'Every little helps': infant feeding and levelling up in the early years

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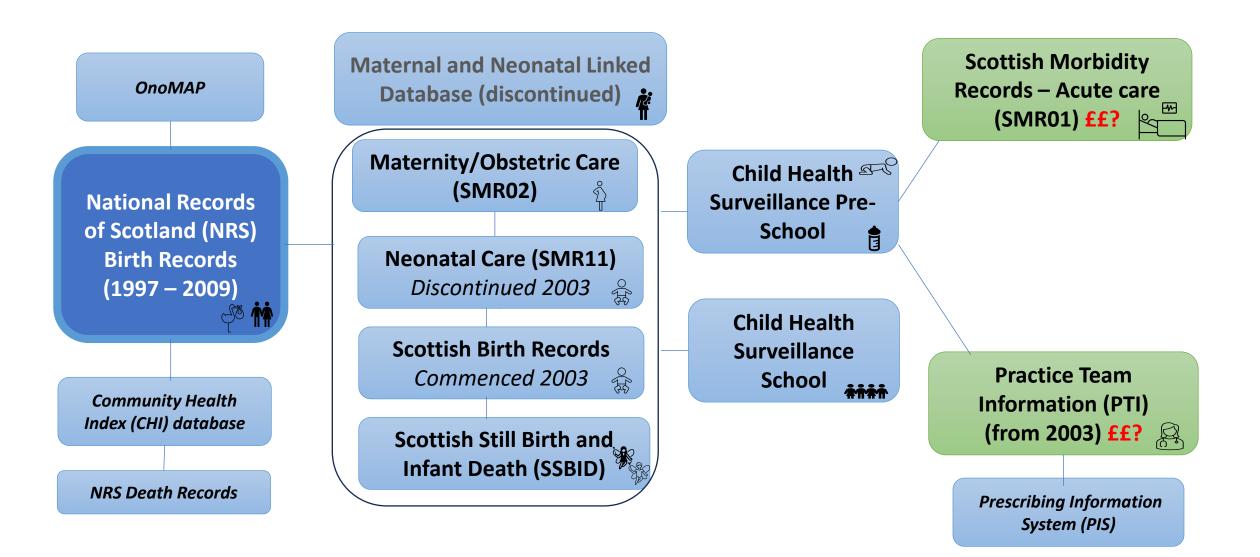
Background: GCPH Breastfeeding Project

- Unique linkage
- Strands of work
 - Infant feeding trends in Glasgow neighbourhoods (SCHRP Project report)
 - Factors associated with early infant feeding (published paper)
 - Deprivation and early infant feeding (published paper)
 - Factors associated infant feeding and baby friendly units (project report)
 - Risk of hospital admission associated with infant feeding (published paper)
 - Child weight associated with early infant feeding (SCHRP Project report)
 - Economic evaluation of costs associated with infant feeding

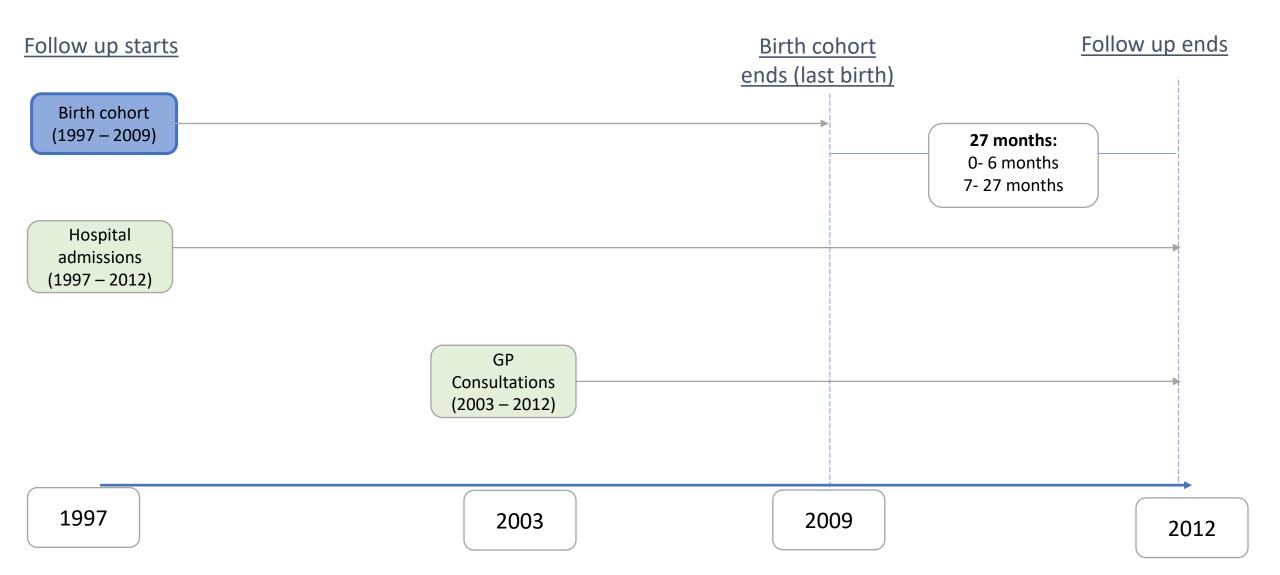
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GCPH Breastfeeding Project Data Sources



