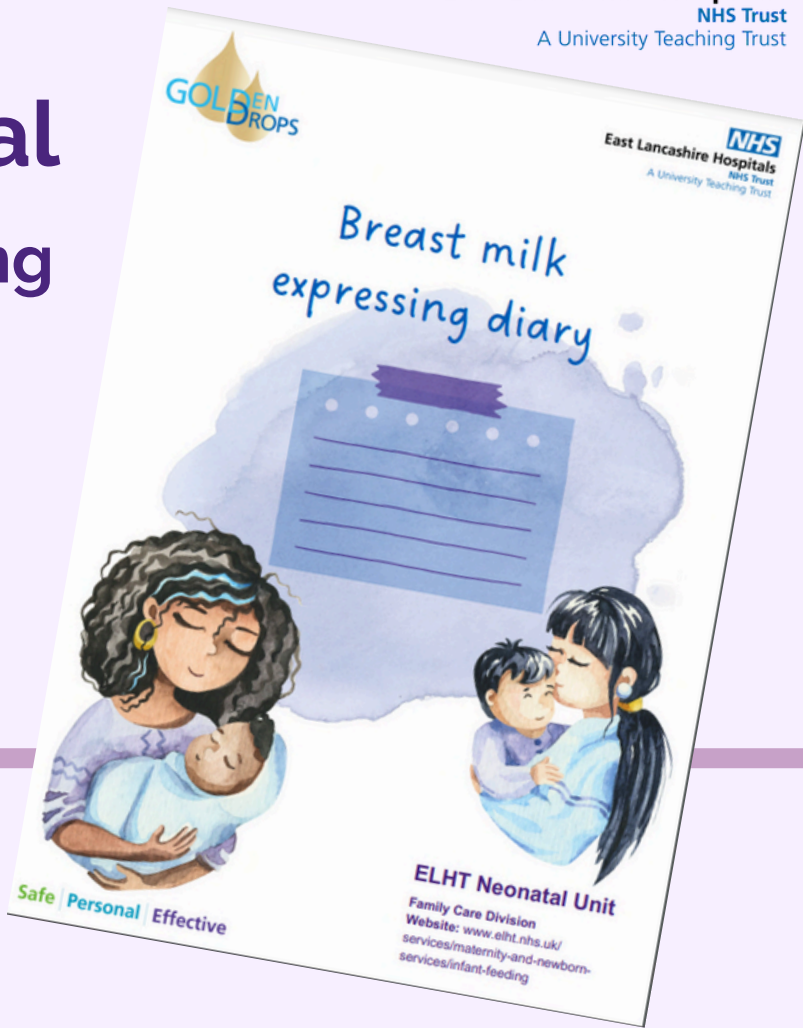


Author
Frances Pickering
Email - frances.pickering@elht.nhs.uk

Affiliations
Credit to Maggie Frej for illustrations
www.maggiefrej.com

Scan to view
the full journal

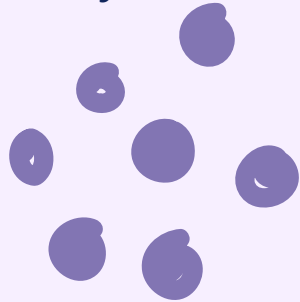


1.Introduction

Breastfeeding is essential in neonatal care, providing critical nutritional and immunological benefits, especially for premature or unwell infants.

However, expressing milk can be a challenging experience for many NICU parents.

The Breast Milk Expressing Journal was developed to provide structured guidance and emotional support, helping parents feel more confident and supported in their expressing journey.



2.Objective



To create a user-friendly journal that:

- Educates parents on effective milk expression techniques.
- Encourage routine and consistency through structured logs and tips.
- Provide emotional reassurance to parents navigating their NICU experience.

"The diary was such a comfort and gave me confidence in expressing."

3.Methodology

A prototype journal was drafted based on Baby Friendly Initiative standards and feedback from NICU staff. The draft journals were trialed with NICU mothers over a 4-week period.

Participants were invited to use the journal daily and provide structured feedback on its content, usability, and emotional impact through written surveys and informal discussions.

Feedback was reviewed to refine and finalise the journal for broader use.

4. Results/Findings

- **Ease of Use:** 90% of parents reported that the journal was easy to follow and practical.
- **Increased Confidence:** Parents noted a boost in confidence, citing clear instructions and supportive tips as key contributors.
- **Improved Milk Supply:** Many participants reported more consistent expressing routines, leading to increased milk volumes.
- **Emotional Support:** Parents valued the journal's focus on encouragement and its role in promoting parent-infant bonding.

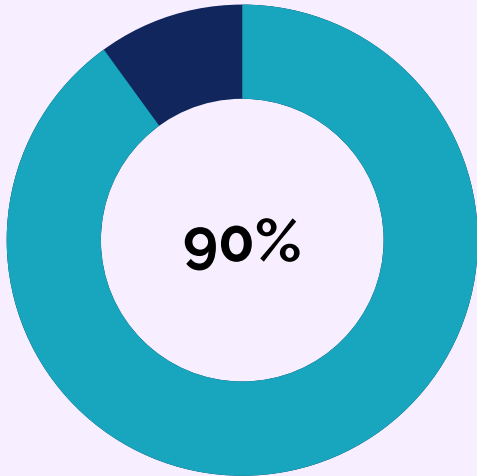
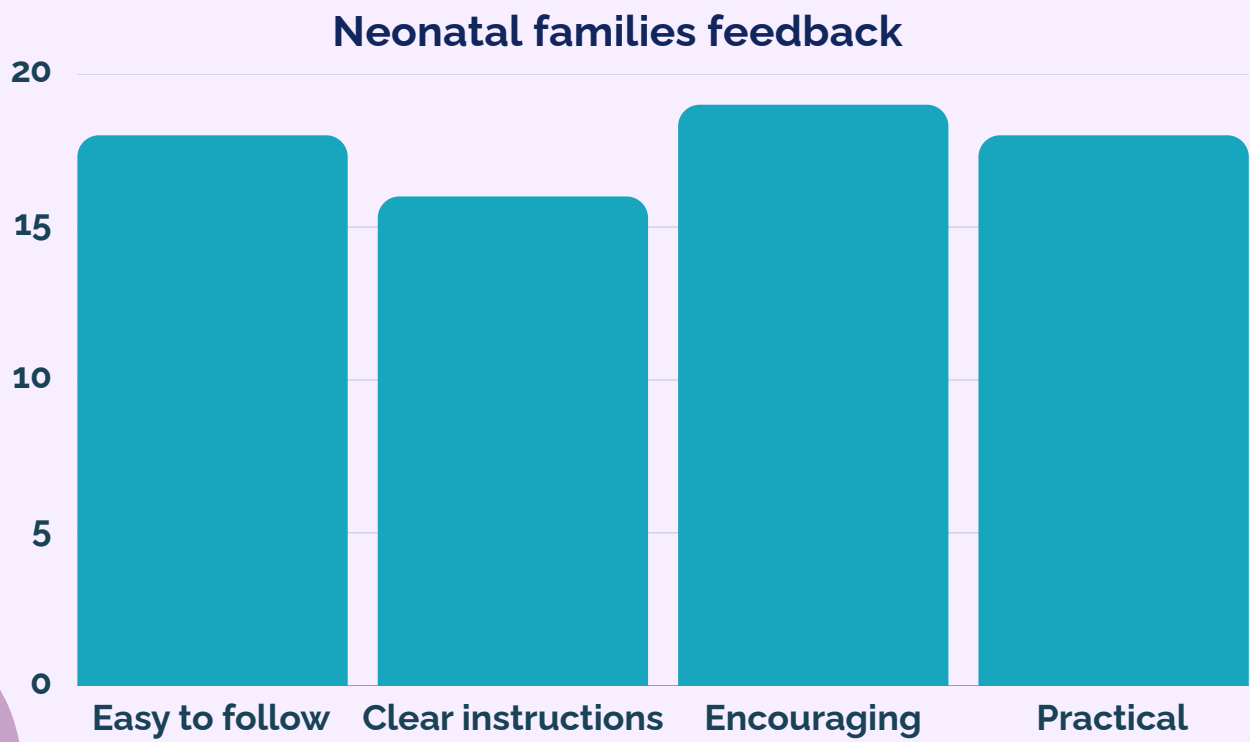


"Having all the information in one place made it much easier for me to keep going."

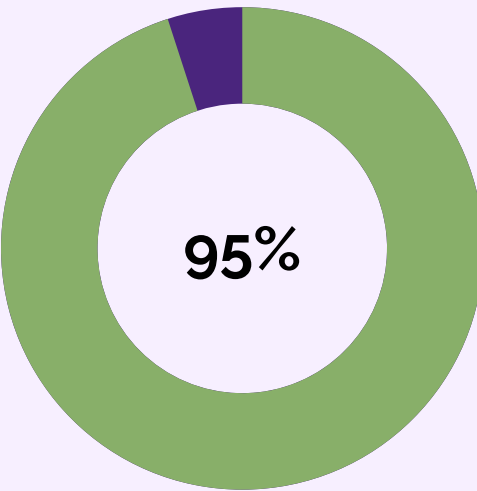
"This diary helped me feel more in control during such a difficult time."

5.Analysis

20 neonatal families were asked to feedback on the Breast milk expressing journal.
The journal was reviewed by the Trust Patient Reader Group and staff on the neonatal unit.



The journal was easy to follow and practical.



Neonatal staff feedback

95% of staff agree it is helpful to have all expressing information in one place.

6.Conclusion

The Journal is a comprehensive resource that provides both practical guidance and emotional support to empower NICU parents.

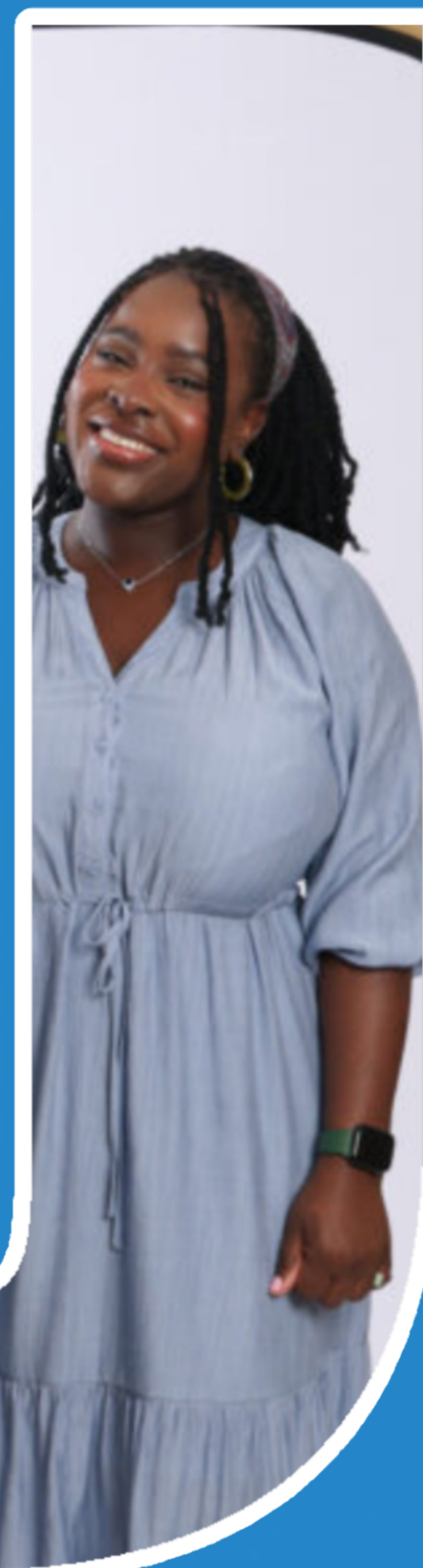
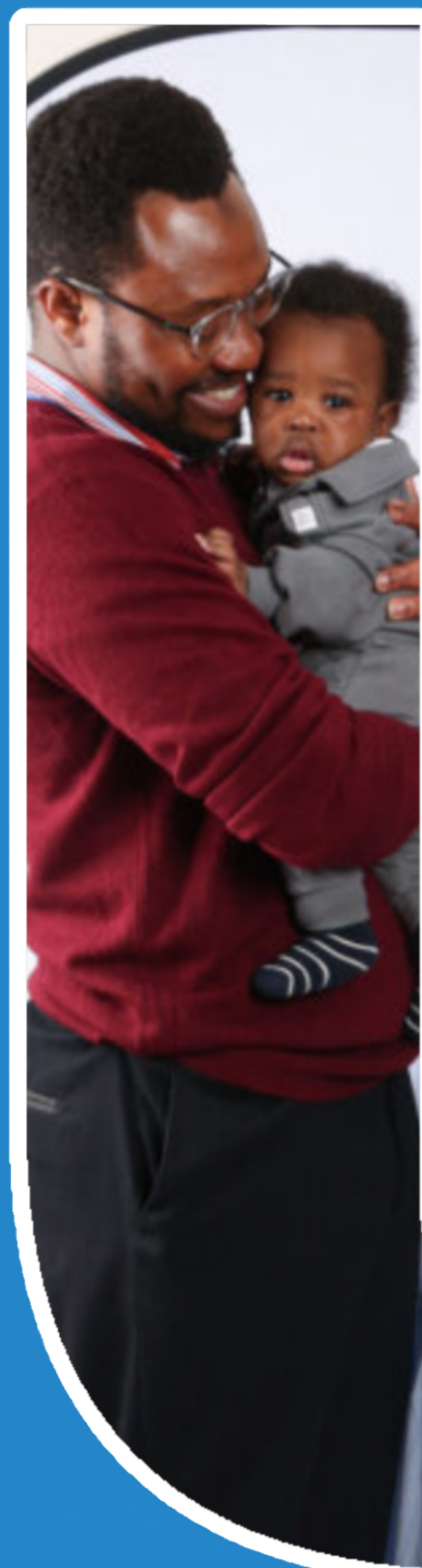
Its structured format aids parents in overcoming the challenges of milk expression while encouraging active involvement in their baby's care. It has been instrumental in boosting families' confidence and offering emotional reassurance during feeding.

The journal will remain under review as part of our Quality and Safety Board documentation process, with future updates incorporating ongoing feedback to further improve its effectiveness.

"It reminded me that every drop counts, which was really motivating."



MIDDLESBROUGH



MAMAZING



SCAN HERE



Scan the QR Code
to find out about our
Mamazing Media Campaign
and why the Mams of
Middlesbrough are
*simply the **breast!***





Koala Cuddles: Embedding Skin-to-Skin Care on a Cardiac Unit

Rachel McConnell, Paediatric Physiotherapist

Background

- ◇ Babies with complex congenital heart disease (chd) face early maternal separation, complex medical care and prolonged hospitalisation placing them at high risk of compromised parent-infant connection, stress and adverse neurodevelopmental outcomes.
- ◇ Due to medical complexity and the culture and environment of a specialist cardiac unit, they are often excluded from the neuroprotective benefits of skin-to-skin care (SSC).
- ◇ SSC is a key element of the FINE (Family and Infant Neurodevelopmental Education) approach and the UK Unicef Baby Friendly Initiative Standards, both of which emphasise relationship-based family centred care.
- ◇ SSC has been found to be safe and effective both pre and post operatively for babies with congenital heart disease.



Project Aim

To ensure that 90% of babies aged 0-3 months and their families have equitable access to safe, supported SSC on the cardiac unit by July 2024.

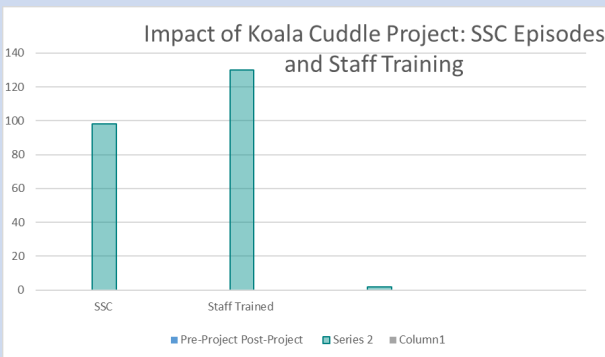
Change Theory: We believed that by **building staff capability** and **creating enabling conditions**, we could ensure that even medically complex infants and their families have **equitable opportunities for nurturing, neuroprotective SSC**, consistent with **BFI** and **FINE** principles.



Results

Quantitative outcomes:

After implementation: 98 Babies received SSC and 130 staff members completed formal training by July 2024.



Qualitative outcomes:

Staff: Reported increased competence and confidence in facilitating SSC.

Described the end-of-bed checklists were useful practical tools and increased confidence.

Parents/carers: "I was scared he wouldn't know that I was his mam with all the nurses looking after him. But as soon as I did the SSC, I knew, he knew I was his Mam".



Personal Reflection:

Successes: I am most proud of our QI MDT - Health Professionals working together towards a shared purpose, **to improve the experience and outcomes for babies their families**. The collaboration has been a wonderful experience.

Challenges: Whilst there are similarities between babies with CHD on a cardiac unit and neonates in a special care baby unit, there are also unique challenges. Providing safe and effective SSC in this context requires specialised assessment, problem solving and close MDT collaboration.



NEXT STEPS:

1. Build a e-learning module and workbook
2. Continue with Koala Cuddle Days
3. Embed training into induction training

Acknowledgment: *With thanks to our families, the cardiac team and Cuddle champions for their enthusiasm and support*

Baseline Findings:

- No episodes of SSC.
- Staff survey revealed; No formal training or education in SSC.
- 100% of respondents believed education in SSC would enhance their practise.

Interventions and PDSA Cycles

BUILD	ENABLE	EMBED
Formed an MDT QI Team.	Purchased cuddle chairs.	Developed professional guidance.
Identified Cuddle Champions.	Delivered bedside training, clinical support for complex patients.	Feedback informed PDSA cycles shaping the training package and professional guidance.
Developed Training Package (theory and practical).	Created parent/carer resources.	Held 3 'Koala Cuddle Days' to celebrate and embed SSC.
Collected baseline data.	Gathered staff and family feedback.	



Key References

- UNICEF UK BFI. Standards for Neonatal Units
- Family and Infant Neurodevelopmental Education (FINE) Programme
- Wray, j et al (2023) Developmental Care Pathway for Hospitalised Infants with CHD. (Cardiac Newborn Neuroprotective Network)

FOREST Programme

Introduction

Early life experiences shape health, social and economic prospects. Families facing socio-economic challenges are more likely to suffer intergenerational effects of early life stressors (Asmussen et al., 2020), increasing the risk of adverse childhood experiences, poor mental and physical health and substance misuse and violence in adulthood (Bellis et al. 2015). FOREST (Families Opportunities and Resources for Early years Support Together) is a community-based programme, coordinated through Somerset's Public Health Nursing Service , that supplements Maternity and Health Visiting care, drawing on local and national evidence. It offers early, integrated support from the antenatal period to age two for Families facing socio-economic challenges in communities within Somerset. The FOREST programme provides families with increased support where feeding support is offered throughout the programme.



Aims

The aim of the FOREST Programme is to reduce health inequalities and improve outcomes for families at risk of vulnerability through a co-produced, comprehensive, integrated support system during the critical first 1001 days.

Method

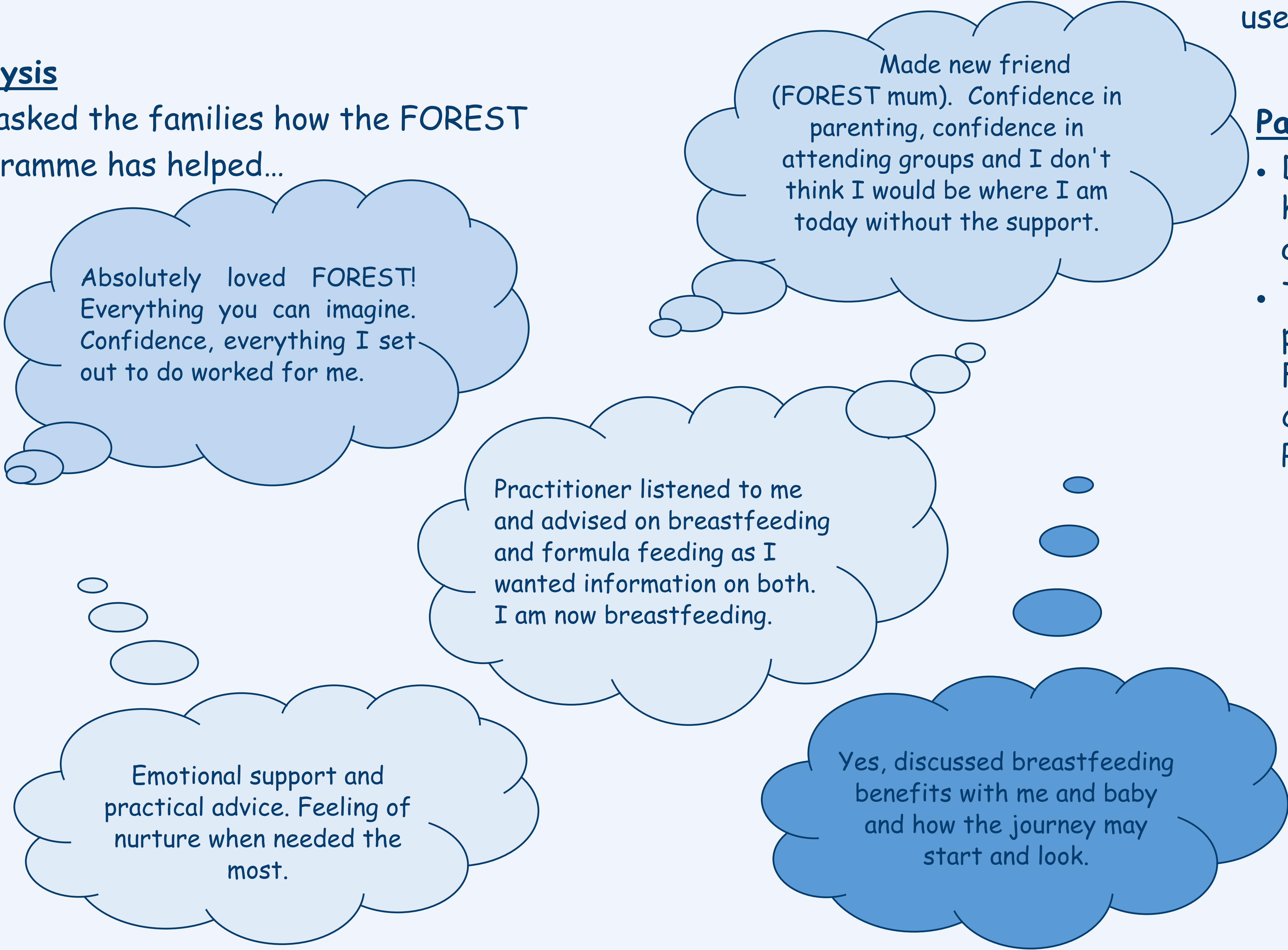
Families are referred in pregnancy from 16 weeks to 6-8 weeks after the birth of their baby. A registered Midwife or Health Visitor conducts a needs assessment and families with two or more vulnerability points - such as substance use, parental conflict, young parent and care leaver - are invited onto the programme.

Results

Families complete pre- and post-intervention questionnaires that gather qualitative and quantitative data on outcomes such as physical and mental health, infant attachment and parental confidence (modified TOPSE score). Additionally, semi-structured interviews with Practitioners provide insights into why some families engage more than others and how goals align between service providers and users.

