

REPORT SHOWS UK MOTHERS ARE BEING LET DOWN. *UK Health Professionals lack training on infant feeding*

Findings from the UK's second World Breastfeeding Trends Initiative assessment

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What happens when a breastfeeding mother is admitted to hospital with a broken leg?

Or her GP wants to prescribe her antidepressants?

Doctors and nurses often have little or no training in infant feeding and may not know how to support breastfeeding mothers under their care, according to a new report released today by a group of organisations working in maternal and infant health.



Health impact of breastfeeding

Enabling mothers to continue breastfeeding has important public health impacts on women's health, reducing their risk of cancer, cardiovascular disease, diabetes, poor mental health, obesity and overweight. Breastfeeding reduces infants' risk of SIDS and necrotising enterocolitis, with later impacts on diabetes, obesity and overweight, and can improve brain development, emotional development and school performance.ⁱ

Gaps in health professional training

The UK's UNICEF Baby Friendly Initiativeⁱⁱ continues to be a world leader and is the highest scoring program UK-wide, although recently England has been impacted by funding and staffing pressures.

Maternity staff in Baby Friendly (BFI) accredited hospitals and health visitors in BFI accredited community services have strong in-service training in the basics of breastfeeding management, while the pre-registration training for midwives, lactation consultants (IBCLCs), breastfeeding counsellors, peer supporters and BFI-accredited health visiting programmes have higher levels of breastfeeding education.

In contrast, once mothers are discharged from hospital, other health professionals such as nurses, doctors, dietitians and pharmacists may have had very little (see gaps in red in table).

There is no mention of infant feeding in nursing training standards; even paediatric and neonatal nurses may not have a basic knowledge of breastfeeding.

	Factors influencing infant feeding	Anatomical cues	Postnatal cues	Process of milk production and removal	Benefits of optimal infant feeding	Guidance for lactational breastfeeding	Management of common feeding problems	Balance with maternal health needs, e.g. anaemia	Facilitate lactation with medical conditions	Prevent/monitor/assess lactation compatibility with lactation	Supporting lactation when mother and baby separated	WHO Code and health worker recommendations	Infant feeding and HIV	ITCF in emergencies
Midwife	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Nurse	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
Paediatric nurse	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
Health visitor (HVs, SCVs, health visitors)	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
HV (BFI approved Courses)	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Medical student	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
Pharmacist	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
Dietitian	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
GP	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
Pharmacist (General)	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
IBCLC	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
BFC	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
PE	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red

■ include ■ exclude ■ uncertain/limited ■ no response

Abbreviations:
 BFI: Baby Friendly Initiative; BFC: Breastfeeding Counsellor; HV: Health Visitor; SCV: Specialist Community Visitor; GP: General Practitioner; IBCLC: International Board Certified Lactation Consultant; PE: Peer Educator; LLL: Lactation Leadership Learning; LLLT: Lactation Leadership Learning Tool; LLLR: Lactation Leadership Learning Resource.

W B T I
 WORLD BREASTFEEDING TRENDS INITIATIVE

BFI accredited university health visitor (HV) programmes have significantly more content on breastfeeding. By 2024, one fifth of HV training programmes were BFI-accredited; our recommendation is that all HV university programmes should achieve BFI accreditation, as well as all community services. HV services should be well staffed and integrated with a network of skilled peer supporters and a specialist pathway when needed. Health visitors have a crucial role in supporting and signposting families to other support.

Some CPD is sponsored by bottle and formula companies, creating conflicts of interest. This report confirms recent findings by the Competition & Markets Authority of profiteering and misleading

marketing by formula companies, with little or no monitoring or enforcement of current regulations; the WBTi team heartily endorses the CMA recommendations for stronger protections for consumers.ⁱⁱⁱ

New report on infant feeding in the UK: devolved nations are in the lead

The second UK WBTi report shows little progress since the first assessment in 2016. The devolved nations have continued to show national leadership, with stronger policies and programmes on infant feeding, consistently scoring higher than England. Wales has been reconfiguring services, has a national action plan to 2024, and recently put a leadership team in place. Northern Ireland has put many policies in place and is the only nation to have completed updated resources on infant feeding and HIV, giving them the top score. Scotland, whose national early years team recently won the political leadership category of the Children's Food Awards, demonstrates strong political will, joined up policies, and investment in community breastfeeding support, the UNICEF UK Baby Friendly Initiative, and the National Breastfeeding Helpline, over the longest period and has seen breastfeeding rates start to rise.

