POLICY PAPER:

INFANT FEEDING EDUCATION IN ENGLAND

The UNICEF UK Baby Friendly Initiative

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United Kingdom Committee for UNICEF (UNICEF UK),
Registered Charity No. 1072612 (England & Wales), SC043677 (Scotland).
1 Westfield Ave, London E20 1HZ.

The Baby Friendly Initiative
UNITED KINGDOM
unicef

Executive summary

A skilled and knowledgeable infant feeding workforce matters for the protection of maternal and child rights and the reduction of health inequity.

How babies are fed has a significant influence on both infant and maternal health and wellbeing, with lasting consequences across the life course. Given the well-established benefits of breastfeeding for both maternal and child health, supporting breastfeeding is recognised internationally as an important public health objective.

The World Health Organization (WHO) recommends that breastfeeding is initiated within one hour of birth, continuing exclusively for the first six months of life and then alongside the introduction of solid food for two years, or as long as desired[1].

Challenges to breastfeeding can be wide-ranging and complex, and 72% of mothers in England who stopped before six months said they wanted to breastfeed for longer[2]. Not meeting breastfeeding goals can also impact mental health and emotional wellbeing[3]. Healthcare professionals therefore require role-relevant skills and knowledge to provide timely, effective infant feeding support or to refer families for specialist care where needed.

This paper calls for:

- A coordinated and adequately resourced national approach to infant feeding education for the healthcare workforce
- The integration of role-relevant lactation and infant feeding knowledge and skills into higher education programmes for all healthcare professionals who support families in the perinatal period
- Equitable access to specialist clinical lactation training for infant feeding specialists and practitioners
- Clear career development and progression pathways for the infant feeding workforce.

Introduction

Breastfeeding is recognised as a human rights issue for mothers and babies[4]. Every baby has the right to the highest attainable standard of health, and every family should receive compassionate, evidence-based support to feed their child. Achieving this requires a skilled and knowledgeable workforce to provide support for both routine and complex infant feeding challenges.

Role relevant, evidence-based education would support care to be more holistic and to consider the nutritional and emotional impact of infant feeding decisions. Yet, gaps remain in the education of healthcare professionals around lactation and infant feeding[5], alongside a broader erosion of cultural knowledge as breastfeeding rates have been historically low.

Families therefore often draw on support from a range of sources, primarily health services, peer support networks and the voluntary sector. Services such as the National Breastfeeding Helpline, provided by the voluntary sector, play an important role in supporting families and communities.

Because lactation support is not widely recognised as a specialism within healthcare, many skilled breastfeeding counsellors and International Board-Certified Lactation Consultants (IBCLC) self-fund their education and offer support either voluntarily or through private practice, resulting in inequitable access to essential care. Nonetheless, some practitioners have secured roles within public services, helping to bridge gaps and integrate breastfeeding support more effectively into universal healthcare services.

The field of infant feeding has faced longstanding challenges, including underinvestment in training and research, as well as the wider influence of commercial milk formula marketing, which can shape both public understanding of infant feeding and the policy environment[6].

Where national leadership and investment have been directed in specialist services, e.g. perinatal mental health, we have seen positive, measurable improvements in outcomes for babies, their mothers and families. These services have benefitted from government leadership, cross-sector coordination, policy attention and dedicated funding.

The same ambition must now be applied to infant feeding to reduce the inequity of access to timely, effective support for families.

Infant feeding policy context in England

The Best Start Family Hubs and Healthy Babies: Guidance for Local Authorities (2025–2029)[7] sets out expectations for delivering integrated early years services in England, including the Healthy Babies offer. The guidance identifies infant feeding as one of the core elements of the Healthy Babies programme. It specifies that *all* Local Authorities should ensure families receive consistent, evidence-based infant feeding advice and support.

