

Breastfeeding:  
**A Framework for Action**  
**Nottinghamshire County**  
**and Nottingham City**

2015 - 2020



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## 1.0 Summary

- Breastfeeding improves health outcomes for both mothers and children and makes a significant contribution to health at the population level.
- The choice and ability to breastfeed depends on many factors operating at the individual, community and service levels. The Framework for Action therefore describes a broad partnership plan.
- Although the overall initiation of breastfeeding in Nottingham City and Nottinghamshire County is comparable with its statistical neighbours, it is still significantly lower than the England average. It appears however, that the prioritisation of breastfeeding in recent years is starting to have a positive impact on rates, especially breastfeeding prevalence at 6-8 weeks in the City.
- It appears that the age inequalities in breastfeeding are reducing in Nottingham City, yet there is still significant variation between different age groups, ethnic groups and geographic areas.
- In Nottinghamshire County, significant inequalities in breastfeeding rates continue, notably in relation to age and social deprivation.
- The aim of the Breastfeeding Framework for Action is to improve maternal and infant health outcomes and reduce health inequalities by increasing breastfeeding initiation and duration.
- The key interventions included in the Framework for Action can be categorised into three themes:
  1. Wider cultural influence/social marketing
  2. UNICEF Baby Friendly Initiative
  3. Integrated breastfeeding support
- The Framework for Action will be supported with:
  - the Nottinghamshire and Nottingham City governance structures overseeing the implementation of the Framework for Action, with high level and detailed action plans;
  - monitoring of progress against agreed targets shared across the Children's Partnership (City) and Children's Trust Board (County);
  - robust data collection and analysis (performance monitoring, Health Equity Audit).

## **2.0 Introduction**

### **2.1 Benefits of Breastfeeding**

Breast milk is the natural and best source of nutrition for babies. Exclusive breastfeeding is recommended for the first six months of an infants' life; with continued breastfeeding along with complementary food up to two years of age or beyond<sup>1</sup>. Improving breastfeeding rates has been identified as a national and local priority.

Babies who are not breastfed have a greater risk of developing infections, allergic diseases, insulin dependent diabetes mellitus and sudden unexpected death in infancy, while breastfeeding mothers have a reduced risk of pre-menopausal and post -menopausal breast cancer and ovarian cancer<sup>2</sup>. Breastfeeding is associated with better infant health above and beyond the period of breastfeeding and a reduced risk of developing conditions such as heart disease and obesity<sup>3</sup>. Some evidence suggests breastfeeding promotes improved cognitive development, increased academic attainment, maternal/child bonding, better mental health outcomes and reduced behavioural problems in later childhood<sup>4,5</sup>.

Interventions aimed at improving rates of breastfeeding are significant contributors to key outcomes including; reducing infant mortality, improving life expectancy and promoting healthy weight and optimal nutrition. A recent review illustrated the enormous costs to treating illness associated with not breastfeeding; it concluded that investments into evidence-based breastfeeding interventions could see a return on investment in as little as one year<sup>6</sup>.

### **2.2 National breastfeeding rates and National Policy:**

Despite evidence of the benefits of prolonged exclusive breastfeeding, England has one of the lowest breastfeeding rates in Europe<sup>7</sup>. During 2012/13, 73.9% of mothers in England initiated breastfeeding and 47.2% were still breastfeeding at 6-8 weeks<sup>8</sup>. According to the Infant Feeding Survey, just over a third (36%) of mothers in England is still breastfeeding at six months<sup>9</sup>.

In England, the Department of Health (DH) measures a broad range of indicators under the Public Health *Outcomes Framework for England* (2012), enabling them to monitor progress year on year against key health outcomes. Breastfeeding is a specific indicator; monitoring breastfeeding requires local authorities to prioritise breastfeeding support locally and to increase breastfeeding initiation and prevalence. Breastfeeding prevalence at 6-8 weeks is also a Clinical Commissioning Group (CCG) outcome indicator that is monitored quarterly to assess progress, requiring CCG's to prioritise breastfeeding support.

### **2.3 Factors that have been shown to influence infant feeding choice**

There are a range of individual, community and wider societal influences on infant feeding choice, including maternal age, availability of antenatal breastfeeding information, maternity care and level of support from family and the wider society<sup>7,10</sup>. Those women most likely to breastfeed in the UK are of non-White ethnicity, aged 30 or more and from a managerial or professional occupation<sup>11</sup>.

### **2.4 Aims and Objectives of the Breastfeeding Framework for Action**

Nottinghamshire County and Nottingham City have pledged to develop their services in order to improve breastfeeding initiation and continuation rates.

The overarching aims of the *framework for action* are to:

- Improve maternal and infant health outcomes and reduce health inequalities by increasing breastfeeding initiation and duration.
- Increase breastfeeding initiation rates and 6-8 week prevalence rates by a minimum of 2% per year, women under 25 and women living in areas of deprivation.

We will do this by:

- Encouraging and supporting schools to provide information to children and young people about breastfeeding, in order to increase awareness and positive perceptions.
- Recognising the role of fathers, partners, wider family members and the community in supporting women to breastfeed, developing initiatives to foster a breastfeeding culture in the local community.
- Implementing and maintaining the UNICEF Baby Friendly Initiative Accreditation Programme.
- Ensuring all health and early years professionals in contact with pregnant women and families receive appropriate and up to date training on breastfeeding in line with Baby Friendly Initiative (BFI) Standards.
- Support and empower mothers in their choices by removing barriers to breastfeeding, particularly in groups where there is a low uptake of breastfeeding.
- Providing evidenced based breastfeeding peer support and developing service models as recommended by evaluation findings.
- Early Years Services working in partnership to provide breastfeeding support.
- Promoting and increasing access to stand alone Breastfeeding Support Groups (BABES groups) across all districts in Nottinghamshire and Nottingham City.
- Effective commissioning and delivery of the Healthy Child Programme, Family Nurse Partnership and Early Help services through Children Centres.

- Working in partnership to develop and promote 'breastfeeding friendly' places and the 'right to breastfeed in public', to ensure mothers feel confident and comfortable feeding in public, together with supporting achievement of *Breastfeeding Friendly Nottinghamshire and Nottingham City*.
- Developing programmes which support women to return to work and continue breastfeeding.
- Raising awareness and increasing access to Vitamin D and Healthy Start Vitamins for pregnant, breastfeeding mother's infants and children under 5 years.
- Ensuring that robust infant feeding data is collected and shared across Nottinghamshire in line with agreed service specifications.

## **2.5 Formula feeding:**

UNICEF has developed a pathway which follows a mother's journey through the healthcare system if she chooses to bottle-feed and explains the standard of care she should expect for herself and her baby throughout. The key areas that UNICEF identifies are:

- The first few hours and the importance of skin to skin
- Making your first feed, rooming in and baby led feeding
- At home recognising responsive bottle feeding and coping at night
- Feeding babies 'first milks' until 1 year, then introducing 'door step' milk. 'Follow-on' milks are not necessary
- Timely and appropriate information regarding introduction of solids

## **2.6 Healthy Start/Vitamin D**

Vitamin D is essential for skeletal growth and bone health. A national survey highlights that 24% of children may have low vitamin D status and around a fifth of adults. Dietary sources are limited and the main source of vitamin D is from sunlight on the skin.

NICE guidance<sup>12</sup> aims to increase use of vitamin supplements to prevent vitamin D deficiency among at-risk groups. These include:

- Infants and children aged under 5
- Pregnant and breastfeeding women, particularly teenagers and young women
- People who have low or no exposure to the sun, for example, those who cover their skin for cultural reasons, who are housebound or confined indoors for long periods
- People with darker skin, for example, people of African, African-Caribbean or South Asian family origin

The Healthy Start Programme was launched in 2006 and aims to improve nutrition for low income families by providing free vouchers every week to spend on milk, fresh and frozen

fruit and vegetables, and infant formula milk. Eligible families are also entitled to free Healthy Start Vitamins which include Vitamin D. Pregnant women, breastfeeding mothers and families that have children under the age of four who are on benefits, or under 18 are entitled to the Healthy Start Programme.

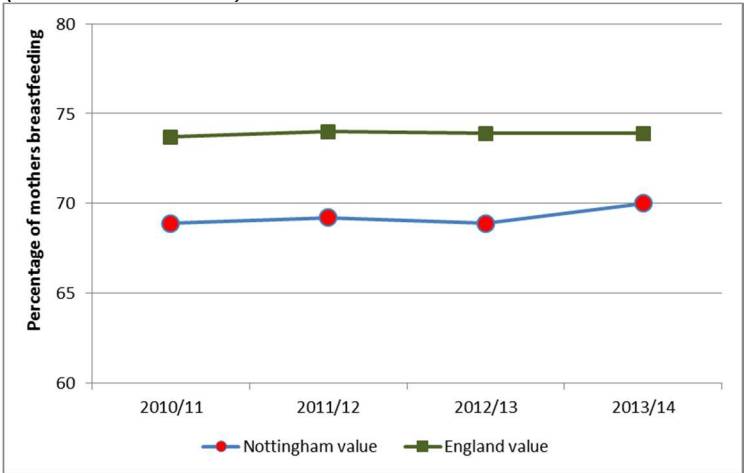
### 3.0 Breastfeeding in Nottingham – where we are now

#### 3.1 Nottingham City breastfeeding initiation

Between 2010/11 and 2013/14, breastfeeding initiation in Nottingham has remained fairly static with a slight increase in 2013/14 (figure 1). Breastfeeding initiation however, continues to be significantly lower than the England average (70.0% compared to 73.9% in 2013/14), although it appears that the gap may be starting to narrow.

All of Nottingham’s statistical neighbours, other than Bristol, Coventry and Southampton have significantly lower breastfeeding initiation than the England average. Nottingham has similar breastfeeding initiation to Birmingham, Derby, Manchester and Wolverhampton and significantly higher breastfeeding initiation than Kingston, Salford and Sandwell. Thus, overall, Nottingham’s breastfeeding initiation is in the middle range of its statistical neighbours (appendix 1).

