
Infant Feeding Survey 2005: Early Results

Infant Feeding Survey 2005: Early Results

Keith Bolling

Prepared for The Information Centre for health and social care
and The UK Health Departments by BMRB Social Research.



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KEY FINDINGS

Initial incidence of breastfeeding

- Initial breastfeeding rates in 2005 were 78% in England, 70% in Scotland, 67% in Wales, and 63% in Northern Ireland. In England and Wales, Scotland and Northern Ireland there was a significant increase in the incidence of breastfeeding between 2000 and 2005. The 2005 survey was the first time estimates were available separately for England and Wales.
- Some of the increase in breastfeeding rates between 2000 and 2005 can be explained by changes in the age and educational profile of mothers. However, even after standardising the results to take account of these changes, breastfeeding rates in England and Wales, Scotland and Northern Ireland increased between 2000 and 2005
- The highest incidences of breastfeeding were found among mothers from managerial and professional occupations, those with the highest educational levels, those aged 30 or over, and among first time mothers. These variations were evident in all countries and are consistent with the patterns found in previous surveys.

Smoking during pregnancy

- A third of mothers (33%) in the United Kingdom smoked at some point in the 12 months immediately before or during their pregnancy. Of mothers who smoked before or during their pregnancy, about half (48%) gave up at some point before the birth.
- One in six mothers (17%) continued to smoke throughout their pregnancy.
- Mothers in Scotland and Wales were the most likely to have smoked immediately before or during pregnancy
- Smoking rates among mothers immediately before or during pregnancy fell between 2000 and 2005 in England and Northern Ireland but remained at a similar level in Scotland.
- The highest levels of smoking immediately before or during pregnancy were found among mothers in routine and manual occupations and among those aged 20 or under. These mothers were also the least likely to have given up smoking at some point before or during pregnancy. This was true for all countries.

1. INTRODUCTION

The 2005 Infant Feeding Survey is the seventh national survey of infant feeding practices to be carried out. Surveys have been conducted every five years since 1975. The latest survey is being carried out by BMRB Social Research on behalf of all four Health Departments in the United Kingdom.

The main aim of the survey is to provide national estimates on the incidence, prevalence and duration of breastfeeding and other feeding practices adopted by mothers from the birth of their baby up to around nine months. The survey also collects information on the smoking and drinking behaviour of mothers before, during and after pregnancy. As well as national estimates the survey is also designed to provide individual estimates for the four countries of the United Kingdom.

The survey uses a panel design, with three stages of data collection being carried out over a 9-12 month period in order to capture feeding practices at different ages. Wave 1 is carried out when the babies are approximately 6-10 weeks old, Wave 2 when they are approximately 4-5 months old, and Wave 3 when they are approximately 8-9 months old.

The 2005 survey was based on an initial representative sample of 19,848 mothers of babies born in the United Kingdom during an approximately 6 week period from mid August 2005 to early October 2005. At Wave 1 a total of 12,290 mothers returned the questionnaire, representing a response rate of 62%. Further details about the survey design and other aspects of the survey can be found in the Background Notes.

This statistical press release presents early results from Wave 1 of the survey only and focuses on two key topics, the initial incidence of breastfeeding and smoking during pregnancy. The final stage of the survey is currently underway and a complete report is due to be published in Spring 2007.

2. INCIDENCE OF BREASTFEEDING

Incidence of breastfeeding is defined as the proportion of babies who were breastfed initially. This includes all babies who were put to the breast at all, even if this was on one occasion only.

2.1 Trends

Table 1 shows the trends in the incidence of breastfeeding by individual country and for the United Kingdom as a whole for all available years since 1980. The historical data show that, in all countries where time trend data are available, there has been a steady increase in the incidence of breastfeeding since 1990. This trend has continued over the period of the last survey, with breastfeeding rates having increased from 71% to 77% in England and Wales, 63% to 70% in Scotland, and 54% to 63% in Northern Ireland, and 54% to 63% in Northern Ireland between 2000 and 2005.

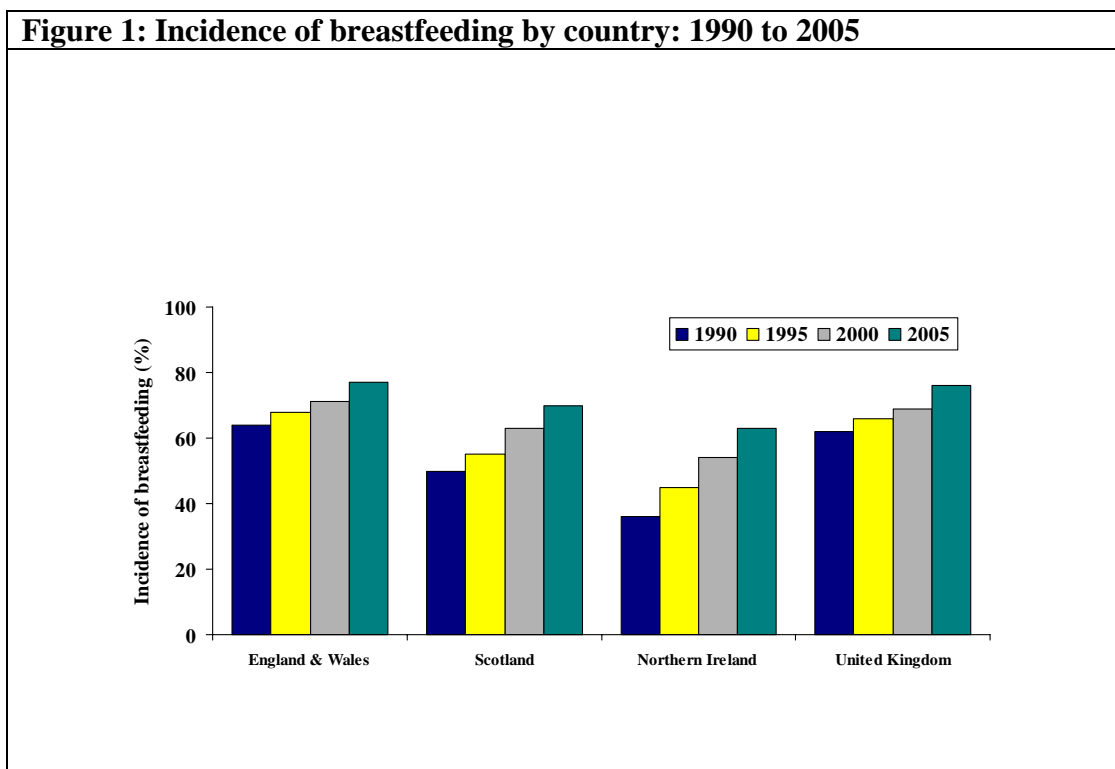
As in previous surveys incidence of breastfeeding varies by country, being highest in England and lowest in Northern Ireland. Although breastfeeding rates in Northern Ireland remain lower than in other countries, it is worth noting that the increase in rates between 2000 and 2005 was greater in Northern Ireland than elsewhere in the UK.

