



THE BABY
FRIENDLY
INITIATIVE

unicef 
UNITED KINGDOM

GUIDE TO THE UNICEF UK BABY FRIENDLY INITIATIVE STANDARDS



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The UK Committee for UNICEF (UNICEF UK) Baby Friendly Initiative fully supports inclusivity in accordance with Article 2 (non-discrimination) of the UN Convention of the Rights of the Child and the Equality Act 2010. Learn more about our inclusivity policy and the language we use at: [unicef.uk/bf-inclusivity](https://www.unicef.uk/bf-inclusivity)

INTRODUCTION



Welcome to the guide to the UK Committee for UNICEF (UNICEF UK) Baby Friendly Initiative standards. This document provides a road map through the staged accreditation process in order to enable services to support all mothers with feeding and developing close and loving relationships with their baby. The following chapters will go through each stage of the Baby Friendly journey, detailing how you will know when your service has met the requirements and how we will assess the standards. Further resources and guidance are provided.

BACKGROUND

This guide covers standards for maternity and neonatal services, as well as the standards for care in community services updated in 2024. These include services providing routine and targeted care for families with babies up to around one year of age beyond the maternity and neonatal settings.

References to *health visiting services* also equate to specialist public health nursing services. References to *early years services* cover services such as family hubs, children's centres, Sure Start centres and other similar early years services.

We anticipate that these community services will progress to assessment together. However, it is possible for services to progress and be assessed individually. Some standards will not apply in this

case; these are identified in the relevant sections of the document together with some amendments to the foundation standards for all services. Information on the standards for hospital-based children's services will be added as these become available.

This document does not cover the Baby Friendly standards for universities. For information on these standards and how they are assessed, please see our university guidance document:

unicef.uk/babyfriendly-university-standards

ABOUT THE BABY FRIENDLY INITIATIVE

The Baby Friendly Initiative is improving healthcare for babies, their mothers, parents and families in the UK as part of a wider global partnership between the World Health Organization (WHO) and UNICEF. We enable public services to better support families with feeding and developing close and loving relationships so that all babies get the best possible start in life.

The staged accreditation programme supports services to improve care by:

- Setting standards which provide a road map for sustainable improvements
- Providing training and support to help services implement the standards and audit progress
- Assessing progress by measuring the skills and knowledge of healthcare and early years professionals and interviewing parents to hear about their experiences of care. An external Designation Committee of clinicians, academics and others with expertise in this field grants all accreditations and maintains consistency across the programme.

The programme helps staff to provide sensitive and effective care in order to enable parents to make informed decisions about infant feeding. Parents are supported to get breastfeeding off to a good start, to develop a close and loving relationship with their baby, and to overcome challenges. Parents who formula feed are also supported to feed their baby responsively and as safely as possible. The Achieving Sustainability standards support services to embed this high-quality care for the long term. Learn more at: [unicef.uk/sustainability](https://www.unicef.uk/sustainability)

The UNICEF UK Baby Friendly Initiative programme is recognised and recommended in numerous government and policy documents across all four UK nations, including the National Institute for Health and Care Excellence (NICE) guidance. Baby Friendly accreditation is considered a nationally recognised mark of quality care for parents and babies.

THE UK CONTEXT

UNICEF and the WHO recommend exclusive breastfeeding up to six months of age, with continued breastfeeding alongside complementary foods up to two years of age and beyond. Our work to support breastfeeding is based on resounding evidence that it saves lives, improves health and development^{12,34} and cuts costs⁵⁶ in high- and low-income countries alike.

Breastfeeding helps protect against illness, infection, diabetes, asthma, heart disease, obesity, SIDS and some cancers in children,^{7,8,9,10} and breast and ovarian cancers in mothers.^{11,12,13,14} A 2016 study found that increasing global breastfeeding rates to near universal levels could prevent 823,000 annual deaths in children younger than five and 20,000 annual maternal deaths from breast cancer.² Breastfeeding also supports infant and maternal mental health and the mother-baby relationship.^{15,16,17,18,19}

Whilst the Baby Friendly Initiative's work is positively impacting on breastfeeding initiation rates in the UK, breastfeeding continuation rates remain some of the lowest in the world, with eight out of ten women stopping breastfeeding before they want to.²⁰ Many also struggle to continue breastfeeding due to inconsistent support. Breastfeeding is thus a highly emotive subject because many families have not breastfed, or have experienced the trauma of trying very hard to breastfeed and not succeeding.²²

Breastfeeding is often viewed as unnecessary in the UK because infant formula is seen as a close second best. Advertising of breastmilk substitutes (any food or drink that replaces breastmilk) is inadequately regulated and uses unproven claims to position formula feeding as the norm.²¹ Parents, healthcare and early years professionals also often misinterpret infant behaviours in the post-birth environment as signs of milk insufficiency, which is frequently exploited by the commercial milk formula industry.

Changing the conversation around breastfeeding and ceasing to lay blame for low breastfeeding rates on individual mothers is paramount, together with enabling awareness of normal newborn behaviour. This public health issue requires concerted action across government, healthcare and society.^{1,21}

RAISING STANDARDS OF CARE

To breastfeed successfully, parents require accurate and evidence-based information, social support in the local community, and face-to-face, ongoing and predictable support across all public services.²³ The Baby Friendly Initiative works to ensure all parents receive this care within healthcare and early years services, and advocates for UK governments to take steps to protect and improve infant feeding support, including beyond these settings. Globally, there is evidence that the Baby Friendly Hospital Initiative is effective in improving outcomes.^{25,26,27,28}

Whilst supporting breastfeeding is at the heart of the Baby Friendly programme, we aim to raise standards of care for *all* babies, regardless of how they are fed. For example, in Baby Friendly hospitals, mothers and babies now routinely stay together in the immediate post-birth period, with the crucial importance of skin-to-skin contact recognised and implemented. All mothers are supported to respond to their baby's needs for love, care and comfort in a way which promotes close parent-infant relationships and supports the mental health of both baby and mother.

In addition, our work around formula feeding protects *all* babies from harmful commercial interests. We seek to ensure that healthcare and early years professionals and parents receive scientific, unbiased and factual information about breastmilk substitutes, rather than misleading and profit-driven marketing. We advocate for better regulation around the marketing of breastmilk substitutes and provide information for parents who formula feed on making up feeds and choosing an appropriate formula.

In these ways, the Baby Friendly Initiative is helping to create a “new normal” in health services where babies, their mothers, parents and families are at the heart of care. Crucially, we support healthcare and early years professionals to provide compassionate, non-judgemental and parent-centred support.



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FURTHER READING

- Baby Friendly awards table: [unicef.uk/bf-awards](https://www.unicef.uk/bf-awards)
- Benefits of breastfeeding: [unicef.uk/breastfeedingbenefits](https://www.unicef.uk/breastfeedingbenefits)
- The evidence and rationale for the standards: [unicef.uk/babyfriendlyevidence](https://www.unicef.uk/babyfriendlyevidence)
- HM Government (2021) The Best Start for Life: A Vision for the 1,001 Critical Days [gov.uk/government/publications/the-best-start-for-life-a-vision-for-the-1001-critical-days](https://www.gov.uk/government/publications/the-best-start-for-life-a-vision-for-the-1001-critical-days)
- UNICEF (2023) Early Childhood Development: Vision for Every Child [unicef.org/reports/early-childhood-development-unicef-vision-every-child](https://www.unicef.org/reports/early-childhood-development-unicef-vision-every-child)
- United Nations Convention on the Rights of the Child (1989) [ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child](https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child)

OVERVIEW OF THE STANDARDS

Stage 1: Building a firm foundation

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

Stage 2: An educated workforce

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

Stage 3: Parents' experiences of...

