were many respondents who provided accounts of excellent practice, which will be highlighted throughout, and which have contributed significantly to the development of the recommendations. While we recognise that surveys can attract more polarised experiences, our findings align with longstanding research that has sought to capture how women felt about their infant feeding experiences.

15. Competition and Markets Authority (2025). Infant formula and follow-on formula market study: Final report. GOV.UK. Available at: <https://www.gov.uk/cma-cases/infant-formula-and-follow-on-formula-market-study#final-report> (Accessed: 13 April 2025).



We begin with one mother's story that encapsulates a number of the themes expressed by many women who took part:



I was unable to breastfeed both of my children, I think because I had very low supply. This is a conclusion I have come to myself, but without any support from the NHS. With my first child, I put it down to a huge postpartum blood loss. With my second baby, after a birth with no complications, we were admitted to the special baby care unit when he was 3 days old because he was losing too much weight. **I was admitted for breast feeding support, on a Friday evening. There was no breastfeeding support team on over the weekend.** I was admitted to a room late at night and handed a breast pump - the nurse said she was rusty on how to use it. The pump had the wrong flange size - I knew this myself, I was not advised this by the NHS staff.



The advice when I felt I was struggling with my son's latch was to carry on through the excruciating pain. I was comfortable with my son being fed from a bottle, and distressed by the nurse telling me I might need to consider a feeding tube if he wasn't getting enough milk from my breast or from what I was expressing. **Two healthcare professionals identified he had a tongue tie but I was told there was an 8 week waiting list for this to be fixed.** I was so stressed out by the situation and felt I was receiving so little support that I asked to be discharged as soon as possible (the plan had been for us to be in for 48 hours) on the basis I was happy to combination feed my son with formula top ups.

At home, my community midwife referred me to the local breastfeeding support service. I attended one appointment and felt well supported during it but I had to push to be given a second appointment when I still didn't feel feeding was established.

We saw a private lactation consultant to fix my son's tongue tie and she advised using a nipple shield but the advice from the NHS service was to absolutely not use a nipple shield. I felt very confused by this and went with the NHS advice but, on reflection, I see no reason now that I shouldn't have used a nipple shield when I felt myself it was helping my son to latch better. In the end, I fed my son for 5 weeks with the little milk I could express (we had to pay to hire a hospital grade pump) then I switched to exclusive formula feeding.

**At no point was I given any NHS advice on how to feed my baby safely with formula** - with both my children I had to rely on advice from a family member who had also formula fed her babies. **I felt the pressure from the NHS to breastfeed my baby, but the support I received from them to do so was very poor.**

*Aoife\*, Expressed breast milk & formula then exclusive formula feeding, Scotland*





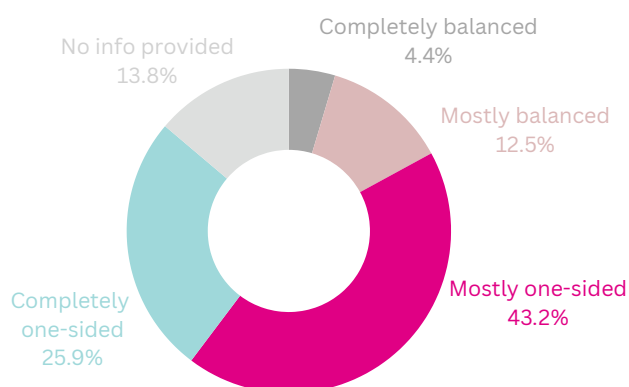
# SURVEY FINDINGS

Qualitative and quantitative analysis of women's experiences of NHS delivered infant feeding care

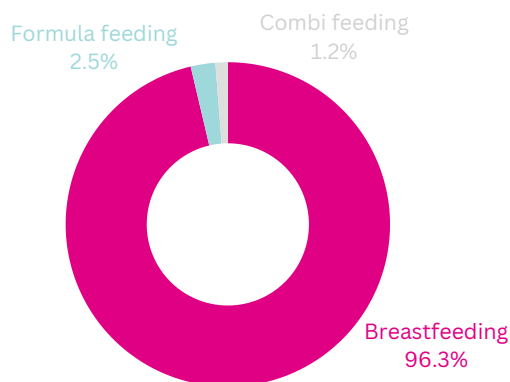
## ● NHS-delivered infant feeding guidance and support is one-sided and strongly favours breastfeeding

Most women (69%) felt the infant feeding information they were provided under NHS antenatal care was mostly or completely one-sided, presenting only one feeding option or with little mention of alternatives. Of those, 96% said the advice focused on breastfeeding, with little variation between women with different feeding intentions. A skew towards formula feeding was only reported by 4% of women who had intended to breastfeed and 2% women who had made no feeding plan.

Only 4% of all women said they felt the information they received was completely balanced and presented all infant feeding options fairly. This is in keeping with current guidelines that information on formula feeding be withheld from women unless they specifically request it (16), and so this finding is therefore unsurprising.



*How balanced or one-sided was the information you received from the NHS about infant feeding during pregnancy or before you left the hospital?*



*If the information you received about infant feeding from the NHS was one-sided or leaned toward a particular option, which feeding method did it appear to favour?*

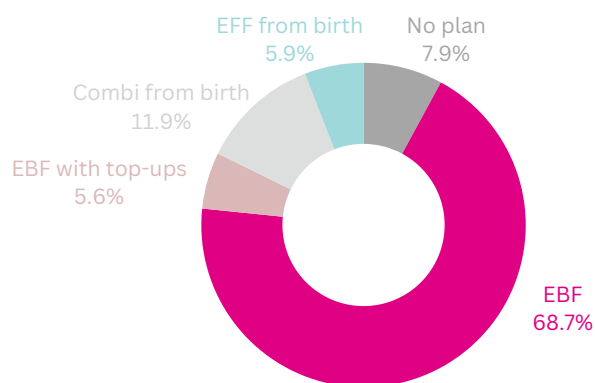
“I went to an NHS antenatal course specifically to learn about combi feeding and how best to achieve it. They told us all about breastfeeding but **when I asked about formula feeding and combi feeding I was told they weren't allowed to tell us anything about it.**”

*Laura\*, Combination Feeding, England*

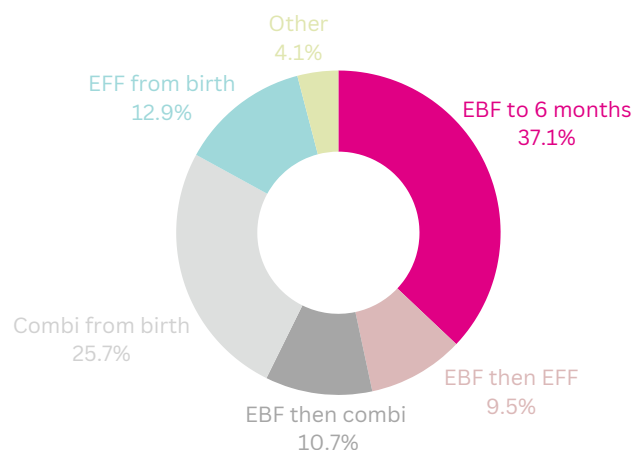
## ● Most women intend to exclusively breastfeed, but the majority did not go on to do so

Before birth, most women planned to exclusively breastfeed for six months (69%), but less than half (46%) of those women ended up doing so; overall 37% of women exclusively breastfed for 6 months or more (with some also using formula top ups). Overall 59% of women used infant formula to some degree in the first six months.

KEY: EBF = exclusive breastfeeding; EFF = exclusive formula feeding; combi = combination feeding



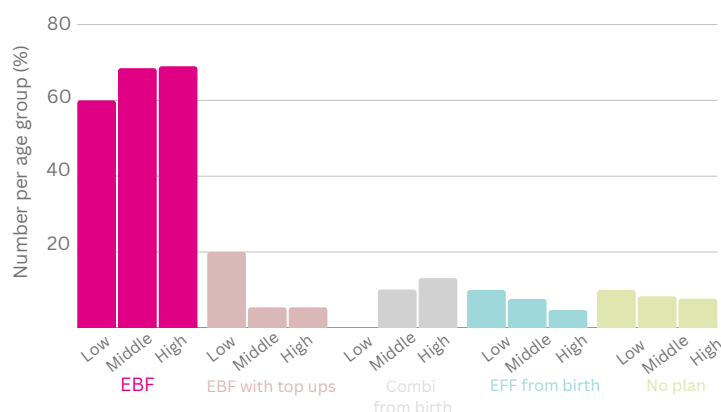
During pregnancy, what were your plans for infant feeding?



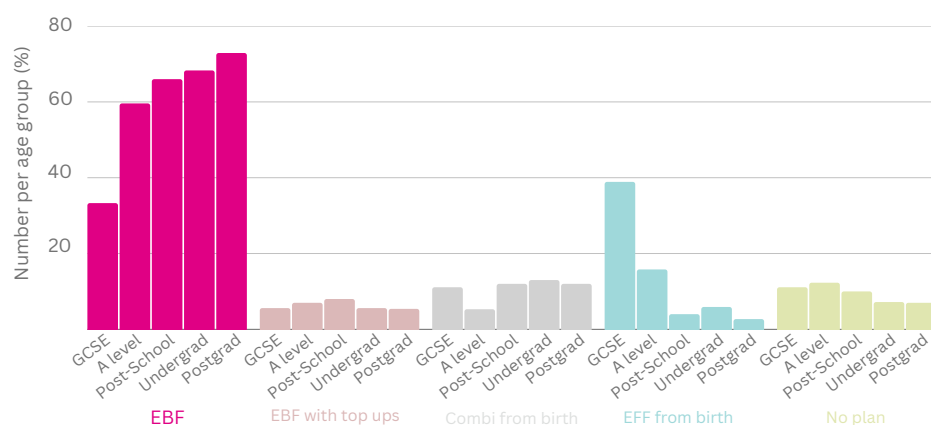
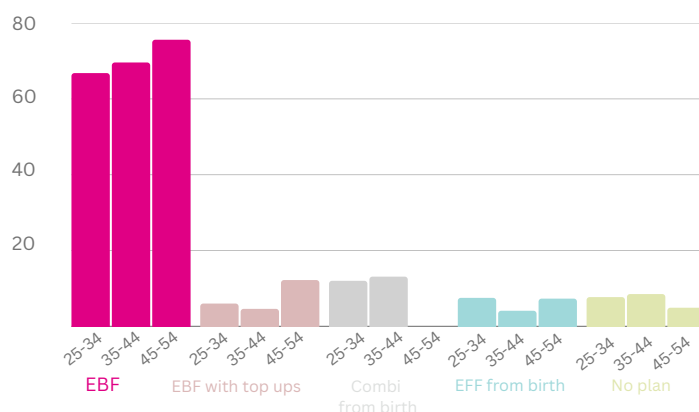
After birth, what method(s) of infant feeding did you use in the first six months?

Infant feeding intentions were similar among women from low, middle or high income households and by maternal age, however, there was a positive relationship between breastfeeding intent and maternal education, with more women of a higher educational attainment intending to breastfeed.

Feeding Intention by household income



Feeding Intention by maternal age



After birth, a higher proportion of women with higher educational attainment exclusively breastfed their babies, whereas a higher proportion of women educated only to GCSE level formula fed their babies.



“I really wanted to breastfeed and managed to for 6 weeks although I had thought I’d do this for months. I saw a private lactation consultant three times. She was amazing. However, I still found it difficult due to my baby’s and my anatomy just not working. I’d solve one problem and then get another which caused me physical pain. It was a very difficult and upsetting journey. However, I feel calmer now I have got into formula feeding.”

Carly\*, Mixed Feeding Methods, England

Women whose child was currently aged between 3 and 5 years old, and thus were born during the COVID pandemic restrictions, had similar infant feeding intentions as women whose babies were born outside this time period.

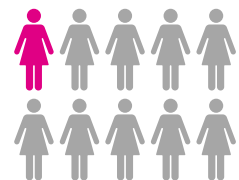
Around 12% of women had planned to combination feed, but more than double that number (26%) ended up doing so from birth, and a further 11% used combination feeding later in the first six months of their baby’s life. Just 6% of women had planned to formula feed from birth, but more than double that number ended up doing so (13%).

