Guidance on the provision of additional and specialist services to support infant feeding

August, 2025 | The **Baby Friendly standards** include a requirement for additional support to meet mothers' needs for basic problem solving and social support, together with specialist support for mothers with persistent and/or complex breastfeeding and infant feeding challenges. Whilst the fundamental elements of this are similar, standards vary slightly depending on service type. These are outlined below.

Service	Standard	Method of assessment
Maternity	Specialist support is available for mothers with persistent and complex breastfeeding challenges, including an appropriate referral pathway to this service. Mothers are given information on the availability of local and national support for breastfeeding.	Verification of the current systems by which – ✓ 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 Reviewing – ✓ Internal audit and evaluation results related to the standard ✓ Evaluation of the specialist service ✓ Breastfeeding rates Listening to mothers to find out – ✓ If they knew how to access ongoing support/help with difficulties, if needed.
Neonatal	Mothers are made aware of the additional and specialist support available locally 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.	Verification of the current systems by which – ✓ Specialist support with breastfeeding/expressing challenges is provided when needed, including processes in place for loaning/hiring expressing equipment ✓ 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 Reviewing – ✓ Internal audit results relating to this standard ✓ Expressing and breastfeeding rates (neonatal dataset) Listening to mothers to find out – ✓ If they felt prepared to go home with baby, including awareness of support.

Community	Services are provided which meet the needs of mothers who are breastfeeding relating to 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 availability of a frenulotomy service and breast pump loan scheme). Processes enable staff and parents/primary caregivers to discuss the impact of feeding challenges (previous, current or perceived) on the emotional wellbeing of themselves/their family, and to consider support needs, signposting and potential referral options together.	Verification of the current systems by which – ✓ Services work collaboratively to provide effective support ✓ Additional and specialist support are 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 ✓ Parents/primary caregivers have an opportunity to discuss previous/current infant feeding challenges in relation to their emotional wellbeing Reviewing – ✓ Internal audit and evaluation results related to the standard ✓ Evaluation of the specialist service ✓ Breastfeeding continuation rates Listening to mothers to find out – ✓ 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.
Hospital-based children's services (*Currently in pilot phase)*	Mothers/families are given information on the availability of local/national breastfeeding support. Effective referral pathways and appropriate interventions are in place to support mothers with breastfeeding and/or expressing difficulties.	

References to health visiting staff should be taken to include the whole team, where relevant, and may include Family Nurses/Family Nurse Partnership teams.

Definitions

Universal provision

The Baby Friendly standards are universal and are offered to every baby, mother and their family. They include basic breastfeeding support, including positioning and attachment, hand expressing, breastfeeding assessments and/or bottle feeding assessments (as appropriate and from appropriately trained designated practitioners, e.g. midwives, health visitors, nurses, health care assistants/nursery nurses and family hub workers [not an exhaustive list]). In neonatal services, expressing assessments are also required. Each assessment includes working with the mother to develop a plan of care to address any issues identified alongside a planned date to review it.

Additional services to support continued breastfeeding

Key points include:

- Additional support may include breastfeeding peer support, group sessions, home visits, online support, etc.
- These services should be available and accessible to all mothers and families, with clear signposting ideally starting during pregnancy.
- These services are offered proactively to mothers and families for whom the plan of care arising from the breastfeeding or expressing assessment has been reviewed and it is determined that further support is needed.
- Services should recognise the importance of social support. Opportunities for mothers to connect with other mothers can help normalise breastfeeding, provide reassurance and build confidence. Mothers are more likely to continue breastfeeding when they feel supported and encouraged by those around them.
- Services should be welcoming, inclusive and easily accessible to mothers and families so that they will engage and benefit from them. Involving parents/primary caregivers in the design means the services are more likely to meet local needs. Effective promotion of these services is crucial, including personal recommendation, as this can go a long way to supporting mothers to engage.

