

World Breastfeeding Trends Initiative

UK Report 2016

PART 2

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Introduction

Additional quotes referring to the grief of stopping breastfeeding early:

For many of us, breastfeeding seems inseparable from our identity as a mother. If breastfeeding is not working for you the way you hoped, you may be feeling very real grief – anger, confusion, hopelessness, depression, or resentment.

Breastfeeding Grief – mobimotherhood.org

Each time I write about breastfeeding I face a dilemma. On the one hand, there is more evidence than ever before that breastfeeding has long-lasting and profound benefits for both mother and baby. On the other hand, simply stating this fact causes pain and anger for the many families who tried really hard to breastfeed but were not able to. I really do understand that pain, because those people are also my own friends and family.

Sue Ashmore, Director of UNICEF UK Baby Friendly Initiative

Country Background

Supportive quotes from the home nations:

England

'The benefits of breastfeeding are clear. As well as health benefits to mother and baby, increased breastfeeding rates contribute to reducing health inequalities through improved outcomes. Financially, high rates of breastfeeding not only result in savings to family budgets, but also to the public purse due to reduced service costs associated with dealing with health problems which occur more frequently when babies are not breast fed.'

Viv Bennett, Chief Nurse, PHE, July 2016¹

Northern Ireland

'Health Minister Edwin Poots has said that breastfeeding gives babies a great start in life. The Minister was speaking as he launched a new Breastfeeding Strategy for Northern Ireland.'

Edwin Poots, Health Minister, June 2013²

Scotland

'The launch of the Scottish Infant Feeding Survey shows that breastfeeding remains high on the Scottish Government's public health agenda, backed up by our fantastic selection of online resources for pregnant women, new mothers and the dedicated professionals who support them.'

Scottish government, June 2015³

Wales

'The Welsh Government recognises the importance of breastfeeding, and has tasked Public Health Wales, working in partnership with others, to address improving rates in Wales.'

Dr. Irfon Rees, Deputy Director, Public Health Division, July 2016⁴

Information sources

1. Public Health England/Unicef UK Baby Friendly Initiative (2016) *Commissioning infant feeding services: a toolkit for local authorities (Part 2)* Available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/538344/Commissioning_infant_feeding_services_a_toolkit_for_local_authorities_Part_2_.pdf

2. HSC Public Health Agency (June 2013) *Breastfeeding give babies a great start* Available at

<http://www.publichealth.hscni.net/news/breastfeeding-gives-babies-great-start-poots>

3. The Scottish Government (June 2015) *Breastfeeding Awareness Week* Was available at

<http://news.scotland.gov.uk/News/Breastfeeding-Awareness-Week-1a43.aspx>

4. Personal communication from Dr. Irfon Rees, Deputy Director, Wales Public Health Division, July 2016

Indicator 1

National policy, programme and coordination

Further detail on the Key Findings:

England

The Department of Health (DH) measures a broad range of indicators under the Public Health Outcomes Framework for England, enabling monitoring of progress year on year against key health outcomes. These are grouped under four domains:

1. improving the wider determinants of health
2. health improvement
3. health protection
4. health care, public health and preventing premature mortality.

As a specific indicator, monitoring breastfeeding (under Domain 2) recommends, but does not require, local authorities to prioritise breastfeeding support locally and to increase breastfeeding initiation and prevalence. This recognises that breastfeeding will:

- reduce illness in young children
- reduce hospital admissions and thus costs to the NHS, in the longer term
- reduce obesity and type 2 diabetes in childhood and in adults
- reduce high blood pressure and blood cholesterol levels.

However, incidence and prevalence at 6-8 weeks are the only data collected.

There is currently no national report on breastfeeding by the government and no plans to monitor progress on global agreements and national health goals.

The DH breastfeeding policy statement focuses on the department itself - support for the Baby Friendly Initiative, the Code, DH staff being supportive of breastfeeding and DH workplaces being breastfeeding-friendly¹.

Since 2011 there has been no national coordinator. From 2012-15 there was a National Infant Co-ordinating Group/Breastfeeding System Group which met quarterly and comprised representatives from the DH, NHS England, Public Health England, the National Child and Maternal Health Intelligence Network (formerly CHIMAT), Health Education England, Unicef Baby Friendly, iHV, RCM, Start4Life and NIFN. It was set up by the Department of Health to coordinate breastfeeding activity across England. Agenda items focussed on data monitoring and latterly also national breastfeeding celebration week. Relevant information from the committee was disseminated to/from National Infant Feeding Network (NIFN) members.

In 2012, the nine English regional infant feeding lead roles were dissolved as employed posts but continue as unfunded positions. NIFN was formed, comprising the regional leads and 700 infant feeding specialists and academics, responsible for the education and support of 75,000 health professionals, and 5,000 students across England and Northern Ireland, who in turn are responsible for caring for over 700,000 mothers and babies every year. Supported by Unicef UK,

the network shares and promotes evidence-based practice around infant feeding and very early childhood development to deliver optimum health and wellbeing outcomes for mothers and babies (and their families). Effective communication across the networks is co-ordinated by the nine regional leads, who provide representation of their member's views at national strategic level. For two years (2013-15) NIFN was hosted by BFI with a small grant of £30K from the Department of Health. Since 2015 BFI has continued to support administration of the network but with no government funding².

In 2015 the parliamentary 1001 Critical Days report, produced by the All Party Parliamentary Group Conception to Age 2 – The First 1001 Days, was produced. Key conclusions of the report are that local policies need to be built on a commitment to primary prevention and that, without intervention, there will continue to be high costs for society as intergenerational transmission of dysfunction continues³. Breastfeeding was added as a supplement to the report, having initially been overlooked⁴.

Northern Ireland

The Public Health Agency is tasked with leading implementation of the Strategy through a multi-disciplinary and inter-sectoral Breastfeeding Strategy Implementation Steering Group (BSISG) so N.I. has a multi-sectoral breastfeeding committee. Despite this work, Northern Ireland has the lowest breastfeeding rates in the UK and, while breastfeeding initiation rates increased markedly there from 36% in 1990 to 64% in 2010, in recent years the number of infants being discharged from hospital breastfeeding remains almost static and low at 46% (2014/15 figures). The Northern Ireland Breastfeeding Strategy seeks to address this issue through key Strategic objectives:

Outcome 1 - Supportive environments for breastfeeding exist throughout Northern Ireland.

Outcome 2 - Health and Social Care has the necessary knowledge, skills and leadership to protect, promote, support and normalise breastfeeding.

Outcome 3 - High quality information systems are in place that underpin the development of policy and programmes, and which support Strategy delivery.

Outcome 4 - An informed and supportive public.

The Breastfeeding Strategy Implementation Steering Group has ten separate workstrands involved in supporting action to address the strategic outcomes: Legislation, Workplace, HSC support, BFI, User Involvement, Professional development and education, Monitoring and indicators, Neonatal support, Research, Public information.

The 2012 document *Framework for Preventing and Addressing Overweight and Obesity in Northern Ireland 2012-2022* (DHSSPSNI, 2012) mentions achievement of the breastfeeding strategy actions as a factor in addressing obesity⁵.

Scotland

The 2011 Maternal and Infant Nutrition Framework is a ten year plan and includes two main outcomes:

- Our children have the best start in life and are ready to succeed.
- We lead longer, healthier lives.

It recognises that the NHS is uniquely placed to lead the way yet it does not have sole responsibility. As well as NHS Boards, the framework is aimed at local authorities, employers, the

community and voluntary sector and highlights the vital role of significant others on decisions parents make about feeding their children. The Government also aims to reduce health inequalities and there is a recognition in the framework that alongside improving "maternal and infant nutrition across the whole population, activities must be targeted to those most in need of support."

There are seven thematic action plans:

- Education, Training and Practice Development – all Boards have core learning programmes for staff.
- Baby Friendly Initiative – extremely successful; the Scottish Government funds a professional officer post.
- Policy Support – continual work for policy teams to update current policies and develop new ones.
- Communicating with our audiences – infant nutrition website went live in June 2016 and breastfeeding resources for parents were recently updated.
- Practical support for parents and carers - each Health Board receives government funding to support local activities, peer support and Infant Feeding Adviser posts.
- Supportive environments – all Boards encourage supportive environments eg through breastfeeding-friendly nurseries.
- Research, Monitoring and Evaluation – Boards have evaluated breastfeeding inputs and the Scottish Government has recently commissioned a Maternal and Infant Nutrition survey to measure the impact of many Framework objectives⁶.

There is a national coordinator and indeed there has been a Breastfeeding Coordinator post for several decades. The national committee is called the MINF Leads group; together they link with other sectors and communicate policy to regional and local level. Much of the work on breastfeeding specific objectives is discussed, undertaken and reported by the Scottish Infant Feeding Advisors' Network and the Scottish Unicef UK Baby Friendly group.

The Scottish Government recently hosted an initial meeting for government representatives from each of the four countries.

Wales

Work that has started to promote and normalise breastfeeding, and align health improvement support systems under the new arrangements, includes:

Early Years – a review of parent information; strengthening the Healthy and Sustainable Pre-School Scheme.