Breastfeeding rates for Wales were available for the first time in 2005 and showed an incidence rate of 67%.

(Table 1, Figure 1)

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Figure 1: Incidence of breastfeeding by country: 1990 to 2005



2.2 Variations in the incidence of breastfeeding

All previous surveys have shown a consistent pattern of variation in the incidence of breastfeeding according to certain socio-demographic characteristics of the mother, such as socio-economic classification, educational level and age of mother. The 2005 survey confirmed the continued existence of the variations seen in previous surveys. These variations were broadly consistent across all countries.

2.2.1 Birth order

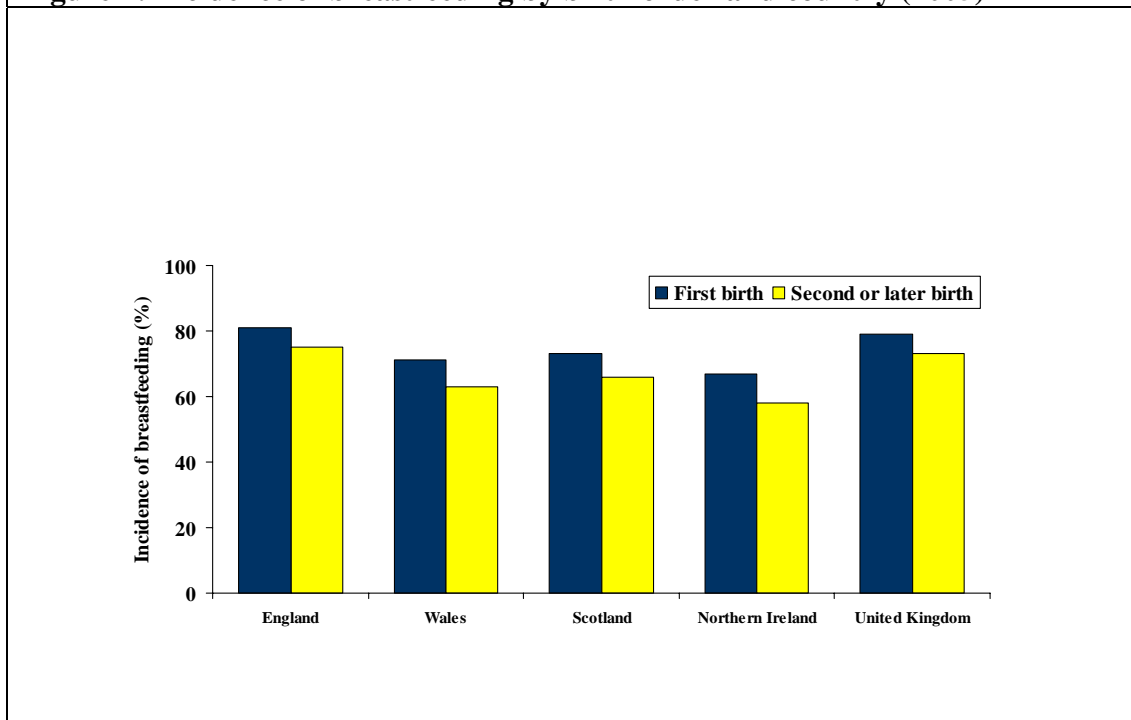
Previous surveys have shown that the incidence of breastfeeding is higher among mothers of first babies compared with later babies. This continued to be the case in 2005 and was seen in all countries.

Across the United Kingdom almost eight in ten (79%) first-time mothers breastfed their babies initially compared with 73% of mothers who were having their second or later baby. Between 2000 and 2005 breastfeeding rates across the United Kingdom as a whole increased by a greater degree among mothers of second or later babies compared with mothers of first time babies. This continued a trend that was seen in the last survey and means that the gap between the breastfeeding behaviour of first and later mothers is now at a historically low level.

(Table 2, Figure 2)

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Figure 2: Incidence of breastfeeding by birth order and country (2005)



2.2.2 Socio-economic classification (NS-SEC) of mother

Mothers were classified into socio-economic groups based on either their current job or previous job. Further details of the NS-SEC classification can be found in the Background Notes.

