Infant feeding: Diversity and choice; Equity and opportunity

Introduction

Literature review findings on the themes of diversity and equity will be outlined. Overall thesis to consider how UK parental leave entitlement affects breastfeeding rates.

Infant feeding

 $\ldots \mbox{can}$ be considered a continuum, highlighting the diversity in

approaches available (Hoddinott, et al., 2012).



Diversity and choice

- Our infant feeding choices are shaped by our differences
- Diverse choices are influenced by factors including:
 - o policy (e.g. Smyth, 2012)
 - o attitudes and beliefs (e.g. Swanson & Power, 2005)
 - o perceived social pressure (e.g. Atchan, et al., 2011)
- How an infant is fed and what with, will structure their development and lifelong health (Li, *et al.*, 2012).
- Increasing diversity is having an impact on breastfeeding trends, factors such as maternal age, family composition, medicalised birth and ethnic variation are all shaping infant feeding patterns (Ajetunmobi, *et al.*, 2014).
- Decisions made with regards to infant feeding are complex and changeable (Hoddinott, et al., 2012).

Key findings:

What does the literature say?

- "The benefits of exclusive breastfeeding, including public health cost savings, are widely recognized, but breastfeeding requires maternal time investments" (Smith & Forrester, 2013, p. 547)
- Breastfeeding is "unequalled " (WHO, 2003, p. 7) and provides "the best form of nutrition for infants" (Department of Health, 2003, p. 1)
- However, despite this... "breastfeeding initiation rates remain low in parts of the UK and duration shorter than the six months recommended" (Stewart-Knox, 2013, p. 57)



Defining infant feeding

- The discourse suffers due to the impact of research studies not defining terminology clearly, despite repeated pleas for consistency (Labbok & Starling, 2012; Noel-Weiss, et al., 2012)
- Geraghty, et al. (2013) highlight that researchers need to accurately describe feeding modes before they can effectively measure and claim insight into any impact on health

Policy

- Significant changes to UK employment policy are due in 2015 - planned shared or flexible parental leave will remodel maternity and paternity entitlement (BIS, 2011)
- WHO (2003) policy recommendation: "infants should be exclusively breastfed for the first six months" (p. 7-8)
- Department of Health (2003) recommendation: "Exclusive breastfeeding is recommended for the first six months (26 weeks) of an infant's life" (p. 1)

Equity and opportunity

- Flexible parental leave policy seeks to reduce pay inequality and address the gender gap (BIS, 2011)
- Shared leave should give parents the opportunity to choose how best to divide infant care responsibilities
- However, in striving for gender equity, the policy may have an unintended impact upon infant feeding choices
- As well as choosing to, mothers must also have the opportunity to breastfeed whilst on maternity leave
- Thus while shared leave may be better for mother's careers it may not be better for health (Galtry, 2003)

Summary

- Infant feeding decisions are complex and changeable
- Evidence-based infant feeding policy continues to struggle to shape health outcomes, in light of factors such as diversity, choice and limited opportunity
- Planned policy changes attempting to further equity in working life may have an impact on breastfeeding rates
- Both initiation and duration rates may be negatively affected if mothers have to return to work sooner

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References:

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