NIHR | Policy brief

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Making Breastfeeding Support Work for All: Addressing Inequities Through Peer and Community Services

EXECUTIVE SUMMARY

- Breastfeeding rates in the UK are low, particularly in areas of high socioeconomic deprivation.
- Beyond feeding, breastfeeding helps babies develop their immune system and reduces their risk of infections, cardiovascular disease, and obesity.
- Women stop breastfeeding for many reasons, including discomfort, needing to return to work, and the lack of family and community support.
- Services provided by **peers** with similar experiences or background and by **healthcare professionals in the community** exist to support women to breastfeed.
- Researchers from the Universities of Birmingham, Cardiff and Exeter found that **mothers from lower socioeconomic and minority ethnic backgrounds tend to have poorer experiences of these services**, which can contribute to inequities in breastfeeding rates.
- These differences can be explained by:
  - Lack of available or accessible support and information.
  - Insufficient consideration of cultural aspects and individual needs.
  - Structural barriers such as community norms and workplace policies.
- Researchers also found that **mothers who use peer and community support services are around 10% less likely to stop breastfeeding** at up to 1 year.
- However, there is no evidence that a single approach is more effective at increasing breastfeeding rates.

Policy implications

- **Peer and community breastfeeding support services are effective**, even if not experienced equally by everyone.
- **Widening access to these services and better tailoring them to the communities they serve is essential** to reduce inequities.

Policy recommendations

1. **Recruit service providers with backgrounds or experiences similar to communities with historically low breastfeeding rates** to increase engagement and uptake. These may be based on age, language, culture, socioeconomic status, or previous breastfeeding experience.
2. **Tailor messaging to the needs of individuals and communities** to raise awareness of services and avoid causing stigma or reinforcing stereotypes.
3. **Promote breastfeeding amongst partners, families, and communities** to help change cultural norms to encourage breastfeeding.

Contact

Dr Rabeea'h Waseem Aslam
University of Cardiff
aslamr2@cardiff.ac.uk

Dr João Martins
University of Birmingham
j.m.martins@bham.ac.uk

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