Specialist support

To provide:

- An agreed pathway for mothers who are breastfeeding or mixed feeding and who are experiencing persistent and complex issues. The pathway is shared with all relevant local professionals so that there is awareness of where to signpost mothers with challenges (all services*) and there is a step-down process back to the referring health professional with a plan and follow up if indicated.
- Frenulum assessment and management plan for those experiencing difficulties attributed to restrictive lingual frenulum (Community, Maternity*).

A breast pump loan scheme (Community, Neonatal, Hospital-based children's services*).

**Indicates service provision expectation.*

Breastfeeding peer support

A breastfeeding peer supporter is someone with lived experience of breastfeeding and/or expressing and who has received specific training to support mothers with infant feeding. This usually includes processing their own feeding experiences and therefore will need ongoing supervision from someone who understands the nature of the role. Unlike other peer support services, such as perinatal peer support, breastfeeding peer supporters have technical knowledge of breastfeeding and can offer practical, social and emotional support. Breastfeeding peer supporters operate in paid or voluntary roles and often work alongside health professionals.

Commissioned services

Please note, currently there is no requirement at assessment for services other than Community to evidence how they work with commissioned services.

These are services which are delivered over and above the statutory provision (standard health visiting and early years services) and are commissioned in addition to regular services often to provide additional support as defined above. They can be funded via a variety of routes including NHS, Local Authority and Third Sector. We are interested in those which are aimed at further supporting infant feeding. In some services there may also be other commissioned services that support wider aspects of the Baby Friendly standards, including developmental, psychological and emotional support, and where these exist, you may want to consider their governance in the same way as they may have an impact on delivery of care related to the Baby Friendly standards.

Commissioned services should be tailored to the needs of the local population, including for families from diverse backgrounds and those with additional or complex needs. Ideally, these services should be developed in collaboration with local families, ensuring they are culturally appropriate, accessible and responsive to local need.

A formal agreement should be in place to define:

- The scope/outline of the skilled support to be provided, including by whom and when
- Detail of how supporters are trained, with recognition that training should be in line with the Baby Friendly standards
- Clear process for audit and evaluation.

We ask you to develop mechanisms to collaborate effectively with commissioned services. This may include:

- Inclusion of commissioned service co-ordinator in the strategy/operation meetings
- Enabling attendance at the service education programme and updates
- Involvement in the development of resources.

The agreement should consider how the service will be advertised/promoted and governance arrangements should a mother/baby/family need to be referred to a health professional. The agreement can be presented to Baby Friendly as part of the assessment process.

Developing additional services

Additional service provision such as one-to-one support, face-to-face or by phone, groups etc., will be available for all mothers to access and will differ depending on local need, culture, etc., so it is unlikely that a single model will suit all services. Each service's provision will look very different – geography for instance will influence where groups are held, whether support is in a venue or in the home, and whether an online element is appropriate. Locating support groups alongside health visitor drop-ins or well baby clinics can be helpful in increasing engagement and can also enable two-way referral, including back to a health professional if a mother presents with a complex breastfeeding challenge or medical issue.

Commissioned peer support services with formal service level agreements are most likely to provide comprehensive and reliable levels of support for families and will support the service to meet the Baby Friendly standards.

Training for peer supporters

Commissioned services

Many different models exist for the provision of peer support. Often it is commissioned via nationally recognised peer support organisations. Other examples include services that develop their own in-house programme or provision by a local Third Sector organisation.

Training needs of breastfeeding peer supporters in *commissioned* services will be considered as part of the service's overall training plan. These staff (paid and volunteer) will be perceived by parents/primary caregivers as being part of the service and therefore it is important that the training they receive covers all of the required curriculum content and that they are working in a complementary way to the core staff team. If they do not have the skills and knowledge to support, or if certain topics are not covered in their training (for example, providing support with formula feeding), parents/primary caregivers should be referred onto core service staff for this information.

