Infant feeding support competencies

For individual assessment

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Written on behalf of the Breastfeeding Alliance:

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Part one

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Introduction

Despite considerable evidence showing the better health outcomes, both physical and mental, associated with breastfeeding compared to formula feeding, many women in the UK stop breastfeeding before they wish. This is very likely to indicate a lack of support. Effective support with infant feeding, however the baby is fed, can aid the development of a responsive relationship between parents and baby, assisting bonding (secure psychological attachment). Women and families may need support from a range of professionals and trained volunteers, particularly with breastfeeding, so it is important that the scope and skills of each role are clear, aiding commissioners and service planners to design appropriate services.

Purpose of the document

To set out the range of knowledge, skills and attributes used by the infant feeding support workforce and map the competencies of different roles, thus identifying both shared knowledge and skills and the differences between roles, highlighting their unique characteristics.

Scope

This document identifies the competencies required to meet the range of feeding support needs of the mother and child throughout their infant feeding journey, and including any use of infant formula and introducing solid food.

Aims

For the Framework to be used as a tool to improve care and support, raise the perceived value of the infant feeding workforce and aid commissioning and service decisions.

Development of the Competencies Framework

A working group comprising members of third sector organisations, some of whom are also health professionals, drew on existing documents to develop the draft Framework. Relevant organisations and individuals were invited to give feedback on the draft document and subsequently map their own training against the competencies. This mapping was reviewed by the working group.

UK context

Breastfeeding was undermined in the 20th century in the UK, by factors such as the increased use of infant formula, hospital practices and loss of wisdom about breastfeeding in many families and communities.

At present, there is a multi-faceted infant feeding support landscape with a range of providers, both health professional and third sector, ranging from offering primarily social support to highly skilled guidance, yet there are often gaps in care and a lack of integration of services.

Breastfeeding support and different ways of working

Support services for infant feeding are offered by midwives, health visitors, GPs, lactation consultants, breastfeeding counsellors, infant feeding support workers and volunteer or paid peer supporters. Different roles tend to use different approaches.

The 'medical model' focusses on diagnosis of specific problems and using technical expertise to address them. What we have described as 'health professional care' involves a more holistic approach of patient-centred, health-focussed care. With both these approaches, there is no set requirement to explore the impact of personal experiences of infant feeding on practitioners or their clinical practice.

The person-centred approach of breastfeeding counsellors is a humanistic counselling approach in which the aim is to support the mother in working towards her goals. Lived experience of breastfeeding and exploration of the impact of such personal experiences are crucial. This approach is also the basis of peer supporter training provided by third sector organisations. IBCLCs straddle person-centred and health professional approaches; personal experience of breastfeeding is not a prerequisite.

Recommendations for future development

The statutory services, midwifery and health visiting, provide an essential part of infant feeding support, but some mothers need additional support. Our recommendations are categorised as:

- Workforce planning – roles and career progression
- Commissioning and service provision
- Integrated working
- Training, programmes and transferability of qualifications

Role descriptions

The pre-requisites for training, broad features of the training and assessment, provider of the qualification and requirement for maintaining the qualification are described for a range of roles.

Competencies and mapping

There is a detailed list of competencies covering values, knowledge, skills and attributes. Mapping was carried out for the five main roles providing infant feeding support – volunteer peer supporter, breastfeeding counsellor, IBCLC, health professional trained to BFI standard and support worker (which includes the paid peer supporter role).

All these, apart from some support workers, have a specific training and qualification in supporting breastfeeding. Infant feeding leads and peer support coordinators were not included in the mapping as there is no required training or qualification for either role.

Inclusivity statement

This document describes a set of competencies (knowledge, skills and attributes) required by practitioners providing support with infant feeding.

We include all individuals and families receiving support with milk feeding their babies and young children, *irrespective of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation*, as protected under the Equality Act 2010 (UK Government, 2010). We recognise that people with protected characteristics may need specific support.

Recognising that there is much diversity in family structure and individual circumstance, we use the terms *parent, mother, father, and infant*, welcoming every parent's preferences for the terms they use to describe themselves. We use the term *breastfeeding*, recognising that parents may choose to use other terms, for instance *body-feeding*, *chest-feeding* or nursing.

In line with the NICE Postnatal Care guideline, the term *woman* or *mother* is used throughout and is *taken to include people who do not identify as women but are pregnant or have given birth. Similarly, where the term parents is used, this should be taken to include anyone who has main responsibility for caring for a baby.* (NICE, 2021).

As described in the *Lancet Series* 2023 *we use the terms women and breastfeeding throughout this* [document] *because most people who breastfeed identify as women; we recognise that not all people who breastfeed or chestfeed identify as women* (Baker et al, 2023).

The best quality support is culturally sensitive and tailored to meet each individual's needs (Gavine et al, 2022).

Introduction

The need for infant feeding support

The importance of breastfeeding as a public health issue is supported by national and international infant feeding guidance. The 2016 and 2023 Lancet Breastfeeding Series set out further the extensive evidence base (*The Lancet*, 2016), (Perez-Escamilla et al, 2023). Being breastfed is in the best interests of the child, as stated in the United Nations Convention on the Rights of the Child (UNCRC), which also protects their right to good healthcare (UN, 1989). Scotland is set to become the first country in the UK to incorporate the UNCRC directly into domestic law and is well-placed for scaling up support for breastfeeding (McFadden et al, 2022). Breastfeeding is not the sole responsibility of women and requires policy guidance and society's support.

The latest (2010) UK National Infant Feeding Survey showed that 8 out of 10 women stopped breastfeeding before they wanted to (McAndrew et al, 2012). The Becoming Breastfeeding Friendly (BBF) and World Breastfeeding Trends Initiative (WBTi) assessments and reports show that whilst many factors influence breastfeeding rates, skilled support is key (BBF, 2021), (WBTi, 2019).

For a new mother, developing a feeding relationship with her baby is a dominant feature of early postnatal life, regardless of how she is feeding her baby. When breastfeeding is going well, mother and baby develop a sense of security and enjoyment in their bond. The baby develops their primary attachment and forms a trusting relationship that impacts positively on infant mental health and emotional development (Hardin et al, 2021).

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The mother may have emotions such as joy and pride, helping to increase her confidence and feeling of empowerment, which can help protect her mental and emotional wellbeing (Kendall Tackett, 2007), (Borra, 2015). However, when a woman is unable to meet her breastfeeding goals, she may experience guilt, a sense of failure or a deep feeling of loss (Brown, 2018).

The biological drive to breastfeed can be strong, and this may not be acknowledged (ibid). Even when breastfeeding is going well, mothers have to navigate social and cultural pressures, opposing their wish to continue breastfeeding.

Breastfeeding is a biocultural behaviour; therefore biological, psychological, cultural and social factors need to be considered when offering effective breastfeeding support (Smith et al, 2018). Feeding a baby is an integral aspect of parenting with cultural attitudes and practices embedded within it. These are intergenerational and can vary within and between communities.

Breastfeeding is much more than the transfer of milk from mother to infant; it is also a way of establishing a close relationship, providing love, security, comfort and communication. The physical closeness and skin contact help to create a bond (Bergman, 2004), (Moore, 2016). The unique composition of human milk optimises the baby's growth and development, particularly of the brain, immune system and gut microbiome.

The maternal and infant hormones involved in breastfeeding provide an optimal environment for building brain connections, establishing a good foundation for infant, child and adult mental health. Bottle feeding can also enable the development of a responsive relationship between parent and the baby, by feeding to cue, having skin to skin contact, holding the baby close and using responsive bottle feeding.

Photo: Medway Beside You normalising breastfeeding campaign

Women and families may need support from a wide range of professionals and trained volunteers, and it is important that everyone appreciates what each role can provide. In order to design appropriate services and evaluate them, policy makers and commissioners need to understand the scope and skills of each role.

Women who are socio-economically vulnerable face social, structural, geographical and institutional barriers that undermine their right to breastfeed, thus perpetuating breastfeeding inequities (Vilar-Compte et al, 2022).

Furthermore, the impact of those involved with infant feeding support roles is far-reaching, influencing community and government multi-agency strategy and policies, including on wider health issues, food security and emergency preparedness. Supporting breastfeeding and wider aspects of infant feeding is therefore a community action.

Purpose, scope and aims

Purpose of this Infant Feeding Support Competencies Framework

This Infant Feeding Support Competencies Framework sets out the range of knowledge, skills and attributes required by the UK infant feeding support workforce. This workforce includes breastfeeding peer supporters, breastfeeding counsellors, IBCLCs (lactation consultants), health professionals and infant feeding support workers / employed peer supporters.

The competencies are mapped against these five different roles/group of similar roles; for health professionals this was limited to those trained to BFI standards. The purpose of the Framework is to identify both shared knowledge and skills, and unique characteristics of roles. We hope this will help to increase understanding of the differences and also to highlight strengths, potential gaps, and opportunities for strengthening infant feeding support services and collaboration in the UK. We intend this to lead to better provision of skilled, timely and appropriate support for mothers who wish to breastfeed.

Scope

This document identifies the competencies required to meet the range of feeding support needs of the mother and child throughout their infant feeding journey, particularly with breastfeeding and including any use of infant formula and the introduction of solid food.

Aims

Our aims are for the competency framework to be used as a tool:

- To create clarity around the knowledge, skills and clinical competencies expected of those in infant feeding support roles.
- To set out the range of competencies required to address the diversity of needs.
- To facilitate the development of a comprehensive range of infant feeding support services through better planning and provision, in order to reduce health inequalities and increase workforce diversity.
- To increase the accessibility of timely support and consistency of care for women and families.
- To increase understanding and recognition of the value of the whole infant feeding workforce.
- To aid commissioning decisions on services that are integrated and respond to family and community needs.

Development of the Competencies Framework

Who has contributed?

Third sector breastfeeding organisations in the UK, working together as the Breastfeeding Alliance, have developed this framework. The detailed work has been undertaken by an expert working group which includes members with health professional and statutory services experience (see p2).

The framework builds on work previously carried out in developing the *Perinatal Mental Health Competency Framework for Professionals and Volunteers who support Infant Feeding* (Maternal Mental Health Alliance, 2018).

The development process used evidence from existing standards and curricula for breastfeeding and infant feeding education (see Appendix 1).

Process

- The expert working group developed a draft document containing the Competencies Framework with introductory and explanatory text.
- A consultation was carried out to obtain feedback on the draft document, with 14 organisations and 2 individuals responding.
- Feedback was reviewed and amendments made.
- The next draft of the competencies section was circulated for mapping of competency levels against roles.
- The mapping suggestions received were reviewed for each role individually and then in comparing all the roles.

We are very grateful to the wide range of stakeholders who have contributed to the consultation process. See Appendix 2 for the list.

Photo: Paul Carter/wdiip.co.uk © 2013

UK context

Traditionally breastfeeding has been learnt in families and communities through observation and woman-to-woman support. From the 1930s, the rise in the use of formula and an increase in hospital births, with associated medicalisation of childbirth, brought practices that undermined breastfeeding (Palmer, 2009), (WHO/Unicef, 2022).

Mothers and babies were routinely separated, babies were fed on schedule and often cared for by hospital staff overnight, the justification being to allow mothers to rest. Over time, bottle-feeding became predominant, although there are local and cultural variations and communities where breastfeeding remained or became the norm. Within some families there were several generations who formula fed and the art, knowledge and inter-generational wisdom about breastfeeding and the behaviour of the breastfed baby largely disappeared.

The effect of birth interventions on the establishment of breastfeeding, the lack of lactation training for health professionals and the lack of understanding of the health implications of how babies are fed contributed to lower breastfeeding rates. From 1994, the Unicef UK Baby Friendly Initiative (BFI) worked to reverse this situation. It is adapted from the international Baby Friendly Hospital Initiative, a World Health Organisation / Unicef accreditation programme designed to improve practice within healthcare settings in relation to infant feeding. BFI includes community services and pre-registration training, and also covers parent-infant relationship-building.

It works with the statutory services and sets standards for maternity, neonatal and community services, providing internal audit and external assessment to measure progress and sustainability over time (Unicef UK, 2017b). Achieving accreditation by meeting the standards requires staff to be trained to provide evidence-based and effective feeding support.