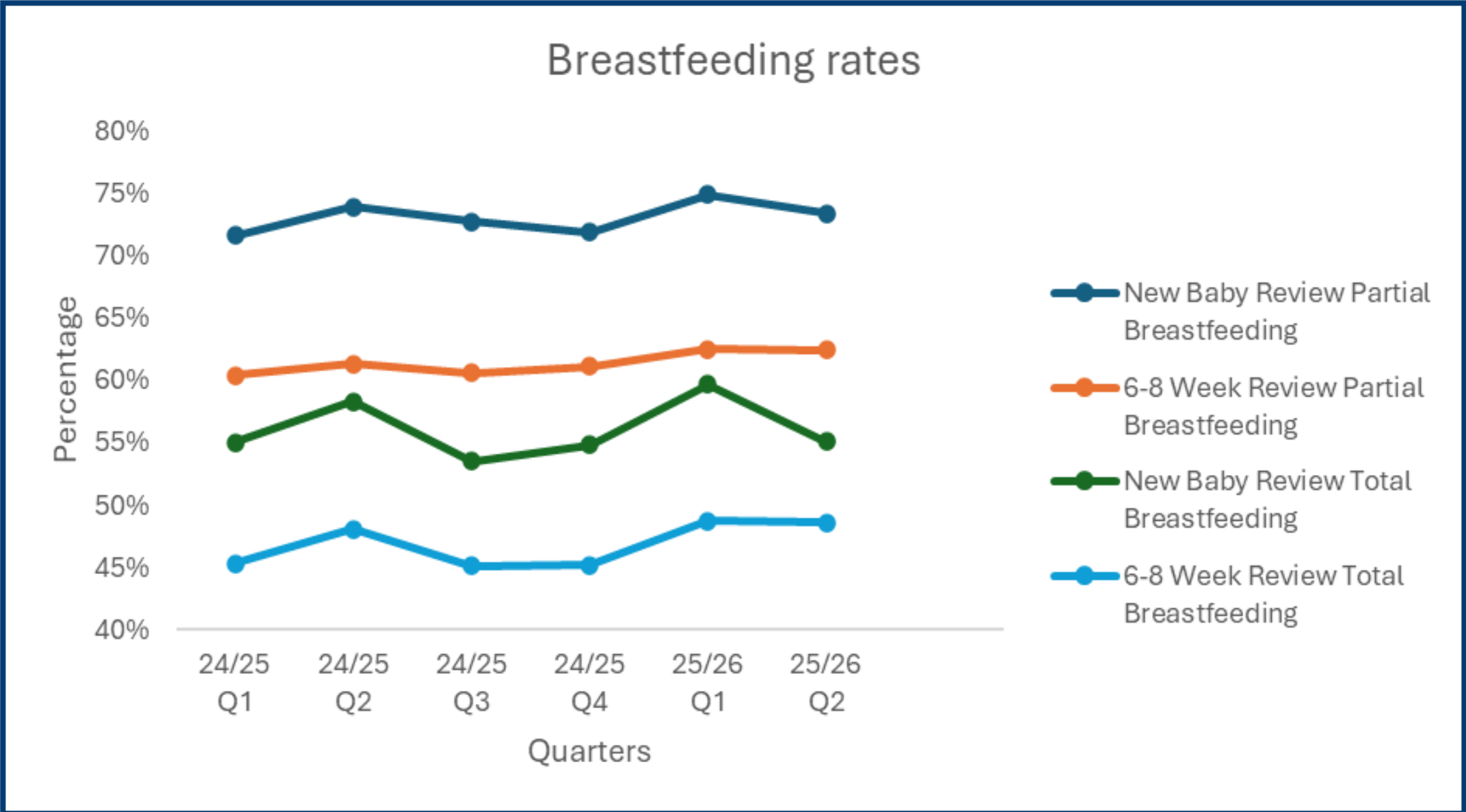
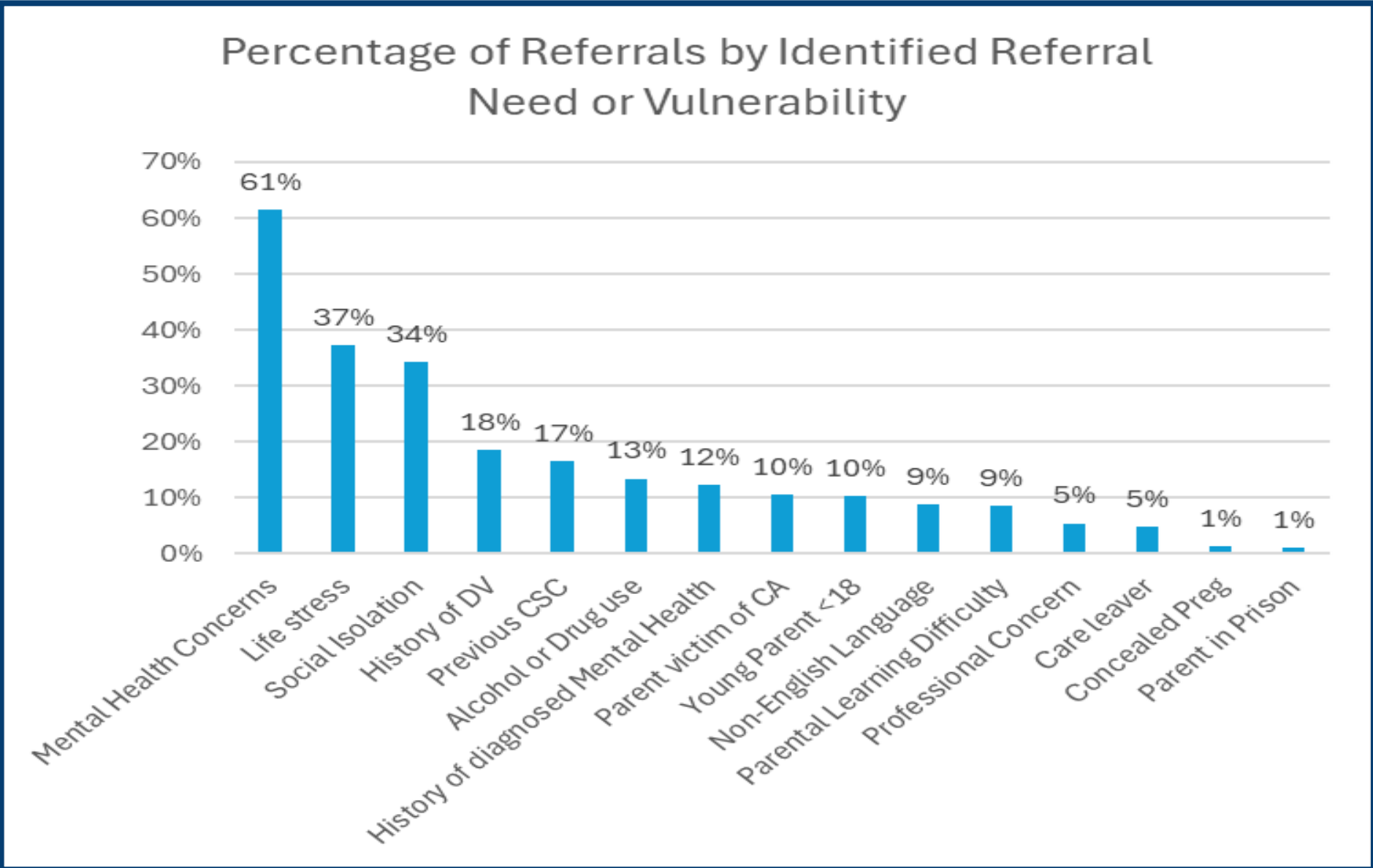
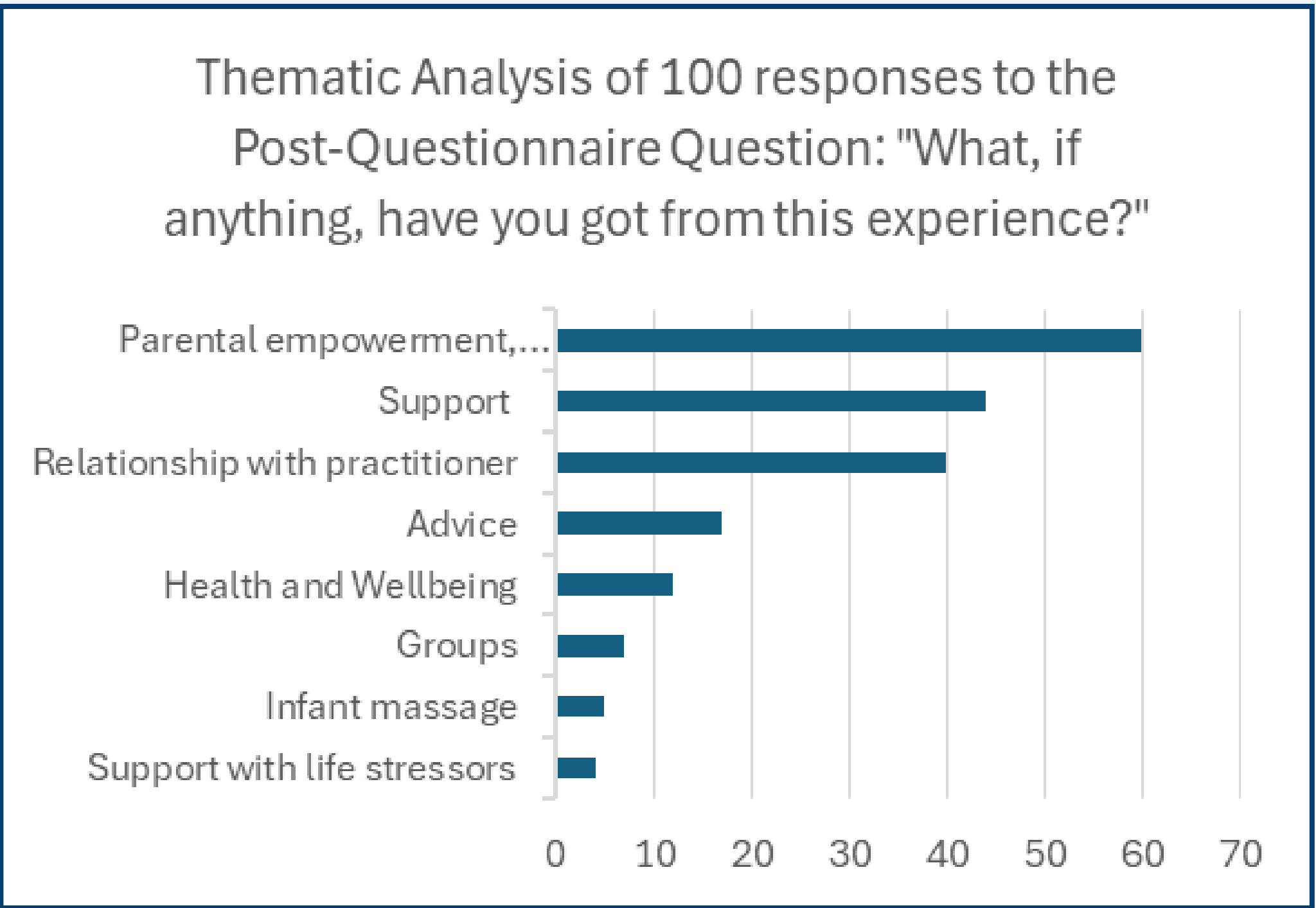
Analysis

We asked the families how the FOREST Programme has helped...



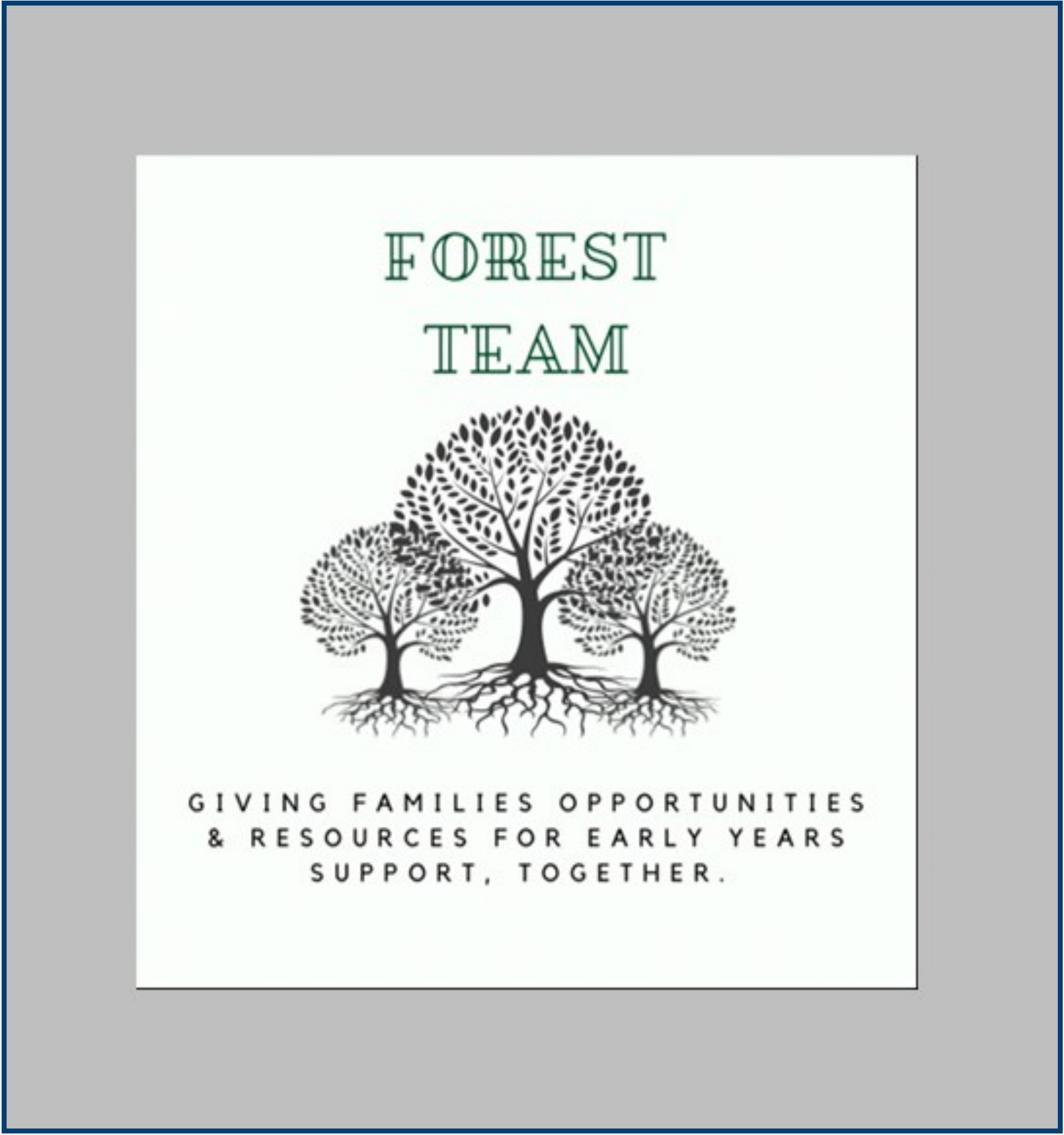
Parental confidence

- Data shows that parents/carers are scoring higher scores for the parental confidence questions in the post-questionnaire.
- This suggest that parents/carers have lower parental confidence at the start of the FOREST Programme and increased parental confidence at the end of the FOREST Programme.



Conclusion

The FOREST programme has grown from a 2023 pilot to full county-wide rollout by March 2025, demonstrating its success, sustainability, and scalability. It provides targeted support for families facing health inequalities, with a strong focus on improving breastfeeding rates. FOREST has revitalised the Health Visitor workforce and enhanced parental confidence, particularly around breastfeeding. Formal evaluation confirms its positive impact, positioning FOREST as a model with national potential.



Infant Feeding Workshop for Interprofessional Learning



Introduction

The University of Greater Manchester hosts an annual collaborative event for Health Visiting, Children's Nursing, and Midwifery students. Practice experts and academic staff deliver interactive presentations and skills workshops aligned with Baby Friendly Initiative (BFI) standards, including hand expression, mastitis recognition, and lactation anatomy. This well-evaluated event provides Health Visiting students with a valuable refresher before the BFI audit. Our programme was the first in the UK to achieve BFI Accreditation, reflecting our commitment to cross-programme learning and improving care for children and families.

Workshop Objectives

- ✓ To promote interprofessional working in Nursing, Midwifery and Allied Healthcare.
- ✓ To include the lived experience of breastfeeding mothers.
- ✓ To facilitate practical skills sessions including plotting weight for faltering growth, teaching hand expression, positioning and attachment (with a breastfeeding mother present) and managing mastitis.



Workshop Aim

Embedding evidence-based infant feeding approaches in Nursing and Midwifery education.

Student feedback: Knowledge exchange

100% of students agreed that the session was useful and relevant

"Positions and latch for breastfeeding."

"How to plot and work babies weight."

"Different types of growth (faltering)."

Result & Discussion

Student Feedback: impact on practice

"How to understand new mums, being patient and not dismissive."

"Understanding of the importance of listening to mums and conducting a full holistic assessment."

"I would feel more confident explaining to mums."

Student Feedback: Service User Impact

"Amazing speaker, real life experience and from the heart. Thankyou for sharing."

"Her story was very heart-warming and made me have a different perspective on how to act as a health professional!"

"Amazing insight into experience and how to improve practice."

Method

Workshop Design

Bridging Academia and Practice: Enhancing Nursing and Midwifery Proficiency Through Collaborative Learning

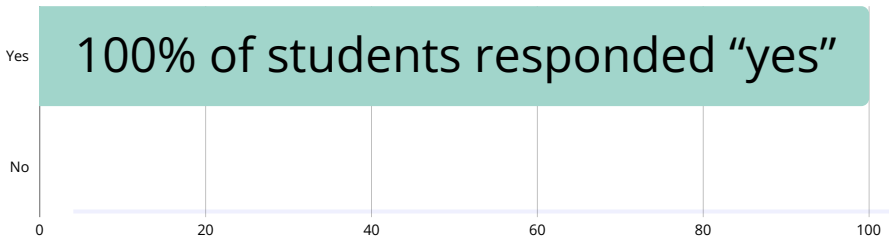
Participants

Student Childrens Nurses, Student Midwives, SCPHN Student - Health Visitors and School Nurses

Data Collection

- Surveys for learner perspectives.
- Application of knowledge exchange to additional theoretical modules.
- Written reflections.

Was this session useful and relevant?



Recommendations

- To branch out including students from additional areas in health.
- To enhance service user involvement within the session.
- To seek more robust evaluation and publication.

References

Kauff, M., Bührmann, T., Götz, F., et al. (2023). *Teaching interprofessional collaboration among future healthcare professionals*. *Frontiers in Psychology*, 14, Article 1185730.

Patel, H., Perry, S., Badu, E., Mwangi, F., Onifade, O., Mazurskyy, A., Walters, J., Tavener, M., Noble, D., Chidarikire, S., Lethbridge, L., Jobson, L., Carver, H., Maclellan, A., Govind, N. and Andrews, G., (2025). *A scoping review of interprofessional education in healthcare: evaluating competency development, educational outcomes and challenges*. *BMC Medical Education*, 25, pp. 1-18.

UNICEF (2019) *The Baby Friendly Initiative: Guide to the UNICEF Baby Friendly Initiative university standards*. Available at: <https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2019/07/Guide-to-the-Unicef-UK-Baby-Friendly-Initiative-University-Standards.pdf> (Accessed: 23 October 2025).

Conclusion

Interprofessional learning empowers future nurses, midwives, and health visitors to deliver consistent, evidence-based infant feeding support aligned with UNICEF Baby Friendly Initiative standards. It strengthens collaboration, communication, and role clarity, building confidence and competence to improve care for mothers and infants (Patel et al., 2025; Kauff et al., 2023). Collaborative workshops and practical skills sessions create a culture of shared expertise and accountability. Students gain technical proficiency in breastfeeding support and develop the teamwork mindset essential for implementing BFI principles, ultimately driving better health outcomes for families (Berti and Socha, 2023; WHO and UNICEF, 2018).

Sheryl Halliday Senior Lecturer and Hayley Carr - Senior Lecturer. Nursing and Midwifery. School of Health, Science and Society. University of Greater Manchester

Email: S.Halliday@greatermanchester.ac.uk & H.Carr@greatermanchester.ac.uk

Date: November 2025



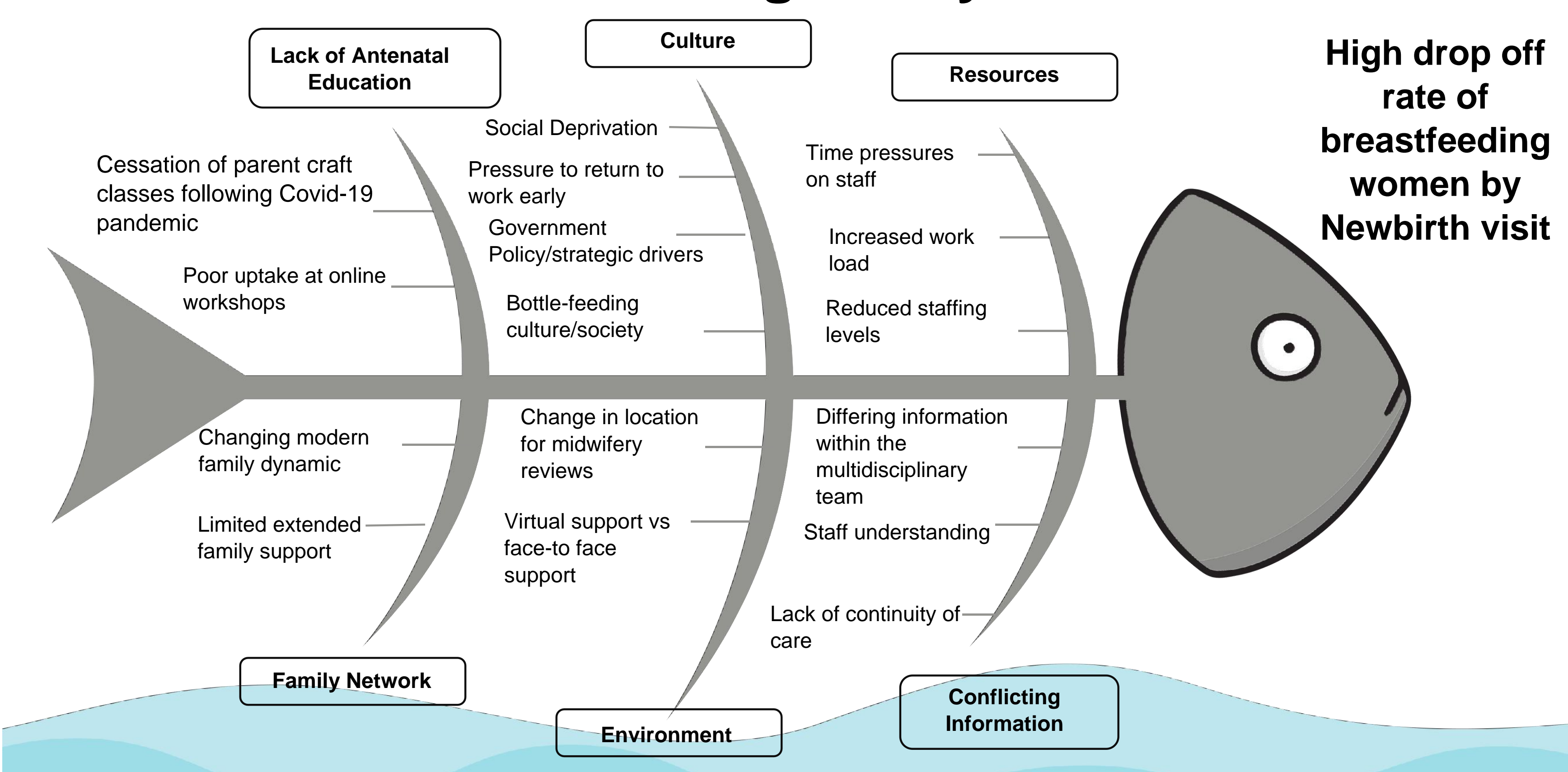
Ashley Ferguson- Infant Feeding Practitioner,
Brona McSorley- Community Infant Feeding Lead,
Laura Mitchell- Child Health Assistant and Joyce McKittrick- Lead Nurse.

AIM: To reduce breastfeeding drop off rates by 10% between hospital discharge and new birth visit by December 2024.

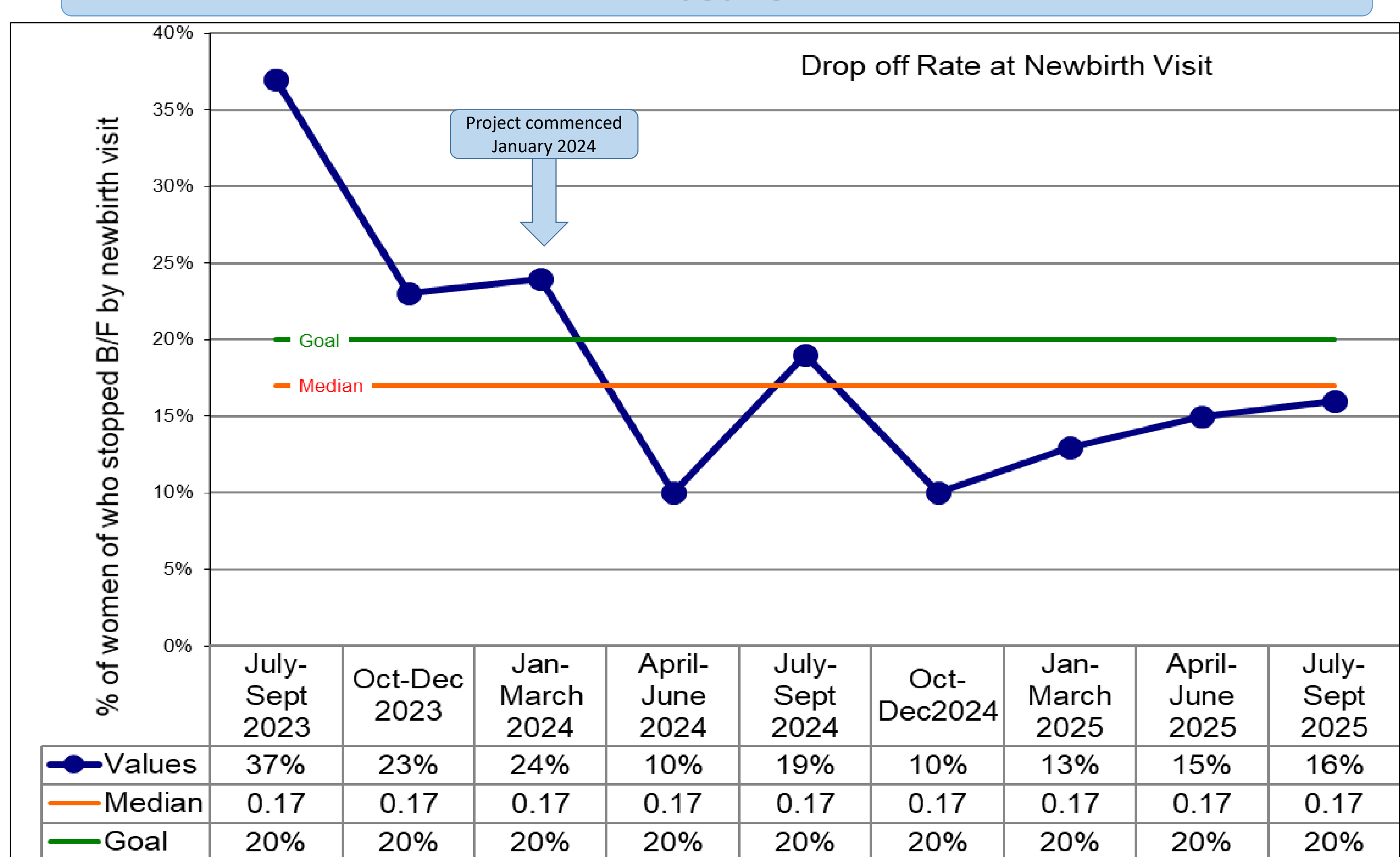
Background

The United Kingdom has some of the lowest breastfeeding rates in the world. Within the United Kingdom, Northern Ireland ranks lowest for breastfeeding rates across all four nations (PHA 2024). The Western Health & Social Care Trust has the lowest breastfeeding rates across all five health and social care trusts within Northern Ireland (PHA 2024). For the year 2022 to 2023, 51.8% of babies in Northern Ireland were breastfed (both partial and total) at hospital discharge (PHA 2024). Compared to the Western Health & Social Care Trust at 45.8% with Derry and Strabane District being lower again at 42.6% (PHA 2024). We identified the need for targeted breastfeeding support to try to improve the continuation of breastfeeding from hospital discharge to new birth visit by health visiting between day 10-14. UNICEF (2017) report that eight out of ten women stop breastfeeding earlier than they want to. The aim of our programme is to ensure breastfeeding women feel supported in their breastfeeding journeys making informed decisions to meet their individual feeding goals and ultimately breastfeed for longer.

