Cheshire and Merseyside

Women's Health and Maternity (WHaM) Programme

Breastfeeding and Infant Feeding Strategy

Gap analysis report

April 2025

Table of Contents

Introduction

Background and context

Following the National Maternity Review, led by Baroness Julia Cumberlege which resulted in the publication of *Better Births* (2016), the government implemented the Maternity Transformation Programme to complete the report's recommendations. This initiative is guided by NHS England and offers direction and support to forty-two Local Maternity and Neonatal Systems (LMNSs) across England. These LMNSs lead and manage local transformations to achieve the vision outlined in *Better Births*.

Implementing Better Births, a resource pack for Local Maternity Systems (March 2017) emphasizes the importance of involving all stakeholders in maternity care. This includes NHS and Local Authority commissioners; providers of local services such as midwifery and health visiting; Maternity Neonatal Voice Partnerships (service-user led groups) and other relevant stakeholders, like charities representing service users.

The guidance also outlines the expectation that local transformation plans be collaboratively produced with service users and approved by the LMNS and the strategic partnerships board. The plans were intended to be based on four key considerations:

a) ***A comprehensive understanding of the local population and its needs, particularly as per maternity services.***

b) ***An analysis of the gap between the current service provision and the vision outlined in Better Births****. This analysis will require a combination of qualitative and quantitative data, including insights into the service-user experience.*

c) ***Alignment with other local plans****. The Local Maternity Systems should ensure that the strategic vision and objectives of the transformation plan seamlessly integrated into the overall delivery of the Strategic Transformation Plan (STP). Additionally, it is crucial to maintain a consistent strategic vision between the local maternity transformation plan and the local health and well-being strategy, as well as other relevant plans.*

d) ***The financial case for change****, including an assessment of overall affordability, the transition period transition, and recurrent costs. The analysis should also consider assumptions about potential savings and how maternity transformation will contribute to the STP's financial balance.*

In September 2019, the NHSE published new guidance titled *Implementing the maternity and neonatal commitments of the NHS Long Term Plan: A resource pack for Local Maternity Systems*. This guidance explicitly linked the goals of the NHS Long Term Plan and the Maternity Transformation Programme. It emphasized the expectation that each LMNS 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".* This strategy was further outlined in the guidance produced by NHSE *Implementing Better Births: Postnatal Care* (October 2019).

In September 2021, NHS England published new guidance urging all LMNSs to collaborate and develop an Equity and Equality action plan. This plan should include

"implementing an LMNS breastfeeding strategy and continuously improve breastfeeding rates for women living in the most deprived areas".
The guidance highlights several positive maternal and child health outcomes that are influenced by breastfeeding. It emphasizes the importance that, *"Every LMNS should agree and implement a breastfeeding strategy to ensure that women have the information and support they need, when they need it in maternity services and in the community. The strategy should include an analysis of feeding trends across the LMNS, identifying variation and inequalities between communities, along with actions to address them with a focus on the most deprived areas."*

In July 2022, following the enactment of the Health and Care Act, forty-two Integrated Care Systems (ICSs) were formally established on a statutory basis. These ICSs serve as collaborative platforms that bring together various partner organisations to achieve specific objectives, with the LMNS as the maternity and neonatal division. The primary goals include:

- Improve outcomes in population health and healthcare.
- Addressing inequalities in outcomes, experience, and access.
- Enhancing productivity and value for money.
- Supporting the NHSs role in broader social and economic development.

Additionally, ICSs are expected to work towards reducing unwarranted variation and inequalities in access and experiences across different providers within each system.

Collaborating as an ICS aims to help health and care organisations tackle complex challenges, such as improving the health of children and young people and making the best use of collective resources across the system. Each ICS is made up two statutory bodies:

- an **Integrated Care Partnership (ICP)**, which is responsible for producing an **Integrated Care Strategy** to meet the health and wellbeing needs of the population in the ICS area.
- an **Integrated Care Board (ICB)**, which is a statutory NHS organisation that is responsible for health services in the ICS area, and which must produce a **5-year Forward Plan** based on the ICP strategy.

In August 2022, the Department of Health and Social Care also published its ***Family Hubs and Start for Life programme guide***. This guide outlines the delivery expectations for those Local Authorities receiving funding under this programme. Although Warrington, Sefton, Wirral, Cheshire West, and Cheshire East are not among the areas receiving the initial tranche of funding, the guide establishes key elements of best practice, including providing support for breastfeeding and infant feeding, and serves as a useful benchmark. Knowsley, Liverpool, St. Helens, and Halton have all received funding for this programme.

The guide emphasizes the importance of system-wide planning to ensure that all programs and services in an ICS area work towards shared outcomes for families. It also encourages Local Authorities to identify routes to engage with, influence, and inform decision-making about relevant services at the ICS level.

"The service offer within a family hub should also have regard to objectives for children, young people and families set out in local strategies, including the Health and Wellbeing Strategy produced by the joint local Health and Wellbeing Board, Early Help strategies, the five-year joint forward-plan produced by the Integrated Care Board, and the Integrated Care Strategy produced by the Integrated Care Partnership."

It also includes the expectation that *"a multidisciplinary infant feeding strategy is developed and embedded which ensures services are tailored to your local communities and there is a coherent and joined-up approach between staff and organisations"*.

Underlying both the **NHS Long Term Plan** and the new ICSs is a commitment to addressing prevention and health inequalities. Breastfeeding plays a crucial role in this regard, as it significantly reduces the risk of various health conditions.

- 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

Furthermore, young low-income mothers and those residing in deprived areas are the least likely to breastfeed. Therefore, improving breastfeeding rates among these groups is a vital step in reducing inequalities. Additionally, breastfeeding is the most sustainable way to feed a baby, as it avoids the substantial carbon emissions and waste generated in the manufacturing, distribution, and packaging involved in formula production.

Cheshire and Merseyside footprint

The Cheshire and Merseyside footprint represents a large and diverse population of approximately 2.7 million people living across 9 places:

- Cheshire East
- Cheshire West and Chester
- Halton
- Knowsley
- Liverpool
- Sefton
- St. Helens
- Warrington
- Wirral

There are:

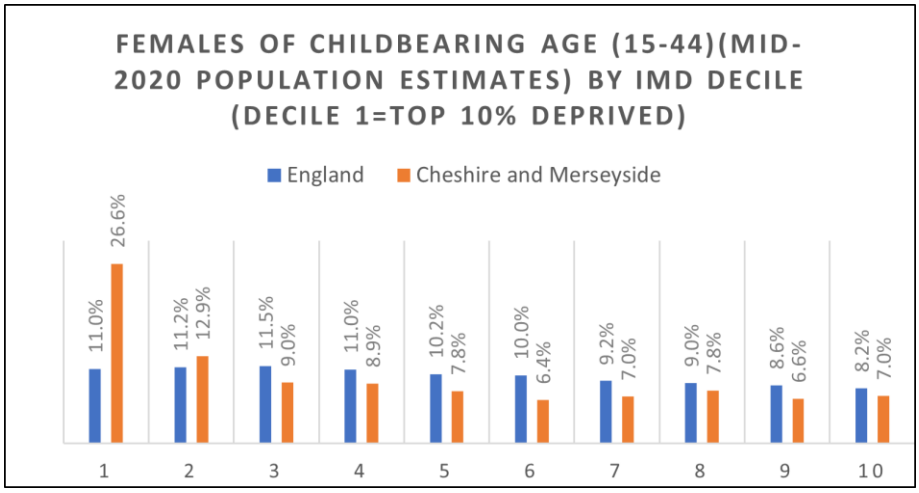
- 17 NHS Providers
- 9 Local Authorities
- 55 Primary Care Networks
- 355 GP Practices
- 1 North West Ambulance Service
- Voluntary, Community, Faith, and Social Enterprise (VCFSE) organisations

The World Health Organisation define the reproductive age as 15-49. However, for the purpose of this paper we will refer to the reproductive age of 15-44 as considered by the Office for National Statistics (ONS).

An estimated total of 468,360 women across C&M of reproductive age 15-44 are resident in Cheshire and Merseyside (mid-2020 population estimates) (ONS, 2021). With the highest number of 111,998 residing in Liverpool (table 3).

The Cheshire and Merseyside population is diverse comprising a combination of urban and rural communities and it also faces the greatest health inequalities in England. For instance, the average percentage of families residing in the most deprived neighbourhoods in England is 21.7% while in Cheshire and Merseyside, it stands at 28.1%. Moreover, a staggering 35% of our population resides in the most deprived neighbourhoods in England. Notably, 27% of women of childbearing age are found in these areas, compared to just 11% in England as a whole.

Table 1



Source: Office for National Statistics

The entire England population has more diverse communities than Cheshire and Merseyside, as reported by the ONS (2021). It is estimated that the largest Black, Asian and ethnic (BAME) group residing in our areas is predominantly Asian, Asian British or Asian Welsh, in Liverpool (7%) and Warrington (4%). Liverpool has the highest population of groups who identify as Black, Caribbean, or African, Mixed, or multiple ethnicities, accounting for 4% while Halton has the lowest percentage, with only 1.5%.

Table 2

Females of childbearing age (15-44) by ethnic group (2021 Census)						
	Total Females aged 15-44	Asian, Asian British or Asian Welsh	Black, Black British, Black Welsh, Caribbean or African	Mixed or Multiple ethnic groups	Other ethnic group	White
England	10991656	**12.6%**	**5.2%**	**3.5%**	**2.8%**	**76.0%**
Cheshire and Merseyside	**468360**	**3.9%**	**1.5%**	**2.3%**	**1.6%**	**90.7%**
Cheshire East	66222	3.9%	0.8%	2.1%	1.1%	92.1%
Cheshire West and Chester	63715	3.1%	0.9%	1.8%	0.9%	93.3%
Halton	23821	1.5%	0.5%	1.6%	0.6%	95.8%
Knowsley	30539	2.2%	1.0%	1.8%	0.6%	94.4%
Liverpool	111998	6.9%	3.8%	3.9%	3.8%	81.6%
Sefton	46569	2.3%	0.6%	1.8%	0.9%	94.3%
St. Helens	32944	1.9%	0.6%	1.3%	0.7%	95.6%
Warrington	37794	4.3%	0.9%	1.7%	1.1%	92.0%
Wirral	54758	3.0%	0.6%	1.8%	0.7%	93.8%

Source: Office for National Statistics

Asylum seekers residing in the UK are generally considered as one of the most severely socioeconomically deprived population. The Northwest have the second highest number of asylum-seeking families receiving support, while London has the highest. Halton and Liverpool City have the highest number of asylum seekers per 100,000 population. To effectively provide support and promote infant feeding for this population, it is crucial to gain a deeper understanding of their experiences.

Maternity and neonatal services

Across Cheshire and Merseyside there are six NHS Trusts that provide maternity and neonatal services. Liverpool Women's NHS Foundation Trust is the largest maternity unit located in Liverpool City. Countess of Chester Hospital NHS Foundation Trust, Mid Cheshire Hospitals NHS Foundation Trust (Leighton), Warrington and Halton Hospitals NHS Foundation Trust, and Wirral University Teaching Hospital NHS Foundation Trust (Arrow Park) also provide these services. Southport and Ormskirk Hospital NHS Trust and St Helens and Knowsley Hospital Services NHS Trust have merged to form Mersey and West Lancashire Foundation Trust. This trust offers maternity and neonatal services at Ormskirk and Whiston sites.

All providers offer a home birth service, and there are two alongside midwifery-led birth centres (Liverpool and Warrington), one standalone midwifery-led centre (Secombe in Wallasey) and one standalone centre due to open in 2025 (St. Helens), with birthing pools at all sites.

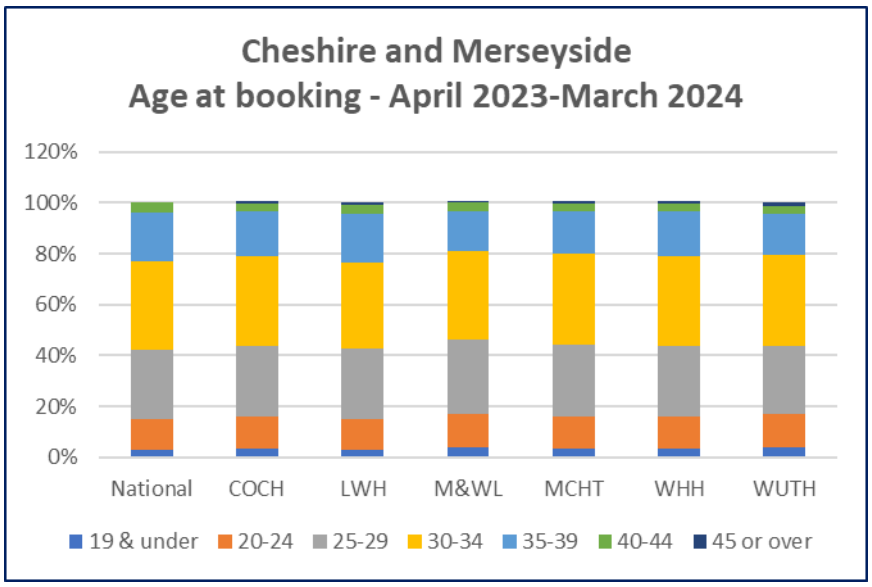
In 2022, England and Wales recorded 605,342 live births, with 24,289 of those occurring in Cheshire and Merseyside. During the 2023-24 financial year, the region saw 26,025 antenatal bookings and 21,750 live births. Notably, the majority of women who booked antenatal care were between the age of 20-39, with a relatively low percentage of women over 40 and under 19.

Table 3

Cheshire and Merseyside births - April 2023-March 2024		
Trust	**Antenatal bookings**	**Births**
Countess of Chester Hospital NHS Foundation Trust	2305	1980
Liverpool Women's NHS Foundation Trust	8590	6885
Mersey and West Lancashire Teaching Hospitals NHS Trust	5790	4885
Mid Cheshire Hospitals NHS Foundation Trust	3340	2750
Warrington and Halton Hospitals NHS Foundation Trust	3040	2405
Wirral University Teaching Hospital NHS Foundation Trust	2960	2845
TOTAL	**26025**	**21750**

Source - National Maternity Dashboard NHS England

Table 4



Source - National Maternity Dashboard NHS England

According to the latest Census (2021), local authorities with the highest teenage conception rates based on the population of women aged 15 to 17 was St.Helens, which had 25.9 pregnancies per 1000 compared with England average of 13.1. Halton, had 22.1, and Knowsley with 21.1, similarly Liverpool recorded 20.1 pregnancies per 1000. However, in the last decade the number of conceptions to women aged under 18 has reduced significantly, notably by an average of 50%.

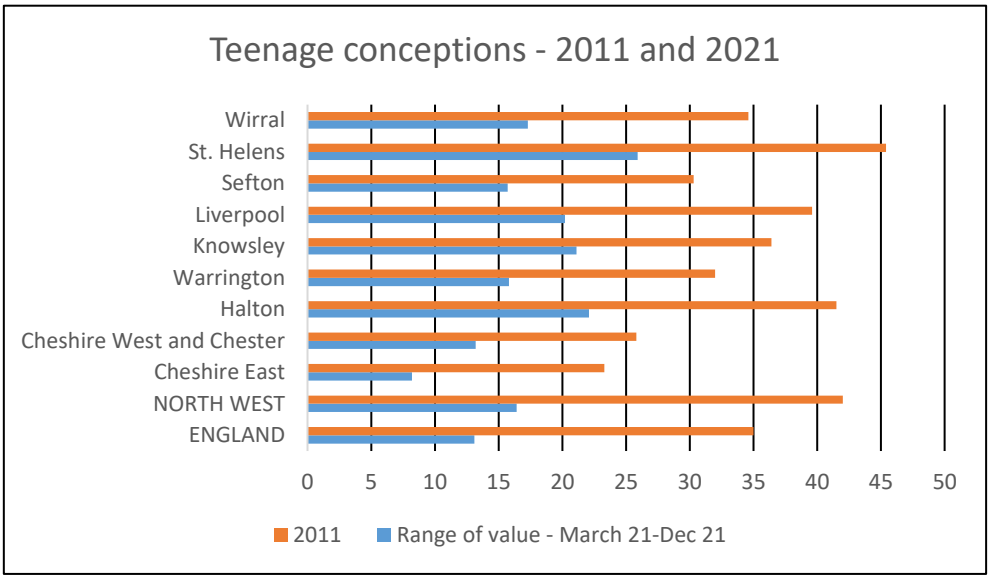


Table 5

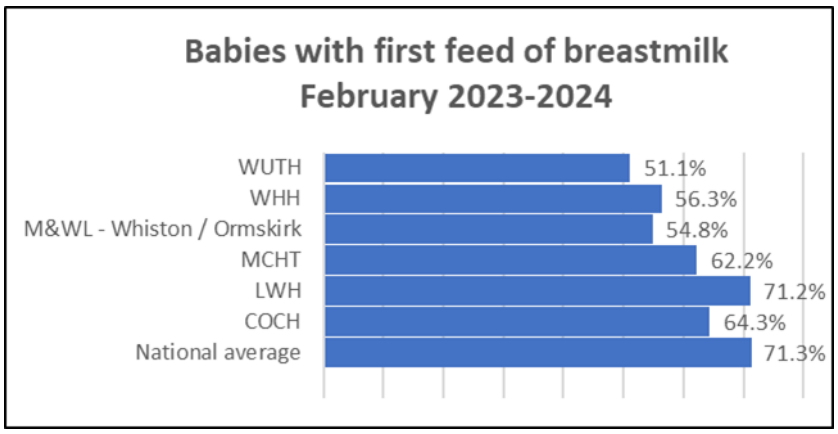
Source: Office for National Statistics

Breast feeding rates

There is overwhelming evidence that breastfeeding saves lives, improves health and cuts healthcare costs in every country, including the UK. It is also a powerful means of reducing inequalities. Despite this, the UK has some of the lowest breastfeeding rates in the world. For the maximum health benefits, 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. Data on breastfeeding initiation is collected by providers of maternity services and data on breastfeeding prevalence at 6-8 weeks is collected by Local Authorities. Table 6 data displays the variables for 'Babies first feed of breastmilk' for 2023-24, showing most providers are lower than the national average of 71.3% at the initial feed with WUTH at the lowest of 51.1%.

