Nottingham and Nottinghamshire

Infant Feeding Framework for Action

Feed your way

2025 to 2030

Nottingham City Council

Nottinghamshire County Council

NHS Nottingham and Nottinghamshire Integrated Care Board

FEED YOUR WAY

Nottingham and Nottinghamshire Infant Feeding Framework for Action 2025

Introduction

Developed by a wide range of local partners and informed by families, this framework aims to improve health outcomes and reduce health inequalities for families in Nottingham and Nottinghamshire by creating an environment that supports parents in their infant feeding choices.

This framework is a system wide commitment to protect, promote, normalise, and support breast and/or chestfeeding for families across Nottingham and Nottinghamshire. Led jointly by Nottinghamshire County Council and Nottingham City Council Public Health with the NHS Nottingham and Nottinghamshire Integrated Care Board, this framework is owned by the respective Health and Wellbeing Boards for Nottingham and Nottinghamshire.

The work will address local barriers to breast and/or chestfeeding, tackle inequalities and ensure evidence-based support is equitable across the Nottingham and Nottinghamshire. The framework builds on existing best practice, incorporates evidence-based research, and reflects the voice of families.

This framework focuses on the 0-2 years, however, is applicable for those that breast and/or chestfeeding for longer in line with World Health Organisation guidelines . Ensuring the best possible outcomes for all infants regardless of feeding method is vital. Provision of quality support and evidence-based information for parents and carers who bottle feed (with formula or expressed milk) is crucial in supporting responsive feeding, optimal nutrition and safe feeding. Wider infant nutrition, such as the Healthy Start Scheme and vitamins, is included where appropriate.

We understand individuals may use different terminology when referring to providing human milk to their infants. Transgender and non-binary people may provide human milk to their infants, and this is sometimes referred to as chestfeeding. This framework is inclusive to all and will use the term breast and/or chestfeeding throughout. The term woman or mother or breastfeeding is used within this document when quoting existing resources.

The key measure of success of this framework will be the Public Health Outcomes Framework measure of baby's first feed breastmilk (initiation) and prevalence of breastfeeding (continuation) at 6 weeks to 8 weeks.

1. Why do we need an Infant Feeding Framework for Action

The UN Convention on the Rights of the Child states that all infants have the right to good nutrition.[2] The World Health Organisation recommend exclusive breastfeeding for the first six months of life and in combination with solid foods up to two years or beyond[3] Nutrition during the first two years of life impacts lifelong health and wellbeing and development.[4] Good quality infant feeding interactions are important not only for good nutrition, but also for positive parent and child relationships and in turn, the psychological development of the child and wellbeing of the parent[5].

'There is overwhelming evidence that breastfeeding saves lives and protects the health of babies and mothers both in the short and long term. Breastfeeding plays a crucial role in narrowing health inequalities between different communities' - **UNICEF**

Increasing breastfeeding rates by moderate amounts could lead to NHS savings of £11million annually through reductions in childhood illness and maternal breast cancer[6].

The decision to breastfeed is made up of many factors including culture, community and socioeconomics[7]. Analysis tells us that younger mothers are less likely to breastfeed, and breastfeeding is linked to deprivation with lower rates found in areas of greater deprivation. Ethnicity is also important, with white mothers less likely to breastfeed[8].

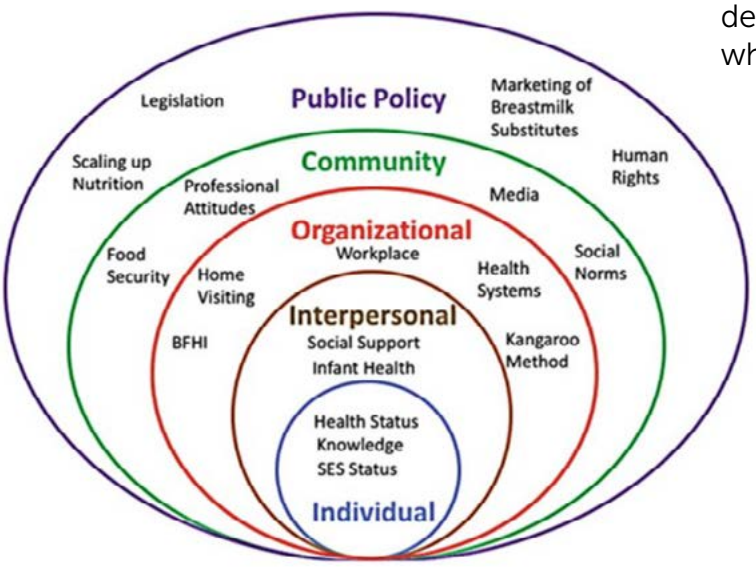


Fig 1. Socioecological model and social determinants of breastfeeding, Taren & Lutter 2017[9]

The ecology of infant feeding (see fig 1.) has many layers which need to work together to give each child the optimum nutritional start in life. We believe infant feeding is everyone's business. Family, friends, health professionals, communities and government impact the decision to initiate and continue to breast and/or chestfeeding.