Understanding the System



Results



Findings:

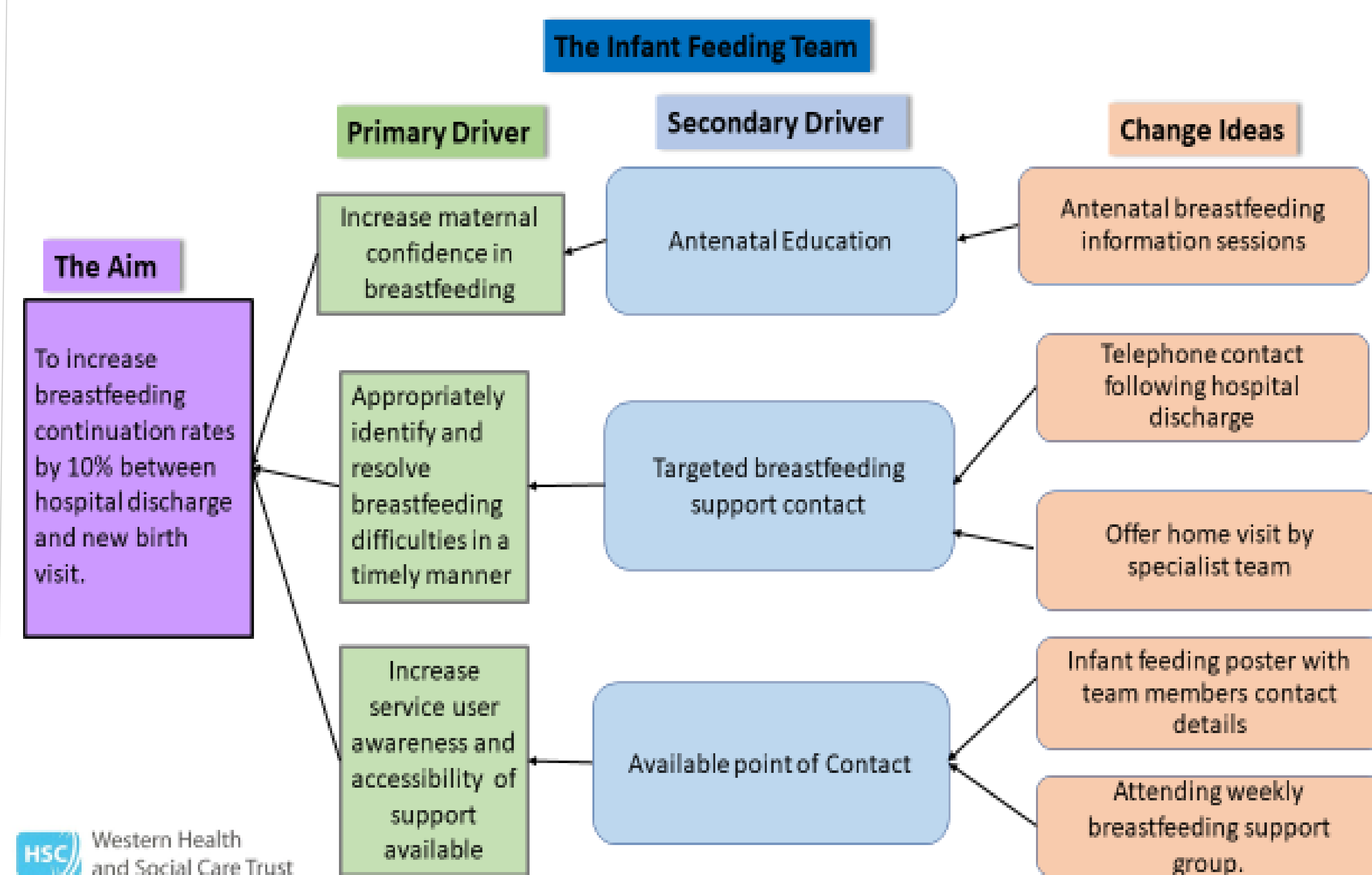
- Breastfeeding drop off rate reduced from 37% to 10-16%. Exceeding our original goal of improving drop off rates by 10%.

Next Steps:

- Expand into a one year pilot programme.
- Use evidence gathered to influence policy and practice.

For further information Please contact:
Ashley.Ferguson@westerntrust.hscni.net

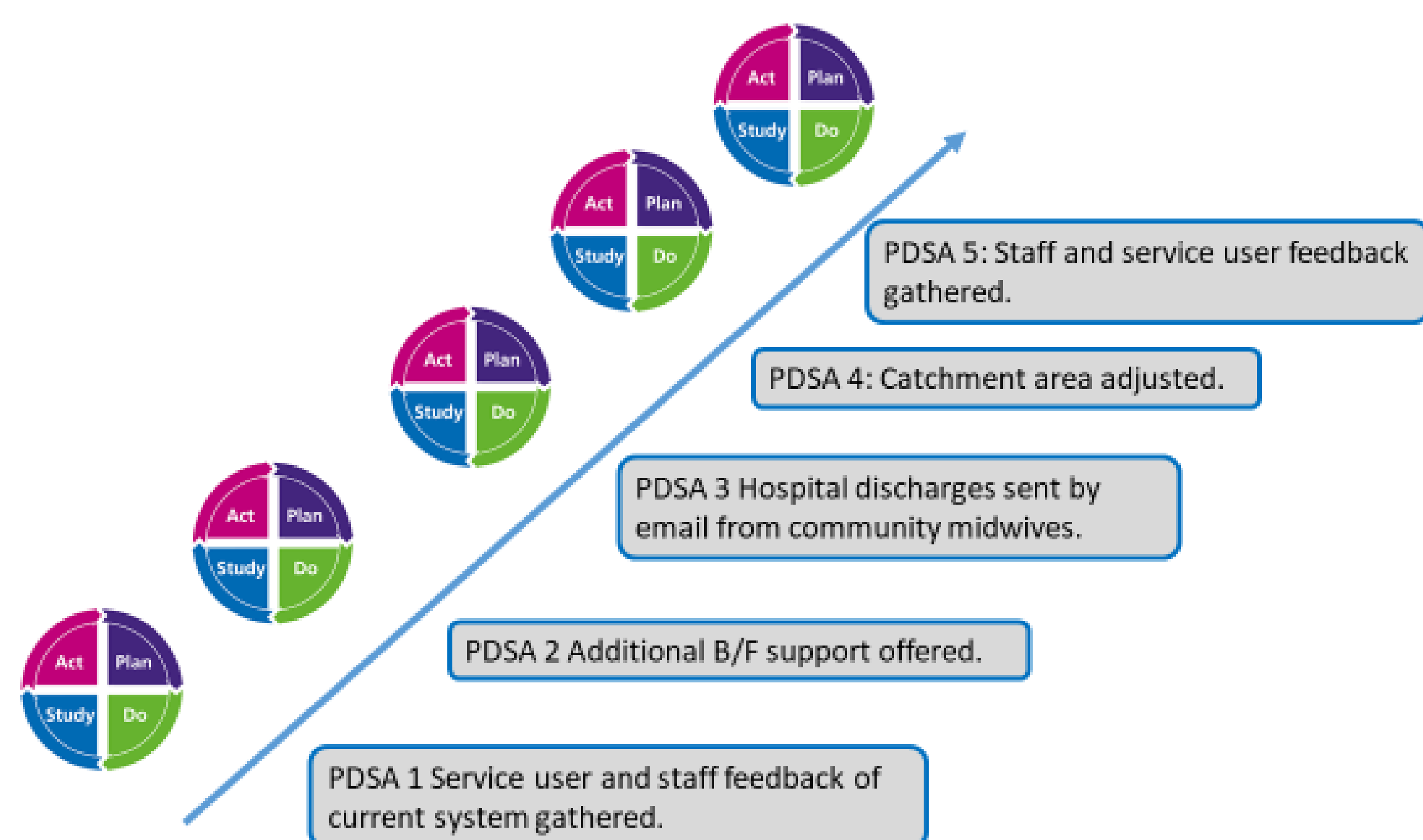
Driver Diagram



Methodology

- Baseline data gathered: focus group with community midwives, feedback survey of women who stopped breastfeeding before new birth visit and previous breastfeeding rates acquired.
- Breastfeeding rates at both hospital discharge and new birth visit, of women within agreed catchment area collated.
- Feedback survey given to all woman contacted by infant feeding team.
- Feedback survey given to women who attended antenatal education workshops.

PDSA Cycle



Service User Experiences

"It was just like I said, it was all around. It was just it was really centred around helping the breastfeeding journey and encouraging it and increasing the chances of it, you know, continuing as much as possible. How supportive, like the feeding team was and how willing the feeding team was to be there and give that support like that makes a big difference. I couldn't be any happier with it and it is 100% the reason I only breastfed as long as I did. - Michelle

"Especially for someone that wasn't really convinced on it [breastfeeding], and I think to myself, often if I didn't go to that latch and learn event like would I have breastfed, would it have been a completely different journey, you know?" - Emma

"But knowing how positive of a meeting that I had with the team. If I didn't have that, I don't think I could have continued to be honest." -Danielle

The availability of breastfeeding and lactation support for families whose children are receiving palliative care in the United Kingdom

Dr Laura Thomas

Cardiff University/Chelsea and Westminster Hospital



Background

For children with palliative care needs, the benefits of breastfeeding include comfort and bonding for mother and baby, and loss of the breastfeeding child does not automatically end lactation. These are important when providing support, but there is limited research or guidance in this area.

Objectives

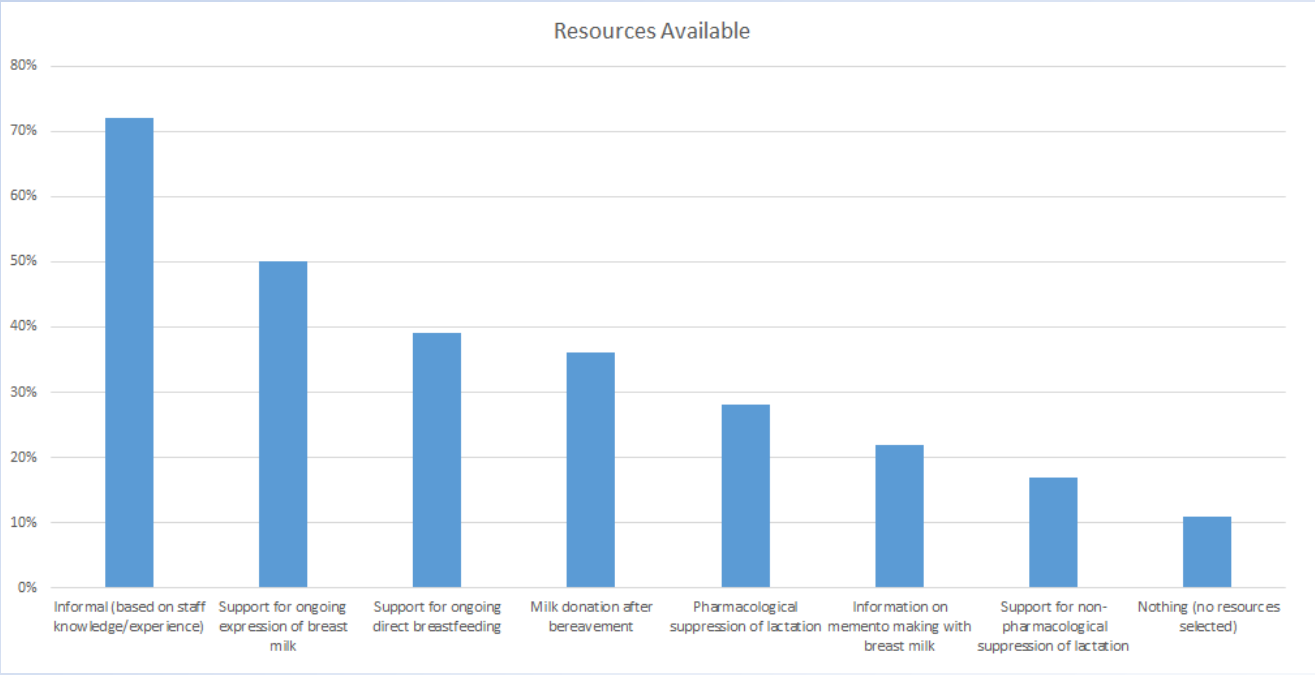
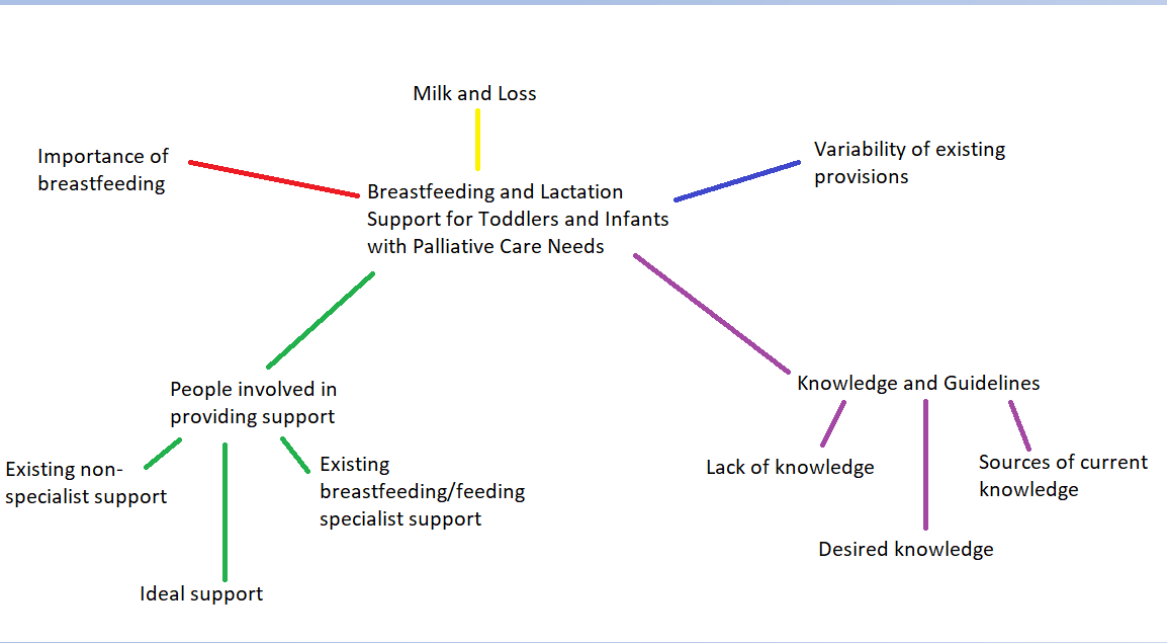
This research aimed to determine what existing support and resources there are for UK-based families receiving palliative care for their breastfeeding children, what would be considered ideal, and what barriers healthcare professionals experience when providing this care.

Methods

An initial literature search confirmed the limited data available for this cohort. A questionnaire, including numerical and free text questions, was circulated via social media and direct contact with hospices. Descriptive analysis examined the currently available resources, and identified barriers and what was considered aspirational. Thematic analysis of the free text responses identified major themes considered important.

Results

The research identified that there were limited resources and knowledge around providing lactation/breastfeeding care for palliative patients, which frequently relied on personal experience rather than training. The need for guidelines, access to resources and increased training was expressed in the quantitative and qualitative data. There was recognition of the importance of breastfeeding, and of the psychological and physical impact of losing a breastfeeding child.



Conclusions

This project confirmed that there was overlap with the themes and considerations identified in existing research around post-bereavement care and supporting breastfeeding for children with complex medical needs, and supports the need for further research in the palliative cohort.

Maternal dietary changes during breastfeeding: a mixed method study

Anna Gilbertson¹, Matthew J Ridd¹, Robert J Boyle⁴, Raquel Granell¹, Jo Kesten^{2,3}

¹Population Health Sciences, Bristol Medical School, University of Bristol, UK
²The National Institute for Health and Care Research Applied Research Collaboration West (NIHR ARC West), University Hospitals Bristol and Weston NHS Foundation Trust, UK
³NIHR Health Protection Research Unit in Evaluation and Behavioural Science, Bristol Medical School, University of Bristol, UK
⁴School of Public Health, Faculty of Medicine, Imperial College, London, UK



Background

- Breastfeeding mothers may worry, or be told, that foods in their diet can cause harmful infant symptoms, and change their diet in response.
- Maternal dietary changes at a critical time during breastfeeding are often not scientifically driven and the significance, from mother’s perspectives, is under investigated.

Aim

- To inform the care of breastfeeding mothers who consider making changes to their own diet in response to infant symptoms.

Objectives

- To investigate the prevalence and nature of maternal dietary changes during breastfeeding.
- To provide in-depth insight into mothers’ experiences of dietary changes during breastfeeding, in response to infant symptoms.

Methods



PHASE 1 A systematic review and meta-analysis to estimate the global prevalence and nature of maternal dietary changes during breastfeeding across populations.



PHASE 2 A primary care based cross-sectional electronic survey to investigate the prevalence and nature of maternal dietary changes, as reported by mothers of infants 0-12 months old in England.



PHASE 3 Qualitative in-depth interviews with mothers (purposely sampled from Phase 2) to explore their experiences of maternal dietary changes for infant symptoms during breastfeeding.

Outcomes

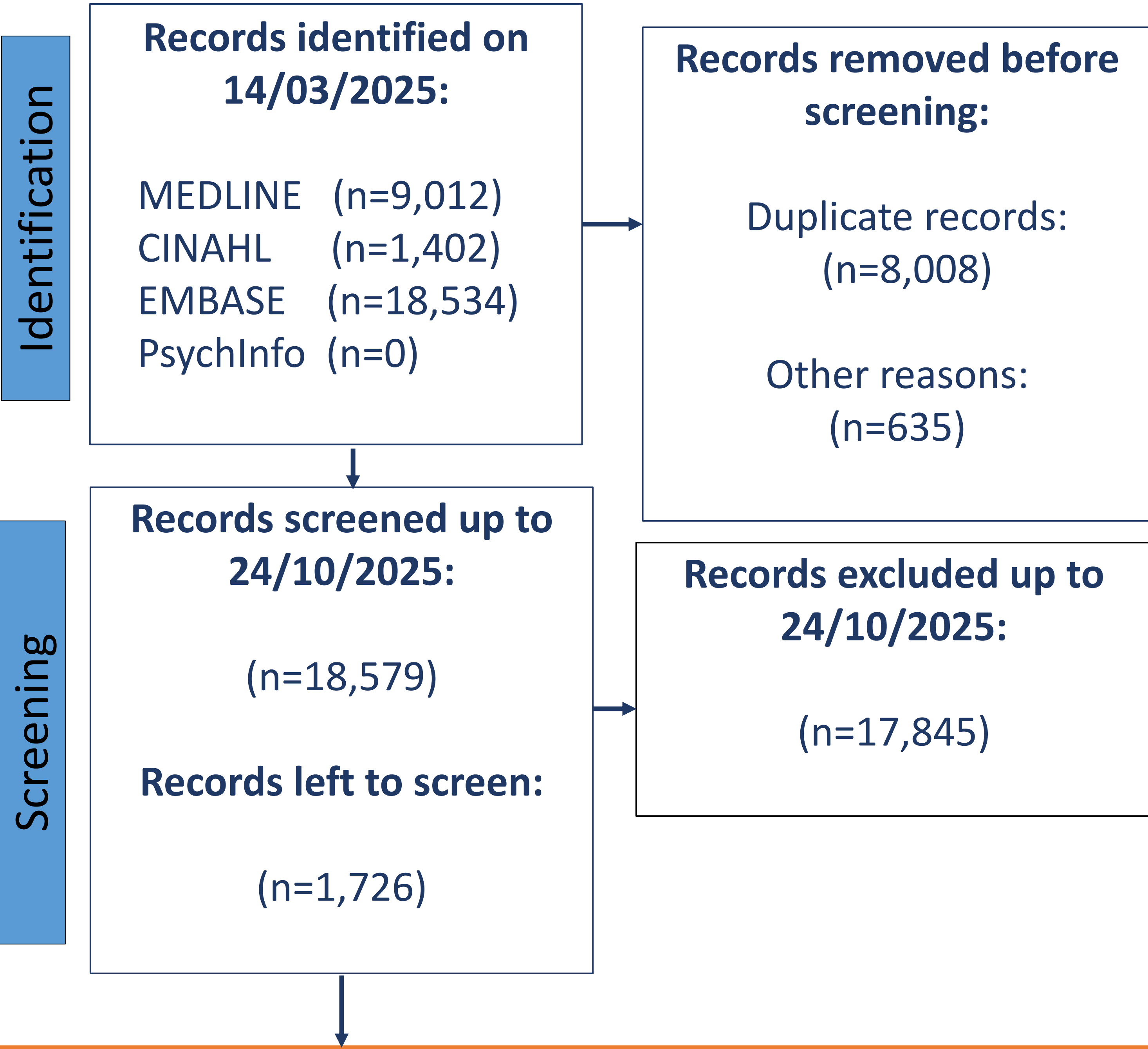
- Prevalence of maternal dietary changes during breastfeeding, overall and by demographic characteristics.
- Types of maternal dietary changes, what foods are changed and reasons for those changes.
- Sources of advice, support and/or information, influencing decisions about maternal dietary changes.
- Impact on maternal health and wellbeing of maternal dietary changes in response to infant symptoms.

Phase 1 CONCEPT FRAMEWORK

COndition	COntext	POPulation
Dietary change	Breastfeeding	Mothers

PRISMA FLOWCHART (work in progress)

Identification of studies via databases and registers

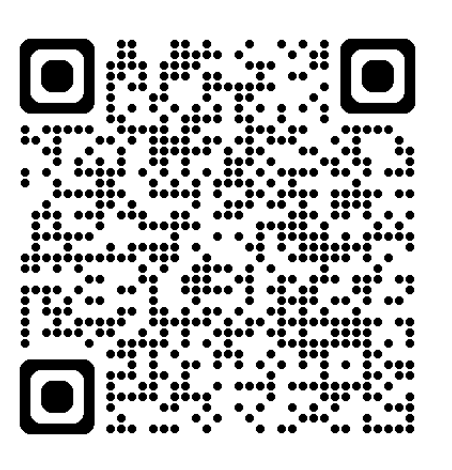


Study Timeline (PhD Studentship)



This research is funded by the National Institute for Health and Care Research (NIHR) as part of an NIHR Research Professorship (NIHR303123). The views expressed are those of the authors and not necessarily those of the NIHR, the NHS or the Department of Health and Social Care.

www.bristol.ac.uk | [@capcbristol](https://twitter.com/capcbristol) | [bsky.social](https://www.bsky.social/capcbristol)



Enhancing staff confidence and parental understanding of early relationships: BFI Maternity Standards 1&5



INTRODUCTION

UNICEF UK Baby Friendly Initiative aims to support all families to develop close and loving relationships with their newborn baby and to understand the importance of this for their baby’s development.