GCPH Breastfeeding Project Cohort 1997 - 2009



Objective

- To estimate the primary (GP consultations) and secondary healthcare (hospital admission) costs of infant feeding in the Scottish 1997 - 2009 birth cohort
 - Selected III-health outcomes: gastrointestinal, respiratory (lower and upper) and urinary tract infections, otitis media, asthma, eczema, diabetes, dental caries and fevers
 - Infant feeding: Mode of infant feeding reported at the 6-8 weeks review (exclusively breastfed, mixed fed or formula fed)
 - Scottish Index of Multiple Deprivation (2006)
 - Other relevant socioeconomic variables (maternal/paternal socioeconomic status)
 - Exclusions (multiple births, invalid infant feeding records, infants admitted to high dependency units or diagnosed with a congenital disorder or conditions that originated during the perinatal period and non-Scottish residents)

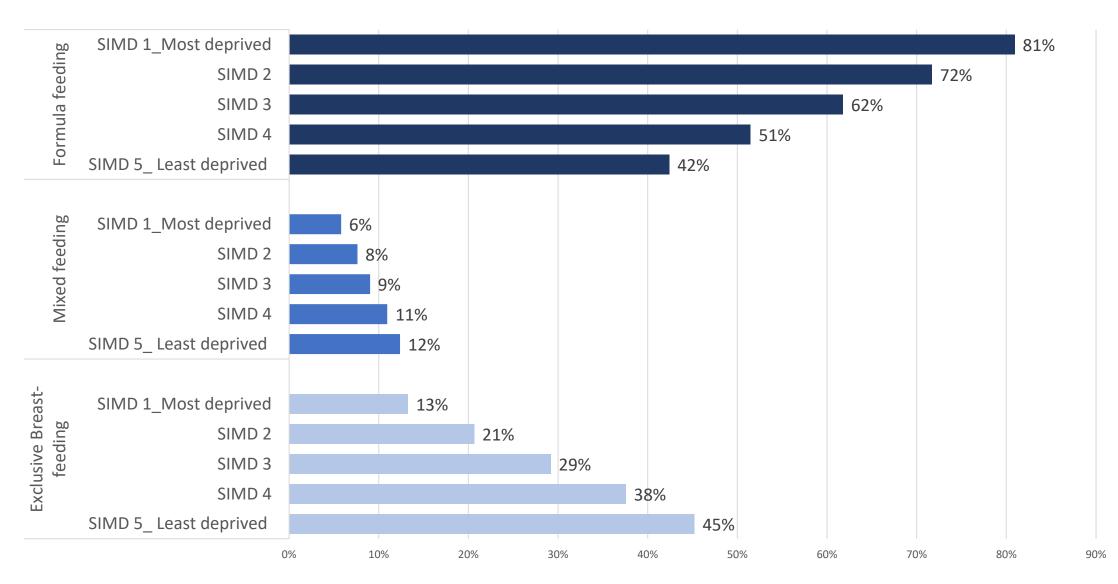
Methods: Estimating Healthcare Costs

- Hazard Ratios (adjusted)
- Population attributable fractions
- Applied costs (base year: 2009)*
 - Hospital admissions 502,944 infants (type of admission, case-mix)
 - GP Consultations* 11,288 infants (length/type of consultation)
- Adjustments/Discounting
 - Inflation
 - Discounting: 1.5% (NICE guidelines)
- Assumptions