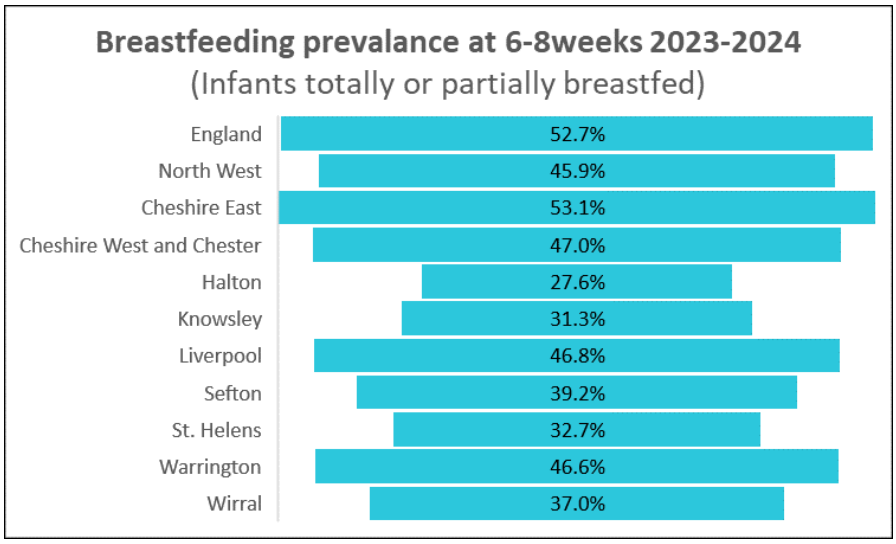
Table 6



Source - National Maternity Dashboard NHS England

There is a significant variation in the prevalence of breastfeeding at 6-8 weeks (totally or partially breastfed) across England. For instance, Halton reported a 27.6% rate, while the England average is 52.7%. Conversely, Cheshire East exceeded the England average, reporting a 53.1% prevalence. The wide disparity between population groups suggests cultural and highly individualised health factors influence rate of initiation and retention.

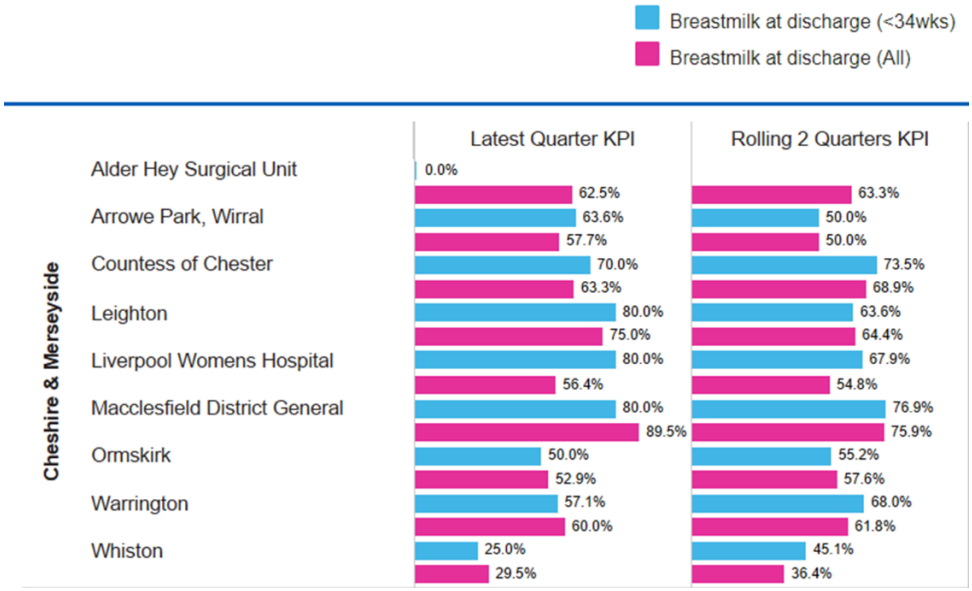
Table 7



Source: Office for Health Improvement and Disparities November 2024

The neonatal quarterly dashboard presents a clear picture of breastfeeding rates, tracking breastfeeding for infants less than 34weeks in the first 2 days of life and again at discharge across all gestational categories. The data highlights variability between trusts, indicating opportunities for shared learning and targeted support to improve consistency in breastfeeding outcomes. Recognising this trajectory helps identify trends, spotlight high-performing trusts for best practice examples, and direct interventions where needed to support breastfeeding continuation through discharge and beyond.

Table 8



The strategy should lead to an increase in breastfeeding initiation and continuation rates, with a particular focus on reducing inequalities in breastfeeding, for example improving breastfeeding rates for women living in the most deprived areas. Support should be complemented by promoting breastfeeding as a social norm across the whole population.

Developing the Breastfeeding and Infant Feeding Strategy

In accordance with the expectations set out above by NHSE/I, a steering group has been established in Cheshire and Merseyside to finalise the Infant Feeding Strategy. This group comprises all relevant commissioners, service providers, health professionals and service-user representatives. The steering group is tasked with considering the findings of this Gap Analysis report as a foundation for the development of the strategy and implementation plan.

Furthermore, a series of engagement exercises, inclusive of all stakeholders such as staff, volunteers, and service users, is also planned. The outcome of these activities will be analysed by the steering group once the work it is complete.

Mapping Tool – results and analysis

A detailed “mapping tool” has been used to determine the gaps in the current service provision in each of the hospital trusts and local authorities in the area. 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 several 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.

These questions were submitted to each of the relevant Infant Feeding Leads and the results are presented in the accompanying spreadsheet and are summarised below. Each question derives from a recommendation in the guidance, and each area is given a rating (Red/Amber/Green) based on their answers to each question. We present the analysis and recommendations based on the guidance here, but the following sources of evidence must also be considered alongside this by the strategy group.

Other best practice recommendations

Many of the recommendations in the following gap analysis are based on national guidance from NICE, OHID and NHS England. Additional recommendations, based on best practice, international guidance or research reports will also be shared with the Strategy Group.

Please see **Appendix 1** - *Established Recommendations from National Guidelines* for detailed information.

Feedback from mothers

Between December 2023 and April 2024, the LMNS Breastfeeding and Infant Feeding Strategy Steering group conducted an online survey to gather mothers’ experiences with baby feeding support. The survey was widely distributed across Cheshire and Merseyside and was completed by 515 individuals. The results were analysed, with quantitative data presented in charts and qualitative data grouped into themes.

Feedback from professionals

To identify key elements for the strategy, the group representatives sought input from colleagues across Cheshire and Merseyside. To facilitate this process, an online survey was circulated to staff members who support mothers with baby feeding, including health professionals and volunteers. The survey ran from December 2023 until March 2024 receiving 136 responses. However, recognising that the initial survey may not have been fully representative, particularly of maternity staff, the steering group extended the survey until May 2024. This extension resulted in an increase in responses to 176, providing a broader range of perspectives.

Results of Gap Analysis Mapping Exercise

Strategy and coordination

Recommendation 1
Each Local Authority Health and Wellbeing Board should set up an infant feeding strategy group and ensure the full participation of all relevant partners, including midwifery, health visiting, children's centres, GPs and neonatal staff, voluntary sector, and service users. The group should develop a local coproduced infant feeding plan that implements the recommendations of the Cheshire and Merseyside LMNS Infant Feeding Strategy.

What the guidance says:
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.

Local provision:

There is currently no infant feeding strategy across Cheshire and Merseyside in collaboration with all places, maternity, neonatal and paediatric services, this is the start.

All nine local authorities have some structure of steering groups already established. **Cheshire West** has a local breastfeeding strategy group with representation from service users, voluntary sector, midwifery, and the community service (0-19s starting well team, public health) and are currently finalising a breastfeeding JSNA. **Cheshire East** has a partnership of stakeholders from across the system (including those with lived experience) to create an 'infant feeding journey'. **Liverpool**, **St.Helens** and **Knowsley** have established a local infant feeding strategy group as part of family hubs and have a local strategy. **St.Helens** has a local breastfeeding strategy group with representation from service users, voluntary sector, midwifery, and the community service but do not have GP representation. **Liverpoo**l do not have GP representation, rather than individual representation the group is developing a service user engagement plan. **Warrington** have an infant feeding operational group quarterly meeting to oversee the priorities of the infant feeding strategy, which is currently out of date, risks/challenges are taken to the Early Help Partnership Board. **Halton** are currently updating their strategy and developing the membership of their operational group; however, the strategy groups do not yet have full representation from all partners and service users. **Wirral** has a local Best Start for Life steering group that incorporates representation at a strategic level from midwifery, 0-19, Children's services, public health and overseen by the Family Hubs steering group. This does not yet incorporate GPs, but this is the next development for the group.
Sefton do not have a local infant feeding strategy and do not yet have a group set up to develop one, however have working infant feeding groups established.

Recommendation 2
Local infant feeding strategies should include support for early years settings. In addition, the local authority should ensure that there are appropriate restrictions on the marketing on breastmilk substitutes, bottles, teats, or dummies in all local authority facilities and by all of their staff.

What the guidance says:
Local infant feeding strategies should cover early years settings, including nurseries and children's centres. They should also include appropriate restrictions on the marketing on breastmilk substitutes, bottles, teats, or dummies in all local authorities' facilities or by all staff.

Local provision:

All nine places are developing their infant feeding strategies that will include early years settings and place wide restrictions on the marketing of breastmilk substitutes, bottles, teats, and dummies. **Halton** are supporting early years settings via HHEYS framework (HIT) to access training and support with becoming baby friendly. **Cheshire West** have restrictions on marketing covered in their JSNA. In **Cheshire East** the Breastfeeding Welcome Scheme is currently offered to Early Years settings but not universally accepted. In **Warrington** early years settings, PVIs and CCs are offered infant feeding MECC and oral health modules. In **Wirral** this is included in their Breastfeeding Policy which was signed off by UNICEF. **Halton** Family Hubs have BFI award and will not market these products.

Recommendation 3
Cheshire and Merseyside LMNS should coordinate and monitor the implementation of the LMNS Infant Feeding Strategy, via local authority strategies, and collect information annually to determine progress on the implementation plan and breastfeeding rates.

Recommendation 4
Cheshire and Merseyside LMNS 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. Similarly, 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 the local Health and Wellbeing Strategy.

What the guidance says:
Local infant feeding strategies should ensure that links are made to promote, protect, and support breastfeeding in all policy areas where it has an impact. Local Maternity Systems should agree and implement a tailored breastfeeding strategy, and this should be consistent with the STP Health and Wellbeing Strategy.

Local provision:
Not yet measured or linked.

UNICEF UK Baby Friendly Initiative

Recommendation 5
Cheshire and Merseyside LMNS should oversee and coordinate the Baby Friendly Initiative process in all services – maternity, neonatal, health visiting and children's centres – with all Cheshire and Merseyside LMNS Infant Feeding Leads meeting regularly to share best practice and progress towards becoming a Gold Baby Friendly LMNS within 4 years. A "Baby Friendly Guardian" should be appointed at the LMNS level to provide high-level leadership to support this process.

What the guidance says:
All maternity care providers should implement the UNICEF UK Baby Friendly Initiative as a minimum. The programme should be delivered and coordinated across all providers (hospital, primary care, community, and children's centres).

Additional information:
UNICEF UK Baby Friendly Initiative standards exist for **Maternity**, **Neonatal**, **Health Visiting** and **Family Hubs** as well as for **universities** that train midwives and health visitors. In 2016 UNICEF UK introduced the **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.

Recommendation 6
All hospital trusts should build on their Baby Friendly Initiative accreditation for **maternity** services, adopting Achieving Sustainability and aiming for Gold within 2 years. They should begin the process of accreditation of **neonatal** services, adopting Achieving Sustainability standards from the start, aiming for Gold within 4 years.

What the guidance says:
Maternity services are required to undertake Baby Friendly Initiative accreditation. Neonatal units should also undertake independent Baby Friendly Initiative accreditation as part of the Neonatal Critical Care Review recommendations.

Local provision:

Mid Cheshire Hospitals (MCHT) has full accreditation for maternity and were reaccredited in the last 2 years and has neonatal accreditation, reaccreditation is due 2025.

Liverpool Women's Hospital (LWH), are overdue and **Warrington and Whiston Hospital** are suspended for their reaccreditation for maternity, and are in the process of planning ready to aim for stage 2. LWH and Warrington neonatal services have achieved stage 1 and are working towards stage 2. Whiston have no plans in place to gain accreditation for neonatal service.

Southport & Ormskirk have achieved stage 2 for maternity and are working towards stage 3, neonatal have stage 1 and are working towards stage 2.

Wirral have full accreditation for maternity and reassessment is planned for October 2024, there are no plans for neonatal services.

Countess of Chester has full accreditation for maternity and have been reaccredited in March 2024, neonatal is working towards stage 2.

C&M LMNS meet monthly with all infant feeding leads to share best practice and support progress towards achieving BFI accreditation and have agreed to fund neonatal services to achieve stage 1 consequently have supported LWH, Alder Hey and Countess of Chester.

Recommendation 7
All local authorities should progress swiftly and steadily through each stage of Baby Friendly Initiative accreditation for **health visiting** and **family hubs**, adopting Achieving Sustainability standards from the start, aiming for Gold within 2 years (if already accredited) or within 4 years (if not yet accredited).

What the guidance says:
Baby Friendly Initiative accreditation (or equivalent) should be undertaken in health visiting and children's centres.

Local provision:

Wirral have stage 2 accreditation for health visiting and family hubs combined.
Knowsley is fully accredited at stage 3 for BFI.

Cheshire West have the Starting Well Service (which includes both health visiting and family hubs) and have achieved BFI stage 2 accreditation in November 2021. They are working towards Stage 3 accreditation and assessment will be carried out in November 2023.
Halton and Warrington reassessment is overdue for health visiting and family hubs.
St Helens are working on stage 1 and 2 combined. They have developed an Infant Feeding Policy as part of their work towards BFI, which includes restrictions from 'The Code' **Liverpool** Family hub network is applying for stage 1 accreditation and O-5 service is due stage 1 and 2 joint assessments in March 2025.

Cheshire East health visiting is fully accredited, and family hubs are pending reassessment.
Sefton is yet to be accredited and will be working on stage 1 and 2 combined.
Warrington local authority is yet to be accredited and will be working on stage 1 and 2 combined.

Community support

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 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 hold an International Board Certified Lactation Consultant (IBCLC) qualification

*New Infant Feeding Support Competencies developed in 2023 https://ukbreastfeeding.org/infant-feeding-support-competencies/

Additional support for breastfeeding

Recommendation 8
All Local Authorities to commission a baby feeding peer support service with sufficient paid staff and volunteers to:

- support every mother on postnatal ward with their choice of feeding
- call all mothers within 48 hours of discharge
- offer telephone and online support
- offer all mothers support at home in the early weeks
- ensure baby feeding support groups are available year-round and accessible to all mothers, particularly those least likely to breastfeed the population

(See also Recommendations 23 and 36 on Integration, Workforce and Training)

Recommendation 9
Survey local families to determine if baby feeding drop-in groups are frequent enough and accessible to all, particularly groups least likely to breastfeed.

What the guidance says:
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). Further support should be available in the form of peer support groups, baby cafés, telephone support and home visits. Particular attention should be paid to the needs of groups least likely to breastfeed.

Local provision:

Cheshire West has commissioned Koala Northwest to provide a breastfeeding peer support offer (Bosom Buddies) including running breastfeeding peer support groups in the borough and providing one to one support on request for mothers who cannot attend the groups. Through an initial telephone support contact (not home visits). Telephone support is available from the infant feeding team at Leighton Hospital and the Countess of Chester. The Starting Well service can also provide telephone support, and they have a duty service which mothers can contact during working hours, visual support is offered via Facebook. Home visits are not offered as part of the peer support offer. There are 7 breastfeeding support groups per week across the borough, facilitated by Starting Well Bosom Buddy Peer Supporter (Koala Northwest) and are available in the majority of the main family hubs.
Warrington has volunteer support service in place to support breastfeeding rates and increase rates in the deprived areas, they have a telephone service but no current hospital or visual support, 22 mothers out of 25 (88%) were contacted with 48 hours of discharge. There are 3 geographical well baby clinics and 3 Bosom Buddies groups based at family hubs. Health Visitor wellbeing clinics also provide infant feeding information if required.