Educational settings – encouragement for Universities providing midwifery, health visiting or neonatal nurse education to become Unicef UK BFI-accredited; schools to be encouraged to present breastfeeding as the normal way for infant to be fed.

Nutrition and Obesity Prevention – breastfeeding to be promoted and encouraged through a wide range of professionals and settings through eg information for professional groups, tools, training.

NHS Settings – there is an ongoing commitment to supporting the Unicef UK BFI in maternity, health visiting and neonatal services; a report card will provide an overview of breastfeeding rates and be a means to share best practice and identify areas requiring additional support⁷.

To maximise health benefits, the Welsh Infant Feeding Guidelines recommend exclusive breastfeeding to 6 months and continued breastfeeding alongside solid foods to one year and beyond.

Information sources

1. DH (2015) *Breastfeeding Policy of the Department of Health* Available at <http://www.fhs.gov.hk/english/breastfeeding/files/bfpolicy.pdf>
2. BFI (2010) *Infant Feeding Networks* Available at <http://www.unicef.org.uk/BabyFriendly/Health-Professionals/Infant-feeding-networks/>
3. APPG Conception to Age 2 – The First 1001 Days (2015) *Building Great Britons* Available at <http://www.1001criticaldays.co.uk/buildinggreatbritonsreport.pdf>
4. Best Beginnings for the APPG campaign (2016) *The 1001 Critical Days: Breastfeeding Supplement* Available at http://www.1001criticaldays.co.uk/news_detail.php?id=49
5. NI Health, Social Services and Public Safety Dept. (2012) *A fitter future for all: Framework for Preventing and Addressing Overweight and Obesity in Northern Ireland 2012-2022* Available at: <https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/framework-preventing-addressing-overweight-obesity-ni-2012-2022.pdf>
6. Personal communication from Linda Wolfson, Maternal and Infant Nutrition Coordinator, Scotland, August 2016
7. Personal communication from Dr. Irfon Rees, Deputy Director, Public Health Division, July 2016

Indicator 2

Baby Friendly Initiative

BFHI Ten Steps to Successful Breastfeeding:

Every facility providing maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within half an hour of birth.
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practise rooming-in - that is, allow mothers and infants to remain together - 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Source: Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services , a joint WHO/UNICEF statement published by the World Health Organisation (1992).

Details of Unicef UK Baby Friendly Initiative training:

Training for healthcare staff is tailored to each service area. Core components covered by all staff include:

- understanding of the International Code of Marketing of Breastmilk Substitutes
- anatomy and physiology of breastfeeding
- how to support mothers and babies effectively
- feeding with infant formula
- effective communication
- fostering close and loving relationships between parents and babies

There is also additional content appropriate to the service area. For example:

- maternity staff are trained in newborn adaptation, prevention and management of hypoglycaemia, early breastfeeding issues
- health visiting staff are trained in managing weight loss, the appropriate introduction of solid foods, breastfeeding when returning to work
- neonatal staff are trained in effective expression of breastmilk, milk supply challenges, supporting the transition to breastfeeding, supporting close relationships when parents and babies are separated

- children's centre staff are trained in understanding professional boundaries and in appropriate referral pathways

There is no requirement for a set number of hours of education – instead, facilities must demonstrate that all the above standards are covered effectively within their programme¹.

Mother-friendly care, as described in the BFHI global criteria, is not specifically covered in the BFI standards as these already form part of routine care in the UK – the NMC Code puts the patient at the heart of care². Similarly, healthcare professionals in each of the four nations of the UK are required to follow their health department guidelines on HIV and infant feeding (see Indicator 8), so BFI has not included specific training on care of women with HIV in its current standards. However, the BFI website directs staff to up-to-date relevant information (see Indicator 8). Any new information is disseminated through NIFN, which also provides a forum to share good practice. In addition, the Baby Friendly process encourages services to have care pathways in place which direct mothers with HIV to support with infant feeding.

In order to meet Baby Friendly standards, university courses that train midwives and health visitors must demonstrate the following five themes are included³:

- understanding breastfeeding
- enabling mothers to breastfeed
- close and loving relationships
- managing the challenges
- communication

Information sources

1. BFI (2013) *Curriculum guidance document*

2. NMC (2015) *The Code: Professional standards of practice and behaviour for nurses and midwives* Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf>

3. Unicef UK (2014) *Implementing the UNICEF UK Baby Friendly standards in universities: Learning outcomes and topic areas* Available at http://www.unicef.org.uk/Documents/Baby_Friendly/Going%20Baby%20Friendly/University_learning_outcomes.pdf

Indicator 3

International Code of Marketing of Breastmilk Substitutes

Further details on violations:

Labelling of products

The UK Regulations prohibit idealising text and images on labels, but these are common. It remains to be seen whether the new *Improvement Notice* regime will be invoked and will be effective.



Danone's Aptamil has a shield to symbolise protection and a polar bear image. Its Cow & Gate logo is in the shape of a heart and the infant formula has a teddy bear. Nestlé's SMA logo incorporates a heart and breastfeeding mother.

The UK *Guidance Notes* from the Department of Health on how to interpret the current UK law explain that idealising images include *'baby or child related subjects and anthropomorphic characters, pictures and logos...'*. They state that the following are prohibited: *'Pictures or text which implies health, happiness or well being is associated with infant formula'* and *'graphics that represent nursing mothers and pregnant women'*.

Not only do the labels break these requirements, but companies have had ample opportunities to correct them as they regularly relaunch products.

Companies have been breaking labelling requirements since they were first introduced in 1995, without ever being prosecuted. Current labels break the requirement to ensure that infant formula and follow-on formula labels are clearly different. Infant formula cannot be promoted but a loophole in UK regulations allows advertising of follow-on milks. Companies label the products identically to make them cross promotional.



The Guidance Notes state what is required to comply with the legislation: *"the specific terms 'infant formula' and 'follow-on formula' should be clearly featured on the packaging, in a font size no smaller than the brand name.... The colour scheme used for infant formula packaging should be clearly different to the colour scheme of follow-on formula packaging. Using different shades of the same colour is not acceptable as it may lead to confusion."* Self-evidently, this guidance is being ignored, but no legal action has been brought to test whether a court agrees with this interpretation.

Promotion to the public

The Code prohibits promotion of all breastmilk substitutes, including infant formula, follow-on formula and so-called 'growing-up' milks. Article 11.3 calls on manufacturers and distributors to respect the Code's provisions independently of national measures. However, as legislation in the UK prohibits the promotion of infant formula only, companies advertise other products in the range with impunity. Even when they do promote infant formula in breach of the law, prosecutions have not been brought.

Examples in 2016 include Tesco promoting SMA infant formula with clearance displays in clear breach of the law. In launching SMA PRO, Nestlé informed health workers that babies fed on its current formula have *"protein intake in excess of requirements"*. Nestlé promoted the new formula with a press release of its own survey claiming: *"80% of mums surveyed did not know the impact of too much protein on their baby's growth"*. It promoted the SMA website, claiming SMA *"experts are passionate about educating mums on protein during the first 1,000 days of a baby's life, imparting this knowledge now can make a positive difference on babies' health that will last into their adult years."* This is an attempt to hijack the "First 1000 Days" health promotion message used by not-for-profit organisations, such as NCT, and promote the formula-branded subsidiary as the source of infant care information. The desire to educate pregnant women and new mothers did not extend to sharing Nestlé's information that existing SMA products had *"excessive"* protein, which was not mentioned in retailers' illegal clearance displays (see image of Tesco, North Shields, March 2016, infant formula alongside toddler milk in Part 1).

Danone, the world's second largest formula company, competes with Nestlé around the

globe. It struck back by relaunching Aptamil as Aptamil Pro. Special displays appeared in Boots stores across the country, with numerous reports of infant formula being included on the stands. Boots managers removed the infant formula when challenged, leaving follow-on formula and milks for older babies, which can be promoted under UK law, and are also widely advertised.

The marketing of feeding bottles and teats is not regulated at all in the UK, though this would be possible without conflicting with EU regulations, as there are none. This means advertising is widespread and does not even include warnings such as “breastfeeding is best”.

Targeting health workers

As well as parents, health workers are targeted. Formula marketing in the UK has become noticeably more aggressive since Nestlé entered the UK market in 2012 by taking over the SMA brand. It has recruited a national network of sales staff it calls Clinical Representatives, offering £40k/year + bonus. A job description in April 2015 states:

‘Working with the National Health Service at a territory level, you’ll be developing long-term, mutually beneficial relationships with key stakeholders and opinion leaders to support brand endorsement and strategically aligned education for Healthcare Professionals.’

So while health workers may think they are immune to pressure, the marketers think otherwise. The aim is to sell more products:

‘your role is to work on the designated territory, visiting hospitals, doctors, health visitors and community midwives to develop key clinical relationships within your local health economies, leading to opportunities for the SMA brand and Nestlé Nutrition.’