Results

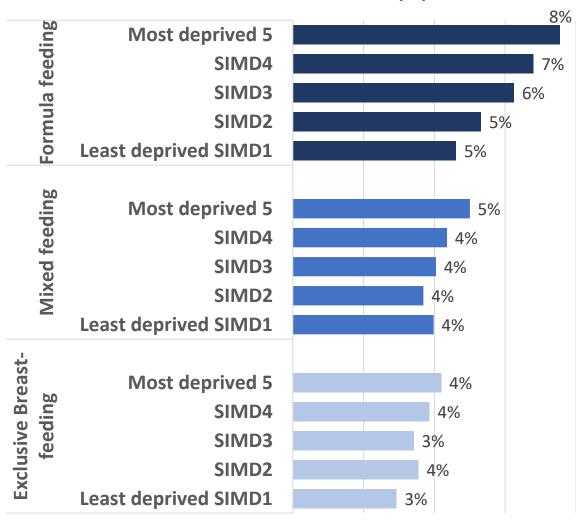


Results: Infant feeding patterns 1997-2009 cohort

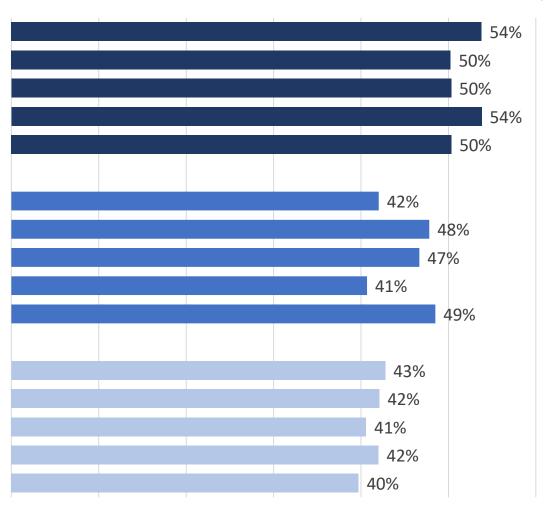


Admissions and GP Consultation patterns (0-6 months)

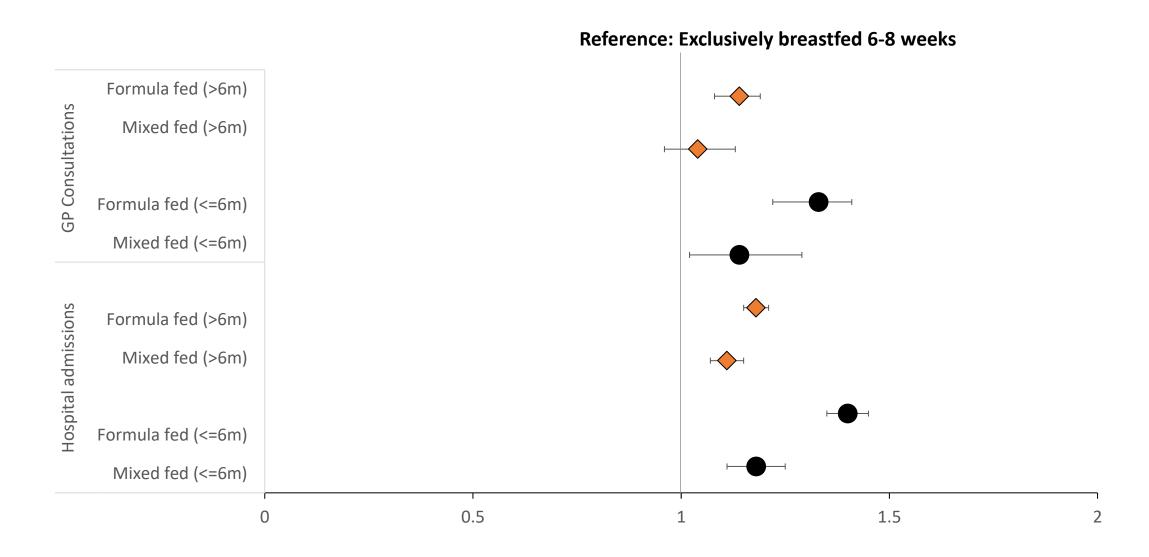
Infants admitted for selected conditions (%)