Close and loving relationships in infancy and childhood result in brain development which is resilient, healthy and better able to withstand adversity later in life: **early life experiences are the biological foundations of lifelong physical, emotional and mental health, and are as important as adult lifestyle choices.**

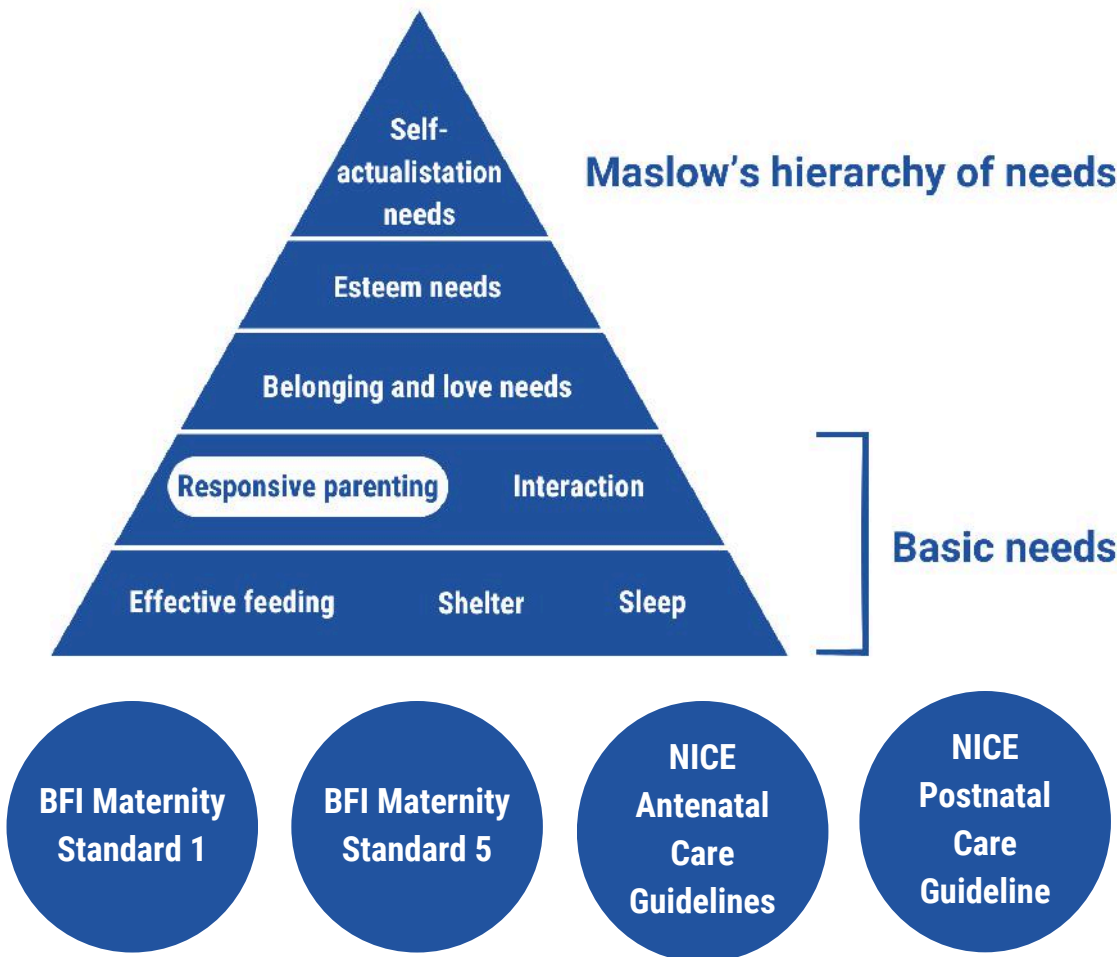
In order to make informed decisions around parenting, parents should be informed and supported to parent responsively and keep their babies close, to help them become happy, healthy, and secure children and adults.

CLOSE AND LOVING PARENT-INFANT RELATIONSHIPS IMPACT ON:

- infant brain development
- lifelong health (mental, emotional and physical)
- parental maternal mental health

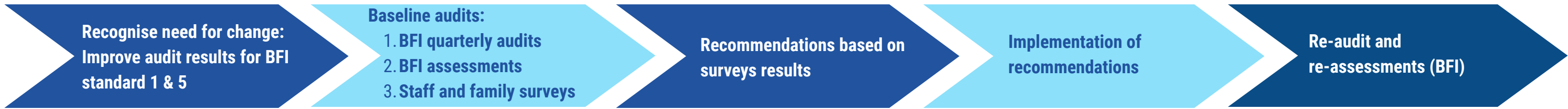
WHAT DO INFANTS AND CHILDREN NEED?

Infants and children need their basic needs met in order to thrive throughout childhood and into adulthood. **Responsive parenting and interaction are considered basic needs along with food, shelter and sleep.**



PERINATAL CONVERSATIONS - MATERNITY GUIDELINES/EXPECTATIONS

ROADMAP FOR CHANGE IN PRACTICE AND PROVISIONS TO SUPPORT CLOSE AND LOVING RELATIONSHIPS



BASELINE AUDIT OF UNDERSTANDING/COMMITMENT CROSS SITE: CHELSEA AND WESTMINSTER HOSPITAL AND WEST MIDDLESEX UNIVERSITY HOSPITAL

PARENT SURVEYS: 173 RESPONDENTS (CROSS SITE)

Aim: find out what expectant/new parents understand about parent-baby relationships, where parents source their information and what information they would want.

45% ANTENATAL, 55% POSTNATAL, (UP TO 3 MONTHS)

View points of parents

Fact

- Connecting with their baby during pregnancy helps with their baby’s development
- Singing, talking and reading to their baby helps to develop their baby’s brain
- Newborn babies are attracted to human faces and can copy expressions from birth
- Responding to a baby’s cues/needs in a timely way = confident toddlers
- A baby’s emotional development starts before they are born
- Bottle feeds should be limited to primary caregivers

Myth

- Babies become spoilt and demanding if given too much attention
- Many babies breastfeed ‘for comfort’ and this should be avoided
- Routines are important to make parents’ lives easier

Would parents like more information on close and loving relationships from maternity staff:

Yes
62%

STAFF SURVEYS: 99 RESPONDENTS (CROSS SITE)

Aim: explore staff understanding and confidence around conversations regarding the impact of close and loving relationships on a baby’s brain development.

Staff confidence in CONVERSATIONS that that support close and loving parent-infant relationships

high confidence low confidence

Importance of connecting with a baby during pregnancy	95%	5%
Benefits of skin-to-skin	85%	15%
Responsive breastfeeding to meet nutritional and emotional needs	76%	24%
Effects of oxytocin on a baby and mother/birthing person	70%	30%
Responding to a baby’s cues/needs in a timely way = confident toddlers	68%	32%
Importance of mutual gaze to release oxytocin and help a baby’s brain to grow	63%	37%
How responsive parenting promotes positive brain brain development and lifelong health	59%	41%
Responsive bottle feeding to meet nutritional and emotional needs	53%	47%

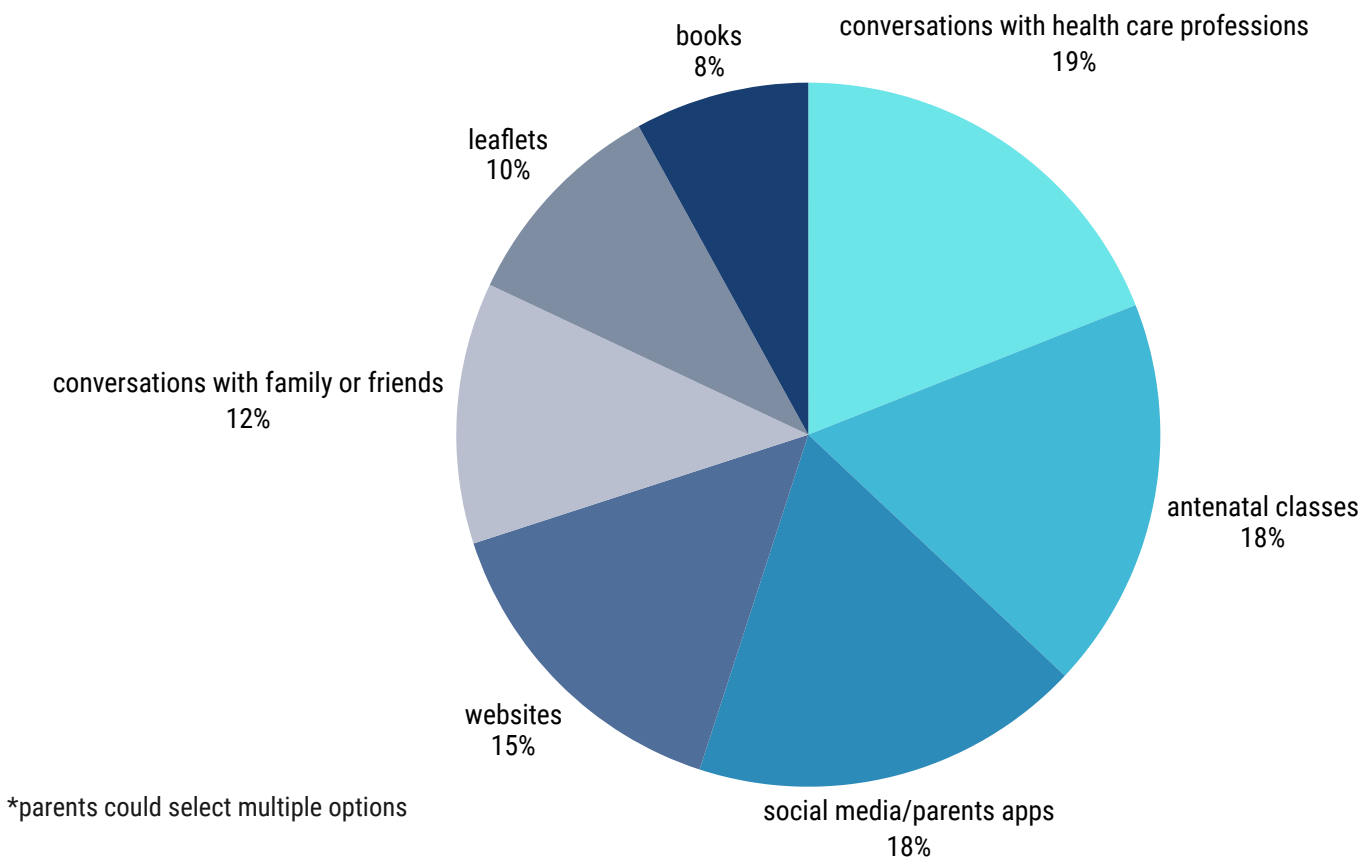
What training would staff like to increase confidence in these topics?

F2F classroom teaching 54%

Informal bite-size training 14%

2-min ‘how to’ teaching video 14%

HOW WOULD PARENTS LIKE TO ACCESS THIS INFORMATION*?



RECOMMENDATIONS



F2F classroom study days to increase:

1. knowledge-set of importance of close and loving parent-infant relationships
- 2.confidence initiating and discussing conversations about this importance (skills-set).



Share parent survey results with staff to increase awareness that parents *want* information and want this information through **parent-centred conversations.**



Daily bite-size skills-based teaching in clinical areas, focused on topics in survey where families demonstrate least awareness and staff least confidence.



Introduction of antenatal ‘**early day workshops**’ for families focusing on close and loving relationships and approaches that support parents to bond with their baby.



Provision of bedside cots on the postnatal wards to facilitate conversations that enable and encourage close and loving parent-baby relationships from the earliest start.

AUTHOR



Lynethia Geppert

Infant Feeding Supporter, Chelsea and Westminster Foundation Trust

✉ lynethia.geppert@nhs.net

✉ @lynethia

Parent-baby image from praeclaruspress.com

This project was supported by the National Institute for Health and Care Research, Applied Research Collaboration, Northwest London (NIHR ARC NWL) Improvement Leader Fellowship. The views expressed are those of the authors and not necessarily those of the NIHR, the NHS, or the Department of Health, and Social Care.

www.ARC-NWL.nihr.ac.uk | @ARC_NWL

NIHR | Applied Research Collaboration | Northwest London



AnneMarie Bruce, Susan Short



Lanarkshire is the 3rd biggest Health Board in Scotland. It has a population of 655,000 across rural and urban communities in Lanarkshire.

Because of this many women in Lanarkshire have never seen a baby being breastfed or see it as an option for them. Despite intensive support to mothers, breastfeeding rates really weren't improving. Unicef Call to Action resonated with us - this wasn't about the women, it was about the community where they lived.



What we did....

"Whatever the question- the answer is in the community." Anthony Costello



We have now held 5 NHS Lanarkshire Breastfeeding Multi-agency Conferences, bringing together all organisations and parents in a consultation event to improve breastfeeding in Lanarkshire.

Breastfeeding outside the home

What we did....

- ◆ Increased sign up to Breastfeeding Friendly Scotland and signage
- ◆ Working with North and South to become Breastfeeding Friendly Scotland Local Authorities
- ◆ Training packages for public facing staff
- ◆ Community Champions identified and training provided
- ◆ Increased social media presence and support networks

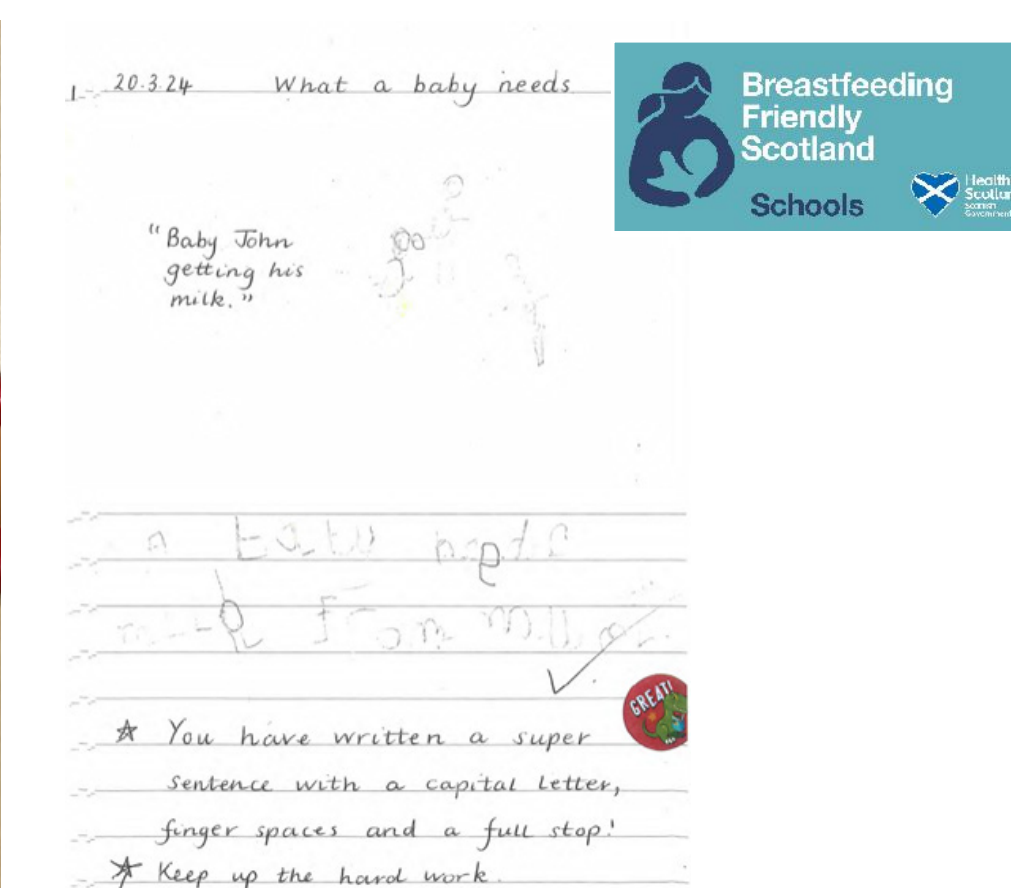
Information in pregnancy

From Unicef audits and feedback from women and staff, we identified a training need for staff around approaching and managing “difficult conversations” when it comes to discussing infant feeding choices with expectant mothers.

- ◆ Training needs analysis
- ◆ Developed, tested and implemented training for NHS staff
- ◆ Evaluated positively and in Unicef Baby Friendly Gold accreditation

Education

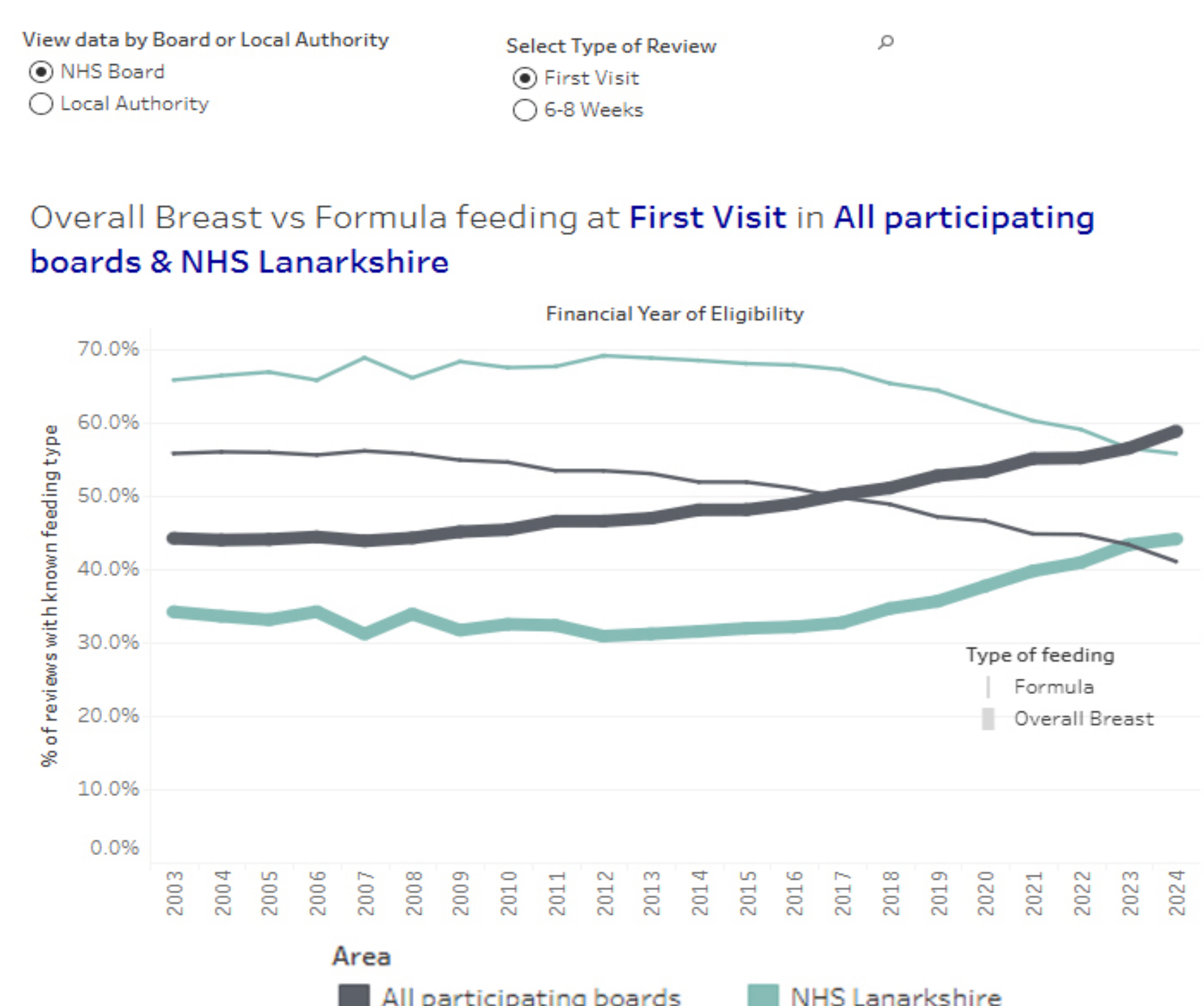
Curriculum resources were developed and worked collaboratively with colleagues to pilot Breastfeeding Friendly Scotland Early Learning and Schools schemes within North Lanarkshire settings.



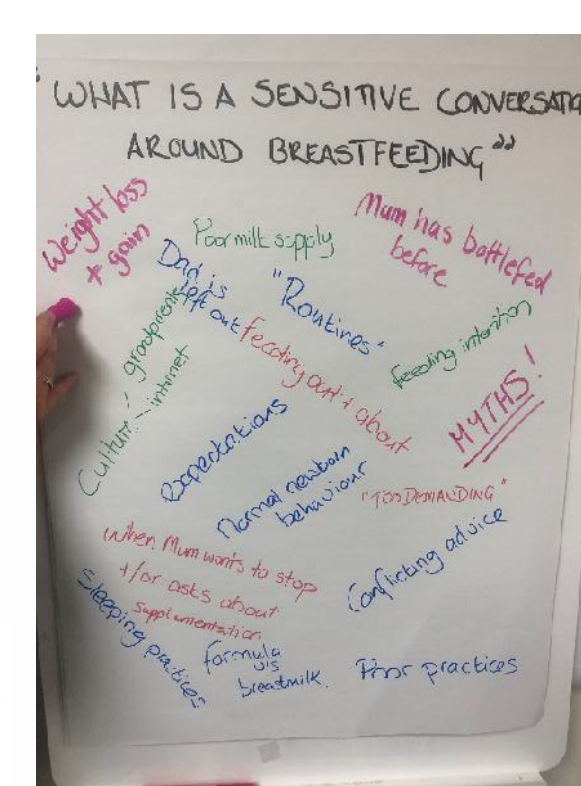
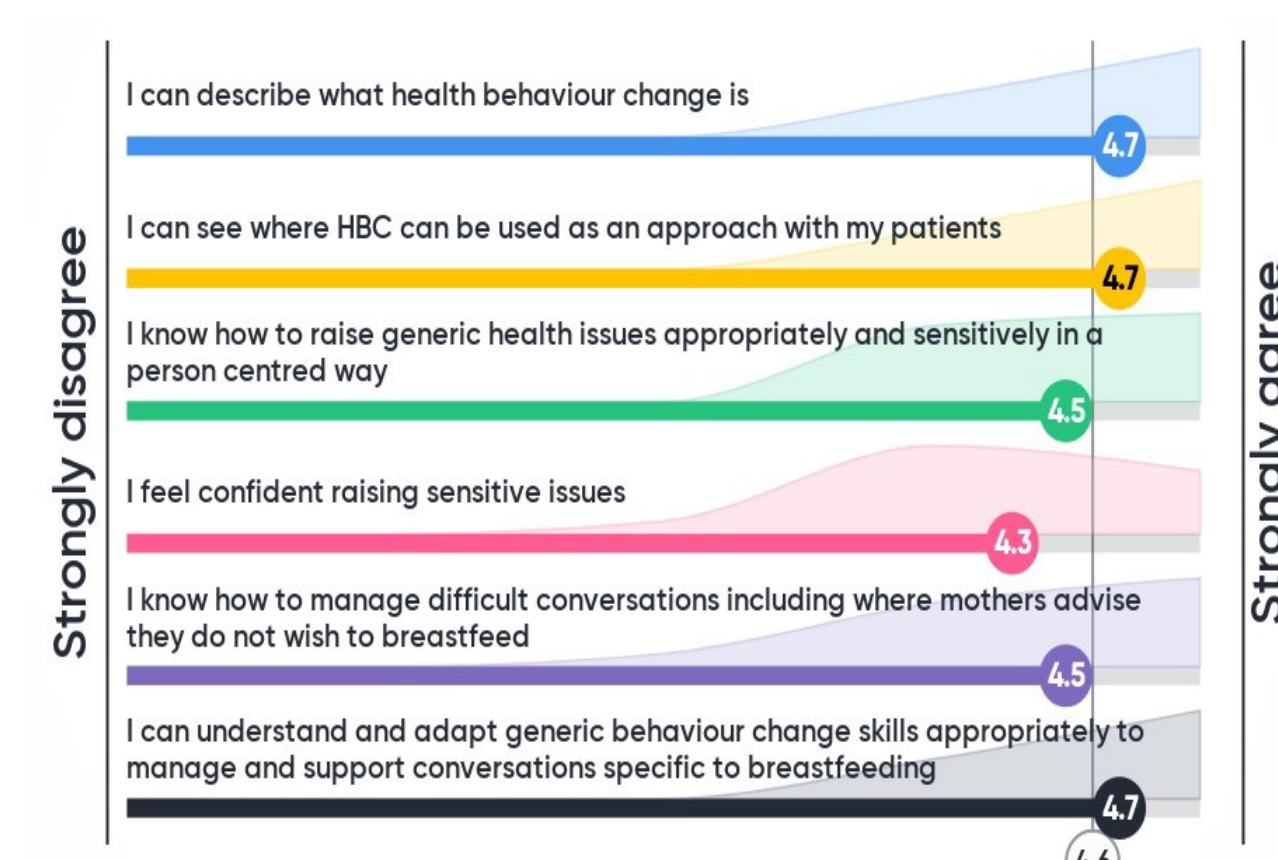
What we did....