Figure 1: Trend in Nottingham’s **breastfeeding initiation** compared to England average (2010/11-2013/14)



Source: Public Health Outcomes Framework data tool – 2015

● Worse than England    
 ● Similar to England    
 ● Better than England

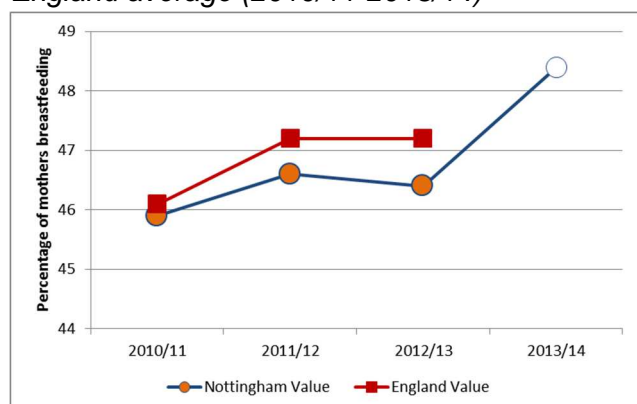
#### 3.2 Nottingham City breastfeeding prevalence

Figure 2 shows that breastfeeding prevalence at 6-8 weeks was statistically similar to the England average from 2010/11 to 2012/13. There appears to be a steep increase in prevalence in 2013/14. This cannot be compared to the England average due to insufficient



data across the country. However, prevalence in 2013/14 (48.4%) is significantly higher than the England average for 2012/13 (47.2%).

Figure 2: Trend in Nottingham's breastfeeding prevalence at **6-8 weeks** compared to England average (2010/11-2013/14)



Source: Public Health Outcomes Framework data tool – 2015

● Worse than England    
 ● Similar to England    
 ● Better than England    
 ○ Not compared

When compared to its statistical neighbours (where data is available), Nottingham has statistically lower breastfeeding prevalence than Bristol and Birmingham, yet statistically higher prevalence than Coventry, Wolverhampton, Salford and Kingston.

So, although the percentage of women in Nottingham who breastfeed at birth appears to have remained fairly static, those women who do breastfeed are more likely to breastfeed for longer.

### 3.3 Patterns of breastfeeding – Nottingham City

Underlying the overall breastfeeding rate, there is considerable variability between different groups and geographic areas. The geographic distribution of 6-8 week breastfeeding prevalence varies between 21.5% in Clifton North and 67.7% in Dunkirk and Lenton. Seven wards have rates which are significantly lower than the City average value (45.6%) and ten have significantly higher rates (appendix 1). This indicates that there are underlying factors for these differences and they are not likely to be due to random variation.

Logistic regression analysis of Nottingham's infant feeding data (Apr 2009 – Sep 2013) showed that the strongest factor *independently* associated with breastfeeding initiation in Nottingham is **maternal age**:

- Mothers aged 30+ are six times more likely to breastfeed than those aged less than 19 years.

- 25-29 years olds are almost four times more likely to breastfeed than the youngest group.

When comparing Nottingham’s breastfeeding prevalence data by maternal age in 2012/13 with that of 2008/09 (appendix 2), it appears that the age inequality gap between the youngest and oldest mothers has narrowed with the largest improvement in rates seen in mothers aged under 19 years. Despite this improvement, there remains a substantial gap between those aged under and over 25 years of age.

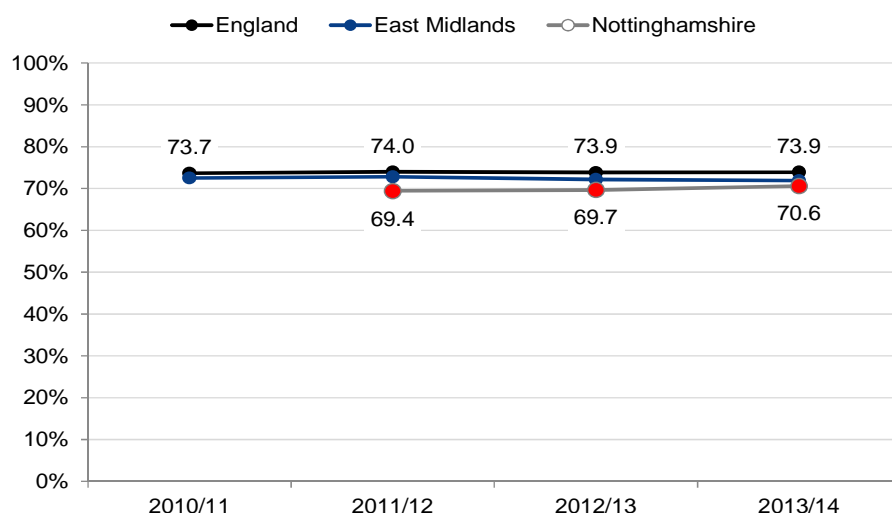
Maternal ethnicity and level of deprivation were also independently associated with breastfeeding, although their influence is not as strong as maternal age. Mothers in White ethnic groups are less likely to breastfeed than those in the Asian and Black ethnic groups (68% and 44% less likely respectively) and mothers living in the least deprived quintile of Nottingham are more than two times more likely to breastfeed than those living in the most deprived quintile.

## 4.0 Breastfeeding in Nottinghamshire: Where we are now

### 4.1 Breastfeeding initiation - Nottinghamshire

Breastfeeding initiation in Nottinghamshire continues to be significantly lower than the England average although it appears that the gap is starting to narrow (Figure 3).

Figure 3: Breastfeeding initiation trends over time 2010/11 to 2013/14, National, Regional and Local



Source: NHS England Breastfeeding Statistics (via PHE PHOF tool).

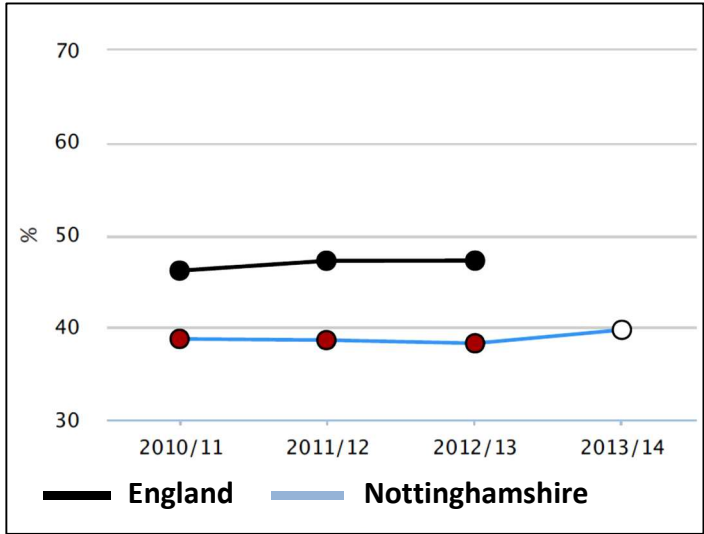
● Red for worse (lower), ● Orange for similar ● Green for better (higher), ○ White for no comparison  
 Note: No rate published for Nottinghamshire 2010/11 due to data quality.

When compared to its statistical neighbours (where data is available), Nottinghamshire has lower breastfeeding prevalence than Derbyshire, Lincolnshire and Northamptonshire. Likewise, all of Nottinghamshire statistical neighbours, other than Lincolnshire and Northamptonshire have significantly lower breastfeeding initiation than the England average. Overall Nottinghamshire breastfeeding initiation is in the middle range of its statistical neighbours.

**4.2 Nottinghamshire County breastfeeding prevalence**

The number of mothers in Nottinghamshire who are breastfeeding at 6-8 weeks is statistically lower than the national average and is also below the East Midlands average. Figure 4. highlights that there has been a 1% increase in 6-8 week prevalence rates from 2010/11. It is essential that support is provided in those early days and weeks so mothers establish and sustain breastfeeding.

*Figure 4: Trend in Nottinghamshire Breastfeeding prevalence at 6-8 weeks compared to England average (2010/11-2013/14)*



Source: Public Health Outcomes Framework data tool – 2015

When compared to its statistical neighbours where data is available, Nottinghamshire has statistically lower breastfeeding prevalence than Derbyshire yet higher prevalence than Lincolnshire. In Staffordshire, Northamptonshire, Lancashire and Cumbria the value has not been reported due to data quality issues (appendix 2).

### **4.3 Patterns of breastfeeding – Nottinghamshire County**

Data shows (appendix 2) that between 2011/12 to 2014/15 there is no clear trend in prevalence in breastfeeding at 6-8 weeks. Prevalence is particularly low in Mansfield and Ashfield (30%), Newark and Sherwood (34%), Bassetlaw (36%) and Nottingham North East (39%) and is low compared to the national average of 47.2%. Although the rates are low within Ashfield and Mansfield and Bassetlaw, there has been a small year on year rise in breastfeeding prevalence.

### **5.0 Implications for the Breastfeeding Framework for Action**

There has been a substantial investment into and prioritisation of breastfeeding since the publication of the Nottingham City and Nottinghamshire Strategy 2010-2014 and analysis of the data shows that this is starting to have a positive impact on breastfeeding outcomes. The conclusions and implications from the findings of the data analysis are provided below for both Nottingham City and Nottinghamshire County.

#### Implications for Nottingham City

Data analysis shows that although the overall initiation of breastfeeding is comparable with its statistical neighbours, it is still significantly lower than the England average. A recent increase in initiation is promising and may be partially due to NUH achieving stage 2 of BFI. It is hoped therefore that this improvement will continue. The recent steep increase in breastfeeding prevalence is likely to be due to the investment into the Nottingham breastfeeding peer support service which launched in October 2012 and also the achievement of BFI accreditation in community health services in early 2015. It is therefore imperative that these programmes remain central elements of the framework for action in relation to breastfeeding.