Many health facilities prohibit company representatives from meeting staff. Information can be provided to a designated expert who assesses it for accuracy and only communicates what is necessary. Nestlé, Danone and, more recently Hipp, try to bypass this restriction by organising their own study days.

Registrations for study days have to be made via branded websites where products are promoted. Guest speakers are used to entice health workers along, but the aim is to promote SMA formulas, for example with stalls and goodie bags. The example pictured shows how Nestlé uses the slogan “You’re doing great”, also used in its online and television advertising for the brand.



Health workers have even been invited on a three-day trip to Nestlé’s HQ in Switzerland for promotions on its formula - with a free afternoon and evening trip to a vineyard for dinner.

Indicator 4

Maternity protection

Employment tribunal ruling in favour of two breastfeeding mothers:

Taken from Unite's press release¹:

A landmark victory for two easyJet cabin crew will have wide implications for working women wishing to continue breastfeeding after their maternity leave ends, Unite, the country's largest union, has said.

With the support of Unite Legal Services two members of easyJet's Bristol based cabin crew, Sara Ambacher and Cynthia McFarlane, mothers of baby boys Sydney and Eli, took the low-cost airline to an employment tribunal claiming that easyJet's failure to limit their duty days to 8 hours to allow them to express milk or to offer them ground duties whilst they continued to breastfeed was discriminatory.

Today (Thursday 29 September, 2016) the employment tribunal in Bristol agreed, ruling that easyJet's failure to facilitate the mothers amounted to indirect sex discrimination and breached the Employment Rights Act under which the airline should have reduced the breastfeeding mothers' hours, found them alternative duties or suspended them on full pay.

Sara and Cynthia knew they weren't permitted to 'express' during a flight and so, on the recommendation of their GPs, they asked easyJet to roster them for a maximum of eight hours to enable them to express their milk either side of the shift.

easyJet turned down their request on health and safety grounds "primarily for their own safety" citing unforeseen delays as potentially resulting in them working beyond the eight hours.

The union says that curiously, the airline's solution was to offer Sara and Cynthia standard, unrestricted duty days of 12 hours which, evidently, would have significantly increased the risk of mastitis and painful, engorged breasts.

Although in their training literature easyJet recognises breastfeeding as being a 'globally recognised human right' where passengers are concerned, their position did not extend to its cabin crew.

The airline disregarded the advice of four GPs; failed to carry out their own risk assessments despite having a dedicated health and safety team and failed to send the women to be assessed by occupational health.

Instead, managers admit to Googling 'breast feeding risks' on the internet before coming up with a series of unworkable 'solutions' each of which involved Sara and Cynthia suffering a significant

detriment.

Following a number of grievances and the legal case being lodged by Unite Legal Services, easyJet agreed that the Unite members could do ground duties for six months. They were unwilling to extend the time period because they considered that the women's wish to continue breastfeeding was 'a choice'.

The union contends that in offering no solutions beyond those six months, the airline was essentially making the choice for them. Today the tribunal agreed, ruling that it was discriminatory to attempt to limit the time period during which the mothers could continue to breastfeed.

Unite legal officer, Nicky Marcus said: "We are delighted with employment judge R. Harper's ruling. It is a ground-breaking victory which has wider implications for all working women particularly those in atypical workplaces like cabin crew.

"The days of 'I'm going back to work so I will have to give up breastfeeding' are over. Unite has tens of thousands of female cabin crew members across the major airlines and we will be working with those airlines to ensure that they adopt policies and practices that reflect this ruling."

Information sources

1. Unite (2016) *easyjet breastfeeding ruling* is human rights victory Available at <http://www.unitetheunion.org/news/easyjet-breast-feeding-ruling-is-human-rights-victory-for-working-women-says-unite/#sthash.0dDa4i9n.dpuf>

Indicator 5

Health professional training

5.1 Standards and curricula for pre-registration health worker training

WBTi Assessment tool Annex 5.1: Education checklist of Infant and young Child Feeding topics¹

Standards and curricula were mapped against this checklist to identify matches and gaps, with the objectives specific to breastfeeding used for the table in Part 1.

Objectives (to be achieved by all health students and trainees who will care for infants, young children and mothers)	Content/skills (to achieve objectives)
Identify factors that influence breastfeeding and complementary feeding.	National/local breastfeeding and complementary feeding rates and demographic trends; cultural and psychosocial influences; common barriers and concerns; local influences.
Provide care and support during the antenatal period.	Breastfeeding history (previous experience), breast examination, information targeted to mother's needs and support.
Provide intra-partum and immediate postpartum care that supports and promotes successful lactation.	The Baby-friendly Hospital Initiative (BFHI), <i>Ten steps to successful breastfeeding</i> ; supportive practices for mother and baby; potentially negative practices.
Assess the diets and nutritional needs of pregnant and lactating women and provide counselling, as necessary.	Nutritional needs of pregnant and lactating women, dietary recommendations (foods and liquids) taking account of local availability and costs; micronutrient supplementation; routine intervention and counselling.
Describe the process of milk production and removal.	Breast anatomy; lactation and breastfeeding physiology.
Inform women about the benefits of optimal infant feeding.	Benefits of breastfeeding for infant, mother, family, and community; benefits of exclusive breastfeeding for 0–6 months; options and risks when unable to breastfeed.
Provide mothers with the guidance needed to successfully breastfeed.	Positioning/ attachment; assessing effective milk removal; signs of adequate intake; practise observing and assessing breastfeeding and suggesting improvements.
Help mothers prevent and manage common breastfeeding problems. Manage uncomplicated feeding difficulties in the infant and mother.	Normal physical, behavioural and developmental changes in mother and child (prenatal through lactation stages); feeding history; observation of breastfeeding; suckling difficulties; causes and management of common infant feeding difficulties; causes and management of common maternal feeding difficulties.

<p style="text-align: center;">Objectives (to be achieved by all health students and trainees who will care for infants, young children and mothers)</p>	<p style="text-align: center;">Content/skills (to achieve objectives)</p>
Facilitate breastfeeding for infants with special health needs, including premature infants.	Risk/benefit of breastfeeding/breast milk; needs of premature infants; modifications; counselling mothers.
Facilitate successful lactation in the event of maternal medical conditions or treatments.	Risk/benefit; modifications; pharmacological choices; treatment choices.
Inform lactating women about contraceptive options.	Advantages and disadvantages of various child spacing methods during lactation; counselling about LAM; cultural considerations for counselling.
Prescribe/recommend medications, contraceptives and treatment options compatible with lactation.	Compatibility of drugs with lactation; effects of various contraceptives during lactation.
Assist mothers to sustain lactation during separation from their infants, including during hospitalization or illness of mother or child and when returning to work or school.	Milk expression, handling and storage; alternative feeding methods; cup-feeding; cause, prevention and management of common associated difficulties such as low milk supply; coordinating out-of-home activities with breastfeeding; workplace support.
Explain the <i>International Code of Marketing of Breast-milk Substitutes</i> and World Health Assembly resolutions, current violations, and health worker responsibilities under the <i>Code</i> .	Main provisions of the <i>Code</i> and WHA resolutions, including responsibilities of health workers and the breast-milk substitute, bottles and teats industries; violations by infant food companies; monitoring and enforcement of the <i>Code</i> .
Describe what foods are appropriate to introduce to children at various ages and which foods are available and affordable to the general population.	Developmental approach to introduce complementary foods; foods appropriate at various ages; available foods and their costs; incomes of local families and how income levels affect their abilities to afford various foods.
Ask appropriate questions of mothers and other caregivers to identify sub-optimal feeding practices with young children between 6 and 24 months of age.	Growth patterns of breastfed infants; complementary foods: when, what, how, how much; micronutrient deficiencies/supplements; young child feeding history; typical problems.
Provide mothers and other caregivers with information on how to initiate complementary feeding, using the local staple.	Local staples and nutritious recipes for first foods; practise counselling mothers; common difficulties and solutions.
Counsel mothers and other caregivers on how to gradually increase consistency, quantity, and frequency of foods, using locally available foods.	Guidelines for feeding young children at various ages and stages of development; potential difficulties and solutions regarding feeding and weaning; Essential Nutrition Actions.

Objectives (to be achieved by all health students and trainees who will care for infants, young children and mothers)	Content/skills (to achieve objectives)
Help mothers and other caregivers to continue feeding during illness and assure adequate recuperative feeding after illness.	Energy and nutrient needs; appropriate foods and liquids during and after illness; strategies for encouraging child to eat and drink; local beliefs about feeding during illness; appropriate feeding support during hospitalisation; relactation.
Help mothers of malnourished children to increase appropriate food intake to regain correct weight and growth pattern.	Feeding recommendations for malnourished children; micronutrient supplements for malnourished children.
Inform mothers of the micronutrient needs of infants and young children and how to meet them through food and, when necessary, supplementation.	Micronutrient needs of infants and young children (iron, vitamin A, iodine, others); meeting these needs with food (breastfeeding and complementary foods); supplementation needs.
Demonstrate good interpersonal communication and counselling skills.	Listening and counselling skills, use of simple language, providing praise and support, considering mother's viewpoint, trials of new practices.
Facilitate group education sessions related to infant and young child nutrition and maternal nutrition.	Adult education methods; strategies for preparing and facilitating competency-based, participatory sessions.
Counsel mothers about prevention and reduction of mother-to-child-transmission of HIV/AIDS; options and risks of various feeding methods to consider when HIV-positive.	Modes of mother-to-child-transmission of HIV and how to prevent or reduce them; counselling confirmed HIV-positive mothers about feeding options and risks.
Provide guidance on feeding of infants and young children in emergencies and appropriate protection, promotion and support in these circumstances.	Policies and guidelines on feeding in emergencies; appropriate promotion and support; compliance with the <i>International Code of Marketing of Breast-milk Substitutes</i> and WHA resolutions.