In addition, Local Authorities which receive national Healthy Babies funding are expected to strengthen their infant feeding offer, including through workforce development. This aims to support improvements in health and development outcomes by ensuring that *all* families can access timely, consistent and evidence-informed information and support for infant feeding from pregnancy through to the early years.

Local Authorities that receive Healthy Babies funding must ensure that families have access to a variety of infant feeding support options, including one-to-one support, outreach sessions, targeted services for families less likely to breastfeed, and peer support.

Although the guidance emphasises the need for a skilled, multi-agency workforce to deliver integrated services, **there is no nationally responsible role for establishing competency frameworks or mandated training requirements.**

Training and workforce development are expected to be locally determined, but this is difficult to achieve without any national framework to guide infant feeding education or an agreed national governance structure.

Moreover, only 50% of upper tier Local Authorities in England receive national funding to deliver Healthy Babies services (formerly 'Start for Life'), exacerbating inconsistent and unequal support between areas. In addition, the distribution of this funding does not appear to have taken into account existing infant feeding infrastructure and capabilities, including areas already implementing the UNICEF UK Baby Friendly Initiative standards, which may have resulted in missed opportunities to build on existing local progress.

The UNICEF UK Baby Friendly Initiative

Introduced to the UK in 1994, the UK Committee for UNICEF (UNICEF UK) Baby Friendly Initiative has been pivotal in raising standards of care and shifting culture and practice within public services in relation to infant feeding and parent/primary caregiver-infant relationships.

At its core, the UNICEF UK Baby Friendly Initiative programme aims to drive system-wide transformation, embedding sustainable change by equipping services to lead their own development. This model fosters professional leadership, builds local capacity, and ensures that infant feeding support is integrated into the fabric of care, not treated as an add-on.

To support implementation of the Baby Friendly standards, UNICEF UK Baby Friendly Initiative training courses help to establish a minimum level of knowledge and skills across services. A 'Train the Trainer' model empowers infant feeding leads to deliver role-relevant training to staff, equipping them with the skills and confidence needed to uphold the Baby Friendly standards and support parents and primary caregivers in achieving their feeding goals. The implementation of the Baby Friendly standards has also contributed to the creation of specialised infant feeding roles within health services.

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Two-month-old Edward and mother Kimberley enjoy a special moment of breastfeeding at Bedfordshire and Luton Community Services.

A recent review of the evidence underpinning the Baby Friendly standards reinforced the value of skilled infant feeding roles in enabling parents to meet their breastfeeding goals. In the parent impact qualitative study findings[8], one mother described how access to skilled support helped prevent breastfeeding from ending earlier than intended:

"I can easily say that I wouldn't still be feeding him without the support of the infant feeding team." – Mother, 2026 review of the Baby Friendly standards

To further strengthen leadership capacity, the UNICEF UK Baby Friendly Initiative Leader of Change qualification was developed to support infant feeding leadership, quality improvement and advocacy. Such leadership is critical to ensuring breastfeeding is recognised as an important contributor to public health, while also championing the workforce development needed to sustain and strengthen infant feeding support. Embedding infant feeding education within broader health service leadership qualifications could further strengthen this aim.

More widely, peer learning and the sharing of best practice have been enabled through national and regional networks such as the National Infant Feeding Network in England and Northern Ireland (NIFN), for which the UNICEF UK Baby Friendly Initiative provides secretariat support, alongside the Wales Infant Feeding Network (WIFN), and the Scotland Infant Feeding Network (SIFAN). These networks have become essential in supporting the infant feeding workforce, particularly in the absence of a recognised professional body.

Overview of the infant feeding workforce

The infant feeding workforce comprises a range of specialist and support roles, although individual job titles and role descriptions can vary considerably between areas.