Although it appears that the age inequalities in breastfeeding are reducing in Nottingham City, there is still significant variation between different age groups. This reinforces the need to ensure appropriate targeted support is available specifically for teenage and young mothers through universal services as well as the Family Nurse Partnership. Differences in rates also remain across ethnic groups and geographic areas. There are underlying cultural and social barriers and it seems likely that there is a need to address these *before* women come to make their choices around breastfeeding as well as to address factors at the individual level supporting women to breastfeed. Ensuring Health and Early Years professionals in contact with pregnant women and families receive appropriate and evidenced based training on breastfeeding and local pathways of support is essential to

enable Early Years and Health services to work in partnership to provide integrated breastfeeding support.

#### Implications for Nottinghamshire County

The overall initiation and maintenance of breastfeeding in Nottinghamshire is comparable with that of its statistical neighbours. There is variation between different groups and geographical areas (please see appendix 2). As for the City, there are underlying cultural and social barriers to breastfeeding with a need to address these *before* women make their choices in relation to infant feeding. If women decide to breastfeed, support to continue is often required at an individual level. These issues are addressed within the rest of the framework for action, with sections outlining the evidence based interventions and organisation for delivery.

With investment to develop the Nottinghamshire breastfeeding peer support service, launched in most localities over the last few years (between 2013 and early 2015), we expect to see an increase in women sustaining breastfeeding for longer in 2015/16. With the achievement of full BFI accreditation in SFHFT, Bassetlaw Health Partnership, D&BHFT in 2014, County Health Partnership May 2015 and NUH July 2015, we envisage an increase on breastfeeding initiation and 6-8 week prevalence rates across Nottinghamshire.

## 6.0 Strategic actions and high level action plan

Nine interventions will impact on breastfeeding rates at various stages from before pregnancy to six months post-partum and beyond (Table 2). These interventions can be categorised into three themes:

- A. Wider cultural influence/social marketing
- B. UNICEF Baby Friendly Initiative
- C. Integrated breastfeeding support

Table 2: Time of influence/support of various interventions

Theme	Interventions	Time of influence/support						
		Prior to pregnancy	Early pregnancy	Mid-late pregnancy	At birth	24-48 hours post partum	6-8 weeks post partum	6 months post partum
A. Wider cultural influences/social marketing	1. Breastfeeding awareness through schools and colleges	✓	✓					
	2. Other breastfeeding awareness programmes	✓	✓	✓			✓	✓
	3. 'Breastfeeding Friendly' workplaces and premises	✓	✓	✓			✓	✓
B. UNICEF Baby Friendly Initiative	4. UNICEF Baby Friendly Initiative (Maternity Services)		✓	✓	✓	✓		
	5. UNICEF Baby Friendly Initiative (Community Health Services)			✓		✓	✓	✓
C. Integrated breastfeeding support	6. Breastfeeding peer support			✓		✓	✓	✓
	7. Healthy Child programme	✓	✓	✓	✓	✓	✓	✓
	8. Family Nurse Partnership		✓	✓	✓	✓	✓	✓
	9. Healthy Start Programme.		✓	✓	✓	✓	✓	✓

## **6.1 Theme A: Wider cultural influences and social marketing**

### **6.1.1. Breastfeeding awareness through schools and colleges:**

#### *Evidence/rationale*

Attitudes to breastfeeding will only improve if the level of knowledge and understanding among the general population is raised. At present there is no obligation to teach children anything about breastfeeding within the national curriculum. However the World Health Organisation's Global Framework for Action on Infant and Young Child Feeding recommends that information on breastfeeding is provided by schools in order to increase awareness and positive perceptions, and address barriers in particular groups (young people, white ethnic groups).

#### *Progress since publication of 2010 -2014 breastfeeding Framework for Action*

##### Nottingham City

- Contribution to the Breastfeeding Framework for Action is now included in the Healthy Schools service level agreement with public health.
- Breastfeeding awareness resource pack was developed for schools.

##### Nottinghamshire County

- Health promotion pack developed for schools which includes breastfeeding.
- Awareness raising in some schools across the county.

### **6.1.2 Other Breastfeeding awareness programmes:**

It is also important to address wider background factors within society and communities that frame women's choices. Social marketing using social media will assist in shifting community norms around breastfeeding, particularly amongst young, white women with the lowest breastfeeding rates by ensuring that interventions to help increase breastfeeding rates will be rooted in a deep understanding of the target audience, the issue and the behaviour we are trying to influence and change.

#### *Progress since publication of 2010 -2014 breastfeeding Framework for Action*

##### Nottingham City

- Be A Star Social marketing campaign aimed at mothers aged 16-25 years was launched in October 2012.
- Partnership coordination of Breastfeeding Awareness Week activities and World Breastfeeding week activities.

##### Nottinghamshire County

- Partnership coordination of Breastfeeding Awareness Week activities and World Breastfeeding week activities.

### **KEY ACTION 1:**

Develop local programmes to help change underlying attitudes and community norms around breastfeeding through:

- Promotion of positive breastfeeding messages at schools and colleges
- Increase use of 'Breastfeed: Be A Star' social marketing materials (Nottingham City only)
- To raise awareness and develop initiatives for the supporting role of fathers and family members around the positive impact on breastfeeding
- Community awareness raising events
- Maximise opportunities to raise awareness of breastfeeding benefits and available support through social media opportunities and apps such as 'Pocket Midwife' and 'Baby Buddy'.

### **6.1.3. 'Breastfeeding Friendly' Workplaces and Premises**

#### *Evidence/rationale*

The Equality Act 2010 has specifically clarified that it is unlawful for a business to discriminate against a woman because she is breastfeeding a child. Unfortunately breastfeeding women are still discriminated against. Breastfed babies feed frequently and need to be able to feed whenever required. Mothers, especially teenage mothers, cite fear of breastfeeding in public as a barrier to continuing to breastfeed. It is important that mothers feel comfortable and welcome to breastfeed wherever they choose without the fear of being asked to leave. Returning to work is also seen as a barrier to starting or continuing to breastfeed when in fact there are a number of ways women can combine breastfeeding and work with support from their employer.

#### *Progress since publication of 2010 -2014 breastfeeding Framework for Action*

##### Nottingham City

- The Breastfeeding Welcome programme was launched in 2013 and over 100 public places and premises have signed up as being 'Breastfeeding Welcome'. A directory of breastfeeding welcome premises has been produced. These businesses adopt a positive Breastfeeding Friendly approach, including providing a welcoming, clean and comfortable environment for breastfeeding mums, and to ensure all staff are supportive of their needs. Venues taking part will display window and till stickers letting people know they are welcome to breastfeed, as well as posters and leaflets offering more support and information. This programme was integrated into the Breastfeeding Peer Support Service in April 2015.



- 17 local workplaces have been supported in developing breastfeeding policies for their employees to ensure that women are supported and enabled to breastfeed on returning to work.
- The Nottingham City Council's Food Policy was produced which includes:
  - Supporting City Council employees to breastfeed when they return to work.
  - Working towards all Council premises being breastfeeding friendly.
  - Promoting positive messages about breastfeeding to employees and citizens
- Nottingham City Council has also developed a breastfeeding policy for colleagues returning to work (including school staff) following maternity leave who wish to continue breastfeeding/expressing milk.

#### Nottinghamshire County

- Nottinghamshire Breastfeeding Friendly Scheme launches in June 2015. Venues will be assessed by breastfeeding peer support volunteers and be awarded breastfeeding friendly status for one year.
- These businesses and venues will adopt a positive Breastfeeding Friendly approach, including providing a welcoming, clean and comfortable environment for breastfeeding mums, and to ensure all staff are supportive of their needs. Venues taking part will display a window sticker and be awarded a certificate letting people know they are welcome to breastfeed.
- A directory of breastfeeding friendly premises will be updated and accessible for all mothers through the County Health Partnership Website.
- Further work to develop using the Feed-Finder App across Nottinghamshire will also be progressed.
- In 2016/17 there are plans to develop breastfeeding policies for women returning to work following maternity leave who wish to continue breastfeeding/expressing milk within across public and private sector employers.

**KEY ACTION 2:**

Create supportive environments which enable women to breastfeed through:

- Breastfeeding policies in workplaces, nurseries and other public buildings/premises;
- Providing relevant information on returning to work to all breastfeeding mothers;
- Continue to increase the number of breastfeeding-friendly cafes, restaurants and others public places and promote widely.

**6.2. Theme B: UNICEF Baby Friendly Initiative (BFI)**

In 2012, UNICEF UK Baby Friendly Initiative published revised standards for maternity, neonatal, health visiting (or specialist public health nursing) and children's centre (or equivalent early years' community settings) services, see appendix 1. There is a wealth of evidence from the UK, and internationally, that Baby Friendly accreditation is effective at increasing breastfeeding rates.

These were the result of a large consultation involving clinicians, academics, policy makers and mothers. The new standards incorporate the previous standards as specified in the Ten Steps to Successful Breastfeeding and Seven Point Plan for Sustaining Breastfeeding in the Community, but have been updated and extended to fully reflect the evidence base on delivering the best outcomes for mother and babies in the UK.

**6.2.1. BFI – Maternity Services and Neonatal Services***Evidence/rationale*

The vast majority of mothers give birth to their babies in hospital, where their experiences in the first hours and days after birth can have a profound effect on whether or not they breastfeed. Ensuring that hospital practices protect, promote and support breastfeeding is essential. The information and support women receive during pregnancy and following birth through community midwifery teams can also contribute significantly to their choices around breastfeeding. The UNICEF BFI aims to introduce best practice standards for breastfeeding into all maternity health-care services and the importance of Neonatal Services enabling babies to receive breast milk and to breastfeed when possible, see appendix 3.

The new BFI standards reflect the changes in maternity services, reduced antenatal care, shorter hospital stays and fewer community visits. The new programme identifies the need to close the gap between the outcomes of those most affluent and the poorest in society, identifying investment in the 'Foundation Years' as the key time to make these

improvements. It also highlights the importance of Neonatal Services enabling babies to receive breast milk and to breastfeed when possible.