Who is WBTi?

The World Breastfeeding Trends Initiative (WBTi) UK project is a collaboration of health professional bodies, third sector organisations and experts (listed below), with an advisory group of government officials from all four nations.

Saving the NHS £millions

Basic interventions to support more mothers to breastfeed could pay for themselves within a year, saving 54,000 GP appointments and over 9,500 hospitalisations every year.^{iv}

Supporting more families to breastfeed, and for longer, would support maternal and infant physical and mental health, strengthen the UK's resilience in emergencies, while reducing the environmental impact of the dairy and formula industries.

Most mothers in the UK start out breastfeeding, but by 6-8 weeks, less than half of babies are receiving any breastmilk at all. Surveys show that most mothers who stopped early wanted to breastfeed for longer^v – the WBTi team call for all those who wish to breastfeed to have access to the skilled support and protection they need, while there should be affordable formula and understanding of safe and hygienic preparation for those families who use formula.

Political will is required with action and investment at all levels: local authorities, the health system, and at national levels.

"We look forward to a UK that respects and supports parents' infant feeding decisions and removes all barriers to their feeding journeys." (WBTi 2024 REPORT)

"If we value children, their mothers and their other carers, then a step change is needed in breastfeeding support in the UK" (Dr Robert Boyle, Consultant Paediatrician, Imperial College, London)

"The overall performance of the UK remains woefully poor, with unjustifiable variations in performance between the UK nations. Infant feeding support cannot be left to chance. Supporting the highest standards for infant feeding is not only the right thing to do, it also makes sound economic sense." (Alison Morton, CEO Institute for Health Visiting)

"The breastfeeding journeys of many of these families - especially those already in crisis - are heart-breakingly difficult or cut short.

The solution is not to ignore either the voices of the overwhelming majority of women and parents, or the public health benefits of more women breastfeeding as they wish. What is needed is a robust, national strategy and long-term investment for UK families to benefit from comprehensive high-quality information and support." (Catherine Hine, CEO The Breastfeeding Network)

Press contacts for interviews

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Notes to Editors

WBTi UK 2024 Report available at: <https://ukbreastfeeding.org/wbtiuk2024/>

Key recommendations in the WBTi UK report:

UK and devolved governments:

Infant feeding in emergencies

- National governments to develop and implement policies for the care of infants and toddlers in preparedness planning and responses, aligned with global guidance.

UNICEF UK Baby Friendly Initiative

- Fully fund time-bound implementation and maintenance of BFI accreditation in all healthcare and community settings, as a service requirement.

Breastfeeding support services

- Governments to maintain adequate maternity and health visiting staffing levels.
- Government/health departments to establish national standards for infant feeding roles.

Maternity protection in the workplace

- Increase maternity, paternity and shared parental pay to at least the National Minimum Wage.
- Enact a statutory right to paid flexible breastfeeding breaks and suitable facilities to breastfeed, express and store milk in workplaces/education, as well as the provision of expressed milk in childcare settings.

UK infant formula legislation

- Widen the scope of the legislation to include marketing of all formula milks up to age 36 months, equipment (bottles and teats) and digital marketing.
- Strengthen monitoring and enforcement of regulations

National strategy/leadership for England

- UK Government to establish a securely funded national feeding strategy, timebound action plan, multi-sectoral committee and national coordinator for England.

All local authorities

- Provide for infants and toddlers in local emergency planning
- To commission integrated community services meeting Baby Friendly standards: universal care from BFI-trained health professionals, a skilled peer support network and specialist services

Health professional bodies

Health professional training

- Standards to include infant feeding as a mandatory pre-registration element for health workers who care for mothers, babies and young children.
- End the approval of industry sponsored education for CPD

The WBTi UK Core Group

Members of the Core Group are expected to be free of conflicts of interest with the baby feeding industry (baby milks, baby foods, bottles or teats).

Association of Breastfeeding Mothers (ABM)

Baby Milk Action

Baby Feeding Law Group

Breastfeeding Alliance

Breastfeeding Network (BfN)

First Steps Nutrition Trust (FSNT)

GP Infant Feeding Network (GPIFN)

Hospital Infant Feeding Network (HIFN)

Institute of Health Visiting (iHV)

Lactation Consultants of Great Britain (LCGB)

La Leche League GB (LLLGB)

L

Leicester Mammals

Maternity Action

NCT

Royal College of Midwives (RCM)*

UNICEF UK Baby Friendly Initiative (BFI)

University of Central Lancashire (UCLAN)

**The RCM declared itself free of conflicts of interest from May 2023 until October 2024*

The WBTi Assessment

The policy recommendations from the UK WBTi 2024 Report will be presented at a parliamentary event in June 2025.