Maternity services

- 1 Support those who are pregnant to recognise the importance of breastfeeding and early relationships for the health and wellbeing of their baby.
- 2 Support all mothers and babies to initiate a close relationship and feeding soon after birth.
- 3 Enable mothers to get breastfeeding off to a good start.
- 4 Support mothers to make informed decisions regarding the introduction of food or fluids other than breastmilk.
- 5 Support parents to have a close and loving relationship with their baby.

Neonatal units

- 1 Support parents to have a close and loving relationship with their baby.
- 2 Enable babies to receive breastmilk and to breastfeed when possible.
- 3 Value parents as partners in care.

Community services

- 1 Support those who are pregnant to understand the evidence for breastfeeding and early relationships and their influence on the health and wellbeing of them and their baby.
- 2 Protect and support breastfeeding in all aspects of the service and enable mothers to continue breastfeeding for as long as they wish.
- 3 Support parents to make informed decisions regarding the introduction of food or fluids other than breastmilk.
- 4 Support parents to have a close and loving relationship with their baby.

Hospital-based children's services

- 1 Enable babies to continue to breastfeed and/or receive breastmilk when possible.
- 2 Implement evidence-based practices related to giving foods or fluids other than breastmilk.
- 3 Support close and loving relationships and value parents as partners in care.

Re-accreditation

Embed all of the standards to support excellent practice for babies, mothers, parents and families.

Achieving Sustainability (Gold)

Provide the leadership, culture and monitoring required to maintain/progress the standards over time.

THE UNICEF UK BABY FRIENDLY INITIATIVE STANDARDS WITH GUIDANCE

There are two initial steps your organisation can take to begin your Baby Friendly journey.

REGISTER OF INTENT

Complete the Register of Intent form to indicate your service's intention to start working towards accreditation. You can also choose to book a planning meeting with a member of the Baby Friendly team to discuss your service and how you can start your journey. This will enable you to develop a structured action plan suitable for local need, as well as an infant feeding policy. Learn more:

Register of Intent form: [unicef.uk/register-intent](https://www.unicef.uk/register-intent)

Planning meeting: [unicef.uk/planning-meeting](https://www.unicef.uk/planning-meeting)

CERTIFICATE OF COMMITMENT

This is the first award given by UNICEF UK in recognition that a service:

- Has completed an action plan and submitted it to the Baby Friendly office
- Has adopted an infant feeding policy (or equivalent) that covers all of the Baby Friendly standards
- Is committed to implementing the plan, as demonstrated by completing an application form for the Certificate of Commitment, signed by the Chief Executive.

Useful resources for preparing to go Baby Friendly can be found at: [unicef.uk/babyfriendly-preparing](https://www.unicef.uk/babyfriendly-preparing)



BUILDING A FIRM FOUNDATION

The following standards need to be met in order to be successful at Stage 1 assessment.

1. Have written policies and guidelines to support the standards

You will know the service meets this standard when:

- There is a policy (or equivalent) which covers all of the standards and which is accompanied by a written commitment, signed by relevant managers, to adhere to the policy and to enable their staff to do so.
- Policies, protocols and guidelines which pertain to one or more of the standards support the effective implementation of that standard.
- All new staff are orientated to the policy (or equivalent) on commencement of employment.

WE WILL ASSESS THIS BY:

- Reviewing all relevant policies and guidelines to ensure they support the implementation of the standards as applicable to the service provided.
- Reviewing the mechanism by which new staff are orientated to the policy (or equivalent).

2. Plan an education programme that allows staff to implement the standards according to their role

You will know the service meets this standard when:

- There is a written curriculum for the education programme which clearly covers all of the standards.
- There are plans for how staff will be allocated to attend/complete training according to their role.
- Processes in place include a system for recording that staff have been orientated to the policy and have attended all aspects of the training programme.
- There are processes in place for assessing the outcome of the training programme.

WE WILL ASSESS THIS BY:

- Reviewing the written curriculum/curricula including lesson plans and other training materials to identify where all of the standards are covered, that appropriate timing and weight are given to each of the topics, and how the education is delivered.
- Reviewing plans made for ensuring staff attendance, following up with non-attendees, and recording that staff have attended the education programme.
- Reviewing the processes in place to ensure the effectiveness of the training programme.
- We strongly recommend that those planning and delivering the education programme have additional training to ensure knowledge and skill in relation to:
 - Infant feeding
 - The importance of early relationships to childhood development
 - How to deliver effective training.

3. Have processes for implementing, auditing and evaluating the standards

You will know the service meets this standard when:

- A plan for implementing all of the standards has been agreed by relevant managers/team leaders.
- A Baby Friendly lead/team is in post with the knowledge, skills and capacity (substantive and protected hours) to implement the standards.
- A strategy group (to include relevant senior staff in the organisation) is in place and is supporting the progression of the standards.
- A Guardian has been identified (or plans are in place for recruitment).
- Any tools you are planning to use to support the implementation of the standards (e.g. feeding plan, feeding/expressing assessment tool, resources for mothers) have been developed and meet the evidence base.

- A plan for auditing the standards has been agreed, with use of the appropriate Baby Friendly tool.
- An efficient data collection system exists, or plans to address weaknesses in the data collection system have been made.
- Data and information are shared
 - Internally at all levels of the organisation to inform planning and care provision
 - Appropriately across relevant organisations involved in implementing the standards.
- A plan for managing complaints related to infant feeding is in place.
- There is evidence of collaborative working at strategic and delivery levels which put infant and maternal wellbeing at the heart of all care. Where separate services are responsible for delivering elements of the programme, responsibility is taken across both to ensure outcomes are met.
- Infant feeding and relationship building are considered in relevant local health policies and deliverables.
- Where appropriate, there are processes planned or in place for:
 - Pregnancy and new birth notification to community services to enable timely communication and support
 - Effective handover of feeding plans from acute services (maternity, neonatal and children's hospitals) to community services
 - Ensuring effective training, supervision and integration of commissioned (or equivalent) peer/other support services to meet Baby Friendly standards of care
 - Considering the needs of the local population, including families from diverse backgrounds and with specific needs
 - Parental involvement in the co-design of services to ensure that they are accessible and person-centred.

WE WILL ASSESS THIS BY:

- Reviewing systems, tools and documentation which are in place to support implementation of the standards.
- Reviewing the audit mechanism.
- Reviewing the current data collection system/ plans for data collection.
- Reviewing evidence which demonstrates an understanding of the local population, including provision made for inclusion and diversity.

4. Ensure that there is no promotion of breastmilk substitutes, bottles, teats or dummies in any part of the facility or by any of the staff

You will know the service meets this standard when:

- A written statement signed by the Head of Service confirms that the facility is committed to implementing, in full, The International Code of Marketing of Breastmilk Substitutes ("the Code") and subsequent resolutions.
- There is no advertising in the facility or by any staff, and all information provided is evidence-based, with information about bottle feeding provided at the point of need.
- Materials for parents do not idealise formula feeding or infer equivalence with breastfeeding.
- There are systems in place to monitor compliance with this standard.

WE WILL ASSESS THIS BY:

- Reviewing the Stage 1 application to ensure a written commitment to implementing the Code has been made.