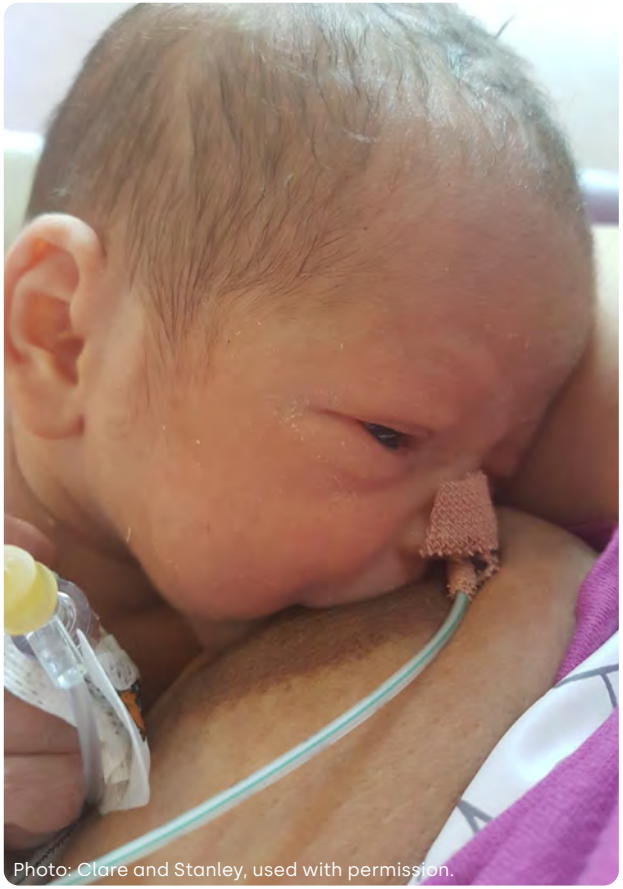


Photo: Clare and Stanley, used with permission.

In addition to training and accreditation, BFI provides guidance on health care practices that protect, promote and support breastfeeding. As the programme became more established, the need for better university training was realised, and BFI set standards and learning outcomes for undergraduate midwifery and specialist community health public health nursing (SCPHN) courses. Building on this, a suite of learning outcomes for other courses were developed, including for medical, pharmacy and dietetic students. However, there is a gap in staff training and accreditation for children's wards and children's hospitals.

The needs and challenges of breastfed babies and children with medically complex conditions are now being researched (Hookway, 2021), (Hookway, 2022). BFI is beginning to address training and accreditation through its standards for hospital-based children's services (Unicef BFI, 2022a) and learning outcomes for children's nursing students (Unicef BFI, 2022c).

More generally there has been a move towards a better understanding of the physiology of birth and a recognition of the value of mother-to-mother breastfeeding peer support, which provides the knowledge and skills previously held within communities.

Access to a range of effective breastfeeding support in the UK varies widely. There is a multi-faceted infant feeding support landscape with an active third sector of breastfeeding support charities providing training and services, plus specialist and independent provision alongside NHS statutory services (see *Role Descriptions*, p.23). Increasingly, peer supporters are being trained to meet the needs of their local communities, providing more ethnic and cultural diversity.

The evidence is clear that the most effective way to support mothers with breastfeeding is for a trained workforce to provide the support (Sinha et al, 2015). Health workers and trained volunteers with a wide range of skill sets provide feeding support in different ways. Women can receive help ranging from antenatal education, support with the first feed and adjusting to life with a new baby, to skilled clinical support for complex feeding challenges.

They may also benefit from ongoing peer support. Each role is vital in improving the health of the population, by supporting mothers to initiate and continue breastfeeding, most effectively as part of a multi-disciplinary team. Partners and other family members may also have specific support needs.

Different settings


Photo: Paul Carter/wdiip.co.uk © 2013


Photo: © Real Baby Milk 2023


Photo: © Charlotte Macpherson


Photo: NCT © 2013

Breastfeeding support is provided in a variety of settings:

- the home
- social and community support settings
- primary care
- private clinics
- NHS outpatient clinics and hospitals

It is provided across multiple sectors: maternity, neonatal, paediatric, health visiting and community, voluntary and independent services.

Support is currently commissioned via a variety of different routes and is not always well integrated or based on a family's needs. Better Births, the report on the National Maternity Review in England, recognises that "...hubs, hospitals and other services will need to work together to wrap the care around each woman..." and suggests there are too many gaps between services, sectors, and geographic boundaries for services to truly achieve this (National Maternity Review, 2016).

It is important that there is clear local guidance and governance to enable appropriate and timely referrals between well-integrated services.

Breastfeeding support and different ways of working

Support services for infant feeding are offered by midwives, health visitors, GPs, lactation consultants, breastfeeding counsellors, infant feeding support workers and volunteer or paid peer supporters. However, we recognise that a wider team of health professionals can be involved such as paediatric nurses, speech and language therapists (SALTs), occupational therapists (OTs), physiotherapists, dietitians, etc. Training for a specific role usually includes learning a particular approach to providing care.

Photo: Association of Breastfeeding Mothers

There are several such approaches, including:

Medical model

The term 'medical model' was coined by the psychiatrist R.D. Laing in 1971. The approach involves an expert taking a history, analysing the information, creating a diagnosis and offering recommendations and treatment. The focus is on technical expertise and solving specific physical and psychological problems. In recent years, medical training has broadened its approach, with less adherence to the medical model. Nurses such as neonatal and paediatric nurses tend to work within the constraints of the medical model.

The doctor plays an important role in protecting breastfeeding by providing care in medical situations, such as when a mother presents with a breast infection. In addition, mothers can present with breastfeeding challenges that do not necessarily require medical attention. A supportive doctor can have a very positive impact, by listening, valuing breastfeeding, prescribing appropriately and referring to skilled breastfeeding services when needed (Marshall, 2016).

Health professional care

We are calling the approach used in the care given by midwives and health visitors 'health professional care'.

They take a holistic approach, which means they consider any issues in the context of the whole person and the individual in the context of their social support network. This is essentially patient-centred and health-focussed care (NEJM Catalyst, 2017). They have professional responsibilities to give directive advice when required to ensure the safety of mothers and babies.

Midwives and health visitors work within teams which provide a statutory, proactive, universal service to all families. They assess individual health needs, identify risks and give advice on health promotion, thereby offering a targeted service – 'proportionate universalism' (Marmot, 2010). They listen to mothers'/parents' preferences and experiences, helping them establish their own goals, and can signpost or refer to other support or specialist services to help mothers / parents achieve these. They have a broad remit and are likely to be constrained in the time that they can offer mothers and families.

They may have lived experience of breastfeeding or bottle feeding; however, there is no requirement in training to explore the impact of such experiences on them or on their clinical practice with parents.

Person-centred approach

The person-centred approach is a humanistic counselling approach, identified by the psychologist Carl Rogers in the 1950s (Lees, 2021). The helper aims to understand what it is like to be the individual, to accept and value the person without making judgments (unconditional positive regard), and to be open and genuine in the relationship (Rogers, 1969).

Careful empathic listening to the individual mother's story, with her concerns, priorities, hopes and feelings about feeding her baby, is fundamental . This is the approach taken by breastfeeding counsellors (see *Role Descriptions* p.25 for the different terms used by different organisations) and expected of lactation consultants. It is also appropriate for breastfeeding peer support training programmes.

A crucial aspect for breastfeeding counsellors and peer supporters is having had the lived experience of breastfeeding; this is a prerequisite for undergoing training and taking on the role. In addition, the personal impact of these experiences is explored during training so that they are less likely to influence practice. The lived experience of breastfeeding provides understanding of the mother's perspective. The breastfeeding supporters rarely draw explicitly on their own experiences as this would take the focus away from the mother being supported.

The supporter provides emotional and social support and may act as a role model. She helps to normalise experiences and provide affirmation, enabling parents to become more confident and develop self-efficacy. This is particularly important for parents isolated from their wider family, as social isolation is a risk factor for postnatal anxiety and depression (Borra, 2015). The supporter offers relevant information and suggestions, empowering the mother to make her own informed decisions.


Photo: Sally Etheridge 2014

Breastfeeding counsellors are highly trained and knowledgeable mother-to-mother supporters. Both breastfeeding counsellors and peer supporters can usually offer families dedicated time, whereas health professionals have a broader clinical responsibility and greater time pressure. Breastfeeding counsellors typically have extensive training and bring deeper knowledge, skills and support strategies to the breastfeeding family than peer supporters. Breastfeeding counsellors have often trained as peer supporters initially and significant numbers of breastfeeding counsellors and peer supporters go on to train as IBCLCs, midwives or healthcare workers.

IBCLCs straddle the person-centred and health professional approaches when working clinically with a mother or family and their guidance documents reflect a parent-centred approach. Personal experience of breastfeeding is not required. They have in-depth clinical knowledge and skills in lactation and breastfeeding; they make assessments, identify causes of challenges, both common and complex, and suggest appropriate solutions. IBCLCs may make recommendations and referrals to other health professionals and may work within a multidisciplinary team supporting mothers and families. They combine specialist knowledge with an understanding of normal breastfed baby behaviour.

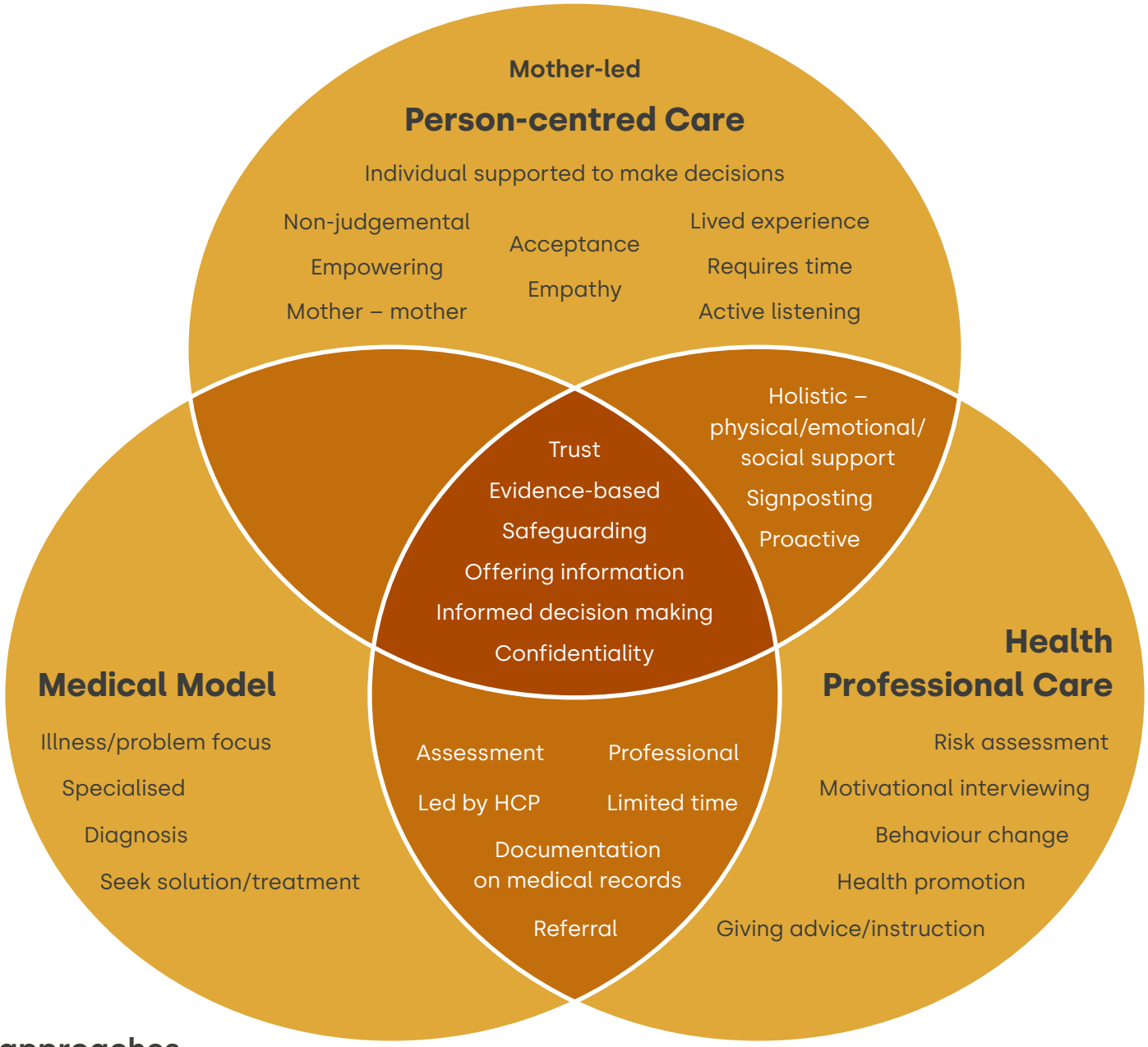
All these roles use counselling skills to explore emotional and psychological aspects as well as physiological challenges of infant feeding.

Different approaches are complementary

These approaches are complementary and overlap (see diagram). Individual practitioners may vary their approach depending on the situation and needs of the mother/family.