**NHS-delivered breastfeeding support often does not provide women with what they need to overcome breastfeeding challenges, contributing to postpartum anxiety and impacting upon how they felt as a mother**

Just one in 10 breastfeeding women (11%) said the NHS provided all the information and support they needed to overcome any breastfeeding challenges, and 40% “some” of the information and support they needed.

Nearly 30% of breastfeeding women said they needed to access private help to gain the information and support they needed to breastfeed, whilst 12% were not given the support they needed by the NHS and were unable to access private help. Given this, it is perhaps unsurprising that women in households with lower incomes were less likely to be able to access private breastfeeding support than women living in more affluent households.

JUST  
**1 in 10**  
BREASTFEEDING  
WOMEN GOT ALL  
THE INFO THEY  
NEEDED



30%

breastfeeding women  
had to access private  
support

“I had pain on one side when breastfeeding for the 5 months I breastfed as there was no support available on the NHS and could not afford a private lactation consultant on maternity pay”.

Susie\*, Exclusive Breastfeeding then Exclusive Formula Feeding, England

“The support regarding tongue tie with my baby was abysmal. I was shamed and told I was just making excuses for her poor latch and that I just needed to persevere. This made me feel so guilty. I ended up having to go privately for support, which then cost me money which I didn’t have on maternity leave”.

Polly\*, Exclusive Breastfeeding then Combination Feeding, England

Half of women (49%) said they experienced challenges breastfeeding and this impacted upon how they felt as a mother. A similar proportion (48%) also said these challenges contributed to them feeling low or anxious in the postpartum period. One in five said the challenges breastfeeding impacted upon their relationship with their partner or wider family/support network.

**Breastfeeding  
challenges  
contributed to  
half of women  
feeling low or  
anxious**

“The health visitor made me feel guilty for struggling with breastfeeding, using unhelpful language like “all mothers do this” and “it shouldn’t hurt—if it does, you’re doing it wrong,” without offering any constructive advice. When we transitioned to combination feeding, I was made to feel ashamed rather than supported. There was no guidance provided on bottle feeding at all—I had to rely entirely on searching websites for information. **The lack of proper support and guidance around feeding my babies had a profound impact on my mental health**”.

*Sophie\*, Combination Feeding, England*

## ● **NHS-delivered infant feeding guidance and support withholds information on infant formula and formula feeding from women, leaving them unprepared when they need to use it**

The vast majority of women who responded to our survey said they received no information about formula feeding, or on formula milk from their NHS healthcare provider during pregnancy.

- Only 3% said they were given information on different formula milks.
- Less than one in ten (9%) were told how to safely make up powdered formula.
- Only 13% of all women were given information in the antenatal period on how to bottle feed; with women who stated an intention to combi feed (17%) or formula feed (14%) only slightly more likely to receive this information.
- Despite more than a third of women going on to combi feed (37%), only 4% of women received information or guidance on this method in the antenatal period.
- The most likely information on infant formula in the antenatal period that women reported receiving was in relation to the “risks or downsides” of its use (15%).

These figures are concerning as they suggest that even when women state an intention to use infant formula either exclusively or in combination where there should be no limitation on information provided, it is not necessarily forthcoming. This may be an unintended consequence of a policy which restricts what healthcare professionals can convey as the policy may create confusion and doubt as to what is allowed, and when.

Among women who formula fed their babies after birth (regardless of their feeding intentions) only 4% said they were given all the information and support they needed from the NHS, and just one in five (21%) given “some” of the information they needed. Most accessed support privately or from other sources.



“I felt because we decided quite early on in my pregnancy to formula feed due to my own health conditions, **there was no support available and it was almost frowned upon**. While we were in hospital my baby was struggling to take the bottle and there was no support. I would encourage support and information to be given in advance of given birth and while on the ward after birth, especially for new Mums”

*Olivia\*, Exclusive Formula Feeding, England*

“Latching was hard and ... more painful than I had expected. **Midwife in hospital kept telling me breast feeding is best** so persevered. When the community midwives came to our home they said fed is best and did not judge us for formula feeding but did not explain how to how to do so safely. I had to Google a lot and felt ashamed. **When feeding in public I would tell people it was expressed breast milk** which I know doesn't help the stigma”

*Freya\*, Exclusive Formula Feeding, Wales*

## ● **Guilt and shame around formula use is prevalent and has consequences**

Against this broader backdrop it is not surprising that three quarters of women (75%) who used formula felt some guilt or shame related to its use, and one in four (25%) said they did not want to tell others they had used it. This is crucial, given the current NICE guidelines only advocate for disclosing information on formula feeding, to parents who make their formula feeding intentions known.

**Three quarters of formula feeding Mums feel shame for using it**

Women who had breastfed for 6 weeks or less and then switched to formula feeding or combi feeding were the most likely to feel some guilt or shame: 91% who switched to formula and 82% who switched to combi feeding despite intending to breastfeed reported these feelings.



Fewer than one in five (17%) women felt confident using infant formula when they needed to. Confidence was higher although not overwhelming among women who had planned to formula feed (30%) but extremely low among women who had intended to breastfeed but ended up using formula (6%).

“No one told me that it might not work, that it might be excruciatingly painful, that I might have bleeding nipples for weeks, that he might not gain weight, that I would never sleep. I ended up with pnd [postnatal depression]. It was horrific. **The shame of formula feeding was so awful.**”

*Amy\*, Exclusive Breastfeeding then Exclusive Formula Feeding, Wales*

“Breastfeeding was heavily pushed by my midwife and health visitor. I got post natal depression and in the end felt very low about breastfeeding but felt so guilty for stopping and switching to formula. **I thought I was letting my baby down**”.

*Diane\*, Combination Feeding, England*

## ● **The vast majority of women feel that NHS-delivered infant feeding support should provide everyone with information about all options and their benefits and downsides, starting in the antenatal period**

Only 5% of women felt the information they had received prepared them well for the infant feeding journey. More than half (52%) said the information did not prepare them, and less than a third (31%) that it prepared them “somewhat”.

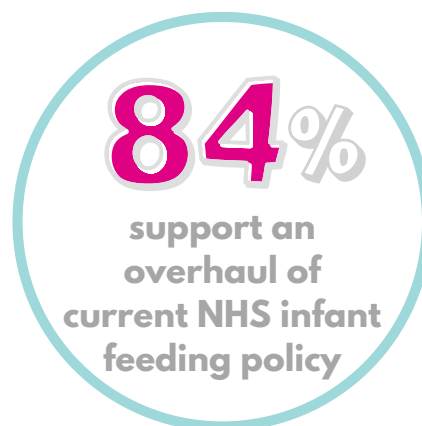
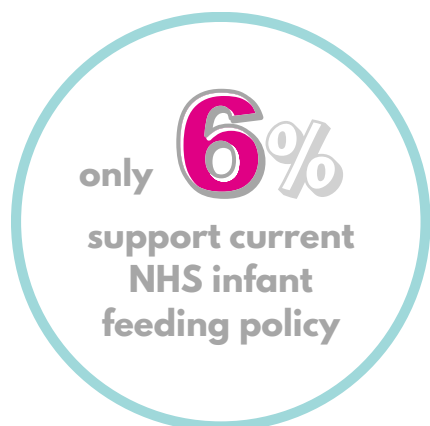
The vast majority - 84% - of all women believed everyone should receive information about all feeding options and their benefits and downsides.





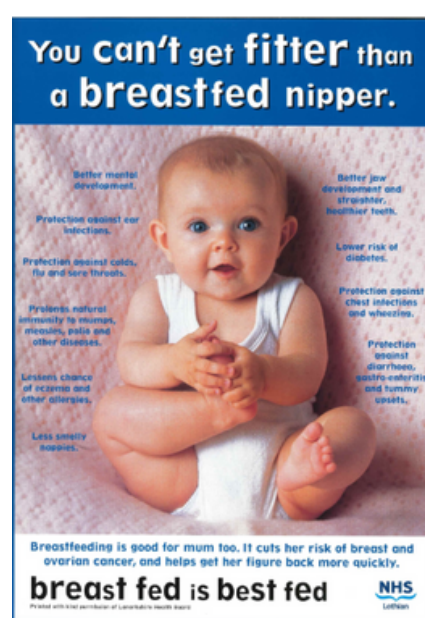
Just 6% of women supported a policy whereby everyone receives information about the benefits of breastfeeding and information about other methods is only available if women request it. This is the basis of current NHS guidance, as determined by NICE.

Most women (66%) wanted to receive information about infant feeding options in pregnancy, which is not what NHS guidance currently allows for. This finding also supports recommendations from the Competition and Markets Authority on providing timely advice about infant formula to women in a proactive way.



“The information provided to me by the NHS was all post birth as we were being sent home - this was useless. I had all the time in the world to read through the various leaflets in the final weeks of pregnancy, but not when you’re a first time Mum who has just brought your child home. **Information needs to be given before birth to cover all eventualities so you can make informed choices**”.

*Jenny\*, Exclusive Breastfeeding, England*



“**Please provide more information on ALL methods of feeding, and please provide information which is genuinely informative.** I saw so many posters at my GP during pregnancy and when visiting for my baby checks which encouraged breast feeding saying things like: 'Breastfeeding is best'. This was so unhelpful and demoralising when my world was consumed by trying to breastfeed my baby at that time and it wasn't working”.

*Sarah\*, Combination Feeding, England*

# KEY THEMES IN WOMEN'S INFANT FEEDING EXPERIENCES:

## Qualitative perspectives on NHS support

There were some key themes which emerged from the written responses women gave when asked to share any further details about their infant feeding experience, and what might have made a difference. These are analysed below, and women's stories are used to highlight each theme.

### There is a significant disconnect between NHS-delivered information and promotion of breastfeeding and the actual lived experience of it

As identified in the quantitative findings, many women felt unprepared for their journey. In the comments shared by women they spoke about the experience of pain, challenges with latch and poor supply. Many women felt that the portrayal of breastfeeding to them in the antenatal period, including discussions with midwives or, for example, posters promoting breastfeeding, had presented it as “natural” and “normal” which gave a false sense that breastfeeding would be “straightforward” and “easy”.



This is not a new finding; the disconnect between breastfeeding expectations and postnatal realities has been well documented over the past two decades. Studies by Trickey and Newburn (2014), Hoddinott et al. (2012), and Hinchliff-Smith et al. (2005) all highlight how many women begin with strong intentions to breastfeed, shaped by antenatal messaging, but often encounter challenges they had not anticipated after birth, leading to feelings of distress, failure and an assumption they are doing something wrong (17,18,19).



The public health messaging aiming to increase breastfeeding rates may inadvertently be reducing them as women cease breastfeeding due to a false assumption they are doing it wrong, because they don't experience what is “advertised” to them. There is an inherent tension within breastfeeding promotion literature that self-doubt among women, including in relation to issues like not having enough milk “can hinder the flow of her milk” (20) but this may mean that some women are not sufficiently warned about the issues they may face with supply, which may subsequently also be dismissed as unusual or “subjective” (21). Taken together, the qualitative findings from this survey suggest ongoing, unresolved issues between how breastfeeding is presented to women, how they experience it and the damage this disconnect causes.

**“I was told that you would just breastfeed and all will be fine.** They only mentioned that you may get over supply, never mentioned low supply, or that your baby may struggle to latch, may have a tongue tie, that they may need combi feeding to gain weight, that most women actually struggle to breastfeed”.

*Gemma\*, Combination Feeding, England*

17. Hoddinott, P., Craig, L.C.A., Britten, J., & McInnes, R.M. (2012). A serial qualitative interview study of infant feeding experiences: idealism meets realism. *BMJ Open*, 2(2), e000504. <https://doi.org/10.1136/bmjopen-2011-000504>

18. Trickey, H., & Newburn, M. (2014). Goals, dilemmas and assumptions in infant feeding education and support. *Maternal & Child Nutrition*, 10(1), 102–117. <https://doi.org/10.1111/j.1740-8709.2012.00417.x>

19. Hinchliff-Smith, K., Spencer, R., & Walsh, D. (2014). Realities, difficulties, and outcomes for mothers choosing to breastfeed: primigravid mothers' experiences in the early postpartum period (6–8 weeks). *Midwifery*, 30(1), e14–e19. <https://doi.org/10.1016/j.midw.2013.10.001>

20. World Health Organization and United Nations Children's Fund (2020). Baby-friendly Hospital Initiative training course for maternity staff: Participant's manual. Geneva: WHO and UNICEF. Available at: <https://www.aidsdatahub.org/sites/default/files/resource/who-baby-friendly-hospital-initiative-training-course-maternity-staff-participant-manual-2020.pdf> (Accessed: 13 April 2025).