Knowsley has paid breastfeeding support provided by Wirral Community Health and Care (WCHC) who provide support in the community via telephone and home visits. There are breastfeeding support drop-in sessions per week run by Everyone Health.
Cheshire East have a cohort of volunteers in training to begin delivery of peer support in hospitals. Their infant feeding service (Cherubs) and peer support volunteers run drop-ins accessible to their population. A survey for local families is in progress with the MNVP. For further information: https://livewellservices.cheshireeast.gov.uk/services/3438/cherubs-breastfeeding
Liverpool have commissioned community Bambis to deliver ongoing breastfeeding support, this is also offered in hospital with 100% contacted by phone within forty-eight hours, but currently only to women living in Liverpool.
Sefton has a specialist infant feeding support pathway for Sefton families 0-19 service. Sefton Breastfeeding Peer Support service is volunteer led and offers telephone and visual support but does not include hospital or home visits. Groups cover Southport, Formby, Netherton and Bootle areas are mothers can access details via social media. A survey for local families has been conducted via specialist service evaluation and a health needs analysis was undertaken in July 24 to gather feedback from breastfeeding families.
Halton has an infant feeding service delivered by Health Improvement Team as part of Public Health funding and Infant Feeding Specialist with initial telephone support with one-to-one home visits offered to all breastfeeding mums. City Health Partnership CIC are commissioned to offer infant feeding support on postnatal ward at Whiston Hospital. A peer support volunteer service will be implemented via Family Hubs and will sit within Public Health. There is currently 1 drop-in clinic open to all, not targeted, more groups planned to be set up in the next 6 months aiming to be peer led with support from Health Improvement Team and family hubs staff. Insight work is being cared out to include evaluation of local families to determine if feeding drop-in groups are frequent enough and accessible to all.
Wirral public health commission Koala Northwest to deliver breastfeeding support to families, this incorporates 1:1 peer support in the home, on the telephone and breastfeeding groups which are facilitated by family hub staff, these are run in all localities across the week. They have completed evaluation of local families through annual UNICEF audits.
St Helens has City Health Care Trust commissioned to deliver breastfeeding support via telephone and in Whiston Hospital they attend the ward Monday to Friday mornings to offer additional support. CHCP also commissioned to provide one breastfeeding specialist within Family Hubs through DFE funding.
Sefton has evaluated local families to determine if baby feeding drop-in groups are frequent enough and accessible to all via specialist service evaluation. **Halton** plan to include this in insight work due to be carried out.

Recommendation 10
Consider joint commissioning of breastfeeding peer support between ICS and Local Authorities and/or between Local Authorities and ensure that contracts are in place for at least the duration of this strategy to ensure continuity.

What the guidance says:
Local Maternity systems should commission for outcomes. In particular where there are public health outcomes the LMNS should consider pooling of resources and joint commissioning e.g., through an Alliance Agreement.

Local provision:
Not started

Access to breast pumps

Recommendation 11
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.

What the guidance says:
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. 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.

Local provision:

Cheshire West has approximately 30 Ardo calypso breast pumps provided by Countess of Chester Hospital only for women who are having difficulty or who are on a feeding plan and are loaned for one month free of charge. If they need a pump longer, they are asked to source their own or are signposted to Ardo or Medela who provide the Countess of Chester with discount codes for hire. All women are shown how to use them and are provided with feeding support.
Cheshire East have ordered thirty-five breast pumps to provide to mothers who need to express at home, free of charge through family hubs and the infant feeding team.
Sefton has fourteen pumps available free for short term hire, provision joint managed by BFSS and specialist infant feeding service. They have plans to involve family hubs when accreditation is underway, and training completed. For women with Sefton postcode supplementary nursing systems are supplied free of charge to support maximising breastmilk plans and re-lactation plans.
Warrington has five PAT tested breast pumps in place, and the Health Visitor can refer to the infant feeding team for a pump.
Wirral has free hospital grade breast pumps available to all who need them which can be picked up and returned to family hubs, and ongoing support is provided to use them.
Knowsley have not commissioned a breast pump service but are supported by WCHC with a free loan hire service for women with a Knowsley postcode.
St Helens and Liverpool provide hospital grade breast pumps free of charge via community infant feeding team. Whiston hospital have electric pumps available if needed.
Halton has breast pumps available to women accessing support from Halton infant feeding team, which are loaned on a short-term basis for support with short term issues (usually 2-4 weeks max). Mother must engage with follow-up support (phone/f2f) for the duration of the loan and sign a form to confirm agreement of terms, confirmation of demonstration and that they have been measured for flange size or declined.

Specialist support for breastfeeding

Recommendation 12
Specialist breastfeeding support is part of the commissioned community infant feeding support service. 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, health visitors, GPs, paediatricians and dietitians. The pathway should incorporate faltering growth and tongue tie pathways. The specialist support should be provided by someone who has undergone IBCLC training and who is currently certified as a lactation consultant. Specialist support should be available to all mothers who require it, including home support when necessary.

UNICEF UK Baby Friendly Initiative makes a distinction is made 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. (See box "Additional and Specialist support for breastfeeding", page 15)

What the guidance says:
When mothers experience complex breastfeeding challenges, specialist help should be available from a team of staff with appropriate training (IBCLC – International Board Certified Lactation Consultant – is a quality standard). A referral pathway leading to this specialist support should be documented and all staff should be made aware of it and know how to use it. The pathway should include guidance on how to refer back to the health professional (or baby feeding team) when specialist support is no longer needed. Commissioners should also ensure that pathways are in place for identifying and managing faltering growth in babies and preschool children. These pathways should include healthcare professionals with expertise in faltering growth – including infant feeding specialists, lactation consultants and speech and language therapists. Breastfeeding support should be made available regardless of the location of care, including at home.

Local provision:

All services have a specialist referral pathway to an established IBCLC-led specialist team as part of their requirements of 0-19 commission, under Baby Friendly Initiative accreditation. There is no formal C&M pathway, but health visitors and peer supporters may consult with the infant feeding lead, specialist support at home is provided.
Cheshire East are via telephone call from community midwives, health visitors, hospital midwives (including Neonatal) and self-referral.
Halton have a specialist clinic run by an IBCLC Infant Feeding Lead and appointments to a breastfeeding by counsellor.
Knowsley Infant Feeding Lead is IBCLC certified. Referrals can be made by Breastfeeding Support service/Everyone Health/ Health Visiting and in the process of circulating to GPs.
Cheshire West referrals to the Specialist Clinic run by the Infant Feeding Lead in the Starting Well Service are made by Health Visitors and the Infant Feeding Teams in the COCH and Leighton Hospitals. Referrals to the specialist clinic at the COCH are via healthcare professionals, including midwives and fetal medicine.

St.Helens has City Health Care Trust commissioned via Public Health with an Enhance offer commissioned through Family Hubs. Infant Feeding Advisors and Practitioners deliver infant feeding support via telephone, groups and home visits. Support is offered at Whiston Hospital five days a week currently and seven days when at full capacity. Three drop-in groups and two specialist clinics offered per week. Targeted support is offered at a Family Residential Centre. There is an IBCLC within the community infant feeding team. Referrals can be made via telephone or email.
Warrington has an IBCLC Infant Feeding Lead, health visitors can refer with faltering growth.
Wirral families are referred to lactation clinic and to dieticians. This may also mean a subsequent referral to paediatricians.
Sefton referral pathway exists for Sefton families, staff facilitating and overseeing are IBCLC and Tongue Tie practitioners or training to be.
Specialist support is offered in **Liverpool** by Infant Feeding coordinator who is a tongue tie practitioner and working towards IBCLC. Referrals are via a Health Visitor following face to face reviews in clinic and at home if needed.

Tongue tie

About tongue tie (ankyloglossia)

It is estimated that around 1 in 10 babies will have a short frenulum or tongue tie. Where this restricts the movement of the baby's tongue, it can impact on their ability to effectively transfer milk during breastfeeding and can result in poor weight gain. Tongue ties can prevent babies from establishing an effective latch and this can often cause pain and nipple damage in the mother. Identifying whether there is a tongue tie, and whether it is impacting on breastfeeding, is an expert-level skill (IBCLC or SALT level), but breastfeeding supporters can be trained to identify the main signs that suggest a tongue tie.

The guidance on tongue tie is limited but when families are waiting for the procedure, the baby may need supplementing with breastmilk, so mothers need to be supported with expressing their milk. Some mothers may experience too much pain to breastfeed directly, in which case they will need to express enough milk to protect their milk supply. (Physiologically, the first 10 days after birth are a critical window for establishing a full milk supply.) In the meantime, the baby may become habituated to bottle feeding.

It is therefore essential that waiting times for frenulotomy be kept to a minimum and that mothers are provided intensive support with feeding and expressing during their wait, including breast pump loans when needed and modified breastfeeding positions to improve the baby's latch. After the tongue tie babies may need to re-learn how to attach well to the breast, so further support in the community is needed.

What the guidance says:
If breastfeeding concerns persist a review of positioning and attachment by a skilled healthcare professional or peer supporter, babies should be evaluated for ankyloglossia (tongue tie). Careful assessment is important to determine whether the frenulum is interfering with feeding and whether division is appropriate. If it is, then the procedure should be carried out as early as possible.

Maternity and health visiting services and children's centres should ensure they make provision to meet the needs of mothers and babies where a tongue tie has been identified and is causing problems with breastfeeding. This can be done via a formal contract with a neighbouring service if necessary.

Recommendation 13
Set up an LMNS working group to examine the provision of tongue-tie services across Cheshire and Merseyside LMNS and to design a fully integrated service. Ensure appropriate provision of rapid-access tongue-tie clinics, and clear, well-communicated referral pathways from midwifery, health visiting, GPs, and peer supporters. This should include training and information on how to recognise signs that tongue tie is affecting breastfeeding. When a referral is made, mothers continue to receive help from additional breastfeeding support service to maintain milk supply (including breast pump loan) while waiting for treatment. Additional support continues following tongue-tie treatment until breastfeeding is well established.

Local provision:

In Cheshire and Merseyside LMNS babies who have been identified as having tongue tie are referred to several hospitals or clinics by community services. There is no clear standardised universal form for referrals, and no service has a follow up tongue tie procedure.

There is a considerable variation in waiting times across the region.

Cheshire West tongue tie provision is offered in the specialist clinic at the Countess of Chester Hospital (COCH) which will see babies up to sixteen weeks for tongue die division. Leighton Hospital also offer a tongue tie clinic which see babies up to twelve weeks, babies over this are referred to Alder Hey within each hospital's pathway. Waiting times can vary but aim to offer appointment within 2 weeks and criteria for COCH is babies within locality or babies born at COCH, Leighton will see out of area families, particularly from Stoke where service is not offered but the waiting list is over 2-3 weeks.
In **Cheshire East** referrals are to Leighton Hospital frenulotomy service up to twelve weeks with 3-6 weeks wait. East Cheshire Trust has no service, referrals are to Alder Hey (6 - 8 weeks wait) or Dudley (2 - 3 week wait). Infant Feeding Lead for East Cheshire Trust is to be trained in frenulotomy in 2024 so service will be reinstated to avoid referral to Alder Hey and Dudley.
Sefton working on strengthening referral pathway and increasing the offer to tongue tie provision, currently sits with Alder Hey Hospital. Assessment can be made by Specialist at Infant feeding support Sefton **if no** additional needs will refer to Alder Hey or Whiston. - Wait times vary week by week but range from 7-18 weeks with no efficient pathway to refer into after the procedure, a letter comes several weeks later to referring healthcare professional advising of outcome of assessment.
Warrington ENT offer tongue tie divisions, wait times are on average 6 weeks and referrals by Health Visiting team or Maternity team.
Knowsley and St. Helens staff can refer to specialist breastfeeding clinic for assessment only If tongue tie suspected direct referral to Alder Hey or Whiston. Wait time for Whiston Tongue Tie clinic is currently 8-10 weeks but this does fluctuate quite significantly throughout the year between 2-10 weeks typically.

Halton currently completed by Warrington Hospital or Alder Hey with long waiting times of twelve / sixteen weeks non-urgent and 6 weeks urgent.
In **Wirral** babies are seen by infant feeding lead in WUHT prior to referral into max fax (bottle and breast feeders). Breast feeders seen in lactation clinic prior to referral, waiting list is currently 4 weeks.
Liverpool provision is by ENT at Alder Hey Childrens Hospital which can have average waiting times of 14-20 weeks. Mums are offered to bring baby to a drop-in session for a follow up by Infant Feeding Consultant.

MCHT has a guideline in place. If mother is having difficulties with feeding, management plan initiated including observation of full feed and feeding assessment completed. Plan needs to review 48 hours later, if still having difficulties and TT suspected, referral to clinic assessment. Weekly TT clinic that can see seven infants. Accepts infants > 5 days & <12 weeks. Referrals need to be completed by 11 weeks old. Infant needs to have had Vit K, no family history of bleeding or clotting disorders. Assessment and procedure can be completed at same appointment if restriction identified, and parents provide fully informed consent.

LWH have a weekly tongue tie service provided by tongue tie practitioner from AHCH Referrals are sent from LWH to AHCH and seen as quickly as possible. Urgent referrals are fitted into the weekly clinic as triaged by Infant feeding team.
M&WL (Ormskirk) follow L&SC LMNS referral form to refer to LTHTR and Alder Hey form for them.

COCH there are two tongue tie practitioners at COCH who are working in the specialist clinic. A third practitioner is currently in training with a fourth practitioner starting training in Feb 2024. Referral is from a health care professional. Infants can be referred up to 16 weeks of age. Only in area referrals are accepted at present. We plan to extend to out of area referrals once our fourth practitioner is trained. There are currently two clinics per week seeing 3 infants per clinic. Our wait time is approximately 2 weeks.

M&WL (Whiston) tongue tie service is provided by the ANNP, supported by the infant feeding team. Mothers are encouraged to attend drop-in clinic for additional support prior to and post release of tongue tie.

WHH tongue tie referrals made to ENT. 12 week wait for urgent referrals, 16 weeks for non-urgent. Poor service, 15-minute slots with no aftercare, no breastfeeding support. IFL for maternity and neonatal both plan to complete frenulotomy training.

WUTH training given re: tongue tie on infant feeding two days and an update day. No rapid access clinic, waiting times up to 6-8 weeks. Tongue tie clinic offered every two weeks run by a Maxillofacial Consultant. Breast pump loan scheme is available as well as referral into specialist infant feeding clinic. Feeding support offered by feeding lead as part of tongue tie clinic and f/up arranged as needed.

Bottle feeding

Recommendation 14
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, children's centres and neonatal). Additional breastfeeding support services (see Recommendation 8) should include support for families who are bottle feeding.

What the guidance says:
Mothers should be supported to make informed decisions about giving food or fluids other than breastmilk. When exclusive breastfeeding is not possible, they should be supported to maximise the amount of breastmilk their baby receives. All parents and carers who are feeding their baby infant formula should be shown how to safely make up a feed to minimise the risks. In order to facilitate the development of close, loving relationships, mothers who bottle feed should be encouraged to do so responsively and to give the majority of feeds in the early weeks.

Local provision:

Across **Cheshire and Merseyside LMNS,** all maternity, neonatal and health visiting staff who support baby feeding are trained to offer help with safe and responsive bottle feeding and mixed feeding, in addition to supplying leaflets and signposting to BFI standards.
In **Cheshire West** guidance and support on how to bottle feed safely and responsive feeding is part of standard antenatal/postnatal using the Department of Health guide to bottle feeding with all families on an individual basis, usually given at the new birth visit.
Cheshire East provide the information on a case-by-case basis by midwifery, infant feeding team and unsettled baby clinic.
Halton offer an antenatal workshop delivered by Health Improvement Team (HIT), who also offer support upon discharge.
In **Knowsley and Sefton** health visitors use the Department of Health guide to bottle feeding with all family's bottle feeding usually at the newborn visit with the assessment tool and offer all parents a safety demonstration and information on responsive formula feeding. All 0-19 staff in Sefton have annual training of safe and responsive bottle feeding and a practical skills review each year to assess knowledge and skill.
Warrington give bottle-feeding training for staff and support mothers on a one-to-one basis. **Wirral** parents who formula feed have a one-to-one discussion about safe formula feeding, provide face-to-face support, written, digital or telephone information to supplement (but not replace) face-to-face support.
St. Helens community infant feeding team contacts bottle feeders with twenty-four hours of discharge and at day 6. On going support offered if required. Guidance and support on how to bottle feed safely and responsive feeding is part of standard care using the Department of Health guide to bottle feeding.
Currently in **Liverpool** all 0-25 staff and L3 family hub staff are trained.

