Lancashire and South Cumbria Integrated Care Partnership Breastfeeding and Infant Feeding Strategy & Action Plan

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Vision: aims outcomes and targets

As part of the NHS Long Term Plan goals of preventing ill health and reducing inequalities, we expect to see breastfeeding rates increase steadily across Lancashire and South Cumbria between now and 2028.

This will positively impact on priority public health goals relating to child obesity, maternal and infant mental health, cancer and Type 2 diabetes, and will result in cost savings as well as reductions in carbon emissions and waste.

Aims

- All expectant and new families in Lancashire and South Cumbria, regardless of postcode, are fully informed about their baby feeding choices antenatally and are fully supported in their decisions
- Families receive support that is culturally appropriate and meets their individual needs, leading to a reduction in health and social inequalities
- There is a culture of valuing breastfeeding and breastmilk among all health professionals and staff within Lancashire & South Cumbria Integrated Care Partnership (ICP), and this is reflected in all policies and championed by senior leadership
- There is a recognition among health professionals of the link between infant feeding and maternal and infant mental health, and services are designed with this in mind
- There is intensive, proactive support during the first two weeks after birth, when breastfeeding is being established, leading to a reduction in unnecessary hospital readmissions and increased rates of exclusive breastfeeding
- Breastfeeding rates, including exclusive breastfeeding rates, improve at all stages and in all groups.
- More babies are introduced to solid food at close to 6 months, and more families offer healthy food choices.
- More babies are breastfed at 12 months and beyond
- All those who work with families and babies have the training and expertise they need to offer high-quality support and consistent evidence-based information to maximise the amount of breastmilk babies receive
- Families provided with information on ways to access infant feeding support at home, in Family Hubs, via groups, via their health professionals, and online via locally commissioned services, remote digital support as well as telephone support
- Clear referral pathways for additional and specialist breastfeeding support, including rapid access to tongue tie services for all local babies who require them
- Hospital and community services designed to ensure that families experience timely care in a seamless manner, regardless of where they live in Lancashire & South Cumbria
- Neonatal units in particular supported to improve their outcomes given the particular importance of breastfeeding and breastmilk to pre-term and sick babies
- Lancashire and South Cumbria businesses and communities and services offer a welcoming environment for breastfeeding mothers
- There is robust data collection across a wide range of measures to ensure that progress in improving outcomes can be properly evaluated

Outcomes

- Increased breastfeeding rates at birth, 5-7 days, 10-14 days, 6-8 weeks, 6 months and one year and of exclusive breastfeeding at 5-7 days, 10-14 days, 6-8 weeks and 6 months, and increased breastfeeding duration (information about 6 months and 1 year can be gathered at later contacts by asking the parent)
- Increased number of babies who are introduced to solid foods at close to 6 months
- Increased number of babies fed breastmilk (including donor milk) on neonatal units, and more babies discharged who are exclusively fed with breastmilk
- Families report better support overall with feeding choices
- Staff report that breastfeeding and breastmilk is valued in their trusts
- Quality standards and accreditation, including UNICEF UK Baby Friendly Initiative (BFI), are achieved in all settings
- More children start school at a healthy weight
- Fewer children require dental procedures
- The gap in breastfeeding rates between those groups least likely and most likely to breastfeed is reduced
- Breastfeeding rates in areas of Lancashire & South Cumbria with the lowest rates catch up with those areas which have higher rates
- The gap between those most and least at risk of child obesity is reduced
- There are fewer hospital readmissions for feeding-related issues, such as excessive weight loss, dehydration, neonatal jaundice or mastitis
- There are fewer deaths from Sudden Infant Death Syndrome (SIDS)
- There are fewer cases of necrotising enterocolitis (NEC)
- There are fewer hospital admissions and GP visits for respiratory, gastrointestinal and ear infections among babies under 12 months
- There are fewer prescriptions for specialist infant formula, alginate therapies and acid suppressing medications for 0-24 month olds.

Targets

It is anticipated that action plans for the actions within this strategy will have been developed, implemented and the start of evaluation commenced, ongoing or completed by the end of 2028/2029.

Data that is inputted consistently and accurately at the point of care episodes and then reported in a standardised way across the system, is fundamental to our public health approach to enable:

- a baseline of population health to be undertaken.
- analysis of the data at wider maternity/newborn population level and also for defined and intersectional populations within this, to identify which populations are at highest need for targeted interventions.
- repeat analysis can identify how effective interventions. This in turn informs further developments and funding opportunities.

It is critical that these metrics are provided alongside demography, so that differentiation and intersectionality can take place.

The following table identifies a variety of data metrics to inform this work, along with the responsible organisation/ type of organisation. By the end of Quarter 2 of 2024/2025, each responsible organisation will be asked to report plans of how they will achieve the data requirements.

Table: Assignment of responsibility for collecting data on infant feeding strategy outcomes

This data collection meets Action 50 under the report's Strategic Priorities. Monthly data will be reported quarterly. All rates are prevalence rather than numbers.

Local Authorities are responsible for verifying the data collected by the Community Provider, before passing it to CSU. Data collected by Acute Providers is already passed directly to CSU.

Demographic data should be gathered about families whose infant feeding data we gather including:

- ethnicity
- ward
- GP practice
- age of mother

to determine the representativeness of the data.

	Acute Provider	Primary Care	Community Provider	Local Authority	CDOP
Breastmilk at first feed	X				
Skin to skin contact for over 60 minutes in first 2 hours of birth	X				
Exclusive and partial breastfeeding at transfer from hospital*	X				
Exclusive and partial breastfeeding at 10-14 days*			X	X	
Exclusive and partial breastfeeding at 6-8 weeks*			X	X	
Exclusive and partial breastfeeding 6 months*			X	X	
Breastfeeding at one year*			X	X	
Age of introduction of solid foods			X	X	
Babies receiving human milk (including donor milk) on neonatal units	X				
Mothers expressing their milk within first 24h of babies NNU admission	X				
Babies receiving human milk within first 24h of life after NNU admission*	X				
Babies discharged from neonatal unit fed human milk	X				
Mothers expressing their milk when babies discharged from NNU	X				
Mothers breastfeeding when babies discharged from neonatal unit	X				
Babies discharged from neonatal unit exclusively receiving human milk	X				
BFI family audit results - families feel supported with feeding	X		X	X	
BFI staff audit results - breastfeeding and breastmilk is valued	X		X	X	
Quality standards and accreditation, including BFI, in all settings	X		X	X	
Children starting school at a healthy weight			X	X	
Hospital admissions for dental caries 0-5 years*	X				
Hospital admissions <28 days for feeding-related issues (weight gain, mastitis etc)* †	X				
Sudden Infant Death Syndrome rates*†					X
Necrotising enterocolitis rates in our neonatal babies*†	X				
Hospital admissions for respiratory, gastrointestinal & ear infections in <12mth olds*†	X				
GP visits for respiratory, gastrointestinal and ear infections in <12mth olds*†		X			
Prescriptions for specialist infant milks, alginate therapies & PPIs for 0-24m olds*		X			

* **Breastfeeding here includes any human milk – expressed or donor milk.**

† **For each of these items, data should be collected on feeding type in addition to total rate**

Executive Summary

International reporting in the Lancet Breastfeeding Series (2016, 2023), UK and local breastfeeding and morbidity rates and national guidance around infant feeding for maternity systems, family hubs and equity and equality, have led to the development of this infant feeding strategy for Lancashire and South Cumbria's ICP, and the associated action plan.

During 10 months over 2023, a stakeholder group was developed and feedback gathered, which helped to identify key priorities for the ICP to focus on over the following 5 years:

- seamless infant feeding support throughout the 'first 1001 days'
- communication and engagement with to educate and inform
- a workforce which is trained, informed, supported and collaborative
- a focus on equality, equity and diversity to address health disparities
- continuous development of integrated working in infant feeding

Actions under these headings are outlined in this report, then listed and allocated in the template action plan at the end of the document.