As found in the 2000 survey, there was a clear association between breastfeeding and socio-economic status. Across the United Kingdom, 88% of mothers in managerial and professional occupations breastfed initially, compared with 77% of mothers in intermediate occupations, and 65% of mothers in routine and manual occupations. Breastfeeding rates among mothers who had never worked were similar to those found among mothers in routine and manual occupations (65%). This association between socio-economic classification and breastfeeding was evident for all countries.

Compared with England, breastfeeding rates were lower in Scotland, Wales and Northern Ireland for mothers in every socio-economic group, reflecting the overall pattern seen in Table 1.

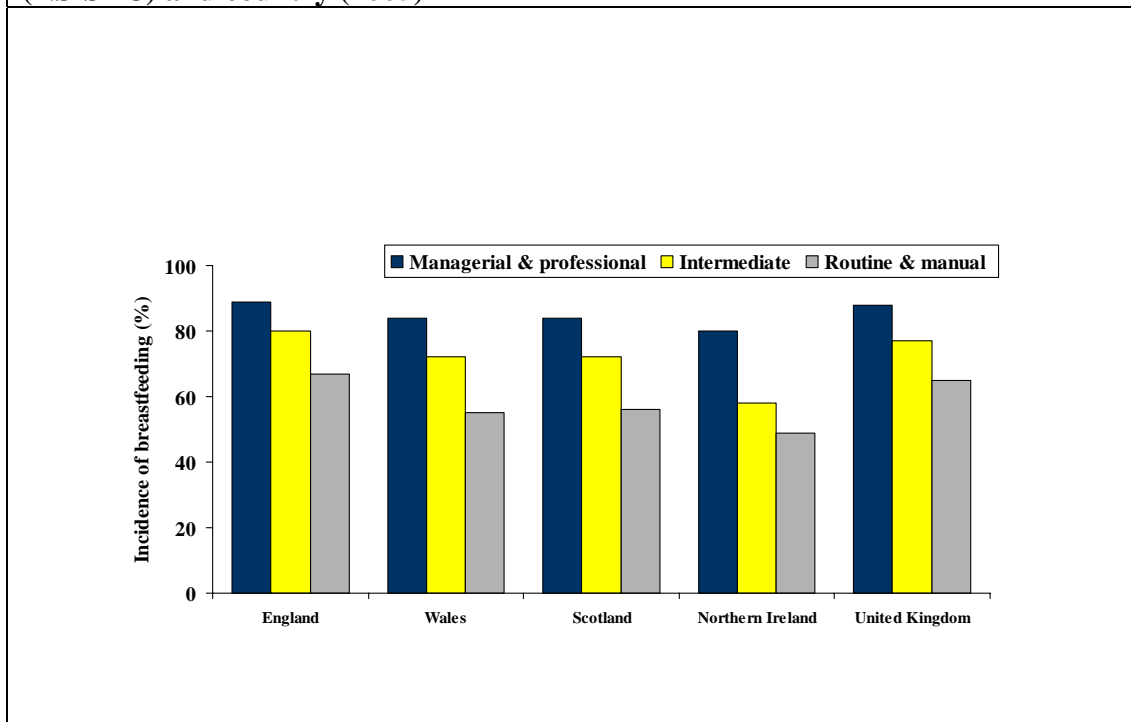
Between 2000 and 2005 breastfeeding rates across the United Kingdom increased among mothers in all socio-economic groups, with the largest increases being seen among mothers in routine and manual occupations and among mothers who had never worked. Thus, breastfeeding rates among mothers in managerial and professional occupations increased across the United Kingdom from 85% in 2000 to 88% in 2005 compared with an increase from 59% to 65% among mothers in routine and manual occupations and an increase from 52% to 65% among mothers who had never worked.

Changes in breastfeeding rates between 2000 and 2005 among mothers in different socio-economic groups showed some variation by country. In England and Wales, the largest increases in breastfeeding rates were seen among mothers in routine and manual occupations and among mothers who had never worked. Thus, between 2000 and 2005, breastfeeding rates in England and Wales increased from 60% to 67% among mothers in routine and manual occupations, and from 54% to 67% among mothers who had never worked. In Scotland, the biggest increases were among mothers in intermediate occupations (from 64% to 72%) and among mothers who had never worked (from 41% to 52%), while in Northern Ireland the increases were broadly similar across all socio-economic groups.

(Table 3, Figure 3)

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Figure 3: Incidence of breastfeeding by mother's socio-economic classification (NS-SEC) and country (2005)