Midwifery training

The NMC standards for pre-registration midwifery education (the Essential Skills Clusters) provide a good match to the Checklist, particularly in:

1. Communication
4. Initiation and continuance of breastfeeding
5. Medical product management

Gaps:

- Addressing women's nutritional needs
- Facilitating group education
- HIV/ AIDS
- Infant feeding in emergencies

Out of 52 university midwifery courses mentioned on the Baby Friendly website, 19 have full accreditation, 22 are working towards accreditation, 1 has it suspended and 10 are not yet on the ladder (2016).

Nurse training

The NMC standards specify that a nurse works in collaboration with a midwife to support breastfeeding and understand the impact of a breastfeeding mother's physiological state on drug responses and safety.

The main gaps, which would provide knowledge to underpin working alongside a midwife, would seem to be:

- Factors that influence breastfeeding and young child feeding
- Describing the process of milk production and removal
- Benefits of optimal infant feeding
- Effective positioning and attachment
- Contraceptive options
- Compatibility of drugs with lactation
- Sustaining lactation during separation of mother and baby
- Introducing complementary foods
- HIV and infant feeding
- Emergencies

Neonatal nurses care for newborn babies who have been born prematurely or sick (around 1 in 13 UK babies). A registered children's nurse, adult nurse or midwife can apply; following 6 months of relevant experience, the trainees are encouraged to take relevant modules, provided in partnership by the employer and local universities².

A registered child nurse, adult nurse, learning disability nurse or mental health nurse is eligible to become a practice nurse. Further training is required³. There are 31 NMC-approved courses in England, some as postgraduate diplomas, some BSc(Hons), some MSc⁴. RCGP's document *General Practice Nurse Competencies* (Dec. 2012) lists the competencies expected⁵. However, although health promotion, vaccination and breast cancer are listed, there is no mention of infant feeding.

Specialist Community Public Health Nursing (SCPHN) training

The NMC high level standards are due for review in 2017. The standards of proficiency are broad but include (p.9):

'to provide the specialist practice required to contribute safely and effectively to maintaining and improving the health of the public and communities,.....' and (p.12), the principle of 'Promoting and protecting the population's health and wellbeing'

Breastfeeding is mentioned once, in the glossary (p.22): 'Programmes or projects may be: those designed to increase social inclusion and promote health and social wellbeing for individuals such as, breastfeeding support,.....' The gaps in relation to the Checklist are therefore extensive and it is recommended that the SCPHN standards are brought in line with the midwifery standards.

With regard to BFI accreditation, out of 46 HV and SCPHN university courses in the UK (England has 36, Wales 4, Scotland 5 and Northern Ireland 1), only 6 (13%) are Baby Friendly accredited, with 11 (24%) working towards accreditation and no information about the remaining 29. Mapping of some non-accredited courses against the Checklist showed considerable variation; accreditation would provide consistency so it is recommended that all university SCPHN or HV courses work towards achieving this.

Baby Friendly standards require that:

Standard Two: All students are equipped with the knowledge and skills to support breastfeeding mothers

Standard Three: Provide teaching without involvement, sponsorship or promotional materials from the artificial feeding industry.

(Thanks to Richard Hatchett of the NMC who confirmed in a face validity exercise that the mapping of NMC standards was generally a fair match, but not endorsed it.)

Maternity support workers (MSWs)

An MSW works under the supervision of a registered midwife and helps care for mothers and babies, including promoting breastfeeding, reporting problems to a registered midwife or nurse. Training is provided on the job but there may be the opportunity to study for a qualification, eg CACHE level 2 Certificate in Healthcare Support Services or CACHE level 2 or 3 Diploma in Clinical Healthcare Support.

However, all newly employed MSWs will need to complete the Care Certificate or equivalent which has been developed jointly by Skills for Health, Health Education England and Skills for Care⁶. A new apprenticeship framework has been agreed which includes general competences such as person-centred care and effective communication but also specific ones. Pathway 2 is for MSWs and the relevant competences listed have been mapped against the Education Checklist.

Gaps:

- Factors that influence feeding
- Describe process of milk production and removal
- Inform women about benefits of optimal infant feeding
- HIV/ AIDS
- Infant feeding in emergencies

Undergraduate medical training

The GMC (General Medical Council) sets the high level outcomes for UK undergraduate medical education. These outcomes do not mention infant feeding explicitly but do include potentially relevant outcomes such as:

Outcome 1.8a. Explain normal human structure and functions.

Outcome 1.h Discuss the role of nutrition in health

Outcome 1.17. Prescribe drugs safely, effectively and economically.

Outcome 2.14. Diagnose and manage clinical presentations.

Outcome 2.15. Communicate effectively with patients and colleagues in a medical context.

(Source: GMC 'Outcomes for graduates (Tomorrow's Doctors)'⁷)

Each of the 33 medical schools in the UK (26 of them in England) sets its own curriculum, which must incorporate the GMC high level outcomes. One Medical School's curriculum was used as an example for the mapping but the findings are unconfirmed.

(For a list of UK medical school courses see the Medical Schools Council website⁸.)

Gaps:

- Intrapartum and immediate postpartum care that supports successful lactation (eg WHO/UNICEF Baby Friendly Initiative), practical and psychological.
- Benefits of optimal infant feeding.
- What helps successful infant feeding – effective positioning and attachment, and recognising effective milk removal.
- Common breastfeeding problems.
- Compatibility of drugs with lactation
- Sustaining lactation during separation of mother and baby

Recommendation: That the medical schools/GMC agree curriculum content concerning the basics of breastfeeding to be covered at undergraduate level (anatomy and physiology, effective attachment, health outcomes, drugs in breastmilk principles, WHA International Code, signposting, introducing complementary foods). This would be revisited and extended in the Foundation curriculum, which currently has no specific mention of breastfeeding or infant feeding⁹.

Postgraduate medical training - paediatrician

The guidance for the training to become a paediatrician is provided by the Royal College of Paediatrics and Child Health (RCPCH) in the *Curriculum for Paediatric Training, General Paediatrics, Level 1, 2 and 3 Training*, approved by the GMC for implementation from August 2015 (but also dated 2010)¹⁰.

The main gaps appear to be:

- Identify factors that influence breastfeeding and complementary feeding.
- Provide mothers with guidance to successfully breastfeed (positioning and attachment).
- Facilitate breastfeeding for infants with special health needs, including prematurity.
- Assist mothers to sustain lactation during separation from their infants.
- HIV/AIDS and preventing or reducing transmission.
- Feeding in emergencies.

Recommendation: that the RCPCH consider how best to address these gaps.

Postgraduate medical training – GP

Breastfeeding knowledge is underpinned by many curriculum areas: “The clinical and scientific knowledge base relating to breastfeeding can be found in many areas of undergraduate medical school curricula, including human physiology, endocrinology, anatomy obstetrics, paediatrics, nutrition, population health, infectious disease, pharmacology, prescribing and women’s health.”

(Statement provided by Dr. Ben Riley, RCGP Curriculum Medical Director)

The guidance for the training to become a GP is provided by the Royal College of General Practitioners (RCGP) in the document *Core Curriculum Statement: Being a General Practitioner (2015)*¹¹.

There are several relevant items:

Learning from other health professionals is discussed on p.6 with suggestions including spending time with midwives in antenatal clinics and health visitors in child health clinics.

Among the competences listed is that of providing high quality care to groups of patients, including new mothers (p.28).

Under the topic of clinical management, a GP is expected to demonstrate safe and appropriate prescribing.

The syllabus includes clinical modules (2015) which illustrate some of the areas of a clinical practice that a GP is likely to encounter but are intended as a guide. Trainees, with their trainers, identify their own learning needs. The mapping used the Clinical Modules 3.04, Care of children and Young People, 3.06 Women's Health and 3.08, Sexual Health. In 3.06, although pregnancy, women's health problems and conditions, antenatal care and breast cancer are mentioned, there is no specific mention of breastfeeding¹².

(Thanks to Kate Tunnicliffe, Postgraduate Training and Curriculum Coordinator/ Quality Assurance & Curriculum for her help with this.)

The main gaps in relation to the WBTi Education Checklist appear to be:

- Factors that influence (because expected to be covered at undergraduate level?).
- Provide care and support during the antenatal period.
- Immediate postpartum care that supports successful lactation (including Baby Friendly practices).
- Describe the process of milk production and removal (because expected to be covered at undergraduate level?).
- Provide mothers with guidance to successfully breastfeed (positioning and attachment).
- Facilitate successful lactation in the event of maternal medical conditions or treatments.
- Assist mothers to sustain lactation during separation from their infants (at least knowledge of).