STAGE 1 USEFUL RESOURCES

Find a range of Stage 1 resources such as the following at [unicef.uk/babyfriendly-stage1](https://www.unicef.uk/babyfriendly-stage1)

- Stage 1 guidance and application form
- Sample infant feeding policies
- Guidance on writing a training curriculum
- Audit tool
- Feeding and expressing assessment forms
- Guidance on antenatal and postnatal conversations
- Baby Friendly's range of courses, including the Breastfeeding and Relationship Building course which supports with the implementation of the staff education programme, as well as the Train the Trainer course for those delivering the programme (available to purchase)
- Working With The International Code of Marketing of Breastmilk Substitutes: A Guide for Health Workers
- See also the Stage 2 guidance and application form for help with planning the delivery of the education programme: [unicef.uk/babyfriendly-stage2](https://www.unicef.uk/babyfriendly-stage2)

AN EDUCATED WORKFORCE

The following standards will need to be met in order to be successful at Stage 2 assessment.

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

You will know the service meets this standard when:

- The education programme has been effectively implemented.
- Processes in place enable staff to remain up-to-date, to include the Baby Friendly lead and team.
- Staff who care for babies, their mothers, parents and families can describe how the standards are implemented in their area and demonstrate the necessary knowledge and skills to implement the standards effectively according to their role.

WE WILL ASSESS THIS BY:

- Interviewing a range of staff about:
 - The education they have received and how the standards are implemented in their area
 - The knowledge they have in order to implement the standards in their area and according to their role
 - The skills they have to support mothers to breastfeed, or where relevant, to formula feed as safely as possible
 - Their understanding of the International Code of Marketing of Breastmilk Substitutes.
- Interviewing managers and asking them about:
 - Their role and how they support implementation of the training and the standards in their area
 - The systems in place for ensuring that the standards are implemented in the service
 - What is done to ensure implementation of the International Code of Marketing of Breastmilk Substitutes.
- Audit results and outcome data.
- Interviewing the Baby Friendly lead about:
 - Audit and evaluation results relating to the education programme
 - How care for mothers is provided and evaluated

- The support they give to staff to help them gain knowledge, skills and confidence
- How they would provide care for mothers with specific difficulties (if part of their role)
- How they are supported by the senior team, including opportunities for ongoing education.
- Interviewing any staff who provide additional support to mothers about:
 - How they would provide care for mothers with specific difficulties.
- Reviewing the following:
 - Training documents, including the curriculum, lesson plans and associated training materials and how these relate to assessment findings
 - Training records.

STAGE 2 USEFUL RESOURCES

Find a range of Stage 2 resources such as the following at [unicef.uk/babyfriendly-stage2](https://www.unicef.uk/babyfriendly-stage2)

- Stage 2 guidance and application form, including information on staff interviews
- Audit tool
- Guidance on providing specialist support to breastfeeding mothers
- Guidance on writing a training curriculum
- Baby Friendly's range of courses, including the Breastfeeding and Relationship Building course which supports with the implementation of the staff education programme, as well as the Train the Trainer course for those delivering the programme (available to purchase).

PARENTS' EXPERIENCES OF MATERNITY SERVICES

The following standards will need to be met in order to be successful at Stage 3 assessment.

1. Support those who are pregnant to recognise the importance of breastfeeding and early relationships for the baby's health and wellbeing

You will know the service meets this standard when:

- All those who are pregnant
 - Have the opportunity for a conversation about feeding their baby and recognising and responding to their baby's needs.
 - Are encouraged to develop a positive relationship with their baby in utero.

WE WILL ASSESS THIS BY:

- Verification of the current systems by which:
 - Opportunities are provided for those who are pregnant to discuss feeding their baby and recognising and responding to their baby's needs
 - Staff encourage those who are pregnant to develop a positive relationship with their growing baby in utero.
- Reviewing:
 - Information provided for those who are pregnant
 - Completed records relating to the conversations that have taken place
 - Internal audit results that relate to this standard.
- Listening to mothers to find out about their experiences of care, including:
 - If they had a conversation with a member of staff
 - If the information received met their needs.

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

You will know the service meets this standard when:

- All mothers have skin-to-skin contact with their baby after birth, at least until after the first feed and for as long as they wish.
- All mothers are encouraged to offer the first feed in skin-to-skin contact when the baby shows signs of readiness to feed.
- Mothers and babies unable to have skin-to-skin contact immediately after birth are encouraged to commence skin-to-skin contact as soon as they are able, whenever/wherever that may be.

WE WILL ASSESS THIS BY:

- Verification of the current systems by which mothers are encouraged to spend time with their baby in skin-to-skin contact after birth.
- Reviewing internal audit results that relate to this standard.
- Listening to mothers to find out about their experiences of care, including:
 - If they were given the opportunity to hold their baby in skin-to-skin contact as soon as possible after birth
 - If they were able to hold their baby until after the first feed, for at least one hour or for as long as they wished
 - If they were encouraged to feed their baby in skin-to-skin contact when the baby showed signs of readiness to feed.



3. Enable mothers to get breastfeeding off to a good start

You will know the service meets this standard when:

- Mothers are enabled to achieve effective breastfeeding according to their needs (this includes appropriate support with positioning and attachment, hand expression and understanding signs of effective feeding).
- Mothers understand responsive feeding, including feeding cues and breastfeeding as a means of comforting and calming babies and themselves.
- A formal breastfeeding assessment is carried out as often as is required in the first week, with a minimum of two assessments to ensure effective feeding and the wellbeing of mother and baby. This assessment includes working with the mother to develop an appropriate plan of care to address any issues identified.
- Mothers are given information both verbally and in writing about recognising effective feeding prior to discharge from hospital.
- Specialist support is available for mothers with persistent and complex breastfeeding challenges, including an appropriate referral pathway.
- Mothers are given information on the availability of local and national support for breastfeeding.
- Mothers with a baby on the neonatal unit are enabled to start expressing milk as soon as possible after birth (ideally within two hours), and are supported to express as effectively as possible.

WE WILL ASSESS THIS BY:

- Verification of the current systems by which:
 - Mothers are supported to breastfeed their baby (this could include methods of record keeping, etc.)
 - Formal breastfeeding assessments are carried out for all mothers and babies
 - Mothers are made aware of the additional support available in the local area for breastfeeding challenges if and when they need this information
 - Mothers are made aware of local and national services to provide help and encouragement to continue breastfeeding
 - Mothers with a baby on the neonatal unit are supported to express their milk.
- Reviewing:
 - Information on breastfeeding provided for mothers (written or online)
 - Internal audit results relating to this standard
 - Breastfeeding rates.
- Listening to mothers to find out about their experiences of care, including:
 - If they received effective, timely help and information to meet their individual needs (e.g. on positioning and attachment, hand expression, understanding signs of effective feeding, responsive feeding, etc.)
 - If they knew how to access ongoing support, including help with difficulties, if needed
 - If mothers with a baby on the neonatal unit were supported to express their milk.

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

You will know the service meets this standard when:

- Mothers who breastfeed are provided with information about why exclusive breastfeeding leads to the best outcomes for the baby. When exclusive breastfeeding is not possible, continuing partial breastfeeding is important. Therefore, when mothers are partially breastfeeding, they are supported to maximise the amount of breastmilk their baby receives according to individual situations.
- Mothers who give other feeds in conjunction with breastfeeding are enabled to do so as safely as possible and with the least possible disruption to breastfeeding.
- Mothers who formula feed are enabled to do so as responsively and safely as possible.
- There is no advertising of breastmilk substitutes, bottles, teats or dummies anywhere in the service or by any of the staff.

WE WILL ASSESS THIS BY:

- Verification of the current systems by which:
 - The facility ensures that no unnecessary supplements are given to breastfed babies.
- Reviewing:
 - Information provided for mothers
 - Internal audit results that relate to this standard (including supplementation rates)
 - The hospital environment to ensure that there is no advertising of breastmilk substitutes, bottles, teats or dummies.
- Listening to mothers to find out about their experiences of care, including:
 - Whether breastfeeding mothers were supported to maximise the amount of breastmilk their baby received
 - Whether mothers who formula feed received information about how to make up a bottle of formula and how to feed this to their baby using a responsive and safe technique.