Introducing solid food

Recommendation 15
All families are invited to attend classes on the introduction of solid foods at around 3-4 months. Targeted support for families on low incomes, such as those receiving Healthy Start vouchers, is available. 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, e.g., HENRY Healthy Families (see case study)

What the guidance says:
Families should be given appropriate advice on how and when to introduce nutritious foods to their babies to complement breastmilk or formula milk. Low-income families who are receiving Healthy Start vouchers should be given advice on how to use the vouchers to increase the amount of fruit and vegetables in their diet, for example through group sessions or practical cooking sessions. Babies at risk of becoming obese should be identified early and offered professional support involving the whole family.

Additional information:
There have been gaps in the evidence of what is effective at preventing overweight and obesity in the 0-5 age group, but there is now strong evidence that a whole family approach can be effective. The HENRY programme is mentioned here as it has a strongest evidence base of any family nutrition intervention in the UK for this age group. The programme was developed in response to Professor Mary Rudolf's report, *Tackling Obesity* through the healthy child programme: a framework for action, commissioned by the Department of Health in 2009.

Local provision:

Cheshire West 0-19 service deliver weaning sessions out of family hubs. Koala Northwest also deliver structured sessions within the breastfeeding support groups which includes topics such as the introduction of solids, returning to work and infant feeding success. They are delivering HENRY Healthy Families right from the start (0-5).
In **Cheshire East** all staff are trained by the infant feeding team and classes for parents are co-delivered with family hub staff**.**
Sefton has a task and finish group to improve the offer of information and support around starting solid foods. HENRY pilot is due to be delivered by local authority, health visiting and family wellbeing.
In **St.Helens** the community infant feeding team deliver the introduction of solid food using Start for Life and NHS guidance evidence based. HENRY course delivered by St Helens Wellbeing & 0-19 team.
Health visitors in **Knowsley** offer twelve to sixteen weeks contact within family hubs which covers introducing solid foods. HENRY is available universally delivered by the local authority; discussions are in place to integrate with health visitors for delivery.
In **Warrington** the health visiting team have recently had HENRY training, eight staff have completed both the core and group facilitation element. No HENRY programmes delivered to date, but workshops are planned.
Halton Health Improvement Team deliver introduction of solid food workshops. Parents are invited to attend if consent given when contacted after discharge, they are invited after four months. This is also covered on HENRY course delivered in Halton by infant feeding lead.

In **Wirral** HENRY classes and Big Dish Little Dish classes are offered within family hubs. Introduction to solids is offered within the breastfeeding and baby groups. **Liverpool** family hub network facilitate 'starting solids' workshops.

Infant feeding inequalities.

Recommendation 16
Mothers least likely to breastfeed are identified antenatally and are provided with targeted support throughout their pregnancy and during the first year of life. This may include families on Healthy Start vouchers and young mothers. Where targeted health-visiting services are in place, such as Family Nurse Partnership, these should be fully integrated with breastfeeding support services so that families receive additional and specialist support when needed.

Recommendation 17
Mothers who have English as a second language are provided with interpreters 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 languages spoken in the community.

What the guidance says:
Younger mothers and mothers on low incomes are the least likely to breastfeed, but they are also more likely to have a premature or sick baby who would benefit the most from breastfeeding. Therefore, targeted efforts to increase breastfeeding rates in these groups in particular can help to reduce inequalities. This can include education and information about breastfeeding given antenatally as well as additional support with breastfeeding postnatally, particularly for those on Healthy Start scheme or who are eligible for it. Additional measures may be necessary to ensure equitable access to breastfeeding support and information for mothers who do not have English as a first language (e.g., interpreters, training for link workers, encouraging people from these communities to train as peer supporters).

Targeted support for breastfeeding is included in the menu of evidence-based interventions and approaches for addressing and reducing health inequalities that supports the NHS Long Term Plan. Marked inequalities in breastfeeding rates between groups are described as a major driver of health inequalities.

Additional information:
While BAME mothers are more likely to breastfeed (based on national surveys), BAME groups often experience significant health inequalities. For example, some groups have six times the risk of developing type 2 diabetes, so BAME mothers and babies are likely to benefit disproportionately from improved breastfeeding rates (breastfeeding significantly reduces the lifetime risk of type 2 diabetes in both mothers who breastfeed and those who were breastfed as babies).

Local provision:

Cheshire West are currently planning the provision to provide support to targeted women in collaboration with Koala Northwest.
Cheshire East support mothers in HMP Styal as required. They are currently developing a group in Crewe for mothers with English as a second language. In addition, working in collaboration with Family Nurse Partnership to take a targeted

approach to working with mums in areas of deprivation, targeting antenatal contact and perinatal mental health team.
St.Helens all groups and clinics are run in IMD 1 areas. Targeted support is offered via a family residential centre in the town centre. Interpreter service offered for those who do not speak English as a first language. **Liverpool** supports an area of Liverpool where there are high rates of deprivation with targeted Health Visitor provision.
Knowsley offer drop in and appointments clinics for mothers in the most deprived area. Use of Interpreter services for mothers with English as second language. Breastfeeding Support Service links closely and receives referrals from Enhancing Families Service.
In **Warrington** there is a breastfeeding volunteer service who target delivery to teenage mothers and quintile two mothers.
Halton Family Nurse Partnership provide targeted support to first time mums antenatally and postnatally. Interpreter services are currently used.
In **Wirral** support is given in women's refuge, and support given via resettlement family worker to families who are seeking asylum or have been displaced. Additional resource is targeted to areas of deprivation. Peer support programmes have sessions in these localities more frequently.
Sefton offer drop in and appt clinics for mothers located in Bootle area with lowest rates face to face support via Breastfeeding Support Sefton offered in Netherton via appointment or at group UNICEF multi language resources circulated to all staff.

Healthy Start voucher

Recommendation 18
Councils have a designated officer or health professional with overall responsibility for the Healthy Start scheme. A target of 80% uptake of Healthy Start vouchers 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.

What the guidance says:
The Healthy Start provides food vouchers and coupons for vitamin supplements to pregnant women, new mothers and parents and carers with young children (under 4 years) who are on low incomes and to all pregnant women aged under 18 years. It aims to improve health and access to a healthy diet for families on low incomes across the UK. Commissioners should ensure that there is good uptake of the scheme among those eligible. The food charity Sustain recommends a target of 80% uptake and that there should be a lead professional to monitor this and to provide training for staff as part of a council developed Food Poverty Action Plan.

Local provision:

Cheshire West, Cheshire East, Liverpool, Warrington, Wirral, Halton, St.Helens and Knowsley have a designated officer who has overall responsibility for Health Start Vouchers.
Sefton do not have a designated officer**.**

Healthy start up take data to see how many families are accessing the voucher scheme is currently unavailable and will be recorded for this report later.

Service integration

Recommendation 19
Peer supporters are part of a multidisciplinary team, with clear pathways for communication and referral between peer supporters and health professionals, including midwifery, health visiting, GPs and others involved in the care of mothers and babies. Peer supporters know how to get advice from health professionals, and health professionals know how to refer to the peer support or baby feeding service. There is appropriate data sharing between services to enable collaboration and to allow the smooth running of services. Examples of pathways include mastitis, tongue tie, thrush, jaundice, dehydration, faltering growth, medications compatible with breastfeeding, mental health, nipple pain and trauma, rashes on the breast, colic, and reflux.

Recommendation 20
All GPs are offered training that includes typical breastfeeding issues as part of the 6–8 week maternal check and which may arise during the postnatal period generally, including safe prescribing for breastfeeding women, with clear referral pathways when further support is needed. Each GP surgery has a nominated GP Infant Feeding Champion with a specialist interest in breastfeeding and who has completed additional training.

What the guidance says:
Peer supporters should be part of a multidisciplinary team and should be able to consult a health professional and there should be clear referral pathways. Mothers and their babies should experience seamless care across organisational boundaries, and their needs should be met through integrated working. Across the LMNS there should be a culture of multi-professionalism, in which staff from different professional groups respect each other and collaborate to put women at the centre of care.

Guidance on management of mastitis, for example, demonstrates the need for breastfeeding support to link up with GPs and for them to have sufficient training in support for breastfeeding mothers themselves. Identification and treatment of mastitis involves getting support with positioning and attachment and breastmilk expression. If self-management is not effective, then mothers may need urgent antibiotic treatment.

Maternity, health visiting, and any locally commissioned breastfeeding peer support services should work more closely on a joint plan to ensure that women receive the feeding support they need at the right time, including out of hours.

Local provision:

Peer support services are part of a team across Cheshire and Merseyside LMNS and joint working is built in. All peer supporter/breastfeeding supporters can consult a health professional.
Koala Northwest, who provide breastfeeding peer support in **Cheshire West**, can use Starting Well's record keeping systems to keep up to date notes of progress with families.

Cheshire Easts integrated team accesses training, supervision, consistent communication.
St.Helens have an Infant Feeding Strategy group to support communicate.
In **Knowsley** their Infant Feeding workstream is part of family hub development.

In **Warrington** volunteers have been part of the commissioned service since 2016, however, this is being reviewed for the new contact 1 (there might be a hybrid approach - both volunteers and paid staff).
Halton integration of HIT IF service and Bridgewater clinical service. Pathway developed and staff working across organisations to support pathway. Volunteer peer support programme in development as part of Family Hubs delivery plan.
Wirral the breastfeeding groups are visited by 0-19 colleagues to ensure joint working.
In **Sefton** contract exists between Mersey Care and breastfeeding support Sefton to provide volunteer led model of peer support.
Liverpool service leads for community Bambis can consult with Infant Feeding Leads via telephone or email.

Currently there is minimal joint working with GPs. Some training and eLearning have been offered by Infant Feeding Leads at a local level but rarely taken. Work in **Cheshire East** is ongoing to improve links via Care Communities / Primary Care Networks. **Warrington** are considering having a GP champion in each of the five PCNs.

Sefton do joint working with Sefton GPs by way of a GP infant feeding champion who acts as conduit between Hvs and GPs and attends Gold strategy group – Sefton Gp practices are in process of signing up all surgeries to the breastfeeding welcome scheme and have at least staff member in each surgery that has attended the UNICEF Infant feeding training, Sefton infant feeding lead has delivered 45 mins session to 69 GPS.

Virtual Provision of Infant Feeding Support

Recommendation 50
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 a digital offer could be rolled out pan LMNS.

What the guidance says:

The (Family Hub and Start 4 Life) funding should be used to design and deliver a blended offer of advice and support that will help all mothers to understand the benefits of breastfeeding and meet their infant feeding goals. The needs of vulnerable or underserved parents should be considered. The funding should also enable co-parents and carers to feel included and able to support their partner; and **parents and carers have the information, practical advice and support they need (including out of hours) to support breastfeeding initiation and continuation, expressing breastmilk, and/or formula feeding where that is more appropriate.**

Local provision:

Knowsley had previously commissioned access to the digital pregnancy, early parenting and infant feeding app, Anya for all staff and community.

St.Helens have commissioned the Anya digital app and are in receipt of Family Hub and Start4Life funding.

Cheshire and Merseyside LMNS are in the process of developing a Women's Health app which will be launched in 2025. This includes Maternity and Neonatal information from conception throughout the pregnancy continuum and beyond and will be accessible for all women with the capacity to link to all Cheshire and Merseyside services.

Workforce (training and staffing)

Community Infant Feeding Leads

Recommendation 21
Each Local Authority employs an Infant Feeding Lead in the ratio of 1 WTE per 3000 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.

What the guidance says:
An Infant Feeding Lead should be employed to implement the local breastfeeding strategy, including the implementing, auditing, and evaluating the UNICEF UK Baby Friendly Initiative standards. The individual should have sufficient seniority, knowledge, and strategic project management skills to do so. It is recommended that there is one full-time equivalent per 3000 births.

It is also recommended that a peer supporter coordinator is appointed to provide day-to-day support, supervision, training, and coordination of peer supporters.

NHS calculations	WTE hours	1=37.5	0.2=7.5	0.4=16	0.5=18.75	0.6=22.5	0.8=30

Local provision:

All local authorities across Cheshire and Merseyside LMNS employ an Infant Feeding Lead, all dedicated to Baby Friendly Initiative.
Cheshire West employs 1 full time equivalent (WTE) band 7 Infant Feeding Lead and there are approximately 3200 births per annum. Leighton Hospital have 1 WTE band 7.
Cheshire East employ 1 0.6 WTE band 7, no comment for number of births.
St.Helens have recruited 0.8 WTE band 6 Infant Feeding Coordinator. Whiston Hospital have currently recruited one WTE and 0.4 band 7s.
Knowsley have recruited band 7 WTE until October 2025 and there are approximately 1950 birth pa.
Warrington have recruited 1 band 7 0.5 increasing to 1 WTE, with approximately 1932 births.
Halton have recruited 1 band 7 WTE and have approximately 1193 births.
Wirral have a team of 3, 1 WTE at WUTH, 1 0.6 community and 1 WTE in LA, all band 7s.
Sefton have 1.2 WTE Band 7 Infant feeding lead with births of approximately 2800.
Liverpool community currently employ 1 WTE band 7 Infant Feeding Lead and have approximately 5600 births per annum.

	Cheshire West	Cheshire East	Halton	Knowsley	Liverpool	Sefton	St.Helens	Warrington	Wirral
Is there an Infant Feeding Lead	Yes	Yes	Yes	Yes	Yes	Yes	To be recruited as part of Family Offer	Yes	Yes

WTE	1	0.6	0.6	1	1	0.8		1	0.6
Band	7	7	7	7	7	7	6	7	7

Community specialist breastfeeding support

Recommendation 22
Each Local Authority employs an Infant Feeding Specialist who is IBCLC certified in the ratio of 1 WTE per 3000 births dedicated to providing specialist support.

What the guidance says:
Some mothers may experience complex breastfeeding problems that cannot be addressed by midwives, health visitors or the additional support service (see above "Additional and Specialist support for breastfeeding"). The IBCLC certification (International Board Certified Lactation Consultant) is a recognised quality standard for providing this specialist support when needed, for example, in the assessment of faltering growth and tongue tie.
All people involved in delivering breastfeeding support should receive the appropriate training and undergo assessment of competencies for their role.

Additional information:
There is no UK guidance on the appropriate staffing ratios, but in the US the ratio has been estimated at one WTE IBCLC per 1292 mothers in the community setting. However, the US operates a different model of breastfeeding support, with IBCLCs much more widely used and peer support less, so this is likely an overestimate of what is needed. The number of mothers needing specialist support is not a fixed quantity – in areas with higher breastfeeding initiation, the need will be greater. Where mothers are more motivated to overcome problems, the need will be greater. But it's important to understand that minor breastfeeding problems that are not fixed earlier can lead to complex problems developing. When basic and additional breastfeeding support is of a high quality these early problems can after be nipped in the bud and the number of mothers needing specialist support is lower.

For peer support, where all breastfeeding mothers have access to a peer supporter, NICE recommends a ratio of one WTE peer supporter for every 250 breastfeeding mothers. If 10% of those mothers require specialist support, then at a rate of 85% mothers initiating breastfeeding, there should be one WTE specialist supporter for every 3000 births (assuming specialists spend an equivalent amount of time with mothers as peer supporters do).

Local provision:
Cheshire West, Cheshire East, Knowsley, Warrington, Sefton, St.Helens and Wirral specialist Infant Feeding lead is IBCLC certified**.**
Halton and Liverpool lead worked in an infant feeding team in a specialist role and are working towards IBCLC status both are Tongue tie practitioners.

	Cheshire West	Cheshire East	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral
An Infant Feeding Lead who is	Yes	Yes	Working towards	Yes	Working towards	Yes	No	Yes	Yes

IBCLC certified									

Community additional breastfeeding support

Recommendation 23
Peer support training that is externally accredited (e.g., Breastfeeding Network) 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 WTE peer supporter per 500 births (see Tower Hamlets benchmark). 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.

What the guidance says:
Some mothers may experience breastfeeding problems that cannot be addressed through routine care from midwives and health visitors (see above "Additional and Specialist support for breastfeeding"). All people involved in delivering breastfeeding support should receive the appropriate training and undergo assessment of competencies for their role. This includes employed staff and volunteers in all sectors, for example, hospitals, community settings, family hubs and peer supporter services. Peer supporters should attend a recognised, externally accredited training course in breastfeeding peer support. Maternal Mental Health Alliance has produced a perinatal mental health competency framework for professionals and volunteers who support infant feeding.

It is recommended that a peer supporter/volunteer coordinator is appointed to provide day-to-day support, supervision, training, and coordination of peer supporters. NICE estimates that there should be 1 WTE peer supporter for every 250 breastfeeding mothers. The number of breastfeeding mothers can be estimated from the number of births and the rate of breastfeeding initiation. This can be a combination of paid and volunteer peer supporters.

Additional information:
Typically, paid supporters should be trained to the Breastfeeding Network Supporter level, which takes approximately two years. (This is broadly equivalent to the NCT or Association of Breastfeeding Mothers "breastfeeding counsellor" or La Leche League "leader" qualifications.) Volunteer peer supporters should be trained to Breastfeeding Network Helper level – a 12-week course. (This is broadly equivalent to NCT Peer Supporter or ABM Mother Supporter qualifications.)