2.2.3 Age at which mother completed full-time education

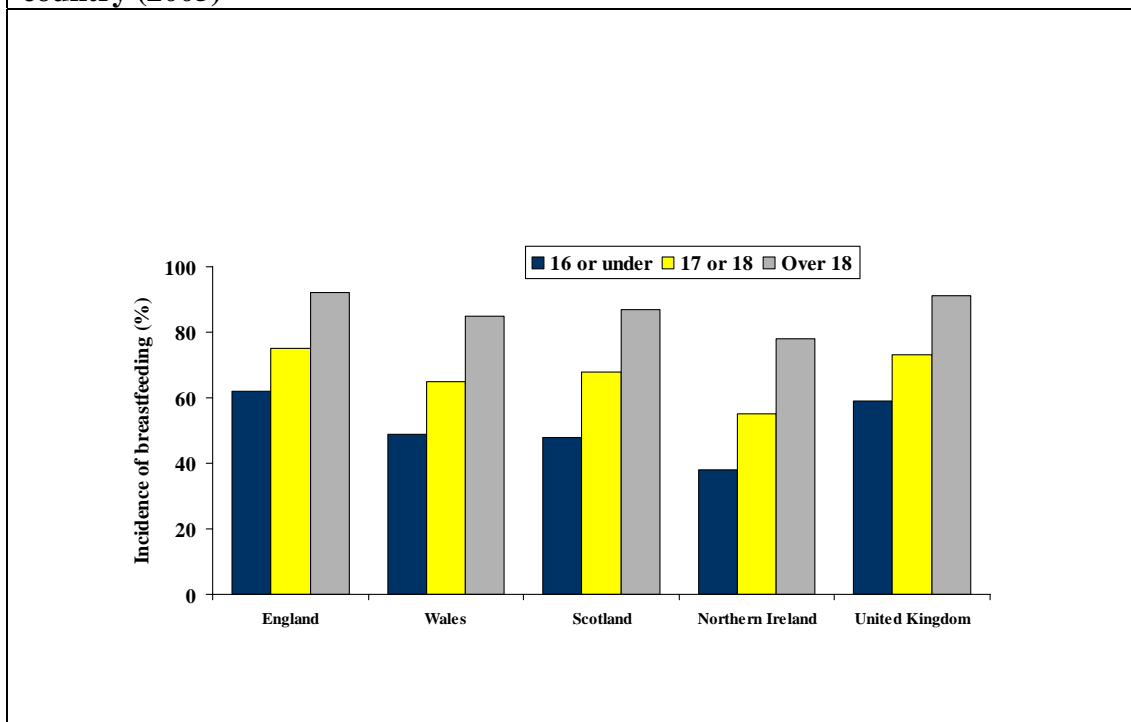
As in previous surveys, in 2005 there was a clear association between breastfeeding and educational level. Across the United Kingdom mothers who had left full-time education at age 16 or younger were the least likely to have breastfed (59%), while those who had left full-time education at 18 or older were the most likely to have breastfed (91%). This association was evident in all countries.

Looking at trend data, across the United Kingdom as a whole, there were increases in breastfeeding rates among mothers of all educational levels between 2000 and 2005. However, this hides some variation among different countries. In England and Wales, an increase between 2000 and 2005 was seen only among mothers with the lowest educational level (from 55% in 2000 to 61% in 2005 among mothers who had left full-time education aged 16 or younger). By contrast, in Northern Ireland, an increase was seen only among mothers with the highest educational level (from 71% in 2000 to 78% in 2005 among mothers who had left full-time education aged over 18). In Scotland, increases were seen among mothers in the two highest educational levels.

(Table 4, Figure 4)

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Figure 4: Incidence of breastfeeding by age completed full-time education and country (2005)



2.2.4 Age of mother

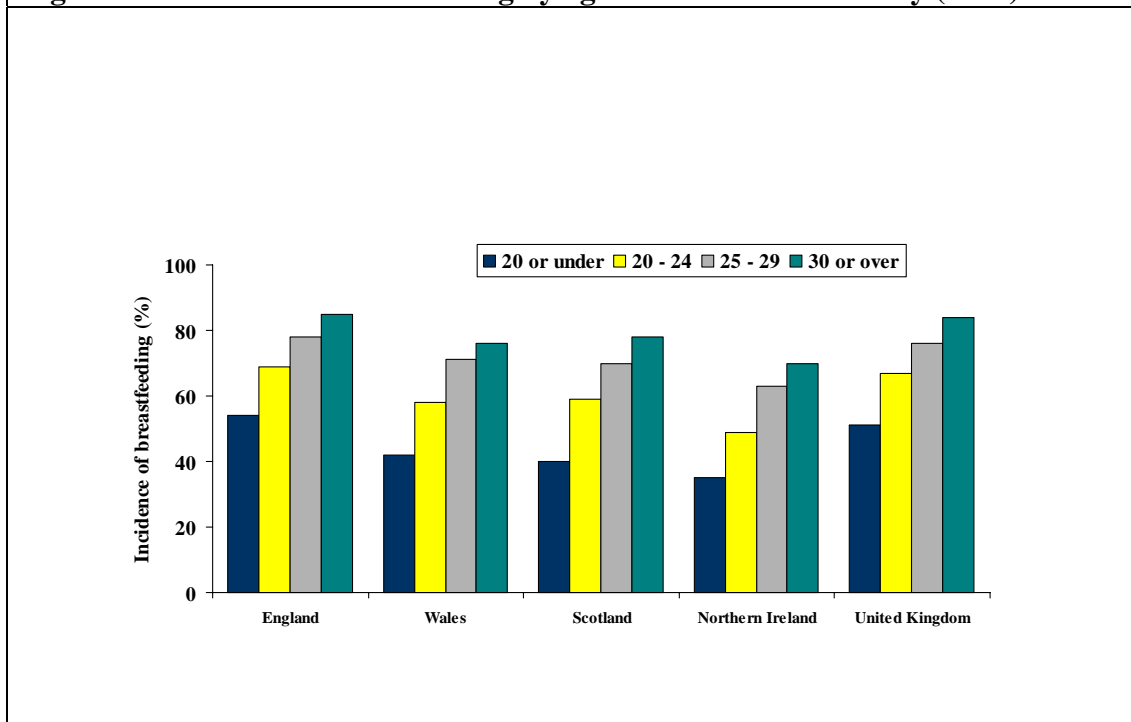
As in previous surveys there was a strong association across all countries between breastfeeding and the age of the mother. Across the United Kingdom as a whole breastfeeding rates were lowest among mothers aged 20 or under (51%) and highest among mothers aged 30 or over (84%). The incidence of breastfeeding among mothers aged 20 or under was especially low in Scotland (40%) and Northern Ireland (35%).

When looking at the time trends between 2000 and 2005, across the United Kingdom as a whole, increases in breastfeeding rates were seen in all age groups although these were not statistically significant among mothers aged 20 or under. This was also true for the individual countries, where increases in breastfeeding rates between 2000 and 2005 were seen in all age groups, except for mothers aged 20 or under.