- ◆ Developed a champions model with education colleagues, including training and ongoing support
- ◆ Increased knowledge and confidence of teaching staff to introduce breastfeeding before any negative attitudes are formed
- ◆ Increased knowledge of breastfeeding as our young people progress through their school career to see that breastfeeding is the normal way to feed babies and young children
- ◆ 100% of NLC Early Learning settings and >80% of schools achieved the award

We're getting there - but we have a long way to go



Approaching Sensitive Conversations training



Lanarkshire Achieves Gold

NHS Lanarkshire maternity, health visiting and family nurse services are accredited as Baby Friendly Achieving Sustainability Gold.



Contact information

Maternal and Infant Nutrition, Health Improvement, NHS Lanarkshire
Email: AnneMarie.Bruce@lanarkshire.scot.nhs.uk Infant Feeding Lead Midwife
Susan.Short@lanarkshire.scot.nhs.uk Maternal and Infant Nutrition Lead

Acknowledgements

We would like to thank all the staff within NHS Lanarkshire, North and South Lanarkshire Councils and the voluntary sector for all their support and hard work. A particular thanks to the Maternal and Infant Nutrition leadership team at the Scottish Government for their trust in us.



Pumping through separation- supporting the most vulnerable families on their infant feeding journey

About the Better Start partnership

Better Start Blackpool has spent 10 years transforming early years support by combining science, evidence, and lived experience. Funded by the National Lottery, it created a model that puts families first, influences national policy, and is now being adopted by other councils to help children start school ready to learn.

The Better Start Blackpool programme is delivered through a unique, place-based partnership that brings together key local organisations committed to improving outcomes for young children. The partnership includes Blackpool Council, NHS services, Lancashire Constabulary, Family Hubs, the NSPCC, and a range of voluntary and community sector organisations. This collaborative model ensures that services are joined up, trauma-informed, and responsive to the needs of families. By integrating professional expertise with community insight, the partnership has driven innovation in early years support and created a sustainable legacy of systems change.

Design and Implementation

Partnership Development

The Scheme was developed as a partnership between Better Start, Blackpool Family Hubs, Family Time and the Henry Infant Feeding Service, to enable mums to borrow a breast pump to support their breastfeeding journey.

Family Time is the local service that supports parent-infant supervised contact in child removal cases.

Identifying a local need

Recurrent Care Proceedings: Local and National Context

- Blackpool has the highest rate of newborns in care proceedings in England **4x national average**.
- Disproportionately high numbers of children in care and babies born into care.

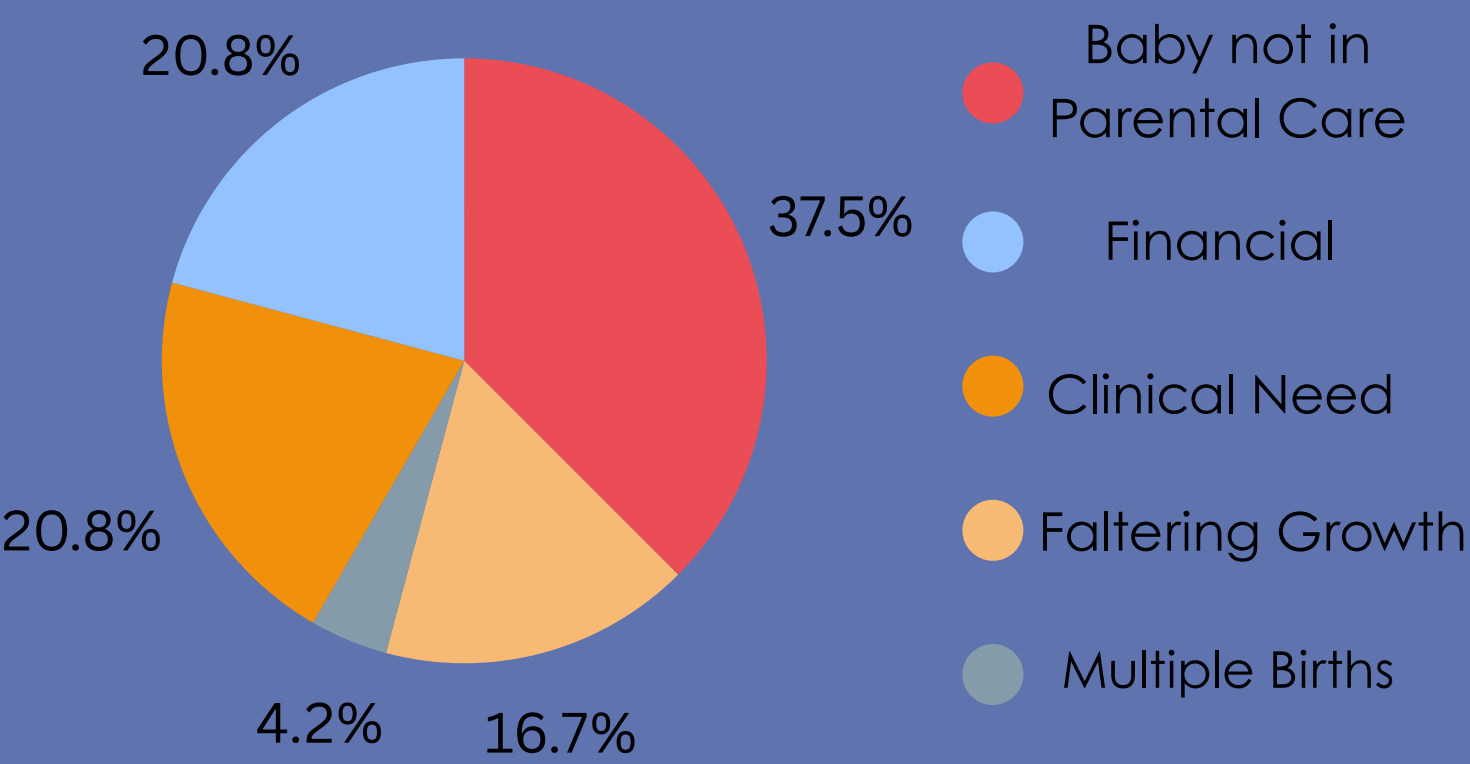
National Picture:

- 1 in 4 mothers reappear in care proceedings within 7 years; risk greatest in first 3 years.
- 1 in 8 fathers return within 5 years, often with the same partner.
- Fathers face significant gaps in support compared to mothers.

Implications:

- Removal of a baby can lead to trauma, poor mental health, and long-term challenges.
- Parents often feel unheard and lack empathetic recognition.

Criteria for Pump Loan



Pump Loan Operations

Recruitment



Families are asked about feeding preferences at the planning Family Time meeting. They are encouraged to breastfeed and supported to re-establish milk production if necessary. They can also be referred to the scheme by infant feeding support, social workers and specialist midwives.

Support



Families on the scheme benefit from Infant feeding support from HENRY, Family Time staff who are trained to support breastfeeding as well as being provided pumping equipment and milk storage. Foster carers who are educated about the benefits of breastmilk.

Pumping/Breastfeeding



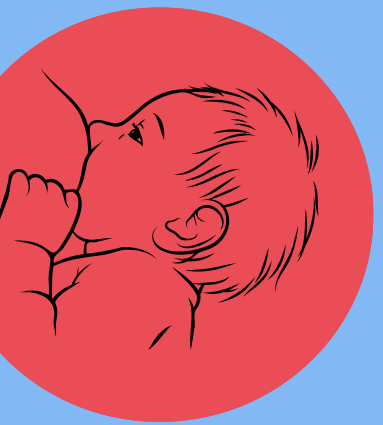
Supervised Family Time sessions are adapted to suit baby's breastfeeding needs. This includes skin to skin and baby blanket transfer. The free breast pump loan service allows parents to express milk which can be safely used by the foster parents.

Milk Collection



Pumping parents are given the education and tools to facilitate milk storage and transport. They bring expressed milk to Family Time sessions at the family hub which is directly passed to the foster carer or safely stored until they are able to collect expressed milk.

Infant Feeding



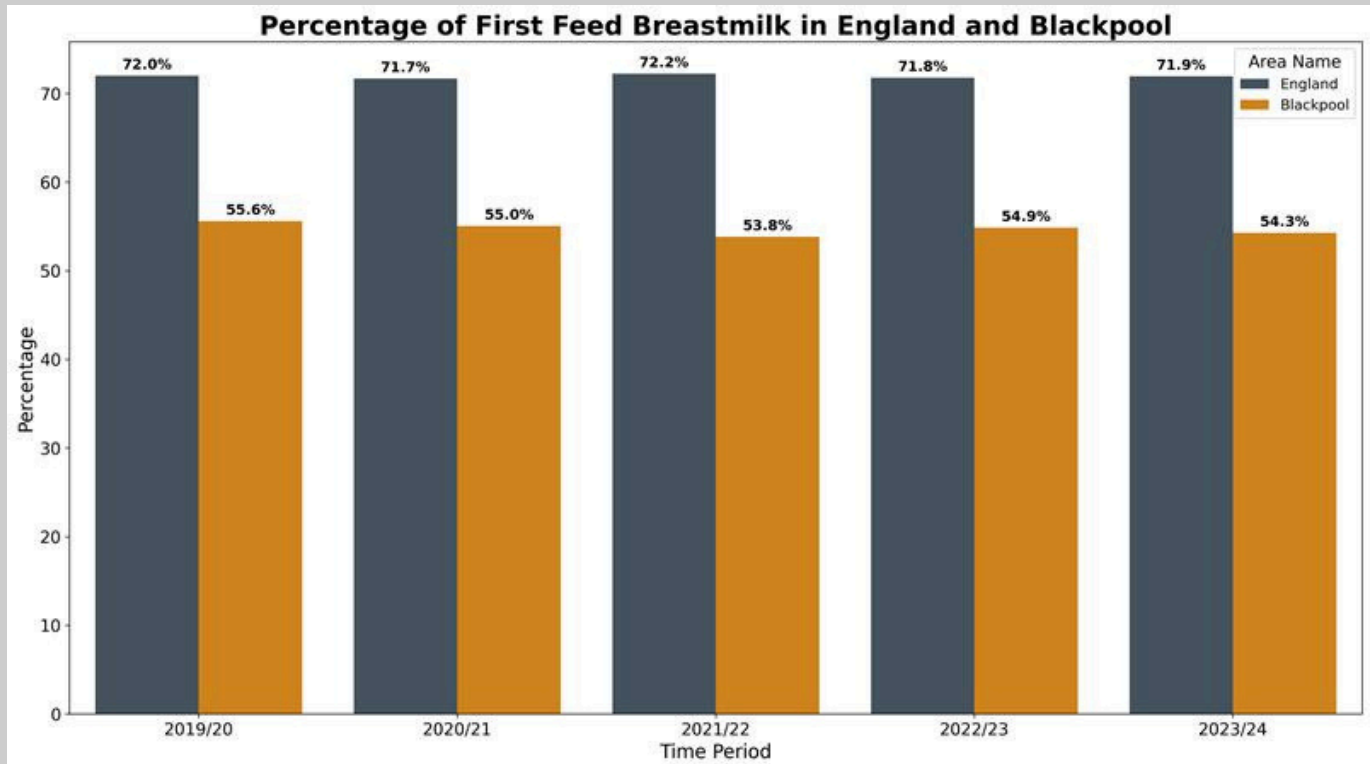
Foster carers give expressed breast milk to babies in their care. Parents are able to breastfeed during adapted Family Time sessions.

Breastfeeding in Blackpool

Blackpool faces persistent health and social inequalities that influence infant feeding practices. The town is among the most deprived areas in England;

- High rates of unemployment
- Low household income
- Poor maternal health indicators.
- Predominantly White British population

These factors contribute to reduced breastfeeding initiation and continuation.



Benefits of pump loan scheme

0.5%

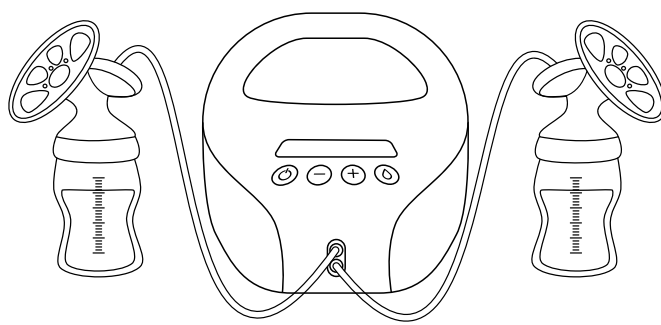
Percent of UK babies breastfed past one year
(Infant feeding survey 2010)

21%

Percent of mothers on pump loan scheme past one year
(2024/2025 Local Data)

Feedback from families

- Mothers feel empowered and say it is giving them 'a purpose' when baby isn't in their care.
- Contributes to changing local attitudes about parenting and breastfeeding when their baby isn't in their care.
- Pumping throughout the night shows their commitment to their baby.



Sharing K's experiecne

K had her baby, R, taken into care two days after birth but has been supported by HENRY and Family Time to use a breast pump to achieve her goal of R receiving her milk after being referred by her social worker one week postpartum. Over three months, K went from expressing very little, to, with the support of the service, baby R being fed 70% breast milk over each 24 hour period. At contact, K has been able to feed R herself as pumping maintained her milk supply.

K said "Because I have been able to continue feeding him my own milk it has stopped me developing post- natal depression. It's meant that I didn't have the financial struggle as pumps are not cheap."



Scan here to find out more about the benefits of the scheme from the Family Time Manager in Blackpool.

Evaluation

Publication due in Summer 2026

Evaluation Focus

- Parental wellbeing during separation (self-worth, identity, mental health).
- Barriers and supports for expressing and providing milk.
- Impact on parent-infant relationships post-separation (adoption, reunification).
- Foster carers' views on using expressed breastmilk (trust, safety, confidence).
- Practical challenges and how to co-develop trauma-informed training and support.

Methods

This qualitative evaluation examines the psychological, relational, and practical impacts of the scheme across three stages:

- Stage 1: Birth parent 'river of life' interviews exploring how pumping influences identity, mental health, and parent-infant relationships.
- Stage 2: Professional focus group identifying system-level barriers and enablers.
- Stage 3: Foster carer focus groups to understand experiences, concerns, and training needs.

Challenges

- Ethics & Safeguarding: Working with a highly vulnerable participant group.
- Legal Risks: Potential implications for researchers involved in care proceedings.
- Inclusion: Overcoming barriers to ensure voices typically excluded from research are heard and valued.



© 2025 Better Start



Better Start



A Flange-tastic Project!

Improving access to appropriately fitted equipment to support mothers expressing breastmilk.

October 2025

Why?

Research (Anders, Mesite Frem, and McCoy, 2024) shows correctly measured and fitted flanges* on breast pumps increase yield of breastmilk, reduce mother's discomfort, and can reduce the risk of developing mastitis.

Currently, there is a low level of knowledge and nipple measurement is not standard practice.

Trusts only stock a standard size which is far too large for the majority. Most mothers consequently need to buy the correct fitting flange, which disadvantages those from low income families.

Initiated by a International Board Certified Lactation Consultant at University Hospital Southampton (UHS) and funded by NHS England South West, Health Innovation Wessex is supporting the spread of a quality improvement project to address this problem. The project focuses on equity of access to appropriate equipment for expressing maternal breastmilk.



*The flange is the part of the breast pump that draws in the nipple

1. Anders LA, Mesite Frem J, McCoy TP. Flange Size Matters: A Comparative Pilot Study of the Flange FITSTM Guide Versus Traditional Sizing Methods. Journal of Human Lactation. 2024;41(1):54-64. doi:10.1177/08903344241296036

There are three key components to this quality improvement project:

1 Evidence-based training for staff

A staff training webinar was produced aimed at those who support mothers to express breastmilk. The objective of the training is to raise awareness of the importance of flange fitting and provide the skills to deliver this care.



The webinar can be accessed on NHS Learning Hub by scanning the QR code.

2 Parent education

A patient information video was produced to advise women on finding their correct flange fit and good expressing technique. This is available for patients within Wessex on the Healthier Together website. QR code stickers were attached to breast pumps so mothers could view the video while expressing.



3 Access to tools/resources

Nipple measurement tools that reflect flange sizes available in the UK were designed, printed, and attached to breast pumps. Trusts have been supported to increase the available sizes of flanges stocked in hospitals through NHS procurement ensuring the best price is achieved.



Impact

All Wessex trusts now have access to nipple measuring tools (and the means to attach them to pumps and lanyards), patient information QR code stickers, and a virtual toolkit which collates all the information required to replicate this project.

7,356
toolkit
views

From February to the start of September 2025, the virtual toolkit was accessed 7,356 times.

During the same time period, the staff training webinar has been viewed 968 times, and the parent information video has been viewed 1,069 times.

968
webinar
views

This project is currently being evaluated, but early data shows the percentage of pre-term infants receiving breastmilk in the UHS neonatal unit has increased by 15%. Additionally, we have received positive feedback from both staff and mothers.

13% increase
in babies
receiving
breastmilk



What's Next?

Contacts are being made within NHSE to discuss national adoption.

Health Innovation Wessex has received requests to present this work at multiple events from within the Health Innovation Network, health visitors, and a national neonatal nutrition webinar series.

The virtual toolkit (available on the Health Innovation Wessex website) is free and available to support spread and scale of this project outside of Wessex.



"I don't dread pumping like I previously did after changing to the 15 mm flanges. I could only pump for five or six minutes before being too uncomfortable with the 21 mm flanges and needing to stop. When I pumped with the 21 mm flanges I was able to get 5-15 ml of milk total from both breasts, but I am now pumping 40 ml of breastmilk on the left side alone, comfortably and quickly."

Co – developing a plain label for infant formula milk in NHS settings



A collaboration between Swansea University, First Steps Nutrition Trust, and Public Health Wales

Amy Brown, Vicky Sibson, Karen Hall, Aimee Grant, Sara Jones, Catrin Jones, Holly Morse, Nick Rich, Sharon Breward, and Public Health Wales (funded by the ESRC Impact Acceleration Account)



Contact: Prof Amy Brown a.e.brown@swansea.ac.uk

Background to our project

We have been conducting a series of studies around supporting parents with safe, appropriate and affordable formula feeding. Infant formula milks differ vastly in price despite comparable nutrition composition and no difference in impacts on infant development or health. Misleading advertising claims and clever use of branding are used to encourage higher priced purchases and brand loyalty.

Our research has identified that parents’ decisions around which formula milk to buy for their baby are often driven by inaccurate marketing claims and/or a decision to continue to use whichever brand of formula milk is provided in hospital due largely to a belief this is an endorsement of the ‘best’ product, but also because parents are very reluctant to switch brands.

One solution to this might be for hospitals (and other health care settings) to use ‘plain label’ formula products, free from branding. This might reduce perceptions of endorsement and encourage parents to make their own decisions on which brands to use going forward. However, for this to be a success we need to understand what a plain label would look like, how it would be integrated into practice, and parents and health care professionals' views on this approach. Would it be feasible and acceptable?

What we plan to do

The charity First Steps Nutrition Trust (FSNT) has developed a prototype for plain label formula for formula distributed within the NHS (e.g. on postnatal and paediatric wards, and in other settings where infant formula might be needed). The packaging contains legally required information as per UK regulations, and additional safety warnings as per international best practice but excludes all marketing/promotion.

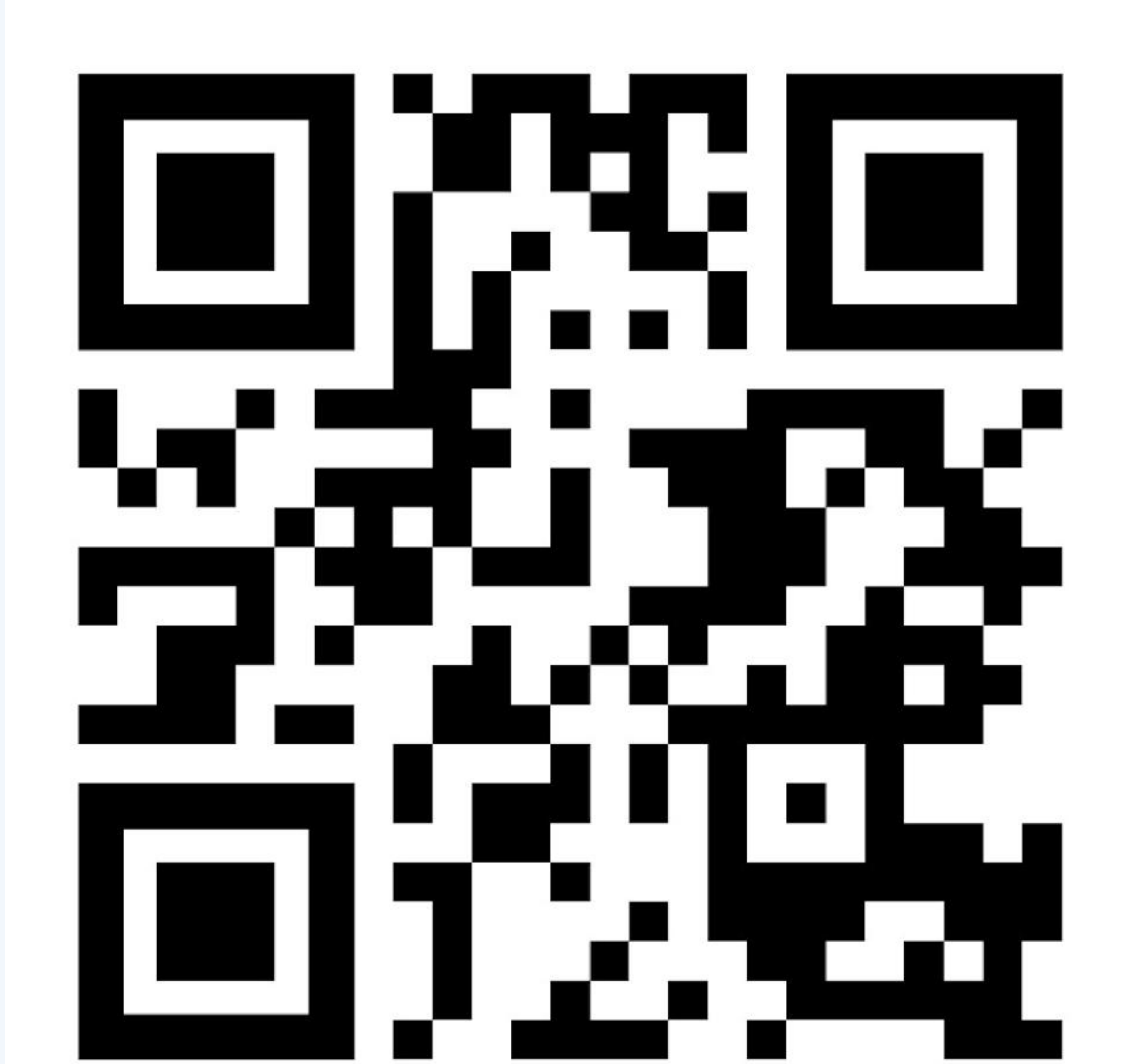
We are working with FSNT to understand how this prototype could be used in practice. Our goal is to be able to test this product within the NHS, but discussions FSNT have had with the NHS supply chain team conclude that we need to a) demonstrate acceptability and feasibility with health professionals, stakeholders and parents and if positive b) work with a ‘pilot’ Trust to develop the idea into a workable model.

Our questions and next steps

We will be conducting surveys and focus groups with parents and health care professionals who support infant feeding in hospital, neonatal and community settings. We want to know:

- What do parents and health care professionals think of plain label formula?
- What might the benefits, risks and unintended consequences be?
- How visually appealing would the label need to be?
- How will this feasibly work in practice? Would it really get used?

If you would like to tell us your initial thoughts and receive updates on our study including an invitation to take part, please scan the QR code and leave your details. Thank you!



Empowering communities: Partnership approach to enhancing breastfeeding awareness and culture in low-prevalence socially deprived areas.

Rachel Evans (Public Health Wales) Eleanor Johnson and Bronwen Clatworthy (Breastfeeding Network) Rosy Phillips, Fay Fear, Claire Turbutt, Sarah Jenkins (Cwm Taf Morgannwg University Health Board) Carla Baldwin, Bethan Thorn, Joanne Foley, Florence Beach, Eryl Powell (Aneurin Bevan University Health Board) Amy Brown , Karen Hall (Swansea University)

Background & Aim

”Breastfeeding is... linked to the prevention of major health inequalities. The provision of human milk is the most accessible and cost-effective activity available to public health.”,
Child Poverty Strategy for Wales 2024

Partnership working
“Each partner brought specific knowledge and skill [enabling] goals to be achieved in a rapid timeframe... the strongest breastfeeding support is delivered by... different skills and experiences coming together.”

Quintile	Rate
Least deprived quintile	75%
Most deprived quintile	50%

- Babies in the lowest quintile according to the Welsh Index of Multiple Deprivation (WIMD) are the least likely to be breastfed.
- This gap has been persistent over time.
- PHW research shows to improve rates we need to **shift social norms** in these communities.

Three interventions delivered in parallel in two identified target communities with characteristics of deprivation and low breastfeeding prevalence. A short term project funded by Welsh Government’s Child Poverty: Innovation and Supporting Communities Grant.