The WBTi assessment project was developed by IBFAN (the International Baby Food Action Network),^{vi} with assessments of ten key areas of infant feeding policy and programmes, in 100 countries around the world:

National policies

UNICEF UK Baby Friendly Initiative

Regulation of marketing of infant milks, bottles and teats

Maternity protection in the workplace

Health systems and training

Breastfeeding support

Accurate information

Infant feeding and HIV

Infant feeding in emergencies

Data collection, monitoring and evaluation

Alison Morton, CEO, Institute for Health Visiting

"The iHV fully supports the WBTi Report's recommendations, calling for better infant feeding policies, practices and support across the UK. Whilst the Report presents a mixed picture, with some improvements and areas of excellence that deserve recognition – the overall performance of the UK remains woefully poor, with unjustifiable variations in performance between the UK nations. Infant feeding support cannot be left to chance! The UK is one of the richest nations in the world, and families should expect a health and care system that is designed to achieve better outcomes. Supporting the highest standards for infant feeding is not only the right thing to do, it also makes sound economic sense."

Dr Robert Boyle, Consultant Paediatrician, Imperial College, London

"There are areas of progress since the 2016 report, but the main message of this report is that much more can be and should be done to support breastfeeding in the UK. More than half of babies born in the UK are put the breast within an hour of birth, but by age 6 weeks many babies are fully bottle-fed. These are some of the worst breastfeeding figures in the world. In these times of conflict and climate change, the UK has no national strategy or response plan for feeding infants in emergencies, where breastfeeding has a key role. If we value children, their mothers and their other carers, then a step change is needed in breastfeeding support in the UK. Key report recommendations include an infant feeding strategy for England, national strategies for feeding infants in emergencies, scaling up breastfeeding support through initiatives such as Family Hubs and BFI accreditation, and strengthening regulation of formula marketing in line with the recent Competition and Markets Authority recommendations."

Catherine Hine, CEO, The Breastfeeding Network

'This report must be a wakeup call.

BfN hears time and time again from tens of thousands of women and parents we support every year, that they need the UK to step up. The overwhelming majority of women and parents want to breastfeed their children. The breastfeeding journeys of many of these families –especially those already in crisis- are heart-breakingly difficult or cut short.

The solution is not to ignore either the voices of the overwhelming majority of women and parents, or the public health benefits of more women breastfeeding as they wish. What is needed is a robust, national strategy and long-term investment for UK families to benefit from comprehensive high-quality information and support. This must go hand in hand with government-led action to regulate marketing by a multi-billion-dollar industry, whose sustained attack on breastfeeding undermines women's choice and mental health.'

ⁱ Victora, C. et al. (2016). Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *Lancet (London, England)*, 387(10017), 475–490. [https://doi.org/10.1016/S0140-6736\(15\)01024-7](https://doi.org/10.1016/S0140-6736(15)01024-7)

Pérez-Escamilla, R. et al. (2023). Breastfeeding: crucially important, but increasingly challenged in a market-driven world. *Lancet (London, England)*, 401(10375), 472–485. [https://doi.org/10.1016/S0140-6736\(22\)01932-8](https://doi.org/10.1016/S0140-6736(22)01932-8)

ⁱⁱ <https://www.unicef.org.uk/babyfriendly/about/>

ⁱⁱⁱ Competition & Markets Authority. (2025). *Infant formula and follow on formula market study*.

<https://www.gov.uk/government/publications/infant-formula-and-follow-on-formula-market-study-final-report>

^{iv} Renfrew, M. et al. (2012). *Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK*. UNICEF UK. https://www.unicef.org.uk/wp-content/uploads/sites/2/2012/11/Preventing_disease_saving_resources.pdf

^v Public Health England. *Commissioning Infant Feeding Services*. 2016.

https://assets.publishing.service.gov.uk/media/5a8010daed915d74e33f83e6/Commissioning_infant_feeding_services_infographics_Part_1_.pdf

^{vi} World Breastfeeding Trends initiative global website. <https://www.worldbreastfeedingtrends.org>