Once trusts receive full accreditation they will require periodic reassessments to make sure that mothers, babies and their families are still experiencing Baby Friendly care. Innovations that support enhanced standards of care, evidence of improving outcomes and more advanced staff education can all contribute towards a services application for Advanced or Beacon Baby Friendly status.

#### *Progress since publication of 2010 -2014 breastfeeding Framework for Action*

##### Nottinghamshire County and Nottingham City

- Doncaster Bassetlaw Hospital Foundation Trust and Sherwood Forest Hospital Foundation Trust Maternity Services have achieved full accreditation in 2014.
- Nottingham University Hospital Maternity Service has achieved full accreditation in July 2015.

#### **KEY ACTION 3:**

Maternity services to achieve UNICEF BFI accreditation and maintain accreditation through:

- Staff training programme and continuation of staff training to maintain breastfeeding friendly standards.
- Maintain BFI accreditation through periodic assessments from UNICEF.
- Education for pregnant women.
- Evidence based Preparation for Birth and Beyond multi agency antenatal education programmes to be rolled out across the county and City.
- Best practice education and support in line with Baby Friendly Standards for new mothers and their families.

#### **6.2.2. BFI – Community Health Services and Children Centres:**

##### *Evidence/rationale*

Community midwives are instrumental in providing post-natal care within the initial ten to fourteen days after birth alongside the Breastfeeding Peer Support Service. Following this, core health care for breastfeeding mothers in the community is provided by the health visiting service, Breastfeeding Peer Support Service, Children's Centres, Breastfeeding Peer Support Volunteers and General Practitioners.

BFI ensures the same standard of care is available for all women. The health visiting service and Children Centres are vital in supporting pregnant women to recognise the importance of early relationships to the health and wellbeing of their baby and help support parents to have loving relationships. Also they are key in providing breastfeeding support enabling women to breastfeed for as long as they wish. Children Centres are key in maintaining and developing breastfeeding support groups across all localities.

*Progress since publication of 2010 -2014 breastfeeding Framework for Action*

Nottingham City

- Nottingham CityCare Partnership achieved full BFI accreditation in community health services in December 2014.

Nottinghamshire County

- County Health Partnerships have achieved full accreditation (May 2015). The Children Centres have been integral to the BFI stage 2 and stage 3 assessments.
- Bassetlaw Health Partnerships achieved full accreditation in 2014.

**KEY ACTION 4:**

Community health services and Children Centres to achieve and/or maintain UNICEF BFI accreditation through:

- Staff training programme - continuation of staff training to maintain breastfeeding friendly standards.
- Education for pregnant women, including antenatal interventions to reach those least likely to breastfeed.
- Evidence based Preparation for Birth and Beyond multi agency antenatal education programmes to be rolled out across the county and City to be delivered by midwives, health visitors and Early Help services provided through children centres.
- Best practice education and support for new mothers and their families
- Nottinghamshire Children's and Family Partnership (NCFP) to complete Stage 1 BFI in 2015.
- Maintain BFI accreditation through periodic assessments as required from UNICEF.

## 6.3. Theme C: Integrated breastfeeding support

### 6.3.1 Breastfeeding peer support

There is much evidence to suggest that mothers are more likely to start and continue breastfeeding if they are supported by someone who is confident, both in breastfeeding and in the ability of the mother to be successful. In a predominantly breastfeeding culture this support is given by family, friends and society as a whole. In the UK, where bottle feeding is the norm, many mothers do not receive this support. Peer support programmes, designed to enable local mothers who have breastfed to support new mothers, have been shown to be successful. Support groups and telephone support can also be effective.

#### *Progress since publication of 2010 -2014 breastfeeding Framework for Action* Nottinghamshire County and Nottingham City

- Infant feeding café launched at City Hospital and at Queens Medical Centre from 2011 - 12. The cafés are now well established and meet weekly.

#### Nottingham City

- Breastfeeding peer support service launched in September 2012. This includes group peer support for all mothers led by volunteer peer supporters and targeted peer support for mothers aged under 25 delivered by paid peer supporters.
- There are ten regular breastfeeding groups across the City.
- Robust evaluation of the targeted element of the peer support shows that breastfeeding initiation and duration until two weeks is increasing by 0.5% points per month since implementation of the service.
- Nottingham CityCare Partnership have developed an accredited peer support breastfeeding course with the Open College network increasing access to accredited breastfeeding training across the City.
- The Specialist Health Visitor Infant Nutrition in Nottingham City now has the prestigious qualification Breastfeeding Specialist Diploma; she has become one of just 30 people in the country to be awarded this. She receives the Diploma after working towards the qualification for more than 20 months. She is now able to provide extremely detailed advice to mums who are experiencing challenges while breastfeeding.

#### Nottinghamshire County

- Breastfeeding Peer Support Service two year pilot launched in Nottingham North and East in December 2013.
- Breastfeeding Peer Support Service two year pilot launched in Mansfield and Ashfield in April 2014.

- Breastfeeding Peer Support Service two year pilot launched in Newark & Sherwood and Nottingham West in March 2015.
- A validated accredited Nottinghamshire peer support breastfeeding course has been developed for peer support volunteers across Nottinghamshire and is delivered as a joint venture between the Children Centre service and health visiting service, increasing the number of peer support volunteers across Nottinghamshire. The course is accredited by Aim Awards: AIM Awards Level 2 Award in Peer Support Skills: Breastfeeding (QCF) 601/5551/6.
- There are standalone breastfeeding groups in all localities across Nottinghamshire which are delivered by Children Centres and Peer Support Volunteers.

**KEY ACTION 5:**

Strengthen existing community support programmes targeting those with the lowest breastfeeding rates through:

- Continued provision of peer support programmes using evaluation findings to inform service development.
- Maintained and increased access to the stand alone Baby and Breastfeeding Encouragement Group (BABES / Baby & Me Groups) in all districts and areas.
- Optimise opportunities through the NUH Maternal Weight Management Service (Bumps & Beyond) to support breastfeeding.
- Prioritise the provision of breastfeeding support contacts within 24 hours of the birth, proactive follow up of mothers and integrated provision of support across services.
- Ensure equitable provision of breastfeeding peer support services across Nottingham City and Nottinghamshire County.
- Continuation of current provision and monitor provision to ensure it meets NICE guidance.
- Robust evaluation of the Breastfeeding Peer Support Service two year pilots across Nottinghamshire County which will inform future commissioning decisions.
- Continue and improve integrated provision of breastfeeding support through health

**6.3.2 The Family Nurse Partnership (FNP)** – this service provides intensive support to young parents aged under 19 years and therefore has an integral role in ensuring that young parents are provided with consistent, high quality infant feeding information and support which meets BFI standards.

**6.3.3 Healthy Child Programme** – The HCP is an evidenced-based early intervention and prevention public health programme for children and families. The HCP’s universal reach provides an invaluable opportunity to identify families that are in need of additional support and children who are at risk of poor outcomes. This programme provides an opportunity to integrate Baby Friendly into delivery and identify individuals with additional needs for support through implementation of the breastfeeding pathway.

The Health Visiting Service and Family Nurse Partnership will be commissioned by the Local Authority from October 2015.

#### **6.3.4 Healthy Start Programme**

Healthy Start Vitamins which contain Vitamin D for pregnant, breastfeeding mothers, infants and children aged under 5 are available and distributed via Children Centres and Health Centres. In Nottinghamshire, the Healthy Start Vitamins are sold at low cost for all pregnant, breastfeeding mothers and families across Nottinghamshire, see page 31 for further detail. Additional funding is provided in Nottingham City to provide universal provision of free Healthy Start vitamins for all pregnant and breastfeeding women and children until their 4th birthday.

#### **KEY ACTION 6:**

Ensure integrated breastfeeding support through:

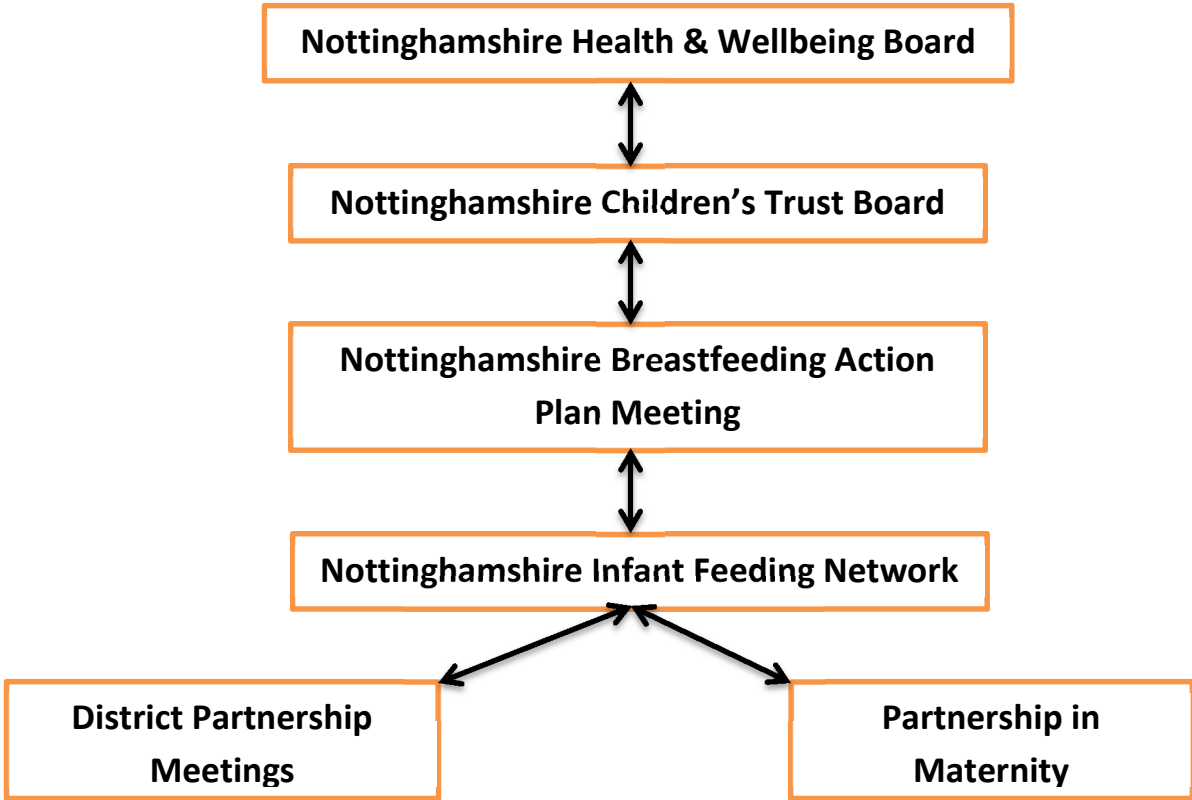
- Continued prioritisation of breastfeeding support through delivery of the Healthy Child Programme (midwifery, health visiting, and children’s centres) and ensure services are commissioned to align with the breastfeeding Framework for Action.
- Conduct an analysis of breastfeeding outcomes for FNP clients to identify service development needs.
- Develop an integrated breastfeeding support pathway in accordance with BFI standards across Nottinghamshire and Nottingham City to ensure a coordinated and consistent approach to breastfeeding support across all services.
- Interlinking with other key drivers and opportunities to impact on breastfeeding through for example through smoking cessation services and maternal obesity programmes.
- Promotion of the Health Start Programme and Healthy Start Vitamins distribution centres across all Early Year services.
- The Family Nurse Partnership (FNP) to distribute free vitamins to all young mothers that have enrolled in the FNP programme.
- Consistent and evidence based support through neonatal/paediatrics and dietetics.