Note that many of the items in the 'seamless support' section could be included in the 'equality, equity and diversity' (EE&D) section, and that EE&D should really be threaded throughout, as should seamless support. – These golden threads, including things such as safeguarding, should be woven throughout all aspects of provision of healthcare.

Themes of the resultant co-developed infant feeding strategy were identified as:

- strategy co ordination
- quality standards
- breastfeeding support
- other infant feeding support
- staff training
- reducing inequalities
- information for families
- wider community engagement

These meet the relevant OHID, NICE guideline, LTP and other priorities identified in the mapping activity undertaken in the early part of 2023, and will form the basis of excellent progress around infant feeding and relationship building for families in the first 1001 Days, in Lancashire and South Cumbria in the coming years.

Appendix 4 provides further background and context for the development of this infant feeding strategy, and the final pages of the document include a template action plan, for each service within our ICP to begin to work on their own actions.

We are pleased to present this strategy to partners in Lancashire and South Cumbria for work to improve outcomes for families from 2024 and beyond.

Introduction

In 2016, the Lancet published a definitive series of breastfeeding confirming that breastfeeding saves lives, improves health and cuts healthcare costs in every country, including the UK. Professor Cesar Victora pointed out:

> *"There is a widespread misconception that breastmilk can be replaced with artificial products without detrimental consequences and that the benefits of breastfeeding only relate to poor countries. Nothing could be further from the truth. The importance of tackling this global issue is greater now than ever before."*

The authors of the Lancet Breastfeeding Series 2023 call for breastfeeding to be a collective responsibility, effectively protected, promoted and supported at all levels. They say:

> *"The marketing of commercial milk formula for use in the first three years of life has negatively altered the infant and young child feeding ecosystem"*

Decades of research and thousands of studies confirm the importance of breastfeeding in preventing ill health. Despite this, the UK has some of the lowest breastfeeding rates in the world.

It is recommended that babies are exclusively breastfed for the first six months of life and that breastfeeding should continue alongside solid foods for at least the first two years. Yet only 34% of babies in England are receiving any breastmilk at six months compared with 71% in Norway, and rates of exclusive breastfeeding are particularly low. We know that historically, rates of breastfeeding initiation, exclusive breastfeeding and breastfeeding continuing past 6-8 weeks to 6 months are much lower in Lancashire and South Cumbria than in the whole of England, and that timing of the introduction of solid foods (weaning) has been much earlier.

Lancashire and South Cumbria historically also have higher rates of health inequity including high levels of deprivation and morbidity; improving uptake and continuation of breastfeeding can be part of the picture in levelling up health inequity, in disease prevention, in cost savings leading to greater food security and also a key benefit to the environment.

In 2022 the L&SC Integrated Care Board, influenced by September 2019's NHSE guidance *Implementing the maternity and neonatal commitments of the NHS Long Term Plan: A resource pack for Local Maternity Systems*, September 2021's NHSE guidance requiring coproduction of an Equity and Equality Action Plan, and August 2022's DHSC's *Family Hubs and Start for Life programme guide,* commissioned the coproduction of an infant feeding strategy for the ICP.

Further background and more detail about how this strategy was developed, is available via the Gap Analysis Report of December 2023 which may be downloaded via a link at the bottom of this page: https://maternityresourcehub.com/our-priorities/prevention/infant-feeding/

Strategic Infant Feeding Priorities

The section describes the core infant feeding strategy for Lancashire in South Cumbria, outlining the direction we will take to develop our services over the next five years.

Theming the issues raised by the Gap Analysis and service user and staff surveys, and prioritising the actions raised by reviewing these alongside the national guidance and recommendations around infant feeding, we have arrived at 5 core aims under which the actions for our strategy will sit.

As a system, our first priority is to:

- **Provide seamless infant feeding support for families across our Integrated Care Partnership (ICP), throughout the pregnancy, perinatal period and early parenting**

This will be achieved via our further priorities:

- **Communicate and engage with families and the wider community, to educate and inform**
- **Ensure our workforce is trained, informed, supported and smoothly works together**
- **Focus on equality, equity and diversity to Improve breastfeeding rates and address health disparities via universal and targeted interventions**
- **Continue to support the development of our integrated strategy, training curriculae, policies & guidelines and commissioning, via joined-up organisation and funding.**

On the following pages we outline what is meant by these priorities, and provide a summary of the actions. The Action Plan template at the end of this document will support the ICP as well as each Local Authority, Trust, and Provider to accomplish goals and achieve objectives, so that together we as an ICP may meet our aims.

1. Seamless Support

Meeting families where they are & providing what they need

- Families well prepared & well informed
- Support offered in the right time & place
- Person-centred support via appropriately skilled & experienced staff
- Family Hub based support
- Hospital based support
- Home based support
- Virtual, digital and remote support

2. Communication and Education

- Engaging the whole community
- Effective signposting
- Employers / return to work
- Schools and early years
- Antenatal education
- Businesses / breastfeeding welcome scheme
- Public communication

3. Workforce and Training

- Developing the maternity and family facing workforce
- Infant feeding service - peer support, infant feeding team
- Baby Friendly Initiative training
- Further training and education for staff
- Specialist service
- Integration of services

4. Equality, Equity and Diversity

- Universal and targeted help
- Addressing inequalities
- improving breastfeeding rates
- Best Start in Life
- Food insecurity
- Healthy weight

5. Integration and Implementation

- Ongoing co ordination for strategy
- Funding to implement strategy in place equitably
- Integrated approach to commissioning

Summary of Actions under each Strategic Priority

1. Seamless support

Action 1
Ensure that there is additional breastfeeding support, including peer support, beyond the routine care provided by midwives and health visitors. This support should be made available to mothers in all settings, beginning in the antenatal period and continuing for as long as it is needed. Ensure that in all circumstances families are supported to give as much breastmilk to their babies as appropriate in their circumstance.

Action 2
Ensure that families with babies on the neonatal unit are fully supported to provide and feed mother's own expressed breastmilk to their baby, as well as having access to donor human milk where appropriate, and that they continue to receive support when they return to the community.

Action 3
Provide clear referral pathways for additional and specialist breastfeeding and infant feeding support, well understood by and communicated to all who support mothers with baby feeding, including peer supporters, maternity support workers, midwives, health visitors, GPs, paediatricians and dietitians.

Action 4
Specialist support should be available year round to all families who require it, in all settings – hospital and community, including home support when necessary. The specialist support should be provided by someone who has undergone IBCLC training and who is currently certified as a lactation consultant, and should be part of the commissioned infant feeding pathway.

Action 5
Convene a pan-LMNS Tongue Tie Working Group, to monitor appropriateness and equity of access to the service, and to ensure that there is sufficient provision within Lancashire and South Cumbria to support babies with tongue tie to feed effectively and to maximise the breastmilk they receive.

Action 6
Ensure that additional and peer support, frontline healthcare professional support and any specialist support is fully integrated, with effective pathways for shared care.

Action 7
Ensure that early feeding practices avoid introducing allergy risks, and that prescription formulas are used only when necessary and for the shortest possible time.

Action 8
Ensure that all mothers and their families have access to high-quality and evidence based antenatal classes on baby feeding, delivered in a manner that suits their preferences.

Action 9
Ensure that all families are supported to make safe and healthy choices about all aspects of baby feeding with signposting to appropriate high-quality, accessible information, both during exclusive milk feeding and when introducing foods into their babies' diets, and that they feel that their decisions are respected.

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Action 11
Ensure that mothers feel comfortable to breastfeed throughout Lancashire and South Cumbria, and work to remove barriers to continued breastfeeding when they return to work.