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

You will know the service meets this standard when:

- Skin-to-skin contact is encouraged throughout the postnatal period.
- Parents are supported to understand a newborn baby's needs (including encouraging frequent touch and sensitive verbal/visual communication, keeping babies close, responsive feeding and safe sleeping practice).
- Mothers who bottle feed are encouraged to hold their baby close during feeds and offer the majority of feeds to their baby themselves to help enhance the mother-baby relationship.
- Parents are given information about local parenting support that is available.

WE WILL ASSESS THIS BY:

- Verification of the current systems by which:
 - Parents are given information and support to develop close and loving relationships with their baby
 - Support is offered to enable parents to formula feed in ways that promote health and wellbeing.
- Reviewing:
 - Information provided for parents
 - Internal audit results that relate to this standard.
- Listening to mothers to find out about their experiences of care, including:
 - If they had a conversation about their baby's needs
 - If skin-to-skin contact was encouraged
 - If they had been encouraged to respond to their baby's cues for feeding, communication and comfort
 - If they were encouraged to keep their baby close, including at night
 - If mother and baby roomed-in together during the hospital stay
 - If they were informed of any local parenting support available.

STAGE 3 USEFUL RESOURCES

Find a range of Stage 3 maternity resources such as the following at [unicef.uk/babyfriendly-stage3-maternity](https://www.unicef.uk/babyfriendly-stage3-maternity)

- Stage 3 maternity guidance and application form
- Guidance on antenatal and postnatal conversations
- Audit tool
- Breastfeeding assessment forms
- Information and research on skin-to-skin contact
- Guidance on providing specialist support to breastfeeding mothers
- Responsive feeding infosheet
- Maximising breastmilk information
- Working With the International Code of Marketing of Breastmilk Substitutes: A Guide for Health Workers
- Infant Formula and Responsive Bottle Feeding: A Guide for Parents
- Supplementation guidance
- Building a Happy Baby leaflet for parents
- Breastfeeding and relationships in the early days video
- The importance of relationship building video
- Caring for your Baby at Night and When Sleeping resource



PARENTS' EXPERIENCES OF NEONATAL UNITS

The following standards will need to be met in order to be successful at Stage 3 assessment.

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

You will know the service meets this standard when:

- Parents have a conversation with an appropriate member of staff as soon as possible about the importance of touch, comfort and communication for their baby's health and development.
- Parents are actively encouraged to provide comfort and emotional support for their baby including prolonged skin-to-skin contact, comforting touch and responsiveness to their baby's behavioural cues.
- Parents and staff who are bottle feeding are supported to do this as responsively as possible.

WE WILL ASSESS THIS BY:

- Verification of the current systems by which:
 - Parents have a conversation about touch, comfort and responding to behavioural cues as soon as possible
 - Parents are enabled and encouraged to provide comfort and emotional support to meet their baby's needs, including being able to nominate another carer if unable to be present.
- Reviewing:
 - Information provided for parents on the importance of touch, comfort and responding to behavioural cues and skin-to-skin contact
 - Internal audit results relating to this standard.
- Listening to mothers to find out about their experiences of care, including about:
 - Encouragement to touch, comfort and respond to their baby
 - Skin-to-skin contact and kangaroo care.

2. Enable babies to receive breastmilk and to breastfeed when possible

You will know the service meets this standard when:

- A mother's own breastmilk is always the first choice of feed for the baby.
- Mothers have a conversation regarding the importance of their breastmilk for their preterm or ill baby as soon as is appropriate.
- Mothers are enabled to express breastmilk for their baby, including support to:
 - Express as early as possible after birth (ideally within two hours)
 - Learn how to express effectively, including hand expression, use of breast pump equipment, and storing milk safely
 - Express frequently, especially in the first 2-3 weeks following delivery in order to optimise long-term milk supply
 - Stay close to their baby when expressing milk
 - Access effective breast pump equipment
 - Access further help with expressing if milk supplies are inadequate, or if less than 750ml in 24 hours by day 10
 - Use their milk for mouth care when their baby is not tolerating oral feeds, and later to tempt their baby to feed.
- In the unit there is evidence that:
 - A suitable environment conducive to effective expression is created
 - A formal expressing review is undertaken a minimum of 4 times in the first 2 weeks to support optimum expressing and milk supply
 - Appropriate interventions are implemented to overcome breastfeeding/expressing difficulties where necessary.
- Mothers receive care that supports the transition to breastfeeding, including:
 - Being able to be close to their baby as often

as possible so that they can respond to feeding cues

- Use of skin-to-skin contact to encourage instinctive feeding behaviour
- Information about positioning for feeding and how to recognise effective feeding
- Additional support to help with breastfeeding/expressing challenges when needed.
- Mothers are prepared to feed and care for their baby after discharge from hospital, including:
 - Having the opportunity to stay overnight/for extended periods to support development of the mother's confidence and modified responsive feeding
 - Having information about how to access support in the community.
- There is no advertising of breastmilk substitutes, bottles, teats or dummies anywhere in the service or by any of the staff.



WE WILL ASSESS THIS BY:

- Verification of the current systems by which:
 - Mothers are informed about the importance of their breastmilk
 - Mothers are encouraged to express, including availability of equipment, how milk is stored and information about expressing (including frequency of expressing, night time expressing and enabling mothers to be close to their baby when expressing their breastmilk)
 - A formal expressing assessment is carried out a minimum of 4 times in the first 2 weeks
 - Mothers receive care that supports the transition to breastfeeding
 - Specialist support with breastfeeding is provided when needed
 - Mothers are prepared for discharge home with their baby, including facilities available for staying overnight/for extended periods
 - Mothers are informed about local and national support available after discharge.
- Reviewing:
 - Information provided for parents
 - Internal audit results about parents' experiences of care
 - Internal processes for loaning/hiring expressing equipment
 - Breastmilk storage standards
 - Breastfeeding statistics including use of mothers' own breastmilk, use of all breastmilk, use of breastmilk on discharge and rates of exclusive/any breastfeeding on discharge
 - The hospital environment to ensure that there is no advertising of breastmilk substitutes, bottles, teats or dummies
 - Support available for parents once home.
- Listening to mothers to find out about their experiences of care, including:
 - Expressing breastmilk
 - Establishing breastfeeding
 - Preparing to go home with their baby.