This framework will identify ways to protect and promote breast and/or chestfeeding across multiple layers of the breast and/or chestfeeding ecology at a local level.

'Breastfeeding is not a one-woman job' – ***World Health Organisation.***

2. Value of breastfeeding

Breastfeeding is a natural 'safety net' against the worst effects of poverty ... Exclusive breastfeeding goes a long way toward cancelling out the health difference between being born into poverty and being born into affluence ... It is almost as if breastfeeding takes the infant out of poverty for those first few months to give the child a fairer start in life and compensate for the injustice of the world into which it was born.

James P. Grant, Executive Director of UNICEF (1980-1995)

For the baby[10]

- Perfectly designed for infants
- Reduced risk of infection and acute childhood illnesses
- Reduced risk of childhood diabetes and obesity
- Reduced risk of adult heart disease
- Can offer some protection against SIDS

"Any amount of breast milk has a positive effect. The longer you breastfeed, the longer the protection lasts and the greater the benefits" - ***NHS***

For the nursing parent[11]

- Contributes to emotional wellbeing and confidence
- Reduced risk of certain cancers
- Reduce risk of diabetes and osteoporosis
- Convenient and free

For society[12]

- Supports well being and the development of heathy relationships
- Sustainable with no negative environmental impact
- Reduced financial impact on family
- Reduced impact on services due to reduced risk of childhood illness

3. Challenges in Infant Feeding

England has some of the lowest breast and/or chestfeeding rates in the world, challenges experienced in Nottingham and Nottinghamshire are replicated across the country. Historical and persistent marketing by formula manufacturers has normalised formula feeding with generational knowledge and experience lost to families. Parents who feel they have been well supported are more likely to breast and/or chestfeed for longer than those who do not [13]. The 2010 National Infant Feeding Survey[14] reported that 8 out of 10 breast and/or chestfeeding parents who stopped feeding in the first two weeks wished to continue.

A survey of Nottingham and Nottinghamshire families in 2022 explored experiences of breast and/or chestfeeding to better understand local barriers.

Challenges for families

- Feeling pressured but unsupported.
- Concerns over supply.
- Aggressive marketing of formula milk.
- Unsure how to tackle difficulties.
- Lack of confidence.
- Physiological issues for parent and child e.g. Tongue tie.
- Adjusting to parenthood.
- Parent and baby separation.
- Returning to work.
- Worries about feeding in public.

The Nottingham and Nottinghamshire Infant Feeding Partnership is made up of a wide range of partners with representation from maternity services, health visitors, infant feeding leads, peer supporters, and Family Hubs. Consultation with this group has identified local workforce concerns.

Challenges for services

- Capacity and performance pressures in services can have an impact on support to parents.
- Lack of privacy for intimate support in hospital.
- Parents supplementing with formula and over feeding.
- Generic advice not being applicable to parents with low post-natal mobility, neurodivergence, or lesbian, gay, bisexual, transgender, queer/questioning, and other (LGBTQ+) parents.
- Responding to tongue tie anxieties.

All parents should have access to safe, equitable infant feeding information and support. The Nottingham and Nottinghamshire Infant Feeding Partnership brings together voices from across the system to have wide ranging discussions reflecting all methods of infant feeding. Local knowledge and national research have identified areas of concern within formula and bottle use.

Challenges in formula milk and bottle feeding

- Requires workforce, parents and care givers to have knowledge around paced and responsive feeding.
- Affordability of formula milk.
- Lack of emergency pathways to provide safe formula in times of crisis.
- Provision of evidence-based information without conflict of interest around allergy and specialist prescription formulas.
- Misinformation on safe preparation of formula milks.
- Lack of facilities to express and store human milk in the workplace.
- Complexities in balancing breast and/or chest milk production in combination with formula or expressed milk.

4. Pathways of Support available to families - Nottingham City

1

Pregnancy
Community Midwives and maternity support workers will discuss infant feeding when they meet with families.

2

Pregnancy
Antenatal contact from health Visiting Service will explore infant feeding offering information and signposting support for the future (28-36 weeks).

3

Pregnancy
From 37 weeks women can be supported to hand express colostrum with kits available from their midwife or hospital.

4

Birth
Skin to skin contact supported after birth. Evidence-based information and support offered with first feed.

5

Birth
Support available on the postnatal ward by specialist midwives and maternity support workers.

6

Early days
Midwife, Maternity Support Worker, support available during the first 10 days with specialist support available up to 6 weeks.

7

Early days
Nutrition Peer Support Worker contact made between 0-4 days. Infant feeding review as part of Health Visitor new birth visit at 14 days.

8

Community
Nutrition Peer Support Worker are available for support and contact up to 6-8 weeks. Health visitor review at 6 weeks where infant feeding discussed.