21. National Institute for Health and Care Excellence (2023). Breastfeeding problems: Causes of low milk supply. Clinical Knowledge Summaries. Available at: <https://cks.nice.org.uk/topics/breastfeeding-problems/background-information/causes-of-low-milk-supply/> (Accessed: 13 April 2025)

“I was lucky enough to be referred to the infant feeding team at my hospital or were extremely helpful. But it was still a very challenging and upsetting trying to breastfeed & **I feel I could have been better prepared for how difficult it can be (it doesn't come as natural as they make out)** and more positivity around combination or formula feeding if needed”

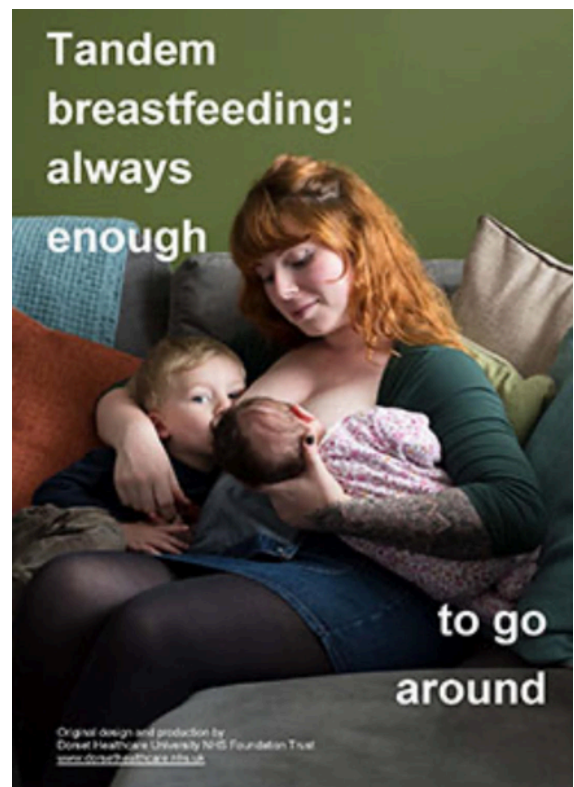
*Hannah\*, Combination Feeding, England*

“As a GP myself I felt like an absolute failure when breastfeeding didn't come “naturally” to me. I felt like all **the language about formula feeding was all negative and the pressure to breastfeed was enormous**. I just couldn't understand why I was finding it so difficult when it was evolution that I had breasts to be able to feed a baby. I put so much pressure on myself and when we gave my newborn a bottle of formula my husband had to do it because **I felt like I was poisoning her**. In the end I chose to stop breastfeeding after 7 weeks (important for me because the breastfeeding box could be ticked in the red book!) and after a few days felt empowered and much more able to bond with my baby. I subsequently breastfed my second baby for 6 months and then struggled again with my third. I realise now it is as much about the baby as the mother. My experience has definitely helped me support my patients.”

*Charlotte\*, Exclusive Breastfeeding then Exclusive Formula Feeding, England*

“In my experience, **NHS promoted breastfeeding in its most pure form which becomes absolutely counterproductive**. No info about tongue tie, no info about nipple shields that can help latching. No info about correct way of pumping. No info about how much milk I need to top up with. The only support was on positioning. If I hadn't gone to a lactation consultant, I would have stopped breastfeeding after a week. **Breastfeeding was one of the hardest things I have done as a new mother. And noone talks about it!** I did antenatal courses and still, I was under the illusion that if you have milk, things happen automatically. I was so angry that noone talked about the challenges of breastfeeding, especially at early weeks.”

*Helen\*, Exclusive Breastfeeding then Combination Feeding, England*



“That your baby may be unable to latch and breastfeed and to be prepared to supplement with formula early until the issue is resolved. My midwives were brilliant - very much "fed is best", and supplied us with a choice of formula. But **I didn't feel prepared** for that eventuality. They were also good in resolving the latch issue before we left hospital. I felt that after that, we had choices about feeding and that was OK.”

*Seema\*, Combination Feeding, England*





## There is a disconnect between NHS delivered information and promotion of breastfeeding and the availability of resources to overcome the challenges faced

The disconnect between the promotion of breastfeeding and the lack of resources available to address any challenges was most pronounced with tongue tie, which was raised repeatedly, alongside problems women experienced in accessing other forms of feeding support more generally. Inconsistency of advice was also a key theme. Many women talked about having to access support privately, with varying results, while others said their feeding choices were eventually determined by the fact they were unable to afford private health care.



Tongue-tye can cause significant feeding difficulties for mothers and babies, with many women in the published literature describing pain, distress, and dread before feeding (22). While several systematic reviews support frenulotomy (a minor surgical procedure to cut the restrictive tissue) as a treatment, the evidence remains disputed due to inconsistent study quality (23). Despite NICE guidance (24), access to diagnosis and treatment is still uneven. A 2023 Midwifery survey described UK access to frenulotomy as a “postcode lottery,” leaving many families without timely support (25).

This was evident in our survey findings, with families who had received a diagnosis then being told either they were not eligible because their baby was not being exclusively breastfed (this was because of the issues experienced with tongue tie) or there was a multiple week wait for treatment.

“I struggled a lot with pain during the first 3 months. I was offered lots of support but was really **given the same advice over and over which didn’t solve my problem**. I eventually felt the need to access private support. I was also given bits of conflicting advice which was very frustrating”

*Julia\*, Exclusive Breastfeeding with Occasional Bottle of Formula, England*

“My plan was to exclusively breast feed my child. My daughter was tongue tied which we were unaware of and was only recognised when she started dropping weight and having issues with her latch. As a quick resolve we introduced some formula and continued in an attempt to combination feed and get her weight back up. When it came to having her tongue tie treated, we were informed that we would have to pay for a private consultation (£300), as we were now unable to access this through the NHS. The reason for this, was because my daughter was NOT being exclusively breast fed. I feel that’s complete discrimination for those parents out there who are having trouble breast feeding. We had to cease breastfeeding exclusively due to the tongue tie, but **the NHS wouldn’t help us when we needed them most. We were completely let down. My daughter is now 2.5 and I still carry that guilt today**”.

*Liz\*, Exclusive Breastfeeding then Exclusive Formula Feeding, England*

“**I feel traumatised by my feeding experience**. I am not against the encouragement of breastfeeding but feel that **the services and support should be in place to back it up**. If I had been giving suitable feeding support by a lactation consultant from the beginning I could have made informed decisions about my child and my mental health”.

*Fiona\*, Exclusive Breastfeeding then Combination Feeding, Scotland*

22. Edmunds, J., Fulbrook, P. and Miles, S. (2013) ‘Understanding the experiences of mothers who are breastfeeding an infant with tongue-tye’, Journal of Human Lactation, 29(2), pp. 190–195. <https://doi.org/10.1177/0890334413477244>

23. O’Shea, J.E., Foster, J.P., O’Donnell, C.P.F., Breathnach, D., Jacobs, S.E., Todd, D.A., & Davis, P.G. (2017). Frenotomy for tongue-tye in newborn infants. *Cochrane Database of Systematic Reviews*, (3), CD011065. <https://doi.org/10.1002/14651858.CD011065.pub2>

24. NICE (2005). Division of ankyloglossia (tongue-tye) for breastfeeding. Interventional procedures guidance [IPG149]. Available at: <https://www.nice.org.uk/guidance/ipg149> (Accessed: 13 April 2025)

25. Carter, E., Armstrong, L., Kindred-Spalding, E., Gale, C., & Wilson, D. (2023). Is access to NHS tongue tie services equitable for mothers and babies in the UK? *British Journal of Midwifery*, 31(12), 670–675. <https://doi.org/10.12968/bjom.2023.31.12.670>



“The support for how to breastfeed was terrible which was ironic given how dogmatic every single health professional I spoke to postpartum was about breastfeeding. It made me feel like a terrible mum - I was trying to breastfeed and having challenges but support on actually how to do it and succeed was very very poor”.

*Michelle\*, Exclusive Breastfeeding then Combination Feeding, England*

“I tried to get support from the local infant feeding team but **was told to go privately which I couldn't afford** so resorted to exclusively pumping which was really negatively affecting my mental health so moved on to formula. **I felt a lot of shame but I also didn't want a hungry baby**”.

*Orla\*, Exclusive Breastfeeding then Combination Feeding, England*

“We saw the hospital infant feeding team weekly for 4 months at their drop in sessions then in that time we also saw them at the hospital tongue tie clinic 3 times as we were referred from HV team. We were never referred to ENT or paed's, despite my daughter dropping from 75th C to 3rd C, me having severe pain and my daughter having all the other tongue tie symptoms. **We ended up going privately** at 4.5m and she had her tongue tie cut. **Within 48hrs I had a totally different baby**, who fed, was putting on weight, filling nappies, I wasn't bleeding every feed etc. I went back to the NHS team and told them what I'd done and all I got was “oh you should have said we would have looked”. They already knew it and they had already look three times and I asked every single week as I watched them weigh her and I'd cry at the scales to see she had only put on 20-40g per week. Awful experience and makes me very anxious for feeding again (currently pregnant again).”

*Donna\*, Combination Feeding, England*

“I received no information going prior to my baby being born regarding infant feeding they just asked the question and to what option I was going to chose as a tick box option. **I was not prepared for the difficulties I faced breast feeding** with it taking three weeks and many medical professionals to finally diagnose a tongue tie. I feel there should be more training to identify this early and had this happened it may have meant I had a better chance of breast feeding. When it [tongue tie] was spotted I was informed I would have to possibly wait for 6 weeks for it to be assessed. **I ended up going privately and having a next day appointment which I was in a privileged position to be able to afford**. My journey ended up with getting mastitis twice and hospitalised for 2 weeks with a breast abscess and potential sepsis which meant I had to end my breast feeding journey early”.

*Catherine\*, Combination Feeding then Exclusive Formula Feeding, England*



“With second child I was able to exclusively breast feed but only after we paid privately for tongue tie. Otherwise my journey would have ended. I did receive fantastic support with latch from the infant feeding team after this. However, the NHS wait would have meant an end to my journey”.

*Rose\*, Exclusive Breastfeeding then Exclusive Formula Feeding, England*

“I was not able to produce sufficient milk to feed my child. I asked for support but it was insufficient, only available for a short time, and we were almost left to our own devices. I had to formula feed ultimately, it wasn't my first choice, felt immense guilt and shame but our child thrived regardless. The language is important as well, not everyone chooses to formula feed, some of us can't/couldn't. In the end, it was our friends who supported us and gave us a lifeline, women supporting other women”.

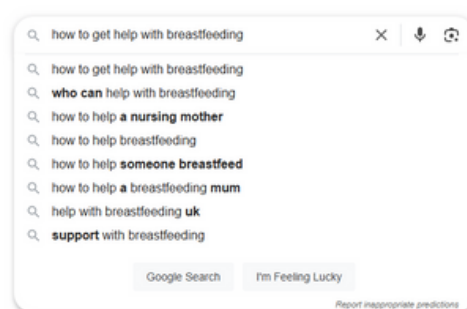
*Lorraine\*, Exclusive Formula Feeding, England*

While there were issues with when and if formula feeding was discussed which this report will go on to examine, other women felt when challenges arose with breastfeeding the response was to move quickly onto formula, rather than address the issues they were facing.

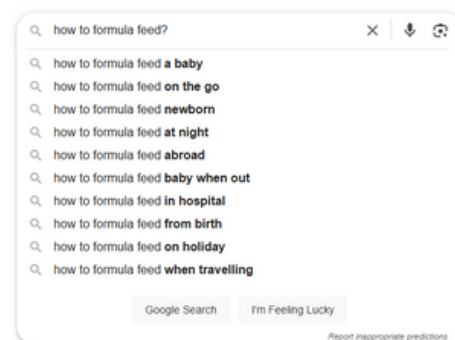
“I wanted to breastfeed badly but I felt like I didn't get any help at all with it and I was pushed on to formula it felt like they wanted to tick off box with baby weight and was easier for me to stop breastfeeding and go on formula rather than help and support me. So frustrating. I was luckily able to pay privately and I spent hundreds if not thousands probably on breastfeeding support consultants and pumps. May I add at no point anyone encouraged me to try pumping if baby didn't latch well I found out more about it from Facebook groups as in a postpartum haze it didn't even cross my mind as a possibility to exclusively pump. My options were shown as “you give baby top ups of formula or we will take her to hospital if she didn't gain weight which made me feel horrible and I still to this day am I proud I breastfed her until 2 years old but it was only my doing hard work and private help”!