(Table 5, Figure 5)

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Figure 5: Incidence of breastfeeding by age of mother and country (2005)



2.3 Standardisation of breastfeeding rates

Although the change in breastfeeding rates between 2000 and 2005 represents a significant increase in each country for which trends are available, it is important to place the results in the context of changes in the composition of the sample over time.

As shown in Section 2.2, incidence of breastfeeding is strongly associated with the age, the educational level, and the socio-economic status of the mother. It is therefore important to consider the composition of the sample over time to assess whether any increase in the incidence of breastfeeding is not solely attributable to changes in the sample over time, rather than any 'real' increase in the population.

Previous surveys have shown an increasing proportion of mothers aged over 30, and mothers who have continued in full-time education beyond the age of 19. Since both of these factors are strongly associated with breastfeeding a technique known as standardisation has been used to separate the contribution of compositional change from what might be termed 'real' change over the period since 1985.

Table 6 shows the incidence of breastfeeding within each country with the rates standardised for age and educational level. Due to the change in the sample design it is only possible to show this for England and Wales combined.

As already seen the survey estimates of the incidence of breastfeeding in England and Wales were 71% in 2000 and 77% in 2005. However, the standardised rates, assuming that the distribution of age and education of the sample had remained the same as in 1985, were 62% in 2000 and 67% in 2005. This suggests that the observed

change in breastfeeding rates between 2000 and 2005 represents a real increase and is not simply due to changes in the sample composition.

The incidence of breastfeeding in Scotland increased from 63% in 2000 to 70% in 2005. Standardisation shows that some of this change can be attributed to changes in the sample composition, but the standardised rates still showed an increase in the incidence of breastfeeding from 54% to 57% between 2000 and 2005.

In Northern Ireland a similar pattern is evident with standardisation removing some, but not all, of the observed increase in incidence of breastfeeding between 2000 and 2005. The standardised figures show an increase in breastfeeding from 47% to 51% between 2000 and 2005.

(Table 6)

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3. SMOKING

At the first stage of the survey mothers were asked a number of questions about their smoking behaviour: if they had ever smoked, if they had smoked at all in the last two years before the survey, and if they smoked at all now. Using these questions, measures have been derived to establish the proportion of mothers who smoked at all before or during pregnancy, the proportion who smoked throughout their pregnancy; and the proportion of smokers who gave up before or during pregnancy. The exact definitions of these categories can be found in the Background Notes.

3.1 Smoking during pregnancy

Table 7 shows that in 2005 just under a third of mothers (33%) in the United Kingdom smoked immediately before or during their pregnancy. Smoking levels before or during pregnancy were highest among mothers in Wales (37%) and lowest in England (32%).

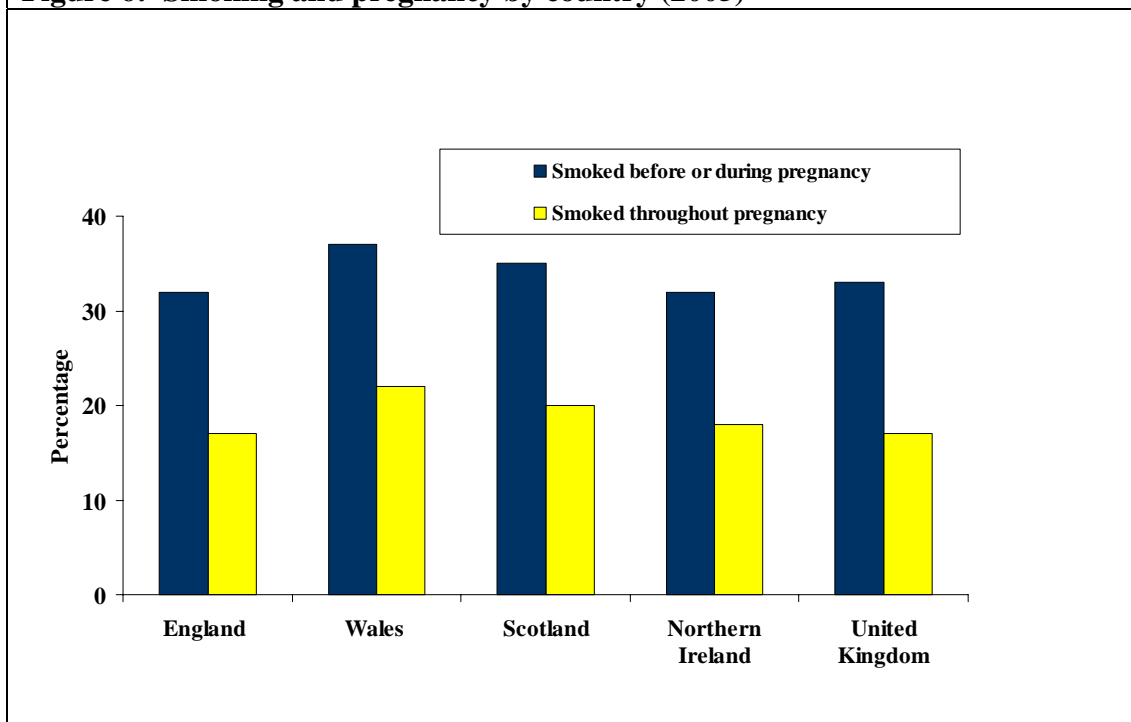
Among mothers who smoked immediately before or during pregnancy, just under half (48%) gave up at some stage before the birth. Mothers in England were the most likely to give up smoking immediately before or during pregnancy, while those in Wales were the least likely to give up.