Local provision:

Cheshire West Koala staff are trained to deliver UNICEF BFI training. All peer supporters have one to one supervision every 6-8 weeks and are offered group support and supervision every four weeks. They are also able to access ad hoc supervision whenever requested, delivered by Koala Northwest staff. There is a paid peer support coordinator covering twenty-four hours, a service lead covering eighteen hours, no paid supporters and fourteen active volunteer peer supporters. Recruitment reflects Koala Northwest's Equality and Diversity policy.
In **Cheshire East** peer supporters training is provided by IBCLC Infant Feeding Lead which is ABA accredited. There is a paid peer support coordinator covering 0.2 WTE,

2.4 WTE paid supporters and fifteen active volunteer peer supporters. Peer supporters are recruited from a pool of volunteers with lived experience.

St. Helens offer training and support from their Infant Feeding Coordinator but are not currently externally accredited. All staff received UNICEF BFI training. Additional training is provided regularly to update on St. Helens are planning to develop the service as part of the Family Hub enhanced offer. Staff have one to one supervision every 6-8 weeks and are offered individual or group support and supervision as required. Four WTE support workers (currently 1.74, currently recruiting), with an additional three WTE through Family Hubs funding.

Knowsley Everyone Health volunteer peer support externally accredited by Breastfeeding Together, they have 1x paid peer support and one x paid peer support manager. WCHC have 2.4 WTE paid breastfeeding support workers plus 0.6 WTE for 12 months – managed and trained by WCHC Infant feeding lead.

Warrington and Wirral offer training and support from their Infant feeding leads but not externally accredited. Warrington have shared a new eLearning module link for the early year's workforce, the new programme explores the link between breastfeeding and perinatal mental health. Wirral's specialist health visitor for perinatal health supports their programme with knowledge around mental health. Both currently have no paid support workers.

Halton are planning to offer ABM Foundation and Advanced training. There are five WTE peer support workers while 1.8 are fixed term family Hub funding posts. Recruitment is local or neighbouring boroughs, who all have breastfed.

In **Sefton** OCN level 3 training is provided and ongoing peer support supervision by Specialist infant feeding lead. There is currently 1.1 WTE paid peer support coordinator and 17 active volunteers. Recruitment drive is via social media and by word of mouth.

All providers have a low or medium ratio of peer supports to breastfeeding mothers.

	Community								
	Cheshire West	Cheshire East	Halton	Knowsley	Liverpool	Sefton	St.Helens	Warrington	Wirral
Additional breastfeeding support	Koala staff are trained to deliver UNICEF BFI training. All peer supporters have one to one supervision every 6-8 weeks and are offered group support and supervision every 4 weeks.	A paid peer support coordinator covering 0.2 WTE, 2.4 WTE paid supporters and 15en active volunteer peer supporters.	5 WTE peer support workers while 1.8 are fixed term family Hub funding posts	Additional IF Staff 2.4WTE, plus 0.6WTE fixed term BF Support Workers	Peer support Bambis provide support for Liverpool mothers	Currently 0.2 WTE paid peer support coordinator, 2.4 WTE paid supporters and thirty-six active volunteers	Planning to develop the service as part of the Family Hub enhanced offer	Shared a new eLearning module link for the early year's workforce, the new programme explores the link between breastfeeding and perinatal mental health.	Specialist health visitor for perinatal health supports their programme with knowledge around mental health

Other community-based health professionals

Recommendation 24
Regular training for GPs on common breastfeeding topics is offered across Cheshire and Merseyside LMNS and the GP e-learning package is purchased for all GPs in the area. (See also Recommendation 20)

Recommendation 25
Conduct an audit of training needs for dietitians, pharmacists, dentists, and others not already covered under Baby Friendly Initiative accreditation.

What the guidance says:
All people involved in delivering breastfeeding support should receive the appropriate training and undergo assessment of competencies for their role. This includes employed staff and volunteer workers in all sectors, for example, hospitals, community settings, family hubs and peer supporter services.

All healthcare professionals who care for mothers and babies should work within the relevant competencies developed by Skills for Health. Relevant healthcare professionals should also have demonstrated competency and sufficient ongoing clinical experience 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. GPs and pharmacists should consult specialist sources of information in order to find out which medications are compatible with breastfeeding and to find a suitable alternative.

Local provision:
Training for midwives, health visitors, maternity support workers and Family Hub staff is covered by Baby Friendly Initiative accreditation.

The UNICEF Baby Friendly Initiative E-Learning package has not been purchased for GP practices across Cheshire and Merseyside.
Plan for **St Helens** BFI GP training package to be purchased for 36 GPs, one from each practise in St Helens, funded via Family Hubs.

Public information and education

Antenatal breastfeeding classes

Recommendation 26
There are regular antenatal group sessions on breastfeeding delivered by someone with detailed knowledge of the subject and who can provide evidence-based information that is consistent with information given in postnatally. Antenatal classes may be delivered by peer supporters, and this is a good opportunity to introduce mothers to the range of support available after her baby is born (e.g., breastfeeding drop-in groups, websites). Classes aimed at groups 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).

What the guidance says:
Midwives and health visitors should ensure pregnant women and their partners are offered breastfeeding information, education, and support on an individual or group basis. This should be provided by someone trained in breastfeeding management and should be delivered in a setting and style that best meets the woman's needs. A midwife or health visitor trained in breastfeeding management should provide an informal group session in the last trimester of pregnancy.

Local provision:

All areas have shared information regarding group sessions and websites to access information that is offered across the region.

In **Cheshire West** 2-hour Infant Feeding workshop is delivered once a week for families at the Countess of Chester (mixture of face to face and online delivery). At Leighton Hospital, a 4–5-hour morning workshop of parent education is delivered by community midwives once a month. This touches on feeding, responsive parenting and feeding cues. The Infant Feeding Team at Leighton Hospital also deliver a 2.5-hour face-to-face session bi month with twenty-five couples as a maximum number.
Cheshire East maternity deliver antenatal breastfeeding classes, there are plans underway to develop a community offer.
St. Helens deliver antenatal breastfeeding classes via their community Infant Feeding team. BABS Pregnancy and Beyond is delivered to targeted parents and is a multiagency delivery.
Knowsley offer a 6-week education programme delivered in collaboration with other services, here the infant feeding team deliver the infant feeding session.
Warrington have an antenatal breastfeeding workshop and breastfeeding support groups, face to face once per month and a virtual offer delivered by an infant feeding support worker.
Halton run an antenatal breastfeeding session once per month which was previously part of a community multi agency antenatal programme but now stands alone.
Liverpool community family hubs offer classes facilitated by their staff.
In **Wirral** a breastfeeding session is delivered in the hospital by infant feeding leads, this is also part of the new antenatal offer for families on Wirral. In addition, the information is included in Baby Club run by midwifery services.

Sefton do not currently have any community classes on offer.

	Community								
	Cheshire West	Cheshire East	Halton	Knowsley	Liverpool	Sefton	St.Helens	Warrington	Wirral
Breastfeeding classes	Womb to world for starting well	No	BF session monthly	Welcome to the World - 5 week	Classes via Family Hubs	No	In consultation	BF workshop & support groups face to face and virtual	Included in Baby Club
Classes delivered by:	Koala Northwest Bosom Buddies		Infant feeding team	HV and Family Hub Parenting Practitioners	Family Hub staff		Infant feeding team	Infant feeding team	Maternity services

All provider offers are universal and inform women that they have the right to breastfeed in 'any public space' under the Equality Act 2010.

Breastfeeding in public places

Recommendation 27
All Local Authorities take part in a breastfeeding welcome scheme and publicise it with local businesses and with families.

What the guidance says:
Local authorities should work with local partners to ensure that mothers can feed their babies without fear of interruption or criticism. Women should know which places particularly welcome breastfeeding mothers, and local authorities should work to overcome any barriers identified.

Local provision:

Cheshire East, Sefton, Wirral, Liverpool, and St. Helens local authority have a breastfeeding welcome scheme in place. Wirral are also working on a local initiative to promote breastfeeding. **St Helens** Baby Welcome scheme throughout the borough, currently being updated.
Knowsley have a local breastfeeding pledge and milk trail with breastfeeding welcome window stickers.

Cheshire West are currently in the development of the breastfeeding welcome scheme.
Halton are planning to deliver this via their Family Hubs Infant Feeding plan.

Warrington do not currently have a breastfeeding welcome scheme in operation.

Written and online material

Recommendation 28
Create an LMNS 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 Cheshire and Merseyside LMNS and places in the Breastfeeding Welcome scheme (see Recommendation 27) and as a place to publicise each area's breastfeeding policy to families.

What the guidance says:
While written and online materials (including videos) should not be provided in isolation, they can be effective when in reinforcing face-to-face advice about breastfeeding. Local Maternity Systems should standardise the advice and information on breastfeeding available to women and families across the footprint, including neonatal services, health visiting services and general practice. Breastfeeding policies developed as part of UNICEF Baby Friendly Initiative accreditation should be well publicised.

Local provision:

All areas in Cheshire and Merseyside provide their own range of leaflets and websites around infant feeding and relationship building, but there is no standardisation. All families are directed to out-of-hours support and evidence-based online information.

In **Cheshire West** the Countess of Chester Maternity Padlet provides a range of information for families, e.g. how to book onto classes, videos on hand expression, support available, etc. Leighton Hospital offer infant feeding videos (antenatal, hand expressing, feeding your baby), leaflets and signposting, e.g. to UNICEF, First Steps Nutrition, and the NHS. They also have a Facebook page. Likewise, the Starting Well Service have a section on their website about breastfeeding support. Midwives and health visitors give all women information on where to get breastfeeding support including Koala bosom buddies support groups.
Cheshire East use off to the best start materials, Mothers and others guide and an antenatal electronic information package which contains links to useful information (e.g. BFI, Cherubs etc).
Knowsley supply 'Better Health Start for Life' leaflets and signposting via QR code to infant feeding resources including 'UNICEF', 'Amazing Breastmilk and First Steps Nutrition'.
In **Warrington** the maternity EPR BadgerNet sends out infant feeding information. Better Health - paper, QR codes are also used.
Halton shares information with hospital midwifery and community teams, and Health Visiting Team. It is promoted on social media, at children's centres/Family Hubs. Contact is made directly with new parents upon discharge from hospital to offer support and signposting to support groups.
Wirral information is based on the organisations Breast feeding policy. Breast feeding is promoted throughout all sessions in the community, social media, promotions by professionals, work of mouth, leaflets, and visits.
In **Sefton** Mothers and others guide to breastfeeding is provided to all breast/combi feeding families start for life leaflets and promotion to families is via social media and intranet.

Liverpool promotes information to families via social media and targeted contacts following discharge from LWH.
St Helens the community infant feeding team have a Padlet providing a range of information for families, e.g. videos on hand expression, support available, signposting to UNICEF, First Steps Nutrition, and the NHS. The team also has a Facebook page. Contact is made within 24 hours of discharge for all parents, with the Padlet being sent for additional information. A breastfeeding policy has been developed in conjunction with Family Hubs

Cheshire and Merseyside Women's Health if in the process of being developed accessible to all women and families and will include information to support infant feeding in seventy-five languages.

Breastfeeding and returning to work

Recommendation 29
Local Authorities and NHS Trusts develop model policies for supporting breastfeeding staff returning to work, including provision of breaks, and dedicated private spaces for expressing and storing breastmilk. These are shared with local employers, along with information about their statutory duties towards breastfeeding staff and promoting the benefits of creating a welcoming environment for breastfeeding mothers on their return to work. Mothers are informed of their maternity rights in relation to breastfeeding through health visitors and breastfeeding support services and given details of how to seek further advice.

What the guidance says:
All women should be equipped with the knowledge to be able to plan their return to work whilst breastfeeding, and employers should be informed of their responsibilities towards breastfeeding employees. It is recommended that employers to provide a private, healthy, and safe environment for breastfeeding mothers to express and store milk. Public sector breastfeeding employers should develop breastfeeding policies that act as an exemplar to other local employers. Commissioners and managers of maternity and children's services should ensure that their breastfeeding policies cover breastfeeding staff (as part of their UNICEF Baby Friendly Initiative accreditation).

Local provision:

Cheshire East currently give this information as part of the breastfeeding charter.
St Helens All Family Hubs and children's centres have recently updated infant feeding rooms, which are available for staff to use on their return to work. The community infant feeding team have a policy in place to support breastfeeding parents returning to work.

Local authorities have breastfeeding policies in place but are not currently giving out information to local employers regarding their obligations and recommendations relating to breastfeeding mothers on their return to work.

Education settings

Recommendation 30
Local Authorities 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.

What the guidance says:
Education settings should 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. Healthy Early Years London encourages the modelling of healthy habits in childcare and education settings. The Royal College of Paediatrics and Child Health recommends that familiarity with breastfeeding is included as part of statutory personal, health and social education (PHSE) in schools.

Local provision:

There are no policies relating to the promotion of breastmilk substitutes, bottles, teats, or dummies.

Knowsley promote breastfeeding education to local primary schools which is included within their primary puberty session. **Liverpool** have plans to commission Bambi's to facilitate this.

In all other areas there is no information about teaching resources on breastfeeding included in PHSE curricula across Cheshire and Merseyside schools. This has been arranged in some areas previously, plans are in place to revisit.

Hospital-based support

Additional support for breastfeeding

(See box “Additional and Specialist support for breastfeeding”, page 15)

Recommendation 31
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.

What the guidance says:
All mothers should be provided with skilled breastfeeding support from the first feed. This support can be provided by a health professional or a peer supporter and ensuring that they have time to support breastfeeding initiation and continuation is a priority. Maternity, health visiting, and any locally commissioned breastfeeding peer support services should work more closely on a joint plan to ensure that women receive the feeding support they need at the right time, including out of hours.

Additional information:
A new competency framework for Maternity Support Workers has been developed that includes infant feeding support skills for Level 3 and Level 4 MSWs, and those with the appropriate skills can also provide additional support with breastfeeding. UNICEF Baby Friendly Initiative has produced a set of learning outcomes for MSWs and nursery nurses, which appear to be broadly equivalent to the course content for breastfeeding peer supporters.

Local provision:

All 7 providers across Cheshire and Merseyside LMNS have an Infant Feeding Lead, however there is difference around the structure of each team.

COCH have an infant feeding team to provide additional and specialist support. The infant feeding team consists of one full time Band 7 Infant Feeding Lead, one band 6 Infant Feeding Midwife 30hrs, one Infant Feeding MSW 30 hrs, and one band 2 infant feeding administrator 22.5hrs. Infant Feeding Team has an antenatal referral pathway, pregnant women can be referred to have a one-to-one consultation.

LWH have an Infant feeding lead Midwife who supervises Infant feeding support workers to provide clinical support that goes beyond the knowledge of midwives and health visitors and maternity support staff. A weekly specialist feeding clinic is offered at LWH by Infant feeding lead.
MCHT have an Infant Feeding Lead Midwife band 7 WTE.
M&WL (Ormskirk site) have an IBCLC Infant Feeding Lead Midwife band 7 22.5 hrs and plan for another 15 hours B7 there is no further team.
M&WL (Whiston site) have two band 7 Infant Feeding Lead Midwives, one WTE and one 0.4 Infant Feeding team (band 6 and 7, IBCLC and frenulotomy trained) is available to support all families and those with more complex feeding issues on maternity and paediatric wards. St Helens Infant Feeding Team commissioned by St Helens council via CHCP attend the postnatal ward three days per week when their staffing allows to support all postnatal mothers on the maternity unit.

WHH referral pathway to Infant Feeding Lead available to Midwives and MSW's for complex cases.
WUTH Peer support available for postnatal support at home and in groups. A/N patients are welcomed to attend feeding groups also. Infant feeding team offering 24/7 cover on the maternity ward. Feeding lead running specialist clinic and offering support in frenulotomy clinic post procedure.

		Maternity						
Recommendation (C)Community (H) Hospital		COCH	LWH	MCHT	M&WL Ormskirk	WHH	M&WL Whiston	WUTH
(C) 23 (H)31	Additional breastfeeding support	Provided by Infant Feeding Team	Infant feeding support workers - supervised by Infant Feeding Lead	Infant Feeding Lead Midwife	Infant Feeding Lead Midwife	Infant Feeding Lead Midwife and MSWs	Hospital Infant Feeding Lead and St. Helens IF team attend postnatal ward	Infant Feeding Team and lead runs specialist clinic

Peer support

Maternity providers in **MCHT**, **WHH** and **WUTH** do not currently have peer supporters on the wards.

At **COCH** there are four peer supporters commissioned for Chester and Ellesmere Port, who visit the postnatal ward weekly, they see any mother from any area.
LWH have the service on maternity wards, but only available for Liverpool mothers.
M&WL (Ormskirk site) have Families and Babies (FAB), the service is available to mothers from all areas.
M&WL (Whiston site) have peer support team from St. Helens available in maternity five mornings per week, all postnatal mothers are seen, regardless of postcode or feeding method.

All peer support services available have access to language line when needed.