Elements and outcomes of the project

Element	Reason	Outcome	“Ripple effect”
Peer support training- two cohorts of Breastfeeding Helpers and one of Breastfeeding Supporters.	<ul style="list-style-type: none">Fill gaps in breastfeeding support in target communities.Recruit volunteers reflective of their communities.Provide opportunities for accredited qualifications.Increase Welsh speaking capacity on the NBH.	22 Breastfeeding Helpers trained, 17 from target communities of Newport and Rhondda. Breastfeeding Supporter cohort included Welsh speakers.	<ul style="list-style-type: none">Five volunteers have gone on to training or employment within the NHS.Breastfeeding group established in Rhondda, where there was no group previously.Local politicians attended celebration events, further raising awareness of breastfeeding as a public health priority..Volunteers attending postnatal wards.
Recruitment of short term part time posts for promotion of the National Breastfeeding Helpline (NBH).	<ul style="list-style-type: none">Call data from the BfN demonstrated lower than expected use within the target areas.Increased use could reduce calls to local NHS services.	BfN data demonstrated an increase in calls over the six month period of the project.	<ul style="list-style-type: none">Promoters raised awareness of BfN Breastfeeding Friendly Scheme and signed up local facilities.NBH to be included in future parent information produced by Public Health Wales.
Delivery of First Milk Matters training to non health staff working with families.	<ul style="list-style-type: none">To provide access to training for staff outside the health system.To increase community knowledge of and support for breastfeeding.	35 staff attended training and post course evaluations showed increased knowledge and confidence around infant feeding.	<ul style="list-style-type: none">A community baby bank changed the way formula was distributed.A local family hub created breastfeeding friendly space.

Evaluation

- Measurable outcomes noted above demonstrate successful delivery of individual project elements.
- Interviews with participants in different roles were also undertaken, demonstrating benefit to the project partners, volunteers, families and First Milk Matters attendees.
- All groups involved reported an impact on breastfeeding culture in the target communities, and families now had access to support in those areas where bottle feeding was the norm.,
- It was a limitation of the project that the funding was short term. The evaluation report noted that breastfeeding interventions take time to embed and impacts e.g. on breastfeeding rates are incremental over time.
- ABUHB has funded a further year of training and supervision for peer support, aligning with focused work on breastfeeding as part of a whole system approach to a healthy weight.

“People are starting to be a bit more intrigued about breastfeeding and want to find out a little bit more.” *Infant feeding lead*

“I’m not alone and have people to go to when I need support.” *Mother, who accessed new support group*

“Over time it is likely that this will increase perceptions of breastfeeding in these communities where bottle feeding is typically the norm. This will filter through into increased breastfeeding initiation and visibility, shared experiences where breastfeeding is now included and more common, and ultimately enhanced breastfeeding rates.”

Medicines in Breast Milk Enquiries: An Opportunity to Provide Safer Sleeping Advice



Devisha Joshi, Medicines Information Pharmacist, UKDILAS
Laura Kearney, Consultant Pharmacist and Clinical Lead, UKDILAS
Emma Wigmore, Medicines Information Pharmacist, UKDILAS
Maame Adusei, Foundation Pharmacist at University Hospitals Leicester

UKDILAS, based at the University Hospitals of Leicester NHS Trust
Further Information at: UKDILAS.enquiries@nhs.net

Background

- The UK Drugs in Lactation Advisory Service (UKDILAS) is a pharmacy-led national service providing advice on medicines use during breastfeeding through answering individual enquiries and publishing articles online.
- Although not eligible for full accreditation, UKDILAS is in the process of aligning with BFI standards to provide holistic advice for breastfeeding families.
- Provision of safe sleeping information is a mandated BFI standard.
 - This is especially important when parents use sedating medicines, as co-sleeping under these circumstances significantly increases the risk of sudden infant death syndrome (SIDS).

Aims and Objectives

Review and improve our provision of safer sleeping advice where a sedating medicines is taken, while breastfeeding.

Define a safe sleeping medicine.

Target:
100% of enquiries involving sedating medicines should include safer sleeping advice

Methodology

Step 1

Defining a Sedating Medicine

Medicines were classified as sedating if they carried cautionary labels 1, 2, 3, or 19 in the British National Formulary (BNF), indicating potential to cause drowsiness or sedation.

Step 2

Data Collection Periods

Data was gathered from enquiries across three separate 2-week periods.

- Jan 2022** - Before the alignment to BFI standards
- Jan 2024** - After application of BFI standards to UKDILAS
- Jan 2025** - After a training intervention improving the knowledge of safer sleep practices

Step 3

Recording Data and Analysis

The list of enquiries for each time period were reviewed and only enquiries with sedating medicines were included.

For all relevant enquiries the following was recorded: the specific medicines involved and whether or not safe sleeping advice was provided.

Step 4

Training Intervention

Before the final data collection phase, a team training intervention was planned to enhance understanding of the provision of safe sleeping advice.

A team survey was carried out to assess staff knowledge and to determine when team members were providing safer sleep advice.

Results and Discussion

Figure 1 illustrates a clear upward trend in the inclusion of safer sleeping advice in breastfeeding enquiries involving sedating medicines.

- January 2022:** 11% of relevant enquiries included safer sleeping advice. This gap was primarily due to limited awareness and understanding of the BFI standards.
- January 2024:** UKDILAS were better aware of, and more aligned with, BFI standards which is seen by a steady increase in the provision of safer sleeping advice.
- December 2024:** The team received a training intervention which included:
 - Definition of a sedating medicine
 - When and how to incorporate advice into enquiries
 - Advice on signposting to NICE and UNICEF guidance
- January 2025:** 86% of enquiries now included safe sleeping advice.

Percentage of enquiries which included safer sleeping advice where a sedating medicine was being used

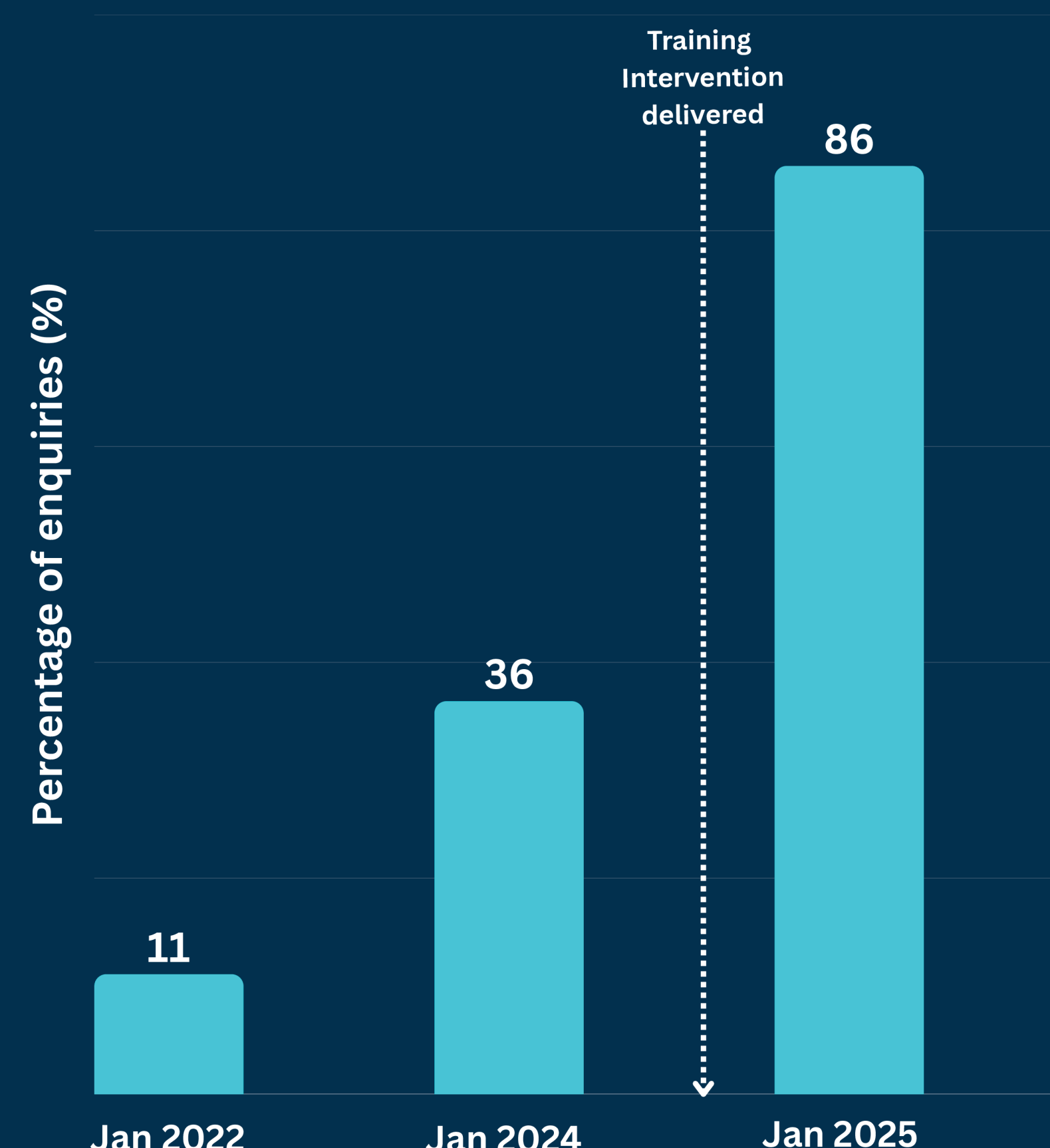


Figure 1

Limitations

Scope of Medications:

- Data was limited to drugs with a cautionary drowsiness label, as per the BNF. This means not all medicines that cause drowsiness, were covered.

Time Frame

- Data was only collected across 2-week periods
- Extended data collection would enhance reliability and insight

References

UNICEF UK. Guide to the Baby Friendly Initiative Standards - Baby Friendly Initiative [Internet]. The Baby Friendly Initiative, 2025, [Last accessed 21/10/2025]. Available from: <https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/guide-to-the-standards/>

UNICEF UK. Co-Sleeping and SIDS - A Guide for Health Professionals, [Internet]. The Baby Friendly Initiative, 2019, [Last accessed 21/10/2025]. Available from: <https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/sleep-and-night-time-resources/co-sleeping-and-sids/>

National Institute for Health and Care Excellence. Postnatal care, [Last accessed 28/01/2025] Available from: <https://www.nice.org.uk/guidance/ng194/chapter/Recommendations#organisation-and-delivery-of-postnatal-care>

Outcomes

Improved provision of safer sleeping advice

- Greater team awareness of the importance of providing safer sleeping advice
- Improved clarity on what defines a sedating medicine
- Safe sleeping statement written and included as standard in all relevant responses

Future work:

- Further refine the definition of a sedating medicine

Monitoring: Progress will be tracked through regular audits

Protection and support for breastfeeding - a river metaphor

Recommendations from the World Breastfeeding Trends Initiative (WBTi) UK Report 2024

P.Wise, A. Spiro, C. Meynell, H. Gray
Please contact: wbt@ukbreastfeeding.org

Breastfeeding rates

Most mothers in the UK start off breastfeeding but rates drop sharply and fewer than half of babies are receiving any breastmilk by 6 weeks¹. Mothers and babies lose the long-term health outcomes of breastfeeding and mothers are at greater risk of postnatal depression. The low breastfeeding rates significantly impact public health, our economy and our planet.

World Breastfeeding Trends Initiative (WBTi)^{2,3}

A WBTi assessment reports on ten indicators covering policies and programmes, plus five key practices. Collectively these indicators form a comprehensive analysis of strengths and weaknesses in each country's approach to protecting and supporting mothers who want to breastfeed.

Action

Protecting mothers' infant feeding decisions requires progress in all areas at the same time for the greatest impact.

WBTi Indicators		UK scores out of 10	
		2024	2016
1	National policy, governance and funding	4	1
2	Baby Friendly Initiative	7	7.5
3	WHO Code implementation	5	6
4	Maternity Protection	6	6.5
5	Healthcare systems (primarily health professional training)	6	5.5
6	Counselling services	6	7
7	Information support	5.5	5.5
8	Infant feeding and HIV	3	6.5
9	Emergencies (IYCFE)	0	0
10	Monitoring and evaluation system	5	5
Total score (/100)		48	50.5
Key ■ 0-3.5 ■ 4-6.5 ■ 7-9 ■ >9			



- 1.WBTi UK (2025). *World Breastfeeding Trends Initiative UK Report 2024*. Page 102. <https://ukbreastfeeding.org/wbtiuk2024/>
- 2.WBTi UK (2025). *UK Report 2024*. <https://ukbreastfeeding.org/wbtiuk2024/>
- 3.WBTi UK (2016). *World Breastfeeding Trends Initiative UK Report 2016*. <https://ukbreastfeeding.org/wbtiuk2016/>

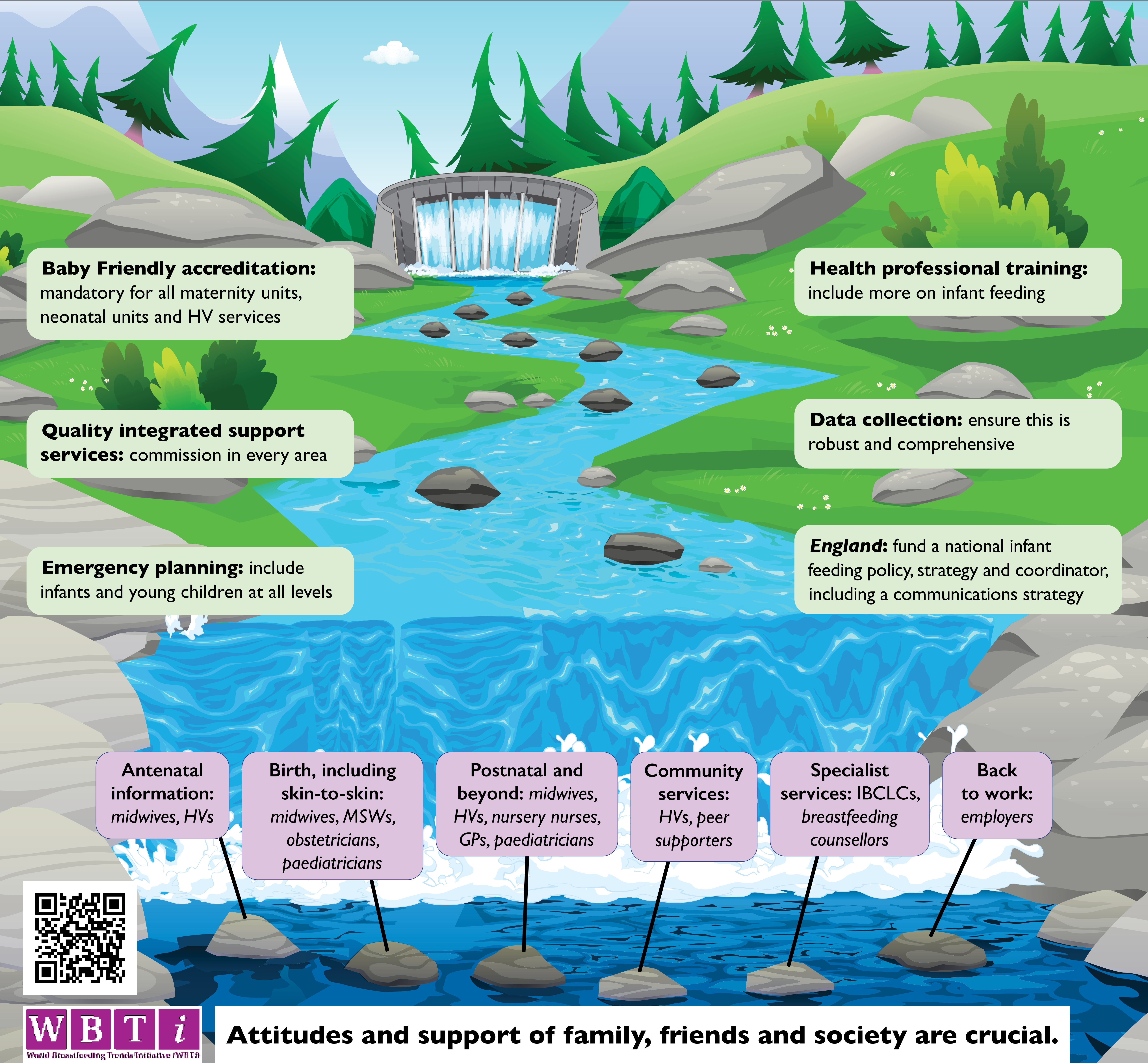
The river metaphor highlights how different policies and programmes support and protect the breastfeeding journey.

The river: the pressures on the mother's feeding journey.

The dam: legal protections (UK formula regulations and maternity workplace protection). These need widening and strengthening.

The riverbanks: other key policies and programmes. These must be strong and sustainable.

The stepping stones: the integrated support systems required.



The Action4Breastfeeding toolkit to support implementation and evaluation of evidence-based breastfeeding support in the NHS

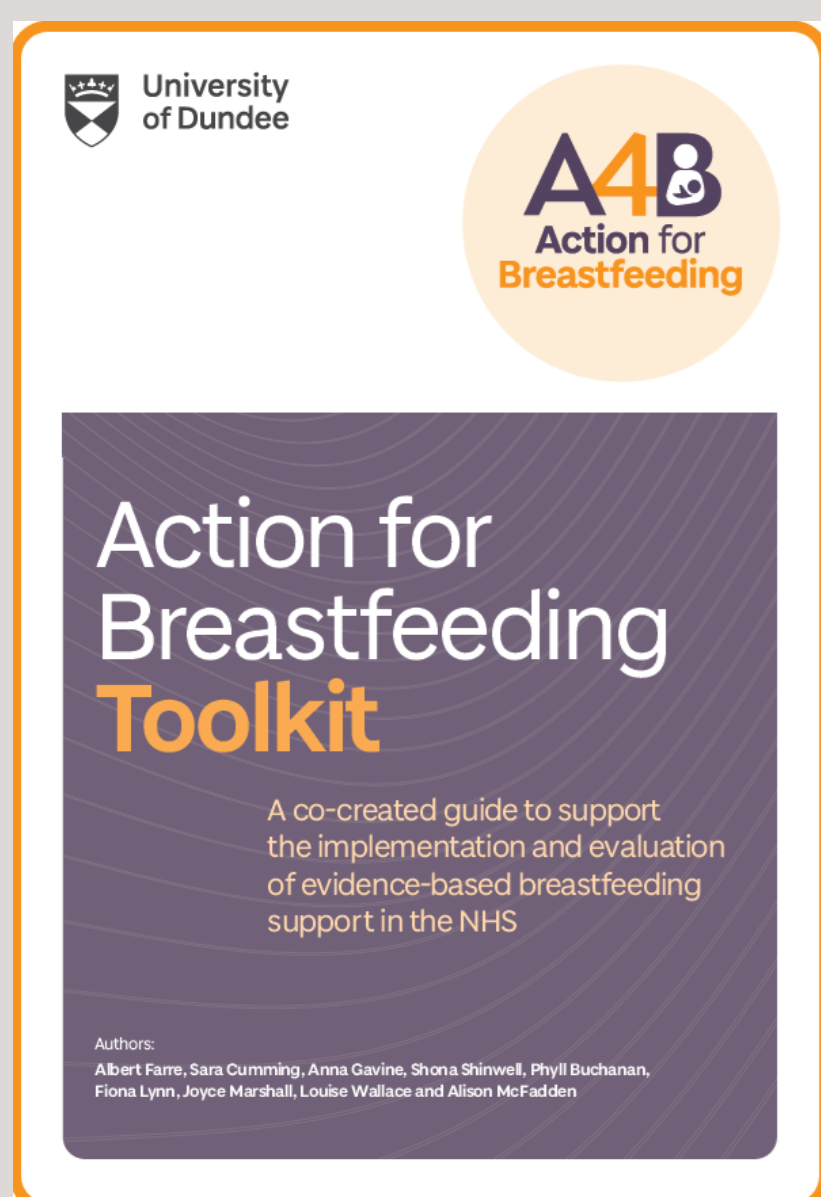
Alison McFadden¹ Albert Farre¹ Sara Cumming¹ Gillian McMillan² Kimberley Davidson²

¹ Mother, Infant and Child Research Unit (MIRU), University of Dundee; ² NHS Tayside

Development of the toolkit

The Action4Breastfeeding (A4B) toolkit:

- is based on the strongest evidence available for what works to support women to breastfeed (Gavine et al 2024)
- was developed through co-design activities with stakeholders, parents, NHS staff and third sector organisations, and a graphic artist
- Comprises 3 sections
 - Evidence based components for breastfeeding support (the A4B programme)
 - Recommendations for implementing the A4B programme at organisational and team levels
 - Practical considerations and suggested outcomes for evaluating the A4B programme



<https://sites.dundee.ac.uk/action-4-breastfeeding/>

Reference: Gavine et al (2024) Support for healthy breastfeeding mothers with healthy term babies. Cochrane Database of Systematic Reviews 2022, Issue 10. Art. No.: CD001141. DOI: 10.1002/14651858.CD001141.pub6.

The A4B Programme



1 Antenatal component

- One individual antenatal appointment, at least 30 minutes long.
- Focus of antenatal session will involve rapport building, education, and identifying any concerns regarding breastfeeding.



2 Postnatal component

- One individual visit, at least 30 minutes long, before discharge to community from hospital/midwife led unit, and at a similar timepoint for homebirths.
- One individual home visit, at least 30 minutes long, from the breastfeeding support worker within 48 hours of discharge to community.
- Focus of postnatal visits will involve checking latch, help with positioning and offering to observe a feed. Breastfeeding support workers will also provide encouragement, information and reassurance during visits. Women will be given the chance to ask questions and raise any concerns.



3 Follow-up component

- Following the initial three face-to-face contacts, support will now be provided remotely unless a face-to-face visit is required.
- Weeks 1 - 4:** Weekly proactive phone call from the breastfeeding support workers to offer support and answer any questions. Women can contact breastfeeding support workers as needed via phone or SMS as new issues arise.
- Months 2 - 3:** Monthly proactive phone call from breastfeeding support workers to offer support and answer any questions. Women can contact breastfeeding support workers as needed via phone or SMS as new issues arise.
- Months 3+:** Women can continue to access remote support (reactive) from the breastfeeding support workers as needed.



4 Signposting to community support (concurrent with steps 1-3)

- The breastfeeding support worker will signpost women to the local breastfeeding peer support group which may provide support via phone or social media (e.g. WhatsApp) and weekly face-to-face support groups.

Implementation and Evaluation

Examples of Organisational and Team Implementation Strategies

Deliver realistic, evidence-based information in multiple formats on how to deliver the A4B programme and why it is important.

Assign a key practitioner to raise awareness about the A4B programme to ensure a consistent message.

Create an Infant Feeding or Breastfeeding Support Team in every NHS organisation to lead the A4B programme, working collaboratively with multidisciplinary practitioners and lay supporters.

Audit programme and provide feedback to breastfeeding support workers/team and service users.

Provide emotional support and mentoring for breastfeeding support workers.

Facilitate and support integration with standard maternity care.

Recommendations for evaluation

Practical considerations for evaluation strategies

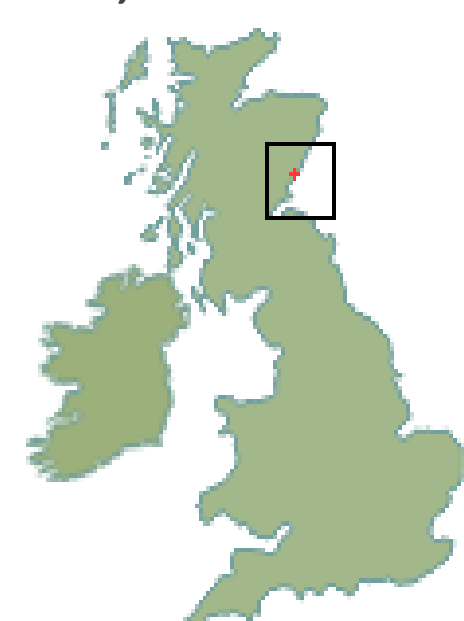
- Collect data early to capture those who cease to engage with the intervention.
- Gain feedback from those who declined the intervention.
- Use digital options for data collection.
- Collect data on participant characteristics.
- Consider using quality improvement approaches or comparative studies.

Recommended outcomes

- Parents' feeding expectations and goals met.
- Satisfaction with support and information received.
- Confidence after the intervention (self-efficacy).
- Views and experiences of intervention deliverers and recipients.
- Intervention fidelity.
- Breastfeeding rates - exclusive and any, with clear definitions and consider the following timepoints:
 - First feed within one hour after birth;
 - Discharge from hospital;
 - Six to eight weeks;
 - Six months;
 - Consider adding to above 10-12 days (discharge to health visitor), 3-4 months, 12 months.
- Number of infants admitted to hospital within the first 12 months.
- Reasons for stopping breastfeeding.