Taking into account those who gave up immediately before or during pregnancy meant that about one in six mothers (17%) across the United Kingdom smoked throughout the whole of their pregnancy, and were still smoking after the baby was born. Mothers in Wales were the most likely to smoke throughout their pregnancy (22%).

(Table 7, Figure 6)

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Figure 6: Smoking and pregnancy by country (2005)



Between 2000 and 2005 the proportion of mothers smoking before or during pregnancy fell from 35% to 33%. Lower smoking levels were seen in both England and Northern Ireland, although there was no change in the proportion of mothers smoking before or during pregnancy in Scotland over the five year period.

Mothers who smoked were more likely to give up before or during pregnancy in 2005 compared with 2000 (48% and 44% respectively). This is true for all countries where time trend data are available.

(Table 7)

Although direct comparisons are not possible with surveys prior to 2000 because of changes to the questions, the 2005 results continue the general downward trend in smoking during pregnancy seen since about 1990.

3.2 Variations in smoking during pregnancy

3.2.1 Socio-economic classification (NS-SEC) of mother

It is well known from other surveys that there is a strong association between smoking levels and socio-economic status and this pattern can also be seen in this survey.

Across the United Kingdom, mothers in managerial and professional occupations were the least likely to have smoked before or during pregnancy (20%), while those in routine and manual occupations were the most likely to have smoked (48%). Among mothers who did smoke, those in managerial and professional occupations were more likely than those in routine and manual occupations to have given up at some point before or during pregnancy (63% and 39% respectively).

Mothers in routine and manual occupations were more than four times as likely as those in managerial and professional occupations to have smoked throughout pregnancy (29% and 7% respectively).

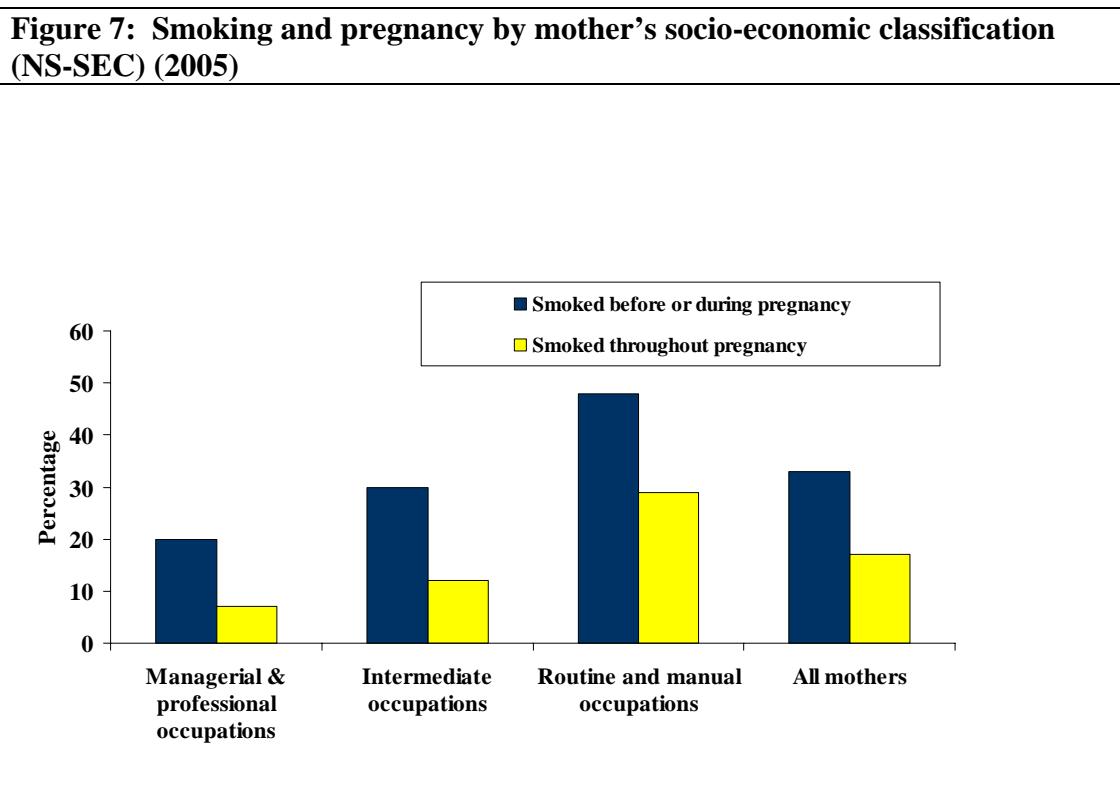
Between 2000 and 2005 the gap in smoking levels between mothers in different socio-economic groups increased for the United Kingdom as a whole. While the proportion of mothers in managerial and professional occupations who smoked before or during pregnancy decreased from 22% to 20%, the proportion of mothers in routine and manual occupations who smoked before or during pregnancy increased from 46% to 48%. The proportion of mothers who had never worked who smoked fell from 50% in 2000 to 35% in 2005.

(Table 8A, Figure 7)

All countries in the United Kingdom show a broadly similar pattern of smoking by socio-economic classification and broadly similar patterns of change between 2000 and 2005.

(Tables 8B-8F)

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3.2.2 Age of mother

Table 9A shows the association between the age of the mother and smoking status. Across the United Kingdom as a whole, mothers aged 20 or under were more than three times as likely to smoke before or during pregnancy compared with mothers aged 35 or over (68% and 21% respectively). Among mothers who did smoke, younger mothers were less likely than older mothers to have given up. Thus, 34% of

mothers aged 20 or under gave up before or during pregnancy compared with 54% of mothers aged 35 or over.