The following summarises the main types of roles within public services:

- **Infant Feeding Lead / Baby Friendly Lead:** responsible for the implementation of the Baby Friendly standards and is often part strategic and part specialist clinical role. They undertake staff and student training and education, and audit skills and knowledge relating to the Baby Friendly standards within their organisation e.g. maternity, community, neonatal and hospital-based children's services and universities.
- **Infant Feeding Specialist:** in some services, there are specialist infant feeding midwives, nurses or health visitors who may run specialist clinics and take referrals for more complex feeding issues. Infant feeding specialists may also support the infant feeding lead with staff training and audit. Infant feeding leads and specialists have sometimes undertaken additional training as Certified Breastfeeding Specialists (CBS) or International Board-Certified Lactation Consultants (IBCLC).
- **Peer Support Co-ordinator:** some services which offer breastfeeding peer support have an additional role to support with the recruitment, training, supervision and co-ordination of paid and/or volunteer breastfeeding peer supporters.
- **Infant Feeding Support Worker:** often a Band 3/4 Maternity Support Worker, Health Care Assistant or Nursery Nurse who is part of the infant feeding team and supports families with breastfeeding and infant feeding. As non-NMC registered professionals, career progression to other infant feeding roles can often be difficult.
- **Health professionals who have attended UNICEF UK Baby Friendly Initiative training:** Baby Friendly courses support the implementation of the Baby Friendly standards, and the two-day Breastfeeding and Relationship Building course provides a minimum level of training aimed at staff who support infant feeding as part of a more generalised role such as the Midwife, Health Visitor or Neonatal Nurse. Courses and training packages are also provided to support those who will train staff in-house. However, staff are not always released to attend the recommended two days of training.
- **Other healthcare professionals who support parents/primary caregivers and babies:** Many health and social care professionals would

benefit from infant feeding education to enable them to support infant feeding and breastfeeding challenges at the point of care e.g. GPs, Paediatricians and Paediatric Nurses, medical students, Pharmacists, Dietitians, Speech and Language therapists, Perinatal and Infant Mental Health Teams and Social Workers.

- **Strategic Leadership:** leadership and advocacy for infant feeding is provided through a range of local, regional and, in limited cases, national roles. For example, within Public Health teams and Integrated Care Boards (ICBs), as well as national level infant feeding leadership roles in Scotland.

More widely, some infant feeding lead, specialist, and support roles within public services are being carried out by those who initially trained as peer supporters and breastfeeding counsellors within the voluntary sector or who hold an IBCLC qualification but are not NMC registered.

An Infant Feeding Support Competency Framework has been developed to set out the knowledge and skills of breastfeeding peer supporters, breastfeeding counsellors, IBCLCs, and infant feeding support workers. However, this framework does not include competencies for infant feeding leads and specialists within public services.

Mother Sajanthini shares cuddles with six-month-old Aaron in the Alder Hey Children's Hospital in Liverpool.

A fragile and undervalued workforce

Despite the important role the infant feeding workforce plays in supporting families and improving health outcomes, it remains fragile and often undervalued.

There is **no national accountability** for ensuring sufficient workforce capacity or consistent standards. As a result, there is significant variation in the appropriate number of protected hours, job titles, role descriptions, entry requirements and pay banding. This creates uncertainty around service planning, role expectations, career progression and job certainty – and undermines the workforce.

This lack of recognition for infant feeding support extends to Band 3/4 support staff who often spend a significant amount of time providing skilled breastfeeding and infant feeding support, yet this expertise is often not formally recognised nor reflected in their job descriptions. Similarly, many practitioners report that the level of clinical expertise and strategic leadership required is not reflected in their banding, e.g. some infant feeding leads work at Band 6 which is arguably incommensurate with their responsibility.

The 2024 Baby Friendly education survey was conducted with the infant feeding workforce within the National Infant Feeding Network. The survey highlighted concerns about:

- Insufficient value and recognition of infant feeding leads and teams within the healthcare system
- Inconsistent entry requirements, banding and working hours
- Disparities in career progression
- Limited continuous professional development (CPD) opportunities, especially for non-NMC registered staff
- Inequitable access to specialist clinical lactation training, with many professionals reporting having to self-fund training to enable them to carry out their role or having to undertake training outside of working hours
- No formal recognition of individual clinical competency in the absence of a national knowledge and skills framework for infant feeding, leading to inconsistent quality of care across services.