If trained by a recognised national provider which has established and quality assured processes and a track record of delivery in Baby Friendly accredited services, such as the Breastfeeding Network (BfN), it is acknowledged that the core breastfeeding training should be effective and therefore training packages should not need to be reviewed by the Infant Feeding Lead/team. However, it would be important to have an overview of content to ensure that all of the Baby Friendly standards are covered. In addition, we suggest you consider the processes for ongoing CPD and supervision/support in place.

Top-up training may be indicated if the expectation is that the commissioned service peer supporters will be able to provide support/information in relation to all aspects of the Baby Friendly standards, for example information on safe and responsive bottle feeding.

For peer support staff employed 'in-house', consideration needs to be given to how the core content related to the Baby Friendly standards will be covered, for example as part of the standard two-day training programme together with other learning needs to support their specific role such as listening and communication skills. Course content would be reviewed at assessment in the same way as that provided for healthcare staff. For other providers of breastfeeding peer support training (with the main nationally recognised organisation, see

above), it may be appropriate for the Infant Feeding Lead to review content and for this to be made available to the Baby Friendly assessment team.

Irrespective of the model used, we advise that training records are kept and the outcome of the training is evaluated via the Baby Friendly audit process. This will include audit of knowledge and skills carried out by the Infant Feeding Lead/team or peer support co-ordinator/trainer as part of a collaborative arrangement using the Baby Friendly audit tool. In the community setting, in most instances, the paid peer supporters will be working at Level 3 (L3)*, so questions for this group of staff will be relevant. In maternity and neonatal settings, should peer supporters be part of the infant feeding service provision, questions from the standard audit tool relevant to the role undertaken could be used. It is important to recognise that peer supporters may not be formally employed by the service, and therefore the process should be made as straightforward and supportive as possible. Any relevant learning should be shared with the peer support co-ordinator and supporters.

Consideration should also be given to the method for updating training and supervision provision, ensuring there is agreement about how this is carried out. A small, randomly selected number of paid peer support staff will be interviewed as part of the Baby Friendly assessment (Community).

**See Reassessment Notes Community Services Guidance pp7-8 for an explanation of potential levels of training required for different types of staff.*

Non-commissioned services

These are often providers of support groups/individual support working within the Third Sector or voluntarily where there is no contract with the service, Local Authority, Commissioners etc, and in many cases working with limited budgets. Formal collaboration (including appropriate referral pathways) benefits mothers/families in both receiving skilled support and the service being assured of the quality of provision that their staff may be recommending.

Where staff actively refer mothers to these non-commissioned services, we suggest the aim should be to build effective relationships with the provider through regular communication and meetings with the organiser/s, giving opportunities for a feedback loop that goes both ways, whilst appreciating the uniqueness of what may be voluntarily provided provision. The goal is to develop a positive relationship, whilst ensuring quality is maintained should staff be referring to this service.

Developing specialist services

Different models will meet the needs of families in different locations depending on socio-economic, cultural or geographical factors. For example, considering whether a clinic could be feasible or whether an ad hoc individual appointment approach is better. If the clinic approach is chosen, it may be helpful to consider locating this alongside the additional support offer as this can work well as a combined approach.

Working collaboratively with other local services and neighbouring services will help to ensure that the ongoing provision for mothers becomes complementary and collaborative.

For babies who have been cared for on the neonatal unit, additional resources and support from a paediatrician/neonatologist, paediatric dietitian or speech and language therapist may

be needed. Ideally, services should ensure that a referral pathway to these specialisms is available.

How services are planned and funded will need to be considered to ensure sustainability. Parental involvement in the co-design of services helps to ensure that they are accessible and person-centred. Involvement of families in the service design will help ensure that they meet the needs of the local population whilst providing support and care that is effective, safe and evidence-based.

Note: Mothers having open access to the specialist service can be one way of provision. However, we suggest careful ongoing auditing and evaluation to ensure that other staff are not de-skilled and that such contacts are appropriate. This approach can lead to excessive work for the Infant Feeding Lead/team which could divert away from other key priorities.