*Steph\*, Combination Feeding, England*

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“I think the NHS is very contradictory. You talk a lot of talk about how breast is best but you don't help or encourage women to carry on with their journey. The amount of times I was told to just give a bottle or go with formula was insane”.

*Marie\*, Exclusive Breastfeeding then Combination Feeding, England*

“I was determined to breastfeed but let down by the help available. NHS just tried to make me feed formula, not help me with breast feeding. When I needed formula there was no help on how to choose”.

*Cat\*, Exclusive Breastfeeding with Formula Top Ups, England*

## There is minimal pro-active provision of information about infant formula and formula feeding within NHS, in keeping with the existing guidelines

The lack of proactive information about formula and formula feeding meant families felt poorly prepared for its use when they needed it. This also reflects the findings from the qualitative research which underpinned the findings of the recent report infant formula market investigation by the CMA (26). As already noted, while the majority of women leave hospital breastfeeding, most will go onto use formula at some point in the weeks and months to come.

Derogatory comments from healthcare staff about infant formula including reported remarks that it was the equivalent of “fried, greasy chicken” or that the smell of it was “yuck” also added to the stigma of its use, and contributed to an environment in which women did not seek information even when they needed it, which highlights the need for more proactive, balanced information about infant formula. This also corresponds with NICE’s own understanding of health behaviours in this area, with the evidence showing there “are multiple reasons why mothers do not seek information or support with formula feeding, knowing it would go against the message from healthcare professionals that breastfeeding is best” (27). Many women in our survey introduced combination feeding without any information or support to do so.



**“We needed formula in a panic** on a Sunday night with a 5 day old baby - **we didn’t know how to sterilise, make the formula** etc”.

*Jess\*, Breastfeeding then Combination Feeding, England*

**“I struggled to breastfeed at first and we needed to use formula for a couple of days. I was given NO advice on how much to feed - even though I asked** - and it turns out we then underfed our baby and she lost too much weight”.

*Rebecca\*, Exclusive Breastfeeding with Formula Top Ups, England*

**“I had a dreadful experience and felt like I was labelled as a failure by the nhs team.** I'd had a dreadful labour where we both nearly died and I was ill for some time after. My milk didn't come in and my baby was losing weight, so I was advised to use formula to top up. **I wasn't given advice on how to do this so just muddled through.** I felt embarrassed and as though my body had failed me. I kept expressing milk for 8 weeks despite producing little more than a teaspoon after 30mins, and would wake myself up through the night to keep doing this - i was obsessed and felt that my baby would be ill or not be intelligent enough if I didn't breastfeed. **It severely impacted my mental health and my relationship with my then husband. I was paranoid about stomach issues for my son and felt that nhs staff consistently gave warnings on how formula feed babies get sick more often”.**

*Emma\*, Exclusive Breastfeeding then Exclusive Formula Feeding, England*

26. Thinks Insight & Strategy (2024) *Experiences using infant formula and follow-on formula: Qualitative research report*. Prepared for the Competition and Markets Authority. Available at: [https://assets.publishing.service.gov.uk/media/67ade20d63d7f4ccee9e144/Experiences\\_using\\_infant\\_formula\\_and\\_follow-on\\_formula\\_-\\_updated\\_qualitative\\_research\\_report.pdf](https://assets.publishing.service.gov.uk/media/67ade20d63d7f4ccee9e144/Experiences_using_infant_formula_and_follow-on_formula_-_updated_qualitative_research_report.pdf) (Accessed: 13 April 2025)

27. National Institute for Health and Care Excellence (2021). Postnatal care: Evidence review T – Formula feeding information and support. NICE guideline NG194. Available at: <https://www.nice.org.uk/guidance/ng194/evidence/t-formula-feeding-information-and-support-pdf-326764486011> (Accessed: 13 April 2025)

"I couldn't get my baby to latch properly, she clearly wasn't getting enough milk. By day 3 I decided to formula feed. At my next midwife check up she asked about feeding and when I said we switched on day 3, she did nothing to hide her facial expression that said she clearly disapproved. We had no information about formula feeding at all, **I wish I'd been able to ask my midwife but I just feel like I would have been put down and judged**".

*Isla\*, Exclusive Formula Feeding, Scotland*

"Was pressured to breastfeed first baby despite being in nicu alone in lockdown. **The feeding charity person refused to help me when I asked about formula.** The second baby I was confident to do combined feeding but all healthcare professionals tried to pressure me to exclusively breastfeed. I probably would've managed to breastfeed my first successfully had I been supported to combination feed.

*Isabelle\*, Exclusive Breastfeeding then Exclusive Formula Feeding, England*

"**I had to figure out formula alone, using the NHS website's contradictory advice** (formula should be made up when needed... but then the site goes on to say it can be stored in a fridge for 24 hours). Luckily we found our flow, and I had advice from my sister in law who formula fed. However without this I'd have been clueless. **I had ZERO support when it came to formula feeding, and even then even the breastfeeding support was minimal even though I was clearly struggling**".

*Sienna\*, Exclusive Breastfeeding then Exclusive Formula Feeding, England*

I think the nhs need to do a lot of work with in regards to feeding. **I was left to leave the hospital not knowing how to breast feed.** My baby started to loose weight and I had to introduce top ups of formula. It wasn't until my health visitor came weeks later and said my latch was wrong. **I am now feeding half formula and half breast and in between pumping and trying to get my supply back.** I have been on medication to help with this. I spend all my day, feeding, making formula and pumping which is draining and I'm only 7 weeks PP. I still have no advice on formula feeding. I honestly think it's **appalling**".

*Zara\*, Combination Feeding, Scotland*



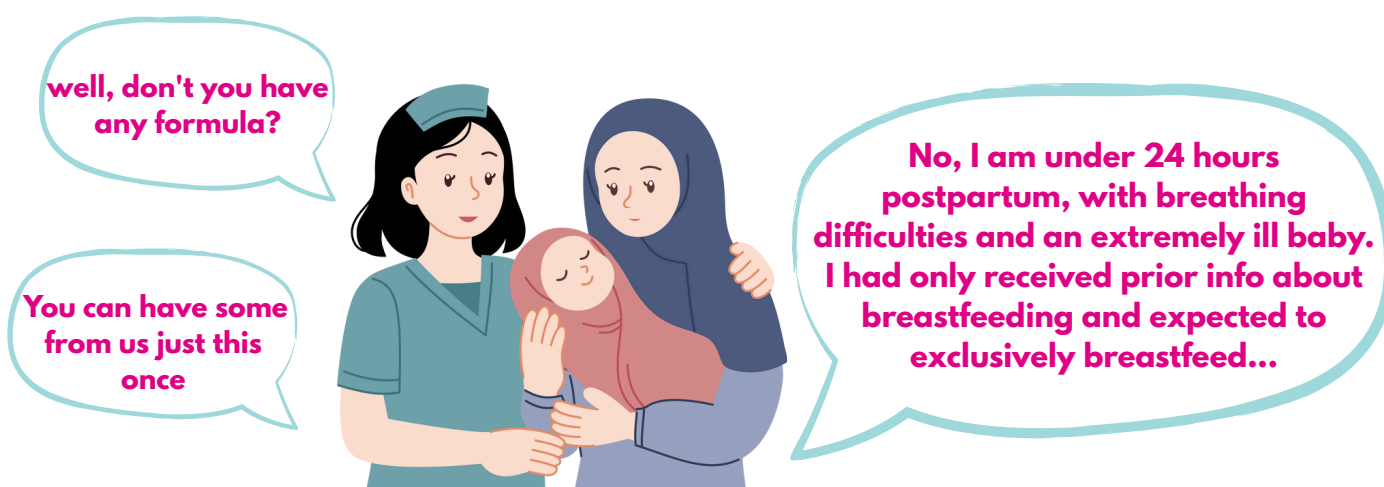
"**The information and help I received had to be asked for and was conflicting, depending on the health professional.** I was in hospital for five days after birth and having terrible pain and difficulty with feeding. Some midwives were helpful and supportive with position, latch, etc (when my husband went to hunt them down and hassle for me to get help). Some acted annoyed and one tutted at me and another kissed her teeth at me when I said I was finding it hard and couldn't keep going with the amount of bleeding it caused on my nipples. We resorted to formula on the third day in hospital as my baby was visibly hungry and not getting enough, and **I was told off by two midwives and given no help to do it, but criticised for doing it wrong**".

*Evelyn\*, Combination Feeding, England*



“I was ill immediately after birth and needed a scan, meaning I was unable to breastfeed my son for 3 days. My son was critically ill with sepsis and we had to stay in hospital for a week. The health care assistant’s attitude was 'Well don't you have any formula? You can have some from us just this once' (No, I am under 24 hours postpartum, with breathing difficulties and an extremely ill baby, had only received prior info about breastfeeding and expected to exclusively breastfeed.) **My husband had to ring his sister in Asda to get advice about what formula to buy**, as we had no clue and I had to make trips to a 'feeding room' down the hospital corridor to get our sons formula from the fridge. The hospital allowed us to use their bottles and provided clean ones, but the 'feeding room' wasn’t advertised... Any advice about formula feeding and combination feeding would have been really helpful, as would a mini fridge in our room, not having to get to a feeding room when ill myself and with an extremely ill child. Later we combination fed, with my husband doing night feeds one night a week, but **I always felt like we were 'cheating'.**”

*Millie\*, Combination Feeding, England*



“My baby was in SCBU [Special Care Baby Unit] and I was left to rest as I was clearly more unwell than they were telling me. I had one night in hospital with my baby next to me. When I couldn't feed her due to lack of milk I asked for formula as she had been given that in SCBU. **I was told no and that it was my own fault I couldn't feed her** as I hadn't pumped enough when she was in SCBU. Through tears I explained how unwell I was as the midwife shrugged and left me and said **I should feed my baby**. She didn’t help at all. I waited an hour before I pressed the button again despite my baby screaming because I was terrified I would get her again. I didn't and the next health care assistant was lovely. I reported her in the morning to the head midwife and she said that it was my choice how I fed my baby and she is sorry I should have been supported. But no one showed me how to make a bottle. No one asked me about what formula to feed her”.

*Hallie\*, Exclusive Breastfeeding then Exclusive Formula Feeding, England*



Many women also reflected on conversations in which they felt healthcare professionals were themselves constrained by guidance, real or perceived, and the impact this had on the information they were given, or occasions when healthcare professionals indicated they were providing information about infant formula in a way that was against the rules.

This corresponds with previous research by Feed, where access to formula milk for food insecure families via healthcare professionals was being done “off the books” and “under the counter”, in part due to the fear health care professionals had of the impact of supporting formula feeding had on their BFI accreditation status (28, 29). This misunderstanding is pervasive. In April 2025 a research study on formula milk posted on social media by Feed gained significant interest, including comments from health care professionals stating concern about discussing formula on a public platform: “A reminder to health professionals that we are not allowed to give any advice or promote any brand of formula”.

**“We were explicitly told by the midwife that under the NHS they cannot promote formula-feeding or discuss it with [you]...I felt extreme shame** for having to bottle feed my 2nd child, so much so that I couldn't do it for the first couple of days, my husband had to feed her when we started formula feeding, as I would cry uncontrollably and couldn't even face watching as I was so ashamed”.

*Esme\*, Combination Feeding, England*

**“When my baby was born the doctors felt that she wasn't sucking well and we had to stay in hospital for several days. It became clear that my baby was having difficulty latching on and I was finding feeding difficult. I was only ever advised by the staff in hospital on how to breast feed and pump breast milk. It was like there was a taboo around formula and it was never discussed as an option.** When I was discharged I changed to formula on day 8 due to my baby's continued distress and difficulty with latching on. I was getting stomach pain and was not able to eat due to stress. The final straw came when I had been trying for 8 hours straight to try and feed her. As soon as my husband and I decided to move to formula, it was like a huge weight of responsibility was removed from me and all my anxiety vanished. I did feel guilt though, and I still do. **I felt some shame when I was around breast feeding mothers too.**

*Luna\*, Exclusive Breastfeeding then Exclusive Formula Feeding, England*

**“There were many nurses who advised different methods, milks, benefits etc, and it was confusing each day the staff changed. We were in transitional care about 9 days. They couldn't share what milk or bottle they would recommend, and then would somehow get you the info without breaking any rules.** Too many different nurses as touch-points with different personal opinions.”