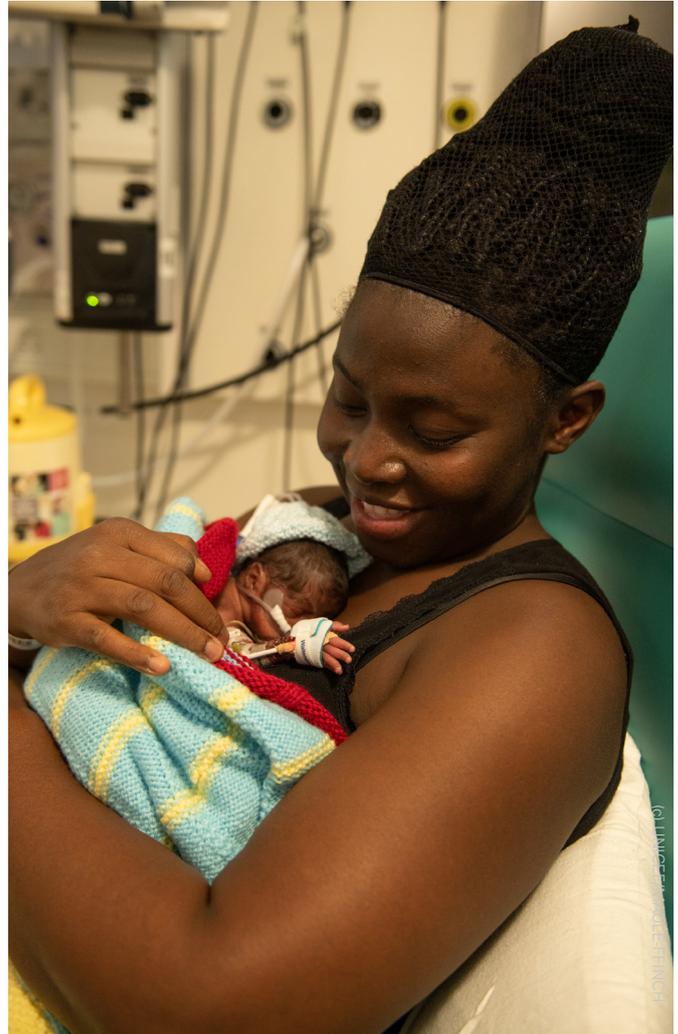
3. Value parents as partners in care

You will know the service meets this standard when:

- All parents have unrestricted access to their baby unless individual restrictions can be justified in the baby's best interest.
- The unit makes being with their baby as comfortable as possible for parents (for example, by creating a welcoming atmosphere, putting comfortable chairs by the side of each cot, giving privacy when needed and providing facilities for parents to stay overnight).
- Staff enable parents to be fully involved in their baby's care.
- Every effort is made to ensure effective communication between the family and the healthcare team (including listening to parents' feelings, wishes and observations).

WE WILL ASSESS THIS BY:

- Verification of the current systems by which:
 - Parents have unrestricted access to their baby
 - Staff enable parents to be involved in the care of their baby
 - Effective communication is supported throughout the unit
 - Parents' emotional needs are addressed.
- Reviewing:
 - The facilities on the unit for making parents comfortable
 - Internal audit results about parents' experiences of care.
- Listening to mothers to find out about their experiences of care, including:
 - Access to their baby
 - How they were involved in their baby's care
 - What methods staff used to communicate with them
 - The facilities on the unit to make their stay comfortable
 - Whether mothers who formula feed received information about how to clean/sterilise equipment, make up a bottle, and feed this to their baby safely and responsively.



STAGE 3 USEFUL RESOURCES

Find a range of Stage 3 neonatal resources such as the following at [unicef.uk/babyfriendly-stage3-neonatal](https://www.unicef.org/uk/babyfriendly-stage3-neonatal)

- Information and research on skin-to-skin
- Audit tool
- Checklist for assessment of breastmilk expression
- Guidance on providing specialist support to breastfeeding mothers
- You and Your Baby: Supporting Love and Nurture on the Neonatal Unit leaflet for parents
- Working With the International Code of Marketing of Breastmilk Substitutes: A Guide for Health Workers
- Responsive feeding infosheet

PARENTS' EXPERIENCES OF COMMUNITY SERVICES

The following standards will need to be met in order to be successful at Stage 3 assessment. Please note, the standards below apply to health visiting and early years services when they are working together. Where single services are working towards and being assessed separately, some standards will not apply. These are identified below.

1. Support those who are pregnant to recognise the importance of breastfeeding and early relationships for their baby's health and wellbeing

You will know the service meets this standard when:

- Systems are in place which enable all those who are pregnant to be made aware of local health visiting and early years services.
- Those who are pregnant have
 - Evidence-based information in a digital or written format
 - A conversation (either face-to-face, virtual, or in a group setting appropriate to need)* about feeding their baby and recognising/responding to their baby's needs and why this is important, including the opportunity to discuss previous feeding challenges.
- Those who are pregnant and their partners/significant others
 - Are encouraged to develop a positive relationship with their growing baby in utero
 - Can access local services and information* to support them to prepare for feeding and caring for their new baby (this may include 121 conversations, classes, online information, peer support, phone contact, etc.)
- Services are relevant to local need, accessible and person-centred (involve parents in the design) and include targeted elements for vulnerable families.

**The service is responsible for ensuring parents are enabled to have a conversation in addition to that provided by maternity services.*

If the antenatal contact is facilitated by another provider or via a close collaboration with another provider, the service is responsible for assurance and monitoring, and addressing gaps in service provision to demonstrate the pathway is effective.

WE WILL ASSESS THIS BY:

- Verification of the current systems by which:
 - Data is shared effectively
 - Those who are pregnant and their families are identified and made aware of service provision
 - Opportunities are provided for those who are pregnant to discuss feeding their baby and recognising and responding to their baby's needs
 - Staff encourage parents to develop a positive relationship with their growing baby in utero
 - Collaboration with other services ensures a comprehensive service.
- Reviewing:
 - The antenatal pathway
 - Information provided for those who are pregnant
 - Internal audit and evaluation results related to any services provided for those who are pregnant.
- Listening to mothers to find out about their experiences of care, including:
 - Whether they had a conversation that included breastfeeding and early relationships
 - Whether they had the opportunity to attend a class
 - Whether they were made aware of services available during pregnancy
 - Whether the information/services they received met their needs.

2. Protect and support breastfeeding in all areas of the service and enable mothers to continue breastfeeding for as long as they wish

You will know the service meets this standard when:

- Services work collaboratively to provide effective support.
- A welcoming atmosphere for breastfeeding is created throughout the service(s).
- *Health visiting service only:* A formal breastfeeding assessment is carried out at approximately 10-14 days and at all mandated contacts as a minimum to ensure effective feeding and mother-baby wellbeing. This includes developing, with the mother, appropriate recommendations to address issues identified. Where the birth or postnatal period have been challenging (such as following admission to the neonatal unit or a paediatric ward or when mothers are admitted to hospital), appropriate planning and support are initiated.
- Mothers are actively contacted and offered infant feeding support in advance of the new birth visit.
- Services are provided which meet breastfeeding mothers' needs for social support and basic problem solving (e.g. peer support, telephone contact, home visits, support groups, social media etc.) and mothers are informed about these.
- Specialist support is available (within the area, not necessarily provided by the service) for mothers with persistent and complex breastfeeding challenges, with an appropriate referral pathway (to include the availability of a frenulotomy service and breast pump loan).
- Mothers have the opportunity for a conversation about their options for continued breastfeeding (including responsive feeding, support for breastfeeding to meet individual goals, expression of breastmilk and the reasons for when this is appropriate, including when separated from the baby and feeding when out and about or going back to work), according to individual need.
- There is no advertising of breastmilk substitutes, bottles, teats or dummies anywhere in the service or by any of the staff.

WE WILL ASSESS THIS BY:

- Verification of the current systems by which:
 - Services work collaboratively to provide effective support
 - Mothers are contacted proactively in the early postnatal period
 - Formal breastfeeding assessments are carried out and appropriate support offered
 - Additional and specialist support is provided
 - Mothers are made aware of local and national services to provide support and encouragement to continue breastfeeding
 - Mothers are made aware of the specialist support available for breastfeeding challenges if and when they need this information
 - The International Code of Marketing of Breastmilk Substitutes is fully implemented.
- Reviewing:
 - Information provided for parents
 - Internal audit and evaluation results related to the standard
 - Services (through internal audit results and evaluations and visits to relevant services or review of photographic evidence of the environment, where appropriate)
 - Evaluation of the specialist service
 - Breastfeeding continuation rates.
- Listening to mothers to find out about their experiences of care, including:
 - *Health visiting service only:* If they had an effective feeding assessment at 10-14 days and other relevant contacts
 - If they had the opportunity to discuss continued breastfeeding according to individual need (including responsive feeding, support for breastfeeding to meet individual goals, expression of breastmilk and feeding when out and about or going back to work)
 - If they were informed about local and national breastfeeding services, including how to access additional and specialist support and help when needed and whether the services met their needs.