## 7.0 Implementation of the Breastfeeding Framework for Action

### 7.1. Setting priorities and action planning

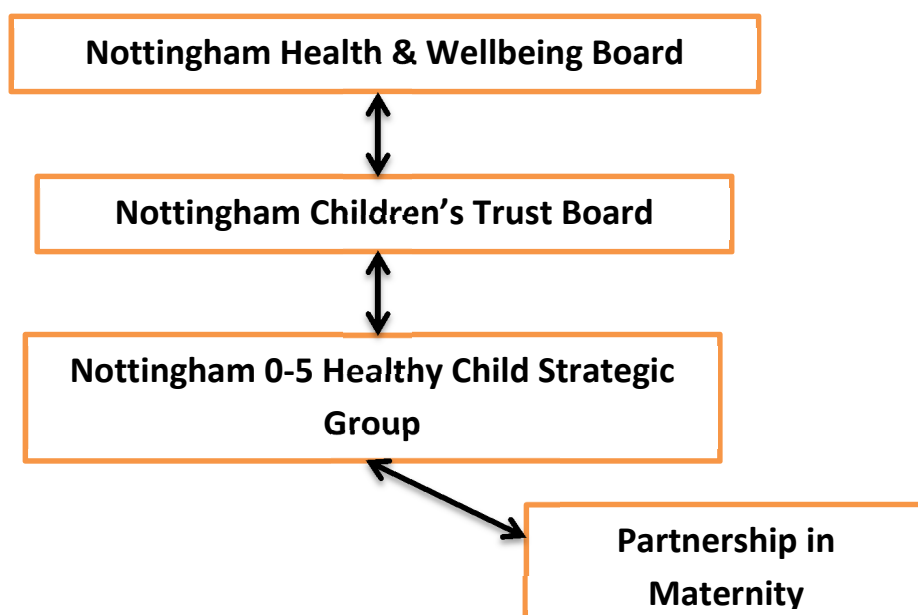
- The Nottinghamshire and Nottingham City Breastfeeding action plans will detail specific objectives, timelines and lead organisation with detailed action plans drawn up for each area.
- The Nottinghamshire Breastfeeding Action Group which is led by the Integrated Children’s Commissioning Hub/Public Health will drive the implementation and evaluation of the Framework for Action. Reporting arrangements will be to Children’s Trust Board and Health and Wellbeing Board.
- Part of the Nottingham 0-5 commissioning Transition Board will continue post October 2015 to oversee the development of 0-5 public health services. This group will have oversight of the Nottingham breastfeeding action plan.
- Various groups will be involved in the implementation of the different aspects of the Framework for Action including the Nottinghamshire Infant Feeding Network, Partnership in Maternity group and the Breastfeeding District Meetings which oversee the Partnership Plan. Any issues will be fed into the Nottinghamshire Breastfeeding Action Group and escalated to the Children’s Trust Board.

### Nottinghamshire Breastfeeding Governance Flowchart





## Nottingham City Breastfeeding Governance Flowchart



### 7.2. Performance monitoring

In addition to the above interventions the development of robust mechanisms for monitoring and evaluation in all interventions to ensure effective implementation of the Framework for Action and action plan are critical to ensure overall aims of Framework for Action are met (e.g. equitable access to services and improved outcomes).

### 7.3. Timescales

The Framework for Action will pave the way for Nottinghamshire and Nottingham to maintain Baby Friendly Initiative accreditation for maternity and community health services that have achieved full accreditation and for those services that are completing the stage 3 assessment by 2015, with Children's Centres playing a key role. The Framework for Action has been developed to cover a five year period from 2015-2020. The Framework for Action will also focus on improving the integration of breastfeeding support across all services. Timescales for delivery of the different areas of the Framework for Action are to be specified in the Breastfeeding Action Plans. It should be noted that although this is a refreshed Framework for Action, much work is already taking place or is being taken forwards.

## 7.4. Resources

Increasing breastfeeding is a key priority within local strategic commissioning plans. Breastfeeding is integrated in the Healthy Child Programme and is part of the maternity, health visiting and is reviewed and performance managed as a part of the commissioning process. In Nottinghamshire County, it is also included in children centres contracts. IN Nottingham the inclusion of breastfeeding as a priority within the Early Help services business plan is recommended to ensure an integrated approach and this will be monitored through the Child Development Strategic Review.

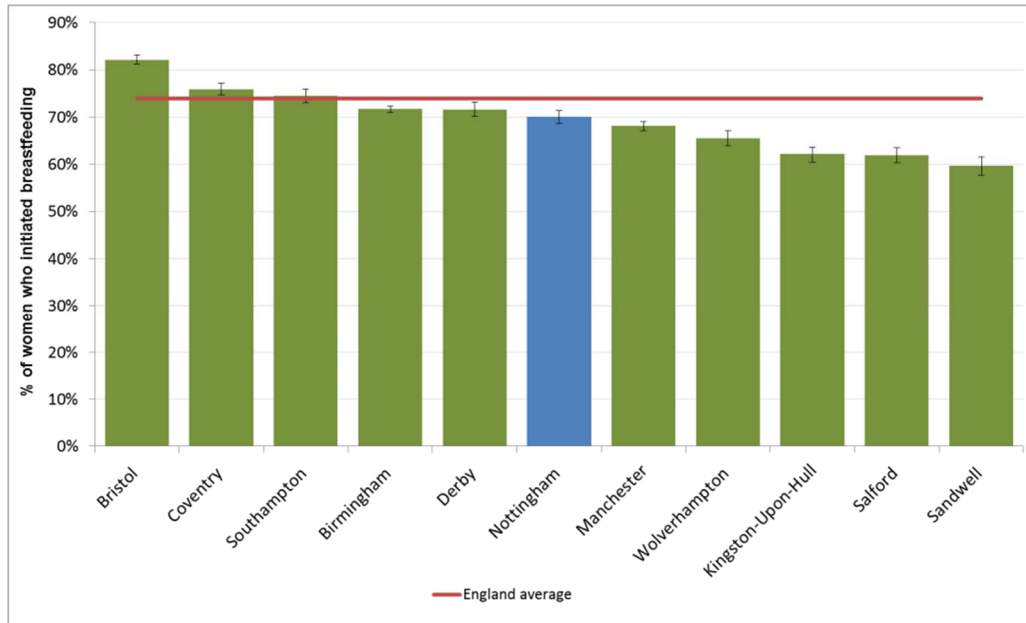
The Nottinghamshire Breastfeeding Support Service Pilots that have been funded by the CCG will be robustly evaluated and every indication so far is that this is a good initiative and further funding should be supported. The peer support service within Nottingham City has recently been re-procured by Public Health until March 2018.

### **KEY ACTION 7:**

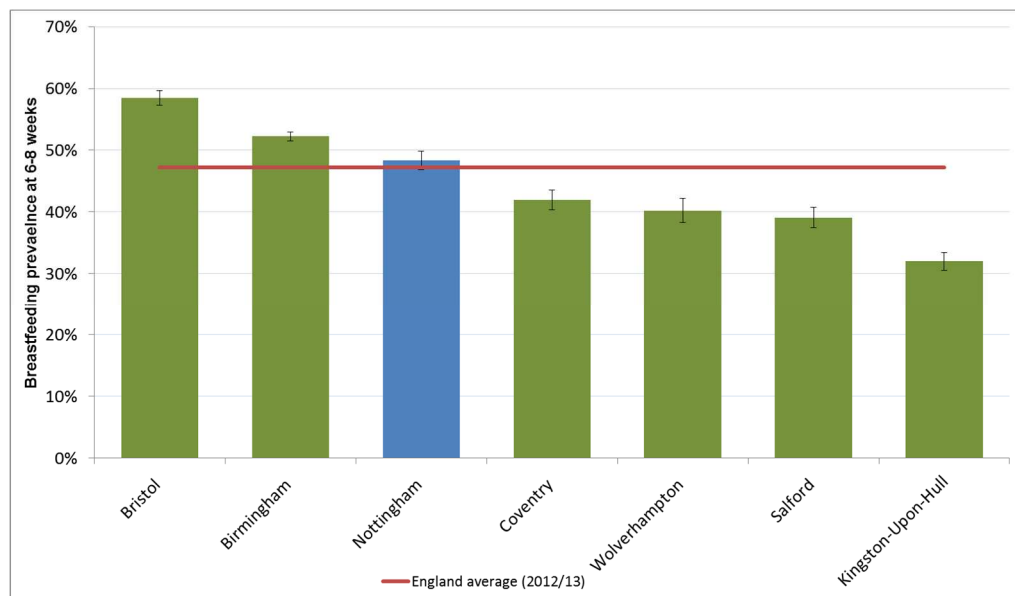
- Continue to gather a clear understanding of breastfeeding rates in Nottinghamshire and Nottingham City through robust monitoring of performance and use to update and improve programmes.
- Share details of breastfeeding rates widely across all partners.
- Identify clear responsibility for actions, with overall leadership and governance agreed by all partners.
- Following robust evaluation of the two year pilot Breastfeeding Support Service in Nottinghamshire County consider permanent funding streams dependant on findings.