*Charlie\*, Combination Feeding, England*

**“In my NHS, birth, bump and beyond classes we were told in hushed tones how to make up a bottle using formula. It felt like we were being told how to do something naughty** that did not have the NHS stamp of approval but more whispered information behind the bike sheds !”

*Becky\*, Combination Feeding, England*

28. McNee, R., Williams, E.J., Maia, S. and Walker, K. (2020) The provision of infant formula at food banks in the UK: Ensuring a fair for all approach to protect the health and wellbeing of formula fed infants and their families. Feed Review, December 2020.

29. McNee, R., Williams, E.J., Maia, S. and Walker, K. (2022) Access to infant formula for babies living in food poverty in the UK: An investigation of the role of food and baby banks. Feed Report, May 2022.

“Ultimately we did decide to bottle feed and **the nurses explained they could not say anything to me that would “put me off” breast feeding and could not show me how to use formula around other mums who might be trying breastfeeding** so had to show me in a different room! I know it was due to policy and not the individual nurses’ decision. Bottle feeding was the right decision for my son and continuing trying to breastfeed would have made our hospital stay even longer”

*Robyn\*, Combination Feeding, England*

“There is a huge amount of pressure on both families and health professionals to push the breastfeeding agenda and **a culture that mothers cannot be trusted with any information** about combination or formula feeding. It is presented as an all or nothing issue and **infantilises grown women**. I will be forever grateful to the two health professionals who said to me <cough> ‘top-up bottle <cough> when we had difficulties that were making me ill. **The fact they had to pretend they hadn’t told me is wrong and undermines trust in the NHS as a trusted health provider**. The fact I was made to feel guilty for using a top up bottle for all of two weeks (rather than exclusively breastfeeding/expressing) by the overbearing ‘breast is best’ mob is unacceptable. If I hadn’t used a top-up bottle for those two weeks, our breastfeeding journey would have come to an end completely, instead I was able to return to exclusive breastfeeding for many more months. **All balance in the debate seems to have been lost**. Mothers need support, understanding and access to ALL the information, not judgement and guilt. And I say this as a breastfeeding advocate who is frankly too lazy to make up a bottle!”

*Elodie\*, Exclusive Breastfeeding then Combination Feeding, England*

“I went to an NHS antenatal course specifically to learn about combi feeding and how best to achieve it. They told us all about breastfeeding but **when I asked about formula feeding and combi feeding I was told they weren't allowed to tell us anything about it**. As I already knew 100% that I wanted to combi feed this left me completely unprepared and really frustrated. I knew exclusively breastfeeding would be detrimental to my mental health which would put my baby at greater risk than being fed with formula would!!”

*Laura\*, Combination Feeding, England*

**The instant that I told anyone within the NHS that I was planning to formula feed, the conversation ended there and then**

*Harriet\*, Exclusive Formula Feeding, England*

“Communication needs to be clearer with women and NHS about their wishes for feeding. I was happy to combi feed. But in the 24hrs after giving birth all that was discussed with me was breastfeeding. **Nobody mentioned formula or expressing**. As a result my milk hadn’t come in and baby was put on a feeding plan/monitoring in hospital. At shift change another **midwife then said to me “if you want to get out of here you need to ask me about formula or expressing, I can’t suggest it to you it has to be your decision”**. Of course I was delirious tired and zoned out after 29 hours of labour and no sleep for 3 days so I had completely forgotten about these feeding options. I was more than happy to express and/or try formula for my baby to be fed. **I feel the NHS puts too much focus on breastfeeding.”**

*Eliza\*, Combination Feeding, England*

“our class brought in an NHS lactation specialist for the “feeding your baby” session. **It was so judgemental and dismissive that I left in tears.** I was told in the first 5 minutes that **bottle feeding wouldn’t be discussed “because you can read the instructions off the side of a packet can’t you”.**”

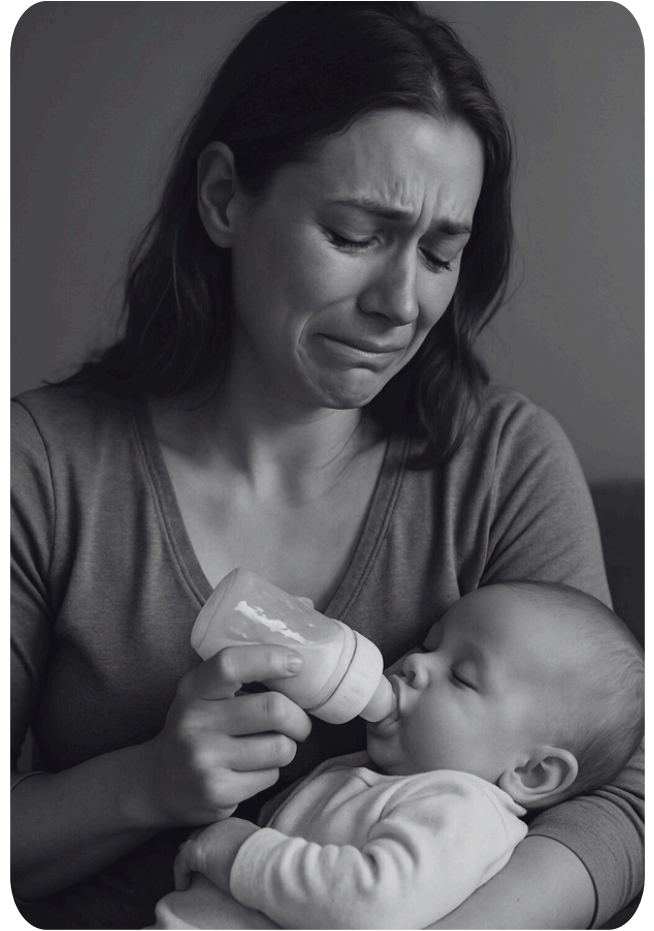
*Amara\*, Exclusive Formula Feeding, England*

“I had a major obstetric hemorrhage (>2l blood loss). I’d been clear I wanted to BF but my milk didn’t come in for over a week. I was discharged from hospital and asked what if my milk never comes in... not once was I told blood loss could delay milk and **I felt useless and powered on.** I was readmitted to hospital for 2 weeks with retained products, **there was no support to help me care for my baby so we were separated and I was expected to wash my breast pump myself with 2 cannulas in my hands. Nobody suggested formula might help me.**

*Chloe\*, Exclusive Breastfeeding then Exclusive Formula Feeding, England*

“I found the NHS midwives very balanced verbally, but with a sense that **they weren’t meant to be/want to be heard being neutral on breastfeeding**”

*Frankie, Combination Feeding, England*



## **Negative emotions accompanied infant feeding and there were mental health consequences**

The quantitative findings of the survey highlighted the sense of guilt and shame felt by many women about their feeding experience, which has also been well documented in previous research, including Lee et al. (2007) : Health, morality, and infant feeding: British mothers’ experiences of formula milk use in the early weeks (30), and is also a theme highlighted in the qualitative findings of the CMA formula market investigation report. The qualitative data within this survey also highlights the mental health impact of these emotional experiences, some of which were long lasting.

**“I still feel sad about my failed breastfeeding experience and the shame associated with formula feeding. My son is 9.** I wanted to breastfeed but found little support and help. It was suggested I pay for a consultant which I couldn’t afford. I had happy babies, healthy children and don’t think they have been impacted at all by formula feeding but my mental health definitely suffered.”

*Munira\*, Exclusive Formula Feeding, England*



“The advice I received actively stopped my supply from getting high enough but when I raised concerns about my breastfeeding journey, I was told blandly to “just keep trying”. I ended up hiring a private lactation consultant but it was too late. More unbiased information is needed on formula feeding. It is a lifeline for some babies and it is incredibly hard to accept when your feeding journey doesn’t go the way you planned. **The scaremongering and demonisation of formula deeply impacted my mental health.**”

*Rhona\*, Combination Feeding, Scotland*

“A big part of how I felt postpartum (very low and had therapy) was around my feeding experience and inability to establish breastfeeding.”

*Lola\*, Combination Feeding, Scotland*

“My baby had jaundice and was too lethargic to breastfeed so I was told to supplement with formula in hospital but then **the health visitors and feeding team at home made me feel a lot of shame and guilt.** Nobody was singing from the same hymn sheet ultimately making my depression worse.”

*Louise\*, Exclusive Breastfeeding then Exclusive Formula Feeding, England*



“I was devastated to not be breastfeeding and **used to sit and sob as the pump pulled at my skin** either very minimal breast milk appearing in the chamber. Then I would give it to him and he would vomit it all up. It was a very very low point. I wish I knew that it was a reality that some people struggle to breastfeed before I was in that situation. **I’d been led to believe that formula was like fast food for my child and I was mortified.**”

*Grace\*, Combination Feeding, England*

“I was in hospital for 5 days. My plan was always to BF & my opinion on formula was that it was not good for babies and only “lazy” people fed formula. I thought BF would be easy but struggled from the beginning. Every time we tried to latch my baby he screamed and it was horrific. In the end we would stop trying and go and get formula. **I felt like I failed my baby.** We had never been given information about formula and what we did know was that it took a long time to prep a bottle so it wasn’t a good option. We had little help with BF in hospital - different staff would assist me, some better than others. I felt so silly not being able to feed my baby and having multiple people holding my boob in position for him to try and latch. When we left hospital it was NYE, we had no pump, no formula and all the shops were shut. We took some formula bottles from the hospital but because I had breastfed slightly they recorded me down as breastfeeding on my paperwork even though I was mostly formula feeding. I went to the infant feeding team for weekly appointments but **I was so anxious about my baby being hungry** when I left the house I always fed him before I went meaning I couldn’t feed him at my appointment time. I just felt like a failure from the start. It took me ages to accept that I wouldn’t BF my baby - I used nipple shields for a while which did work but meant feeds could take an hour. In the end I pumped for 4 months and then we stuck with formula. **I have accessed therapy to help me get over this guilt.**”

*Shelly\*, Combination Feeding, England*

“I have so much to say. The pressure I felt from NHS staff and society to continue trying to breastfeed (it was NOT working) for weeks and weeks almost ruined by post birth / newborn experience. **Special moments in hospital just minutes after a C-section are tainted with midwives as good as pinning my baby to me to force me to try and get a latch** (she was not latching because she had tongue tie which they didn’t bother to check for and had to be treated privately by which time it was too late). When my baby was starving due to my lack of milk **I was told to keep trying to breastfeed** to establish supply (it didn’t work). When I developed thrush in my nipples and my baby in her mouth, **I was told to keep pushing through the pain** and use strong medications on my newborn rather than call it a day on breastfeeding. **I repeatedly felt shame from friends and family** who have been fed the same bullshit about breastfeeding as the NHS gives mothers. **It was hands down the most traumatic part of early motherhood and I felt triggered by conversations about breastfeeding for 6 months”**

*Nell\*, Combination Feeding, England*



“The experience of not being able to produce breast milk **has been incredibly traumatic for me. I have few positive memories of the first three weeks of her life**, I went from breastfeeding group to lactation consultant to doctors in desperation spending every moment at home trying to pump and feed. I spent so much time and money and **even today it's a large part of my therapy”**

*Pippa\*, Exclusive Formula Feeding, England*

“Everyone I came across (midwives, health visitors, GPs, ‘lactation experts’ in the NHS) were dangerous - **told me to just ‘keep going’ when I said I was mentally exhausted and depressed**. My baby had a tongue tie and I was continuously told she didn’t (no exams) and that it was my milk supply so **I felt like a failure**. We went private at 12 weeks and she had a tongue tie.”

*Katie\*, Exclusive Breastfeeding then Combination Feeding, Scotland*

“I felt like no matter how many appointments I attended, my son was losing weight and not gaining it quickly enough and it was all just me trying different breastfeeding positions. Never the alternative which was formula. They never even suggested it. **I was at breaking point emotionally with a premature baby and they still were just trying to get me to ‘keep trying’**. I eventually turned to formula after forcing myself to and even then nhs midwives didn’t really mention or congratulate my choice.”