Action 12
Ensure that all young people in Lancashire and South Cumbria grow up in an environment which normalises breastfeeding.

2. Communication and education

Action 13
Work with Early Years settings including Family Hubs and nurseries, and with schools to ensure that there are appropriate restrictions on the marketing on breastmilk substitutes, bottles, teats or dummies in schools and nurseries. Schools are informed about teaching resources on breastfeeding and encouraged to include this in their PHSE curricula.

Action 14
Ensure that information about classes and appropriate written information on introducing solid foods (weaning) are well promoted and delivered in a setting and at a time which makes them accessible to the target population.

Action 15
Ensure that mothers who are least likely to breastfeed (as identified by the population health needs analysis) are identified antenatally and are provided with targeted support with feeding throughout their pregnancy and during their baby's first two years of life. This may include families accessing the Healthy Start Scheme. Where targeted health visiting services are in place, these should be fully integrated with breastfeeding support services so that families receive additional and specialist support when needed.

Action 16
Families identified as being at high risk for child obesity are invited to take part in an evidence-based programme that has been shown to be effective in reducing rates of childhood obesity.

Action 17
Ensure there are regular local antenatal group sessions on breastfeeding delivered by someone with experience and expertise in infant feeding and who can provide evidence-based information that is consistent with information given postnatally. Antenatal classes may be delivered by peer supporters, and this is a good opportunity to introduce families to the range of support available after baby is born (e.g. breastfeeding drop-in groups, websites). Classes aimed at those least likely to breastfeed should be delivered in a way that is most suitable for that group (e.g. through parenting courses for teenage mothers, through family nutrition courses for those in the Healthy Start scheme, and including virtually and in settings and timings which are most likely to capture the target audience).

Action 18
Create a Lancashire and South Cumbria ICP website/app with an agreed list of quality and consistent information sources, presented in a way that is easy for families to use and for staff and peer supporters to share to reinforce the support they offer. The website/app may be combined with information on where to get support across Lancashire and South Cumbria ICP, and as a place to publicise the infant feeding policy to families, business and the general public. Ensure the existence of this website/app is effectively and universally communicated to families.

Action 19
All Local Authorities should take part in a Breastfeeding Welcome scheme and publicise it with local businesses and families. The website or app in Action 18 may be utilised to share venues in the Breastfeeding Welcome scheme.

Action 20
Local Authorities and NHS Trusts should develop model policies for supporting breastfeeding staff returning to work, including provision of breaks and dedicated private spaces for expressing and storing breastmilk. These can be shared with local employers, along with information about their statutory duties towards breastfeeding staff and promoting the benefits of creating a welcoming environment for those who are returning to work breastfeeding. Families are informed of maternity rights in relation to breastfeeding through health visitors and breastfeeding support services, and given details of how to seek further advice.

3. Workforce and training

Action 21
Ensure that all services – maternity, neonatal, health visiting and Family Hubs – proceed towards full UNICEF UK Baby Friendly Initiative (BFI) accreditation by December 2025, and then proceed to the Gold Award (Achieving Sustainability) by 2028. This should include children's hospital based services, as the paediatric standards firm up into 2024 and beyond (still currently in their trial phase with BFI). This will also require clear pathways for issues such as reflux, faltering weight and so on as established across the ICP.

Action 22
All Local Authorities to commission a baby feeding peer support service with sufficient paid staff and volunteers to, in collaboration with maternity, community, third sector and health visiting services:

- support every mother on postnatal ward with their choice of feeding
- call all mothers within 48 hours of discharge via a data sharing agreement
- offer telephone and online support
- offer all families support at home in the early weeks
- provide drop-in groups and types of virtual / remote support

Survey local families to determine if baby feeding drop-in groups are frequent enough and support is accessible to all, particularly groups least likely to breastfeed.

Action 23
Peer support training that is externally accredited is available in all Local Authorities and all peer supporters are offered regular supervision and ongoing training. Training includes maternal mental health competencies. A peer support coordinator is in post to manage peer supporters and recruit new volunteers from across the community. A mix of paid and volunteer supporters should be employed, with a ratio of at least 1 FTE peer supporter per 500 annual live births. Staff

levels should be regularly audited to ensure that staff have sufficient time to proactively make contact with all breastfeeding mothers in the antenatal and postnatal period.

Action 24
All staff who support baby feeding receive training in safe and responsive bottle feeding and mixed feeding through the Unicef Baby Friendly Initiative in all settings - maternity services, health visiting, family hubs and neonatal. Additional breastfeeding support services should include support for formula and bottle feeding families.

Action 25
Each Local Authority area's service employs an Infant Feeding Lead in the ratio of 1 FTE per 3000 annual live births, with sufficient seniority, knowledge and strategic project management skills and the time to carry out their role - implementing the Baby Friendly Initiative in health visiting and family hubs, and working with partners to implement the local Infant Feeding Strategy.
Each Local Authority employs an Infant Feeding Specialist who is IBCLC certified in the ratio of 1 FTE per 3000 annual live births dedicated to providing specialist support, in addition to the Infant Feeding Lead role.

Action 26
Ensure that all staff who work with families receive mandatory basic training to be aware of the International Code of Marketing of Breastmilk Substitutes (the WHO Code) and local breastfeeding/infant feeding policies.

Action 27
Ensure that all those who support families with feeding as part of their role have the necessary training to do so effectively. Ensure that health professionals are able to access a wide range of additional training in infant feeding topics that is not funded by infant formula manufacturers.

Action 28
All Trusts have a hospital-wide infant feeding policy with support available from the Infant Feeding Team for breastfeeding mothers and babies wherever they are in the hospital, including access to breast pumps when needed. Efforts are made to keep breastfeeding mothers and babies together wherever possible.

Action 29
Offer regular training for GPs on common breastfeeding topics is across Lancashire and South Cumbria ICP and purchase the GP e-learning package for all GPs in the area.

Action 30
Establish Breastfeeding/Infant Feeding Champion roles within paediatrics, general practice, and in perinatal mental health teams, and support their continued development. These Champions should undergo additional training and help to promote the breastfeeding policy.

Action 31
Conduct an audit of training needs for obstetricians, dietitians, pharmacists, A&E staff, dentists and others not already covered under Baby Friendly Initiative accreditation.

Action 32
Each maternity service has an infant feeding team, consisting of infant feeding support workers and breastfeeding peer supporters, with sufficient time and expertise to support all mothers with getting breastfeeding established in the hospital (or at home after a home birth). The infant feeding team is available 7 days a week, year-round, with suitable provision for out-of-hours support.

Action 33
Each hospital employs an Infant Feeding Lead in the ratio of 1 FTE per 3000 births, with sufficient seniority, knowledge and strategic project management skills and the time to carry out their role, including implementing Baby Friendly Initiative standards.

Action 34
Ensure access to specialist breastfeeding support to all mothers and babies who require it via Maternity services. There is a clear referral pathway into and out of the service that is well understood by and communicated to all who support mothers with baby feeding, including peer supporters, maternity support workers, midwives, obstetricians and paediatricians. This support should be provided by staff who have undergone IBCLC training and who are currently certified as lactation consultants. The specialist support should be available antenatally as well as postnatally, and also be available to mothers and babies on the neonatal unit, taking into account their particular needs. The referral pathway should include access to tongue-tie services.

Action 35
Each hospital employs 1 FTE breastfeeding specialist, who is IBCLC certified, in addition to the Infant Feeding Lead role. The level of need is audited to ensure sufficient staffing ratios so that every mother/baby dyad who needs specialist support receives it.

Action 36
Each neonatal unit has a dedicated infant feeding team. Team members should have the skills to support the unique challenges faced by mothers with babies on the neonatal unit. Staffing levels should be calculated to ensure that the infant feeding team is available 7 days a week, year round, with suitable provision for out-of-hours support.