Families may benefit from all these approaches at different times. For example, peer supporters in neonatal units provide emotional support for parents alongside the highly technical support provided by neonatal nurses and paediatricians. The input of *all* the workers who support parents and babies in different ways is important.

This is the context in which support with breastfeeding is offered.



Venn diagram showing different approaches

Recommendations for future development

In writing this competency document it became apparent to the working group that there are areas for future development. We intend the recommendations to apply to both hospital and community settings, and include statutory and third sector services and the workforce. They are therefore relevant to those involved in workforce planning, commissioning, service delivery, training and personal professional development.

The statutory services provided by the midwifery and health visiting teams are an essential part of infant feeding support. Alongside these, developing the infant feeding support workforce will enable it to play a vital role in the skills mix, providing additional feeding support and helping to address the current staffing pressures.

Photo: Monkey Business Images/Shutterstock.com

Workforce planning – Roles and career progression

To address current inequity, we recommend raising the profile of the infant feeding support workforce and establishing the range of roles, including career paths, with nationally consistent job descriptions and remuneration. This requires recognising transferable skills, prior learning and qualifications. The recommendations are:

- To recognise infant feeding as a separate discipline.
- To enable the establishment of a recognised career pathway for all in the breastfeeding/infant feeding support workforce, with involvement of NHS Agenda for Change, and Health Education agencies in the four nations.
- To develop a standard core job description, including a required qualification and clarity on scope of practice, for the infant feeding clinical lead/coordinator role, that can be adapted for hospital and community settings.
- To develop a standard job description for peer support coordinators. Peer support programmes require an infrastructure of ongoing supervision and training.
- To develop standard core job descriptions for peer supporter, infant feeding/breastfeeding support worker and specialist service roles.

- To work towards wider recognition of the International Board-Certified Lactation Consultant (IBCLC) qualification as an allied health professional.
- To agree minimum banding using Agenda for Change principles: we recommend paid peer supporters band 4, peer support co-ordinator band 5, specialist roles band 6/7, infant feeding clinical lead band 7, or equivalent (NHS, 2022).
- To consider the wider issues of the position and potential for growth of the infant feeding support workforce, perhaps by being recognised within public health careers and having a collective independent registry. Improved and sustainable employability would be expected to enable the workforce to both better represent the range of diversity and address the specific needs of the population.

Commissioning and service provision

- For commissioners and service providers to recognise the unique skill set of the infant feeding workforce in meeting the range of mother and infant support needs.
- For those designing and commissioning services to understand the different roles and skills, which need to be complementary to one another and integrated.
- To provide continuity of care.
- To support implementation of Baby Friendly standards, which facilitates system-wide cultural change within an organisation, so that families are offered consistent information and support.
- To consider continuity of carer, which can be particularly supportive where there are complex needs.
- To provide all the following services to meet the range of need:
  i. core universal care (statutory – midwifery and health visiting)
  ii. additional support, e.g. access to peer support, breastfeeding support groups and targeted support to address health inequalities, with referral to
  iii. specialist breastfeeding services, including onward referral and liaison e.g. (infant) for slow/faltering growth, tongue-tie, congenital abnormalities, (mother) unresolved nipple pain, breast conditions, hormone dysregulation.

Integrated working

- To increase recognition of the various roles so that commissioners and service providers are better able to recruit a range of appropriately qualified members to infant feeding teams, including better integration of IBCLCs into the breastfeeding support landscape.
- To improve integration of services and standards of care by embedding skilled breastfeeding support within maternal, infant and family mental health services.
- To ensure strategies intended to improve equity and reduce maternal and infant morbidity and mortality include a diverse and tailored range of infant feeding support services, to meet the needs of the local population.
- To improve collaboration between all those involved, including service users.
- To recognise, value and integrate the service the third sector provides in supporting families and providing breastfeeding support.

- To reinstate national leadership structures to facilitate collaboration between governments, local authorities and breastfeeding support organisations, as envisaged in the Global Strategy for Infant and Young Child Feeding (WHO/UNICEF, 2003).
- To encourage system-wide consideration of the health and economic impacts of infant feeding, e.g. emergency preparedness, waste management, food miles, environmental impact, GDP (The Lancet, 2016).

Training, programmes and transferability of qualifications

- For those devising training courses to use this document in developing consistent learning outcomes.
- To use this document to identify transferable skills to aid practitioners in moving between different roles and workplace settings.
- To recognise the need for sustainable infrastructure (training and service coordinator and provision of ongoing supervision) in peer support programmes. Scotland has developed guidance: *Breastfeeding peer support core principles for volunteering in Scotland* (Scottish government, 2021)

Photo: Hananeko_Studio/Shutterstock.com

Role descriptions

The examples on the following pages draw on the LCGB document *Who's Who in Breastfeeding Support and Lactation in the UK* (LCGB, 2017).

Role description illustrations by Jojo Ford.

International Board-Certified Lactation Consultant (IBCLC)

Professionally qualified specialists in the clinical management of breastfeeding and lactation; can assist women and families with common and complex breastfeeding challenges. IBCLCs typically have a health professional or breastfeeding counsellor background. There is untapped potential for IBCLCs in education, service development and the delivery of specialist care, as they could be used to provide more services.

PRE-REQUISITES

Exam eligibility and certification require:

- Initial breastfeeding & lactation training and experience as a health professional or breastfeeding counsellor.
- Health science education, either via health professional training, or the completion of 14 additional health science courses (similar to an access to midwifery course).
- 95 hours of advanced lactation education, including communication skills.

Usually 1,000 hours clinical experience in supporting breastfeeding dyads. Adherence to the Professional Code of Conduct for IBCLCs.

TRAINING AND ASSESSMENT

Typically, advanced lactation training course is one year.

Applicants may take up to 5 years to accrue clinical hours and additional education requirements.

Successful completion of IBLCE examination (offered globally, twice a year, in multiple languages).

Training courses are typically accredited by the Lactation Education and Approval Review Committee (LEARRC), with one UK course accredited by the RCM.

BREASTFEEDING QUALIFICATION PROVIDER

International Board of Lactation Consultant Examiners (IBLCE).

Protects the public through:

- Open access registry of currently certified IBCLCs.
- Complaints and disciplinary procedure.
- External validation of the credential by the National Commission for Certifying Agencies (NCCA) of the Institute for Credentialing Excellence.
- The IBCLC training and qualification are considered to be at postgraduate level.

MAINTAINING QUALIFICATION / ROLE

Required every 5 years:

- 250 hours of clinical practice, plus basic life support training.
- Plus, either a minimum 75 hours of continuing education in lactation, ethics, and related subjects, or may re-sit the exam.

OTHER INFORMATION

IBCLCs are a relatively new professional group. IBLCE was founded in 1985 by La Leche League International, in recognition of the need for a professional qualification in breastfeeding in order to better support breastfeeding women and ensure good standards of care. IBCLCs can qualify from a health professional background or from lived experience and qualification as a breastfeeding counsellor or peer supporter.

There are currently over 36,000 IBCLCs internationally in 131 countries, integrated into infant feeding support and health care systems. The UK is ranked 7th in the world for numbers of IBCLCs, with higher numbers in US, Australia, Canada, Germany, Japan and China. IBCLCs work in most EU member states, including the Netherlands and France, Ireland, Italy and Hungary.

The first IBCLC in the UK qualified in 1991. There are over 700 currently accredited IBCLCs across the 4 nations, working in hospital/community, voluntary sector or independently (Finch & Faulkner, 2016). The majority of IBCLCs in the UK work in NHS settings, often with their IBCLC credential as an add-on credential to an existing health professional credential. Many deliver or run specialist services, provide staff training and/or supervision and run, provide training for and supervise peer support programmes. IBCLCs must keep and store appropriate written records, report to the primary care provider, refer to other services as necessary, and contribute to the multidisciplinary team around the family, which may not be the case with other non-health professional breastfeeding support roles.

In the UK there is a general lack of understanding that breastfeeding may be complex at times. IBCLCs have a comprehensive range of assessment and management skills to support with complex and persistent challenges.

NHS infant feeding job descriptions may cite the credential as desirable; some NHS trusts support staff to obtain and maintain the credential. Other health professionals and volunteer breastfeeding supporters undertake the IBCLC training and qualification at their own expense and in their own time, in order to improve their specialist skills. Some trusts employ IBCLCs in Lactation Consultant posts (Band 6) and some as Infant Feeding Leads at Band 7. Some are employed in the NHS in other breastfeeding support roles. At present there can be barriers in the UK health service to the employment of IBCLCs who do not have a health professional qualification.

Breastfeeding Counsellor (BFC)

Lived experience practitioner: includes Association of Breastfeeding Mothers (ABM) breastfeeding counsellors, Breastfeeding Network (BfN) breastfeeding supporters, La Leche League (LLL) Leaders and NCT (National Childbirth Trust) breastfeeding counsellors. They have a much more comprehensive training and skill set than breastfeeding peer supporters, supporting mothers with common and complex challenges. There have been breastfeeding counsellors since the late 1960s and their national organisations have a long history of collaboration.

PRE-REQUISITES

Mothers who have breastfed their own baby; a minimum period of breastfeeding is usually required; some include a period of exclusive breastfeeding; some require experience of the normal course of breastfeeding.

TRAINING AND ASSESSMENT

Part-time training around two years. Varies between organisations. Includes self-reflection on personal experiences of feeding, attitudes and beliefs.

Often an apprenticeship-type model; requires self study, coursework, discussion groups, mentorship, observation and participation in offering practical support, e.g. at breastfeeding support groups, underpinned by reflective supervision provided by the organisation.

BREASTFEEDING QUALIFICATION PROVIDER

BFC's own organisation; may have:

- university accreditation as Cert. HE, i.e. level 4 (NCT), or
- Open College Network (OCN) at level 3 (BFN).

MAINTAINING QUALIFICATION / ROLE

CPD requirements around study, supervision, and supporting families vary between organisations, e.g. 25 supportive contacts, 12 hrs of ongoing learning and 2-12hrs of supervision annually.

Requirements need to be met annually for re-registration.

There may be a requirement for ongoing practical skills review and mandatory training in areas such as safeguarding, information governance, health and safety.

OTHER INFORMATION

Breastfeeding counsellors are autonomous practitioners, working independently within their organisation's frameworks.

They may work in volunteer or paid roles. Settings: provide 1:1 or group support; may work on helplines, run breastfeeding support groups and facilitate antenatal education sessions. BFCs may support peer supporters in a group setting, and some experienced breastfeeding counsellors train peer supporters.

Some are employed in the NHS in the infant feeding support workforce, and may have the qualification in addition to a heath professional qualification.

Volunteer Breastfeeding Peer Supporter

Lived experience practitioner, working within a programme with supervision and ongoing training. They are usually mothers living and supporting others within their local community. They provide support from a position of equality rather than authority.

PRE-REQUISITES

Mothers who have some experience of breastfeeding, with a variable requirement.

Have a commitment to providing support to other women, often for a minimum duration. Have the time and resources to take on a volunteer role.

Register with Disclosure & Barring Service (DBS)/ Protecting Vulnerable Groups (PVG) in Scotland, and those within statutory services also register as volunteers and complete the usual Occupational Health requirements.

TRAINING AND ASSESSMENT

16–40 hours.

Varies between organisations; occurs through teaching and discussion groups; is focused on active listening and the normal course of breastfeeding; training typically includes reflection on personal experience.

BREASTFEEDING QUALIFICATION PROVIDER

Training delivered in-house or commissioned and delivered by breastfeeding organisation (third sector) or NHS; some have college accreditation such as Open College Network (OCN) at level 2.

MAINTAINING QUALIFICATION / ROLE

Active peer support status varies between organisations.

Attending supervision and training updates at particular intervals is required, plus often a minimum requirement for volunteer hours.

OTHER INFORMATION

Peer supporters provide 1:1 support; some may participate in community groups or support mothers on a postnatal ward. They can offer support via dedicated phone/ text, at online groups, or via social media.

They may also be involved informally in helping culture change, normalising breastfeeding in the local community, e.g. supporting local breastfeeding welcome schemes, and also more formally, e.g. being invited into schools to explain breastfeeding to pupils.

Peer supporters must work within their scope of practice. Ideally, there is a requirement for ongoing learning and supervision to explore experiences and aid development.