The A4B Arbroath Pilot

- The A4B programme was piloted in an area of socio-economic deprivation and low breastfeeding rates from October 2023-September 2024
- The project aimed to reduce attrition in breastfeeding at the first Health Visitor visit by 1% (was 18.10%)
- Scottish Government funding provided a part-time Breastfeeding Support Worker to deliver the support
- The Breastfeeding Support Worker was co-located with the midwifery team at the Arbroath Birthing Unit
- The A4B programme was adapted for the local context
 - Not all mothers and babies could be seen before discharge due to distance to the main maternity unit
 - The Breastfeeding Support Worker could attend the local peer support group
 - Mothers were seen regularly in the first 2 weeks, had pro-active calls at 3 weeks, 4 weeks, 2 months and 3 months
 - Included a Breastpump Loan Scheme - 6 breastpumps are available for Arbroath mothers



Pilot results

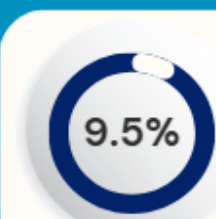
Who did we reach



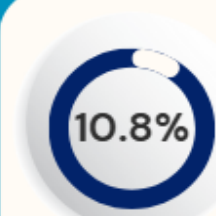
- 59% of women supported were from the 2 most deprived quartiles of the Scottish Index of Multiple Deprivation (SIMD)
- 17% of women supported were aged under 25 years

What was the impact?

Year One



Reduction in attrition by 9.51% at Health Visitor First Visit (attrition now 7.23%)



Reduction in attrition by 10.77% at Health Visitor 6-8 week visit. (attrition now 27.0%)

*Attrition means the number of women that stop breastfeeding.

Feedback from a mother

When he was born, I struggled with feeding and felt quite alone. The Breastfeeding Support Team was quick to get in touch to offer support. I met the BSW the same day and I will be forever thankful for the amazing experience she gave me.

Conclusions

- The A4B provides evidence-based recommendations on how to implement and evaluate breastfeeding support
- The toolkit is complementary to UNICEF-UK Baby Friendly Initiative standards
- Results from a pilot show promise that that the toolkit can support NHS teams and third sector organisations to improve breastfeeding support and increase breastfeeding rates in their local areas.
- We plan to evaluate the toolkit in NHS organisations - for further information or to express interest in participating in future research, contact **Albert Farre** (a.farre@dundee.ac.uk)

Acknowledgements

We thank all the parents, staff, stakeholders and our collaborators who took the time to contribute to the A4B study. We thank the women and staff who took part in the Arbroath pilot project.

We would also like to thank the Scottish Government for providing the funding for the Arbroath pilot.

The toolkit is based on independent research funded by the NIHR. The views and opinions expressed those of the authors and do not necessarily reflect those of the NHS, NIHR, HSDR or Department of Health and Social Care.

Collaborate for Impact funding from the University of Dundee supported development and design of the toolkit

Infant Feeding Videos: A Collaborative Approach

Bedfordshire and Luton Community Health Services and Family Hubs

Background

This project was developed under the Infant feeding strand of the Family Hub model in Bedfordshire and Luton, bringing together community services from across three local authorities in a collaborative pan-Beds approach. Our shared vision was to enhance infant feeding support by providing high quality, accessible and evidence-based information in video format.

Collaborative Partners

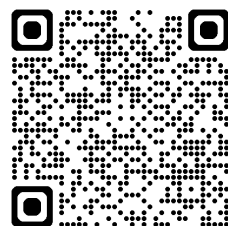
Families were at the heart of this process. A key priority was to hear the voice of the family, giving a glimpse of their lived experience and offering practical insights to other parents. Using social media and practitioner conversations ten families volunteered their time to the project.

To ensure high-quality, engaging content, we partnered with a creative filming company with experience working on productions for the BBC and Netflix. This helped us achieve a professional standard that we hoped would appeal to a broad audience. and help us extend our reach of the videos effectively.

Infant Feeding Support Videos



Our aim was for the content of the infant feeding support videos to feel organic and authentic, whilst also encompassing topics that we know prove challenging for families. To this end we gathered our volunteers into two focus groups where we posed a set of questions. Their responses were not scripted, allowing them to share their own stories and experiences as well as what they had wished they had known earlier. From these conversations themes emerged and our production crew then gathered additional content from home visits, as well as staff pieces 'to camera' to add context, evidence and signposting.



Scan to view Support Videos

"Being part of the breastfeeding videos was a great experience. Initially I was a bit nervous but soon felt at ease sitting with other mamas who were feeding their babies too. It was great to hear about their journeys."

Rose, Co-Production video participant

Production Process: Key Considerations



Relaunching and Reinvigorating #FreetoFeed

Our 'Free to Feed' project, encouraging local businesses and venues to pledge to be a place where breastfeeding families are openly welcomed began in 2019, just before we entered a global pandemic that would see hospitality businesses close for months on end. As a result we identified a need to refresh and reignite this campaign and worked to create three video resources to support this:

- A promotional video to introduce and promote the Free to Feed scheme across the county.
- A short training video aimed at local businesses, to help them understand the importance of being breastfeeding-friendly, and how this supports and impacts local families within the community.
- A video for families to support conversations about feeding out and about

Working with the production company we found filming venues that would be both visually engaging and varied in their appeal. Our local wildlife park, libraries, coffee shops and leisure centre providers were keen to be involved in the filming and have since sent staff on our Breastfeeding Awareness training, pledging their commitment to being part of a cultural shift in the local infant feeding landscape:

"As a leisure provider we see a large number of families attending our swimming pools and cafeterias. Following training we completely understand the importance of breastfeeding and want to provide spaces that allow mothers to feel welcome to feed. We are delighted to part of the FreeToFeed campaign." Aaron, Leisure Centre manager



Scan to view Promotional Video

Impact and Next Steps

The videos are hosted on both Bedford and Luton Family Hubs websites as well as that of Bedfordshire and Luton Community Services. They were launched on our social media platforms in April 2025 and both 0-19 and Family Hub staff signpost to them to support infant feeding conversations. We have recently recorded a further set of short videos to support our antenatal education offer and have plans to produce bespoke videos to support conversations with specific Health Inclusion Groups.



6766 Views



10976 Views

"The infant feeding videos are a great resource to be used with local families. Not only can they help tap into those more visual learners when you are offering support, but they can be watched again and again by families in their own time to reinforce the principles that help sustain feeding!" Lisa, Health Visitor and Practice Lead 0-19 Team

Infant Feeding and Emotional Wellbeing - A Joint Approach to Health Visitor Education

Lizzie Rolls, RN, SCPHN, IBCLC, Infant Feeding Specialist

Fiona James, RN, SCPHN, Specialist Health Visitor in Parent and Infant Mental Health

Gill McCavana, RN, IBCLC Infant feeding Specialist Lead

Vicky McKie, RN, SCPHN, Specialist Health Visitor in Parent and Infant Mental Health

Jane Richardson, RN, RM, SCPHN, IBCLC BFIqP Infant Feeding Specialist

What was the challenge?

The link between infant feeding and mental health is complex...

Mothers who meet their personal goals for breastfeeding duration have been shown to be at lower risk of postnatal depression, while mothers who plan to breastfeed but do not go on to do so are at higher risk.¹

Higher depression scores have been demonstrated in mothers who stop breastfeeding due to physical difficulty and pain, rather than personal choice.²

Supporting emotional wellbeing is integrated into the new Baby Friendly community standards.³

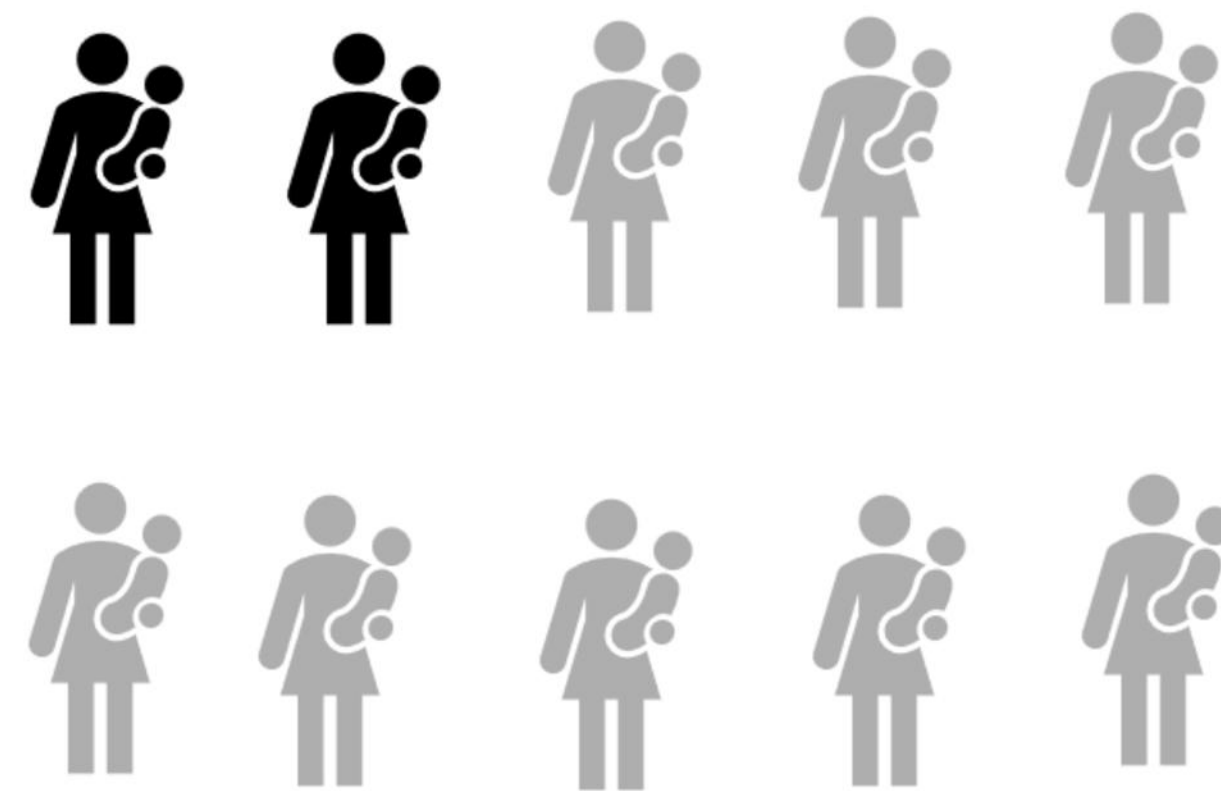


Scan the QR code for the new Baby Friendly Standards



Image credit: UNICEF Baby Friendly Initiative

In the U.K. 8 out of 10 women stop breastfeeding before they want to.⁴



What did we do?

The infant feeding specialist team worked with the specialist health visitors in perinatal and infant mental health to write and deliver a one-day training programme for health visitors.

"This year we have a new approach..."

We are bringing together Infant feeding and Perinatal and Infant Mental Health (PIMH), recognising these are often interlinked and the new Baby Friendly Standards have a focus on emotional wellbeing of parents. We will be focusing on relationships and connections."



Scan the QR code to download lesson plans



How did we do it? The session included taught content, group work and case studies

Examining the evidence

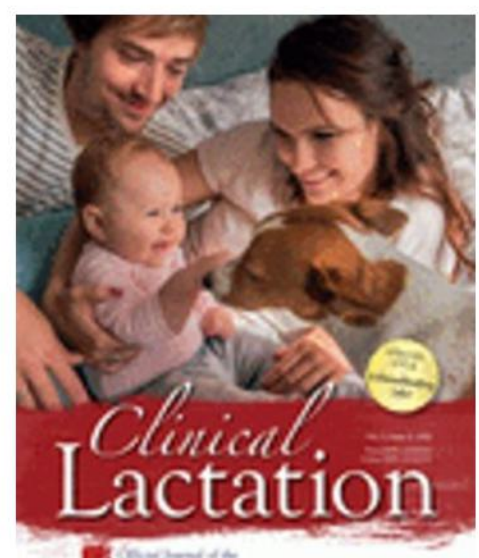


Image credit: Clinical Lactation, Vol 9 Issue 4, Springer Publishing.

Brown, A. (2018). *What Do Women Lose if They Are Prevented From Meeting Their Breastfeeding Goals?* Clinical Lactation, 9 (4), 200-207.⁵



Embedding into practice

Introducing the new Breastfeeding Assessment Tool which incorporates feeding goals.

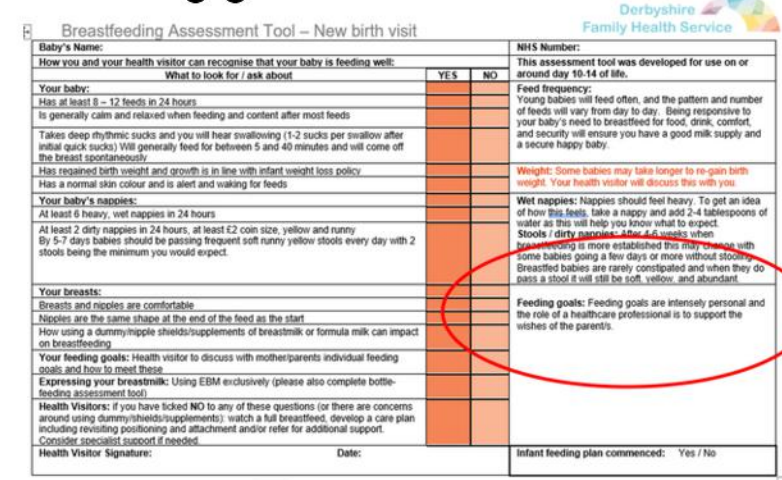


Image credit: Derbyshire Community Health Service.

Exploring barriers

Group Discussion

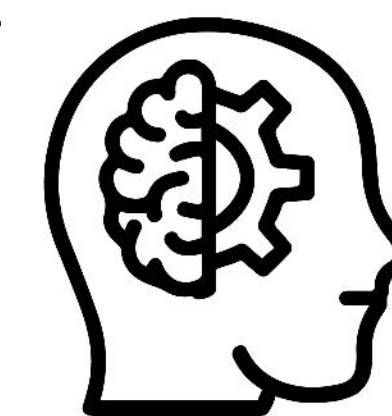
Activity: Quick 2 mins.

How do you feel when a baby is placed on the scales and hasn't gained weight, and you suspect that feeding isn't going well?



Equipping health visitors

The BRAIN acronym can be used to offer parents choices and make a joint plan.



Benefits
Risks
Alternatives
Intuition
Nothing

Case Study 1

Part 1

- 32 year old first time mother with a good understanding of the value of breastmilk and a strong desire to breastfeed
- Straightforward pregnancy but long, difficult labour resulting in C-section
- No antenatal contact with HV team
- Delay with receiving early contact from breastfeeding peer supporters
- HV contact at 14 days post delivery, experiencing nipple pain and introduced some formula top ups.

Part 2

- 6 week visit - has stopped breastfeeding and moved to formula
- Very tearful when discussing feeding, expressing feelings of guilt and failure
- Avoiding social situations so she does not encounter breastfeeding babies.

Breastfeeding skills update

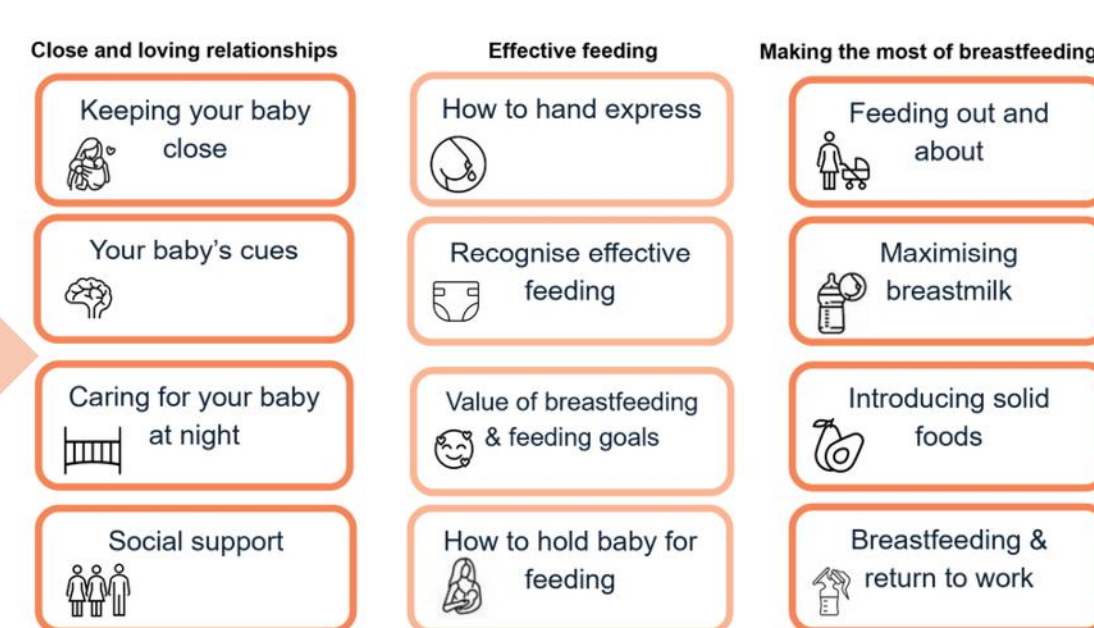


Image credit: Derbyshire Community Health Service

The Institute of Health Visiting Emotional Wellbeing visits programme is an evidenced-based assessment and intervention framework to underpin the support health visitors offer to families in the postnatal period.⁶

Applying the Emotional Wellbeing Visits Programme



Case Study 2

Part 1

- Late preterm baby
- Discharged home from NICU at 15 days old
- Formula feeding, ready to feed formula on a 4 hourly routine
- Unsettled baby, vomiting after feeds.

Responsive bottle feeding and safe preparation

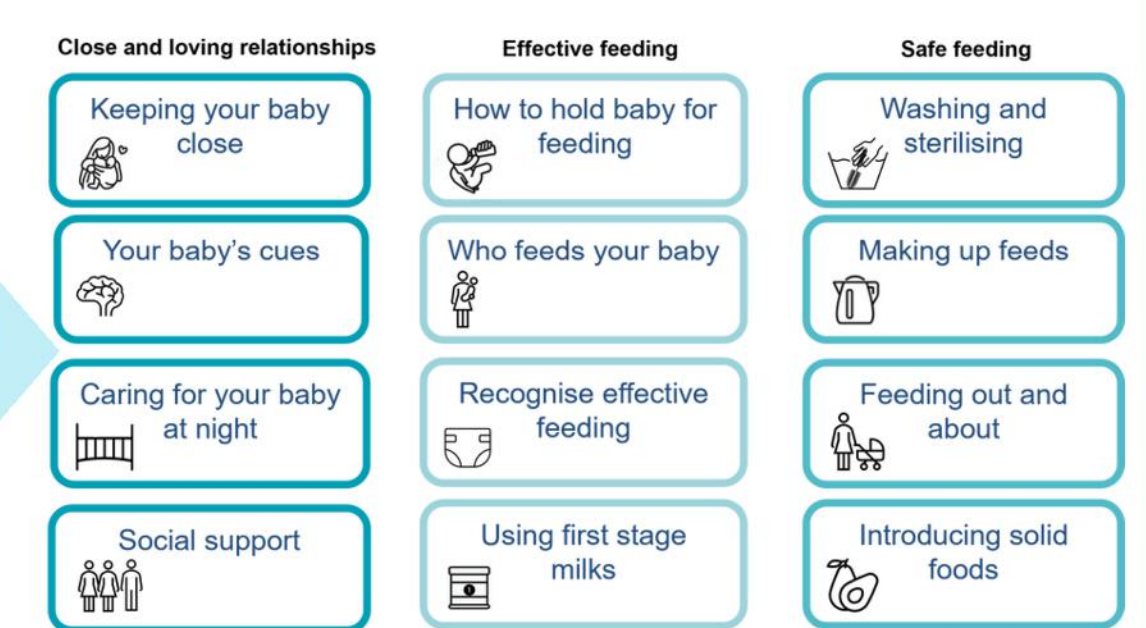


Image credit: Derbyshire Community Health Service

The Newborn Behavioural Observations (NBO) system is a tool designed to help parents and practitioners share together the fascinating uniqueness of a baby, through observing their behaviour, which is their language.⁷

Part 2

- 6 week visit - crying when not held by parents
- Continues to be fed 4 hourly but appears hungry between feeds.
- Parents struggling to understand why baby no longer feeds then sleeps for long periods.

Supporting the parent infant relationship



Did it work?

Feedback was collected at the end of the session via MS Forms.

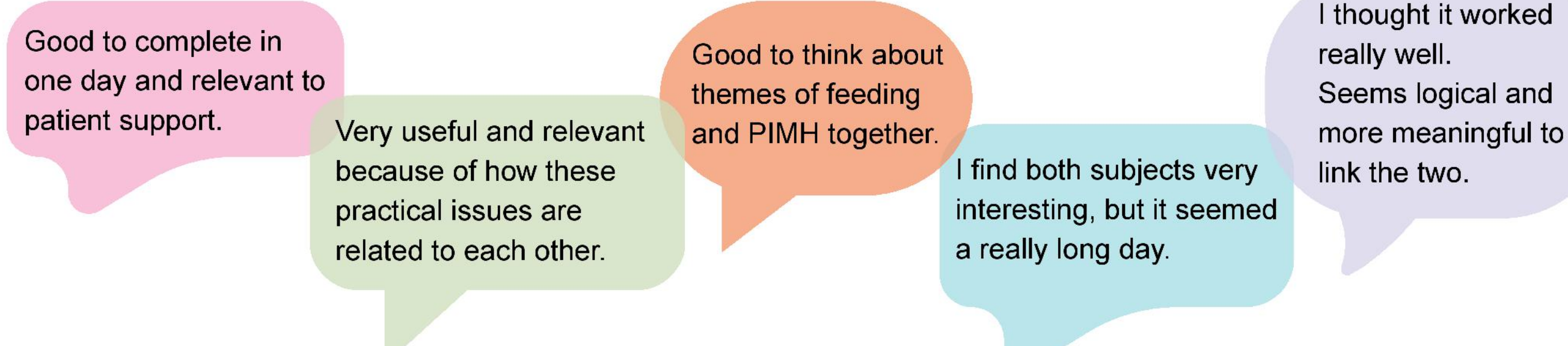
As a result of this session do you feel better equipped?



Was the session easy to follow?



What did you think about the combined approach between PIMH and Infant Feeding?



Anecdotally the Infant feeding specialist team have observed that there has been an increase in feeding goals and the emotional impact of feeding challenges documented in clinical records.

What's next?

- Audit of feeding goal discussions and the emotional impact of feeding challenges will be incorporated into the next cycle of mothers audits.
- The SystmOne clinical records infant feeding template will be updated to include sections on feeding goals and emotional wellbeing linked to feeding. Read codes will allow audit of the data entered.
- Further joint update sessions with the perinatal and infant mental health team are planned for 2026.

References

- Borra C, Iacovou M, Sevilla A. New Evidence on Breastfeeding and Postpartum Depression: The Importance of Understanding Women's Intentions. Maternal and Child Health Journal. 2014;19(4):897-907.
- Brown A, Rance J, Bennett P. Understanding the relationship between breastfeeding and postnatal depression: the role of pain and physical difficulties. Journal of Advanced Nursing. 2015;72(2):273-282.
- McAndrew, Fiona, Jane Thompson, Lydia Fellows, Alice Large, Mark Speed, Mary J. Renfrew, Health and Social Care Information Centre, and IFF Research. 2012. "Infant Feeding Survey 2010." Edited by Paul Eastwood. Infant Feeding Survey 2010. <https://files.digital.nhs.uk/publicationimport/pub08xxx/pub08694/infant-feeding-survey-2010-consolidated-report.pdf>.
- Unicef UK. 2024. "Guide to the Baby Friendly Initiative Standards - Baby Friendly Initiative." Baby Friendly Initiative. July 16, 2024. <https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/guide-to-the-standards/>
- Brown, Amy. (2018). What Do Women Lose if They Are Prevented From Meeting Their Breastfeeding Goals?. Clinical Lactation. 9. 200-207. 10.1891/2158-0782.9.4.200.
- IHV. 2025. "Emotional Wellbeing Visits Programme - IHV." IHV - Promoting Excellence in Health Visiting Practice to Benefit All Children, Families and Communities. January 17, 2025. <https://ihv.org.uk/training-and-events/training-programme/emotional-wellbeing-visits-programme/>
- Newborn Behavioural Observations (NBO) - Brazelton Centre UK." n.d. <https://www.brazelton.co.uk/training/nbo/>

Image credits - Unless credited below the image all other images are Stock graphics from Canva. All links shared with Author's permission.

To discuss use of the lesson plan and presentation or any questions, please email: DCHST.Breastfeeding-SpecialistReferrals@nhs.net

An Emergency Infant Feeding Pathway

Supporting families with young babies in food poverty
A collaborative approach across two local authorities in Northamptonshire

BACKGROUND

Northamptonshire has had an Emergency Infant Feeding (EIF) pathway for 2 years - since 2023. This has been jointly driven by the Public Health teams in both local authorities and the Infant Feeding Leads (IFLs) within the Health Visiting Service.

The pathway's main purpose is to ensure that families in food crisis, with infants under 12 months of age, can access timely and safe access to formula milk if this is required.

Alongside this, the pathway ensures breastfeeding is protected and families have access to evidence-based feeding advice and additional support to alleviate the financial crisis.