Recommendations:

- That the RCGP recommend that breastfeeding specialists have input into GP training, providing content that is in line with Unicef BFI university curriculum guidelines.
- GP trainees observe a session at a specialist-led breastfeeding support service.
- All GP trainees complete the short Unicef e-learning module.

Postgraduate medical training – obstetrics and gynaecology

The guidance for the training to become an obstetrician is provided by the RCOG and approved by the GMC. The skills listed in the Core Module logbook were mapped against the WBTi Education Checklist¹³.

The main gaps appear to be:

- Factors that influence (may be covered at undergraduate level).
- Provide intrapartum and immediate postpartum care that supports successful lactation (including Baby Friendly practices).
- Describe the process of milk production and removal (covered at undergraduate level).
- Inform women about the benefits of optimal infant feeding (covered at undergraduate level).
- Provide mothers with the guidance needed to successfully breastfeed (particularly positioning and attachment) – this is devolved to midwifery colleagues.
- Prescribe/recommend medications, contraceptives and treatment options compatible with lactation (being addressed).

- Assist mothers to sustain lactation during separation from their infants (not required of trained obstetricians).
- Feeding options when HIV positive (will be included in curriculum revision).

Recommendations: That RCOG review the remaining gaps listed above and consider:

- Briefly revisiting content expected to be covered at undergraduate level to ensure a sound foundation.
- Include the theory of effective attachment at the breast to provide understanding of midwives' practical support to new mothers.
- Include information about expressing milk when mother and baby are separated so that its importance is appreciated

(Thanks to Nigel Davies and Sakinah Takeram of RCOG for their assistance.)

Dietitian training

All dietitian training courses are accredited with the BDA (British Dietetic Association) and approved by the HCPC (Health and Care Professions Council). The BDA guidance, *A Curriculum Framework for the pre-registration education and training of dietitians*, is high level and mentions communication skills but does not mention breastfeeding (review due 2018)¹⁴. Yet there are several items in the BDA curriculum which would be relevant if applied to infant feeding in Section 2 (Knowledge):

1. Prevention and treatment of disease
- 2d Optimising nutritional status
4. Health inequalities, public health.....
6. Nutritional science
7. Immunology
9. Psychology applied to health

A module descriptor, called Nutrition through the Lifecycle, was used for the mapping.

There are 14 universities in the UK which provide the training courses; these lead to at least an Honours BSc:

- 9 in England (Nottingham has an MSc course)
- 3 in Scotland
- 1 in Wales
- 1 in N.I.

Becoming a paediatric dietitian requires taking postgraduate modules. There is no set pathway so there could be considerable variation between the different courses, although the BDA Specialist Group runs and validates the course at Plymouth University. This course has extensive coverage across the modules, both in the context of dietary management of disease and as a public health issue, plus neonatal nutrition and has also been mapped against the Checklist objectives.

Gaps in relation to both the undergraduate module and the paediatric curriculum appear to be:

- Describing the process of milk production and removal.
- Understanding of the importance of positioning and attachment for successful breastfeeding.
- Feeding during illness.

Recommendation:

The BDA to consider making the relevance to infant feeding more explicit in the curriculum and address the specific gaps identified above.

(Thanks to Sue Kellie, BDA Deputy Chief Executive/ Head of Professional Policy, for her assistance.)

Pharmacist training

The General Pharmaceutical Council (GPhC) sets the high level standards for UK university pharmaceutical education¹⁵. These standards do not mention infant feeding explicitly but do include: 'evaluate the appropriateness of prescribed medicines'. Each of the pharmaceutical departments in the UK sets its own curriculum, which must incorporate the GPhC high-level standards, so there could be considerable variation between the courses. A written assurance was given about breastfeeding content:

"Breastfeeding and child health matters would be covered in a number of different areas within the undergraduate syllabus for the MPharm degree course. For example, this may be covered in:

- Immunology
- Nutrition
- Health promotion and public health

Students are also taught about national guidelines."

(Thanks to Paul Stern, Policy Manager (Education), GPhC, for his contributions to this information.)

IBCLC (International Board-Certified Lactation Consultant)

This training was included for comparison with the statutory health professional training and it shows that there is training available that meets all the Checklist objectives.

The qualification of IBCLC is gained by sitting an exam that covers information included in the International Board of Lactation Consultant Examiners (IBCLE)'s Detailed Content outline¹⁶ and Core Curriculum book¹⁷. There is no specific course that leads to the qualification of IBCLC.

5.2 Standards and guidelines for mother-centred childbirth procedures and support

WBTi Assessment Tool Annex 5.2: Examples of criteria for mother-friendly care¹⁸

A woman in labour, regardless of birth setting, should have:

- Access to care that is sensitive and responsive to the specific beliefs, values, and customs of the mother's culture, ethnicity and religion.
- Access to birth companions of her choice who provide emotional and physical support throughout labour and delivery.
- Freedom to walk, move about, and assume the positions of her choice during labour and birth (unless restriction is specifically required to correct a complication). The use of the lithotomy position (flat on back with legs elevated) is discouraged.
- Care that minimizes routine practices and procedures that are not supported by scientific evidence (e.g. withholding nourishment; early rupture of membranes; IVs (intravenous drip); routine electronic fetal monitoring; enemas; shaving).

- Care that minimizes invasive procedures (such as rupture of membranes or episiotomies) and involves no unnecessary acceleration or induction of labour, and no medically unnecessary caesarean sections or instrumental deliveries.
- Care by staff trained in non-drug methods of pain relief and who do not promote the use of analgesic or anaesthetic drugs unless required by a medical condition.

A health facility that provides delivery services should have:

- Supportive policies that encourage mothers and families, including those with sick or premature newborns or infants with congenital problems, to touch, hold, breastfeed, and care for their babies to the extent compatible with their conditions.
- Clearly-defined policies and procedures for collaborating and consulting throughout the perinatal period with other maternity services, including communicating with the original caregiver when transfer from one birth site to another is necessary; and linking the mother and baby to appropriate community resources, including prenatal and post-discharge follow up and breastfeeding support.
- A policy on mother-baby-friendly services (as outlined above) and staff who are trained to understand that the health and well-being of the mother, her fetus, her newborn, and the successful initiation of breastfeeding, are all part of a continuum of care.

5.3 In-service training programmes

The requirements of BFI mean that midwives and health visitors are required to receive basic in-service training in NHS trusts and boards with or working towards accreditation. BFI has also recently developed a 2 -day course for paediatric nurses, which should help to address the lack of pre-registration training for them¹⁹.

The Royal College of Midwives (RCM) provides online CPD called i-learn; one category is Nutrition and Obesity. The iHV provides online training for health visitors and also recommends all health visitors complete the BFI training or equivalent in-house version.

There are several resources available for GPs:

The BFI e-learning package; access had been granted for only about 10% (up to 6300 GPs out of the 60,000 registered and licensed in the UK) (personal communication).

Breastfeeding Network e-learning package which can be purchased by practices for £40

BMJ Learning has two modules on breastfeeding

Red Whale GP update courses include a one-day course on breastfeeding problems.

RCGP Learning may have relevant CPD opportunities

Relevant NICE Guidelines Clinical Knowledge summaries.

Some of the CPD events for dietitians have a paediatric focus.

5.7 Child health policies for mother and child staying together when one is sick

Results of surveymonkey on breastfeeding support on adult wards

Q1: Have you been a hospital in-patient (excluding maternity ward) in the past 5 years while

breastfeeding your baby/child?

Q2: Were you able to keep your baby/child with you at least most of the time?

223 responses: Y 148 (66%) N 75 (34%)

Results by age of child: Under 6 months Y 123 (81%) N 29 (19%)
6 months – 2 years Y 23 (36.5%) N 40 (63.5%)
Over 2 years Y 1 (14%) N 6 (86%)

Q3: Did you feel supported as a breastfeeding mother?

220 responses: Y 130 (59%) N 90 (41%)

Results by age of child: Under 6 months Y 93 (62%) N 57 (38%)
6 months – 2 years Y 32 (52%) N 30 (48%)
Over 2 years Y 4 (58%) N 3 (43%)

A selection of responses:

“When I first asked about expressing I was given a disposable bedpan and told I would have to throw the expressed milk as they had nowhere to store it.” (Child aged between 6 months and 2 years)

“They helped me try to understand the impact of my treatment on breastfeeding. In the end a doctor and I called the BFN Drugs and Breastfeeding helpline together to devise a plan. As my treatment involved radiation I was unable to feed or hold my children for 24 hours afterwards.” (Children aged between 6 months and 2 years)

“While the staff in the day were brilliant and very helpful and kind, I had awful experience overnight when I was on my own following surgery. I had to repeatedly ask for help to use the hospital pump which the day staff had organised - i knew I need to pump to avoid mastitis and because of the pain killers I had taken following surgery to pin my ankle. I was met with a total lack of support. I even had to ring my husband to ask him to ring the ward to bring the pump equipment to me (they ignored my requests). I had to lean awkwardly forward to pump as the leads were not long enough and they would not move it (I was bed bound). When I asked the milk to be disposed of the nurse was cross as though the whole exercise had been pointless - but I needed to pump to get rid of that milk. She wanted me to walk on my own to the bathroom - despite having just had ankle surgery. She also said I should just give my son formula. I was vulnerable and emotional and had been through a major accident and was treated with a total lack of compassion by the staff overnight and a total lack of understanding about my wish to continue feeding my son.” (Child aged under 6 months)

Q4: How old was your baby/child at the time that you were in hospital?