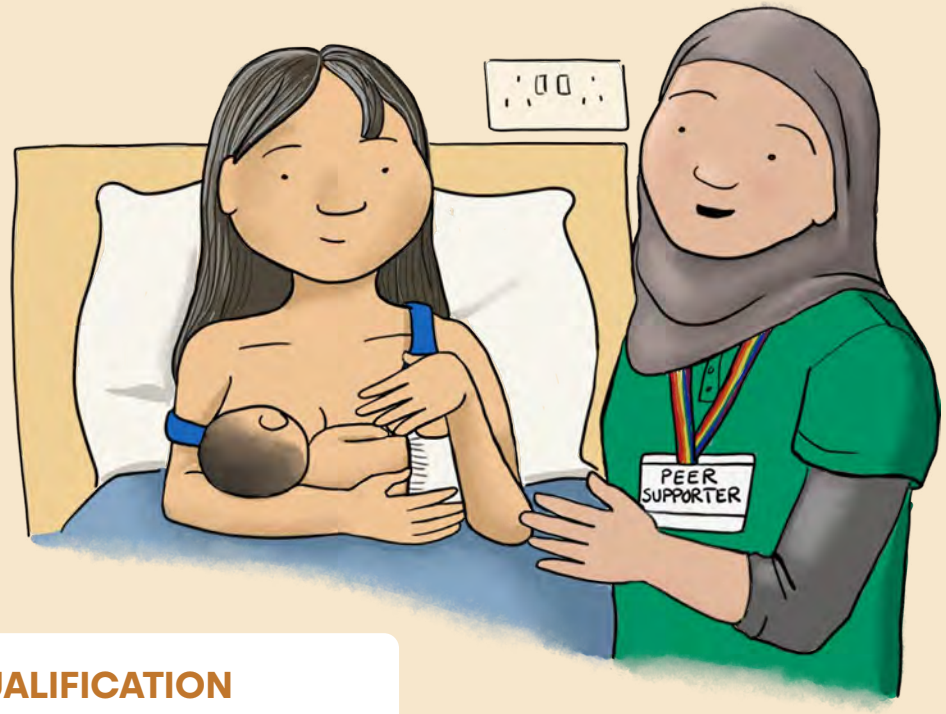
They are mothers from a local community who have received training within a programme based on a person-centred approach. They use listening skills and can offer basic information and support for common breastfeeding experiences.

A range of ethnicities, cultural experiences and backgrounds within a group of peer supporters increases the likelihood a mother may see herself or her situation in one of the peer supporters.

Parents may also prefer to disclose personal information or ask questions with someone perceived to be an equal, rather than with a health professional.

Photo: Starocean/Shutterstock.com

Employed Breastfeeding Peer Supporter



As for volunteer breastfeeding peer supporter (page 28-29).

PRE-REQUISITES

Same as volunteer peer supporter. In particular, they are mothers who have some experience of breastfeeding.

TRAINING AND ASSESSMENT

Usually 16-24 hrs.

Assessment varies between organisations.

BREASTFEEDING QUALIFICATION PROVIDER

Same as volunteer peer supporter, with the addition of NHS statutory and mandatory training.


Photo: SeventyFour/Shutterstock.com

MAINTAINING QUALIFICATION/ROLE

Same as volunteer peer supporter, with the addition of NHS statutory training and record-keeping.

May have the opportunity from the employer for further training and development within the role.

OTHER INFORMATION

As volunteer peer supporters but have additional responsibilities such as record-keeping and may do home visits so are then subject to a lone worker policy.

Healthcare Professionals

Midwives and health visitors deliver universal statutory services to the mother / baby dyad so have responsibilities in supporting infant feeding (NHS, 2023a), (NHS, 2023c).

All midwives, health visitors and nurses are registered with the NMC, and have to re-register every year; they revalidate every 3 years, providing evidence of competence within their role. Paediatric nurse competencies have not been included in the mapping as there is currently no specific training in infant feeding for them.

Health visitors are registered nurses and/ or midwives who have then obtained a Specialist Community Public Health Nursing (SCPHN) postgraduate qualification and are registered with the NMC.

The health visitor role is focussed on working with parents to ensure 'every child has the best start in life', in England through the Healthy Child Programme, in Wales the Healthy Child Wales Programme 2020 and in Scotland the Scottish Child Health Programme (gov.uk, 2016), (Welsh government, 2016), (Public Health Scotland 2015).

PRE-REQUISITES

As required by their credential.

TRAINING AND ASSESSMENT

Varies and there may be minimal breastfeeding education and training within the qualification (WBTi, 2016).

BREASTFEEDING QUALIFICATION PROVIDER

Not applicable.

The infant feeding content of some university courses training midwives or health visitors is accredited by BFI.

MAINTAINING QUALIFICATION / ROLE

Not applicable as there is no infant feeding qualification to maintain, although an annual update is expected for their organisation to maintain BFI accreditation.

OTHER INFORMATION

Variation in pre-registration training curricula means there is considerable variation and also many gaps in breastfeeding and lactation education.

Other healthcare professionals who may work with the dyad include dietitians, GPs, speech and language therapists (SALTs), obstetricians, breast surgeons and breast care nurses, paediatric nurses and paediatricians / neonatologists, psychologists, psychotherapists, anaesthetists; they may have had limited or almost no pre-registration or post-registration education in infant feeding.

These have not been included in the mapping of competencies. In 2021 BFI published standards for children's hospital settings, updated in 2022 (BFI, 2022a).

Photo: Monkey Business Images/Shutterstock.com

Healthcare Professionals educated to Unicef UK BFI standard

Including *Breastfeeding and Relationship-Building* and *Embedding Baby Friendly standards in neonatal care* courses. Unicef UK BFI sets out the standards (Unicef UK BFI, 2017b). The BFI accreditation process assesses the effectiveness of the institution's training programme (Unicef UK BFI, 2017a).

PRE-REQUISITES

Working as HCP.

TRAINING AND ASSESSMENT

Originally 18 hrs but more likely shortened to 2 days, plus training/ practical skills review (BFI, 2019).

BREASTFEEDING QUALIFICATION PROVIDER

Will include assessment of knowledge and basic infant feeding clinical skills by institution where working.

External assessment by Unicef UK BFI.

MAINTAINING QUALIFICATION / ROLE

Annual update usually expected, based on gaps in the service shown by audit.

OTHER INFORMATION

BFI accreditation of settings requires a strategic approach, with strong leadership and collective commitment to changing the institution's culture. A BFI lead implements the standards with ongoing learning for all staff about infant feeding and relationship-building in relevant hospital and community settings (Unicef UK BFI: 2017).

Training is often provided in-house, with many areas following BFI accreditation guidelines. This is audited annually for those areas which are BFI-accredited.

Healthcare Support Workers

Maternity support workers (MSW) (NHS, 2023b), Infant feeding maternity care assistants (MCAs), nursery nurses with a breastfeeding role and breastfeeding and Infant feeding support workers.

PRE-REQUISITES

Working in the role.

BREASTFEEDING QUALIFICATION PROVIDER

Employer.

TRAINING AND ASSESSMENT

Variable; often have BFI training (Breastfeeding and Relationship-Building); some have additional breastfeeding training.

MAINTAINING QUALIFICATION / ROLE

Employer.

OTHER INFORMATION

Nursery nurses usually have an NVQ level 3 or 4 qualification in child development and child behaviour and some are employed in infant feeding support roles.

Many healthcare workers will have had additional training such as Unicef UK BFI Breastfeeding and Relationship-Building training. Some infant feeding support workers have a background in breastfeeding peer support, breastfeeding counselling and a few may have the IBCLC qualification.

BFI Framework Practitioner qualification

Under development but currently paused. This is one of three BFI qualifications, the others being Advocacy and Leadership.

***The Qualifications Framework... is an eight-month programme designed to increase knowledge and understanding related to infant feeding and very early child development.* (Unicef UK BFI, 2022b).**

PRE-REQUISITES

Already practising.

BREASTFEEDING QUALIFICATION PROVIDER

Unicef UK BFI.

TRAINING AND ASSESSMENT

8 months. Portfolio that is externally assessed.

MAINTAINING QUALIFICATION / ROLE

Not applicable.

OTHER INFORMATION

The aim is to provide validation in breastfeeding support skills for individuals working in infant feeding and early relationship-building in the UK.

Practitioners have already received basic training and work clinically with mothers. They may be healthcare professionals or third sector practitioners.

We have not included the following roles in the mapping of competencies to roles: healthcare professionals not trained to BFI standards, BFI framework qualifications, infant feeding lead, peer support coordinator.

The infant feeding lead often has a combination of clinical, service delivery, training and project management responsibilities, including leading on the implementation of BFI accreditation. Usually they head an infant feeding team. Although there is no required qualification for them, BFI does provide courses to help them implement the standards and training, such as the train the trainer course and audit workshop.

Peer support co-ordinators manage a team of peer supporters and may also be involved in recruiting, training and supervising them. Some peer support programmes are run by third sector organisations, with variable commissioning – by the NHS, local authorities and other funders.

There is no standard job description or required infant feeding qualification for either role. Breastfeeding / infant feeding lead and peer support co-ordinator roles make up a vital part of the breastfeeding support landscape that are not represented in this mapping. The management of peer support volunteers and infant feeding teams carries considerable responsibility.

There is a lack of guidance, including from NICE, on the effective management of peer support programmes and infant feeding / breastfeeding teams, or the skill mix of these teams, working together to support the mother and baby.

At the heart of effective infant feeding support is the relationship between the supporter and the mother.

Schmied's 2011 metasynthesis concluded that person-centred communication skills are key. Mothers valued authentic presence, which is based on empathy and builds trust.

Mothers also valued a facilitative style which enabled them to learn for themselves, providing realistic information, and offering practical help (Schmied, 2011).

A mother's own breastfeeding self-efficacy is fundamental (Dennis, 2003).

Systematic reviews have shown that both professional and lay support are important and peer support groups can be an effective way of supporting women to sustain breastfeeding (Gavine, 2022).

Part two

Competencies

Competency Levels

Using the Competencies Framework

We anticipate that this document will be a tool used by organisations and individuals to assess their own competencies and identify their unique characteristics, and training and development needs.

The competency framework below contains blank boxes for each competency to enable mapping. Boxes which have a fill colour have been identified as core. Competencies categorised as core are required to meet the minimum standard for a role. However, different roles will perform the competency with varying levels of skill or knowledge.

For role comparisons, see the document *Infant Feeding Support Competencies Role Comparison*.

Photo: Sabrina Bracher/Shutterstock.com

Considerations

- Competencies are mapped against a role, not an individual.
- Competencies are mapped at the expected entry level for each role, as far as can be ascertained.
- Experienced practitioners normally work at a higher level than expected of entry level.
- Individuals may have more than one role so bring additional competencies to their newer role.
- As it is inappropriate to use clinical competency levels for values, beliefs, social and cultural competencies, we have categorised these as Y to indicate that the newly qualified practitioner has that competency, acquired through the training.
- There can be a range of levels for a particular competency for a particular role. Training may be provided by several organisations and for peer support, in particular, it depends on local needs, opportunities and the infrastructure within which the programme operates. We have only considered general peer supporter training, not training for specific support such as for parents with multiples or premature babies.
- Health professionals (HP BFI) who've undergone Baby Friendly Initiative training also bring the skills and knowledge from their original training and experience in that role. IBCLCs also bring prior training and experience to the role as they are required to have had a previous role in which they supported mothers with breastfeeding.

Process of selecting competencies

The Competencies Framework highlights shared knowledge and unique characteristics of different roles, which helps differentiate between roles. It is necessary that the competencies are comprehensive, from those widely practised, such as supporting a mother and baby to breastfeed effectively and comfortably, to less common specialist competencies, such as supporting dyads with complex needs.

In some areas of the framework the working group identified similar competencies as separate to increase the ability to differentiate between roles; in other areas we have listed components of a competency as examples for clarification to aid the mapping process.

Key to competency levels and abbreviations used

LEVEL	DEFINITION
Out of Scope (O)	Practitioners are not expected to have these competencies. Professional responsibilities and insurance require individuals to stay within their scope of practice.
Awareness Level (A)	Practitioners have some understanding of the relevance or importance of an issue but do not have the knowledge or skills to support independently or enable resolution. They can offer support within their competencies and scope of practice, including emotional support, and are expected to signpost or refer on appropriately. This level encompasses lived experience and acquired knowledge. This skill level is not taught or assessed within training.
Awareness Level (B)	Practitioners reach this level as a result of brief coverage in most trainings and may require direct supervision to be within the remit of a particular role or credential.
Generalist Level (G)	Practitioners at this level are expected to have substantial breastfeeding knowledge and skills. They use these to support and enable mothers to address a range of common breastfeeding challenges. They can work independently, have an appreciation of the limits of their role and will signpost or refer on appropriately.
Specialist Level (S)	Practitioners at this level demonstrate a comprehensive understanding of breastfeeding challenges, contributing factors and the multi-factorial aspect of many situations. They have the knowledge and skills to enable mothers to address a range of common and complex challenges. They can work independently and will signpost or refer on to other disciplines as appropriate.
Yes (Y)	Practitioners are expected to have this competency and it is not assessed at varying levels of skill or knowledge.