Infant feeding workforce insights: 2026 consultation on the Baby Friendly standards

Recent consultation feedback from maternity, neonatal, and university settings points to consistent gaps in infant feeding training and education which are becoming more significant as services care for babies, their mothers and families with increasing medical complexity.

Consultation respondents included staff in maternity and neonatal services, infant feeding leads, and academics. They consistently described the need for:

- Mandatory infant feeding training across the wider multidisciplinary workforce
- Stronger role-specific infant feeding training for different staff groups
- More regular updates to keep pace with current evidence and practice
- Better alignment between teaching and clinical practice within care settings where the need is acute, specialised and fast-paced
- Greater use of digital, practical and reflective learning methods.

Together, these findings suggest that future training should be delivered as a whole-system programme: mandatory, role-specific and regularly updated and designed to strengthen consistency between education, policy and frontline practice.

Increasing complexity across services

In **maternity** services, respondents highlighted the need for mandatory infant feeding training for all staff, including obstetric, theatre and support teams, particularly as higher caesarean rates, complex births and early discharge place greater demands on staff to provide skilled feeding support in more challenging circumstances. For example, less than 45% of the 10,000 mothers who participated in the 2024 Infant Feeding Survey[2] had an unassisted vaginal birth, meaning that the majority experienced some form of birth intervention or complexity that may affect early feeding support needs.

In **neonatal** settings, there was a strong call for role-specific education for medical staff, nurses, allied health professionals and wider MDT colleagues who are increasingly involved in care for complex feeding needs of preterm and sick infants.

Within **universities**, respondents highlighted the need for better preparation of practice assessors and closer alignment between academic teaching and clinical placement experiences, so students are equipped for the realities of increasingly complex care environments.

Training for neonatal teams

Neonatal teams offer specialist feeding support tailored to preterm or sick infants, often managing high levels of complexity in relation to infant feeding. There have been recent additions to the speciality role's training learning outcomes – however, access remains inconsistent and staff who have not recently completed this training or have yet to have the opportunity to complete it can still face uncertainty in managing some of these complex situations. This includes:

- Supporting long-term expressing
- Specialist knowledge around transitioning from tube feeding to breast/bottle feeding
- Specialist knowledge and skills to support infants with congenital abnormalities or birth related injuries
- Tailoring advice on positioning and latch in situations where the baby may have low tone, poor coordination or be developmentally immature
- Offering emotional support through challenging times – e.g. consider exhaustion, anxieties over a sick infant, difficulties with feeding, managing expectations and grief
- Educating parents/primary caregivers on the availability, safety and role of donor milk, particularly for very low birth weight or high-risk infants
- Providing information and support on breastmilk donation, including in complex or sensitive circumstances such as neonatal death.

Some comments from the 2024 Baby Friendly education survey from respondents in neonatal teams highlighted the lack of specialist training and recognition, compared to colleagues in maternity services:

'I feel advanced infant feeding training should be accessible to neonatal nurses working within their infant feeding teams.'

'I undertook a 95-hour online course and became a certified breastfeeding specialist. I received funding but completed it in my own time. The midwifery team recognise the importance of specialist roles and band them as 7s and give them time to fulfil their roles. But on the NICU we are dealing with sometimes very fragile long term journeys and aren't given specialist roles.'

'I am being re-banded from a band 6 as the Chief Nurses said it wasn't right that in maternity the role is a band 7 but a band 6 in neonates...It's taken over a year to get to the point where is it is going to the job matching panel.'

Specialist clinical lactation training

Although specialist clinical lactation training is beyond the scope of the Baby Friendly programme, 30% of respondents from the 2024 Baby Friendly Education survey had completed further training towards an IBCLC qualification. However, this is not currently a recognised and registerable healthcare qualification in the UK and access is often inequitable.