222 responses: under 6 months 152 (68.5%); 6mths - 2 yrs 63 (28.5%); over 2 yrs 7 (3%)

Q5: Do you have any other comments on your experiences as a breastfeeding mother in hospital?

A selection of responses:

“When I first had my son, we were in hospital for five days after. The care at this time was good. But when I needed to be in hospital overnight to investigate abdo pain, my baby had just turned one and was not even allowed to visit me on the ward...this I felt was not appropriate but at the time I was too ill to argue.”

“Everyone, without exception, was incredibly respectful of my privacy to express breastmilk, and had I have wanted to see or hold my baby while I was an inpatient I would have been able to. I was given time and advice from the head of Anaesthesiology on what pain meds I would be taking, and when it would be safe to feed. I was given a side room in the Neuro ICU and a side room on the ward so I could express in private. My dignity was always respected. I was treated with sensitivity and care and it was always acknowledged that I was a lactating mother separated from my young baby.”

“I asked for a side room but they said no. They wouldn't let him stay. I spoke to infant feeding coordinator who

eventually got a bed manager who let him stay for 6 hrs between visit as my supply was dropping and I threatened to leave. However she said my son was being manipulative as at 7mo didn't need bf alone. My son was not sitting, not ready for solids and I found this comment particularly disgusting and upsetting."

"My first admission was fine with baby & I was back home in less than a day. On my second admission, I was given medication that I couldn't breastfeed with & I had to go on a ward my baby wasn't allowed on too (had to leave her with relatives before I was admitted). I didn't know what to do about my breasts as they were full & painful. I didn't get any support about it. They said they could ask the labour ward to see if I can use an expressing pump but this didn't come to fruition & from 2 weeks old my baby had to go on formula."

"I was given a side room and offered frequent food and drinks and they tried to make my tests and scans around feeding, even the ambulance crew that took me in were fab with us both."

"Because my baby was over 6 months, I was just told to stop breastfeeding. I asked about breastfeeding with the prescribed medication, and was told to 'google whether it was ok'. When I did insist on alternatives (tramadol instead of morphine) I was successful, but had to fight hard (and no-one checked if I was correct). There were no breast pumps available. I couldn't use my breast pump because it hadn't been electrically checked by the hospital."

"On the whole my experience was a very negative one and I have been left slightly traumatised by it all. There is a serious lack of education and knowledge across the board of medical professionals when it comes to breastfeeding mothers in hospital. It made my time in hospital a whole lot more stressful than it had to be. It was only through sheer stubbornness and determination that I managed to continue to breastfeed my child."

"The staff were on my side and very supportive."

"There was a huge range in how I felt treated by staff, from staff who clearly found it not the norm and not what they were comfortable with to really supportive enthusiastic staff."

(Thanks to Helen Calvert for carrying out and analysing the survey)

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Indicator 6

Community-based support

UK-wide voluntary mother-support organisations

	NCT	Breastfeeding Network (BfN)	Association of Breastfeeding Mothers (ABM)	La Leche League GB (LLLGB)
Peer supporters	249 became accredited (OCN)	447 (OCN-accredited)	138 registered 73 in training	In partnership with Breastfeeding Lens
Breastfeeding counsellors	325 (as of autumn 2015)	171	70 registered 13 in training	253
Drop-in support groups	100+ Baby Café drop-ins	200+ drop-ins	None	12,000 mothers supported at meetings annually
Antenatal support	Yes - antenatal courses	Yes	No	Pregnant women are welcomed at meetings
Phone support	NCT helpline covers all aspects of pregnancy, birth and early parenthood	National Breastfeeding Helpline (including webchat)/Bengali helpline	National Breastfeeding Helpline (including web chat)	LLLGB 24-hour Helpline (10,000 calls annually)/Email and online help
Funding	Memberships Some commissioned services	Memberships Department of Health (NBH only) Some commissioned services	Memberships Department of Health (NBH only)	Memberships Donations
Other	Antenatal and postnatal yoga, baby massage, postnatal discussion groups, doulas	Drugs in Breastmilk Helpline run by pharmacist to advise mothers/health professionals on which drugs are safe to use while breastfeeding	Extensive breastfeeding information for mothers on website	Extensive range of leaflets on breastfeeding topics, available on LLLGB website, and books on parenting

Data apply to 2016

Summary of relevant NICE guidance

Sources	NICE guideline
PH11 Maternal and Child Nutrition, Recommendation 9	"Midwives and health visitors should ensure pregnant women and their partners are offered breastfeeding information, education and support on an individual or group basis. This should be provided by someone trained in breastfeeding management and should be delivered in a setting and style that best meets the woman's needs. A midwife or health visitor trained in breastfeeding management should provide an informal group session in the last trimester of pregnancy. This should focus on how to

	breastfeed effectively by covering feeding position and how to attach the baby correctly."
PH11 Maternal and Child Nutrition, Recommendation 10	"Ensure a mother can demonstrate how to position and attach the baby to the breast and can identify signs that the baby is feeding well. This should be achieved (and be documented) before she leaves hospital or the birth centre (or before the midwife leaves the mother after a home birth)."
PH11 Maternal and Child Nutrition, Recommendation 10	"Provide continuing and proactive breastfeeding support at home, recording all advice in the mother's hand held records. Provide contact details for local voluntary organisations that can offer ongoing support to complement NHS breastfeeding services."
PH11 Maternal and Child Nutrition, Recommendation 11	"[Commissioners and managers of maternity and children's services should] provide local, easily accessible breastfeeding peer support programmes and ensure peer supporters are part of a multidisciplinary team. Ensure peer supporters contact new mothers directly within 48 hours of their transfer home (or within 48 hours of a home birth). [Ensure peer supporters] can consult a health professional and are provided with ongoing support"
CG37 Postnatal care up to 8 weeks after birth	"From the first feed, women should be offered skilled breastfeeding support (from a healthcare professional, mother to mother or peer support) to enable comfortable positioning of the mother and baby and to ensure that the baby attaches correctly to the breast to establish effective feeding and prevent concerns such as sore nipples."
CG37 Postnatal care up to 8 weeks after birth, Quality Statement 5	"All maternity care providers (whether working in hospital or in primary care) should implement an externally evaluated, structured programme that encourages breastfeeding, using the Baby Friendly Initiative as a minimum standard. If providers implement a locally developed programme, this should be evidence based, structured, and undergo external evaluation. The structured programme should be delivered and coordinated across all providers, including hospital, primary, community and children's centre settings. Breastfeeding outcomes should be monitored across all services."
CG37 Postnatal care up to 8 weeks after birth, Quality Statement 5	"All people involved in delivering breastfeeding support should receive the appropriate training and undergo assessment of competencies for their role. This includes employed staff and volunteer workers in all sectors, for example, hospitals, community settings, children's centres and peer supporter services."
CG37 Postnatal care up to 8 weeks after birth, Infant Feeding	"Healthcare professionals should have sufficient time, as a priority, to give support to a woman and baby during initiation and continuation of breastfeeding."

PH = Public Health Guideline

CG = Clinical Guideline

Cuts to breastfeeding support services (England)