Key for roles being mapped

SYMBOL IN TABLE	ROLE
PS	Volunteer peer supporters
BFC	Breastfeeding counsellors (ABM and NCT breastfeeding counsellors, BfN breastfeeding supporters, LLL Leaders)
IBCLC	International Board-Certified Lactation Consultants
HP BFI	Health professionals who have received Baby Friendly Initiative training ('Breastfeeding and Relationship-Building'); these are primarily midwives (M) and health visitors (HV) but also neonatal nurses (NN)
SuW	Employed infant feeding support workers, including paid peer supporters, so comprise a very mixed group; their role is primarily supporting infant feeding

Colour-coding

HIGHLIGHT COLOUR	MEANING
Green	A particular competency is core to all roles
Blue	A particular competency is core to the highlighted role

The Competencies Framework

A		SOCIAL AND CULTURAL UNDERSTANDING AND REFLECTION	PS	BFC	IBCLC	HP BFI	SUW
Values and Beliefs	1	Values human milk (including colostrum), breastfeeding and skin-to-skin contact					
	2	Values parental empowerment and ownership of decisions around feeding					
	3	Believes the feeding and nurturing of babies involves the family as a team					
	4	Understands the meaning of and how to promote equality, equity, diversity and inclusion					
	5	Examines own attitudes and biases and the potential impact on supporting parents of infants					
	6	Understands own responsibilities under the Equality Act 2010 and the Disability Discrimination Act 1995					
Cultural and Social Influences	7	Responds to each person as a unique individual					
	8	Understands the central roles that fathers, partners and other key support people have in the perinatal period					
	9	Recognises that cultural beliefs may influence infant feeding decisions and practices					
	10	Understands the importance of cultural sensitivity and cultural humility and applying them					

A		SOCIAL AND CULTURAL UNDERSTANDING AND REFLECTION (cont'd)	PS	BFC	IBCLC	HP BFI	SUW
Cultural and Social Influences (cont'd)	11	Recognises and understands the potential of social and family influences to affect mothers' infant feeding decision-making and experiences					
	12	Is familiar with and understands the local community and its expectations, variation, challenges and strengths in relation to infant feeding					
	13	Recognises the inequity of access to breastfeeding support					
	14	Recognises and understands there may be particular experiences, concerns and support needs of Black, Asian and minority ethnic families in the UK					
	15	Recognises and understands there may be particular experiences, concerns and support needs of LGBTQi families, including using appropriate language and terminology					
	16	Recognises and understands how faith-based practices and beliefs may impact on breastfeeding					
	17	Recognises the impact of geopolitical displacement on core family relationships, health and social inequalities					
	18	Recognises the impact of past trauma					

B		KNOWLEDGE	PS	BFC	IBCLC	HP BFI	SUW
UK Infant Feeding Services	1	Local and national sources of breastfeeding support, including statutory services, NHS, local authority and the third sector, across the UK					
	2	The role of infant feeding support groups					
	3	The role of peer support					
	4	The role of specialist breastfeeding services					
	5	Unicef UK Baby Friendly Initiative					
	6	Remote support via helplines / apps / social media groups (involving contact with trained supporters)					
	7	Digital information services including apps, e.g. Start4Life					
	8	Breastfeeding friendly/welcome schemes					
	9	Availability of breast pumps, both locally and nationally					
	10	Role of donor milk and access to donor milk banks					
Evidence Base	11	Theory of effective communication skills					
	12	Theory of counselling skills					
		Transition to parenthood					
	13	• Becoming a mother and development of the maternal role					
	14	• Becoming a father/co-parent					

B		KNOWLEDGE (cont'd)	PS	BFC	IBCLC	HP BFI	SUW
Evidence Base (cont'd)	15	● Maternal self-efficacy and agency					
	16	Theoretical framework for adult learning					
		Anatomy and Physiology					
	17	● Infant and Young Child					
	18	▶ Neonatal reflexes linked to feeding					
	19	▶ The impact of prematurity on neonatal reflexes					
	20	▶ First hour after birth and importance of colostrum in the early days					
	21	▶ Normal behaviour, including feeding patterns					
	22	▶ Knowledge of age-specific appropriate output of stools and urine					
	23	▶ Normal growth					
	24	▶ Normal development					
	25	▶ Negative impact of stress on an infant's growth and development					
	26	▶ UK WHO Growth Charts, including their theoretical background and development					
	27	▶ UK WHO Growth Charts for preterm and babies with Down's Syndrome					
	28	▶ Use of infant scales and how to weigh accurately					

B		KNOWLEDGE (cont'd)	PS	BFC	IBCLC	HP BFI	SUW
Evidence Base (cont'd)	29	▶ How to record and plot weights e.g. in the parent-held child record ("Red Book"/"e-Red Book")			■	■	■
	30	▶ How to interpret the weight chart in the parent-held child record			■	■	
	31	▶ Appropriate and expected pattern of weight gain			■	■	
	32	▶ Prevention of large, early weight loss and slow weight gain			■	■	
	33	▶ How to interpret patterns of slow weight gain			■	■	
	34	▶ How to identify faltering growth (NICE Guideline 75)			■	■	
	35	▶ Potential impact of factors (e.g. nutrition, deprivation) on long-term health				■	
	36	● Maternal					
	37	▶ Normal breast anatomy	■	■	■	■	■
	38	▶ Physiology of lactation including roles of prolactin and oxytocin in establishing and maintaining lactation	■	■	■	■	■
	39	▶ Synthesis of human milk in the breast	■	■	■	■	■
	40	▶ Breast pathology (e.g. mastitis, abscess)		■	■	■	
	41	▶ Principles of nipple wound healing (Dennis et al: 2014)	■	■	■	■	■
	42	▶ Impact of state of physical health		■	■	■	
		▶ Impact of state of mental health					

B		KNOWLEDGE (cont'd)	PS	BFC	IBCLC	HP BFI	SUW
Evidence Base (cont'd)	43	■ Risk factors for and symptoms of poor mental health, including low mood					
	44	■ Reciprocal relationship between infant feeding and maternal mental health					
		● Process of breastfeeding for the dyad					
	45	▶ Physiology of effective milk transfer					
	46	▶ Interplay, including emotional, between mother and baby					
	47	▶ Causes of ineffective feeding					
	48	▶ Causes of nipple pain and damage					
	49	▶ Causes of breast pain					
	50	▶ Causes of low milk supply					
	51	▶ Causes of fussy baby behaviours and breast refusal					
	52	▶ Causes of inability to maintain a latch					
	53	▶ Causes of oversupply					
		● Healthy nutrition					
	54	▶ Key features of healthy nutrition for the family					
	55	▶ Resources for different diets e.g. vegan					
		● Microbiome					

B		KNOWLEDGE (cont'd)	PS	BFC	IBCLC	HP BFI	SUW
Evidence Base (cont'd)	56	▶ Formation and development of the baby's microbiomes, and factors impacting it					
	57	▶ Microbiome of the maternal breast					
		Impact of birth on breastfeeding					
	58	● Positive effects of immediate and continued skin-to-skin contact					
	59	● Possible impacts on the breastfeeding dyad of birth interventions, e.g. pain relief, anaesthesia, induction, instrumental or assisted birth					
	60	● How events during the labour, birth and early postnatal period may negatively impact breastfeeding e.g. post-partum haemorrhage, retained products of conception					
		Impact of feeding on maternal and infant physical and mental health					
	61	● The importance of responsive parenting for the baby's brain development and secure emotional attachment					
	62	● The importance of emotional co-regulation – the neurophysiological impact of attuned interaction					
	63	● The importance of the development of maternal self-empowerment and building confidence					
	64	● Evidence-based health outcomes for mothers influenced by mode of feeding					
	65	● Evidence-based health outcomes for infants influenced by mode of feeding					
	66	● The potential of breastfeeding problems, or of reducing / stopping breastfeeding to negatively affect maternal mental health					

B		KNOWLEDGE (cont'd)	PS	BFC	IBCLC	HP BFI	SUW
Evidence Base (cont'd)	67	The beneficial effects of Kangaroo Mother Care (KMC) / baby-wearing for all babies, especially preterm					
		The role and value of key support persons in enabling and sustaining breastfeeding					
	68	• The importance of the unique role of the father/partner					
	69	• Ways of bonding with the baby without feeding					
	70	• Impact on father's hormones (particularly oxytocin) of close contact with the baby					
	71	• Potential impact of father's/partner mental health on the family					
		Infant development and its impact on the ongoing breastfeeding relationship					
	72	• Normal breastfed baby behaviour in infancy and beyond					
	73	• Causes of unsettled behaviour in breastfeeding babies and children					
	74	• Causes of breast refusal/nursing strike in babies and children					
		Composition of human milk					
	75	• Components of human milk					
	76	• Biochemistry and immunology of human milk					
	77	• Key differences between breastmilk and breastmilk substitutes					
		Donor human milk					
	78	• The use of donor human milk, via milk banking and informal milk sharing					

B		KNOWLEDGE (cont'd)	PS	BFC	IBCLC	HP BFI	SUW
Evidence Base (cont'd)	79	• The ethics involved in the banking, and sourcing and use of donor human milk, including informal milk sharing					
		Drugs and human milk					
	80	• Principles of drug transfer to breastmilk					
	81	• Possible impact on infant					
	82	• Possible impact on milk supply					
	83	• Possible impact of alcohol, nicotine, caffeine	■	■	■	■	■
	84	• Possible impact of recreational/illicit drugs					
	85	• Possible impact of alternative and complementary remedies such as herbal supplements for parent or infant, including interactions with drugs					
	86	• Signposting for drugs information	■	■	■	■	■
		Complex needs					
	87	• Potential impact of pregnancy and birth complications on persistent feeding difficulties			■		
	88	• Potential effect of infant complex needs on feeding difficulties e.g. prematurity, congenital condition			■		
	89	• Potential effect of maternal complex needs on feeding difficulties, e.g. diabetes, physical disability			■		
	90	• Potential consequences of specific problems e.g. ineffective feeding, leading to jaundice, large weight loss, slow weight gain or engorgement and down-regulation of milk supply		■	■	■	

B		KNOWLEDGE (cont'd)	PS	BFC	IBCLC	HP BFI	SUW
Evidence Base (cont'd)	91	● The support needs of parents with a premature, low birth weight or unwell baby or young child		■	■	■	
	92	● Current allergy guidance and the support needs of a baby with allergies			■		
	93	● The benefits of Family Integrated Care (neonatal)					
	94	● The range of support needs of families where the baby is transitioning from mixed feeding to fully breastfeeding		■	■	■	
	95	● The range of support needs of families where the mother chooses to relactate			■		
	96	● The range of support needs of families wishing to induce lactation			■		
	97	● The range of support needs of families where a parent, infant or young child has an underlying medical condition					
	98	● Current HIV guidance and support needs of a mother with HIV					
	99	● Current guidance on and support needs of other transmissable infections including hepatitis B, cytomegalovirus and herpes					
	100	● Current Covid-19 guidance and support needs of a mother with Covid-19	■	■	■	■	■
		Wider impacts of how infants are fed					
	101	● Health inequalities	■	■	■	■	■
		● Environmental					
	102	► Food security					

B		KNOWLEDGE (cont'd)	PS	BFC	IBCLC	HP BFI	SUW
Evidence Base (cont'd)	103	▶ Carbon and water footprints					
	104	▶ Sustainability, including pollution/waste					
		● Economic costs and benefits					
	105	▶ To the family					
	106	▶ To society					
		Research					
	107	● Research methods					
	108	● Critical appraisal of research					
	109	● Application of research to practice (evidence-based practice)					
Policy and Guidance	110	Public health initiatives such as the Global Strategy for Infant and Young Child Feeding, the Innocenti Declarations and the European Blueprint for Action on Breastfeeding					
	111	WHO International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly (WHA) resolutions					
	112	UK Infant Formula and Follow-On Formula (2007) regulations and how these differ from the WHO International Code					
	113	Global WHO/Unicef Baby Friendly Hospital Initiative (BFHI)					
	114	Unicef UK Baby Friendly Initiative (BFI)					
	115	Other relevant national guidance across the UK (e.g. strategies)					