Around half of respondents who were engaged in an IBCLC qualification had received funding from their NHS Trust to complete the training, but only 27% had received funding towards the final exam. Many also reported having to self-fund training, or find time outside of working hours to study, which can create barriers to workforce diversity and career entry.

Reasons given for completing the IBCLC qualification included credibility with colleagues (including when collaborating with other professionals), gaining recognition as a specialist practitioner, and building confidence to deliver specialist clinics and to manage complex referrals.

The survey identified that staff wanted access to knowledge on topics as wide ranging as drugs in breastmilk, prescribing for common conditions, insufficient glandular tissue, tongue tie and how breastfeeding support is impacted by e.g. obesity, diabetes, hyperthyroidism and birth interventions.

Examples of comments when asked about what training would be helpful in addition to Baby Friendly courses include the following:

'More expert clinical knowledge to support families with complex feeding challenges.'

'Skills, knowledge and confidence to effectively and safely manage specialist referrals.'

'I think CPD for infant feeding roles is incredibly limited - aside from self-funding for IBCLC there are so few options for additional training and learning, as any free study days offered are by formula companies.'

Recommendations to the UK Government

Together, the 2024 Baby Friendly education survey, consultation findings and workforce comments point to a clear need for national action to recognise infant feeding as a specialist area of practice, strengthen education and continuing professional development, and create more consistent career pathways, so that babies, their mothers, parent/primary caregivers and families receive timely, skilled and compassionate support wherever they live.

1. Develop a National Infant Feeding Skills and Knowledge Framework

- Develop and implement a National Infant Feeding Skills and Knowledge Framework that applies across the health and care workforce.
- As a first step, mapping of existing infant feeding education should be undertaken, identifying gaps in provision.
- Framework development must be informed by specialist expertise, including engagement with the National Infant Feeding Network (NIFN) and relevant voluntary sector organisations.

2. Invest in specialist training and continued professional development (CPD) for the infant feeding workforce

- Fund equitable access to specialist infant feeding and lactation CPD for both NMC registered (e.g. nurses and midwives) and non-NMC registered practitioners (e.g. maternity support workers and nursery nurses).
- Recognise infant feeding and lactation care as a specialism within healthcare and develop an appropriate career pathway for the infant feeding workforce considering training requirements, protected hours and appropriate banding.
- Develop recognised education and career pathways to support specialist infant feeding and lactation practice, leadership and progression across the workforce.
- Ensure dedicated infant feeding roles, protected time and leadership capacity are maintained within services to support implementation of the Baby Friendly standards through staff education and support for safer and effective infant feeding support for families.

3. Embed infant feeding education across the healthcare workforce which supports families in the perinatal period

- Integrate role-relevant breastfeeding, lactation and infant feeding knowledge and skills into higher education programmes and ongoing CPD for all healthcare professionals who support families in the perinatal period.

Conclusion

Despite a strong evidence base on the importance of breastfeeding for health and wellbeing, breastfeeding rates in the UK remain low, and too many families are unable to access timely, skilled and compassionate support when they need it.

A coordinated national approach to infant feeding education is needed, alongside recognition of infant feeding and lactation care as a specialist area of practice.

Ensuring that all relevant health workers have role-appropriate, evidence-based infant feeding knowledge and skills would help protect maternal and child rights, reduce health inequities, improve consistency of care and support families to meet their feeding goals. It would also help mitigate the emotional distress, loss and sense of failure that some parents experience when feeding does not go as they had hoped.

This requires investment in a national skills and knowledge framework, equitable access to specialist clinical lactation training, integration of infant feeding education into relevant higher education programmes, and clearer career pathways for the infant feeding workforce. Reflective supervision and trauma-informed approaches should form part of this wider system – supporting staff wellbeing, reducing health inequity and fostering more compassionate, responsive care.

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