Breastfeeding Support Services Cuts*	Infant Feeding Lead cuts**
<ul style="list-style-type: none"> • Basildon, Brentwood & Thurrock – parenting support programme cut and breastfeeding peer supporters out of children’s centres cut (2015/16) • Bournemouth and Poole – trained lactation consultants and breastfeeding counsellors replaced with volunteer peer supporters (2016) • Bradford – breastfeeding support service cut (2015) • Brent – borough-wide peer support ended (2015) • Brighton and Hove – targeted home visiting service in deprived area of East Brighton cut (2016) • Cambridgeshire – all funded breastfeeding support groups closed • Derbyshire – proposed closure of 32 children's centres, where breastfeeding support groups are held • Enfield – NCT peer support training ended (2015) • Essex – county-wide peer support services to close by July 2016 • Gloucestershire – 30 out of 46 children's centres to close. Breastfeeding drop-ins at centres closed (2016) • Greenwich – NCT breastfeeding support ended (2015) • Hampshire – of 23 breastfeeding support groups in county just to 3 remain open for next 6 months (2016) • Kenilworth – NCT breastfeeding drop-ins closed (2015) • Lancashire – many peer support groups closed (2015) • Lewisham – Baby Cafes and peer support cut (2016) • Middlesbrough – peer support volunteers cut (2016) • Milton Keynes – no funding available for Breastfeeding Café (2017) • Northamptonshire – Baby Café closed in (2016) • Oxfordshire - Funding cut for 8 Baby Cafes, and 44 children's centres closing (2016) • Peterborough – NCT peer support service under threat due to budget cuts • Salford – NCT peer support training ended (2015) • Sefton, Merseyside – peer support service terminated (2016) • Southwark and Lambeth – breastfeeding support service at King’s College Hospital Trust closed (2015) • Stoke-on-Trent – 24-hour phone support reduced by 75%, • Tamworth, Staffordshire – peer support home visits cut (2015) • Wrexham – all funding for training and reimbursing breastfeeding volunteers cut (2016) • Breastfeeding Network reports areas under threat of imminent closure – North Lancashire; Reading, Wokingham and West Berkshire; Tameside and Glossop; Gloucestershire; London Borough of Hackney; London Borough of Homerton; Gosport and Havant; Windsor, Ascot and Maidenhead; Bracknell Forest • Baby Cafes (run by NCT) dropped from 97 in late 2014 to 64 in late 2015 	<ul style="list-style-type: none"> • Berkshire Healthcare (NHS) Foundation Trust – Health Lead post cut (2016) • Brighton Moulsecoomb Children's Centre - lead role cut by 15.5 hours (2015) • Dorset Healthcare – 6 Breastfeeding Counsellor roles cut (2016) • East Sussex Healthcare NHS Trust – infant feeding specialist post cut from 37.5 hour to 18.75 hours. (2015) • Farnham Hospital – infant feeding post cut from 37.5 hours to 22 hours (2016) • Great Western Hospitals NHS Foundation Trust – breastfeeding peer support coordinator role cut (2016) • Ipswich Hospital NHS Trust – breastfeeding coordinator role in West Suffolk hours cut (2013) • Lancashire – team of 5 cut to 2, covering the whole of the Lancashire community (2016) • North Cumbria – infant feeding lead role cut by 2 days (2013) • North Tyneside – 1x full time IFC and 1x 22.5hrs IFC and 1 x part time Breastfeeding Support Worker roles cut (2014) • Northumbria Healthcare Trust – 1 full time Infant feeding lead and 2 part time Infant feeding supporters roles cut (2016) • Peterborough Bretton Medical Practice – infant feeding lead role cut from 30 to 15 hours • South Tyneside NHS Foundation Trust – Community Midwife role cut (2016) • Stockton on Tees Community Services – 1 infant feeding lead role cut (2016) • Stoke-on-Trent – community infant feeding team reduced from ten people to two (2016) • Torquay Women's Health Unit – infant feeding specialist midwife post reduced from full time to 30 hours. (2015) • Wrexham – infant feeding lead role cut from Band 7 to Band 6 (2016)

*Some of the services closing are exemplary and include case studies highlighted by NICE as examples of best practice

**This is a small sample of the cuts being faced across the 700 infant feeding leads/coordinators countrywide

Case studies of two areas (England)

Case study 1 – Brighton Breastfeeding Initiative

The Brighton Breastfeeding Initiative has been running for 8 years, and is a successful, integrated breastfeeding support service for all mothers in the Brighton and Hove area of southeast England. The city has the highest exclusive breastfeeding rates, and the 4th highest rate for any breastfeeding, in the country (at 6–8 weeks). Over the last 6 years, breastfeeding rates at 6–8 weeks have increased from 69.3% to 75.7%. In 2014–15, this rate increased by 2% at a time when they fell by 2% to 43.8% in England.

The service is run by two specialist breastfeeding co-ordinators, with the IBCLC qualification, who provide training for health visitors, children's centre staff as well as volunteer peer supporters. While the service is not formally accredited by the Unicef Baby Friendly Initiative, it follows the same principles and is regularly evaluated. Within the health-visiting service there is a network of Breastfeeding Champions, who work alongside peer supporters at breastfeeding support drop-in sessions.

Peer supporters receive a bespoke 22.5-hour training course, tailored to local needs, and attend monthly supervisions. They provide support in the postnatal wards of the local maternity hospital, where they are welcomed and valued by midwives and staff, and also in the 9 community drop-in groups. There are clear referral pathways for more complex cases, and one of the drop-in groups is a specialist service run by a qualified lactation consultant (IBCLC).

For a few years there has also been a targeted home-visiting peer-support service for the deprived area of East Brighton, alongside additional training for children's centres in that area. This has been particularly successful, with breastfeeding rates increasing by 10% in one local area. While there are stark differences in the breastfeeding rates between this and the more affluent areas of Brighton, inequality has fallen by almost one-third – from 42.2% to 30% – in the last two years. However, this targeted service was cut by the local authority in the budget cuts announced in April 2016.

Case study 2 – London Borough of Harrow

Harrow is a multi-ethnic London borough with high infant mortality rates and areas of deprivation and poverty. In 2006, the Director of Public Health identified breastfeeding as a top priority for the area. A multi-professional approach was adopted, with Harrow Community Health Services working with the local hospital to improve breastfeeding rates. With experienced infant feeding leadership in place, Unicef Baby Friendly training was commissioned for midwives, health visitors and support staff in 2007. A peer-support training programme began, and mothers were recruited from a local support group.

A network of breastfeeding support groups located in children's centres, was established so that there is now one every day within walking distance for all mothers. In 2008, Bump to Breastfeeding DVDs were given to every pregnant woman by midwives, health visitors and peer supporters. Harrow community health services achieved Baby Friendly accreditation in 2012, and the local hospital gained the award in 2013.

There is a large Somali community, and support is also available in their own language. Specialist support is also available for mothers breastfeeding twins and triplets.

By 2010, breastfeeding initiation rates had risen to 82%, and breastfeeding at 6–8 weeks had risen to 73%. In 2013, this had risen again, with 87% of mothers initiating and 75% breastfeeding at 6–8 weeks (50% exclusively). This is one of the lowest drop-off rates in the UK. In re-accrediting Harrow as Baby Friendly in 2014, Unicef stated that it is the only local authority in the UK where breastfeeding is the 'normal way to feed babies'.

Information sources

1. NICE (2008) *Maternal and child nutrition* [PH11] updated 2014 Available at <http://www.nice.org.uk/guidance/ph11>
2. NICE (2006) *Postnatal care up to 8 weeks after birth* [CG37] updated 2015 Available at <https://www.nice.org.uk/guidance/qs37>

Indicator 7

Information support

Sources of information:


Governmental Sources of Information			
Source	Title	Comment	Link
The Public Health Agency Northern Ireland	The Pregnancy Book Birth to Five	The Pregnancy Book and Birth to Five are available on-line or in printed version for first time mothers in N.I. Both are updated annually.	http://www.publichealth.hscni.net/publications
The Public Health Agency Northern Ireland	Off to a Good Start and other titles	Good breastfeeding information to parents and also employers	http://www.publichealth.hscni.net/publications
Public Health England (NHS UK)	Birth to Five	The Birth to Five Book is available on-line but has not been updated.	http://www.locala.org.uk/fileadmin/Locala/documents/Other/Birth to Five.pdf
Public Health England (NHS UK)	Start 4 Life (numerous sub-titles)	Start4Life provides information for mothers, fathers and health professionals. The website states that it is fully supported across government, and is built on the latest research by the World Health Organization. It is fully aligned with NICE guidelines and BFI.	http://www.nhs.uk/start4life
Health Scotland	How to Guides	Health Scotland is producing a variety of materials, such as Ready Steady Baby and Off to a Good Start, plus this series of How to Guides on breastfeeding	http://www.readysteadybaby.org.uk/ http://www.healthscotland.com/documents http://www.feedgood.scot/how-to-guides
Healthier Scotland (Scottish Government)	Professional Training materials are being developed	Healthier Scotland is producing staff training materials and supporting the development of parent tools including the Parenthood Education courses.	http://www.feedgood.scot/sites/default/files/Newsletter%20June%2016%20V4.compressed.pdf
NHS Wales (in Welsh and in English)	Benefits of Breastfeeding; Myths about breastfeeding; Guide to Breastfeeding;	A review of parent information has been commenced to ensure consistent, accurate messages are available to parents in a format and at a time that supports them in making healthy choices and giving their child the best	http://www.wales.nhs.uk/sitespl us/888/tudalen/61625 http://www.wales.nhs.uk/sitespl us/888/page/61619

	Stories from Real Mums; Contacts in your area	start in life.	
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Professional Organisations of Healthcare providers