		Maternity						
Recommendation (C)Community (H) Hospital		COCH	LWH	MCHT	M&WL Ormskirk	WHH	M&WL Whiston	WUTH
(H)31	Peer support	4 peer supporters visit the postnatal ward weekly for any mothers	Peer support service on maternity wards only for Liverpool mothers	No	Family and Babies (FAB) for any mothers	No	Peer support service from St. Helens available 3 days per week for all postnatal mothers	No

Other health care support

LWH, M&WL (Ormskirk site) and WHH have no additional dedicated breastfeeding support on the ward.

At **COCH** there are MSW's available on the postnatal ward and community who provide general breastfeeding support as part of their role. The infant feeding team are available daily to provide additional feeding support. The aim is covering 7 days, this is achieved most of the time, although 7 days are not covered in periods of sickness and annual leave.
MCHT have 1.8 WTE B3 Infant Feeding Support Worker per week for ward based clinical support.
WUTH have an infant feeding team that (when at full capacity) covers 24/7 to offer additional support.
M&WL (Whiston) have one WTE infant feeding support worker within the infant feeding team.

All providers offer additional support in the community by midwives or midwifery support workers.

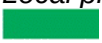
		Maternity						
Recommendation (C)Community (H) Hospital		COCH	LWH	MCHT	M&WL Ormskirk	WHH	M&WL Whiston	WUTH
(H)31	Other health care support	MSWs on postnatal ward and community	No additional support	B3 Infant Feeding support workers for ward	No additional support	No additional support	No additional support	Infant feeding team cover 24/7
(H)33	Specialist breastfeeding support	Infant feeding Lead IBCLC certified	Infant feeding Lead IBCLC certified	Infant Feeding Lead is available for complex consultations	Infant feeding Lead IBCLC certified	Infant Feeding Lead provides specialist support	Infant feeding Lead IBCLC certified	Weekly infant feeding clinic available run by Infant Feeding Lead

Access to breast pumps

Recommendation 32
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. Maternity and neonatal services should work with health visiting services to set up well-functioning breast pump loan schemes so that all mothers who have a clinical need to use one at home are able to. Mothers who have loaned a breast pump should be given ongoing support at home with breastfeeding and pumping (e.g., from a peer supporter) in order to maximise the amount of breastmilk they can give to their baby and to help them return to direct breastfeeding where possible.

What the guidance says:
When babies are not able to take sufficient milk directly from the breast, supplementary feeds of expressed breast milk should be given. All mothers should be shown how to hand express milk, but breast pumps should be available in hospital, with instruction on how to use it, particularly for women who have been separated from their babies. Mothers who require a breast pump should have access to high-quality, electric double pumps ("hospital-grade pumps"), with a choice of funnel sizes, both in hospital and at home. The hospital must take responsibility for ensuring there is an effective breast pump loan scheme.

Local provision:



All providers have hospital grade breast pumps available on the postnatal and neonatal wards for all mothers who need them.

All providers have a free community loan service of hospital grade breast pumps for mothers who need to express milk at home. Also available for both mothers on the neonatal unit and those on the maternity unit for e.g. faltering growth.

Specialist support for breastfeeding

(See box "Additional and Specialist support for breastfeeding", page 15)

Recommendation 33
Maternity services ensure access to specialist breastfeeding support to all mothers and babies who require it. 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, and paediatricians. The referral pathway should include access to tongue-tie services (see Recommendation 13). The specialist support should be provided by staff who have undergone IBCLC training and who are currently certified as lactation consultants. The specialist support should also be available to mothers and babies on the neonatal unit, taking into account their particular needs.

What the guidance says:

When mothers experience complex breastfeeding challenges, specialist help should be available from a team of staff with appropriate training (IBCLC – International Board-Certified Lactation Consultant – is a quality standard). A referral pathway leading to this specialist support should be documented and all staff, including peer supporters, should be made aware of it and know how to use it. The pathway should include guidance on how to refer back to the health professional (or baby feeding team) when specialist support is no longer needed. Mothers who are likely to need specialist services should be identified antenatally.

Local provision:

All providers offer specialist support by the Infant Feeding Lead Midwife / Team, some of whom are IBCLC certified but who are not employed as such.

COCH specialist support is provided by the Infant Feeding Lead is IBCLC certified**.** **T**he team run a specialist clinic twice a week. Both antenatal women and postnatal families up to sixteen weeks can be referred to the clinic via a health care professional. There is a referral pathway and criteria in place and a pathway for use of domperidone. Currently they only have capacity to see families within their geographical area and are unable to accept out of area referrals (except if birthed at COCH).

At **LWH** there is an IBCLC certified Infant Feeding Lead in maternity and neonatal to provide specialist support, some issues are addressed at the specialist feeding clinic others via care plans either antenatally or postnatally.

MCHT Infant Feeding Lead is available for complex consultations. The referral pathway is included on the infant feeding policy, via email. A telephone call is arranged within 2 working days and if needed face to face support within 1 week.

M&WL (Ormskirk site) have a IBCLC Infant Feeding Lead 0.6 WTE dealing with specialist concerns across maternity, neonatal and paediatrics, families can be referred, and care continues to potentially twenty-eight days.

M&WL (Whiston site) have a newly appointed specialist Infant Feeding Lead who is IBCLC certified. There is a written referral pathway and one to one support available as outpatients or can be seen in drop-in clinic.

WHH the Infant Feeding Lead provides specialist support but there are no IBCLCs. Referrals are by BadgerNet for neonatal and maternity.

WUTH have a weekly infant feeding clinic available run by Infant Feeding Lead, who is currently applying for a place to complete IBCLC training to enhance knowledge. Good network of support from community trust infant feeding lead for support with cases as needed. There is a referral pathway available and plans to incorporate it into a policy/SoP.

		Maternity						
Recommendation (C)Community (H) Hospital		COCH	LWH	MCHT	M&WL Ormskirk	WHH	M&WL Whiston	WUTH
(c)22 (H)44	Is there an Infant Feeding Lead who is IBCLC certified	Yes	Yes	No	Yes	No	Yes	Working towards

Bliss Baby Charter Scheme

Recommendation 34
Neonatal services seek accreditation under the Bliss Baby Charter Scheme, with particular attention to the requirements under Principle 6 (Feeding). This should be undertaken in conjunction with UNICEF Baby Friendly Initiative accreditation for the neonatal service. Consider BFI accreditation as a joint project across the neonatal network.

What the guidance says:
All neonatal services must be supported to seek and acquire accreditation under the Bliss Baby Charter Scheme and under the UNICEF UK Baby Friendly Initiative (see Recommendation 6). The Bliss Baby Charter is a practical framework for neonatal units to self-assess the quality of family-centred care they deliver against a set of seven core principles and enables units to develop meaningful plans to achieve changes that benefit babies and their families. (Principle 6 covers all aspects of baby feeding on the neonatal unit.) Donor breast milk should be made available to sick and premature babies who do not have access to their mother's expressed milk.

Additional information:
It may more cost-effective and progress towards accreditation may be faster if the neonatal network gains accreditation as part of a joint project.

Local provision:

In Cheshire and Merseyside no neonatal units have chosen to complete the Bliss Baby Charter accreditation due to costs. Instead, all units have achieved the Northwest Neonatal Operational Delivery Network's (NWNODN) Family integrated Care accreditation scheme.

ATAIN programme

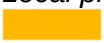
Recommendation 35
All units undertake ATAIN (Avoiding Term Admissions into Neonatal units) reviews as a joint maternity and neonatal initiative and share progress with safety champions. Units provide transitional care services aimed at keeping mothers and babies together. All healthcare staff involved in the care of newborns, both in the hospital and community, complete the ATAIN eLearning package as part of their mandatory training.

What the guidance says:
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 Neonatal Critical Care Review considered that this successful programme should continue, and it is included in the top 10 requirements for Trusts in the

CNST (Clinical Negligence Scheme for Trusts) maternity incentive scheme by NHS Resolution. The ATAIN e-learning programme should be incorporated into mandatory training for all those involved in the care of newborns. Transitional care services should be put in place to support the recommendations made in the ATAIN programme.

Local provision:



All providers have undertaken ATAIN reviews as a joint maternity and neonatal initiative and are currently awaiting completion of Maternity Incentive Scheme (MIS) year 6.

Service integration

Maternity and neonatal

Recommendation 36
Peer supporters are part of a multidisciplinary team, with clear pathways for communication and referral between peer supporters and health professionals in the hospital. Peer supporters know how to get advice from health professionals, and health professionals know how to refer to the peer support or baby feeding service. There is appropriate data sharing between services to enable collaboration and to allow the smooth running of services. Examples of pathways include jaundice, dehydration, hypoglycaemia, mastitis, tongue tie, faltering growth, medications compatible with breastfeeding, mental health, nipple pain and trauma, gestational diabetes.

What the guidance says:
Peer supporters should be part of a multidisciplinary team and should be able to consult a health professional and there should be clear referral pathways. Mothers and their babies should experience seamless care across organisational boundaries, and their needs should be met through integrated working. Across the LMNS there should be a culture of multi-professionalism, in which staff from different professional groups respect each other and collaborate to put women at the centre of care. Mothers' needs should be met through effective integrated working.

Maternity, health visiting, and any locally commissioned breastfeeding peer support services should work more closely on a joint plan to ensure that women receive the feeding support they need at the right time, including out of hours.

Local provision:

COCH have peer supports who provide support on the postnatal ward who liaise with IFL regarding any concerns and regular supervision is provided.
LWH, M&WL (Ormskirk site), M&WL (Whiston site) and WUTH have peer support workers who work closely with Infant Feeding Leads. Health professionals refer direct as needed.
There are currently no peer supporters on the wards at **MCHT and WHH.**
Maternity staff at all providers liaise with Health Visitor Service via email or telephone at discharge to include a feeding assessment tool, however there is no clear pathway to confirm that the process is always followed.

		Maternity						
Recommendation (C)Community (H) Hospital		COCH	LWH	MCHT	M&WL Ormskirk	WHH	M&WL Whiston	WUTH
(H)36	Peer support / multidisciplinary team	Peer support workers who work closely with Infant Feeding Leads.	Peer support workers who work closely with Infant Feeding Leads.	No peer support on the wards	Peer support workers who work closely with Infant Feeding Leads.	No peer support on the wards	Peer support workers who work closely with Infant Feeding Leads.	Peer support workers who work closely with Infant Feeding Leads.

Non-maternity breastfeeding support

Recommendation 37
Maternity and neonatal departments have a nominated paediatric "Breastfeeding Champion" with a specialist interest in breastfeeding and who has completed additional training. The champion promotes training opportunities and ensures that all policies are based on the best evidence relating to breastfeeding.

Recommendation 38
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. Paediatric departments should identify "Breastfeeding Champions" who undergo additional training and who help to promote the breastfeeding policy.

What the guidance says:
NICE states that breastfeeding support should be made available regardless of the location of care, which includes paediatric wards (when babies and young children are admitted) and adult hospital wards (when mothers are admitted).

The Royal College of Nursing has produced guidance on supporting breastfeeding on children's wards. It recommends mothers and babies are kept together 24 hours a day to enable breastfeeding on demand. Healthcare staff should receive appropriate training in lactation and breastfeeding support. Mothers should have access to support from trained breastfeeding counsellors with specialist knowledge of breastfeeding. Breastfeeding champions should be identified who help support and promote the department's breastfeeding policy.

Local provision:

COCH Infant feeding team provide one hour training to paediatricians at induction (this is based on UNICEF BFI training for paediatricians) and are part of the lunchtime teaching sessions paediatrics provide. No training is offered to other staff, but anyone is welcome to speak to infant feeding team. The team liaises regularly with the women's and children's Pharmacist when needing specialist advice regarding medications and breastfeeding.

LWH Neonatal Infant feeding team work with paediatricians on neonatal unit and provide them with training when required. The team works with pharmacy regarding drugs in breast milk ensuring this is evidence and research based. They have access to Thomas Hales Mothers Milk and medication resource plus Wendy Jones BFN medication in breastfeeding.
MCHT Neonatal Infant Feeding Lead leads on Paediatrician eLearning training and delivers ad hoc as needed. Neonatal infant Feeding Lead attend ward rounds on NNU.
M&WL (Ormskirk site) Infant Feeding updates for Senior Paediatric Staff; IFL has a 30m slot on induction day for all new Drs; NN have BFI eLearning package.
M&WL (Whiston site) 50-minute presentation provided by Infant Feeding Lead at some point during paediatric rotation when paediatric department informs Infant Feeding lead of new rotation of staff, ad hoc at present. ELearning for paediatrics has recently been purchased, yet to be embedded.
WUTH Offer updates on doctor's learning sessions and inductions and for paediatric nursing staff. Needs embedding still, ad hoc at present.

At **LWH and COCH** there are nominated paediatric 'Breastfeeding Champion's with a specialist interest in breastfeeding and who have completed additional training.

Workforce (training and staffing)

Hospital Infant Feeding Leads

Recommendation 39
Each hospital employs an Infant Feeding Lead in the ratio of 1 WTE 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.

Recommendation 40
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.

What the guidance says:
An Infant Feeding Lead should be employed to implement the breastfeeding strategy, including the implementing, auditing, and evaluating the UNICEF UK Baby Friendly Initiative standards. The individual should have sufficient seniority, knowledge, and strategic project management skills to do so. It is recommended that there is one full-time equivalent per 3000 births.

In addition, for implementing the Baby Friendly neonatal standards it is beneficial to have a project lead who is employed within the neonatal unit, with protected hours and appropriate training based on the size of the project.

Local provision:

All providers have an Infant Feeding Lead for maternity with a variation of working hours. Neonatal leads are limited or none specifically for neonatal in post.

COCH have one WTE band 7 dedicated to BFI with other duties ie. Specialist clinic and support, data collection and audit.
LWH have one WTE band 7.
MCHT have one WTE band 7**.** Neonatal infant feeding lead band 7 15 hours per week, also Infant Feeding Lead Practitioner for Childrens Ward
M&WL (Ormskirk site) have one 0.6 band 7 with a 0.4 to be recruited. Neonatal infant feeding lead six hours per week.
M&WL (Whiston site) have one WTE band 7 and one 0.4 band 7. No neonatal infant feeding lead.
WHH have one 0.6 band 7.
WUTH have one WTE band 7**,** BFI as part of the role of infant feeding lead and managing infant feeding team. No neonatal infant feeding lead.

		Maternity						
Recommendation (C)Community (H) Hospital		COCH	LWH	MCHT	M&WL Ormskirk	WHH	M&WL Whiston	WUTH
(C)21 (H)39/40	Is there an Infant Feeding Lead	Yes	Yes	Yes	Yes	Yes	Yes 2 leads	Yes
	WTE	1	1	1	0.6	0.8	1 & 0.2	1
	Band	7	6	7	7	7	7	7
		Neonatal						
Recommendation (C)Community (H) Hospital		COCH	LWH	MCHT	M&WL Ormskirk	WHH	M&WL Whiston	WUTH
(C)21 (H)39/40	Is there an Infant Feeding Lead	Yes	Yes	Yes	Yes	No	yes	Yes
	WTE	20hrs		15hrs	6hrs		no hours	no hours
	Band	7		7				

Hospital infant feeding team

Recommendation 41
Each maternity service has an infant feeding team (see Recommendation 31). Members of the team should demonstrate competencies set out by HEE. Breastfeeding Networker Supporter level qualification (or equivalent) is useful standard for these staff. 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.

Recommendation 42
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.

What the guidance says:
All mothers should be provided with skilled breastfeeding support from the first feed. This support can be provided by a health professional or a peer supporter and ensuring that they have time to support breastfeeding initiation and continuation is a priority. Maternity, health visiting, and any locally commissioned breastfeeding peer support services should work more closely on a joint plan to ensure that women receive the feeding support they need at the right time, including out of hours. Local Maternity Systems should consider the role that maternity support workers (MSWs) can play in providing local women with additional support, including how to train and upskill existing MSWs.

A new competency framework for Maternity Support Workers has been developed that includes infant feeding support skills for Level 3 and Level 4 MSWs, and those with the appropriate skills can also provide additional support with breastfeeding. UNICEF by Friendly Initiative has produced a set of learning outcomes for MSWs and nursery nurses to support the new role that is now expected of them.

Mothers with babies on the neonatal unit should be able to access additional skilled support when faced with challenges. Staff with a particular interest in infant feeding should be identified and given access extra training to gain skills in supporting mothers.

Local provision:

COCH have an infant feeding team to support the infant feeding lead, a 30hr band 6 midwife, 30hr band 3 Midwifery Support Worker and a band 2 administration support 22.5hr. They have a separate infant feeding team for neonatal.

M&WL (Whiston site) have an infant feeding team (1.4 WTE band 7, 0.4 band 6 and 1.0 band 3) to support the infant feeding lead, however no team for neonatal.

At **WUTH** an infant feeding team support with feeding issues on the maternity ward and within the wider hospital. Due to demand on their time, they do not have time to support with audit and training. They do have other health professionals shadowing them help with practical skills development and understanding of policies. There is no separate team for neonatal.

LWH have two band 2 Infant feeding support workers who give feeding support and help with feeding audits but do not support the infant feeding lead with training and a have a separate infant feeding team for neonatal.

MCHT have a 1.8 WTE Infant Feeding support worker for maternity Monday Friday and every other Saturday and Sunday.