Mothers aged 20 or under were five times as likely as those aged 35 or over to have smoked throughout pregnancy (45% and 9% respectively).

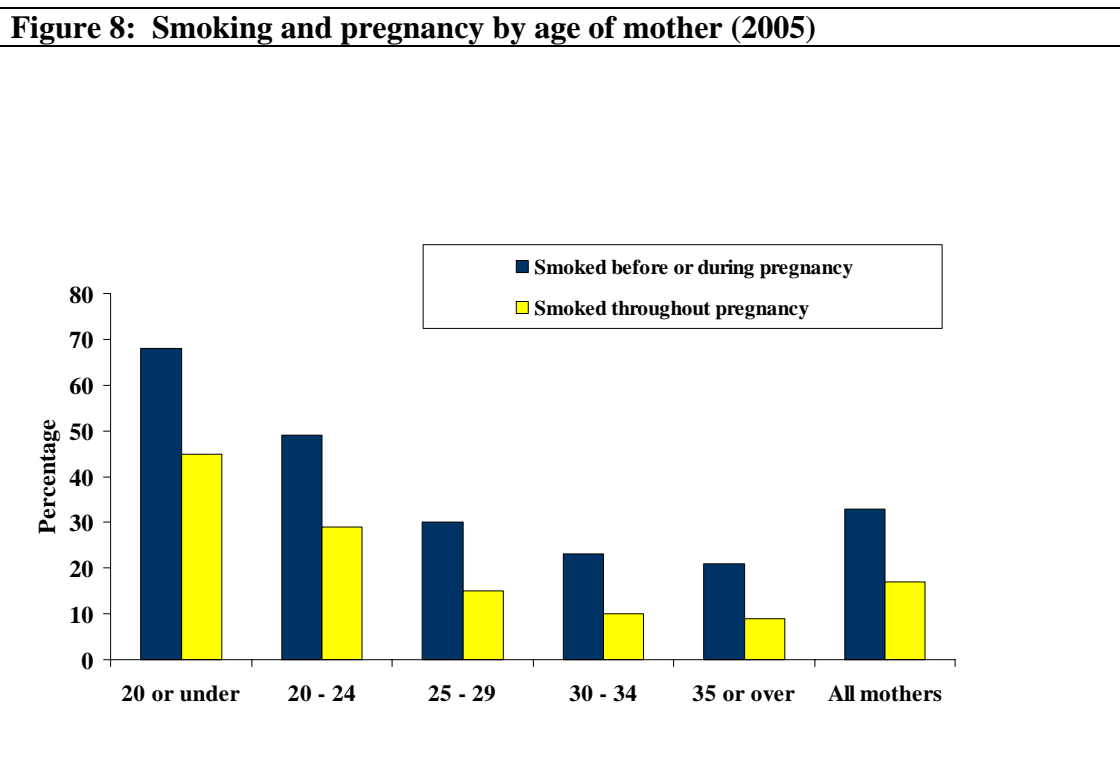
Between 2000 and 2005 the proportion of mothers who smoked before or during pregnancy fell amongst mothers of all ages, except for those aged 20 or under. Among mothers aged 20 or under smoking levels were 65% in 2000 compared with 68% in 2005.

(Table 9A, Figure 8)

All countries in the United Kingdom show a broadly similar pattern of smoking by age of the mother.

(Tables 9B-9F)

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BACKGROUND NOTES

1. *Sample design*

The sample design and procedures were broadly similar to those used in previous surveys, although there were a number of changes made to the design of the 2005 survey compared with previous surveys.

The samples were drawn from birth registration records and covered births occurring between August and October 2005. The aim was to achieve a sufficiently large sample in each country of the United Kingdom to allow for separate country analyses to be carried out. Because of this the precise length of the sampling period varied in each country. The 2005 survey was the first time that estimates were required for England and Wales separately, rather than combined. This design requirement meant that births in Scotland, Northern Ireland and Wales had a much greater chance of selection compared with births in England. In fact, in both Wales and Northern Ireland all births in the sample period were selected.

In all previous surveys a two-stage design has been carried out in England and Wales, whereby a sample of registration sub-districts was initially selected, from which a random sample of births was then drawn. In the 2005 survey it was decided to move away from the two-stage approach and instead draw a completely unclustered sample in England.

In previous surveys the survey has been designed to over-sample mothers in Social Class V, those who did not register a partner on the birth certificate and mother's whose social class could not be classified. This was done largely to ensure these groups (especially mothers in Social Class V) could be analysed separately. In 2005, it was decided not to over-sample particular Social Class groups for two reasons.

First, Social Class has been replaced by National Statistics socio-economic classification (NS-SEC) for official statistics (see below). This meant that it was simply not possible to adopt a design similar to previous surveys. While over-sampling of particular NS-SEC categories was considered it was felt that the association between infant feeding practices and NS-SEC was not as well understood as the association between infant feeding practices and Social Class. Therefore, the value of over-sampling mothers from a particular NS-SEC category was less clear.

Second, the sample size was significantly larger than previous surveys. This meant that the need for over-sampling particular groups in order to ensure large enough sub-samples was not so critical.

In the end it was decided only to over-sample births where no partner details were recorded at registration. This was done because mothers who do not register a partner are likely to be younger and from a lower socio-economic group, both of which are groups which required sufficient numbers for analysis. Over-sampling of mothers who registered no partner occurred only in England and Scotland because, as already mentioned, all births in Wales and Northern Ireland were sampled.

The data were weighted to take account of the over-sampling of this group.