Action 37
Each hospital employs a Neonatal Infant Feeding Lead, with sufficient seniority, knowledge and strategic project management skills and the time to carry out their role, including implementing the Baby Friendly Initiative standards.

4. Equity, equality and diversity

Action 38
Maternity and neonatal services ensure they have a sufficient number of high-quality, double electric breast pumps so that all mothers who would benefit have access to one.

Action 39
All maternity and health visiting services to set up free breast pump loan service for mothers who have a clinical need for one, following a feeding assessment, with ongoing support from peer supporters on their use. This should include a range of breast shield/funnel sizes. This equipment could be supplied through the Family Hubs, however it should be provided alongside skilled lactation support.

Action 40
Mothers who have English as a second language are provided with interpreters (via Language Line or in person) or access to trained peer supporters who speak their language. Written information on breastfeeding, bottle feeding and introducing solid foods are provided in the main community languages spoken.

Action 41

Ensure that evidence based infant feeding support services are offered virtually as well as in person, and accessible at a time and place to suit the service user. Consider how the digital offer could be rolled out pan ICP.

Action 42
Councils have a designated officer or health professional with overall responsibility for the Healthy Start scheme. An initial target of 70-75% uptake of Healthy Start card is set and information on the scheme is available in all relevant settings and workers and volunteers are trained to support families to access the scheme.

Action 43
Ensure that families of babies at higher risk of becoming overweight or obese, or with a lower likelihood of intending to breastfeed, are provided with targeted support with feeding from the antenatal period and throughout their first two years of baby's life.

Action 44
Ensure the Healthy Weight Strategies across the patch include full discussion of the impact of infant feeding support and information sharing upon healthy weight and food insecurity in the population.

5. Integration and implementation

Action 45
Ensure that there are effective systems in place to continue to coordinate and monitor the implementation of the Lancashire and South Cumbria ICP Infant Feeding Strategy via local authority strategies, and collect information annually to determine progress on the implementation plan and breastfeeding rates.

Action 46
The Lancashire and South Cumbria ICS should identify all areas where breastfeeding has an impact and refer to the Infant Feeding Strategy in each of those and in its Health and Wellbeing Strategy. Local authorities should identify all areas of policy where breastfeeding has an impact (or may be impacted) and ensure that the local infant feeding strategy refers to these and that it is part of the local Health and Wellbeing Strategy.

Action 47
Ensure funding is in place to fully implement this strategy and that this is equitably distributed across all ICP areas. Consider adopting an integrated approach to commissioning services across Lancashire and South Cumbria to support the effective implementation of this strategy.

Action 48
Ensure that services adopt national and regional quality standards and training that impact on infant feeding, including Baby Friendly Initiative accreditation, the Bliss Baby Charter Scheme, ATAIN and any other relevant accreditation or awards.

Action 49
Ensure that policies are updated to reflect current best practice in supporting families experiencing special circumstances that can impact on or are impacted by infant feeding (including mastitis, maternal mental health issues, gestational diabetes, multiple birth, jaundice, hypoglycaemia, faltering growth, allergies, reflux, cleft palate, neurological and developmental

disorders, prematurity and others). Such policies should prioritise the protection of breastfeeding and maximising breastmilk.

Action 50
Ensure that accurate data is collected and reported to determine progress on the agreed stated outcomes of the Lancashire and South Cumbria Infant Feeding Strategy.

Lancashire and South Cumbria's Infant Feeding Strategy

1. Strategy co ordination

Guidance from OHID recommends that local authorities should have well-functioning partnerships in place, fully involving service users in every level of planning of services, to coproduce a local infant feeding strategy. Guidance from NHS England recommends that Local Maternity & Neonatal Systems should agree and implement a tailored breastfeeding strategy and this should be consistent with the STP Health and Wellbeing Strategy, and should ensure links are made to promote, protect and support breastfeeding in all policy areas where it has an impact. These strategies should also include appropriate restrictions on the marketing on breastmilk substitutes, bottles, teats or dummies in all local authorities' facilities or by all staff.

The WHO Global Strategy for Infant and Young Child Feeding emphasises the importance of developing plans for infant feeding in emergencies, and the World Breastfeeding Trends Initiative (UK) assessment found that this was an area of particular weakness with no national policies in place. It recommends that Local Authorities ensure that provision for safe infant feeding is included in local emergency plans.

As the Covid-19 pandemic highlighted, the UK is not immune to emergency situations that can disrupt infant feeding. In Lancashire and South Cumbria we were fortunate indeed to have an infant feeding network with the capacity and resources to pull together to produce alternatives to the face to face breastfeeding support previously offered: partnership working and integrated health and early year's systems enabled it to continue providing support with few interruptions whereas almost all other areas in the country struggled. At the start of the pandemic, infant formula was in short supply because of stockpiling. Extreme weather and flooding also have the potential to disrupt drinking water and electricity, leading to potentially unsafe conditions for preparing infant formula.

Our strategy co-ordination will include the structures, policies, integration, and data & monitoring,

The priority Actions here will be putting in place systems to co-ordinate and monitor the implementation of the strategy, working together as an ICP and in individual Local Authorities and Trust, with continued collaboration on Infant Feeding Policy and Guidelines and training curriculae / resources, as well as having effective plans for data collection to aid monitoring.

A later aim is to work towards integrated commissioning to reduce inequity and capitalise on economies of scale.

2. Quality standards

The UNICEF UK Baby Friendly Initiative (BFI) is recognised as an important quality standard aimed at improving breastfeeding rates and child health. For nearly 15 years, NICE guidance has recommended that all maternity care providers should implement it as a minimum standard, and that the programme should be delivered and coordinated across all providers (hospital, primary care, community and children's centres). The NHS Long Term Plan (LTP) has gone further and requires all maternity services to undertake Baby Friendly Initiative accreditation.

The LTP also states that neonatal units should undertake independent neonatal BFI accreditation as part of the Neonatal Critical Care Transformation Review recommendations.

> ***"Evaluations show that the Baby Friendly Initiative is effectively implemented when resourced and fully supported at the health system level, rather than when costs and responsibilities are imposed upon individual facilities."-*** *Paper 3, Lancet Breastfeeding Series, 2023*

Unicef (UK) Baby Friendly Initiative standards exist for Maternity, Neonatal, Health Visiting and Children's Centres as well as for Universities training midwives and health visitors. A Paediatric award is also being rolled out. In 2016 UNICEF UK introduced the (Gold) Achieving Sustainability standards. Services that have already achieved BFI accreditation and which meet the new standards are accredited as Gold Baby Friendly services. Services that are not yet fully accredited are also encouraged to use the Achieving Sustainability standards to support their work to fully embed the standards over time.

A key theme of the BFI Gold Award is Leadership, which includes a named project lead with sufficient time, resources and training opportunities, and a named Baby Friendly Guardian, who is a senior manager whose role is to promote and advocate for the initiative at a senior level. Ensuring we always have a Baby Friendly Guardian for each service, as well as a Guardian at the ICP level, should ensure that all services across Lancashire and South Cumbria achieve Gold Awards within the next 5 years.

In addition to the UNICEF UK Baby Friendly Initiative, several other quality improvement schemes are recommended that have the potential to improve breastfeeding and infant feeding outcomes.

The Neonatal Critical Care Transformation Review recommends that all neonatal services should be supported to seek and acquire accreditation under the Bliss Baby Charter Scheme. Bliss Baby Charter accreditation is also recommended as part of Health Education England's Maternity Workforce Strategy.