*Holly\*, Exclusive Breastfeeding then Exclusive Formula Feeding, England*

“I believe I likely had insufficient glandular tissue to breastfeed and this was not acknowledged. My baby was hospitalised in the first few days due to lack of supply. I accessed support from the infant feeding team and was advised to take medication to increase my supply. I did manage to breastfeed in combination with formula until my baby was 7 months however this was only a small amount of breast milk despite frequent feeding, pumping etc which was extremely stressful. **I experienced postnatal anxiety and depression which was largely related to breastfeeding difficulty.** I did not receive any information about formula feeding until we presented to a & e with our baby at a few days old, and this was basically telling us to give him formula because he was not getting any milk from me. Safety and hygiene around formula feeding was also a significant part of my anxiety, whether formula was sterilised properly during prep, whether bottles were clean, contamination from surfaces etc. I bought but did not use a prep machine after finding NHS info online but wasn't sure if this was up to date. **Unfortunately this anxiety persists now to some degree, in relation to hygiene and food prep for my toddler. Having to mostly formula feed also meant restrictions on when we could go out and where we could go, as I didn't feel pre-prepared formula was safe and the ready made sterile formula was even more expensive.**”

*Lauren\*, Combination Feeding, England*

**don't be silly, all women can breastfeed!**



“When I was trying to breastfeed but not producing milk I felt uncomfortable and like I'd failed somehow because the only advice I was given was 'just keep trying'. On reflection, I feel now that **this was a contributing factor to low mood and borderline PND.** Eventually when I moved to formula, I initially felt a sense of relief and some health visitors made supportive comments but the pressure from some midwives that I needed to keep trying or that I gave up too easily or that I was somehow doing my baby a disservice because, as **I was told “don't be silly, all women can breastfeed”** affected me and **made me feel a sense of shame about formula feeling that I still find myself making excuses for, almost 6 years later.** Now that I am pregnant with my second baby, although I feel more confident to advocate for myself, **feeding is one of the biggest anxieties I have around the arrival of my second child** and although undecided on feeding methods, my previous experience has made me less likely to even attempt breast feeding this time around. More needs to be done to support women with whatever feeding method they use and particular sensitivity should be taken around women who for any reason cannot breastfeed or produce a sufficient - if any - supply of milk for their baby. Feelings of shame should not in any way be associated with birth or feeding, of any method”

*Caitlin\*, Exclusive Formula Feeding, England*

For some women, what they perceived as an inability by healthcare professionals to understand the role continued breastfeeding had on protecting their mental health was also key, underpinned by the desire to provide for their babies through breastfeeding alone.

“I do strongly feel that breastfeeding gives your baby the best start. This is backed by huge amounts of credible science. I also think formula companies very aggressively market families and make mothers feel inadequate. I was told to start Supplementing with formula days after my baby was born as she was losing weight - turns out this is really normal and **I regret following this advice and giving her formula**. I wish we had exclusively breastfed. I did eventually manage to ditch the formula and feel confident that I could give my baby everything she needed with breastfeeding, but **this was a journey for me mentally. I suffered with PND** and believe that feeling I couldn't give my baby what she needed contributed to this.”

*Jaz\*, Combination Feeding, England*

“We bounced in and out of hospital for weeks and **both me and my baby suffered immensely in that time** due to her not being able to feed properly. Red flags were missed, I was ignored until ultimately my baby had to have to be fed through a tube. It is unacceptable. To add insult to injury, after all this I was told I should “just give her a bottle to make it easier”. **The only thing that caused me trauma was staff's attitudes to my desire to breastfeed my baby**. With proper privately funded support we were able to identify issues with a tongue tie in combination with allergies and my baby still breastfeeds now at 18 months old. Women stop breastfeeding because they are not supported to breastfeed by the NHS. It causes trauma. There have been studies regarding this. **The NHS needs to wake up and stop failing women and their babies**”.

*Georgie\*, Pumped and fed through a nasogastric tube, England*

## **Bodily autonomy, consent and marginalisation of women's own needs**

Throughout the comments there were examples of women's own needs being de-centred in feeding information and support and a lack of personal autonomy – including feeling their own bodies were being appropriated or that there was little interest in their own bodily experiences if their baby was gaining weight through breastfeeding.

**“It's like you spit out the baby and then the baby is the centre of it all, no consideration for mothers at all”**

*Leah\*, Combination Feeding, England*





"I was referred to breastfeeding specialists as I couldn't feed. Several times **they manhandled me to try to get my milk flowing** - I thought this was just standard, not realising til later that it wasn't. Why they just didn't discuss formula options earlier is beyond me as I was more than happy with that route."

*Clare\*, Exclusive Formula Feeding, England*

"In the hospital I was recovering from losing almost 3 units of blood, I was threatened by a midwife that we would need to formula feed baby if I didn't try to wake up and feed him. Another midwife within 12hrs of birth **would repeatedly grab my breast whilst I was half asleep to put it into babies mouth** - baby was also asleep. My partner had to ask many times for her to stop and leave us alone to rest and recover. I wish they had just given us formula so I could recover. I was under the impression that breastfeeding would be ruined if we have formula"

*Beth\*, Exclusive Breastfeeding then Combination Feeding, England*

"In my case my child had a severe tongue tie which severely affected my experience of feeding. Had I felt supported to offer formula I would have done but I was told she would forget how to use my nipple if I offered a bottle. I had to go private for tongue tie release also as **NHS only cared that she was gaining weight and not that I looked like a dog had attacked me**"

*Phoebe\*, Exclusive Breastfeeding, England*

"I had an absolutely horrendous time with both children breastfeeding, but forced my way through. The focus is all on the baby - mine were both gaining weight well, there was no issue with supply. Tongue tie was missed in both children by the NHS and spotted and done privately and great expense and after great stress. **The fact that my nipples were bleeding, chunks falling off and I spent 7-8 weeks with this with both kids was largely met with 'oh dear! just keep persevering!'** which made me feel like I'd be letting my daughters down if I didn't keep going. With my first it meant I didn't want to be anywhere near her when she started crying because I was so terrified of feeding her, it hugely impacted my relationship with her and my husband. Before giving birth I felt so rational about giving formula and just doing what worked for us, but the pressure you feel post birth at a point where you are emotional and less able to make reasoned decisions is unbelievable"

*Elizabeth\*, Combination Feeding, England*



“As I had planned to breastfeed and had attended NCT I was given no further support or advice from the NHS. Baby had severe tongue tie and couldn’t latch and I sought support from lactation consultant privately. Baby also refused to take bottle and I asked for help from HV which was awful and contributed significantly to me having PND/PNA. **As baby was breastfeeding well no one was interested in supporting me**, I didn’t want to give formula but to express and felt very judged by HV and NCT breastfeeding supporter who thought I wanted to ‘go out with my friends’. I actually just wanted to have a shower without being interrupted and have one hour to myself. Mums support other mums with whatever their feeding journey looks like but health professionals really could do with updating their knowledge and being less judgemental. Breastfeeding rates may increase if there was actual hands on support at home in the post partum period and education on the benefits without having it rammed down your throat.”

*Erin\*, Exclusive Breastfeeding, England*



I was told I would just 'know' when my milk had come in, but I didn't. I much later realised I had a problem with overproduction of milk but was unable to access support. My baby had some issues with reflux and at one point needed breastfeeding for 16 hours per day. **When I asked a doctor for support at an appointment, I was told that as my baby was gaining weight there was no need for them to do anything to help - even though it made me feel incredibly low and ultimately became the reason I stopped breastfeeding”**

*Alice\*, Exclusive Breastfeeding then Combination Feeding, England*

“[I] had a physiological condition (only discovered when I went to a private lactation consultant and did a hell of a lot of late night research) that made breastfeeding incredibly painful. **I would cry during night feeds and even wearing a bra was painful. As my baby was gaining weight at no point was it suggested I should try something else.** I chose to pump, breastfeed and formula feed until at 3 months in my HV said this was a mad situation and I should just pick one route. This gave me the confidence to stop pumping and bf, and I was ELATED”

*Kathy\*, Exclusive Breastfeeding then Combination Feeding, England*

This theme was also expressed through reflections on principle around choice and consent. Current infant feeding policy does not correspond with general principles of informed consent in medicine in which patients receive information about the benefits and harms of different forms of treatment, with an onus on the healthcare provider to also understand the values of the individual in front of them and what information would matter to them (31).

This can manifest itself both in terms of the information women are provided about the difference between breastfeeding and formula feeding in terms of health benefits, but also the wider context in

31. General Medical Council (2020). *The seven principles of decision making and consent*. Available at: <https://www.gmc-uk.org/professional-standards/the-professional-standards/decision-making-and-consent/the-seven-principles-of-decision-making-and-consent> (Accessed: 13 April 2025)

which women may make their feeding decisions, including their own values relating to shared parenting and gender equality, and ability to have periods of independence from their baby, which were raised by a number of women.

Currently there is no guidance on what benefits of breastfeeding as opposed to formula feeding should be communicated, as NICE said it was not within its remit to provide this when it drew up its infant feeding guidance and that this should be left to the discretion of healthcare professionals (33). In practice what this means is a wide variety of health benefits - from a reduction in the risk of Sudden Infant Death Syndrome (SIDS) and Leukaemia for infants, to postpartum weight loss and reduction in risk of osteoporosis and cancer for women - are communicated. These are never conveyed in a way that explains the chances of the condition, which in the case of SIDS and childhood cancer are rare and/or complex, the size of the risk reduction (the number of women who would need to breastfeed to prevent one additional case), or the nature of the evidence supporting the claim which ranges from good to extremely weak, or subject to multiple confounding factors. There is no attempt to explain the difference between a population effect and that for an individual. (see Appendix 1) For example, breastfeeding can reduce the risk of hospitalisation for respiratory infection and this is highlighted as a benefit by the NHS (34), but most babies regardless of how they are fed will not be hospitalised for respiratory illness (35).

In addition, trusts also communicate a bewildering array of additional “facts” aimed at underlining the risks of not breastfeeding. For example, one NHS trust implies that the only way to ensure your baby is drinking clean water is to breastfeed because “fluorine” [fluoridated water], “accidental overuse of cleansing products” and “climate issues like floods” means mains water “can sometimes contain contaminants” (36).

Given this, it is unsurprising that for some women a disproportionate sense of risk to their baby of infant formula caused additional distress when breastfeeding was not working and undermined their ability to make an informed decision in the best interests of themselves and their baby.



“Because formula is demonised, I felt very emotional for a long time for topping up his feeds (despite a supportive GP reassuring me) and **worried about his greater risk of SIDS, childhood illnesses etc** (all which are spelled out very starkly in the literature). I feel **this robbed some of the joy out of having my son** - whilst he was 7 to 12 weeks old, I constantly felt inferior for combination feeding and having issues with my supply.”