Bottle / formula feeding

All mothers who are bottle feeding should be supported to do so responsively and as safely as possible. It is expected that these needs are generally met through routine services. However, we recognise that some families may face additional challenges, such as reflux, suspected cow's milk protein allergy (CMPA) or restricted lingual frenulum. Whilst not a requirement, many services have developed care pathways to support families in these situations. This proactive approach is helpful to families and can support those who are experiencing challenges with bottle feeding their baby.

Who should provide the specialist support?

The service should be provided by an appropriately qualified person/team. In some instances, the cause of the problem could be related to an underlying medical issue. In most situations, a health professional is likely to hold the role and can therefore assess the baby and mother in the first instance. Whoever holds the role, governance should ensure accountability and liability.

The 'specialist' will need additional skills in supporting mothers and babies through complex situations. Consideration should be given to their knowledge base and whether additional education may be indicated. It would also be important to consider the age of baby being seen. For example, a midwife infant feeding specialist may not have the full range of skills to support a mother with an older baby. Where the Infant Feeding Lead does not have the knowledge and skills, for example if they have been recently appointed, training needs should be met. In this instance, the service may consider collaboration with another local service on a temporary or permanent basis. With a collaborative model, it is important that referral pathways and governance are agreed and in place.

As part of the specialist service, the expectation is that there will be support when there is a tight lingual frenulum and access to breast pump loan so that these can be used as part of a plan of care.

Frenulotomy provision

We are looking for processes which ensure effective assessment of mothers/babies where a tight lingual frenulum is suspected, recognising that this may or may not result in the need for frenulotomy. A pathway for frenulotomy, where this is needed, should be in place and may be provided 'in house' or via an external provider. If this is via a medical referral

pathway, infant feeding support should be considered as part of the pathway. Training for the staff involved may need to be considered. If services are not provided in house linked to the specialist service, we recommend a mechanism to ensure the usual care provider is informed of any intervention so that follow up can be provided to support ongoing feeding e.g., shared documentation, letter, email etc.

Governance processes of this pathway should agree the level of training needed, including provision of training for new practitioners and ongoing supervision.

Breast pump loan

Breast pump loan schemes are likely to vary across services based on geography, cost, and practicalities. For example, you may consider how many pumps will be needed, where these will be stored, how they will be accessed and returned, and processes for cleaning and record keeping. Pumps should be loaned as part of an agreed care plan, with effective ongoing support and review.

Evaluation of services

Additional support, specialist support, frenulotomy and the breast pump loan services should be evaluated. In Maternity and Community services, quantitative and qualitative evaluation is currently submitted at each Baby Friendly assessment (Stage 3 onwards).

Evaluation of social and additional support services, consider:

- Attendance: Who does/doesn't attend, frequency of attendance, locations where mothers attend, and locations where attendance is lower
- Feedback from mothers: Have they found the support effective? Timely? What was the waiting time? Was it accessible? How was the parking? Friendly? Has it made a difference to meeting their feeding goal?
- Breastfeeding rates
- Use of specialist milks (if applicable).

This may be explored via an evaluation process and/or as part of mother audits. It may be that the feedback is gathered by another service provider and working together to review this is helpful. Feedback should be shared, for example with staff/teams/strategy group/the additional support provider/Guardian.

Evaluation of the specialist service including frenulotomy consider:

- The referral process: Has a breastfeeding assessment and/or expressing assessment (and bottle feeding assessment if the mother is mixed feeding or expressing) been completed, a plan put into place with the mother and reviewed, with ongoing review as needed? Is it an appropriate referral? Has the referring health professional been notified when the baby has been seen and informed of ongoing care plans and received notification when the mother is referred back?
- If the service provides support for parents/primary caregivers who are formula feeding with particular challenges, has a bottle feeding assessment been carried out and care planned as part of the process?
- Feedback from mothers/parents: Was the appointment timely? What was the waiting time? What ongoing support was offered? Was the venue accessible? Has specialist

support helped? What impact has it had upon their feeding goals? You may want to consider how the information is gathered – is there a way to feed back anonymously?
- Percentage of mothers/babies referred: Are referrals appropriate?
- Breastfeeding data and any other trends.

