

Policies and Programmes: Indicators 1–10

Key gaps		Key recommendations		Score	
Indicator 1: National policy, governance and funding				2016	2024
Not all nations have a national strategy, action plan and adequate funding. E. No national infant feeding strategy, time-bound action plan, multi-sectoral infant feeding committee or overall national coordinator. W. Delayed implementation of the national strategy; not all actions funded.		Governments to prioritise and maintain comprehensive national infant feeding strategies which are long-term, resourced and led by a coordinator and multi-sectoral committee to bring system-wide change. E. Government to establish a national feeding strategy, time-bound action plan, multi-sectoral committee and national coordinator. W. Government to implement the national strategy fully with long-term index-linked funding.		1	4
Indicator 2: UNICEF UK Baby Friendly Initiative (BFI)*				7.5	7.5
E. There is a commitment in the NHS England three year delivery plan for all trusts with maternity and neonatal services to achieve BFI-accreditation (or an equivalent standard), but no explicit requirement for community services. W. Despite a commitment to BFI, the best model for a national approach has not been identified.		E. Government to mandate and fully fund time-bound implementation and maintenance of BFI accreditation in all healthcare settings, working with DHSC and NHS England for the Baby Friendly programme to be a service requirement. W. Government to identify the best model for a national approach, then mandate and fully fund time-bound implementation and maintenance of BFI standards across all health boards.			
Indicator 3: International Code of Marketing of Breastmilk Substitutes				6	5
a. The scope of UK legislation is too narrow as it does not include all formulas, bottles and teats, or digital marketing. b. Inadequate monitoring and enforcement of the existing regulations.		UK government to: a. Widen the scope of the legislation to include the marketing of all formula milks up to age 36 months, equipment (primarily bottles and teats) and digital marketing. b. Strengthen monitoring and enforcement of regulations.			
Indicator 4: Maternity Protection				6.5	6
a. Statutory maternity, paternity and parental leave payments are worth less than half the National Minimum Wage. b. No right exists to paid breastfeeding breaks and suitable facilities on return to work.		a. UK government to increase maternity, paternity and shared parental pay to at least the National Minimum Wage. b. Governments to enact a statutory right for paid flexible breastfeeding breaks and suitable facilities to breastfeed, express and store milk.			
Indicator 5: Health Care Systems in support of breastfeeding & Infant and Young Child Feeding (IYCF)				5.5	6
Little/no mention of infant feeding in some high level pre-registration standards set by registering bodies for health professionals working with mothers, babies/young children; no mention in nursing standards.		The institutions responsible for professional standards to ensure that infant feeding is a mandatory element in pre-registration training for health professionals who work with mothers, babies and young children; the NMC to ensure that infant feeding is explicitly included in nursing standards.			
Indicator 6: Counselling Services for Pregnant and Breastfeeding Mothers*				7	6
a. Staffing pressures on midwives and health visitors. b. Integrated services: universal care from BFI-trained health professionals, additional skilled peer supporter care and specialist services not always commissioned. c. No national standards for infant feeding roles.		a. Governments to maintain adequate maternity and health visiting staffing levels. b. All local authorities to commission integrated services meeting BFI standards: universal care from BFI-trained health professionals, additional skilled peer supporter programmes and specialist services. c. Government/health departments to establish national standards for infant feeding roles.			
Indicator 7: Accurate and Unbiased Information support				5.5	5.5
The impact of formula on the health of infants and mothers and the risks of improper preparation are not well understood by health professionals or parents.		Governments/ public health agencies to inform all health professionals about the impact of formula on the health of infants and mothers, and effectively communicate the risks of improper preparation to parents.			
Indicator 8: Infant feeding and HIV				6.5	3
a. Not all government guidelines/NHS resources are consistent with current BHIVA guidelines. b. New mothers living with HIV do not always receive consistent skilled support with feeding their infants.		a. Governments/NHS to ensure all guidance and resources follow current BHIVA guidelines. b. Trusts, Boards and local authorities to ensure tailored and specialist lactation support (informed by current evidence) is available for women living with HIV and avoids stigma.			
Indicator 9: Infant and Young Child Feeding during Emergencies (IYCFE)*				0	0
No coordinated strategy, national planning, or preparedness for IYCFE in any of the four nations.		National governments to develop and implement policies for IYCFE preparedness planning, aligned with global guidance, building on work in response to COVID-19 and supply chain issues.			
Indicator 10: Monitoring and evaluation*				5	5
Data collected are not in line with WHO IYCF indicators: particularly breastfeeding within the first hour after birth, exclusive breastfeeding 0-6 months and continued breastfeeding 12-23 months.		National policymakers to implement the findings of the four nation Optimal Infant Feeding Data Framework project to agree shared indicators and ensure they align with WHO IYCF indicators.			
E England W Wales				Scores are out of 10: 0-3.5 4-6.5 7-9 >9	
TOTAL				50.5	48

* Some criteria changed since 2016 report.

Full report available from ukbreastfeeding.org/wbtiuk2024

What is the WBTi?

The World Breastfeeding Trends Initiative (WBTi) is a collaborative national assessment of implementation of key policies and programmes from WHO's *Global Strategy for Infant and Young Child Feeding* (IYCF) and the Innocenti Declaration. WBTi is distinctive in having a strong conflicts of interest policy. It brings together the main agencies and organisations involved in aspects of IYCF in a particular country to work together to collect information, identify gaps and generate recommendations for action. The UK assessment combines the scores, weighted by population, for the individual four nations – England, Northern Ireland, Scotland and Wales. This is the second UK assessment; the first was carried out in 2016.

Total score: 48/100

WBTi UK Core Group members

- Association of Breastfeeding Mothers (ABM)
- Baby Milk Action
- 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)
- Leicester Mammars
- 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.

Infant Feeding Practices* Indicators 11-15

	2016	2024
Indicator 11: Early initiation of breastfeeding within 1 hour of birth	60%	46-61%
Indicator 12: Mean % of exclusive breastfeeding for first 6 months	18%	25-29%
Indicator 13: Median duration of breastfeeding	~3 months	39 days
Indicator 14: Bottle feeding: % of babies 0-12 months fed with bottles	88%	80%+
Indicator 15: Complementary feeding: % babies receiving solids at 6-8 months	98%	94-99%

* Indicators are based on WHO public health indicators, enabling global comparisons. Data collection methods have changed across the UK since 2016.

Advisory Group

- **England:** Family Hubs and Start for Life Programme, Early Years, Children and Families Directorate, Department of Health and Social Care
- **England:** Child and Maternal Health Intelligence, Population Health Analysis, Chief Analyst Directorate, Department of Health and Social Care, England
- **Northern Ireland:** Health Improvement Policy Branch, Department of Health
- **Scotland:** Improving Health and Wellbeing Division, Children and Families Directorate
- **Wales:** Public Health Wales

Breastfeeding is a human rights issue for both the child and the mother.

UN Human Rights joint statement, 2016¹

UN Committee on the Rights of the Child recommendations for the UK (2023):²

41(f) Continue its efforts to promote breastfeeding, including by:

- strengthening support for mothers, including through flexible working arrangements;
- fully implementing the International Code of Marketing of Breast-milk Substitutes and strengthening relevant legislation;
- raising awareness of the importance of breastfeeding among families and the general public.

1. <https://www.ohchr.org/en/statements/2016/11/joint-statement-un-special-rapporteurs-right-food-right-health-working-group>

2. <https://documents.un.org/doc/undoc/gen/g23/112/77/pdf/g2311277.pdf>