*June\*, Exclusive Breastfeeding then Combination Feeding, England*

233. National Institute for Health and Care Excellence (2021). Postnatal care: Evidence review T – Formula feeding information and support. NICE guideline NG194. Available at: <https://www.nice.org.uk/guidance/ng194/evidence/t-formula-feeding-information-and-support-pdf-326764486011> (Accessed: 13 April 2025)

34. NHS (2023). *Benefits of breastfeeding*. Available at: <https://www.nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/breastfeeding/benefits/> (Accessed: 13 April 2025)

35. Quigley, M.A., Kelly, Y.J. and Sacker, A. (2007). Breastfeeding and hospitalization for diarrheal and respiratory infection in the United Kingdom Millennium Cohort Study. *Pediatrics*, 119(4), pp.e837–e842. <https://doi.org/10.1542/peds.2006-2256>

36. Milton Keynes University Hospital NHS Foundation Trust. (2021). *Baby Milk Constituents*. [online] Available at: <https://www.mkuh.nhs.uk/news/baby-milk-constituents> [Accessed 24 Apr. 2025]



“There needs to be honesty around the experience of breastfeeding, I was told that it should never be painful and that I was doing it wrong, but my body just needed time to change, which was painful and I wasn’t doing anything wrong, my nipples just happened to be not very porous but that changed over time. **I was made to feel that if I didn’t breastfeed my child, she would more likely be sick and I would more likely get breast cancer.**”

*Amber\*, Exclusive Breastfeeding, England*

“No one explained how difficult breastfeeding would be. I only continued because I'm stubborn and refused to give up. Five months was how long it took for me and the baby to get the hang of it. Five long months of discomfort, frustration and thinking I must be doing something wrong because it seemed so natural to all my other mum friends. I was only able to get my 1 day old baby to latch in the hospital after a midwife mistakenly walked into my cubicle and my husband seized the chance for help. **They just didn't have the staff resources to support new mums with breastfeeding - I strongly feel that if that is what the NHS wants to push then they need the staff numbers to back it.** I'd like to note that I was in a busy hospital maternity ward rather than a midwife-led unit. Breastfeeding was only ever spoken of in a positive light. If just one midwife had just sat me down and said 'right, breastfeeding is great and natural and has huge benefits for you and the baby, BUT, it can also be incredibly hard to do and that's COMPLETELY NORMAL. You are not a failure, you and the baby need to figure things out together and it can take a while!' **NHS guidelines need to factor in that women can make informed decisions - we deserve to have all the facts especially when the choice(s) we're presented with will affect the mental well-being and happiness of the whole family.**”

*Anna\*, Exclusive Breastfeeding then Combination Feeding, England*

“When my son was in the NICU with a potentially catastrophic respiratory condition, he lacked the stamina to latch and we depended on formula and expressed milk for his nutrition. Despite this, **a lactation consultant told me that feeding my son formula was like feeding him a greasy fried chicken dinner, and that feeding him breastmilk was like feeding him a nutritious salad.** It made me feel so much shame, and pushed me to attempt to breastfeed far longer than was optimal for mine and my baby’s health.”

*Imogen\*, Triple Feeding, England*



“Just like with anything else related to pregnancy and birth, **women and birthing people should be given ALL the information on infant feeding so that they can make an informed decision about what is best for them and their baby.** Information on BOTH breastfeeding and formula feeding should be available, with the risks and benefits of each clearly explained. There needs to be better support for all types of feeding and mother’s choice should be respected at all times.”

*Maisie\*, Exclusive Breastfeeding then Exclusive Formula Feeding, England*



“We only accessed NHS information, not NCT or other private providers. The information session we went to was completely one-sided and the woman delivering it basically said that **male partners had no place or role in feeding infants** (my partner felt incredibly insulted and sidelined) as it should be exclusive breast-feeding and **men just "get in the way" and "confuse" the baby**”

*Tia\*, Combination Feeding, England*

“I feel that there is **no acknowledgement from health care professionals as to what a huge commitment breastfeeding is and the knock on impacts** - if you exclusively breastfeed then your baby is unlikely to take a bottle potentially for many months, which means you have no freedom to leave your baby with your partner for more than one or two hours. **This can be very isolating and just doesn't seem practical or conducive to gender equality when it comes to child rearing.** I think there should be more information given to new parents about this.”

*Courtney\*, Exclusive Breastfeeding then Combination Feeding, England*



“Reflecting now that my children are older, and I have more experiences of other parents and their children, I feel very strongly that **more information should be given about how solely breastfeeding creates a dynamic where the mother is by definition the primary parent, and the impact this can have on her relationship with her partner and the children's relationship with their father.** I wanted to combination feed, so that the responsibility wasn't solely mine, but this was not encouraged, and as I was 'good' at breastfeeding - this was not something I was given any guidance or support to achieve. The priority for my child was to ensure they were a 'good' breast-feeder and so getting them to take a bottle/dummy was not something I was given any help with - or any understanding as to why I wanted this to happen.”

*Pamela\*, Exclusive Breastfeeding, England*

As previously highlighted, some women felt unsupported to continue breastfeeding when they experienced difficulties and challenges, feeling coerced into using formula milk as the only alternative. In some extreme instances, some women felt formula milk was given to their infants without their consent.

“I don't judge who chooses to feed their child what, it is the parents' choice, **I felt that my agency and choice was taken away from me.** I did not want to feed formula, but I was not given the choice.”

*Libby\*, Combination Feeding, England*

## Good practice

There were some excellent examples of good practice and what women identified as being major sources of support on their infant feeding journey from the NHS including honesty, flexibility, support in hospital before leaving, joined up services and handovers (many women saw different people with inconsistency of information). Respect for choice was also highlighted, and recognition that those choices may change depending on the nature of labour, birth and early newborn experiences. There seems to be a particular issue with the way in which mixed or combination feeding is discussed, both in terms of how formula top ups are approached and the introduction of a bottle (whether to provide expressed or breast milk) but when women are supported to do this the reported outcomes were positive.

The relationship between early postnatal hospital discharge in the UK and breastfeeding outcomes has been explored in several studies, yielding mixed results. A 2021 Cochrane review found that early discharge probably results in little to no difference in women breastfeeding at six weeks postpartum (37). Most women cared for within NHS maternity services go home the same or following day following birth, with fewer than one in five staying 2 days or more (38). The review did however find an association with readmissions – and this is also borne out by data from NHSE which shows a sharp uptick in emergency neonatal admissions in the last decade and cites dehydration and jaundice, which are associated with breastfeeding, as common reasons for this (39). Certainly in our survey, women’s reported experience of readmission was negative. However, a number of women said their infant journey was positive because of the support they received in hospital during an extended stay.

“I received incredible care from those at Basingstoke Hospital throughout and specifically surrounding feeding our baby. I was indifferent on how to feed, but after a traumatic birth, long recovery for myself, **the midwives were incredibly helpful in explaining how to breastfeed if I wanted to - but equally as supportive when I suggested wanting to formula feed** due to feeling exhausted and struggling to get baby to latch. They continued to offer their support with both feeding methods, formula and breast, until I fully decided on formula and then they advised on how to feed properly, what to look out for etc”

*Nicole\*, Exclusive Formula Feeding, England*

“With my first we were in hospital for 6 days, during this time a breastfeeding expert came round and showed me how to improve our breastfeeding, **it was SO appreciated and made a huge difference. They taught me things I've since passed on to many women.**”

*Alisha\*, Exclusive Breastfeeding then Combination Feeding, England*

“**Personally I had a great experience,** however, I had a premature baby and was therefore able to have support from the hospital prior to taking them home, and for a few months afterwards.”

*Hollie\*, Exclusive Breastfeeding, Scotland*

37. Nilsson, I., Dahlberg, K., Pettersson, M. and Axelin, A., 2021. *Early postnatal discharge from hospital for healthy mothers and term infants*. Cochrane Database of Systematic Reviews, (6). doi:10.1002/14651858.CD002958.pub4

38. NHS Digital, 2023. Duration of postnatal stay in National Health Service (NHS) hospitals in England in 2022/23. Statista. Available at: <https://www.statista.com/statistics/407745/postnatal-length-of-stay-in-england/> [Accessed 13 Apr. 2025].

39. Office for Health Improvement and Disparities. (2025). *Public health profiles*. [online] Fingertips. Available at: <https://fingertips.phe.org.uk/search/babies#page/4/gid/1/pat/159/par/K02000001/ati/15/are/E92000001/iid/92240/age/284/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1> [Accessed 13 Apr. 2025]

“We had to spend a few days in hospital post birth. During this time I learnt that there was an infant feeding team at the hospital, so **I was able to access support from them before we were discharged**. However, had I not been in hospital for a longer period, I wouldn’t have known that this team existed as it was not advertised before birth or openly by midwives.

*Brooke\*, Exclusive Breastfeeding, England*

“**I got excellent postnatal support from an NHS-funded lactation consultant**. It would be great if this support was available in hospital, as I received mixed and confusing advice from the midwives on the postnatal ward (one of whom told me my nipples were 'too flat') - best advice was from a student midwife. I went on to happily breastfeed both my children for 15 months for the first and 30 months for the second, but could definitely have benefited from clearer advice and support early on.”

*Thalia\*, Exclusive Breastfeeding, England*

“Support prior to having my baby was limited. However **the support offered after when I experienced difficulties feeding was brilliant and helped ensure I could breastfeed**. Without that support I would not have managed and would have had to switch to formula.”

*Summer\*, Exclusive Breastfeeding, England*

“**I was lucky to have a community midwife team who were exceptional in terms of feeding support**. I also had access to a feeding clinic (for free) at a local college that helped us immensely with my son’s latch. He had a tongue tie which was released after 10 days and we were again lucky to have a hospital that provided this service with no questions/delays.”

*Alex\*, Combination Feeding, England*

“NHS push breast feeding and this was clear from my very first pregnancy appointment. This makes you feel guilty when you’re not able to breast feed or it doesn’t work out. **I had an amazing home birth midwife And health visitor who supported my choice to formula feed** but I felt lost and didn’t feel I had the right information initially. Without the support of my home birth midwife and health visitor I would have struggled.”

*Ruby\*, Exclusive Formula Feeding, Scotland*

“I have to say that nothing prepared me for the challenge of breastfeeding but I was determined I wanted to do it. **Without the support I had of excellent nurses on a neonatal ward** in [REDACTED] and an advocacy service employed at the hospital for the 3 weeks I was there with my twins born at 34 weeks, **there is just no way I would have been able to breastfeed**. Despite the multitude of challenges that come with breastfeeding, I surpassed my expectations and exclusively breastfed my twins for 15 and 17 months when they respectively self weaned. **I am so grateful to the NHS for that support** but I do seriously feel like there needs to be more education around breastfeeding as a learned skill rather than something that ‘comes naturally’”.

*Freya\*, Tube Feeding then Exclusive Breastfeeding, England*



# RECOMMENDATIONS & CONCLUSION

The following recommendations are based on women's feedback about how they would have preferred their experience of NHS delivered infant feeding care to differ. These proposals are based on existing financial resources for infant feeding support remaining unchanged, and do not require additional funding, although it is clear that significant investment is needed in order to better support the common challenges women face when breastfeeding both in terms of research into the most effective interventions and practical help.

The recommendations do however envisage changes to how and when information is provided, to better prepare women for their infant feeding journeys and to ensure they receive what they need, when they need it, to enable an informed choice.

The NHS already produces patient decision aids (PDAs) for a range of conditions, in keeping with a standards framework laid out by NICE (Appendix 2). Essential standards for PDAs include details of the available options, support for the person's values, circumstances and preferences, use of language and numbers, evidence sources, neutral presentation of risks and benefits and crucially, patient involvement and co-production (40). It is strongly recommended that such materials are developed for infant feeding, and incorporate or support the following 5 core recommendations.

## **1 Provide honest information about breastfeeding challenges and practical, timely support to help overcome these**

- Parents should be prepared for early difficulties such as pain, latching issues, cluster feeding, and low milk supply-and be told these are common, not signs of failure, and can be addressed when identified early.
- Realistic timelines should be shared for when breastfeeding might feel easier, with guidance on when and how to access local support.
- Women should know that birth complications (e.g. C-section, blood loss, gestational diabetes) can delay milk production and increase the need for early support and the potential need for supplementation.

40. National Institute for Health and Care Excellence (NICE). (2021). Standards framework for shared decision-making support tools, including patient decision aids: Visual summary. [online] Available at: <https://www.nice.org.uk/corporate/ecd8/resources/visual-summary-pdf-9142523101> [Accessed 13 Apr. 2025]



- Women should understand that early supplementation with formula may be necessary to establish and continue exclusive breastfeeding in the future.
- Clear information should be given on how to spot signs of dehydration or ineffective feeding, including the differences in jaundice risk between breastfed and formula-fed babies.

## **2 Ensure all parents receive proactive, practical and balanced information about infant formula, which should be recognised as a legitimate choice**

- Healthcare professionals should recognise that the majority of women will go on to use formula at some point and it is likely this decision will not be made within a healthcare context. There is therefore an onus to provide pro-active, balanced information about its use.
- Healthcare professionals should be free to talk about formula without restriction, and current guidance that prevents pro-active discussion should be repealed.
- It should be recognised in discussions that many parents choose formula either alone or in combination for a variety of reasons to meet the needs of their own families.
- All parents should know that all infant formula brands meet the same nutritional standards, and no brand is “best”.
- All parents should be shown information on the safe preparation and storage of formula, how to sterilise equipment and use responsive feeding techniques with bottles.