M&WL (Ormskirk site) have no hospital infant feeding team for maternity, there is a separate infant feeding team for neonatal but only six hours for 10 cots.

WHH have no infant feeding team for maternity but have a team for neonatal.

		Maternity						
Recommendation (C)Community (H) Hospital		COCH	LWH	MCHT	M&WL Ormskirk	WHH	M&WL Whiston	WUTH
(H)41,42	Is there an Infant Feeding team? (i.e. staff that support the IFL with training /audit in preparation for BFI assessment and/or provide additional Infant feeding support)	Yes. 30hr band 6 midwife. 30hr band 3 MSW and band 2 admin support 22.5hr.	2 band 2 Infant feeding support workers who give feeding support and help with feeding audits	1.8 WTE IF support worker for maternity Monday Friday and every other Sat & Sun	No	No	1.4 WTE band 7, 0.4 band 6 and 1.0 band 3	Yes
		Neonatal						
Recommendation (C)Community (H) Hospital		COCH	LWH	MCHT	M&WL Ormskirk	WHH	M&WL Whiston	WUTH
(H)41,42	Is there an Infant Feeding team? (i.e. staff that support the IFL with training /audit in preparation for BFI assessment and/or provide additional Infant feeding support)	Band 6 7.5hrs and Nursery Nurse with interest in infant feeding.	Yes	Yes - Neonatal Infant Feeding Lead, but maternity team can support as needed.	Yes - only 6 hours for 10 cots	No	No	No

Peer supporters

Recommendation 43
Hospital-based peer supporters have externally accredited training (e.g., Breastfeeding Network), and are provided with ongoing supervision. Training includes appropriate competencies around perinatal mental health. Paid peer supporters should be trained to BfN Supporter level (or equivalent); volunteer peer supporters should be trained to BfN Helper level (or equivalent). Peer supporters should be available in the maternity ward 7 days a week, year round. (See Recommendation 23 for peer supporter staffing estimates)

What the guidance says:
Some mothers may experience breastfeeding problems that cannot be addressed through routine care from midwives and health visitors (see above "Additional and Specialist support for breastfeeding"). All people involved in delivering breastfeeding support should receive the appropriate training and undergo assessment of competencies for their role. This includes employed staff and volunteers in all sectors, for example, hospitals, community settings, children's centres and peer supporter services. Peer supporters should attend a recognised, externally accredited training course in breastfeeding peer support. Maternal Mental Health Alliance has produced a perinatal mental health competency framework for professionals and volunteers who support infant feeding.

Local provision:

COCH - this is provided by Koala Northwest, except for one peer supporter who only volunteers in the hospital - supervision provided by infant feeding team.
LWH - Bambis coordinator provide supervision and training with ABM and Le Leche.
M&WL (Ormskirk site) Peer support workers on the ward, supervision and training provided by Families and Babies Peer Supporters.
M&WL (Whiston site), MCHT and WHH do not currently have peer supporters on the wards**.**
WUTH - Peer supporters commissioned by 0-19 team and referrals accepted from maternity into this service.

Hospital-based specialist breastfeeding support

Recommendation 44
Each hospital employs 1 WTE 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.

What the guidance says:
Some mothers may experience complex breastfeeding problems that cannot be addressed by midwives, health visitors or the additional support service (see above "Additional and Specialist support for breastfeeding"). The IBCLC certification (International Board-Certified Lactation Consultant) is a recognised

quality standard for providing this specialist support when needed, for example, in the assessment of faltering growth and tongue tie. All people involved in delivering breastfeeding support should receive the appropriate training and undergo assessment of competencies for their role. The Maternity Workforce Strategy recommends increasing the number of specialist midwives over the next 5 years.

Further information:
There is no UK guidance on the appropriate staffing ratios.

Local provision:

COCH - Both maternity and infant feeding leads are IBCLC and tongue tie practitioners. There is one WTE and one 20hrs (infant feeding leads) dealing with specialist concerns, also an infant feeding midwife 30 hrs (not IBCLC or TT practitioner) and 30hrs MSW.
M&WL (Whiston site) Infant Feeding Lead and band 6 midwife have undertaken IBCLC examination. There is one WTE and one 0.4 Band 7 Infant Feeding Lead and one 0.4 WTE Band 6 Infant Feeding Specialist Midwife dealing with specialist concerns.
M&WL (Ormskirk site) The Infant Feeding Lead is IBCLC qualified however working 22.5 0.6 WTE across Maternity, Neonatal and paediatrics.
LWH have an Infant feeding specialist midwife/lead IBCLC qualified and completed all UNICEF BFI training required, dealing with all infant feeding matters and specialist concerns. There are no additional breastfeeding specialist/IBCLC other than Infant feeding lead in post.

MCHT current Infant Feeding Lead exploring funding for IBCLC and BFI UNICEF Qualifications framework.
WUTH Supported by trust to obtain qualification but awaiting access to specialist course as currently oversubscribed.
WHH there is no IBCLC qualified support.

COCH, S&O, MCHT and LWH have an IBCLC qualified Infant Feeding Lead for neonatal.

		Maternity						
Recommendation (C)Community (H) Hospital		COCH	LWH	MCHT	M&WL Ormskirk	WHH	M&WL Whiston	WUTH
(c)22 (H)44	Is there an Infant Feeding Lead who is IBCLC certified	Yes	Yes	No	Yes	No	Yes	Working towards
Recommendation (C)Community (H) Hospital		COCH	LWH	MCHT	M&WL Ormskirk	WHH	M&WL Whiston	WUTH

(c)22 (H)44	Is there an Infant Feeding Lead who is IBCLC certified	Yes	Yes	Yes	Yes	No	No	No

Other hospital-based health professionals

Recommendation 45
Regular training for paediatricians on common breastfeeding topics is offered across Cheshire and Merseyside LMNS and all Trusts purchase the paediatrician e-learning package. (See also Recommendation 38)

Recommendation 46
Conduct an audit of training needs for dietitians, pharmacists, obstetricians, radiologists, breast surgeons and other hospital healthcare staff not already covered under Baby Friendly Initiative accreditation.

What the guidance says:
All people involved in delivering breastfeeding support should receive the appropriate training and undergo assessment of competencies for their role. This includes employed staff and volunteer workers in all sectors, for example, hospitals, community settings, family hubs and peer supporter services.

All healthcare professionals who care for mothers and babies should work within the relevant competencies developed by Skills for Health. Relevant healthcare professionals should also have demonstrated competency and sufficient ongoing clinical experience 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.

Doctors and pharmacists should consult specialist sources of information in order to find out which medications are compatible with breastfeeding and to find a suitable alternative, recognising the adverse consequences if a mother stops breastfeeding.

Local provision:
Training for midwives, health visitors, maternity support workers and children's centre staff is covered under the sections of Baby Friendly Initiative accreditation. We asked the numbers of paediatricians who had completed the UNICEF BFI e-learning package, and any other training offered. We did not ask about training for dietitians, pharmacists, obstetricians in the hospital.

MCHT have purchased the Baby Friendly Initiative eLearning package for paediatricians, 79% compliance as of December 2023.
M&WL (Ormskirk site) and (Whiston site) have purchased the package, as to date compliance is unknown.

COCH have not purchased the paediatrician eLearning package.
LWH, WHH and WUTH information unknown**.**

Data and monitoring

Recommendation 47
Set up an LMNS working group to overcome local issues with data collection and consider using child digital health records to capture infant feeding information at all healthcare contacts.

Recommendation 48
Conduct an LMNS-wide infant feeding survey to capture baseline data as well as parents' experiences of support.

What the guidance says:
The following list of data that should be captured is drawn from several sources of guidance. Only "First feed breastmilk" and "Breastfeeding prevalence at 6-8 weeks" are required to be captured in the Public Health Outcomes Framework and entered into NHS Digital system quarterly. However, the other information is essential to understand the impact on service improvements agreed in the Infant Feeding Strategy. Some of this data is captured during Baby Friendly Initiative audits.

The new Child Digital Health Record allows data to be entered by any health professional at any contact (e.g., baby weighing session, GP visit).

<u>Maternity</u>
Breast milk at first feed
Breastfeed within first hour
Skin-to-skin contact during first hour
Any breastfeeding at hospital discharge
Exclusive breastfeeding at hospital discharge
Any breastfeeding at 5-10 days
Exclusive breastfeeding at 5-10 days
Readmission to hospital within 14 days
Readmission to hospital within 28 days
Exclusive breastfeeding at discharge from midwifery (10-28 days)

<u>Neonatal</u>
Breastmilk at first feed (37 wks+)
Breastmilk at first feed (34 to 36+6 wks+)
Any breastmilk at discharge
Exclusive breastmilk at discharge

<u>Health visiting</u>
10-14 days exclusive breastfeeding
10-14 days any breastfeeding
Any breastfeeding at 6-8 weeks
Exclusive breastfeeding at 6-8 weeks
2-6 months exclusive breastfeeding
2-6 months any breastfeeding
Date of introduction of solid foods
Duration of breastfeeding

<u>Other</u>

- 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 of visits to breastfeeding drop-ins and home visits from commissioned peer support.
- 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.

Local provision:

All areas struggle to collect and report sufficient data, including breastfeeding initiation and breastfeeding at 6-8 weeks.
Recent data reported by Infant Feeding Leads will be included in the final strategy, but coverage is generally very low so comparisons between areas should not be made.

Healthy Weight Strategies

Recommendation 49
Healthy weight strategies across the LMNS should include full discussion of the impact of infant feeding support and information sharing upon healthy weight of food insecurity in the population.

What the guidance says:

Addressing healthy weight requires a life course approach. Families should be supported by frontline staff who have access to up to date, evidence based, multi-agency infant feeding policies, setting out best practice in relation to breastfeeding support, introduction of solid foods and dietary guideline sin early years services that would promote healthy weights and reduce tooth decay. Effective delivery should include measures to evidence implementation of infant feeding policies and healthy weight pathways via local commissioners and provider data.

Local provision:

All areas have a Healthy Weight Strategy in their work aimed at Early Years.

References

(See appendix 1 for details of how guidance relates to recommendations.)

Commissioning infant feeding services: a toolkit for local authorities, (2016)
https://www.gov.uk/government/publications/infant-feeding-commissioning-services

Implementing the maternity & neonatal commitments of the NHS Long Term Plan: A resource pack for Local Maternity Systems, NHSE&I (September 2019)
https://future.nhs.uk/gf2.ti/f/989730/56036005.1/PDF/-/LMNS_LTP_Resource_Pack_FINAL.pdf

Implementing Better Births: A resource pack for Local Maternity Systems, NHS England (2017)
https://www.england.nhs.uk/wp-content/uploads/2017/03/nhs-guidance-maternity-services-v1.pdf

The London Health Inequalities Strategy, Mayor of London/Greater London Authority (September 2018)
https://www.london.gov.uk/sites/default/files/health_strategy_2018_low_res_fa1.pdf

Maternal and child nutrition, Public health guideline [PH11], National Institute for Health and Care Excellence (NICE), (updated 2014)
http://www.nice.org.uk/guidance/ph11 (updated 2025)

Implementing Better Births: Postnatal Care, NHSE&I (September 2019)
https://future.nhs.uk/gf2.ti/f/989730/57023973.1/PDF/-/191004_POSTNATAL_GUIDANCE_DRAFT_0.1.pdf

Postnatal care, Quality standard [QS37], National Institute for Health and Care Excellence (NICE) (updated 2015)
https://www.nice.org.uk/Guidance/QS37

Beyond the Food Bank: London Food Poverty Profile, Sustain (2018)
https://www.sustainweb.org/publications/beyond_the_food_bank_2018/
https://www.sustainweb.org/secure/BeyondTheFoodBank_2018.pdf

Guide to the Unicef UK Baby Friendly Initiative standards, Unicef UK (2012)
https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/guide-to-the-standards/

Guidance on provision of additional and specialist services to support breastfeeding mothers, Unicef UK (2017)
https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2016/10/specialist_services_infosheet_2017.pdf

Postnatal care up to 8 weeks after birth, Clinical guideline [CG37], National Institute for Health and Care Excellence (NICE), (updated 2015)
https://www.nice.org.uk/guidance/CG37

Faltering growth, Quality standard [QS197], National Institute for Health and Care Excellence (NICE), (2020)
https://www.nice.org.uk/guidance/qs197

Assessment of breastmilk expression checklist, Unicef UK Baby Friendly Initiative (2017)
https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/assessment-of-breastmilk-expression-checklist/

Faltering growth: recognition and management of faltering growth in children, NICE guideline [NG75], National Institute for Health and Care Excellence (NICE), (September 2017)
https://www.nice.org.uk/guidance/ng75

Division of ankyloglossia (tongue-tie) for breastfeeding, Interventional procedures guidance [IPG149], National Institute for Health and Care Excellence (NICE), (2005)
https://www.nice.org.uk/Guidance/IPG149

Maternal and child nutrition, Quality standard [QS98], National Institute for Health and Care Excellence (NICE), (2015)
https://www.nice.org.uk/guidance/qs98

Healthy Child Programme: Pregnancy and the first five years of life, Department of Health (2009)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf

Rapid Review to Update Evidence for the Healthy Child Programme 0–5, Public Health England (2015)
https://www.gov.uk/government/publications/healthy-child-programme-rapid-review-to-update-evidence

The NHS Long Term Plan, NHS (January 2019)
https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf

Menu of evidence-based interventions and approaches for addressing and reducing health inequalities: Targeted support for breast feeding, NHS England (2020)
https://www.england.nhs.uk/ltphimenu/maternity/targeted-support-for-breast-feeding/

Implementing Better Births: Postnatal Care, NHSE&I (2019)
https://future.nhs.uk/gf2.ti/f/989730/57023973.1/PDF/-/191004_POSTNATAL_GUIDANCE_DRAFT_0.1.pdf

Achieving Sustainability, Standards and Guidance, Unicef UK Baby Friendly Initiative (2018)
https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/achieving-sustainability-standards-guidance/

Commissioning local breastfeeding support services, Department of Health (2009)
https://webarchive.nationalarchives.gov.uk/20130124051708/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_106497.pdf

Antenatal care for uncomplicated pregnancies, Clinical guideline [CG62], National Institute for Health and Care Excellence (NICE), (updated 2019)
https://www.nice.org.uk/guidance/cg62

Perinatal Mental Health Competency Framework for Professionals and Volunteers who support Infant Feeding, Maternal Mental Health Alliance (2018)

https://www.breastfeedingnetwork.org.uk/wp-content/uploads/2018/11/Infant-feeding-PMH-competencies-FINAL-1.pdf

A peer-support programme for women who breastfeed. Commissioning guide, NICE (2008)
https://webarchive.nationalarchives.gov.uk/20130502100248/http://www.nice.org.uk/usingguidance/commissioningguides/breastfeed/breastfeed.jsp

Breastfeeding in the UK - position statement, RCPCH (2017)
https://www.rcpch.ac.uk/resources/breastfeeding-uk-position-statement

Maternity Workforce Strategy – Transforming the Maternity Workforce.
Phase 1: Delivering the Five Year Forward View for Maternity, Health Education England (2019)
https://www.hee.nhs.uk/sites/default/files/document/MWS_Report_Web.pdf

Implementing the Recommendations of the Neonatal Critical Care Transformation Review, NHSE&I (December 2019)
https://www.hee.nhs.uk/sites/default/files/document/MWS_Report_Web.pdf

Joint neonatal projects info sheet, Unicef UK Baby Friendly Initiative (2018)
https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2018/02/Joint-neonatal-projects.pdf

Office of National Statistics (ONS) (2022) *Childbearing for women born in different years, England and Wales: 2020* Childbearing for women born in different years, England and Wales - Office for National Statistics

Office of health Improvement & Disparities (2024) *Breastfeeding at 6-8 weeks: annual data April 2023 to March 2024* Breastfeeding at 6 to 8 weeks after birth: annual data April 2023 to March 2024 - GOV.UK

Maternity Support Worker Competency, Education and Career Development Framework, Health Education England (2019)
https://www.hee.nhs.uk/sites/default/files/document/MSW_Framework_MayUpdate.pdf

NHS England (2024) *Maternity dashboard* Microsoft Power BI

Learning outcomes maternity support workers and nursery nurses, Unicef UK Baby Friendly Initiative (2019)
https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2019/08/MSW-NN-learning-outcomes-guidance.pdf

Guidance for neonatal units, Unicef UK Baby Friendly Initiative (2015)
https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2015/12/Guidance-for-neonatal-units.pdf

Maternity Incentive Scheme: Top 10 safety actions, NHS Resolution (updated 2020)
https://resolution.nhs.uk/services/claims-management/clinical-schemes/clinical-negligence-scheme-for-trusts/maternity-incentive-scheme/

Bliss Baby Charter Audit Booklet, Bliss (2015)

https://www.bliss.org.uk/health-professionals/bliss-baby-charter/what-is-the-bliss-baby-charter

Breastfeeding in children's wards and departments: Guidance for good practice, Royal College of Nursing (2013)
https://rcn.access.preservica.com/uncategorized/deliverableUnit_fde402cc-a7d3-4ec6-bd41-a3bcb7d75883/