9

Community
Nutrition Peer Support Worker led groups across city and Family Hubs provide information support and companionship.

10

Community
Muslim Village offering virtual and in person infant feeding support groups to Muslim women.

Resources available at any time:
Support from friends and family, social media, Public Health Nursing Child Health Advice Hub, The National Breastfeeding helpline 0300 100 0212

5. Pathways of Support available to families - Nottinghamshire

1 **Pregnancy**
Community Midwives and maternity support workers will discuss infant feeding when they meet with families. Antenatal classes available for those birthing with Sherwood Forest Hospital

2 **Pregnancy**
Antenatal contact from health Visiting Service will explore infant feeding offering information and signposting support for the future (28-36 weeks).

3 **Pregnancy**
From 36 weeks women can be supported to hand express colostrum with kits available from their midwife or hospital.

4 **Birth**
Skin to skin contact supported after birth. Evidence-based information and support offered with first feed.

5 **Birth**
Support and education available on the postnatal ward by specialist midwives and maternity support workers/Lime Green team.

6 **Early days**
Midwife, Maternity Support Worker, support available during the first 10 days.

7 **Early days**
Healthy Child Assitant Lime Green team contact made from day 2. Infant feeding review as part of Health Visitor new birth visit at 10-14 days.

8 **Community**
Lime Green team available up to 6 weeks. Healthy Child Assistants are available for support as needed. Health visitor review at 6 weeks where infant feeding discussed.

9 **Community**
Peer Support groups based in Family Hubs provide information, support and companionship, antenatal support included.

10 **Community**
Polish Village offering support groups to Polish families.

11 **Community**
Specialist support from infant feeding specialists available at any age.

Resources available at any time:
Support from friends and family, social media, The National Breastfeeding helpline 0300 100 0212, Parent line, and Healthy Family Team advice line

6. Where we are now

This framework for action will build on existing activity and partnership work. Despite national and international challenges including the Covid -19 pandemic and cost of living pressures, some progress has been made creating a necessary foundation to further address breastfeeding initiation and continuation rates in Nottingham and Nottinghamshire.

Developments 2015-2024

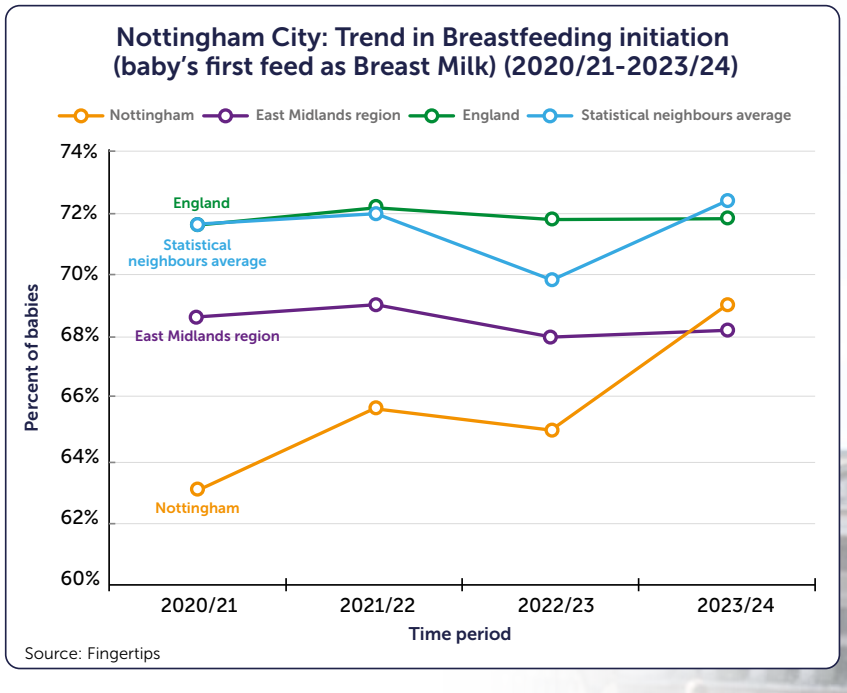
- UNICEF Baby Friendly Initiative status achieved and maintained in several services.
- Breast and/or chestfeeding peer support volunteers delivering BABES drop-in support groups in partnership with the new Family Hubs in Nottinghamshire county.
- Breast and/or chestfeeding peer support service established in Nottingham city as part of 0-19 workforce delivering support groups in Family Hubs in Nottingham city.
- Nottinghamshire county Breastfeeding Friendly scheme introduced.
- Maternity Support Workers provide additional breast and/or chestfeeding support in Maternity and Community settings within Nottingham University Hospital catchment.
- Small Steps Big Changes (2015-2025) parent champions and family mentors provided support in targeted Nottingham city wards. 'Dads Pack' includes infant feeding detail for fathers and male caregivers.
- Maternity and health visiting services have continued to strengthen the care they deliver to women in relation to infant feeding in response to feedback, emerging evidence or changes in guidance.
- Training and awareness sessions for wider services are delivered where possible.