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

You will know the service meets this standard when:

- Mothers who breastfeed are provided with information on why exclusive breastfeeding leads to the best outcomes for the baby and why, when exclusive breastfeeding is not possible, continuing partial breastfeeding is important. In this way, mothers who partially breastfeed are supported to maximise the amount of breastmilk their baby receives according to individual situations.
- Mothers who give other feeds in conjunction with breastfeeding are enabled to do so as safely as possible and with the least possible disruption to breastfeeding and protecting their milk supply.
- Mothers who formula feed are enabled to understand how to bottle feed as safely as possible, including using a first infant formula for the first year, feeding when out and about, and how to responsively bottle feed their baby.
- *Health visiting service only:* A bottle feeding assessment is carried out routinely (when expressed breastmilk or infant formula are being offered) at the new birth visit and subsequent relevant contacts.
- Parents are enabled to introduce solid foods in ways that optimise their baby's health and wellbeing.
- There is no advertising of breastmilk substitutes, bottles, teats, dummies or baby food marketed for babies under six months anywhere in the service or by any of the staff.
- Materials and resources used avoid inferring formula and bottle feeding equivalence with breastfeeding.

WE WILL ASSESS THIS BY:

- Verification of the current systems by which:
 - Mothers/parents are supported to maximise breastfeeding/breastmilk as much as possible to meet their individual goals.
 - Mothers are supported to be able to prepare and offer infant formula responsively and as safely as possible when this is needed.
 - Mothers are supported to introduce solid foods.
 - The Code is fully implemented.

- Reviewing:
 - Information provided for parents
 - Internal audit results that relate to this standard
 - How the services ensure that there is no advertising of breastmilk substitutes, bottles, teats or dummies
 - Venues to ensure Code compliance.
- Listening to mothers to find out about their experiences of care, including:
 - If support was given to help them maximise the amount of breastmilk given
 - If the described systems are in place and the information offered met their needs
 - If mothers who formula feed received information about how to clean/sterilise equipment, make up a bottle of infant formula, use a first stage milk, and feed their baby responsively.

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

You will know the service meets this standard when:

- Parents are supported to understand their baby's emotional and social development and their continued need for love, comfort and security.
- Parents are encouraged to respond to their baby's needs (including encouraging frequent touch, sensitive verbal and visual communication, keeping babies close, responsive feeding and safer sleeping practices).
- Parents who bottle feed their babies are encouraged to hold their baby close during feeds, and to offer the majority of feeds themselves in the early weeks in order to help build a close and loving relationship.
- Services are provided for parents to support the development of close and loving relationships with their baby.
- Parents are encouraged to access support networks in their community that enhance health and wellbeing.
- *Health visiting service only:* Processes enable staff and parents to discuss the impact of feeding challenges (previous, current or perceived) on the emotional wellbeing of themselves and their family, and to consider support needs, signposting and potential referral options together.



SHANNON JENNINGS

WE WILL ASSESS THIS BY:

- Verification of the current systems by which:
 - Parents are given information and support to develop close and loving relationships with their baby
 - Support is offered to enable parents to bottle feed in ways which promote physical and emotional wellbeing
 - Parents have an opportunity to discuss previous/current infant feeding challenges in relation to their emotional wellbeing.
- Reviewing:
 - Information provided for parents
 - Internal audit results that relate to this standard
 - Services provided which pertain to relationship building with babies
 - Pathways for onward referral for mental health concerns.
- Listening to mothers to find out about their experiences of care, including:
 - If they had a conversation about getting to know their baby, family relationships and emotional wellbeing
 - If they were encouraged to respond to their baby's cues for feeding, communication and comfort
 - If they were encouraged to keep their baby close, including at night
 - If they were informed of the local support available
 - If they received information about how to keep their baby safe whilst asleep.

STAGE 3 USEFUL RESOURCES

- Find a range of Stage 3 community resources such as the following at [unicef.uk/babyfriendly-stage3-healthvisiting](https://www.unicef.uk/babyfriendly-stage3-healthvisiting)
- Stage 3 health visiting and early years services guidance and application form
 - Guidance on antenatal and postnatal conversations
 - Audit tool
 - Breastfeeding and bottle feeding assessment forms
 - Guidance on providing specialist support to breastfeeding mothers
 - Maximising breastmilk information
 - Responsive feeding infosheet
 - Working With The International Code of Marketing of Breastmilk Substitutes: A Guide for Health Workers
 - Infant Formula and Responsive Bottle Feeding: A Guide for Parents
 - Building a Happy Baby leaflet for parents
 - A range of videos including: Breastfeeding and relationships in the early days, the importance of relationship building, and an overview of hand expressing
 - Caring for Your Baby at Night and When Sleeping resource

PARENTS' EXPERIENCES OF HOSPITAL-BASED CHILDREN'S SERVICES

The following standards will need to be met in order to be successful at Stage 3 assessment. Please note, these standards are currently being piloted. Learn more at [unicef.uk/bf-hbcs](https://www.unicef.org/uk/bf-hbcs)

1. Enable babies to continue to breastfeed and/or receive breastmilk when possible

You will know the service meets this standard when:

- A breastfeeding/infant feeding history is taken on admission to the facility and a plan created with the mother to enable continued and effective breastfeeding.
- Mothers who are exclusively breastfeeding their baby under six months of age are supported and enabled to continue to do so.
- All breastfeeding mothers are enabled to continue breastfeeding when possible and are supported to maximise breastmilk use.
- Mothers are never discouraged from breastfeeding based on the age of their child.
- When breastfeeding is not possible, mothers are supported to express their milk effectively.
- Mothers' own milk is the first choice for babies.
- Mothers have access to effective breast pump equipment and a suitable environment conducive to effective expressing.
- Mothers/families are given information on the availability of local/national breastfeeding support.
- Effective referral pathways and appropriate interventions are put in place to support mothers with breastfeeding and/or expressing difficulties.

2. Implement evidence-based practices related to giving foods or fluids other than breastmilk

You will know the service meets this standard when:

- Families who give foods or fluids in conjunction with breastfeeding are enabled to do so as safely as possible with the least possible disruption to breastfeeding.

- Parents/primary caregivers who bottle feed are enabled to do so responsively and as safely as possible.
- Parents/primary caregivers are supported to avoid giving food or fluids other than breastmilk or infant formula to babies under six months of age, unless clinically indicated.
- Parents/primary caregivers are enabled to give their baby over six months of age foods/drink in ways that optimise health and wellbeing.
- There is no advertising of breastmilk substitutes, bottles, teats or dummies anywhere in the service or by any staff.

3. Support close and loving relationships and value parents as partners in care.

You will know the service meets this standard when:

- Parents/primary caregivers have unrestricted access to their baby unless individual restrictions can be justified in the baby's best interest.
- The facility makes being with their baby as comfortable as possible for parents/primary caregivers.
- Staff enable parents/primary caregivers to be fully involved in their baby's care, including supporting joint decision making.
- Every effort is made to ensure effective communication between the family/care team.
- Parents/primary caregivers are supported to understand the importance of close, loving and responsive relationships for their baby's health and development.
- Parents/primary caregivers are actively encouraged to provide comfort and emotional support for their baby, including prolonged skin contact, comforting touch, and responding to baby's behavioural cues.