The ATAIN (Avoiding Term Admissions Into Neonatal units) programme aims to minimise admissions and to promote transitional care (where mother and baby stay together in hospital either in the postnatal ward or a room on the neonatal unit). ATAIN aims to reduce unnecessary admissions by focusing on hypoglycaemia, jaundice, respiratory conditions and asphyxia. Effective breastfeeding helps to reduce admissions from hypoglycaemia and jaundice, and keeping mothers and babies together helps to facilitate breastfeeding. The programme involves both reviews of practice and training for all healthcare professionals involved in the care of newborns.

3. Breastfeeding support

NICE guidance states that maternity and children's services commissioners should ensure that local, easily accessible breastfeeding peer support is available. This should be proactive, available from the first feed, and continuing support should be provided at home. Mothers should be contacted by a breastfeeding peer supporter within 48 hours of discharge from hospital (or within 48 hours of a home birth). This will necessitate a data sharing agreement being in place with the peer support organisation, if the peer supporters are separate from the maternity provider. Further support should be available in the form of peer support groups, baby cafés, telephone support and home visits, and particular attention should be paid to the needs of groups least likely to breastfeed.

The UNICEF UK Baby Friendly Initiative makes a distinction between routine care (provided by trained midwives, health visitors and neonatal nurses) addressing simple breastfeeding problems, additional services (such as peer support) including both social support and practical help with more challenging breastfeeding problems, and a specialist service to address more complex breastfeeding challenges. All three are needed to gain BFI accreditation, and to provide seamless support for the families of Lancashire and South Cumbria.

OHID recommend that specialist breastfeeding support is available to those mothers who experience complex breastfeeding challenges, and this is also a requirement for attaining BFI accreditation; BFI emphasise the need for specialist staff to have appropriate training, and refer to the International Board Certified Lactation Consultant (IBCLC) qualification as a quality standard.

Breastfeeding is identified as “high impact area” of the government’s Healthy Child Programme, and guidance recommends access to specialist lactation consultants. Access to specialist support, including from lactation consultants and speech and language therapists, is part of the NICE guideline and quality standards on faltering growth in infants. NICE postnatal guidance also states that breastfeeding support should be made available regardless of the location of care, including at home.

In Lancashire and South Cumbria there is a very wide variation in the accessibility of specialist support in maternity, neonatal and community settings. Some areas have no specialist support while others rely heavily on volunteers and charitable organisations. Some families pay privately for IBCLC support, or to access tongue tie or speech and language / craniosacral therapy services, but this is out of the price range for most families, and contributes to existing health inequalities.

BFI accreditation requires that services ensure there is a referral pathway for those who require specialist support and that all staff should be made aware of it. Information about additional support, such as peer support, should also be made available. NICE guidance also states that commissioners should also ensure that care pathways are in place for identifying and managing faltering growth in babies and preschool children. These pathways should include healthcare professionals in primary and secondary care and they should have access to professionals with expertise in faltering growth, including infant feeding specialists, lactation consultants and speech and language therapists. Breastfeeding peer supporters should be part of a multidisciplinary team and be able to consult a health professional.

NICE guidance on faltering growth states that when babies lose more than 10% of their birth weight or are unable to take sufficient milk directly from the breast, mothers should be supported to express their milk to promote their milk supply and to supplement the baby. BFI guidance states that mothers should be supported to maximise the amount of breastmilk given to the baby. Breast pumps should be made available, and for larger volumes a double electric breast pump is most effective.

In Lancashire and South Cumbria, all hospitals now have breast pumps on postnatal wards and neonatal units. Some neonatal units lend out breast pumps for mothers to use at home. There are a number of circumstances where mothers need access to breast pumps and the cost of hiring a hospital-grade pump or buying a pump can be prohibitive and contributes to existing inequalities; the recent Start 4 Life funding for Family Hubs stipulates that a pump loan scheme should be provided by the hubs, however this neglects to ensure that initial specialist support and ongoing additional support are made available to these families as part of the plan for use.

Commissioning an ICP-wide breast pump loan service for those who have a clinical need for it would enable more mothers to maximise the breastmilk they give their babies and to help

establish breastfeeding where there are problems. It would reduce both the inequity of provision and of health inequalities across Lancashire and South Cumbria.

While midwives and health visitors should have sufficient skills to understand when to refer for additional or specialist support, many staff surveyed in Lancashire and South Cumbria including GPs, Social Workers, Family Hub staff and others, emphasised the need for a clear referral pathway to additional/specialist services.

4 Other infant feeding support

Unicef UK BFI standards emphasise the importance of supporting parents to make informed decisions on the introduction of food or fluids other than breastmilk. Those who breastfeed should be given information on why exclusive breastfeeding leads to the best outcomes for the baby, and those who mixed feed should be enabled to do so as safely as possible, with the least possible disruption to breastfeeding. Families who formula feed should be enabled to do so as responsively and safely as possible. NICE guidance also states that parents and carers who are formula feeding their babies should be shown how to make up a feed safely.

Exclusive breastfeeding to six months, and then continued breastfeeding alongside solid foods for two years or more is recommended by the World Health Organization and the Department of Health and Social Care. Supporting families to introduce nutritious solid foods at the appropriate time can help to prevent child obesity.

In Lancashire and South Cumbria all areas provide BFI-approved information and guidance on bottle-feeding, but service-user feedback for this strategy identified that families who were formula feeding did not always get the support they needed. There is a wide variation across the ICP in terms of the classes available on introducing solid foods and their reach across all groups, including those on low incomes and who may be accessing the Healthy Start Scheme. Such classes also represent an opportunity to counsel families on baby sleep and returning to work, and should be actively promoted.

"Women should be empowered to make choices about infant feeding, which are informed by accurate information free from industry influence." *– Professor Nigel Rollins from the World Health Organisation, for the Lancet Breastfeeding Series, 2023*

Between 2006 and 2016, prescriptions in England of specialist infant milks for infants with cows' milk allergy increased by nearly 500% and NHS spending on these products increased by nearly 700% from £8.1m to over £60m annually. Increased focus of infant formula companies on allergy training often leads to overprescribing; inequities in appropriate support services will also lead to inappropriate and prolonged prescribing. Better communication is needed between public health, and infant feeding specialists and GPs.

In Lancashire and South Cumbria, most areas do not currently have community dietetic support. Involvement of specialist infant feeding teams in the pathway could help to reduce the amount of unnecessary prescribing and ensure that breastfeeding is protected. The savings from such an approach could more than cover the additional cost of the specialist service, while also improving health outcomes for families.

5. Staff training

OHID (Office for Health Improvement and Disparities - previously known as PHE / Public Health England) recommends that all health, social care and education settings ensure that there is no

promotion of breastmilk substitutes, bottles, teats or dummies in any of their facilities or by any of their staff, so that breastfeeding is protected and parents receive unbiased information to support their decisions. All staff aim to work within the World Health Organisation's International Code of Marketing of Breastmilk Substitutes (the 'WHO Code').

NICE states that health professionals, including doctors, dietitians and pharmacists, should be trained to promote and support breastfeeding, using BFI training as a minimum standard. All those involved in delivering breastfeeding support should receive the appropriate training and undergo assessment of competencies for their role – including employed staff and volunteer workers in all sectors, for example, hospitals, community settings, children's centres and peer supporter services. Relevant healthcare professionals should also have demonstrated competency in supporting breastfeeding women, including a sound understanding of the physiology of lactation and neonatal metabolic adaptation and the ability to communicate this to parents.

The World Breastfeeding Trends Initiative (UK assessment) examined the pre- and post-registration training of healthcare professionals in the UK with respect to lactation against a WHO-agreed standard. If found that overall training was inadequate and this was identified as a key gap for infant feeding in the UK. In Lancashire and South Cumbria, healthcare professionals consulted agreed on the need for more training in relation to breastfeeding knowledge, and families also frequently reported that those caring for them lacked sufficient knowledge or that they received inconsistent advice.