There is a need to evaluate current activity, reduce variation, and learn from best practice in order to improve rates and ensure a sustainable offer for families.

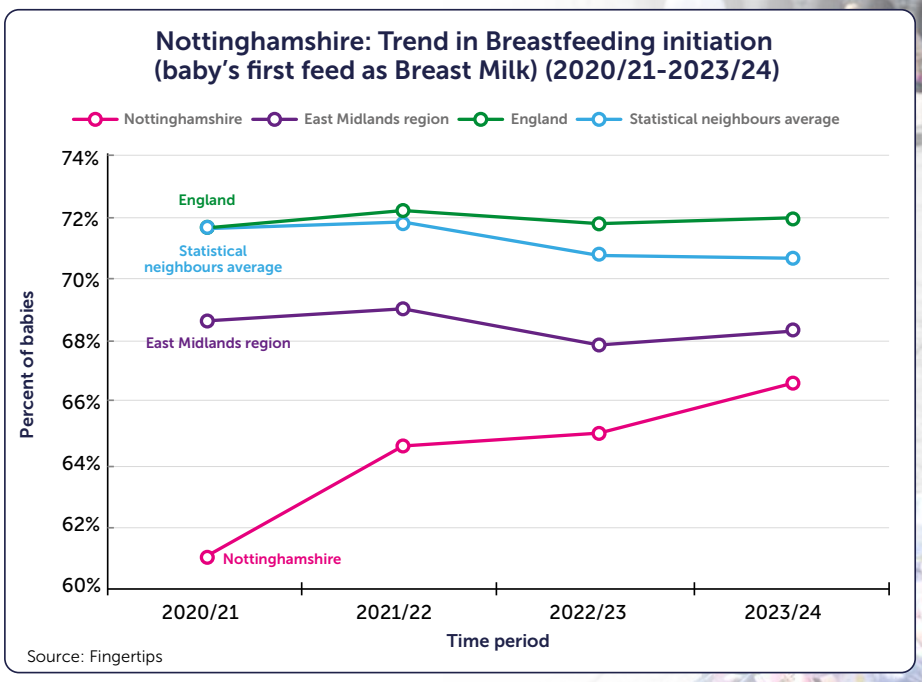
7. Data and local context

Nottingham and Nottinghamshire's breastfeeding initiation rate is measured by the proportion of babies whose first feed is breastmilk.

Both Nottingham and Nottinghamshire have significantly lower rates of breastfeeding initiation compared to the national average:

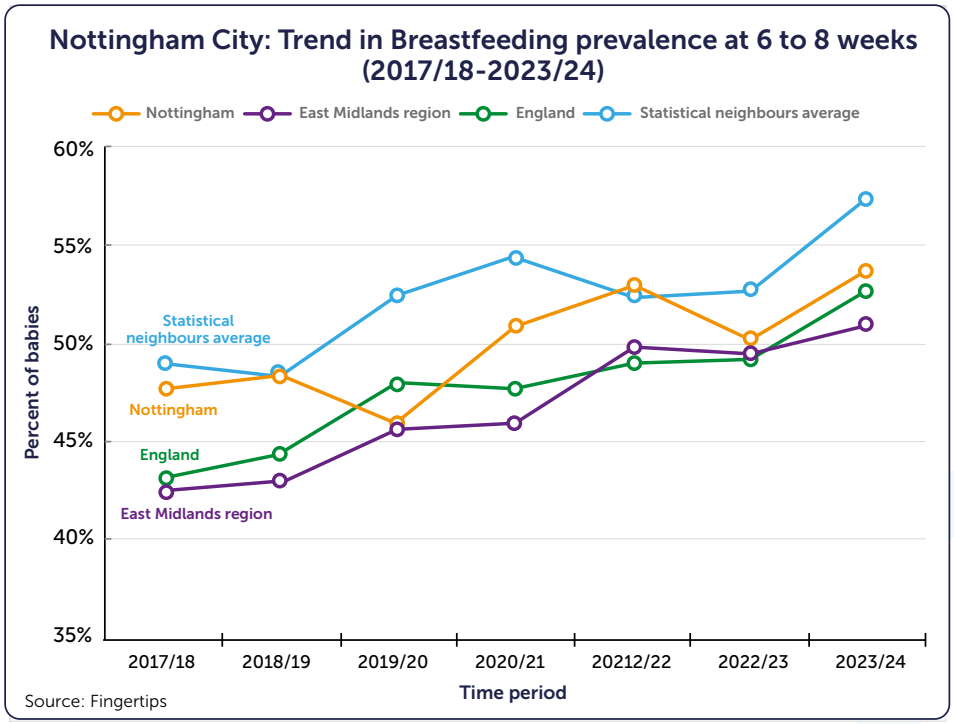


Source: Fingertips

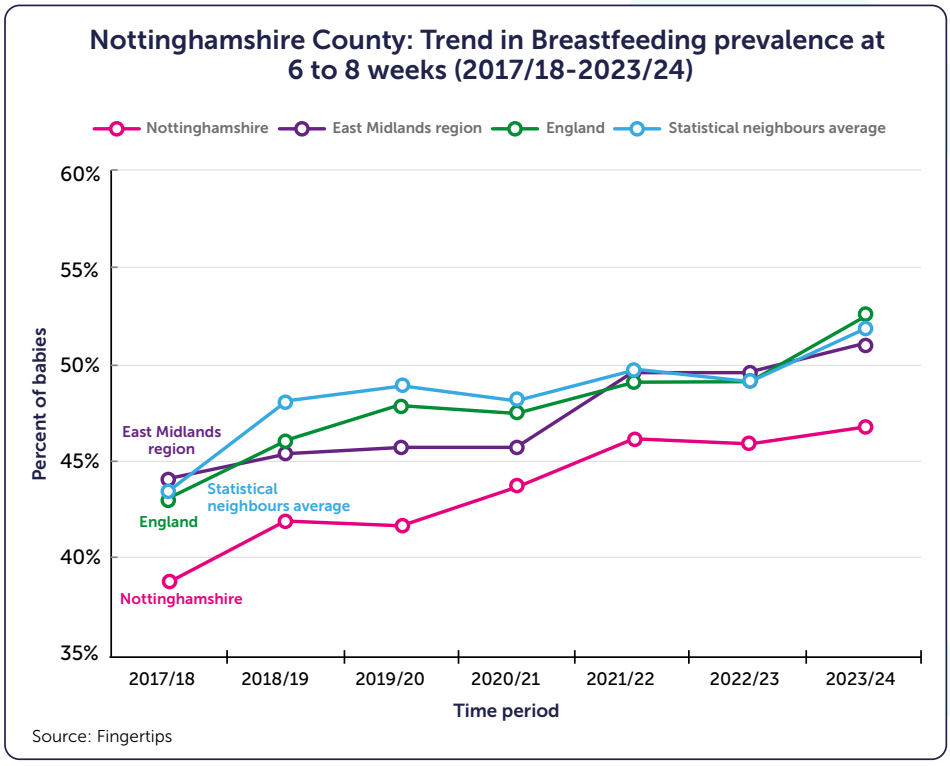


Source: Fingertips

Breastfeeding continuation rates, the proportion of infants who are totally or partially breastfed, are measured at 6-8 weeks of age. Nottingham city breastfeeding continuation rates are increasing in line with national trends. Generally, they have been significantly higher than national and regional averages:

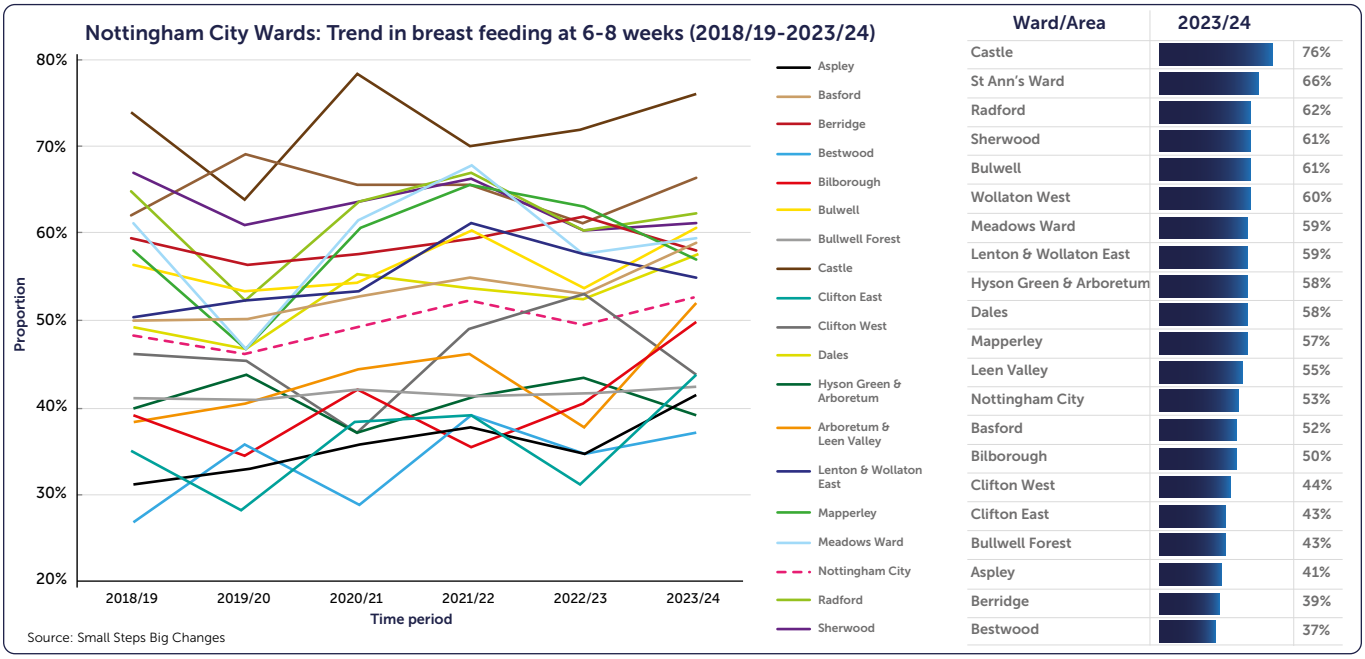


Nottinghamshire continuation rates are also increasing in line with national trends; however, rates remain significantly lower than national and regional averages:



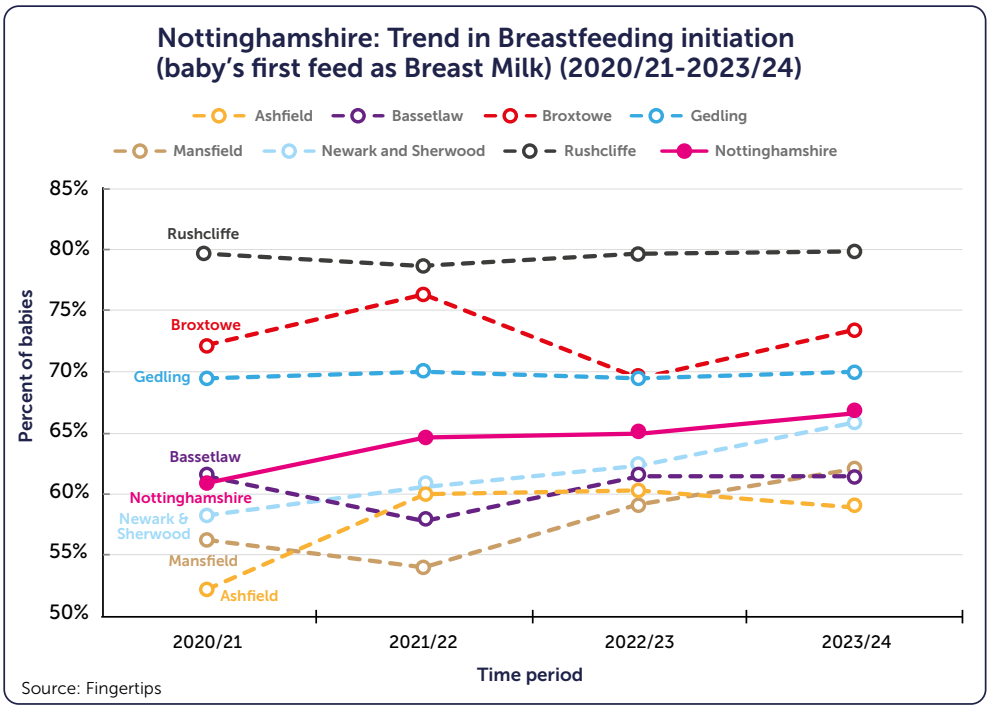
Nottingham city: a closer look

Breastfeeding initiation and continuation rates by electoral ward in Nottingham city highlight the inequities across the city, with a 39% difference in breastfeeding continuation between the lowest and highest wards:

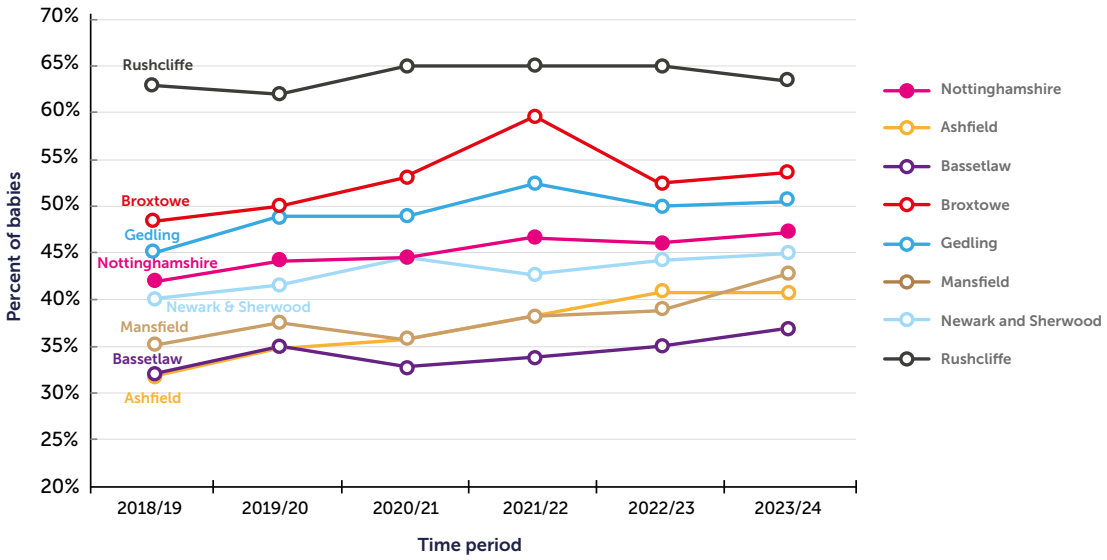


Nottinghamshire county: a closer look

We also see disparities between districts in Nottinghamshire, with lowest rates in Ashfield, Mansfield and Bassetlaw and highest in Rushcliffe.

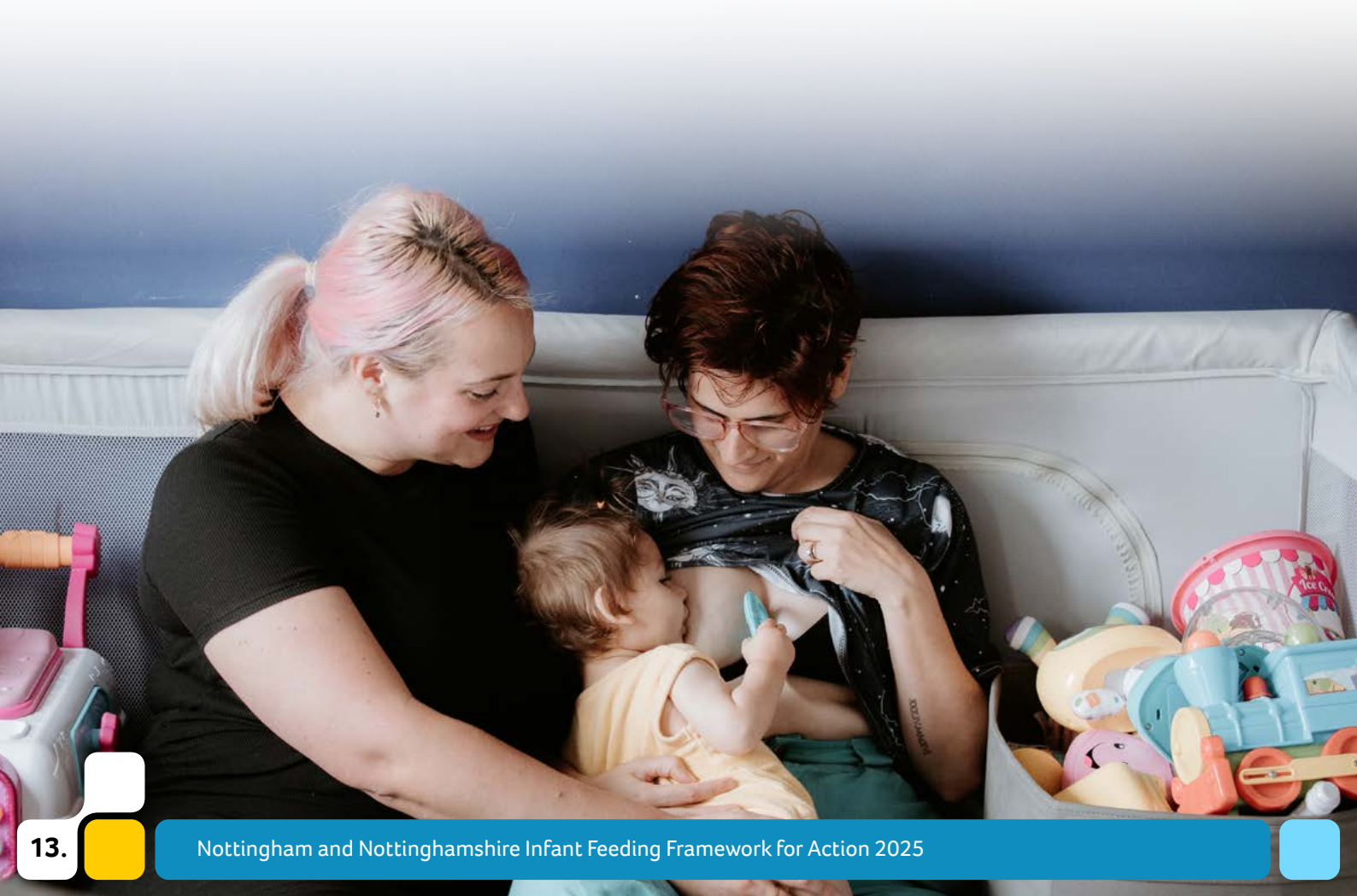


Nottinghamshire County: Trend in Breastfeeding prevalence at 6 to 8 weeks (2018/19-2023/24)



Source: OHID Fingertips, Local Provider Data (Districts)

Despite improvements, initiation of breastfeeding remains lower than the national average. Continuation of breastfeeding, measured at 6-8 weeks, has increased, but significant disparities remain between wards and districts across both Nottingham and Nottinghamshire areas.