ACCREDITATION

FULL ACCREDITATION

Organisations which pass Stage 3 receive the Baby Friendly award, recognising excellence in the care of babies, their mothers, parents and families. Accredited services are given a silver plaque to mark their achievement and an accreditation logo to use on resources and webpages. The accreditation status will be recorded in our online awards table and the achievement celebrated at our Annual Conference.

The initial Baby Friendly accreditation typically lasts for two years. Whilst no formal assessment will take place during this time, services are expected to continue to collect infant feeding statistics and audit implementation of the standards. Services should submit an annual audit to the Baby Friendly office as evidence that the standards are being maintained.

The UNICEF UK Baby Friendly Initiative occasionally carries out progress monitoring visits in order to support services in maintaining the standards. A suspected drop in standards could lead to an accredited service being re-assessed on one or more of the standards at any point. As a last resort, the award could be withdrawn.

RE-ACCREDITATION

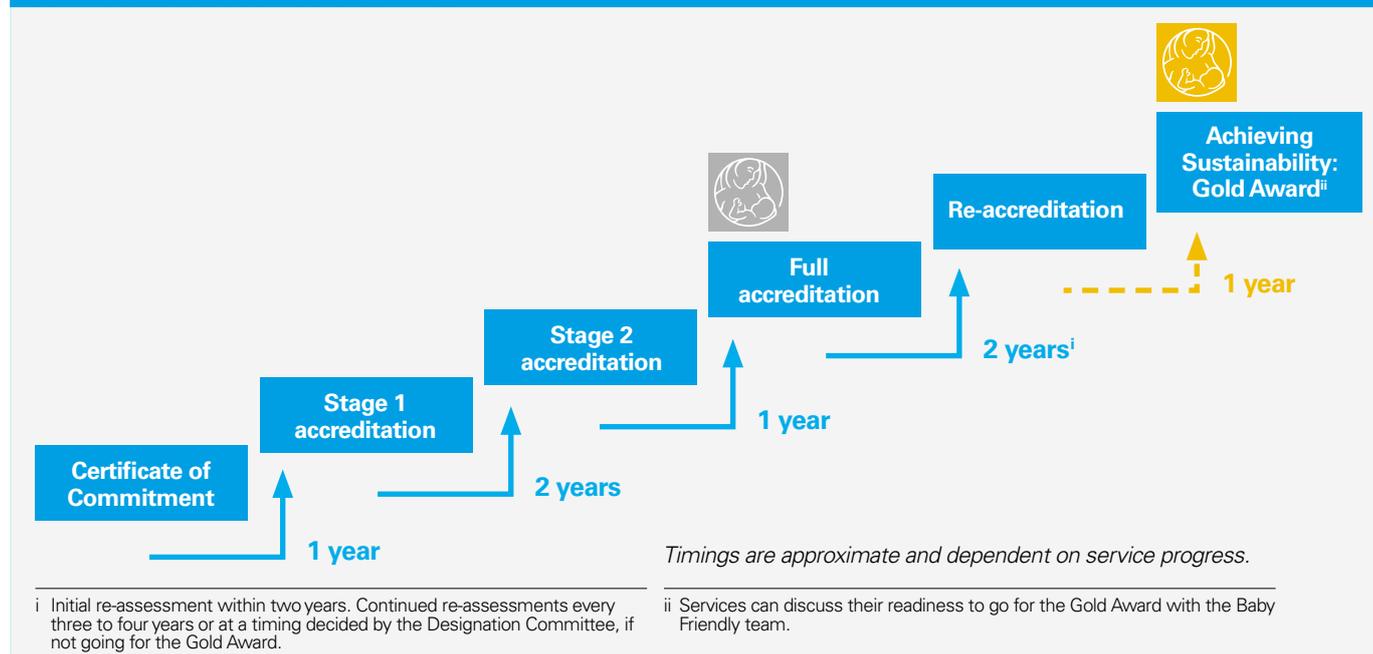
Embed the standards to support excellent practice for babies, their mothers, parents and families

Around two years after accreditation, a re-assessment will take place to ensure maintenance of the standards from Stages 1-3 and to explore how the service is building on its good work. The re-assessment consists of a review of paperwork and processes, alongside interviews with mothers, staff and managers. Internal audit results and outcomes such as breastfeeding initiation, continuation, exclusive breastfeeding and supplementation rates (as applicable) are reviewed.

Following a successful re-assessment and assuming ongoing stability within the service, services can opt to be considered for an Achieving Sustainability assessment, leading to the Gold Award. The Gold Award is not compulsory, and if services do not wish to pursue this, they will undergo continued re-assessment every 3-4 years. Services are invited to consider their suitability for assessment at this level by completing the self-assessment questionnaire and discussing further with the Baby Friendly team.

Services may wish to combine assessments of different service types in the area, e.g. maternity re-assessment with Stage 3 neonatal assessment. To discuss further please email: bfi@unicef.org.uk

ACCREDITATION PROCESS



ACHIEVING SUSTAINABILITY

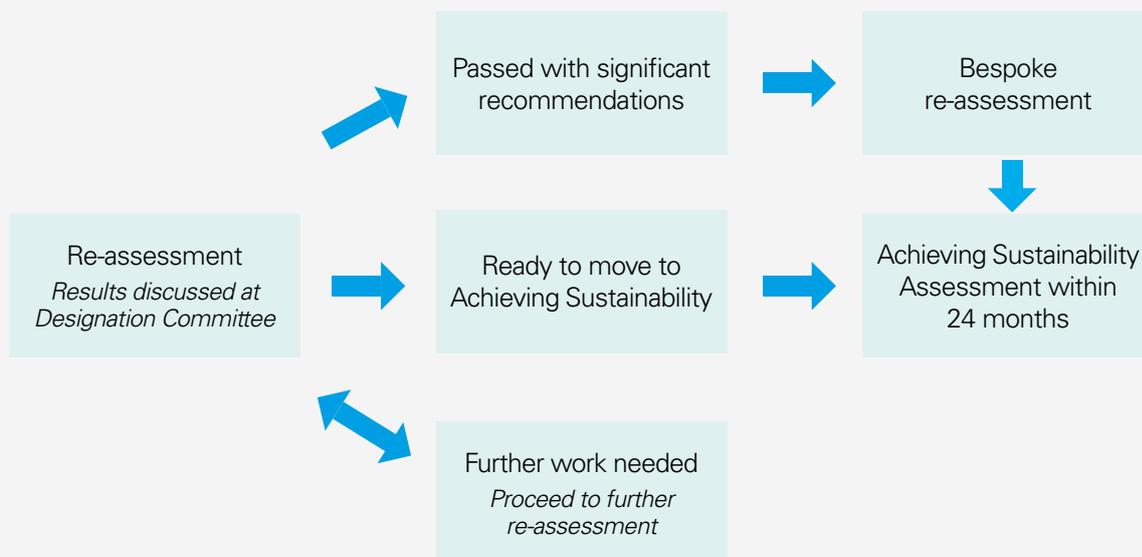
Provide the leadership, culture and monitoring needed to maintain and progress the standards over time.

The Achieving Sustainability standards are designed to support services to embed high-quality care for the long term. Based on four themes (Leadership, Culture, Monitoring and Progression), the standards provide a roadmap for sustainable improvements. They can be incorporated into plans for achieving and maintaining Baby Friendly accreditation no matter where a service is in the process. Re-accredited services can also choose to be formally assessed against the standards and receive a Gold Award. Following a successful re-assessment, this can take place within 24 months.

Working towards the Gold Award acts as an incentive for services to properly embed the Achieving Sustainability standards and so consolidate and protect all the hard work that has gone into achieving accreditation. The Award is a recognition that the service is not only implementing the Baby Friendly standards, but that they have the leadership, culture and systems to maintain this over the long term.