## APPENDIX 1: Breastfeeding in Nottingham

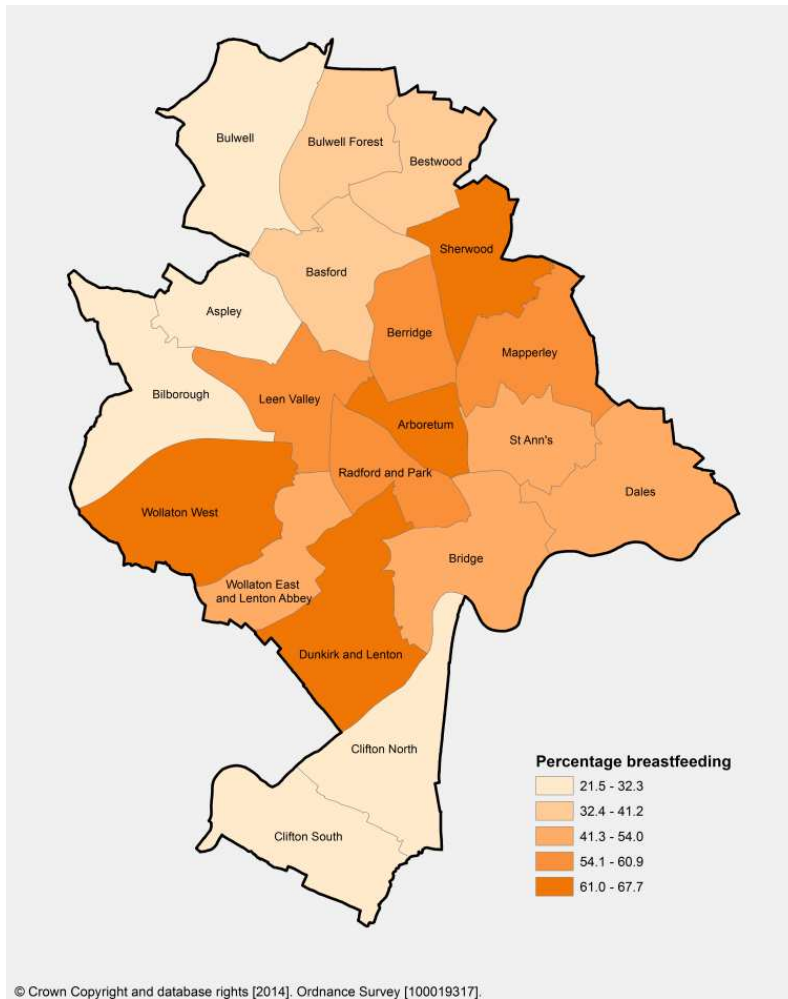
*Percentage of mothers initiating breastfeeding in Nottingham City compared to statistical neighbours and the England average (2013/14)*



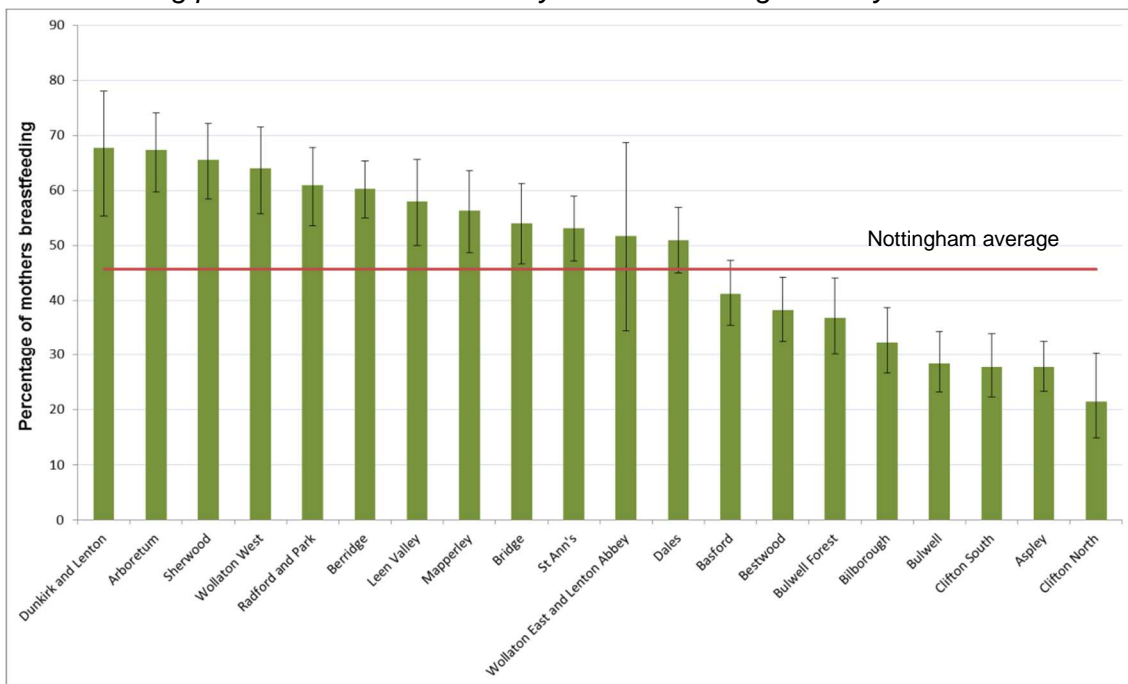
*Breastfeeding prevalence at 6-8 weeks in Nottingham compared to statistical neighbours and the England average (2013/14)*



Map of breastfeeding rate at 6-8 weeks post-partum by Nottingham Ward 2012/13

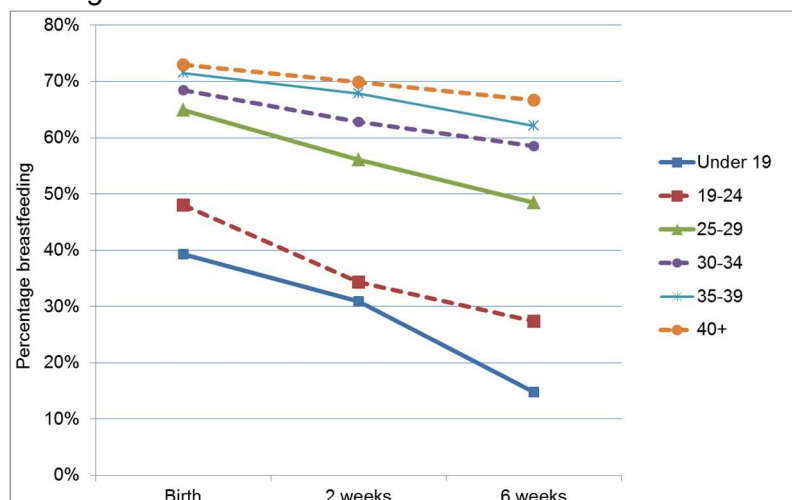


Breastfeeding prevalence at 6-8 weeks by wards in Nottingham City 2012/13

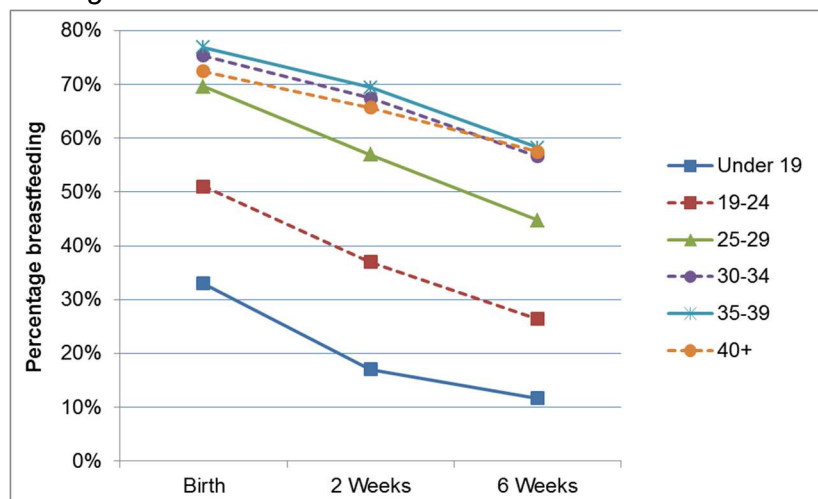


Source: NHS Nottingham City Information Team: Breastfeeding data 2012/13

Percentage of mothers who breastfed at different times after birth by age of the mother:  
Nottingham 2012/13



Percentage of mothers who breastfed at different times after birth by age of the mother:  
Nottingham 2008/09



Source: Nottingham City Public Health Information Team

## APPENDIX 2. Breastfeeding in Nottinghamshire County

Breastfeeding initiation data 2010/11 to 2013/14 For England, East Midlands and Nottinghamshire

Statistic	Area Name	2010/11	2011/12	2012/13	Period 2013/14
<b>Percent</b>	England	73.7	74.0	73.9	73.9
	East Midlands	72.5	72.8	72.2	71.9
	<b>Nottinghamshire</b>	-	<b>69.4</b>	<b>69.7</b>	<b>70.6</b>
<b>Number of mothers initiating breastfeeding</b>	England	485,780	491,837	486,057	449,063
	East Midlands	38,883	39,266	37,896	36,810
	<b>Nottinghamshire</b>	-	<b>5,945</b>	<b>5,860</b>	<b>5,711</b>
<b>Number of maternities</b>	England	659,238	664,683	658,112	607,418
	East Midlands	53,608	53,927	52,500	51,190
	<b>Nottinghamshire</b>	-	<b>8,563</b>	<b>8,412</b>	<b>8,089</b>

Source: NHS England Breastfeeding Statistics (via PHE PHOF tool).