## **3 Recognise the importance of women’s mental and physical health and support individualised feeding choices that work for each family**

- Feeding support should begin by recognising that women’s wellbeing is central - not secondary - to infant health.
- Healthcare professionals should avoid idealising any single feeding method, and acknowledge that for some women, stopping breastfeeding improves bonding and mental health while for others it is a key part of protecting it.
- Public health campaigns and posters in healthcare settings should reinforce that feeding is not a moral test of good motherhood, and all women will be supported, whatever their feeding method.

## **4 Communicate the benefits of breastfeeding clearly and with respect for the evidence**

- Parents should be given information about the protective effects of breastmilk against some short-term illnesses and its long-term health associations.
- This should be accompanied by a clear explanation of the difference between population-level benefits and individual outcomes, and framed within realistic, respectful conversations about personal circumstances.
- All communication should meet standard risk communication principles, as used in other areas of health advice, underpinned by principles of informed consent.
- Policies which prevent staff from reassuring women that their baby will be well regardless of feeding method should be repealed.

## 5 Present combination feeding as a legitimate and supported option

- Healthcare professionals should proactively offer guidance on how to combine breastfeeding and formula, including pumping strategies to protect supply.
- Women should not be told that “nipple confusion” is inevitable. Introducing a bottle does not have to signal the end of breastfeeding.
- Combination feeding can allow parents to share care and meet the baby’s needs while maintaining breastfeeding if that is their goal.
- It should be explained that early formula use does not necessarily undermine breastfeeding, and can even help preserve it in some situations.
- Women should be made aware that there is no evidence that benefits of breastfeeding are nullified by combination feeding.



My son was born with a life limiting heart defect and required open heart surgery when he was 2 weeks old to survive. While at hospital I was encouraged to pump, pump, pump like a cow and bank up breast milk for when his NG tube came out. I took the mission so seriously that I over pumped (I was doing 40 mins 6 times a day) and ended up doing damage to my breasts and nipples (so badly that I couldn't wear any clothes on my top half when we eventually got him home from hospital).



All I can remember seeing in the hospital pumping rooms was AWFUL biased propaganda everywhere with “breast is best” splashed around. The worst was a sticker of a stupid cartoon woman holding her baby breast feeding with a caption saying “only the best for my baby”. It was everywhere, it was horrific. I was in the deepest lows and couldn't physically pump anymore. At not ONE point did any health visitor/ nurse/ health care provider step in and say “stop” “enough now” “it's ok-let's give formula a go”. It never seemed like an option, I always thought that breast feeding was the only option.

After reaching the lowest of the lows (having gone through so much trauma watching my son fight for his life and then not even being able to cuddle him as I was in so much pain with my breasts), that my friends stepped in and told me to stop breast pumping and walked me through how to use formula. They saved me. They gave me the outlet I needed to know it was absolutely ok to use formula and that their babies were now bouncy healthy toddlers. If it wasn't for my friends helping me navigate an alternative feeding journey I honestly don't know what I would have done.

*Alisha\*, Combination Feeding, England*



# CONCLUSION

While this report has highlighted a number of examples of outstanding support, many of the women who responded to the survey shared stories where care has gone from healthcare. It would appear the case that where healthcare staff are under pressure to deliver a public health goal in the form of increased breastfeeding rates, as this is the way the success of an infant feeding policy is evaluated by many NHS trusts, women may experience a lack of compassion as a result. Birth is for many a time of vulnerability, especially when things do not go to plan.

And things not going to plan is the critical point here. There are clear issues raised by the promotion of an ideal to women that most will not go on to “deliver”. Levels of exclusive breastfeeding for six months were higher in this survey than found in previous research (although it is clear from comments this included women who also used supplementation) but the vast majority of women did not exclusively breastfeed their babies for six months as official guidance recommends. This creates a wide gap between policy and practice. The following questions should be asked:

- Is the current feeding framework and information it provides giving an unrealistic expectation of breastfeeding to mothers? Could this worsen breastfeeding outcomes if a woman's reality does not meet these expectations?
- If the NHS is unable to effectively support the needs of women facing breastfeeding challenges, as evidenced by this survey, then is it ethical to idealise a particular method of feeding that many women will struggle with?



This report drew its title from the following story.

“I had difficulties with over supply. I had conflicting and detrimental advice. No one knew what to do with me. The fact I was making milk (a shit load) was good enough for them. I got "well you are lucky" a lot - even though my baby couldn't latch, even though I was sick with mastitis and changing bed sheets every night. I didn't know combination feeding was allowed - so I made a desperate choice to switch to formula. I had been to every clinic going, I couldn't afford to buy help. I was loaned a breast pump - from the NHS which made things worse. After I switched to formula I was asked if I would consider supplying the milk bank with all the excess milk I had.... WTF?! **There is no doubt in my mind that we were set up to fail.** We were told to breastfeed - made to think this was the only thing an educated person would do, but when it came to help with breastfeeding, they all just shrugged and said - we don't know how to help you.”

*Dora\*, Exclusive Breastfeeding then Exclusive Formula Feeding, Scotland*

The current infant feeding framework as delivered within the NHS sets many women up to fail. It sets an ideal by which many new mothers judge themselves, and engenders feelings of guilt and shame when that ideal is not met. This is not a new finding, but a consistent one. There is a moral imperative to change this.

Several respondents within our survey referred to the marketing of infant formula – both in terms of how the ban on the advertising of first formulas was stigmatising, but others also referred to the pressure they felt the marketing of ‘follow-on’ milks created. *“There are adverts on the tv on formula which has marketing specialists pushing the sales, all breastfeeding has is midwives to talk about it”*.

One of the proposals from the CMA was to extend the current ban on advertising first infant formulas to include milks for babies older than six months, which are perceived by many to be an advertising vehicle for first milks as they mimic the look, feel and branding of the first milks but are not subject to the same marketing restrictions. Regardless of whether the Government decides to extend the ban or not, it is clear that currently the presentation and positioning of infant milk has largely been left in the hands of the manufacturers, with a vested interest in sales. There is a strong case now for healthcare services to claim that space as their own, in support of the women they serve, providing impartial, fair and balanced advice, information about all feeding options, including – but crucially not limited to – the nutritional equivalence of all infant milks.

We hope this report has illustrated that this is a chance that should be seized, and the opportunity taken to create an infant feeding framework based on the same principles of autonomy and choice that govern other aspects of healthcare, and treat women as individuals capable of making the decisions that are right for them and their families. After all, they are the ones who know their own circumstances best.

“There should be more information about the "benefits" of BOTH breast and formula feeding (yes there are benefits of both). Formula feeding should be respected as a woman's choice **in the same way a woman can make a choice over her body or any other aspect of her life.**”

*Eve\*, Combination Feeding, England*





# ABOUT THE AUTHORS

## Feed

Feed is an independent infant feeding charity that prioritises mums and not methods, putting women and families at the heart of infant feeding. It is the only UK based infant feeding organisation to champion all methods of infant feeding. Feed campaign for improved access to and better infant feeding support. Through the Feed Lab, Feed undertake independent research answering the questions that are important to mums and families.



Feed has a patient and public involvement panel, the Feed Advocates, that guide areas of work and reviews outputs from the charity, the only UK based infant feeding charity to adhere to this type of woman-centred practice. Feed is a voluntary run organisation which is funded by small charitable grants and independent donations. Feed has no conflict of interest with any individual or organisation that profits from infant feeding, this includes, formula companies, breast pump companies or private lactation consultancies.

## The Lowdown

The Lowdown is a women's health review platform set up to empower women to share their experiences on reproductive health and gain access to evidenced based information to make informed choices when it comes to their bodies. They are visited by over 2 million women every year who use their platform to research and review aspects of their own health. Their mission is to ensure women are in control of their own health care decisions. They use both experiences of women, allowing women to share their own unique healthcare stories alongside evidenced based practice.



The Lowdown believes that listening to women's voices is crucial for improving healthcare. The Lowdown is funded through self-funding and investors such as Entrepreneurs First. They have successfully campaigned for improvements in women's health whilst working in collaboration with third sector and public bodies.

For enquiries contact: [hello@feeduk.org](mailto:hello@feeduk.org)

# APPENDICES

## Appendix 1: NHS communications on breastfeeding benefits

Benefits of breastfeeding for both infant and mother – information is generally conveyed with no reference to absolute risk, risk reduction or evidence base. Benefits asserted are often unclear or contested in the evidence base.

### Protection



Human milk protects both mothers and babies.

It is a living substance that changes day by day, feed by feed.

Breastmilk protects babies from infections, allergies, diabetes, heart disease, childhood leukemia, obesity and SIDS. It protects mothers


from breast cancer, ovarian cancer and osteoporosis. It protects

premature babies from necrotising enterocolitis. Babies don't need any other fluid or food for the first 6 months. Every single drop is precious.

<https://www.uhsussex.nhs.uk/services/maternity/you-and-baby/feeding/flying-start/>


- **Even the basic nutritional constituents vary greatly between human milk and infant formula. Breastmilk contains many more live constituents that promote health.**
- **Water:** We are very lucky to have access to clean water in UK, but occasionally climate issues like floods, accidental over use of cleansing products, or fluorine can sometimes contain contaminants. Breastmilk water is filtered at source.
- **Protein:** Protein in breastmilk is more whey based (60-80%) and easier to digest and the main protein, alpha lactalbumin, which makes up 20% of the total protein, has been associated with the destruction of over 40 types of cancer cells including bladder and brain. Protein in formula (cows' milk protein) has been associated with an increased risk of a baby developing juvenile onset diabetes.

<https://www.mkuh.nhs.uk/news/baby-milk-constituents>




**Cancer**

Breastfeeding can protect you from serious illnesses like breast cancer or weak bones.




**Saving**

Breastfeeding is free. It could save you up to £1,700 in 1 year.




Breastfeeding helps you and your baby feel closer.




**Saving**

Breastfeeding saves you time. This is because you do not have to make up bottles of **formula milk**.



**Formula milk** is a type of milk that is made up from powder or liquid. It can be given to babies instead of breast milk.



Breastfeeding can help you to lose weight after having your baby.

But there's more... breastfeeding has many health benefits for you and your baby, including protection from certain illnesses and diseases. Breastfeeding is also a great source of comfort for you and your baby and when it's going well, it can protect your mental health.

<https://www.southtees.nhs.uk/services/maternity/infant-feeding/breastfeeding/>

[https://111.wales.nhs.uk/easyreads/Docs/All%20about%20breastfeeding%20easy%20read%20final 636487660609584502.pdf](https://111.wales.nhs.uk/easyreads/Docs/All%20about%20breastfeeding%20easy%20read%20final%20636487660609584502.pdf)

## Appendix 2: NICE: Standards framework for shared-decision-making support tools, including patient decision aids

## Standards framework for shared-decision-making support tools, including patient decision aids



Evidence sources	Notes
<p>The developers have considered the presentation of risks and benefits to ensure they are neutral, consistent and unbiased. They ensure this by:</p> <ul style="list-style-type: none"> <li>• using absolute risk rather than relative risk</li> <li>• using natural frequency</li> <li>• using data consistently</li> <li>• presenting risk over a defined period of time such as months or years, if appropriate</li> <li>• using numerical data, where possible, to describe risk, not terms such as rare, unusual, common as these are open to interpretation</li> <li>• inclusion of both positive and negative framing where possible.</li> </ul>	<p>Given that many people struggle with the concepts of risk and probability, as has already been stated, it is important that these are presented clearly and neutrally to remove any risk of bias. Absolute risk should be used rather than relative – for example the risk of an event increasing from 1 in 1,000 to 2 in 1,000, rather than the risk of the event doubling.</p> <p>In addition, it is important that risk and probability data are presented in a consistent manner throughout the PDA – for example by using the same denominator when comparing risk: 7 in 100 for one risk and 20 in 100 for another, rather than 1 in 14 and 1 in 5.</p> <p>Percentages are difficult for people and so natural frequencies are more suitable – for example 10 in 100 rather than a percentage such as 10%.</p> <p>The use of a defined period of time can be helpful – for example, if 100 people are treated for 1 year, 10 will experience a given side effect.</p> <p>Although numeracy can be a problem for some people, it is preferable and sometimes necessary to use numerical data, in a health literate way, rather than ambiguous terms or analogies.</p> <p>The framing of the information is also important and should be presented both positively and negatively where possible. For example, treatment will be successful for 97 out of 100 people and unsuccessful for 3 out of 100 people.</p>