2. Response rate and fieldwork procedures

A total of 12,290 mothers returned the first stage questionnaire, representing an overall response rate of 62%. There was some variation in response by individual country, with the response rates to the first stage of the survey being 66% in Scotland, 65% in Wales, 62% in England, and 59% in Northern Ireland. As with all previous surveys, refusal to take part in the survey was extremely low with only 135 mothers explicitly refusing to complete the survey. The largest component of non response was from mothers who simply did not reply to the initial mailing or any of the subsequent reminders.

The same fieldwork procedures were used for the 2005 survey as have been used on previous surveys. The main Wave 1 fieldwork period was from September to December 2005, with the despatch of the initial questionnaire being staggered on a weekly basis to try and ensure it reached the mother at the time when the baby was approximately six weeks old. Up to four reminders were sent out, if necessary, at approximately two week intervals.

3. Survey definitions

Incidence of breastfeeding: This refers to the proportion of babies who were breastfed initially. This definition includes all babies who were put to the breast at all, even if it was only once. The definition of incidence of breastfeeding has remained unchanged since the first survey in 1975.

Smoking during pregnancy: Three categories of smoking behaviour are used in the tables as follows:

- i. *Smoking before or during pregnancy* is the proportion of women who smoked **at all** in the two years before they completed the survey. This roughly covers the period of their pregnancy plus the year before conception.
- ii. *Smoking throughout pregnancy* is the proportion of women who smoked in the two years before they completed the survey, and who were smoking at the time of their baby's birth. It included women who may have given up smoking before or during their pregnancy, but who had restarted before the birth.
- iii. *Gave up smoking before or during pregnancy* is the proportion of women who smoked in the two years before they completed the survey and who gave up during this period and had not restarted before the birth of the baby.

It should be noted that the key interest of the survey is to measure smoking behaviour immediately before or during pregnancy and any changes that occur over this period. Therefore, the measures reported are not directly comparable with other surveys which tend to report current smoking status (i.e. whether the respondent is smoking at they complete the survey).

There were 348 women who responded to the survey but who did not provide sufficient information on the questionnaire to classify their smoking status. These respondents have been excluded from all analysis of smoking and pregnancy.

National Statistics socio-economic classification (NS-SEC): From 2001 the National Statistics socio-economic classification (NS-SEC) was introduced for all official surveys and statistics. It replaced Social Class based on occupation and socio-economic group (SEG). This classification aims to differentiate occupations in terms of their employment relations, rather than skill level and so the distinction between manual and non-manual is no longer used. NS-SEC consists of eight, five and three class versions, and the version used here is the three class version. This consists of three groups as follows:

- i. Managerial and professional occupations
- ii. Intermediate occupations
- iii. Routine and manual occupations

Additionally, there are two residual categories consisting of those who have never worked and those where NS-SEC could not be classified because of insufficient information.

The 2005 survey collected occupational information needed to code NS-SEC for mothers only. It did not collect occupational information for partners, as had been the case on all previous surveys. This means that all analysis by socio-economic classification is based on the mother, and not on her partner.

Details of how NS-SEC is derived and the different analysis categories can be found on the National Statistics website at:

http://www.statistics.gov.uk/methods_quality/ns_sec/

4. Weighting

Various weights have been applied to the data presented in this report. These weights compensate both for differences in the probability of selection as a result of the survey design and for differential non-response. The stages of weighting are as follows:

- i. To correct for over-sampling of mothers where no partner details were recorded at registration. Over-sampling of these mothers only occurred in England and Scotland, since all births in Wales and Northern Ireland were sampled.
- ii. To correct for different probabilities of selection in each country of the United Kingdom. The probability of selection in the different countries ranged from 1 in Northern Ireland and Wales (i.e. all births selected in the sample period) to 0.54 in Scotland and 0.15 in England.
- iii. To correct for differential non-response the sample was adjusted so that within each country it correctly represented the age profile and the deprivation profile of all mothers who gave birth during the sampling period. Analysis within each country showed that there was a consistent pattern of lower response rates amongst younger mothers and also lower response rates in areas of higher deprivation. Deprivation levels were assessed by using deciles of the Index of Multiple Deprivation (IMD) for England, Wales and Scotland, and deciles of the Index of Economic

Deprivation for Northern Ireland. An area based measure of deprivation was essentially used as a proxy for social class since this information was not available.

When results for each country are shown separately, they are weighted only to compensate for differential non-response and the over-sampling of mothers where no partner details were recorded at registration (England and Scotland only). Separate weights were created for England only, Wales only, as well as England and Wales combined. Where results are based on the United Kingdom as a whole, an additional weight is applied to compensate for the over-sampling in Scotland, Northern Ireland and Wales.

All weights have been scaled to the unweighted sample sizes for each country and for the United Kingdom as a whole, a practice similar to that adopted on the 2000 survey.

5. Comparisons of survey coverage

The 2005 survey represents the first survey where estimates have been available for each of the four countries of the UK. Prior to 1995 data were collected for Great Britain only. From 1995, with the inclusion of Northern Ireland, data were available for the United Kingdom, although estimates were only possible for England and Wales combined. The 2005 survey represents the first time the sample size in Wales has been large enough to produce estimates for Wales.

In order to allow time trends to be maintained all the tables which form part of this early release data show estimates for England and Wales separately, as well as combined estimates for England & Wales.

6. Notes on tables

Base numbers are shown in italics and are weighted bases.

The **conventions** used in the tables are as follows:

- No cases
- * Percentage less than 0.5%
- [] Percentages based on less than 50 cases

Percentages: Row or column percentages may add to 99% or 101% due to the effects of rounding

7. Further information

For further details on the Infant Feeding Survey the full report of the 2000 survey can be downloaded from the Department of Health website at:

<http://www.dh.gov.uk/assetRoot/04/05/97/63/04059763.pdf>

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