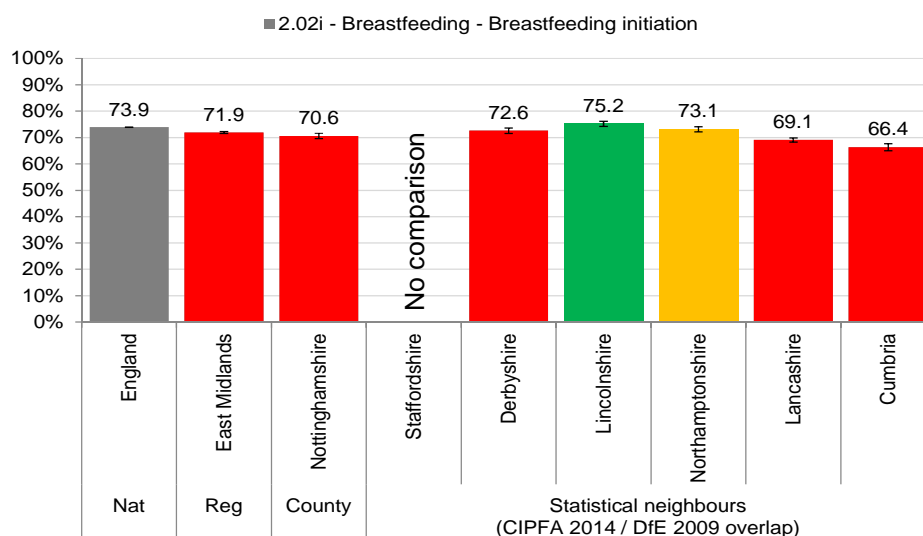
Note: No rate published for Nottinghamshire 2010/11 due to data quality.

### Rates of breastfeeding initiation in acute trusts across Nottinghamshire

Acute Trust:	2013/14 (National rate 73.9% 2012/13)	Qtr 1. 2014/15	Qtr 2. 2014/15	Qtr 3. 2014/15	Qtr 4. 2014/15
<b>Nottingham University Hospitals (NUH)</b>	72.2%	71.7%	73.8%	71.8%	72.3%
<b>Sherwood Forest Hospital Foundation Trust</b>	57.8%	63.3%	66.7%	65.5%	63.63%
<b>Doncaster and Bassetlaw Hospital Foundation Trust (Bassetlaw only)</b>	69%	68%	65%	65.5%	70%

Source: Quarter 1-4 NUH – (covers city and County residents), SFHFT, BDGH (Q1-4 by CCG residents).

*Breastfeeding initiation 2013/14 compared to statistical comparators. Colour denotes statistical difference from the England value*



Source: NHS England Breastfeeding Statistics (via PHE PHOF tool).

Note: Statistical neighbours are those local authorities that are both CIPFA (2014) and DfE (2009) statistical neighbours (top 6 overlapping). Colour indicates rates that are significantly different (at the 95% confidence level) to the England rate. Red for worse (lower), Green for better (higher), Orange for similar and White for no comparison.

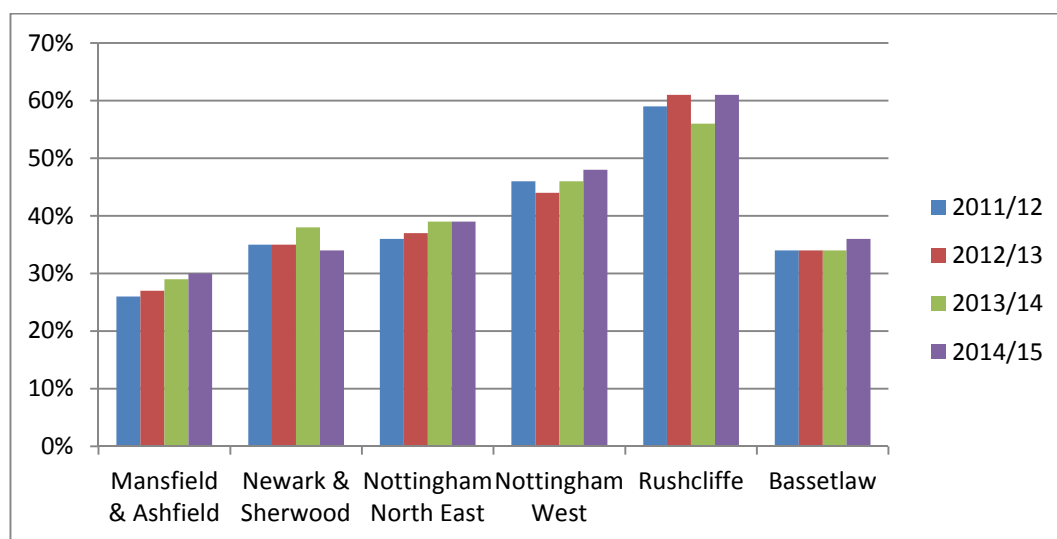
*Breastfeeding prevalence at 6-8 weeks data 2010/11 to 2013/14 For England, East Midlands and Nottinghamshire*

Statistic	Area Name	2010/11	2011/12	2012/13	Period 2013/14
<b>Percent</b>	England	46.1	47.2	47.2	-
	East Midlands	42.7	43.7	42.3	44.9
	<b>Nottinghamshire</b>	38.7	38.6	38.3	39.7
<b>Number of mothers breastfeeding at 6-8 weeks</b>	England	309,303	317,240	316,634	278,590
	East Midlands	23,139	23,933	22,966	21,801
	<b>Nottinghamshire</b>	3,479	3,474	3,419	3,370
<b>Number of infants due a 6-8 week check</b>	England	670,391	672,013	670,535	607,376
	East Midlands	54,247	54,725	54,256	48,501
	<b>Nottinghamshire</b>	8,982	8,999	8,936	8,485

Source: NHS England Breastfeeding Statistics (via PHE PHOF tool).

Note: No rate published for England 2013/14 due to data quality.

Breastfeeding prevalence at 6-8 weeks for Nottinghamshire County at CCG level 2011/12 – 2014/15 (data taken from table 4).



Source: County Health Partnerships and Bassetlaw Health Partnerships, March 2011-March 2014

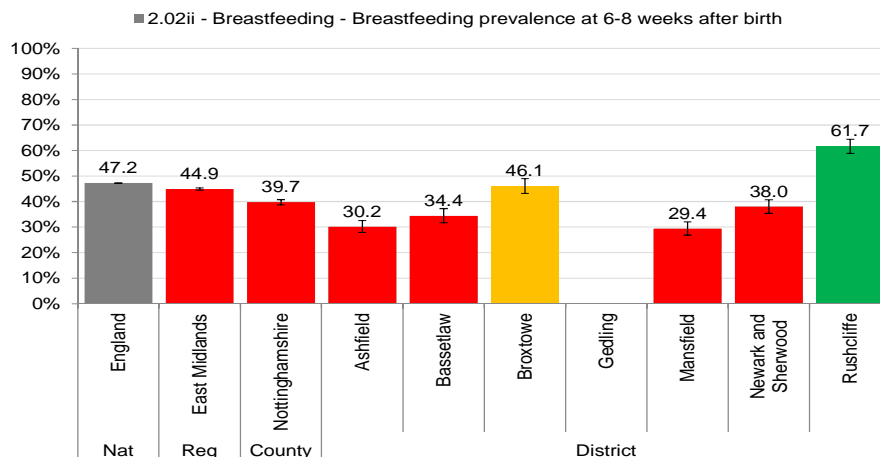
Breastfeeding prevalence at 6-8 weeks across Nottinghamshire County at Clinical Commissioning Group level.

Breast feeding rates at 6-8 weeks for Nottinghamshire County at CCG level 2011-2014:	2011/12	2012/13	2013/14	2014/15
Mansfield and Ashfield	26%	27%	29%	30%
Newark and Sherwood	35%	35%	38%	34%
Nottingham North East	36%	37%	39%	39%
Nottingham West	46%	44%	46%	48%
Rushcliffe	59%	61%	56%	61%
Bassetlaw	34%	34%	34%	36%

Source: County Health Partnerships and Bassetlaw Health Partnerships, March 2011-March 2014



*Breastfeeding at 6-8 weeks after birth variation within Nottinghamshire by district.*



Source: NHS England Breastfeeding Statistics (via PHE PHOF tool).