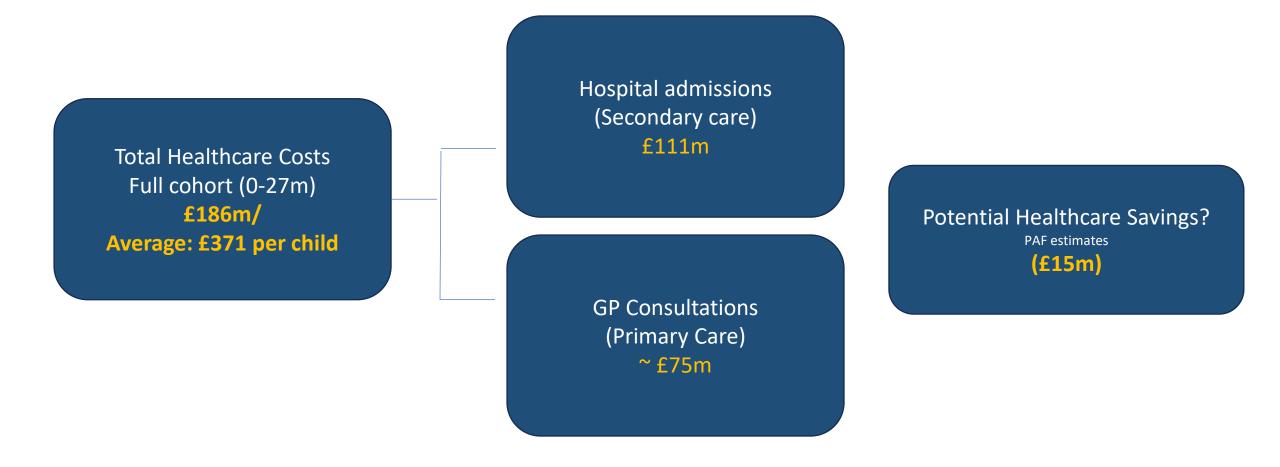
Infants with GP consultation for selected conditions (%)



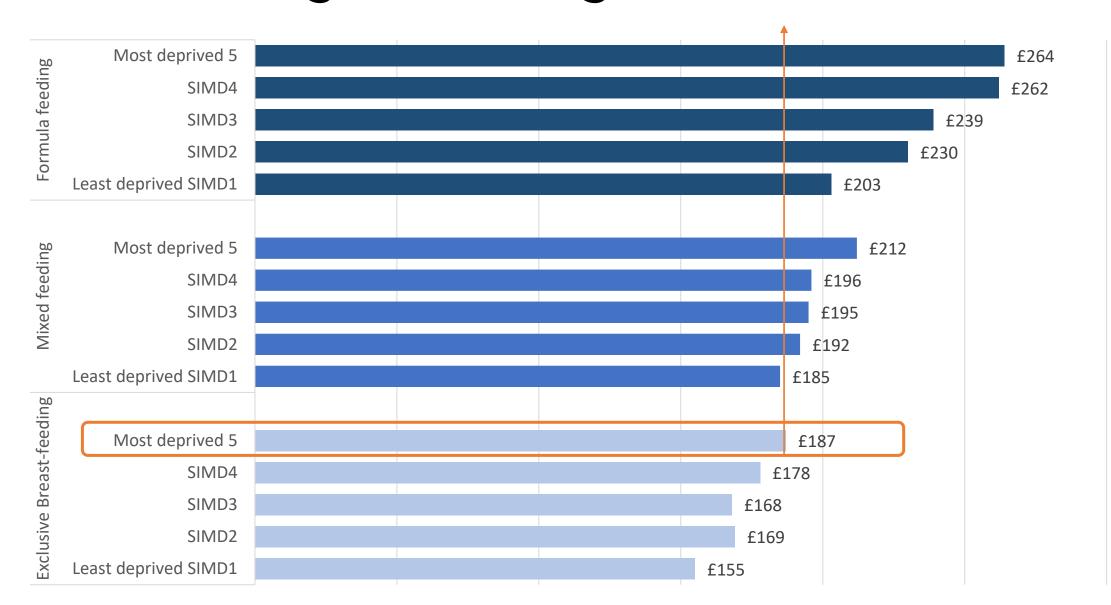
Infant feeding and healthcare: Hazard ratios (adjusted)



Infant feeding and healthcare costs (0-27 months)



Infant feeding and average healthcare costs (0-27m)



Levelling up breastfeeding in Scotland?

- WHO Europe publication by Whitehead and Dahlgren (2006) describe health inequities as:
 - Systematic
 - Socially produced
 - Unfair

Summary

The power of linked data sources

• Use of linked administrative data to conduct a population level, representative study.

The benefits of optimising early nutrition

• Lower healthcare costs and potential savings associated with exclusive breastfeeding to 6-8 weeks after birth, compared to formula feeding for commonly reported childhood conditions.

The unfair cost(s) of health inequalities

• The need for investment in multi-sector interventions to promote health in the early years.

Thank you!

Acknowledgements

Glasgow Centre for Population Health
Glasgow Centre for Population Health Breastfeeding Project (Steering Group)
Public Health Scotland
Scottish Collaboration for Public Health Research



References

GCPH Breastfeeding Project Publications (peer reviewed) and other referenced reports:

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- Ajetunmobi O, Whyte B, Chalmers J et al. Informing the early years agenda in Scotland: understanding infant feeding patterns using linked datasets. Journal of Epidemiology and Community Health 2013; 68:83-92
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