

SHORT REPORTS

Breast feeding trends in Sheffield 1976-82

The early 1970s saw the nadir of breast feeding in Britain. In Sheffield the proportion of mothers breast feeding at 6 weeks of age had fallen to about 10%.¹ Low levels of breast feeding were reported from other British centres.²

Studies in Sheffield^{3,4} and elsewhere in the early 1970s drew attention to possible harmful effects of artificial feeding. In Sheffield a trend back towards breast feeding began in 1972 and by 1974 was well established. This trend was also reported from other parts of Britain.⁵ A recent national survey has shown that there was a progressive increase in breast feeding in most places between 1975 and 1980. How far this trend will go is still not clear. The data in this paper collected between 1976 and 1982 suggest that there may be a plateau to the level of breast feeding that can be achieved given present circumstances.

Materials and methods

The infants in this study comprised consecutive attenders at a well baby follow up clinic for infants born in one unit at the Jessop Hospital, Sheffield. Each infant was in his or her 6th or 7th week at the time of the visit. Information was collected on feeding history and social class. Data were collected in the following years (size of sample in parentheses): 1976 (n=228), 1977 (n=155), 1979 (n=322), 1980 (n=416), 1981 (n=384), and 1982 (n=201). No data were available for 1978. The attendance rate at the clinic was 92%.

The table shows the proportions of infants in the various social classes in whom breast feeding was attempted during 1977-82. Unfortunately, these data were not collected for 1976. There was no significant change in the incidence of attempted breast feeding between 1977 and 1982 either in total or within social classes. Analysis of the proportions of babies still breast feeding at 6 weeks showed no significant trend in the period 1976-82.

These data were compared with those previously reported for the period 1971-4 (table).¹ The sharply rising trend of the earlier period had given way to a plateau. Apart from some apparently random fluctuations there was no significant trend with social class in feeding practice in the period reviewed.

The table also shows the proportions of infants bottle fed at 6 weeks, who were bottle fed from birth, or in whom breast feeding failed.

Proportions of infants breast fed at birth and at 6 weeks of age and proportions bottle fed at 6 weeks of age

Year	Social class	% Breast fed		% Bottle fed at 6 weeks	
		Attempted breast	Breast fed at 6 weeks	By choice from birth	Started breast feeding
1971	—	—	10*	—	—
1974	—	—	28*	—	—
1976	I	—	65.5	41.0	—
	II	—	58.6		
	III	—	28.2		
	IV	—	33.8		
	V/VI	—	33.3		
1977	I	85.2	81.4	31.0	19.0
	II	65.0	45.0		
	III	80.0	60.6		
	IV	64.9	33.8		
	V/VI	38.5	30.8		
1978	—	No data collected		—	—
1979	I	82.1	71.4	28.9	20.4
	II	91.5	79.4		
	III	63.3	41.7		
	IV	65.4	40.2		
	V/VI	66.6	36.4		
1980	I	80.0	74.5	36.3	15.3
	II	71.9	57.3		
	III	54.2	33.3		
	IV	61.8	44.3		
	V/VI	49.0	34.5		
1981	I	86.9	82.0	30.2	16.4
	II	87.3	72.7		
	III	76.4	48.6		
	IV	57.1	42.0		
	V/VI	58.8	23.5		
1982	I	87.5	75.0	32.3	16.8
	II	76.9	69.2		
	III	75.5	57.1		
	IV	63.9	43.0		
	V/VI	42.3	34.6		

*Taitz (1976).¹

Comment

The 1970s saw a national trend back towards breast feeding. The data presented here agree with those figures in showing that the incidence of breast feeding in the population studied at 6 weeks can be raised to about 50%. They also confirm the relative resistance of social classes IV, V, and VI. The findings suggest that after initial ease in increasing the proportion of breast fed babies, particularly in social classes I, II, and III, a plateau may be reached when it is much more difficult to make further inroads. In the community studied this appears to have occurred about 1977. Whether subsequent national data will confirm this as a general phenomenon remains to be seen. The exact level of the plateau might depend on the social class mix of the sample.

Most of the babies not breast fed at 6 weeks were bottle fed by choice. Failure of breast feeding accounted for only about one third of those babies bottle fed at 6 weeks. While some babies in social classes I and II are still bottle fed, the main future source for improving the breast feeding rate will be in converting the less educated section of the population to attempt breast feeding. It would appear that a new approach will be needed if further advance is to be achieved entailing an effective programme of antenatal and preconception education, since the maternity services come into contact with parents only once pregnancy has begun and appear to have little influence after a certain level of breast feeding has been attained.

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¹ Taitz LS. Relationship of infant feeding patterns to weight gain in the first weeks of life. In: *The adipose child*. Vol 1. Basle: Karger, 1976:60-5.

² Department of Health and Social Security. *Present day practice in infant feeding*. London: HMSO, 1974.

³ Taitz LS, Byers HD. High calorie/osmolar feeding and hypertonic dehydration. *Arch Dis Child* 1972;**47**:252, 257-60.

⁴ Davies DP. Plasma osmolality and feeding practices of healthy infants in the first three months of life. *Br Med J* 1973;**ii**:340-2.

⁵ Martin J, Monk J. *Infant feeding 1980*. London: Office of Population Censuses and Surveys, 1982.

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Silicosis in a Pakistani farmer

Pneumoconiosis is almost exclusively associated with industry, although inorganic environmental dusts in agricultural communities have been clearly associated with pleural disease.¹ We report on a farmer who was found to have nodular pulmonary fibrosis due to non-industrial exposure to silica dust.

Case report

A 77 year old Pakistani man was referred to hospital complaining of vague bilateral chest pains, a recurrent non-productive cough, and mild dyspnoea. There was no history of illness. He had moved to the United Kingdom in 1968 and lived with his daughter and her family, having returned only once to Pakistan for a short stay in 1973. He had been a peasant farmer in Shorkut, west Pakistan, all his life, and had worked in the fields from early childhood. Most of his time had been spent in cultivation, although he had reared some cattle.

There were no abnormalities on examination, but a chest x ray film showed widespread nodular opacities. A Mantoux test with a dilution of 1/1000 produced a reaction of 10 mm diameter, but tuberculosis was excluded on clinical and bacteriological grounds. Results of pulmonary function tests (and percentages of predicted values) were: forced expiratory volume in 1 second (FEV₁) 1.9 l (81%); forced vital capacity (FVC) 2.3 l (65%); FEV₁:FVC 83% (143%); total lung capacity 4.42 l (71%); residual volume 2.12 l (87%); and transfer factor 14 ml/min/mm Hg (62%).

In the absence of a relevant occupational history fiberoptic bronchoscopy and transbronchial lung biopsy were performed to determine the cause of