B		KNOWLEDGE (cont'd)	PS	BFC	IBCLC	HP BFI	SUW
Policy and Guidance (cont'd)	116	NICE guidance (e.g. Postnatal)					
	117	BLISS (premature and sick baby charity) Baby Charter					
	118	Human rights instruments relevant to women and children (such as the UN Convention on the Rights of the Child, The Convention on the Elimination of Discrimination against Women, the International Labour Organization's Maternity Protection Convention)					
	119	Infant feeding in emergencies: caring for the needs of families with breastfed and non-breastfed infants, and for the needs of breastfeeding mothers (IFE: 2017)					
Super-vision	120	The principles of reflective and restorative supervision					
Professional and Regulatory	121	Safeguarding principles, policies and procedures					
	122	Legal and ethical considerations in the context of infant feeding, e.g. sale of human milk; research design					
	123	Conflict of interest, e.g. profiting from the rental or sale of breastfeeding equipment or using industry-sponsored events for CPD					
	124	The importance of accurate and timely record-keeping					
	125	The importance of working collaboratively with a multi-disciplinary team (e.g. GP, health visitor, midwife and, if required, paediatrician, dietitian, speech and language therapist, Early Years psychologist or psychotherapist, etc.) or signposting to a professional when appropriate					
	126	Importance of immediate communication with the healthcare provider when there is a serious concern for the infant, child or parent					
	127	Recognition that there are multiple awarding bodies for infant feeding qualifications					

C		COMMUNICATION AND COUNSELLING SKILLS	PS	BFC	IBCLC	HP BFI	SUW
Effective Communication Skills	1	Maintains confidentiality whilst also understanding when the sharing of information is appropriate, such as safeguarding or the health of mother and baby					
	2	Demonstrates knowledge of and sensitivity to cultural differences					
	3	Ascertains the mother's readiness for engagement					
	4	Demonstrates appropriate body language (e.g., position in relation to the other person, comfortable eye contact, or appropriate tone of voice for the setting)					
	5	Uses active listening and attempts to understand the parent's situation accurately					
	6	Aims to form a relationship of trust with parents					
	7	Ascertains the parent's relevant knowledge about, and goals for breastfeeding					
	8	Identifies factors that might affect the individual's communication (e.g., age, cultural or language differences, neurodiversity, physical or learning difficulties)					
	9	Communicates effectively in different modes – in person, phone, text, e-mail, video, social media					
	10	Offers information that differs from inaccurate information another person has given, without undermining the parent's confidence in the other					
	11	Communicates using language that is sensitive, affirming and appropriate (e.g. avoiding jargon)					
	12	Follows the parent's lead, including staying with difficult feelings that are expressed by the parent					

C		COMMUNICATION AND COUNSELLING SKILLS (cont'd)	PS	BFC	IBCLC	HP BFI	SUW
Effective Communication Skills (cont'd)	13	Uses person-focused communication (supporter only mentions personal experiences if highly appropriate to the situation)					
	14	Aims to work effectively to engage with fathers, partners and other family members to elicit their concerns, motivation and priorities					
	15	Maintains collaborative and supportive working relationships with other infant feeding supporters / health professionals					
	16	Able to confirm parents' understanding of information offered, in a non-directive manner					
	17	Respects personal, bodily and cultural privacy needs					
	18	Uses available sign language, interpretation and translation resources and services appropriately					
Counselling Skills	19	Conveys genuineness (congruence)					
	20	Does not set out to reassure without addressing concerns					
	21	Conveys empathy – understanding and feeling the other person's perspective					
	22	Conveys an accepting, non-judgmental attitude, respecting the other's needs, beliefs and decisions					
	23	Asks open-ended questions and aims to be non-directive					
	24	Explores the situation using effective counselling techniques (e.g., reflecting thoughts and feelings, clarifying, discussing and summarising the discussion)					

D		CRITICAL THINKING SKILLS	PS	BFC	IBCLC	HP BFI	SUW
Critical Thinking Skills	1	Understands and works within personal limits of knowledge and skills					
	2	Can assess the needs of a family in emotionally charged situations					
	3	Identifies pertinent information – employs "detective skills"					
	4	Selects appropriate and up-to-date evidence and national/local guidance					
	5	Appraises up-to-date evidence					
	6	Analyses pertinent information in a broad context					
	7	Evaluates pertinent information and factors in complex and evolving situations to identify probable explanations					

E		ASSESSMENT SKILLS	PS	BFC	IBCLC	HP BFI	SUW
Assessment Skills – History	1	Obtains verbal or written consent from the parent to provide support, including close proximity, unless consent is implied, e.g. by parent calling a helpline					
	2	Explores parents' expectations, concerns and goals					
	3	Explores the extent of existing support for the family both emotional and practical					
	4	Listens to the mother's story of feeding her baby to date, often including birth ("feeding history")					
	5	Carries out a thorough formal clinical history of the pregnancy, birth and feeding so far, the mother's previous obstetric and feeding history, the mother's medical history and pertinent family history					
	6	Identifies any contraindications to breastfeeding					
	7	Identifies concerns about the parents' mental and emotional health					
	8	Identifies any safeguarding concerns					
	9	If relevant, recognises and assesses potential impact of separation of mother and infant					
		Identifies infant or maternal contributing factors that may impact breastfeeding or contribute to feeding difficulties.					
		Infants with:					
	10	• Premature and late pre-term birth					
	11	• Large / small for gestational age at birth					

E		ASSESSMENT SKILLS (cont'd)	PS	BFC	IBCLC	HP BFI	SUW
Assessment Skills – History (cont'd)	12	● Risk factors for hypoglycaemia			■	■	
	13	● Hyperbilirubinaemia			■	■	
	14	● Dehydration			■	■	
	15	● Excessive vomiting or painful reflux, including gastro-oesophageal reflux disease (GORD)			■	■	
	16	● Dysfunctional suck patterns		■	■	■	
	17	● Ankyloglossia (restricted tongue mobility / 'tongue tie')		■	■	■	
	18	● Torticollis			■	■	
	19	● Birth injuries or trauma			■	■	
	20	● Abnormal tone – hypertonic/hypotonic			■	■	
	21	● Infections			■	■	
	22	● Allergies			■	■	
	23	● Neurodevelopmental problems			■	■	
	24	● Craniofacial abnormalities, such as micrognathia (receding lower jaw) and cleft lip and/or palate			■	■	
	25	● Down syndrome			■	■	

E		ASSESSMENT SKILLS (cont'd)	PS	BFC	IBCLC	HP BFI	SUW
Assessment Skills – History (cont'd)	26	• Cardiac problems			■	■	
	27	• Chronic medical conditions such as cystic fibrosis, Hirschsprung's disease or phenylketonuria (PKU)			■	■	
	28	• Genetic conditions such as Pierre Robin Syndrome			■	■	
	29	• Other health issues such as baby in hip harness, baby on oxygen			■	■	
		Mothers with:					
	30	• Obesity		■	■	■	
	31	• Diabetes, gestational, Type 1 and Type 2			■	■	
	32	• Previous or concurrent breast surgery (e.g. breast reduction, augmentation, biopsy) or injury			■	■	
	33	• Insufficient Glandular Tissue (IGT), including Poland Syndrome			■	■	
	34	• Conditions that may impact milk production such as postpartum haemorrhage, retained placental fragments, polycystic ovary syndrome (PCOS) and thyroid conditions		■	■	■	
	35	• Flat, inverted, large or long nipples, or other less common variations		■	■	■	
	36	• Conditions of the nipple-areolar complex, such as dermatitis, eczema, psoriasis			■	■	
	37	• Large breasts	■	■	■	■	■

E		ASSESSMENT SKILLS (cont'd)	PS	BFC	IBCLC	HP BFI	SUW
Assessment Skills – History (cont'd)	38	• Breast conditions such as fibroadenoma			■	■	
	39	• Raynaud's Syndrome		■	■	■	
	40	• Abnormalities of the breast or nipple that require urgent referral such as signs of Paget's Disease			■	■	
	41	• Early use of hormonal contraception		■	■	■	
Assessment skills – Breastfeeding observation		Identifies presenting problems such as:					
	42	• Nipple pain and damage	■	■	■	■	■
	43	• Large weight loss/slow weight gain or requiring supplements		■	■	■	
	44	• Non-latching baby		■	■	■	
	45	• Breast pain including engorgement		■	■	■	
	46	• Fussy baby/breast refusal		■	■	■	
	47	• Milk supply concerns		■	■	■	
	48	• Bottle feeding difficulties		■	■	■	
	49	Observes a full breastfeed		■	■	■	
	50	Documents a full breastfeed		■	■	■	
	51	Recognises effective positioning and attachment	■	■	■	■	■
	52	Identifies sub-optimal positioning and attachment	■	■	■	■	■

E		ASSESSMENT SKILLS (cont'd)	PS	BFC	IBCLC	HP BFI	SUW
Assessment skills – Breastfeeding observation (cont'd)	53	Assesses and evaluates the infant's ability to transfer milk effectively	■	■	■	■	■
		Assesses infant weight appropriately					
	54	● Reviews weight/growth history with parents			■	■	
	55	● Weighs baby accurately and according to guidelines			■	■	
	56	● Offers guidance on frequency of weighing			■	■	
	57	● Monitors weight over a period of time at regular intervals based on clinical need and NICE guidance			■	■	
	58	● Identifies patterns of slow weight gain (including "catch down" growth)			■	■	
	59	● Identifies faltering growth			■	■	
	60	● Considers the specific individual needs of multiples and premature babies			■	■	
		Identifies breast and nipple conditions					
		● Makes a visual assessment of the breast and the areolar complex including:					
	61	▶ Nipple damage	■	■	■	■	■
	62	▶ Engorgement	■	■	■	■	■
	63	▶ Blocked ducts	■	■	■	■	■
	64	▶ Mastitis signs and symptoms	■	■	■	■	■
	65	▶ Skin abnormalities such as dermatitis, eczema or psoriasis			■	■	

E		ASSESSMENT SKILLS (cont'd)	PS	BFC	IBCLC	HP BFI	SUW
Assessment skills – Breastfeeding observation (cont'd)	66	▶ Scarring from previous surgery, injury or burns including asking about change in sensation					
	67	▶ Nipple piercing					
	68	▶ Accessory breast tissue					
	69	▶ Markers of insufficient glandular tissue					
	70	● Performs a physical assessment of the breast when clinically indicated					
	71	● Recognises differing presentations of breast/nipple pathology in mothers of all skin colours					
	72	● Identifies common variations in nipple shape and structure including flat, inverted, large and long					
	73	● Identifies uncommon variations in nipple shape and structure including bifid or supernumerary nipples					
	74	● Explores possible reasons for breast pain including engorgement, blocked ducts, mastitis, breast abscess or referred nipple pain etc.					
	75	Assesses the baby's suck, swallow, breathe pattern					
	76	Recognises basic signs of ineffective feeding					
	77	Recognises more complex signs of ineffective feeding, eg unable to stimulate subsequent milk ejections					

E		ASSESSMENT SKILLS (cont'd)	PS	BFC	IBCLC	HP BFI	SUW
Assessment skills – Breastfeeding observation (cont'd)	78	Makes a visual oral assessment of the baby's mouth including tongue mobility					
	79	Recognises variations in infant oral anatomy eg bubble palate, Epstein's pearls					
	80	Performs a full infant oral assessment including digital examination and suck assessment					
	81	Observes for signs of asymmetry in the baby					
	82	Assesses the baby's feeding reflexes					
		Identifies possible reasons for the presenting problems, such as:					
	83	• Sub-optimal positioning and attachment	■	■	■	■	■
	84	• Ineffective feeding	■	■	■	■	■
	85	• Blocked ducts/mastitis		■	■	■	
	86	• Bacterial or fungal infections of the nipple/oral thrush in the baby					
	87	• Nipple vasospasm					
	88	• Sub-optimal use of breast pump					
	89	• Low milk supply					
	90	• Over supply					

F		FEEDING SUPPORT SKILLS	PS	BFC	IBCLC	HP BFI	SUW
Normal Course of Breastfeeding (Education)	1	Enables parents' informed decision-making around infant feeding					
	2	Includes family members or key support persons in discussions					
	3	Offers relevant, evidence-based information and practical suggestions, rather than advice					
	4	Where appropriate, offers evidence-based advice					
	5	Offers information about the importance of keeping mother and baby together wherever possible					
		Offers information about:					
	6	• Fathers'/partners' unique relationship with the baby					
	7	• Ways of bonding without feeding					
	8	• Fathers'/partners' role in supporting the mother					
	9	• The unique role of the extended family in supporting parents					
	10	Supports families to understand how some cultural and historic beliefs may influence infant feeding (e.g. around colostrum, scheduled feedings, need for supplementation)					
	11	Offers anticipatory information for managing common problems that can interfere with breastfeeding					
	12	Offers tailored breastfeeding education materials for families					
	13	Communicates the importance of continued skin-to-skin contact in eliciting and reinforcing baby's feeding reflexes					