8. Ambitions and commitments

Ambition 1: Information and Support

All families in Nottingham and Nottinghamshire receive clear and consistent evidence based infant feeding support.

This framework aims to support more families to start and continue breast and/or chestfeeding for as long as they wish, through the provision of accessible, high quality, emotionally sensitive infant feeding support. Alongside this specialist support, the wider workforce will be breast and/or chestfeeding aware and informed in line with Baby Friendly Initiative guidelines.

Commitments

We will:

- Establish consistent infant feeding training and resources for the whole workforce.
- Embed the Feed your Way behaviour change programme across the local system.
- Share clear pathways of support for families and people supporting them.
- Increase access to free and accessible antenatal infant feeding education.
- Provide consistent, representative and accessible peer led breast and/or chestfeeding support across all communities.

Ambition 2: Choice

All families in Nottingham and Nottinghamshire feel supported to safely feed their infant and have their choices fully acknowledged and respected.

All families should have access to infant feeding information and guidance free from bias no matter how they feed their baby. Parents will be equipped and supported to do so safely and with confidence as part of routine care and when in need. This framework for action will work towards normalising breastfeeding in our communities making Nottingham and Nottinghamshire breastfeeding friendly places.

Commitments

We will:

- Embed an emergency infant feeding pathway for the provision of formula milk in times of hardship.
- Support formula feeding families to ensure responsive, safe feeding and optimal nutrition.
- Promote and normalise breast and/or chestfeeding in community and public spaces.
- Continue to engage fathers/non birthing parents and caregivers in infant feeding conversations recognising their critical role.

Ambition 3: Data

Nottingham and Nottinghamshire produce readily available comprehensive and routinely analysed data intelligence representing system wide infant feeding trends.

System partners will come together to share data and resources to develop accurate and accessible data. Alongside coproduction and consultation this rich data will support the best use of available resources.

Commitments

We will:

- Establish and publish system wide interactive data dashboards making these easy to understand and use.
- Ensure that data is used to identify and address inequalities in infant feeding to reduce disparities across Nottingham and Nottinghamshire.
- We will regularly review and update data dashboards to reflect new trends and emerging needs to continuously improve the quality of care.
- We will involve families and caregivers in the data collection process to ensure their experiences and needs are fully represented.

Ambition 4: Equity

Targeted and enhanced infant feeding support is accessible to families across Nottingham and Nottinghamshire.

We know there are significant disparities in breast and/or chestfeeding rates and experiences across Nottingham and Nottinghamshire. There are communities and groups that experience additional barriers socially, culturally, financially and clinically. Building on Ambition 3, we will work to better understand these challenges.

Commitments

We will:

- Use intelligence to understand inequities in infant feeding and target resources effectively.
- Understand clinical issues such as tongue tie and identify a system response.
- Engage with communites who may experience additional barriers to breast and/or chestfeeding to better to understand lived experience.
- Progress and maintain UNICEF Baby Friendly accreditations for all maternity, neonatal and 0-19's services.

9. Governance, accountability and measuring impact

Comprehensive action plans developed and delivered by system partners with specific objectives, timelines, and named lead organisations will sit under the ambitions and commitments.

This programme of activity will be driven by the Nottingham and Nottinghamshire Infant Feeding Partnership. We will ultimately know we have been successful by sustained increases in breastfeeding initiation and continuation rates. A performance mechanism for the broader aims and ambitions of the framework for action will be developed identifying means by which breast and/or chestfeeding progress in Nottingham and Nottinghamshire can be appropriatly assessed.

Periodic reports will be provided to the Local Maternity and Neonatal System Oversight and Assurance Board, the Nottingham Health and Wellbeing Board, and the Nottinghamshire Health and Wellbeing Board.

This framework for action is underpinned by principles of co-production, co-management and co-review. Ongoing consultation and evaluation of activity with families and workforce will sit alongside data dashboards and local intelligence. This will identify if key aims to improve health outcomes and reduce health inequalities for families in Nottingham and Nottinghamshire - by creating an environment that supports parents in their infant feeding choices - have been met.

System Partners who have supported and shaped this framework:

- Nottingham and Nottinghamshire Maternity and Neonatal Voices Partnership
- Nottinghamshire Healthcare NHS Foundation Trust
- Nottingham University Hospitals NHS Trust
- Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
- Nottinghamshire County Council Best Start Strategic Partnership
- Nottingham City Care Partnership
- Sherwood Forest Hospital NHS Foundation Trust
- Nottingham and Nottinghamshire Integrated Care Board
- Nottingham and Nottinghamshire Local Maternity and Neonatal System
- Small Steps Big Changes
- Nottingham City Council Early Help Partnership

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