"consistency gives credibility to the public health messages that we are sharing with families searching for reliable information and support – and with our multidisciplinary colleagues." *- infant feeding team staff member*

Study days provided by infant formula manufacturers have been identified as a potential influence which is undermining of breastfeeding: within Lancashire and South Cumbria there are many infant feeding specialists who are happy to offer unbiased teaching sessions to replace those offered by formula manufacturers. The Lancashire and South Cumbria Infant Feeding Network supports the idea of developing "breastfeeding champion" roles within paediatrics, general practice and in perinatal mental health teams as a way to improve the knowledge of healthcare professionals in these settings.

6. Reducing inequalities

OHID states that having a comprehensive approach to infant feeding can reduce health inequalities. The NHS Long Term Plan also commits to taking action to reduce health inequalities, and this infant feeding strategy has an important part to play in achieving this aim in Lancashire and South Cumbria. In particular, we know that those on low incomes and with fewer years of education as well as younger parents, are the least likely to breastfeed - and their children are more likely to become overweight or obese. Breastfeeding for longer (including exclusive breastfeeding) and introducing solid foods at the appropriate time reduces the risk of obesity.

While improving infant feeding support for all families in Lancashire and South Cumbria will help to reduce health inequalities, targeted support may also be needed for "levelling up" among these groups. NHSE/I have identified targeted breastfeeding support as a way for local systems to reduce health inequalities. NICE guidance promotes the use of Healthy Start scheme, which provides vitamins and money for food and milk for those on low incomes. The scheme is also a useful way of identifying those families who are least likely to breastfeed and who may benefit from additional encouragement, and the charity Sustain recommends adoption of the scheme as part of each council's Food Insecurity Action Plan.

7. Information for families

OHID and NICE recommend that all pregnant women have the opportunity to attend antenatal breastfeeding classes, and that these classes should be tailored to the individual needs of learners. All services in Lancashire and South Cumbria offer classes in some format or other, but the mode of delivery (online, recorded, in person, etc) and setting of these, as well as the content and staff role delivering the sessions, is extremely variable. Having a range of classes is likely to increase the number of families who take up the offer. Consistency between the messages which mothers receive antenatally and postnatally is important, and a pan-ICP core content for all such classes would be useful.

BFI also offers guidance on for midwives, health visitors and family hub staff on how to conduct antenatal conversations about infant feeding on an individual basis.

> ***"Advice that breastfeeding is best for their babies' health is no use if women are not supported to understand and manage unsettled baby behaviours."*** – Dr Julie Smith, Australian National University

NHSE/I guidance on implementing the NHS Long Term Plan recommends that Local Maternity System should agree and implement a tailored breastfeeding (infant feeding) strategy to ensure that parents have the information and support they need, when they need it. It recommends that the ICP should standardise information on breastfeeding available to women and families across the footprint, including neonatal services, health visiting services and general practice.

An up to date and easy to use ICP infant feeding website, and use of a Pregnancy, Parenting and Infant Feeding app (as commissioned as at Dec 2023), represent the opportunity to develop and enhance the range of information available to families across the Lancashire and South Cumbria area. Covid-19 has highlighted the importance of having access to online information when face-to-face services have been disrupted.

8. Wider community engagement

The Equality Act 2010 protects a woman from discrimination at work as a result of breastfeeding, and protects an infant's right to be breastfed in public places.

OHID and NICE recommend that all women are equipped with the knowledge to be able to plan their return to work while breastfeeding, and that businesses, shops and public premises within the local authority welcome breastfeeding women. A Breastfeeding Welcome scheme is recommended as a way to encourage mothers to feel comfortable breastfeeding in her local community.

Public sector breastfeeding policies should be regularly reviewed and updated and should be an exemplar for other local employers to follow. For example, Health and Safety Executive (HSE) 50 recommends that it is good practice for employers to provide a private, healthy and safe environment for breastfeeding mothers to express and store milk.

Attitudes towards breastfeeding are learnt early in life, and nurseries and schools have an important role to play in ensuring that young people learn about the importance of breastfeeding as they grow up. The Royal Society of Paediatrics and Child Health (RCPCH) therefore recommends that schools include breastfeeding education as part of the PSHE curriculum.

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Appendices

Appendix 1

List of policy areas where breastfeeding/infant feeding has an impact:

- Child obesity and healthy weight
- Perinatal mental health
- Infant mental health
- Oral health
- Safer infant sleep / Child death prevention
- Cancer prevention (childhood leukaemia, breast and ovarian cancer)
- Type 2 diabetes (in both mothers and children)
- Cardiovascular health
- Preventable childhood illness (respiratory, gastrointestinal & ear infections, SIDS, NEC)
- Allergy
- Reducing inequalities
- Food Insecurity Action Plans
- Emergency planning
- Carbon emissions and waste reduction

Appendix 2

Suggested list of infant feeding data categories to capture locally:

(this is in addition to those outlined in the targets section)

Maternity

Exclusive breastfeeding at discharge from midwifery (10-28 days)
Age at first introduction of infant formula
Tongue tie referrals made
Frenulotomy waiting times from referral

Neonatal
Breastmilk at first feed (37 wks+)
Breastmilk at first feed (34 to 36+6 wks+)
Breastmilk at first feed (<34 wks)
Mouth care with maternal colostrum*

*for babies in NNU who are not suck feeding

Paediatrics
Feeding status on admission and discharge under 12 months

Health visiting
Tongue tie referrals made
Frenulotomy waiting times from referral

Tongue tie services
Referrals received
Frenulotomy waiting times from referral

Other

- Proportion of women who wanted to continue breastfeeding but stopped before they had planned to
- Women's satisfaction with breastfeeding support
- Proportion of pregnant women who may be eligible for the Healthy Start scheme receive information and support to apply when they attend their antenatal booking appointment
- Which groups are least likely to breastfeed?
- Do families know how to access breastfeeding support services?
- Data on number and type (e.g. antenatal group, postnatal peer support, drop-in group, home visit) of contacts with commissioned Baby Feeding service
- Data on mothers' satisfaction with breastfeeding support from maternity, health visiting and peer support services
- Proportion of mothers who feel welcome to breastfeed out and about, in public places, parks, cafes, sports centres, cinemas etc.
- Proportion of mothers who know how to access support and information on returning to work whilst breastfeeding
- Proportion of mothers who stopped breastfeeding because they were returning to work

Appendix 3

Additional and specialist support for breastfeeding

UNICEF UK Baby Friendly Initiative makes a distinction between **routine care** (provided by trained midwives and health visitors) that addresses simple breastfeeding problems, **additional services** (such as peer support) that includes both social support and practical help with more challenging breastfeeding problems, and a **specialist service** to address more complex breastfeeding challenges.

In the absence of a clear definition of additional and specialist support, Better Breastfeeding consulted with experts to define these as follows:

Additional breastfeeding support

- may include peer support, breastfeeding counsellors, support groups, baby cafés, telephone support, etc.
- can provide social support as well as help with breastfeeding challenges that are not fixed by simple positioning and attachment and require more time and expertise than a midwife or health visitor is normally able to offer
- examples include:
  - Creating and following up on detailed feeding plans
  - Help for a reluctant feeder
  - Modified feeding positions
  - Help with blocked ducts/mastitis
  - Low milk supply /oversupply
  - Support with feeding before/after frenulotomy
- staff delivering additional support should be trained to the equivalent of Breastfeeding Network (BfN) Supporter level, working alongside peer supporters trained to the equivalent of BfN Helper level.