Source	Title	Comment	Link
The Royal College of Midwives (RCM)	Infant Feeding	An honest examination of the difficulties midwives face when doing their best to support mothers in their feeding choices (May 2014)	https://www.rcm.org.uk/sites/default/files/Pressure%20Points%20Infant%20Feeding%20Final_0_0.pdf
The Institute of Health Visiting (iHV)	Breastfeeding Benefits and Frequently Asked Questions; Postnatal Information	Both links refer to UNICEF guidance. Postnatal guidance refers to dose response benefits of breastfeeding without the dose-response down-side (apart from possible impact to supply) of administering artificial milks.	http://ihv.org.uk/wp-content/uploads/2015/10/01-PT_BF-Benefits-and-FAQs_June16_Web_2.pdf http://ihv.org.uk/wp-content/uploads/2015/09/02-GPP_postnatal-BF.pdf
Lactation Consultants of Great Britain (LCGB)	Resources and links	Information and links to all UK support groups, plus links to specialist support for milk banking and tongue-tie. There is information for families who wish to explore the possibility of breastfeeding their baby when the mother has a diagnosis of HIV. LCGB also provides links to multiple sites run by breastfeeding specialists with wider information for parents and health professionals.	http://www.lcgb.org/resources/hiv-breastfeeding/ http://www.lcgb.org/resources/links/

Sources of Non-Government Organisations (NGOs) / charities / mother support organisations, both published and online Information (in alphabetical order)

Source	Title	Comment	Link
The Association of Breastfeeding Mothers	Numerous titles	The Association of Breastfeeding Mothers provides accurate information in books and leaflets, including those for twins, fathers and grandparents	http://abm.me.uk/breastfeeding-information/
Baby Feeding Law Group	Various monitoring reports	Baby Feeding Law Group is a coalition of health professional and civic society organisations that campaign for changes in the UK law upholding the International Code of Marketing of Breast-milk Substitutes, and publish regular monitoring reports on violations of the WHO Code.	http://www.babyfeedinglawgroup.org.uk
Baby Milk Action	Numerous titles	The UK arm of the International Baby Food Action Network (IBFAN). Distributes information on baby feeding industry marketing and the International Code, as well as annual World Breastfeeding Week material from WABA (the World Alliance for Breastfeeding Action). Coordinates campaigns calling for the elimination of commercial sponsorship of infant feeding information (see link for Baby Feeding Law Group and Baby Milk Action responses to consultation on commercial partners for Start4Life	http://info.babymilkaction.org/node/249 http://info.babymilkaction.org/node/252 http://www.babyfeedinglawgroup.org.uk/sites/babyfeedinglawgroup.org.uk/files/BMC_BFLG_response_S4L.pdf
Best Beginnings	Baby Buddy App 	Baby Buddy App –produced by Best Beginnings is an interactive app, that is fun for young mums to use and the ‘buddy’ will answer frequently asked questions. It gives daily updates on baby’s development in pregnancy and after birth. Sensitive content on maternal mental health for both parents and for health professionals is under development. The app contains information on common problems. The information on breastfeeding is awaiting updates through a review panel from the UK breastfeeding organisations.	https://www.bestbeginnings.org.uk/baby-buddy https://www.bestbeginnings.org.uk/
Best Beginnings	Small Wonders – DVD and online films	The DVD ‘Small Wonders’ (parent-centred care for babies in neonatal units) has had positive, academic evaluation. Short films include good information on expressing milk and parents having skin-to-skin contact (kangaroo care) with preterm babies, and are also available online	https://www.bestbeginnings.org.uk/small-wonders
The Breastfeeding	Numerous titles	Good information sheets especially on problems such as mastitis and thrush. A	https://www.breastfeedingnetwork.org.uk/publications-leaflets/

Network		qualified pharmacist oversees a “drugs in breastmilk” helpline and a range of information sheets on the effects of various drugs in breastmilk that are evidence based and regularly updated	https://www.breastfeedingnetwork.org.uk/shop/breastfeeding-and-mastitis/
First Steps Nutrition Trust	Numerous titles	Provides a regularly updated guide for health professionals which summarises the composition of infant milks available in the UK. Also provides information on specialised milks, fortified milks for older children and on making up milks safely. Supports health professionals to work within the <i>Code</i> .	http://www.firststepsnutrition.org/newpages/Infant_Milks/infant_milks.html
La Leche League	Numerous titles	Books and leaflets cover all aspects of breastfeeding and include clear explanations that are accessible to mothers and health professionals. LLL topics are also available online.	https://www.laleche.org.uk/our-books-and-leaflets/
LIFIB: Local Infant Feeding Board	Specialist review material – numerous titles	A panel of infant feeding specialists reviews material from baby feeding companies and prepares briefing on scientific and factual components for distribution to health professionals, as recommended by the International Code. This allows health professionals to access up to date information on baby feeding products without undue marketing pressure from industry representatives.	http://lifib.org.uk
Multiple Birth Foundation	Numerous titles	Multiple information sources on the specialist requirements of multiple pregnancies and postnatal care, for parents and health professionals	www.multiplebirths.org.uk
NCT	Numerous titles	Produces good information on all aspects of infant feeding. NCT provides antenatal courses offering face-to-face, evidence-based, information on breastfeeding.	https://www.nct.org.uk/parenting/breastfeeding-concerns https://www.nct.org.uk/parenting/how-breastfeed
Real Baby Milk	Numerous titles	Produces DVDs, leaflets and on-line information which is useful for teaching health professionals and parents	http://realbabymilk.org/shop/
Telephone Helplines	National Breastfeeding Helpline is run by members of ABM and BFN.	The NCT, La Leche League, Association of Breastfeeding Mothers and the Breastfeeding Network also each run their own helpline. BfN also run a helpline in Bengali / Sylheti and a ‘Drugs in Breastmilk’ information and helpline. The National Breastfeeding Helpline is supported by Public Health England and the Scottish Government.	http://www.thebabycafe.org/breastfeeding-help/2-helpline-numbers.html ‘Drugs in breastmilk’ information and helpline
Twins and Multiple Births Association	Numerous articles and fact sheets	Information on pregnancy, parenting, ante-natal courses and local support	www.tamba.org.uk

(TAMBA)			
UNICEF	Numerous leaflets, videos and website	Evidence-based and universally applicable information on all aspects of infant feeding	http://www.unicef.org.uk/Documents/Baby_Friendly/Guidance/sample%20formula%20guide.pdf

Indicator 8

Infant feeding and HIV

Indicator 9

Infant and young child feeding during emergencies

Further example of best practice

A pilot is being developed by Leicester, Leicestershire and Rutland 'Prepared and ResiliencePartnership'. It will include guidance for Fire and Rescue Services and for the Resilience and Emergency Forum with regard to preparations for emergency situations of differing magnitude, along with revised information for families in the face of emergency situations.

Information sources

1. LLR Prepared (2016) *Aware and prepared* Available at www.llrprepared.org.uk

Indicator 10

Monitoring and evaluation

Indicators 11-15

Feeding practices

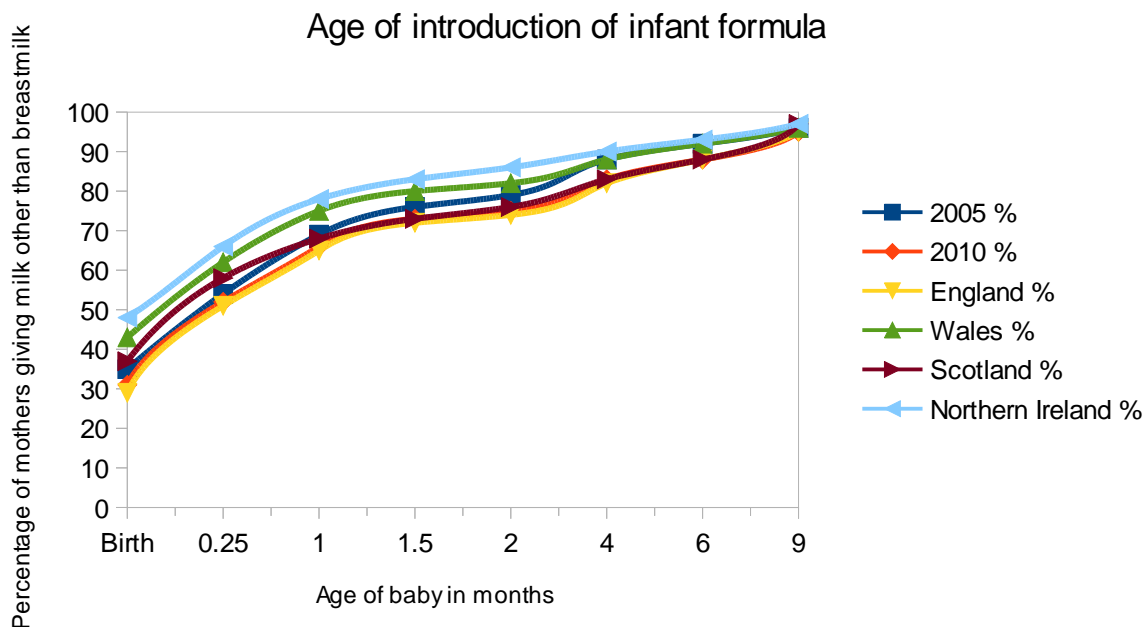
Indicator 11: Early initiation of breastfeeding

Indicator 12: Exclusive breastfeeding for the first six months

Indicator 13: Median duration of breastfeeding

Indicator 14: Bottle feeding

Graph of introduction of formula by age of infant:



Indicator 15: Complementary feeding