Evaluation of the breast pump loan scheme

- The referral process and access to a pump
- Impact on breastfeeding outcomes.

Health visiting services only are expected to develop processes which enable staff and parents/primary caregivers to discuss the impact of feeding challenges (previous, current or perceived) on their emotional wellbeing, including appropriate signposting. A conversation with a health visitor, or appropriately trained member of the team or signposting to infant feeding support, may be all that's needed to improve emotional wellbeing, as resolving the feeding challenges will impact this positively, recognising that infant feeding support is part of mental health and wellbeing support and can be viewed as such. Things to consider include:

- This may be needed antenatally or postnatally as part of universal conversations
- Any additional training needs for staff
- Appropriate signposting and referral pathways, for example to emotional health support, parent-infant relationship services where available locally, NHS Talking Therapies, perinatal peer support groups and breastfeeding specialist service.

Summary table

Additional services e.g. groups, 1-1 support	**Provided by staff within the core service**	**Provided by commissioned service e.g. peer supporters (paid and unpaid)**	**Provided by other local groups, third sector or independent**
Training for staff (including updates)	Staff may need additional training in: • Managing basic breastfeeding challenges • Facilitating groups	Supporters will need: • Training via recognised national provider ***or*** • Local based training, curriculum to be agreed • Training to meet all standards or awareness of gaps which are filled by core staff	If the service is referring to these, the IFL would have an awareness of the training provided to ensure in line with standards to prevent inconsistency
Supervision	Met within the service	Met by provider (agreed mechanism) or in service	Assurance provided that a mechanism is in place
Safeguarding	Met within service policy	Agreed as part of commissioning contract	Assurance provided that a mechanism is in place
Audit (staff, peer supporters)	Met within the service	May be carried out by provider or commissioning service with results shared; paid workers to be available for BFI assessment	Assurance provided that staff knowledge is of an accepted level
Audit (mothers)	Met within the service	Carried out by commissioning service +/- the provider, with results shared	Assurance provided that mothers' needs are met. As part of standard BFI mother audits with results shared
Evaluation	Service evaluations; are mothers' needs met?	Are mothers' needs met? • An agreed mechanism for evaluation is in place • Reporting mechanism to commissioning service	Two-way discussion is in place with a process to enable feedback to be shared
Specialist service*	**Provided by staff within the core service**	**Provided externally by another statutory provider**	**Provided externally by a non-statutory commissioned service***
Training	Additional training is indicated, relevant to role and situation, e.g. age of babies seen. IBCLC may be helpful. Training for frenulotomy practitioners.	Assurance of providers expertise	Assurance of providers expertise
Supervision	Met within the service	Met by provider (agreed mechanism) or in service	Met by provider (ideally with an agreed mechanism in place)

Evaluation	Breastfeeding outcomes and are mothers' needs met? Carried out within service	Breastfeeding outcomes and are mothers' needs met? • Agreed mechanism for evaluation is in place • Reporting mechanism to the commissioning service	Are mothers' needs met? • An agreed mechanism for evaluation in place • Ideally, there is a reporting mechanism to the commissioning service

**In some instances, the cause of the problem can be related to an underlying medical condition. We therefore strongly recommend that the service is primarily provided by a health professional. Non-health professionals maybe involved as part of a collaborative working agreement or via a commissioned service to work alongside a health professional.*

Frequently asked questions

Why do we need to audit peer supporters from commissioned services?