Gold services will no longer undergo large external re-assessments to maintain their accreditation, but rather will be revalidated via the annual submission of a report and three-yearly revalidation meetings with an external assessor. Re-assessment costs will be replaced with an annual licence fee.

ACHIEVING SUSTAINABILITY ASSESSMENT PROCESS



STAGE 3 USEFUL RESOURCES

Access a range of resources on Achieving Sustainability and the Gold Award at: [unicef.uk/sustainability](https://www.unicef.uk/sustainability)

- Achieving Sustainability guidance and application forms
- Achieving Sustainability course
- Should we go for the Gold Award? infosheet
- Improvements report template
- Change of circumstances report
- Guidance on writing a training curriculum

CONCLUSION

Our vision is a society in which every child is given the best possible start in life. By implementing the UNICEF UK Baby Friendly Initiative standards, you are putting babies, their mothers, parents and families at the heart of your service's care and helping to make this vision a reality.

Our National Infant Feeding Network (NIFN) provides local support and information to healthcare and early years professionals working in infant feeding, helping them to share best practice and tackle mutual challenges. We have built this into a network of infant feeding specialists working in public services across the UK who are responsible for the training and practice of healthcare and early years professionals. Learn more: [unicef.uk/nifn](https://www.unicef.org/uk/nifn)

Contact us for more information:

Email: bfi@unicef.org.uk

Phone: **020 7375 6144**

Website: [babyfriendly.org.uk](https://www.babyfriendly.org.uk)



REFERENCES

- 1 Perez-Escamilla R, Tomori C, Hernandez-Cordero S, et al (2023) Breastfeeding: crucially important, but increasingly challenged in a market driven world. *The Lancet*: Vol 401; p472-485
- 2 Victora CG, Bahl R, Barros AJD, Franca GVA, Horton S, et al (2016) Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *The Lancet Series: Breastfeeding 1*. Volume 387, p475–490.
- 3 Acta Paediatrica (2015) Special Issue: Impact of Breastfeeding on Maternal and Child Health. *Acta Paediatrica*. Volume 104, Issue S467, Pages 1–134.
- 4 Ajetonmobi OM, Whyte B, Chalmers J et al (2015) Breastfeeding is Associated with Reduced Childhood Hospitalization: Evidence from a Scottish Birth Cohort (1997-2009) *The Journal of Pediatrics*. 166(3) 620-625.
- 5 Hansen K (2016) Breastfeeding: a smart investment in people and in economics. *The Lancet*. Volume 387, No. 10017, p416.
- 6 Bartick MC, Bimla Schwartz E, Green BD et al (2017). Suboptimal breastfeeding in the United States: maternal and pediatric health outcomes and costs. *Maternal and Child Nutrition*, Vol13 (1)
- 7 Horta BL, Rollins N, Dias MS et al (2023) 'Systematic review and meta-analysis of breastfeeding and later overweight or obesity' expands on previous study for World Health Organization. *Acta Paediatrica*. Vol 112(1) pg 34–41.
- 8 Su Q., Sun X., Zhu L. et al (2021) Breastfeeding and the risk of childhood cancer: a systematic review and dose-response meta-analysis. *BMC Medicine*. 19(90)
- 9 Thompson J, Tanabe K, Moon R et al (2017) Duration of breastfeeding and risk of SIDS: An individual participant data meta-analysis. *Pediatrics*. Vol 140 (5).
- 10 Li, R et al (2022). Breastfeeding and post-perinatal infant deaths in the United States, A national prospective cohort analysis. *The Lancet Regional Health—Americas*,5(404), 100094
- 11 Brown K., Rumgay H., Dunlop C. et al (2018) The fraction of cancer attributable to modifiable risk factors in England, Wales, Scotland, Northern Ireland and the United Kingdom in 2015. *British Journal of Cancer*, Vol 118(8) pg 1130-1141
- 12 Modugno F, Goughnour S, Wallack D et al (2019) Breastfeeding factors and risk of epithelial ovarian cancer. Vol 153 (1) pg 116-122.
- 13 Chowdhury, R. Sinha B, Sankar M et al. (2015) Breastfeeding and maternal health outcomes: A systematic review and meta-analysis. *Acta Paediatrica*, 104 (467) pp. 96–113.
- 14 Tschiderer, L, Seekircher L, Kunutsir S et al. (2022). Breastfeeding is associated with a reduced maternal cardiovascular risk: Systematic review and meta-analysis involving data from 8 studies and 1 192 700 parous women. *Journal of the American Heart Association*, Vol 11 (2), e022746
- 15 Pereyra-Elias R., Quigley M., Carson C. (2022) To what extent does confounding explain the association between breastfeeding duration and cognitive development up to age 14? Findings from the Millennium Cohort Study. *PLoS one*. Vol 17(5) e0267326
- 16 Pereyra-Elias, R., Quigley M, Carson C (2023) Association between breastfeeding duration and educational achievement in England: results from the Millennium Cohort Study. *Archives of disease in childhood*. Vol. 108 (8) 665-672
- 17 Tucker Z & O'Malley C. (2022) Mental Health Benefits of Breastfeeding: A Literature Review. *Cureus*. Vol 14 (9): e29199.
- 18 Yuen, M, Hall O, Masters G, et al. (2022) The effects of breastfeeding on Maternal Mental Health: A systematic review. *Journal of Women's Health*, 31(6), pp. 787–807.
- 19 Hardin J, Jones N, Mize K, et al (2021) Affectionate Touch in the Context of Breastfeeding and Maternal Depression Influences Infant Neurodevelopmental and Temperamental Substrates. *Neuropsychobiology*. Vol 80 (2) pg 158-175
- 20 McAndrew F, Thompson J, Fellows L, Large A, Speed M, Renfrew MJ (2012) Infant Feeding Survey 2010. Health and Social Care Information Centre.
- 21 Rollins N, Piwoz E, Baker P, et al (2023) Marketing of commercial milk formula: a system to capture parents, communities, science and policy. *The Lancet*; 401:486-502
- 22 Brown A (2018) What Do Women Lose if They Are Prevented From Meeting Their Breastfeeding Goals? *Clinical Lactation*, 9 (4) 200-207.
- 23 Unicef UK Baby Friendly Initiative (2016) Protecting Health and Saving Lives: A Call to Action www.unicef.org.uk/babyfriendly/babyfriendly-resources/advocacy/call-to-action/
- 24 Renfrew MJ, McCormick FM, Wade A, et al (2012) Support for healthy breastfeeding mothers with healthy term babies. *The Cochrane Library*. Vol 16 (5) CD001141
- 25 Perez-Escamilla R, Martinez JL, Segura-Pérez S (2016) Impact of the baby-friendly hospital initiative on breastfeeding and child health outcomes: a systematic review. *Matern Child Nutr*. Vol 12 (3): pg 402–417
- 26 Fallon VM, Harrold JA, Chisholm A (2019) The impact of the UK baby friendly hospital initiative on maternal and infant health outcomes: a mixed-methods systematic review. *Matern Child Nutr*. Vol 15(3):e12778.
- 27 Walsh A, Pieterse P, McCormack Z et al (2021) Improving breastfeeding support through the implementation of the baby friendly hospital and community initiatives: a scoping review protocol. *HRB Open Res*. Vol 4(1)
- 28 Guedes Araújo R, de Matos Fonseca V, Couto de Oliveira M, et al (2019). External evaluation and self-monitoring of the Baby-friendly Hospital Initiative's maternity hospitals in Brazil. *Int Breastfeed Journal*. Vol 5:14:1.