Specialist breastfeeding support

- refers to more complex problems that can't be addressed by the additional support described above, such as a health condition in the mother or baby that is affecting feeding
- examples include:
  - referral to GPs for hormonal testing (including thyroid, Sheehan's syndrome)
  - possible use of prescription galactagogues (e.g. domperidone)
  - assessment of maternal medical history (impact of breast surgery, PCOS, hypoplasia)
  - use of equipment such as SNS (tube feeding system), nipple shields
  - identification of a range of nipple and breast conditions (including abscess, *Staph. aureus* infection, Raynaud's syndrome)
  - feeding support for babies with conditions such as low muscle tone, laryngomalacia, cleft palate
- staff delivering specialist support should have International Board Certified Lactation Consultant (IBCLC) certification or be working towards it.

Appendix 4

Background and context

Following the National Maternity Review, led by Baroness Julia Cumberlege in 2016, *Better Births* was published and the Government put in place the Maternity Transformation Programme to implement the recommendations of the review. This programme is headed by NHS England & Improvement (NHSE/I), with OHID (Office for Health Improvement and Disparities, previously Public Health England) leading on the Prevention work stream.

NHSE provides guidance and support for the 44 Local Maternity Systems in England, which lead and manage local transformation to deliver the vision set out in Better Births. In *Implementing Better Births: A resource pack for Local Maternity Systems* (March 2017) it states that each ICP should consist of all those involved in maternity care – NHS and Local Authority commissioners; providers of local services, including midwifery and health visiting; Maternity Voices Partnerships (service-user led groups) and other stakeholders, such as charities representing service users.

The guidance also sets out the expectation that local transformation plans be co-produced with service users and agreed by the Local Maternity System and the STP strategic partnerships board. The plans should be based on four considerations:

a) ***An understanding of the local population and its needs from maternity services***

b) ***An analysis of the gap between current service provision and the vision set out in Better Births****. This will require qualitative and quantitative data on service user experience.*

c) ***Alignment with other local plans****. Local Maternity Systems should ensure that the strategic vision and objectives are aligned to the overall delivery of the STP. It will also be important to ensure that there is a consistent strategic vision between the local maternity transformation plan and the local health and wellbeing strategy and other plans.*

d) ***The financial case for change****, including overall affordability, transition and recurrent costs, assumptions about savings and how maternity transformation will contribute to the STP's financial balance.*

In September 2019 NHSE/I produced new guidance "*Implementing the maternity and neonatal commitments of the NHS Long Term Plan: A resource pack for Local Maternity Systems*", linking up the NHS Long Term Plan and the Maternity Transformation Programme. This sets out the expectation that each ICP should "agree and implement a tailored breastfeeding strategy to ensure that women have the advice information and support they need, when they need it, and ultimately improve local rates of initiation and continuation" and that this should form part of each ICP's Postnatal Improvement Plan. Further details were also provided in new guidance produced by NHSE *Implementing Better Births: Postnatal Care* (October 2019).

Following this recommendation and expanding upon it, Lancashire and South Cumbria ICP put in place a Prevention Co-ordinator for Infant Feeding to manage the development of an ICP-wide Infant Feeding Strategy, looking at all aspects of infant feeding in a baby's first year of life. In addition to forming part of the ICP Postnatal Improvement Plan, this strategy should ultimately form part of the overall STP Health and Wellbeing Strategy and the local NHS Long

Term Plan commitments to take action on **prevention and health inequalities**, particularly given the impact of breastfeeding in significantly reducing the risk of:

- Child obesity
- Type 2 diabetes (in both mothers and children)
- Respiratory, gastrointestinal and ear infections
- Sudden Infant Death Syndrome (SIDS)
- Necrotising enterocolitis (NEC) (in premature babies)
- Childhood leukaemia
- Postnatal depression
- Heart disease
- Breast cancer
- Ovarian cancer
- Osteoporosis

Young, low-income mothers and those living in deprived areas are the least likely to breastfeed, so improving breastfeeding rates in these groups in particular should form part of the overall NCL plan for reducing inequalities.

Breastfeeding is also the most sustainable way to feed a baby, avoiding the significant carbon emissions and waste generated in the manufacture, distribution and packaging involved in formula production.

Maternity services in Lancashire & South Cumbria

The Lancashire and South Cumbria ICP footprint is a complex one, incorporating the unitary authority areas of Blackburn with Darwen and Blackpool, as well as the upper tier authority area of Lancashire county. It also includes the lower tier authority areas of Westmorland and Furness Council in Cumbria and slightly overlaps into the Cumbria district of Copeland and the Yorkshire district of Craven, incorporating a small number of lower super output areas (LSOAs) from these districts.

In total the footprint is covered by 3 upper tier authorities, 9 CCGs, 2 unitary authorities and 16 lower tier authorities.

The ICP includes 4 providers of maternity and neonatal care: Blackpool Teaching Hospitals, East Lancashire Teaching Hospitals, Lancashire Teaching Hospitals and University Hospitals of Morecambe Bay.

Across the ICP, there are:

- 5 obstetric units across 4 acute hospital trusts
- 3 alongside birth centres
- 4 freestanding birth centres
- 4 providers of health visiting services
- 1 provider of mental health services
- 45 Primary Care Networks

Four Trusts provide maternity services – for Blackpool Fylde and Wyre families Blackpool Teaching Hospitals (BTH), East Lancashire Hospitals (ELHT), Lancashire Teaching Hospitals (LTH), for North Lancashire and South Cumbria University Hospitals of Morecambe Baby (UHMB).

Women who live within the ICS Footprint in West Lancashire tend to access maternity care at Southport and Ormskirk Hospital (S&O), which is aligned with Cheshire and Merseyside

ICP. Women who live in the east of Lancashire might access Airedale hospital, which is aligned with the West Yorkshire & Harrogate ICP, and those who live in the south east of Lancashire might use maternity hospitals in the Greater Manchester ICP.

Methodology
In line with the expectations set out above by NHSE/I, a steering group was formed in L&SC ICP to agree the Infant Feeding Strategy. This included the relevant commissioners, service providers, health professionals and service-user representatives. The group considered the following evidence collected in order to agree a strategy and implementation plan to be approved by the ICP, the STP and each of the commissioning bodies:

Mapping Tool – results and analysis

The vision set out in Better Births is quite broad. It states:

> *"The benefits of breastfeeding are clear. Breastfeeding improves children's physical health by reducing infections, obesity, diabetes, allergic diseases, and sudden infant death; but it can also improve educational achievements and reduce social inequalities… [It] can provide the child with a natural safety net against the worst effects of poverty. The mother's health will also benefit from reduced incidences of breast and ovarian cancers, diabetes, osteoporosis and coronary artery disease. Despite this women told us that care was poor. There needs to be much better support for breastfeeding focused on practical help that supports and empowers women, rather than pressurises them."*

The postnatal care guidance referred to above is also broad in scope. Fortunately, there is a great deal of detailed guidance on breastfeeding support and infant feeding more generally from a number of sources, including NICE, OHID and others. This is detailed in the guide produced by Better Breastfeeding in October 2017 *Breastfeeding support within Maternity Transformation Plans: A guide to the guidance.* Better Breastfeeding has used these sources to develop its mapping tool – a detailed series of questions for community and maternity infant feeding teams about service provision in each Local Authority, provider and Trust, to determine the gaps in the current service provision in each of the hospital trusts, and local authorities in the ICP.

These questions were submitted to each of the relevant Infant Feeding Leads in March 2023 and the results were presented in the Draft Gap Analysis Report in October 2023, which included a series of recommendations based on the guidance, and assigned each area a rating **(Red/ Amber/ Green)** based on their answers to each question. In addition to the gap analysis report, the steering group also considered the following sources of evidence:

Other best practice recommendations
The majority of the recommendations in the Gap Analysis are based on national guidance from NICE, OHID and NHS England. Additional recommendations, based on best practice, international guidance or research reports were also shared with the Steering Group.

Service user feedback
Between May and November 2023 an online survey of mothers' experiences of baby feeding support was distributed widely across Lancashire and South Cumbria. This survey was completed by 284 people, and the results were analysed, with the qualitative survey responses then grouped into themes, and quantitative results shared as charts.