F		FEEDING SUPPORT SKILLS (cont'd)	PS	BFC	IBCLC	HP BFI	SUW
Normal Course of Breastfeeding (Education) (cont'd)	14	Describes comfortable and sustainable breastfeeding positions for mother and baby					
	15	Describes key features of effective attachment at the breast and how to achieve this					
	16	Demonstrates effective positioning and attachment using aids such as a doll/knitted breast					
	17	Communicates how milk is produced and maintained					
	18	Helps parents understand milk production and the importance of milk removal					
	20	Helps parents to recognise normal infant sucking patterns and signs of effective milk transfer					
	21	Helps parents to identify whether their baby is getting enough milk (e.g. wet and dirty nappies)					
	22	Offers information about feeding patterns, including changes due to growth and development					
	23	Offers information sensitively to parents about the importance of exclusive breastmilk feeds and possible consequences of mixed feeding with infant formula milks					
	24	Communicates breastmilk composition and key differences from infant formula					
	25	Communicates roles of hormones – including oxytocin, prolactin – and other factors, e.g. Feedback Inhibitor of Lactation (FIL), in milk production and regulation					
	26	Explains maternal and infant factors that may be impacting milk supply					
	27	Provides basic information about healthy family nutrition in line with NHS guidance					
	28	Sensitively offers relevant evidence-based about how physical and emotional health outcomes for a mother and baby can be influenced by infant feeding					

F		FEEDING SUPPORT SKILLS (cont'd)	PS	BFC	IBCLC	HP BFI	SUW
Normal Course of Breastfeeding (Education) (cont'd)	29	Helps parents to recognise early infant feeding cues					
	30	Describes key features of responsive feeding					
	31	Explores parents' expectations regarding normal breastfed infant behaviours, including feeding frequency and normal infant sleep patterns					
	32	Offers information to parents that breastfeeding is more than milk transfer, e.g. calming, relationship-building					
	33	Encourages responsiveness in parents towards baby					
	34	Offers information about feeding twins and multiples					
	35	Offers information about breastfeeding beyond infancy and tandem feeding children of different ages					
	36	Offers information to parents about why, when, and how to wake a sleepy newborn					
	37	Offers information to mothers about care of their breasts					
	38	Offers information to parents about prevention and treatment of nipple pain or damage					
	39	Teaches mothers how to hand express					
	40	Teaches mothers how to use a breast pump effectively, e.g. flange size, technique, cleaning					
	41	Shares information about different and appropriate types of breast pump					
	42	Provides information on how to collect, store and use expressed breastmilk safely					

F		FEEDING SUPPORT SKILLS (cont'd)	PS	BFC	IBCLC	HP BFI	SUW
Normal Course of Breastfeeding (Education) (cont'd)	43	Offers information sensitively about practices that may interfere with breastfeeding and / or bonding					
	44	Shares information about the potential impact on breastfeeding when considering using teats and dummies					
	45	Shares information about the risks and benefits of using a nipple shield and how to do so effectively					
	46	Offers information / facilitates learning about breastfeeding and related subjects with individuals or couples	■	■	■	■	■
	47	Facilitates learning about breastfeeding and related aspects of parenting in a group situation					
	48	Facilitates discussion in support groups to enable mother-to-mother support and learning					
Normal Course of Breastfeeding (Support)	49	Provides individualised care/support with an emphasis on enabling parents to make informed decisions	■	■	■	■	■
	50	Provides support for parents with twins or multiples					
	51	Provides support for young parents					
	52	Provides culturally sensitive support for parents including those from minority ethnic and LGBTQ+ communities					
	53	Enables parents to have continuous skin-to-skin contact with their term newborn, until the first feed and beyond	■	■	■	■	■
	54	Uses a hands-off technique to enable a mother to position and help her baby attach, for effective feeding	■	■	■	■	■

F		FEEDING SUPPORT SKILLS (cont'd)	PS	BFC	IBCLC	HP BFI	SUW
Normal Course of Breastfeeding (Support) (cont'd)		Helps parents to recognise signs of effective feeding:					
	55	• Normal sucking patterns (including pauses)					
	56	• Signs of effective milk transfer (suck/swallow ratio)					
	57	• Range of normal duration and frequency of feeding					
	58	• Appropriate output of stools and urine for baby's age					
	59	Supports parents to feed their baby responsively approximately 8-12 times in 24 hours in the early postnatal weeks and respond to the infant's changing needs					
	60	Supports parents with infants who are sleepy and reluctant to feed about why, when and how to encourage their infant to feed					
	61	Offers strategies to safeguard milk supply when appropriate					
	62	Offers strategies to increase milk intake if not sufficient					
	63	Offers information/guidance about the practicalities of keeping mother and baby together					
	64	Explores with parents comfortable positions for feeding in a variety of situations e.g. Caesarean birth, premature baby, multiple or traumatic birth, mothers with large breasts or large nipples					
	65	Supports parents with feeding infants at risk of developing a medical condition e.g. hypoglycemia, jaundice					
	66	Supports parents with feeding infants at higher risk of feeding problems, e.g. after difficult birth or with a medical condition					

F		FEEDING SUPPORT SKILLS (cont'd)	PS	BFC	IBCLC	HP BFI	SUW
Normal Course of Breastfeeding (Support) (cont'd)	67	Supports parents with preventing and overcoming engorgement or blocked ducts					
	68	Supports parents with preventing and overcoming nipple pain and damage					
	69	Explores with parents how to manage night-time parenting and parents' need for rest					
	70	Supports mothers experiencing times of emotional distress / 'baby blues'					
	71	Recognises signs and symptoms suggesting further mental health support may be needed and refers or signposts appropriately					
	72	Helps to identify and reduce physical and emotional barriers that might lead to early cessation					
	73	Explores strategies for continuing to breastfeed when returning to study/work					
	74	Supports parents to find strategies for coping with common situations such as an infant who is distractible, or is teething or biting					
	75	Provides support for mothers wanting to reduce or stop breastfeeding, with consideration for breast health and emotional needs of the dyad					
	76	Provides support for mothers breastfeeding through pregnancy					
	77	Provides support for mothers who are tandem feeding					
	78	Provides support for women feeding beyond infancy					

F		FEEDING SUPPORT SKILLS (cont'd)	PS	BFC	IBCLC	HP BFI	SUW
Support Strategies for Common and Complex Problems	79	Assists mothers with an individualised approach, making more straightforward adjustments to optimise positioning and attachment and milk transfer, continuing and reviewing for as long as requested.					
	80	Where common adjustments have not been effective, assesses and applies knowledge to offer more nuanced suggestions about positioning and attachment and improving milk transfer					
		Offers strategies on how to manage and resolve **nipple pain** and **damage**:					
	81	• A variety of attachment techniques to aid comfort e.g. exaggerated latch					
	82	• Strategies to cope with fast flow					
	83	• Strategies to cope with nipple vasospasm e.g. positioning and attachment, warmth					
	84	• Strategies to manage nipple pain and damage and promote healing, including targeted, effective and appropriate use of products if required					
	85	• Strategies to protect milk supply and feed the baby if it is too painful to breastfeed					
	86	• Appropriate hygiene information to aid resolution of bacterial or fungal infections					
	87	• Appropriate referral or signposting for mothers for further assessment and treatment if indicated e.g. pharmaceutical treatment or tongue-tie assessment					
		Offers information and/or guidance on how to manage and resolve **breast pain**					
	88	• Enables the mother to effectively remove milk, working towards pain-free breastfeeding, by direct breastfeeding, expressing or a combination of both					
	89	• Encourages self-help measures (e.g. analgesia, hot or cold compresses)					

F		FEEDING SUPPORT SKILLS (cont'd)	PS	BFC	IBCLC	HP BFI	SUW
Support Strategies for Common and Complex Problems (cont'd)	90	• Refers or signposts immediately to GP, A&E or Breast Unit if signs and symptoms are severe or not improving within 24 hours					
	91	• Supports mothers through more complex breast pain situations e.g. mastitis spectrum including abscess, Raynaud's					
		Offers information/guidance on how to sustain lactation and feed the baby if the baby is **unable to feed at the breast** (non-latching baby or separation of mother and baby):					
	92	• Provides support with early, frequent and effective expressing and feeding of expressed milk, including donor milk where relevant					
	93	• Appropriate use of breastmilk substitutes (choice of, e.g. 1st stage) and making up formula					
	94	• Appropriate use and cleaning of feeding equipment and devices for achieving attachment, i.e. nipple shield, and supplementation:					
	95	► Alternative feeding techniques such as spoon, cup feeding, syringe feeding, finger feeding, tube feeding at the breast (supplementary nursing system)					
	96	► Bottles and teats including paced and responsive feeding					
	97	► Breast pumps					
	98	► Other milk collection devices					
	99	► Nipple shields					
	100	► Devices to evert nipples					

F		FEEDING SUPPORT SKILLS (cont'd)	PS	BFC	IBCLC	HP BFI	SUW
Support Strategies for Common and Complex Problems (cont'd)		Offers information/guidance on how to sustain lactation and feed the baby if the baby is **feeding ineffectively** (large early weight loss, slow weight gain or requires supplementation of expressed milk or formula to gain weight appropriately) such as:					
	101	• Ensure parents understand how to recognise effective milk transfer					
	102	• Techniques in response to the baby to increase milk intake such as more frequent feeds, changing sides, breast compressions, 'switch feeding'					
	103	• Determines appropriate supplementation (see above)					
		Suggests **strategies to increase milk production** where needed:					
	104	• Effective and frequent milk removal by direct breastfeeding, expressing or a combination					
	105	• Appropriate sharing of information about the range and efficacy of galactogogues					
	106	• Appropriate referral/signposting to GP for pharmaceutical galactagogue and/or further investigation, e.g. thyroid function					
		Offers suggestions / guidance on how to manage breastfeeding when the baby is reluctant to feed, distressed or **refusing the breast**:					
	107	• Identifies additional support needs of a family with a baby who is reluctant to feed, distressed or refusing the breast					
	108	• Supports the parents to identify causal or contributing factors to the baby's fussiness					
	109	• Explores and develops strategies with the family to sustain lactation and feed and soothe the baby, building on existing strengths					

F		FEEDING SUPPORT SKILLS (cont'd)	PS	BFC	IBCLC	HP BFI	SUW
Support Strategies for Common and Complex Problems (cont'd)	110	• Refers/signposts to specialist feeding support if appropriate					
	111	• Appropriately refers/signposts parents to other health care professionals, e.g. to GP for investigation and possible treatment or to hospital if symptoms severe and not improving					
		Offers suggestions / guidance on how to manage **oversupply**:					
	112	• Differentiating oversupply from strong milk ejection reflex					
	113	• Explores feeding positions with mothers to aid attachment and comfortable milk transfer					
	114	• Suggests techniques for decreasing milk production where appropriate					
Breastfeeding Support for Mother and Baby in the Neonatal unit (NNU)	115	Supports parents with Family Integrated Care					
	116	Supports parents with Kangaroo Mother Care (KMC)					
	117	Provides individualised support to optimise expressing and milk supply					
		Provides individualised support with the transition to breastfeeding:					
	118	• Recognises that many preterm babies need good positional support, eg for weak, poorly-coordinated suck and underdeveloped muscle tone					
	119	• For preterm babies, uses tools and techniques such as breast compression and nipple shields that may optimise milk transfer and oral stability					

F		FEEDING SUPPORT SKILLS (cont'd)	PS	BFC	IBCLC	HP BFI	SUW
Breastfeeding in Special Circumstances	120	Advocates for mother and baby, as they are an integrated biological unit, to be kept together wherever possible					
	121	Identifies barriers to continued breastfeeding					
	122	Explores with the mother a feeding plan for the dyad in their specific situation (e.g. medical procedures)					
		Provides support for parents (primarily mothers):					
		• with continued breastfeeding during any illness or hospitalisation of parent or infant, including:					
	123	▸ children with medical conditions that prevent exclusive feeding on breastmilk					
	124	▸ long-term hospitalisation					
	125	▸ complex illness in breastfeeding children over 1 year old					
	126	▸ fasting for surgery					
	127	▸ breastfeeding after maternal anaesthesia					
	128	• with relactation					
	129	• with induced lactation					
	130	• with breastfeeding aversion (Yate, 2020)					
	131	• with Dysphoric Milk Ejection Reflex (D-MER) (Macrina Heise, 2017)					
	132	• with suspected or confirmed infections that may make breastfeeding contraindicated, such as herpes for a newborn					