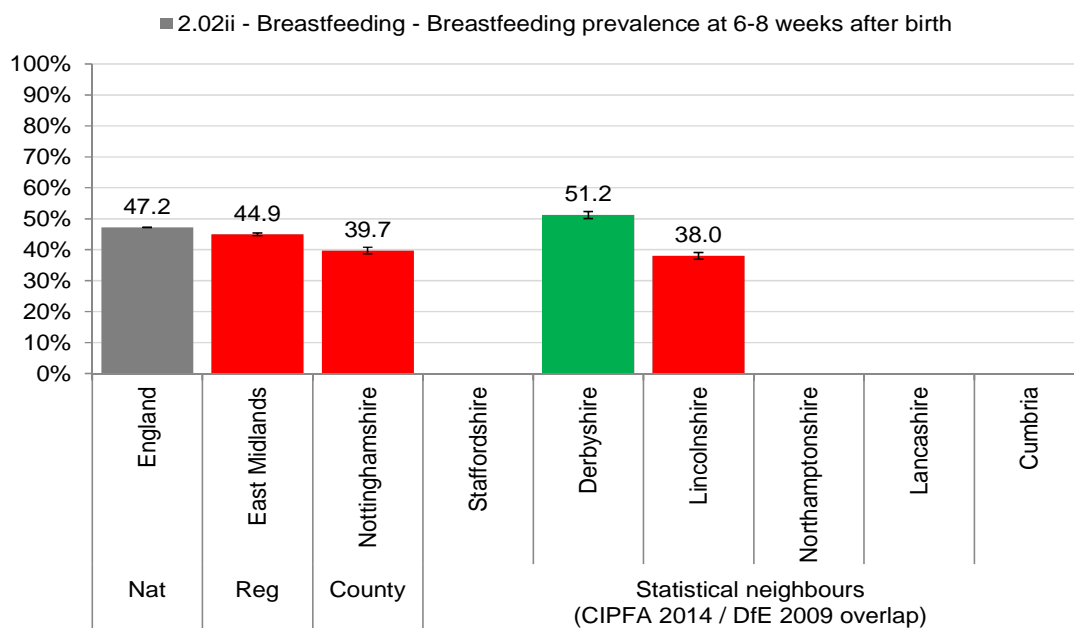
Note: England rate shown is the 2012/13 value as the 2013/14 value has not been reported due to data quality issues. Gedling data has also not been reported to data quality issues.

*Breastfeeding initiation and prevalence for mothers under 20 years old April – December 2013*

Area:	Initiation	6-8 weeks	Cohort of mothers under 20 years
Family Nurse Partnership Programme	47%	14%	49
Mansfield & Ashfield	33%	7%	114
Newark & Sherwood	43%	13%	46
Nottingham North East	40%	9%	42
Nottingham West	30%	8%	23
Rushcliffe	50%	0%	16
Total:	39%	10%	290

Source: County Health Partnerships and Bassetlaw Health Partnerships, April – December 2013, data extracted March 2014

*Breastfeeding at 6-8 weeks after birth 2013/14 compared to statistical comparators. Colour denotes statistical difference from the England value*



Source: NHS England Breastfeeding Statistics (via PHE PHOF tool).

Note: Statistical neighbours are those local authorities that are both CIPFA (2014) and DfE (2009) statistical neighbours (top 6 overlapping). Colour indicates rates that are significantly different (at the 95% confidence level) to the England rate. Red for worse (lower), Green for better (higher), Orange for similar and White for no comparison. England rate shown is the 2012/13 value as the 2013/14 value has not been reported due to data quality issues.



## Quick guide to UNICEF UK Baby Friendly accreditation

### Introduction

This booklet is designed to give you an overview of the UNICEF UK Baby Friendly Initiative including what it is and how it works. If you need more detailed information on the standards and how to implement them, our full guidance document will be helpful and can be found at [unicef.org.uk/babyfriendly/guidance](http://unicef.org.uk/babyfriendly/guidance). We are also keen to help so do contact us at [bfi@unicef.org.uk](mailto:bfi@unicef.org.uk)

**About the UNICEF UK Baby Friendly Initiative** the UNICEF UK Baby Friendly Initiative is an accreditation programme based on the Global World Health Organization/UNICEF Baby Friendly Hospital Initiative. The health and well-being of all babies is at the heart of the UNICEF UK Baby Friendly Initiative. A strong mother-baby relationship is the foundation for a baby's future health and well-being, and breastfeeding supports this loving bond, making a vital difference to health.

We work with UK public services, championing evidence-based practice to protect, promote, and support breastfeeding, and to strengthen mother- baby and family relationships. We believe that support for these relationships is important for all babies, not only those who are breastfed.

### How it works

Evidence-based standards have been developed for maternity, neonatal, health visiting/public health nursing and children's centre services (or equivalent early years settings in Wales, Scotland and Northern Ireland). Implementation of these standards will improve the care and support that pregnant women, new mothers and their families receive to build a strong relationship with, and feed and care for, their baby.

Services are encouraged to work collaboratively with partner organisations to implement the standards (e.g. health visiting and children's centres, maternity and neonatal services) but accreditation is available for services working on their own.

The highly valued award of Baby Friendly accreditation is achieved through a rigorous external assessment process which gathers evidence that the standards have been implemented. To support effective implementation of the standards the assessment process is broken down into three stages; accreditation is achieved when all these stages are reached. Following accreditation, services can then progress to Advanced or even Beacon status. UNICEF UK keeps a league table of UK services and their progress towards Baby Friendly accreditation. This can be found at [unicef.org.uk/babyfriendly/league tables](http://unicef.org.uk/babyfriendly/league tables)

### Proven to be effective

There is a wealth of evidence from the UK, and internationally, that Baby Friendly accreditation is effective at increasing breastfeeding rates. It is recommended by the National Institute for Health and Clinical Excellence (NICE) and the UK Government's Scientific Advisory Committee on Nutrition (SACN) and is an integral part of the Healthy Child Programme: Pregnancy and the first five years of Life.

**Costs**

UNICEF UK is a charity and receives no monetary support to run the Baby Friendly Initiative; we therefore have to charge for the services we provide. We work hard to keep these as low as possible and charge you only on the cost of running the service, with no element of profit. For more details go to [unicef.org.uk/babyfriendly/costs](http://unicef.org.uk/babyfriendly/costs)

**Getting started**

Contact the Baby Friendly office to register your intent. This means that you will be on our system so that you can receive up to date news and research.

We then recommend that you book an implementation visit as early as possible. This visit, from a senior member of the Baby Friendly Initiative team, will support your service to develop a robust project plan. Once the plan is complete and the Chief Executive confirms support for the project, a Certificate of Commitment is awarded. The service then progresses through the stages to full accreditation.

[UNICEF UK Baby Friendly Initiative](#)  
[30a Great Sutton Street, London EC1V 0DU](#)

[Telephone: 020 7375 6052](tel:02073756052)  
[Email: bfi@unicef.org.uk](mailto:bfi@unicef.org.uk)



## Building a firm foundation

- Have written policies and guidelines to support the standards.
- Plan an education programme that will allow staff to implement the standards according to their role.
- Have processes for implementing, auditing and evaluating the standards.
- Ensure that there is no promotion of breast milk substitutes, bottles, teats or dummies in any part of the facility or by any of the staff.

## An educated workforce

- Educate staff to implement the standards according to their role and the service provided.

### Parents' experiences of maternity services

Support pregnant women to recognise the importance of breastfeeding and early relationships on the health and wellbeing of their baby.

Support all mothers and babies to initiate a close relationship and feeding soon after birth.

Enable mothers to get breastfeeding off to a good start.

Support mothers to make informed decisions regarding the introduction of food or fluids other than breast milk.

Support parents to have a close and loving relationship with their baby.

### Parents' experiences of neonatal units

Support parents to have a close and loving relationship with their baby.

Enable babies to receive breast milk and to breastfeed when possible.

Value parents as partners in care.

### Parents' experiences of health visiting services

Support pregnant women to recognise the importance of breastfeeding and early relationships on the health and wellbeing of their baby.

Enable mothers to continue breastfeeding for as long as they wish.

Support mothers to make informed decisions regarding the introduction of food or fluid other than breast milk.

Support parents to have a close and loving relationship with their baby.

### Parents' experiences of children's centres

Support pregnant women to recognise the importance of early relationships to the health and wellbeing of their baby.

Protect and support breastfeeding in all areas of the service.

Support parents to have a close and loving relationship with their baby

## Building on good practice

Demonstrate innovation to achieve excellent outcomes for mothers, babies and their families.



## Overview of the stages

### ● **Stage: Building a firm foundation**

The aim of this first stage is for the service to put into place the foundations for achieving the changes needed. This includes an infant feeding policy (or equivalent), a plan for staff training (including a curriculum) and the protocols and guidelines which underpin how the staff will implement the standards. Stage 1 is assessed at a distance to keep costs low. The relevant documentation is submitted to a designated Baby Friendly assessor who will check in detail that all the documents meet the required standard. A report with detailed feedback on progress will be provided, which will outline any amendments required.



For more information see [unicef.org.uk/babyfriendly/stage1](https://unicef.org.uk/babyfriendly/stage1)

### ● **Stage: An educated workforce**

The aim of stage two is to ensure that all staff caring for mothers, babies and their families have the knowledge and skills they need to implement the standards according to their role. When the education programme is complete, and audit results show that it has been largely effective, Stage 2 assessment can take place. At assessment we will visit your service(s), and talk to staff and managers to gather evidence about how successful the training programme has been.



For more information see [unicef.org.uk/babyfriendly/stage2](https://unicef.org.uk/babyfriendly/stage2)

### ● **Stage: Parents' experiences**

The aim of this stage is to ensure that the standards are being implemented, benefiting mothers and babies, and achieving improved outcomes. When internal audits show that the standards have been implemented; Stage 3 assessment can take place. Assessors will visit your service(s) and talk to mothers/families who have consented to an interview about their experiences of the service. The assessors will also review the internal audit results, outcome data and other supporting evidence.

When all three assessment stages have been achieved, full Baby Friendly accreditation is awarded. It is at this stage that services usually see improvements in breastfeeding rates.



For more information see [unicef.org.uk/babyfriendly/stage3](https://unicef.org.uk/babyfriendly/stage3)

### **Building on good practice**

Periodic reassessments are needed to make sure that mothers, babies and their families are still experiencing Baby Friendly care. Moving beyond the basic standards is encouraged once they become embedded in everyday practice. Innovations that support enhanced standards of care, evidence of improving outcomes and more advanced staff education can all contribute towards a services application for Advanced or Beacon Baby Friendly status.

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- 
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