Staff feedback
The Lancashire & South Cumbria ICP Infant Feeding Online Staff Survey aimed at all those who support families with feeding their babies, including health professionals and volunteers.

Feedback from the professionals consulted was shared with the steering group. A total of 202 staff from across Lancashire & South Cumbria completed the survey, and the qualitative responses were grouped into themes and quantitative results shared as charts.

The initial results of both surveys were shared with the steering group in draft form in October 2023; however, owing to certain demographics in each survey, it was felt that the responses were not quite representative of the staff or service user populations as a whole, and so in November the surveys were reopened to allow further responses, and steering group members re-shared the surveys. This resulted in a doubling of survey respondents and provides more assurance that the responses are significant. Ongoing surveys of different groups are encouraged locally to solidify the findings for each area as the actions are implemented.

Action Plan Template

The suggestion here is that each LA / Trust / Provider uses a version of this template - perhaps in a spreadsheet rather than as a Word table - to identify specific actions.
Responsibility, accountability, consulted and informed are outlined below, as “R”, “A”, “C” and “I”.

Section	Action	L&SC ICB	L&SC IF Network	NW NN ODN	Local Authorities	Trusts / Providers
1.1 Structures	**Action 45** Co ordination and monitoring of the implementation of the pan-ICP IF strategy	A	R	R	C	C
	Action 46 Identify areas where BFing has an impact and cross refer to IF and H&W Strategy	A	A	R	R	R
1.2 Policies	**Action 20** LAs and Trusts develop model policies for return to work as a BFing mother, to share	A	A	C	R	R
	Action 28 All Trusts to have hospital-wide IF policy with access to support & breastpumps as necessary	A	A	C	I	R
	Action 49 Policies updated to ensure current best practice including in special circumstances	A	R	C	C	C
1.3 Data & Monitoring	**Action 50** Ensure accurate data is collected and reported to determine progress on agreed outcomes	A	A	A	R	R
1.4 Integrated Commissioning	**Action 47** Funding in place to implement strategy, equitably distributed to raise all to same level	A	C	R	R	R
2.1 Accreditation and certification	**Action 33** Hospital IFC 1:3000 live births, w/ app seniority, knowledge, skills & time to implement BFI	A	A	C	I	R
	Action 37 Employ NNU IFC with appropriate seniority, knowledge, skills & time to implement BFI	A	C	A	I	R
	Action 48 All services should be working towards BFI Gold, ATAIN and the Bliss Baby Charter	A	A	A	R	R

Section	Action	L&SC ICB	L&SC IF Network	NW NN ODN	Local Authorities	Trusts / Providers
3.1 Additional Breastfeeding Support	**Action 1** Additional support available to all mothers in all settings from AN period onwards.	A	A	A	R	R
	Action 6 Ensure additional and peer support is fully integrated into infant feeding / shared care	A	A	A	R	R
	Action 22 All LAs to commission a baby feeding peer support service with sufficient staff and vols	A	A	C	R	C
	Action 23 Peer support training to be ext. accredited & including regular supervision & training. Ratio 1:500	A	A	I	R	I
	Action 32 Infant feeding team in maternity 7 days per week, year round inc out of daytime hours	A	A	I	I	R
3.2 Specialist Support	**Action 25** Comm IFC 1:3000 LB to implement BFI, and 1:3000 LB for specialist infant feeding support	A	A	I	R	I
	Action 35 Hospital 1x FTE IBCLC IF Specialist in addition to BFI leadership role	A	A	I	I	R
3.3 Refer to Additional or Specialist Support	**Action 3** Clear and well communicated referral pathways for additional & specialist support	A	A	A	R	R
	Action 34 Referral to IBCLC-led specialist service for all families, communicated to all relevant HCPs	A	A	R	R	R
3.4.1 Tongue Tie Services	**Action 5** Convene pan-ICP Tongue Tie Working Group to reduce disparities	A	A	C	I	R
3.4.3 Infant Allergies and Reflux	**Action 7** Avoid early actions introducing allergy risks, and reduce unnecessary PX milks	A	A	A	R	R
3.4.4 Other special circumstances	**Action 2** Families on NNU supported to provide expressed breastmilk or to access donor milk	A	A	A	I	R
	Action 36 Dedicated infant feeding team in NNU 7 days pw, year-round w/ prov. for out of hours	A	A	A	I	R

Section	Action	L&SC ICB	L&SC IF Network	NW NN ODN	Local Authorities	Trusts / Providers
3.5 Maximising Breastmilk	**Action 38** Maternity and NNU to ensure sufficient provision of high quality breastpumps	A	A	A	I	R
	Action 39 Maternity, HVing and FHs to co ordinate breastpump loan scheme	A	A	C	R	R
4. Other Infant Feeding Support	**Action 24** Support for families re safe & responsive bottle & formula feeding in all settings	A	A	A	R	R
5.1 Training for all staff	**Action 21** All staff in Maternity Neonatal, HVing & FHs should receive approp. Training to BFI standards	A	A	A	R	R
	Action 26 All staff to be aware of their obligations under WHO Code & ICP IF policy and Guidelines	A	A	A	R	R
	Action 27 HCPs able to access wide range of additional training on IF topics, free from COI	A	R	R	R	R
5.2 Training for professional groups	**Action 29** Training for GPs across ICP on common BF topics and purchase of GP e-learning package	R	A	C	C	C
	Action 30 IF Champions within Paediatrics, GP, PNMH who have additional training & promote policy	R	A	I	I	R
	Action 31 Conduct training needs audit for other HCPs eg dieticians, pharmacists, Ob, A&E, dentists	R	A	R	C	R
6. Reducing inequalities	**Action 15** Those least likely to BF identified and provided targeted support AN and during 1st 2 years	R	A	R	R	R
	Action 16 Families at high risk for child obesity invited to evidence-based programme of support	A	I	I	R	R
	Action 40 Non-English speakers provided w/ interpreter / PS speaker. Written info in community lang	A	A	A	R	R

Section	Action	L&SC ICB	L&SC IF Network	NW NN ODN	Local Authorities	Trusts / Providers
	Action 42 Named Healthy Start lead, target uptake 75%, staff trained and info readily available	A	C	C	R	R
	Action 43 Families at higher risk of child obesity & not BF provided w/ 1000 days targeted IF support	A	A	C	R	R
	Action 44 Healthy Weight & Food Insecurity Strategies include full discussion of impact of BF / IF	I	C	C	R	R
7.1 Antenatal education	**Action 8** High quality antenatal classes on baby feeding delivered to suit the families' needs & preferences	A	A	C	R	R
	Action 17 Regular group AN sessions delivered by appropriately expert & experienced person	A	A	C	R	R
7.2 Info about normal feeding & bbhaviour	**Action 9** High quality accessible information about feeding in a variety formats / languages	A	A	A	R	R
	Action 41 Evidence based IF support offered accessibly virtually & in person. Consider pan ICS digital offer.	A	A	A	R	R
7.3 Comm'n about services & support	**Action 10** High quality accessible info and support available in a variety formats / languages	A	A	A	R	R
	Action 14 Classes on weaning well promoted & time & setting is accessible to target population.	I	I	C	R	R
8. Community engagement	**Action 11** Work to remove barriers to continued breastfeeding when mothers return to work	A	A	C	R	R
	Action 12 Young people grow up in an environment which normalises breastfeeding	A	A	C	R	R
	Action 13 Work with EY to ensure adherence to WHO Code; work w/ schools to get BF on curriculum	A	A	I	R	C
	Action 18 Create & effectively communicate an ICS IF website with good up to date consistent info	A	C	C	C	C
	Action 19 Review, design, co ordinate and publicise an ICP wide Breastfeeding Welcome scheme	A	R	C	R	R