F		FEEDING SUPPORT SKILLS (cont'd)	PS	BFC	IBCLC	HP BFI	SUW
Breastfeeding in Special Circumstances	133	• for HIV positive women who wish to breastfeed (following WHO and BHIVA (2020)) guidance					
	134	• with stillbirth or the death of an infant, including management of lactation and potential milk donation					
	135	Provides infant feeding support for families who have vulnerabilities such as housing insecurity, food insecurity, leaving care, including refugees and asylum-seekers				■	
		Provides infant feeding support, as part of a multidisciplinary team, for parents who have:					
	136	• postnatal psychological issues, including transient sadness ("baby blues")	■	■	■	■	■
	137	• an identified need for postnatal mental health services, such as postnatal depression, anxiety, OCD, PTSD, and psychosis				■	
	138	• learning disabilities or neurodiversity				■	
	139	• chronic medical conditions, such as diabetes or epilepsy					
	140	• conditions that may limit ability to handle the baby easily, such as rheumatoid arthritis, carpal tunnel syndrome, and cerebral palsy, or mobility issues (for example, IV tube in place)					
	141	• accessibility issues (for example, a wheelchair user)	■	■	■	■	■
	142	• eating disorders					
	143	• concerns about body image, including dysphoria					
	144	• current abuse, including coercive control	■	■	■	■	■

F		FEEDING SUPPORT SKILLS (cont'd)	PS	BFC	IBCLC	HP BFI	SUW
Mixed and Formula Feeding	145	Explores ways of combining breastfeeding with infant formula, if there is a medical need or if this is the parent's decision	■	■	■	■	■
	146	Supports parents by developing a care plan to supplement appropriately			■	■	
	147	If appropriate, offers information about choosing types of infant formula, making up powdered infant formula and using formula as safely as possible			■	■	
	148	Offers information about attunement to the baby and relationship-building through responsive bottle-feeding, including paced feeding	■	■	■	■	■
	149	Offers information about the effective cleaning of infant feeding equipment		■	■	■	■
Sleep Safety	150	Offers information sensitively to parents and other carers about the role of breastfeeding in reducing the risk of Sudden Infant Death	■	■	■	■	■
	151	Explores and offers information to parents and other carers about safer sleep environments, including bed sharing, especially when travelling and during infant or parental illness, and when using a sling	■	■	■	■	■
	152	Supports parents and other carers with safer sleep practices,eg KMC, when bedsharing is contraindicated, such as with low birthweight and premature babies	■	■	■	■	■
Maternal / Infant Medications	153	Identifies and offers appropriate resources to parents, e.g. UKDILAS or BfN Drugs in Breastmilk service, on medications that may be transferred to the baby through breastmilk or may impact milk supply	■	■	■	■	■
	154	Provides appropriate information and resources to health professionals / the healthcare team on medications that may affect breastfeeding and lactation					
	155	Offers information to or signposts parents about the effect on lactation or their baby of commonly-used drugs: caffeine, nicotine, alcohol	■	■	■	■	■
	156	Offers information to or signposts parents about the effect on lactation or their baby of recreational drugs					

F		FEEDING SUPPORT SKILLS (cont'd)	PS	BFC	IBCLC	HP BFI	SUW
Maternal / Infant Medications (cont'd)	157	Offers information to parents about the effect on lactation or their baby of complementary and alternative medicines					
	158	Offers information and support to mothers who have been advised inappropriately to stop breastfeeding					
	159	Advocates for mothers who have been advised inappropriately to stop breastfeeding					
	160	Supports parents with infant feeding if their infants require medications					
Contraception and child spacing	161	Offers information to parents about the impact of breastfeeding on fertility and return of menstruation					
	162	Offers information to parents about the potential impacts of hormone-based contraception on breastfeeding, including milk supply					
	163	Offers information to mothers about the Lactation Amenorrhea Method of contraception (LAM)					
Complementary Foods	164	Supports parents to identify developmental readiness for introduction of family foods and offers information to parents about complementary feeding approaches, including baby-led feeding and eating together as a family					
	165	Supports parents to continue breastfeeding after the introduction of solids					
	166	Explores suitability of family diet for the infant, including vegan (NHS, 2018)					

F		FEEDING SUPPORT SKILLS (cont'd)	PS	BFC	IBCLC	HP BFI	SUW
Breastfeeding the Older Baby or Child	167	Supports parents to understand the emotional and nutritional needs of an older baby or young child	■	■	■	■	■
	68	Supports the mother to breastfeed for as long as mother and baby wish to, including offering information about the health and emotional benefits, and normality, of breastfeeding beyond infancy	■	■	■	■	■
	169	Offers support and information to a mother returning to study or work	■	■	■	■	■
	170	Supports families to protect the breastfeeding relationship/provision of breastmilk when parents are living apart					
	171	Supports a mother to continue breastfeeding where there is a lack of understanding from the family/wider community, e.g. by signposting to relevant groups	■	■	■	■	■
	172	Supports a mother to continue breastfeeding through a subsequent pregnancy and tandem feeding					

G		FEEDING PLANNING SKILLS	PS	BFC	IBCLC	HP BFI	SUW
Feeding Planning Skills		Develops a feeding plan collaboratively with the family, to optimise breastfeeding and work with problems:					
	1	• Ensures that the parents' concerns are heard, acknowledged and explored					
	2	• Offers parents possible reasons for the mother and baby's breastfeeding difficulty and checks that the parents understand the explanation					
	3	• Revisits their concerns as appropriate					
	4	• Makes appropriate suggestions for common issues					
	5	• Makes appropriate suggestions for complex situations and high-risk babies, e.g. baby of a diabetic mother					
	6	• Develops an appropriate feeding plan with the family					
	7	Supports families to prioritise the strategies most relevant to their goals, immediate and long-term, including simultaneous and sequential options					
	8	Supports families to carry out the feeding plan					
	9	Communicates directly with the health care team about the plan					
	10	Supports the mother to communicate with her healthcare team					
	11	When appropriate, makes clinical decisions collaboratively with a multi-disciplinary team (e.g. GP, HV, MW or perhaps paediatrician, dietitian, speech and language therapist (SALT), early years psychologist/psychiatrist					
	12	Offers to evaluate the effectiveness and impact of the feeding plan, and offers follow up					

H		SIGNPOSTING, REFERRAL AND LIAISON	PS	BFC	IBCLC	HP BFI	SUW
Signposting, Referral and Liaison	1	Identifies and offers appropriate evidence-based information sources for families, including mobile apps, electronic media and print materials					
	2	Offers information about national, e.g. NICE, and local guidance and referral pathways					
	3	Signposts to community resources and peer support groups					
	4	Signposts or refers to more specialist support as appropriate, e.g. unresolved nipple pain or breast lump					
	5	Refers/signposts to other disciplines as required, e.g. midwifery, health visiting, GP, breast clinic, tongue tie clinic					
	6	Signposts to appropriate health professional if concerns about perinatal mental health					
	7	Liaises with the multi-disciplinary team, e.g SALT, paediatrician, dietetitian, Family Nurse Partnership (FNP), Child and Adolescent Mental Healtlh Services (CAMHS)					
	8	Identifies barriers to communication					
	9	Utilises available resources, e.g. sign language, hearing or translation/interpretation services					

		ADDITIONAL SKILLS AND REQUIREMENTS	PS	BFC	IBCLC	HP BFI	SUW
Personal skills (Ethical practice)	1	Has awareness of and cares for own wellbeing, including setting and maintaining appropriate personal boundaries					
	2	Strives to practice without bias, judgment or the making of assumptions					
	3	Engages in reflective practice					
	4	Practises with diligence and integrity					
	5	Practises safely and is trustworthy					
Continuing Professional Development and Supervision	6	Has reflected on own experiences of pregnancy, birth and parenting, including infant feeding, and continues to do so					
	7	Recognises the need for and accesses good quality supervision to build on personal reflections					
	8	Fulfils an obligation to gain clinical experience across breastfeeding support settings and course of breastfeeding e.g. neonatal units, home birth, midwifery, postnatal care / community HV settings, breastfeeding helplines, volunteer community support group meeting, breastfeeding clinic, lactation consultant private practice, public health dept.					
	9	Identifies knowledge and practice gaps and obtains education or practical experience, including in communication, to improve skills and knowledge					
	10	Fulfils an obligation to access continuous professional development (CPD) related to infant feeding					
	11	Complies with re-validation or re-certification requirements to maintain infant feeding credential, such as evidence of practice hours and reflective learning, as required by registering body					

		ADDITIONAL SKILLS AND REQUIREMENTS (cont'd)	PS	BFC	IBCLC	HP BFI	SUW
Statutory and Professional Requirements	12	Practices within the relevant laws and regulations					
	13	Complies with the relevant professional code of ethics, standards of practice and behaviour, code of conduct and any other guiding documents					
	14	Upholds the International Code of Marketing of Breastmilk Substitutes and subsequent World Health Assembly resolutions and applies the knowledge to specific situations					
	15	Maintains detailed contemporaneous records of contacts with families					
	16	Adheres to General Data Protection Regulations (GDPR) and other data security guidelines					
	17	Advocates on behalf of breastfeeding families in the workplace, community, and within the healthcare system					
	18	Applies evaluated research to practice					
	19	Evaluates and critically appraises research					
	20	Communicates effectively with other members of the healthcare team, using written documents appropriate to the location, facility, and culture, such as: consent forms, care plans, charting forms/clinical notes, pathways/care maps, and feeding assessment forms					
	21	Writes referrals and follow-up documentation or letters to referring and primary healthcare providers					
	22	Where needed, shares concerns immediately with the relevant healthcare provider or makes a safeguarding referral, following local and organisational guidelines					
	23	Keeps up to date with own mandatory training and guidance on topics such as safeguarding, domestic abuse, infection control, resuscitation, first aid					

Glossary of terms

Cultural humility and cultural sensitivity

These terms, which require an ongoing process of self-reflection, have replaced the term 'cultural competence', which suggests there is a set body of knowledge to acquire about a group of people. For more details see https://healthcity.bmc.org/policy-and-industry/cultural-humility-vs-cultural-competence-providers-need-both

Healthcare professional

Someone who holds a licence from the NMC or GMC.

Healthcare worker

Anyone working in a healthcare system who does not have a professional qualification.

Infant formula

This is a commercial product. First stage milks are suitable for the first year of life. For further information see the NHS and First Steps Nutrition Trust websites.

Paediatrics

Includes general paediatric medical and surgical wards, emergency departments, paediatric intensive care units (PICU), high dependency units (HDU), children's outpatients, day surgery, ambulatory care, walk-in centres, community paediatric nursing teams, specialist children's hospitals (eg GOSH, GNCH, Bristol) and specialist paediatric centres. Children are admitted to paediatrics if they are already at home.

Reflective supervision

The primary purpose of supervision is to protect clients by checking that the supervisee is meeting the required standards. Reflective supervision encourages the supervisee to identify improvements themselves, including relevant learning, and is carried out in a supportive manner. These three functions are called normative, supportive and formative. Practice situations are explored.

Support

In the context of infant feeding, we use the term 'support' to mean an offer to a person that helps to meet emotional and cognitive needs (such as for information and explanations for what is happening) and help them develop practical skills and self-efficacy so that they feel more confident that they can resolve the situation.

Acronyms

ABM	Association of Breastfeeding Mothers
BBF	Becoming Breastfeeding Friendly
BFHI	WHO/Unicef Baby Friendly Hospital Initiative
BFI	Unicef UK Baby Friendly Initiative
BfN	The Breastfeeding Network
CPD	Continuing Professional Development
GDPR	General Data Protection Regulations
GMC	General Medical Council
HCP	Healthcare Professional
IBCLC	International Board-Certified Lactation Consultant
IBCLE	International Board of Lactation Consultant Examiners
IFE	Infant Feeding in Emergencies
LLL	La Leche League
LEARRC	Lactation Education and Approval Review Committee
NCAA	National Commission for Certifying Agencies
NCT	National Childbirth Trust
NICE	National Institute for Health and Care Excellence
NMC	Nursing and Midwifery Council
OCN	Open College Network
RCM	Royal College of Midwives
UKAMB	United Kingdom Association for Milk Banking
UNCRC	United Nations Convention on the Rights of the Child
WBTi	World Breastfeeding Trends Initiative
WHO	World Health Organisation

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Appendix 1

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'Theme 6: Developing coordinated, consistent and evidence-based learning outcomes across education and training programmes, based on role-appropriate competency frameworks.

Recommendation 6: There are nationally coordinated, consistent learning outcomes for all groups who care for mothers and babies, both in service and pre-registration, and also volunteers and lay supporters.

These outcomes are based on a competency framework for each group and underpinned by training and mentorship, supervision and monitoring; together these will ensure consistency for each group and appropriate, quality assured and standardised provision.'

Appendix 2

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We are very grateful to all those who have contributed to the development of this Competencies Framework document.

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Organisations supporting the Competencies Framework

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