Auditing peer supporters from commissioned services is an important part of ensuring that the training received has met the needs of the peer supporters and is aligned with the Baby Friendly standards. At a Baby Friendly assessment, we would include a small number of randomly selected paid peer supporters. The audit questions mirror those asked at assessment, so being aware of the audit process and the type of questions asked should help put paid peer supporters at ease about the process. We would not expect to interview volunteers as part of assessment, unless there are individuals who would like to participate.

Which audit interview questions are asked?

We anticipate that the majority of staff employed in commissioned infant feeding services will be providing breastfeeding support either in groups or on a one-one basis. The relevant questions are therefore those highlighted as being for Level 3 early years staff (Community audit tool).

The Baby Friendly mother audit questionnaire contains a small number of questions specifically related to service provision, such as those about additional support and groups. Some questions are highlighted as being specifically related to support from health visitors and the health visiting team and some questions may not relevant, for example if peer supporters are not involved in antenatal support. Most of the other questions could be relevant and therefore could have an outcome impacted by the work of the peer support team and the information provided by them, for example information about responsive feeding, how to recognise effective feeding, where to access support, etc.

Is there a preferred way for us to audit volunteers?

Individual audits carried out one-to-one, either in-person or online, are the optimal way of carrying out audits and we recommend this for paid staff. Recognising that volunteers do not always have time to spare, you could consider other options such as using the audit interview in a group as part of supervision sessions. Whilst this may be less effective overall, as part of the wider picture which involves ensuring that the programme meets all of the

standards when checked against the curriculum guidance, random audit of paid staff and information about outcomes gathered from mother audits it is a pragmatic solution.

As a commissioned service, how will we know about the outcome of the Baby Friendly assessment?

We hope services will work collaboratively together, for example including the co-ordinator/lead in the local strategy meetings which will provide a conduit for sharing information on the assessment process, including action plans and outcomes such as the report.

We are a third sector organisation that trains peer supporters who support families with infant feeding. Can we become Baby Friendly accredited?

While third sector organisations play a vital role in supporting families, Baby Friendly accreditation is awarded only to services that deliver direct care, such as NHS maternity, health visiting, neonatal units, children's centres and universities providing relevant health professional training. However, we recognise that your training and support, if commissioned, may be included as part of the Baby Friendly assessment of a service and peer supporters may be interviewed if they are part of the commissioned care pathway. We welcome organisations to align training and support standards with the Baby Friendly standards.

We recruit peer supporters based on their lived experience of breastfeeding. As the Baby Friendly standards cover support of mothers who are bottle feeding, will peer supporters be expected to deliver this support which is outside of their lived experience?

The package of support provided by the commissioned service should be agreed with the commissioners. Whether or not this includes aspects of information and support provision which is outside of the peer supporters' personal experience is a decision for both parties at the stage when the contract is being developed. If bottle feeding support is included, training would need to be provided in the same way it is for service staff. If not, a pathway for peer supporters to refer families on to a relevant professional is needed.

Is it acceptable if the specialist service is run by a different service from the one being assessed?

As long as there is a local mechanism for mothers and babies to be able to access appropriate support, with an agreed pathway and means of evaluation, the Baby Friendly standards do not stipulate which service should provide this. Consideration should be given to accessibility for parents/primary caregivers and waiting times in addition to the training and experience of the specialist providing the service. For example, if the service is provided through maternity, is there expertise in managing issues faced when babies are older?

Does the frenulotomy service need to be provided by us as a health visiting service?

No, the service can be provided by partner services such as maternity, paediatrics, Maxillofacial or ENT departments. A robust pathway needs to be in place to make sure the service meets local need.

Do we need to supply the breast pumps?

For community services, you do not need to provide the service yourself if you have a local arrangement with another organisation who provides them, for example a local third sector organisation. Alternatively, it could be that one service within the local area supplies them for example, Family Hubs may hold and supply the pumps but those in other services could access them as part of their specialist pathway.

For Neonatal services we would expect the NNU to provide a pump loan service for mothers whose baby remains in NNU. If the mother continues to need a pump post discharge this could be accessed via the standard route for all mothers in the area.