AIMS OF THE POSTER

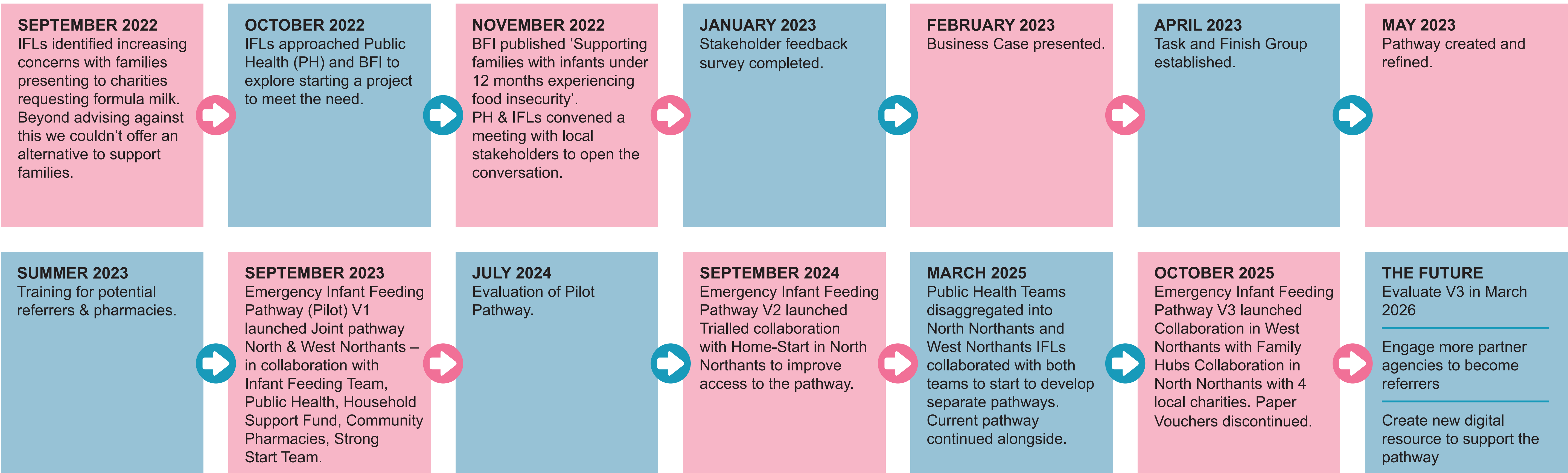
1. Highlight how collaborative approaches can drive positive change.
2. Demonstrate use of BFI guidance to shape practice.
3. Present case studies and key reflections.
4. Share helpful tips and lessons learned.
5. Emphasise the importance of involving infant feeding specialists in joint working to support families.

ACKNOWLEDGEMENTS

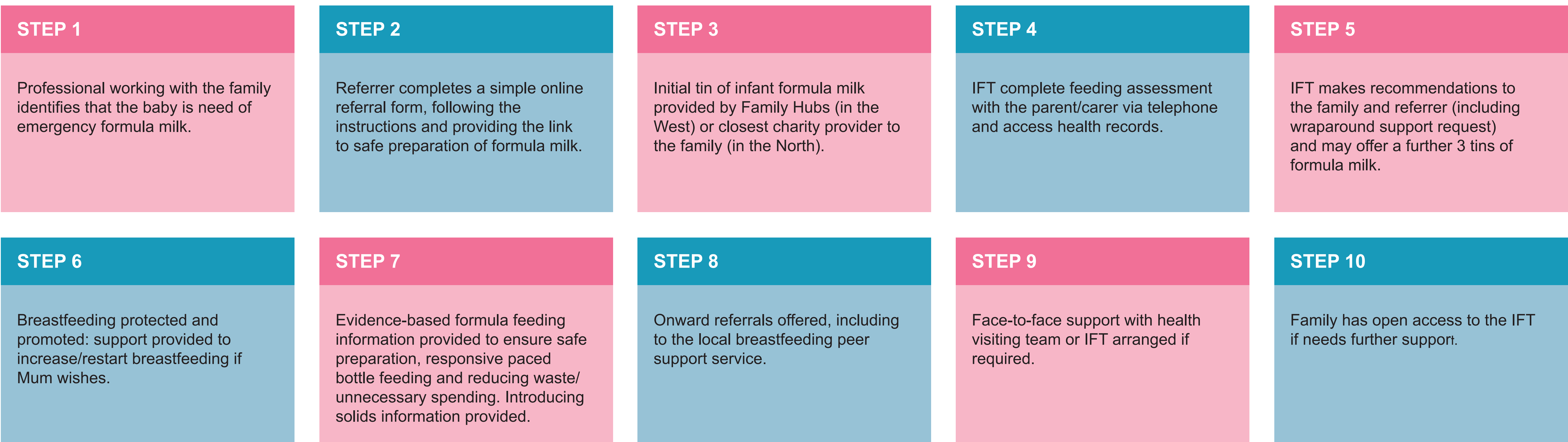
Acknowledgements:
The authors would like to thank North Northants and West Northants Councils, especially the Public Health & Household Support Fund Teams & Family Hubs; Milk&You Peer Support Service; the community pharmacies who participated in the scheme; Baby Basics Northamptonshire & Home-Start Kettering for their support.

Authors:
Katy Coles & Emma Goulding
Infant Feeding Leads (IFLs)
NHFT Infant Feeding Team

THE JOURNEY TO AN EMBEDDED EIF PATHWAY



THE PROCESS / STEPS 1-10



Infant Feeding Team Role

Clinical lead.
Ensure BFI guidance is adhered to.
Co-facilitate training.
Complete feeding assessment.
Provide feedback to referrer.
Make onward referrals.
Provide direct infant feeding support.
Protect breastfeeding.
Provide supervision for stakeholders and referrers.

Referral Reasons

No recourse to public funds (NRPF).
Relationship breakdown.
Domestic abuse.
Housing difficulties.
Benefit sanctions.
Unexpected household expenses.

Family Feedback

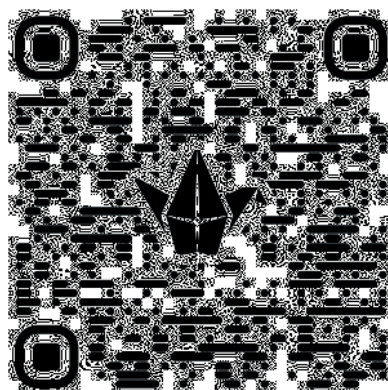
Prefer to choose brand of milk.
Prefer digital voucher vs paper voucher.
Pharmacies were difficult to access.
Grateful for support.
Some felt shame or embarrassment .
Worried of charges (NRPF families).

Challenges

Initial resistance from some stakeholders.
Difficult to quantify the need (and cost).
Getting the right people around the table.
Many families are already known to targeted services.
Managing repeat referrals.
Professionals misplacing paper vouchers.
Disaggregation of local authorities .
Resource constraints
Ensuring partners adhere to all elements of the WHO Code.
How to reach underserved families.

Positive outcomes

81 families supported.
Families and professionals report that they value the support.
Improved working relationships with our partners.
Increased visibility of Infant Feeding Leads within the system.
Positive opportunity to educate partners on harmful marketing practices; why the WHO Code is important and the value of breastfeeding.



Increasing access to social parenting groups for an underserved group

Author:

Vicky Wilkinson – Breastfeeding Strategic Lead
Vicky.wilkinson6@nhs.net

THE PROBLEM

Breastfeeding Drop-in groups were established in Rotherham in 2021. They are well attended but the majority of attendees are from a white British demographic which is mirrored across other parenting support initiatives. 15.5% of the Rotherham population identify as Asian or Asian British and whilst the majority of mothers in this demographic initiate breastfeeding there is a tendency to mixed feeding with formula milk. Changing this culture in this ethnic group requires a targeted initiative that provides peer and social support in addition to clinical support.

Working with our bilingual nursery nurse we explored the barriers to attendance for these mothers to identify ways to increase the acceptability and accessibility to groups.

Barriers to accessing existing groups

- Groups not held in 'trusted' venue
- Not in the habit of accessing social parenting groups
- Lack of confidence
- Lack of diversity in staff running groups
- No Urdu/Punjabi speaking staff

WHAT WE DID

- Established a targeted fortnightly group for Asian and Asian British mothers
- Group was held in the community room of a local mosque
- Flyer advertising group and dates with inclusive imagery
- Staffed by breastfeeding support specialist and bilingual nursery nurse
- WhatsApp group established that supported attendance
- The group developed into a mother, baby and toddler group in response to feedback
- Invited external speakers from our service and external agencies

OUTCOMES

- Venue and staff trusted by the community
- Good attendance figures
- Engagement in discussions on public health and parenting issues
- Participation in surveys by Rotherham MNVP and PHIRST Light (Public Health Intervention Responsive Studies Team)
- Fun mother/child learning activities introduced and welcomed
- Improved school readiness of children attending the group
- Robust partnership with Grimm & Co (children's literacy charity)
- Mothers have been supported to access other local groups (Grimm & Co, Clifton Park)
- Deeper understanding of the community by group facilitators
- 4 mothers recruited as Breastfeeding Peer Support Volunteers
- NHS Trust Diversity & Inclusion Proud Award 2025

"We love coming to this group. The staff are very nice and friendly. My child has mixed well and started to play and share with others."

"Motherhood can be very isolating especially in our community where some mums aren't able to get out much, but this group ensures that we always have someone to talk to."

"It gives me space to relax, meet friends and their children. Ask for any advice or just speak to other mums about maternal experiences. We enjoyed the visitors and the activities."



Messy play



Sensory play



Rice play



Breastfeeding Peer Support Volunteers



Painting



Picnic in the park





PLEASE FOLLOW MY CUE, AYE?



CLINICAL APPLICATION OF CUE BASED FEEDING SCORES WITHIN THE BADGERNET ELECTRONIC PATIENT RECORD

LORNA MCKERRACHER & HAYLEY MCDONALD
NEONATAL UNIT, NINEWELLS HOSPITAL & MEDICAL SCHOOL, DUNDEE, SCOTLAND.



BACKGROUND

- Cue based feeding (CBF) is increasingly recognised as a feasible intervention within neonatal units
- Assists sick or preterm babies in the transition from nasogastric tube feeding to direct breastfeeding or responsive bottle feeding

OBJECTIVE

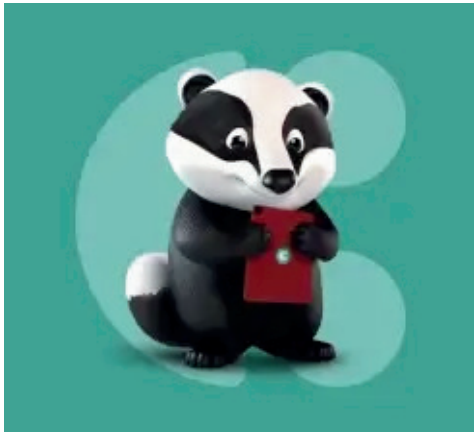
Following successful implementation of a cue-based feeding approach through a previous QI project in the Ninewells NICU in 2022-2023 our aim was to integrate the CBF scores within the BadgerNet Neonatal Electronic Patient Record (EPR).

METHODS

Through Neonatal Team MDT focus groups, collaboration and co-design with BadgerNet, a change request was submitted to enable staff to document CBF scores within the EPR at every feeding opportunity.

RESULTS

In June 2024, Version 66 of BadgerNet Neonatal updates was released, allowing recording of cue base feeding scores within the full EPR.



BadgerNet Neonatal, System C

HOW TO RECORD CUE BASED FEEDING SCORES

1

Drugs, Lines, Devices
Fluids and Feeding
Obs / Monitoring

2

Enteral

3

Update feeds

4

Did You Know?
You can view CBF scores in the enteral feeding summary page 5 OR as a trend over time through the SCORING tab. 6

5

Breastfeeding	
Note	few licks
Feeding method - Nasogastric	
Mother's breast milk volume	40.0
Feed summary	
Feeding cue score	2 - I am n...
Feed given	Mothers f...

6

Scoring

Feeding Cues

2

1 hours ago
15 Jul 24

Values

10
5
0

12. Jul
13. Jul
14. Jul

I am 34+ 6 weeks corrected. My mummy and I are learning how to breastfeed. You can see my cue based feeding scores are still really up and down just now. Although at times I am a bit more awake, because I'm now using more energy to get my milk I get tired easily and sometimes need a tube feed!

CONCLUSION

All UK neonatal units with full BadgerNet Neonatal EPR can now enter CBF scores, providing clinicians with additional insight into babies' feeding readiness. This information can help inform discussions with parents about development of oral feeding skills; safe timing of nasogastric tube removal and family-centred discharge planning.

REFERENCES

- McFadden A, Fitzpatrick B, Shinwell S, Tosh K, Donnan P, Wallace LM, Johnson E, MacGillivray S, Gavine A, Farre A, Mactier H. Cue-based versus scheduled feeding for preterm infants transitioning from tube to oral feeding: the Cubs mixed-methods feasibility study. Health Technol Assess. 2021 Dec;25(74):1-146.
- Tesi Thomas, Rebecca Goodman, Ani Jacob, Deborah Grabher. Implementation of Cue-Based Feeding to Improve Preterm Infant Feeding Outcomes and Promote Parents' Involvement. Journal of Obstetric, Gynecologic & Neonatal Nursing. 2021, 50, (3): 328-339.
- L. McKerracher, C. Leong, K. Nicallen-Roeder, E. Gray, M.White, J. Nokes, J. Duncan, S. Chouman, L.Shaw, A. Wright. (2023, 19th-21st April) Please Follow My Cue, Aye? A Responsive Feeding QI Project. (oral presentation) Maternal and Infant Nutrition and Nurture Conference, Lake District, UK

The National Breastfeeding Helpline: Providing Breastfeeding Peer Support During The Night

Beth Harrison-Little
and Hester Schofield,
The Breastfeeding Network,
NBHServices@breastfeedingnetwork.org.uk



Introduction

- The National Breastfeeding Helpline (NBH) is a telephone helpline offering peer support to breastfeeding mothers and families. It is run by the Breastfeeding Network in partnership with the Association of Breastfeeding Mothers.
- Previously running from 9.30am to 9.30pm, it was recognised that breastfeeding and infant feeding concerns occur 24 hours a day.
- In March 2024, a pilot project titled NBH@Night was launched with funding from The Office for Health Improvement and Disparities to explore the feasibility and uptake of night-time breastfeeding support.



Method

- The NBH@Night service was established with a team of level three qualified peer supporters, running from 9.30pm to 9.30am every day of the year.
- Throughout the project, data was gathered through call records on how and why callers accessed the service.
- An independent evaluation including caller satisfaction survey by QA Research, concluding in February 2025, showed clear demand for and satisfaction with the service.



Results

- 99% of callers surveyed described the availability of overnight support as extremely helpful.
- 98% of callers surveyed were satisfied or extremely satisfied with the support received.
- Nearly one quarter of callers surveyed were from the most deprived communities.
- Nearly one third of callers identified as having ethnic minority backgrounds.

One third
of callers have
contacted us on
more than one
occasion

Over **4 in 10**
NBH@Night callers
have babies under
15 days old

82% of
NBH@Night callers are
looking for support
from an independent,
trained person
with experience of
infant feeding

93% of
NBH@Night callers
reported that
they felt less
distressed/anxious
by the end of the
call

Quotes from
NBH@Night callers,
Caller Satisfaction
Survey 2025

I am exhausted in the evenings and so being able to sit in a chair and call the helpline and talk about breastfeeding issues is like a magic button. Just having someone there to listen - they are EXCELLENT at listening! You cannot put a price on their most excellent service.

I felt seen and validated by my experience. When sent through information, it was specific to my ethnicity which truly truly made the difference. She explained clearly what the cause was and advice on self care, all without jargon.

Supporting others in complex and distressing situations can be challenging, but BfN has a wide variety of support and supervision alongside a robust network of signposts and resources. I'm supported to develop my skills and confidence and provide the best possible experience to our callers.

Hannah, NBH@Night team

Conclusion and looking forward

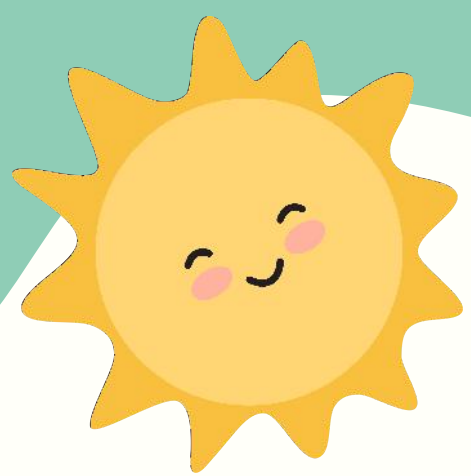
- NBH@Night functions well and is well received by both service users and peer supporters. Repeat callers show trust in the service.
- The project has been granted funding to extend into 2025/26 with increased capacity including overnight support via social media channels.
- With overnight calls lasting longer on average than those in the daytime, the increased capacity is welcomed to enable the team to support even more callers and social media chatters overnight.



24 hours a day, 7 days a week, 365 days a year.

The National Breastfeeding Helpline is provided by the Breastfeeding Network (a registered Charity regulated by the Scottish Charity Regulator (OSCR), Scottish Charity number SC027007) and the Association of Breastfeeding Mothers (registered charity in England and Wales no. 280537) and is funded by the Department for Health and Social Care and The Scottish Government. The Breastfeeding Network is a Company Limited by Guarantee Registered in Scotland Company Number 330639.





FEEDING THE FUTURE:

DO ENVIRONMENTAL CONCERNS INFLUENCE INFANT FEEDING DECISIONS?



By Ernestine Gheyoh Ndzi; Darcy Neilson; Olalekan Adekola; Sally Goodwin-Mills

1. BACKGROUND INFO:

Globally, only **44%** of infants **under 6-months** are **exclusively breastfed** [1]

Meanwhile, sales of **formula** continue to **rise** [2]

Attention to how **infant feeding** affects the **climate** remains **limited** [3]

5. KEY FINDINGS



58% planned to **breastfeed** (postnatally, 39% breastfed exclusive, 33% mixed, 25.1% used formula only)

The most commonly cited **reason** for introducing **formula** = **low supply/hungry baby**).

2. FORMULA VS. BREASTFEEDING:

Breastfeeding is a unique, **sustainable** food system: personalised nutrition in a **package-free** format [2]

Feeding an infant exclusively on **formula** for **6-months** emits **200 kg of CO₂e** [4]

Producing, packaging, transporting, and preparing **1kg** of powdered **formula** emits **11-14 kg of emissions** [4]

4 in 5

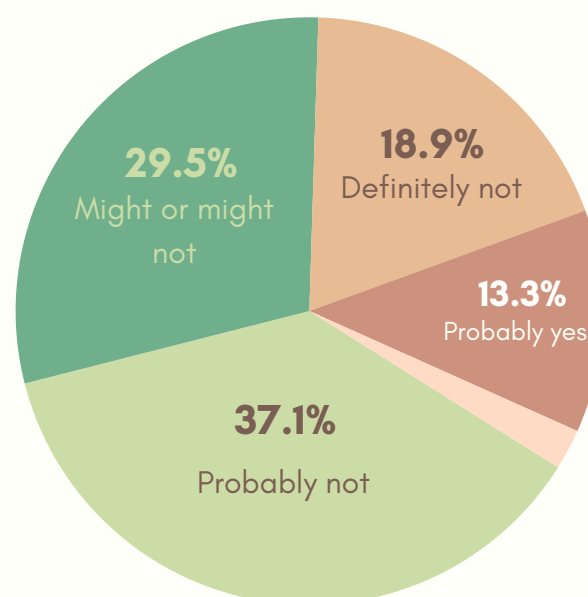


were **initially unaware** of the **environmental impact** of **formula**.

79% received info on infant feeding before birth → but only **8%** heard about **environmental impacts**

3. RESEARCH QUESTION:

To what extent does **knowing** about the **climate impact** of **infant feeding** influence how expectant parents plan to **feed** their baby?



Most parents said receiving **environmental info** would **not** change their feeding decision; only **1.2%** said it **definitely** would.

When prompted, most could identify at least one impact associated with formula use (mainly **plastic waste**).



4. METHODS

Online survey (1046 respondents)



64.8% (680) **mothers**
34.7% (364) were **fathers/same sex parents**

6. CONCLUSIONS

1

Parents prioritise **infant/maternal health** and convenience over climate concerns; information alone won't shift feeding choices.

2

Supporting **eco-friendly feeding** needs structural solutions (e.g., **paid leave**, regulation of **formula marketing**), not just awareness campaigns.

Protecting families living in temporary accommodation from the harmful impact of marketing by commercial milk formula companies

The expected project outcome: *For displaced refugee or asylum seeking families and babies to be protected from the harmful effects of formula marketing in all community areas where they receive support. For them to be able to receive evidenced based information and support with responsive feeding and parenting both antenatally and postnatally.*



Families living in temporary accommodation in the UK face multiple challenges such as barriers to accessing public health services and health care, limited or no access to public funds, limited physical resources and the harmful impact of marketing by commercial milk formula companies.

In addition to this, in our local temporary accommodation facility, “The Hotel”, staff were unaware of the WHO Code, and the UNICEF BFI standards, which resulted in milk formula being visible in the reception/foyer area. This could undermine breastfeeding promotion, create confusion about feeding options, and influence parental choices through the endorsement of a particular (expensive) brand, available in stages 1, 2, 3 and 4, which is in conflict with the evidence base.

The infant feeding team and fellow health professionals felt that keeping formula out of sight helps maintain a supportive environment for breastfeeding and reduces unnecessary formula dependency among parents.

Health professional with knowledge of WHO Code visited The Hotel and identified milk formula was visible in the foyer/reception area, They escalated this to the infant feeding team responsible for implementing Baby Friendly Standards in the community.

Infant feeding team discussed with the BFI Guardian who quickly responded by engaging key public health colleagues.

Key priorities identified:

Formula stored in a place that is accessible but not visible in communal areas.

Evidence based practice informed procurement of first stage formula only.

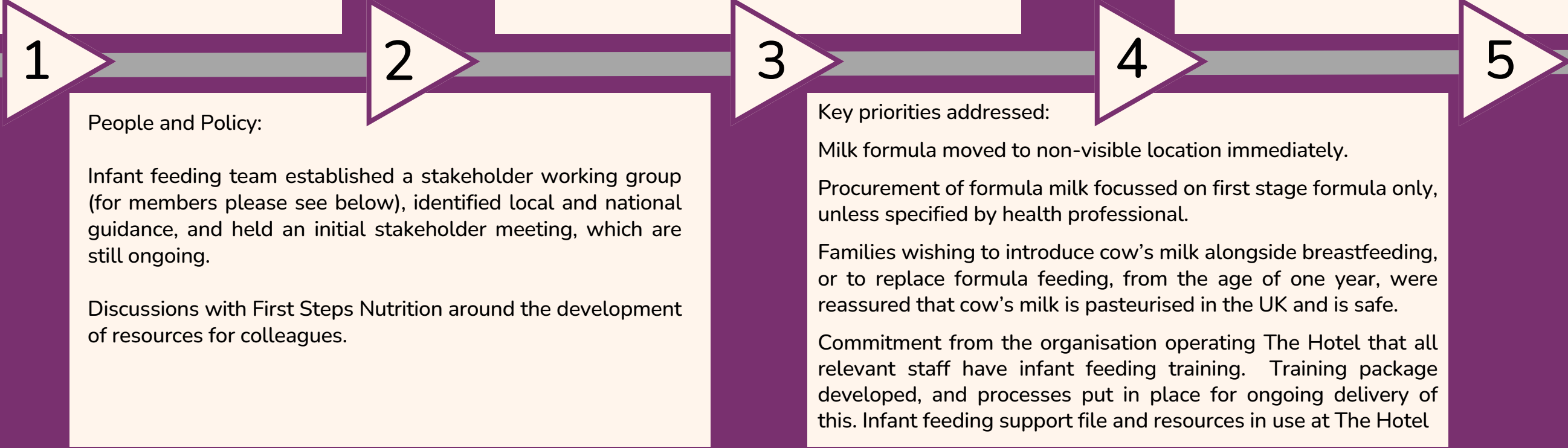
The knowledge and skills of the Hotel staff & the role they play in creating a culture that protects optimal infant feeding.

Measuring outcomes:

Training evaluations from staff.

Visual observations of hotel environment and implementation of the WHO Code.

Informal conversations with families accommodated in The Hotel around their feeding “choices”, linking in with the MNVP for further consultation.



Stakeholders



Hotel staff, Serco staff, Health Visitors, Midwives, Infant Feeding Team, locally commissioned NCT infant feeding peer support, First Steps Nutrition, Child and Family Wellbeing Service, Refugee Resettlement Partnerships Officer (Lancashire County Council), Health and Asylum Lead (Lancashire County Council), Red Cross, local churches, baby banks, food banks, Maternal and Neonatal Voices Partnership, BFI Guardian, Lancashire and South Cumbria ICB.



What's next?

- Ongoing delivery of staff training until all staff have completed training.
- Train the trainer model to ensure sustainability and timely access for new colleagues, as well as cascading the training more widely within the organisation to colleagues in procurement etc.
- Wider consultation and co-production with families and communities to gain better understanding of feeding practices and support needs.
- To consider representative peer support models.
- To establish a means of collecting data to better understand breastfeeding rates within population group.
- To consider scope to extend work to families living in private accommodation with no recourse to public funding.
- Step outside of the role of “health care professional”, develop graphic design skills, present poster at a conference.....!!