Appendices

Appendix 1:
Established Recommendations from National Guidance

Recommendation	Guidance this relates to:
Recommendation 1 Each Local Authority Health and Wellbeing Board should set up an infant feeding strategy group and ensure the full participation of all relevant partners, including midwifery, health visiting, family hubs, GPs and neonatal staff, voluntary sector, and service users. The group should develop a local coproduced infant feeding plan that implements the recommendations of the Cheshire and Merseyside LMNS Breastfeeding and Infant Feeding Strategy.	Commissioning infant feeding services, PHE 2016 Principle 1. Local authority public health commissioners [should] work closely with all relevant partners to commission high-quality, evidence-led services that support women to feed their infants." Effective, integrated commissioning of services should be achieved through "well-functioning partnerships between local authority-led public health, health and wellbeing boards (HWB), NHS clinical commissioning groups (CCGs), NHS England local area teams (LATs), maternity and neonatal services, health visiting teams and children's services, fully involving service users and local communities in every level of planning, monitoring and evaluation of services, including mother-to-mother breastfeeding support groups, breastfeeding peer supporters, voluntary organisations and children's centres Implementing the maternity & neonatal commitments of the NHS Long Term Plan: Resource pack, NHSE&I 2019 Key enabler p24: Coproduction with women and families. "Transforming maternity services so that women are at the centre of care during pregnancy, birth and the postnatal period requires coproduction. Coproduction is all partners collaborating in the review, planning and development of services, not simply consulted or informed once decisions have been made." "LMS should utilise MVPs to effectively implement the LTP priorities, facilitating meaningful contribution from local women and families who bring lived experience, ideas for development and an opportunity to develop women-centred care, bring to life the NHS Constitution principle that the NHS belongs to us all." Family Hubs and Start for Life programme guide August 2022 (Go further) A multidisciplinary infant feeding working group is identified or established to have oversight of the delivery of your infant feeding strategy. Implementing Better Births, March 2017 2.1 Local maternity systems should be responsible for … ensuring that they co-design services with service users and local communities. Family Hubs and Start for Life programme guide August 2022 A multidisciplinary infant feeding strategy is developed and embedded which ensures services are tailored to your local communities and there is a coherent and joined-up approach between staff and organisations.
Recommendation 2 The strategy should include support for early years settings, including nurseries and family hubs, and local authorities should ensure that there are appropriate restrictions on the marketing on breastmilk substitutes, bottles,	Commissioning infant feeding services, PHE 2016 1.1.7. Is there a plan in place to ensure the workforce has the knowledge, skills and education to implement the local infant feeding strategy? This includes the commissioners, early years leads, nursery nurses, midwives, health visitors, children's centre staff etc. 6.4 How are, for example, children's centres, nursery staff or troubled family teams trained to support women to breastfeed, introduce solids and continue to breastfeed alongside other foods? 7.8 How are authorised local nursery and childcare staff trained and monitored to support women to breastfeed and/or the baby to receive expressed breastmilk or a combination of breast and formula milk?

teats or dummies in all local authority facilities and by all of their staff.	
Recommendation 3 Cheshire and Merseyside LMNS should coordinate and monitor the implementation of the LMS Infant Feeding Strategy, via local authority strategies, and collect information annually to determine progress on the implementation plan and breastfeeding rates.	Commissioning infant feeding services, PHE 2016 Statement of principle 11: 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. NICE PH11 Maternal and Child Nutrition, Recommendation 14, Infant formula Commissioners and managers responsible for maternity, children's and primary care services [should ensure] GPs, midwives, health visitors and pharmacists... avoid promoting or advertising infant or follow-on formula. Do not display, distribute, or use product samples, leaflets, posters, charts, educational or other materials and equipment produced or donated by infant formula, bottle and teat manufacturers. Implementing the maternity & neonatal commitments of the NHS Long Term Plan: Resource pack, NHSE&I 2019 Section 3 - Infant Feeding p20. As part of their Postnatal Improvement Plans, Local Maternity Systems (LMS) 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.
Recommendation 4 The Cheshire and Merseyside 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. Similarly, 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 the local Health and Wellbeing Strategy.	Implementing Better Births, Postnatal Care, NHSE 2019 7.1 Every Local Maternity System should agree and implement a tailored breastfeeding strategy to ensure that women have the information and support they need, when they need it. The strategy should include an analysis of feeding trends across the System footprint, identifying variation and inequalities between communities, along with actions to address them. Nevertheless, strategies should include elements of standardisation across LMS, including information on breastfeeding (see Section 5), and ensuring that all women have timely access to support. Implementing Better Births, March 2017 2.3.2 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. Equity and equality, Guidance for local maternity systems 2021 Action 4c, Intervention 3. Every LMS should agree and implement a breastfeeding strategy to ensure that women have the information and support they need, when they need it in maternity services and in the community. The strategy should include an analysis of feeding trends across the LMS, identifying variation and inequalities between communities, along with actions to address them with a focus on the most deprived areas. Commissioning infant feeding services, PHE 2016 Statement of principle 9: Links are made to promote, protect and support breastfeeding in all policy areas where breastfeeding has an impact. Evidence-based infant feeding practices are promoted and supported in local authority Children and Young People (CYP) plans: policy, strategy and guidance in all areas where infant feeding has an impact, including: • an obesity strategy • diabetes care pathways • cancer reduction • teenage pregnancy • maternity and neonatal service specification • National Health Visiting Core Service Specification • neonatal mortality and morbidity reduction • maternal and child perinatal mental health wellbeing plans • emotional attachment development plans • parenting and relationship building strategy • oral health • school readiness plans66 health and social inequality inclusion • workplace wellbeing plans • environmental sustainability community organisation

Recommendation 5 Cheshire and Merseyside LMNS should oversee and coordinate the Baby Friendly Initiative process in all services – maternity, neonatal, health visiting and family hubs – with all Cheshire and Merseyside LMNS Infant Feeding Leads meeting regularly to share best practice and progress towards becoming a fully Gold Baby Friendly LMNS within 4 years. A "Baby Friendly Guardian" should be appointed at the LMNS level to provide high-level leadership to support this process.	NICE QS37 Postnatal care up to 8 weeks aWTEr birth, Quality Statement 5 All maternity care providers (whether working in hospital or in primary care) should implement an externally evaluated, structured programme that encourages breastfeeding, using the Baby Friendly Initiative as a minimum standard. If providers implement a locally developed programme, this should be evidence based, structured, and undergo external evaluation. The structured programme should be delivered and coordinated across all providers, including hospital, primary, community and children's centre settings. Breastfeeding outcomes should be monitored across all services. The NHS Long Term Plan, NHS England 2019 - Ch3 3.18. **All maternity services that do not deliver an accredited, evidence-based infant feeding programme, such as the UNICEF Baby Friendly Initiative, will begin the accreditation process in 2019/20.** Only 57% of babies in England are currently born in an accredited 'baby friendly' environment. Our breastfeeding rates compare unfavourably with other countries in Europe … (and) there is substantial variation between parts of England.
Recommendation 6 All hospital trusts should build on their Baby Friendly Initiative accreditation for **maternity** services, adopting Achieving Sustainability and aiming for Gold within 2 years following full accreditation. They should begin the process of accreditation of **neonatal** services, adopting Achieving Sustainability standards from the start, aiming for Gold within 4 years.	The NHS Long Term Plan, NHS England 2019 3.18. All maternity services that do not deliver an accredited, evidence-based infant feeding programme, such as the UNICEF Baby Friendly Initiative, will begin the accreditation process in 2019/20 3.19. We will redesign and expand neonatal critical care services to improve the safety and effectiveness of services and experience of families. 3.20. We will develop our expert neonatal nursing workforce. 3.21. We will enhance the experience of families during the worrying period of neonatal critical care. Maternity Workforce Strategy – Transforming the Maternity Workforce Phase 1: Delivering the Five Year Forward View for Maternity, Health Education England 2019 Recommendation: All neonatal services must be supported to seek and acquire accreditation under the Bliss Baby Charter Scheme and under the UNICEF Baby Friendly Initiative. Implementing the Recommendations of the Neonatal Critical Care Transformation Review, NHSE&I, December 2019 LMSs and ODNs should then develop action plans to address any issues, including: Supporting neonatal services to seek and acquire accreditation under the Bliss Baby Charter Scheme and the UNICEF Baby Friendly Initiative Joint neonatal projects, Unicef BFI 2018 It is cost effective to provide joint training in the local area compared with individual members of staff attending open courses. There is emerging evidence to suggest that UK neonatal units involved in a project are making faster progress towards Baby Friendly accreditation than those not part of a project. (e.g., Southwest Neonatal Network)
Recommendation 7 All local authorities should progress swiftly and steadily through each stage of Baby Friendly Initiative accreditation for **health visiting** and **family hubs**, adopting Achieving Sustainability standards from the start, aiming for Gold within	NICE QS37 Postnatal care up to 8 weeks aWTEr birth, Quality Statement 5 Quality Statement 5 - All maternity care providers (whether working in hospital or in primary care) should implement an externally evaluated, structured programme that encourages breastfeeding, using the Baby Friendly Initiative as a minimum standard. If providers implement a locally developed programme, this should be evidence based, structured, and undergo external evaluation. The structured programme should be delivered and coordinated across all providers, including hospital, primary, community and children's centre settings. Breastfeeding outcomes should be monitored across all services. Beyond the Food Bank: London Food Poverty Profile 2018, Sustain What councils can do : Work towards full Unicef UK Baby Friendly accreditation for health visiting, public health nursing and children's centres. NICE NG194 Postnatal Care

2 years (if already accredited) or within 4 years (if not yet accredited).	
Recommendation 8 All Local Authorities to commission a baby feeding peer support service with sufficient paid staff and volunteers to: ● support every mother on postnatal ward with their choice of feeding. ● call all mothers within 48 hours of discharge. ● offer telephone and online support. ● offer all mothers support at home in the early weeks. ● ensure baby feeding support groups are available year-round and accessible to all mothers, particularly those least likely to breastfeed the population.	Guide to the Unicef UK Baby Friendly Initiative Standards, Unicef 2012 These standards require "additional and specialist support" to be made available to mothers in all settings (maternity, health visiting, children's centres and neonatal. More detail is provided in the guidance below. e.g., p19 Stage 3 - Parents' experiences of health visiting services. 2. Enable mothers to continue breastfeeding for as long as they wish. You will know that the facility has met this standard when: Services are available to support continued breastfeeding and mothers are informed about them (for example, peer support groups). We will assess this by: Verification of the current systems by which... additional and specialist support is provided. Guidance on provision of additional and specialist services to support breastfeeding mothers, Unicef 2017 **Routine care:** The midwifery and health visiting teams should have the skills and knowledge required to answer questions and support mothers with simple breastfeeding challenges such as sore nipples and engorgement. **Additional services to support continued breastfeeding:** Addressing the need for additional and social support can be met via support groups, baby cafés, telephone support, peer supporter home visits etc. When considering what will work best in your area, it is important to think about both elements of additional services – social and help with challenges. Some services address both – e.g. a social group where trained supporters help with basic challenges. It is also important to consider who will facilitate the service and the education they need to be effective and safe. Commissioning infant feeding services, PHE 2016 Principle 5: women have access to social support in their local communities and there is access to effective help when challenges occur... 5.1 What face to face services are available within the community to help women to continue breastfeeding? eg from the health visiting service, via peer to peer support, breastfeeding drop-ins, breastfeeding cafes etc. 5.3 Are services available which provide social support and help with common breastfeeding challenges? 1.2.7 An infant feeding strategy that describes how best to meet local need, with action planning that...ensures the equity of access to breastfeeding services for key populations with lower prevalence of breastfeeding such as white, low-income women, teenage pregnant women and those who have not breastfed before. 1.3.3 Are interventions and services geographically and socio-culturally appropriate to those for whom they are designed? Family Hubs and Start for Life programme guide August 2022 Your family hub has a designated welcoming, safe and secure breastfeeding space for mothers to breastfeed and meet other breastfeeding parents. All parents have access to one-to-one practical help on hospital wards and in family hubs (from healthcare professionals and/or trained peer supporters) to support breastfeeding initiation, responsive feeding and relationship building during the immediate postnatal period An infant feeding peer support service is provided Remote / virtual infant feeding support is available and accessible to all parents. Mothers are actively contacted and offered infant feeding support in the immediate postnatal period. Drop-in infant feeding support sessions/groups are available at the family hub. NICE CG37 Postnatal care up to 8 weeks aWTEr birth

	1.3.15 From the first feed, women should be offered skilled breastfeeding support (from a healthcare professional, mother to mother or peer support) to enable comfortable positioning of the mother and baby and to ensure that the baby attaches correctly to the breast to establish effective feeding and prevent concerns such as sore nipples. NICE NG194 Postnatal Care NICE Ph11 Maternal and Child Nutrition, Recommendation 11 Commissioners and managers of maternity and children's services should provide local, easily accessible breastfeeding peer support programmes and ensure peer supporters are part of a multidisciplinary team. Ensure peer supporters: attend a recognised, externally accredited training course in breastfeeding peer support, contact new mothers directly within 48 hours of their transfer home (or within 48 hours of a home birth), offer mothers ongoing support according to their individual needs. This could be delivered face-to-face, via telephone or through local groups, can consult a health professional and are provided with ongoing support. NICE Ph11 Maternal and Child Nutrition, Recommendation 10 Provide continuing and proactive breastfeeding support at home, recording all advice in the mother's hand held records. Provide contact details for local voluntary organisations that can offer ongoing support to complement NHS breastfeeding services. NICE NG194 Postnatal Care 1.5.9 Give breastfeeding care that is tailored to the woman's individual needs and provides: - written, digital or telephone information to supplement (but not replace) face-to-face support - information about opportunities for peer support - information about what to do and who to contact if she needs additional support 1.5.10 Make face-to-face breastfeeding support integral to the standard postnatal contacts for women who breastfeed. Continue this until breastfeeding is established and any problems have been addressed. 1.5.15 If there are ongoing concerns, consider... referring to additional support such as a lactation consultation or peer support 1.5.18 For parents who formula feed... provide written, digital or telephone information to supplement (but not replace) face-to-face support.
Recommendation 9 Survey local families to determine if baby feeding drop-in groups are frequent enough and accessible to all, particularly groups least likely to breastfeed.	NICE PH11 Maternal and Child Nutrition, Recommendation 11 Commissioners and managers of maternity and children's services should provide local, easily accessible breastfeeding peer support programmes....Who is the target population? Pregnant women and new mothers, particularly those who are least likely to start and continue to breastfeed. For example, young women, those who have low educational achievement and those from disadvantaged groups. Guidance on provision of additional and specialist services to support breastfeeding mothers, Unicef 2017 Meeting other mothers who are breastfeeding can also be enormously beneficial, helping to normalise breastfeeding and provide much needed social support. Mothers are more likely to continue breastfeeding if they have people in their lives who believe they can succeed. Effective promotion of these services is crucial. They need to be made as attractive as possible to mothers so that they will engage and benefit from them. Family Hubs and Start for Life programme guide August 2022 Specific focus and additional / 1:1 support is available to support those less likely to breastfeed, for example, younger, first-time and more vulnerable parents/carers.

Recommendation 10 Consider joint commissioning of breastfeeding peer support between ICS and Local Authorities and/or between Local Authorities and ensure that contracts are in place for at least the duration of this strategy to ensure continuity.	Implementing Better Births, March 2017 Local Maternity Systems will need to come to agreement as to how to commission against the local maternity transformation plan, including **pooling of resource and joint commissioning**, where appropriate (see chapter 6). Commissioners **need to take clear responsibility for improving outcomes and reducing health inequalities**, by commissioning against clear outcome measures, empowering providers to make service improvements and monitoring progress regularly....The different outcome types Local Maternity Systems might want to consider are: **Public health outcomes whereby NHS and public health providers agree to work together** to ensure there is a change to health behaviour An Alliance Agreement brings providers together who already have an existing bi-lateral contract with a commissioner to enter into a new partnership to work collaboratively on achieving a defined set of outcomes for a specified population group or an **integrated model of care. It can include public health providers**.
Recommendation 11 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.	NICE Quality standard QS197, Faltering growth, Quality Statement 4 **Service providers** (such as maternity services, GP practices and health visiting services) ensure that practical, sympathetic and non-judgmental breastfeeding support can be provided to mothers when formula is prescribed because of concerns about faltering growth. This includes ensuring that sufficient numbers of staff have the expertise to provide this support and that the support is provided quickly to reduce the risk of the mother stopping breastfeeding. Other support, such as **loaning breast pumps**, should also be given. **Commissioners** (such as clinical commissioning groups and local authorities) commission services that ensure sufficient numbers of staff have the expertise to provide practical breastfeeding support quickly to mothers if there are concerns about faltering growth in their babies. Mothers of babies who are given formula milk to supplement breast milk are encouraged and helped to continue breastfeeding their baby. They are advised to give their baby any available breast milk before giving formula and to express breast milk to prevent their milk supply from stopping. They are loaned breast pumps if needed. Family Hubs and Start for Life programme guide August 2022 Equipment is available on loan from the family hub for parents who need it (for example, breast pumps) and staff sensitively support parents to use it. Assessment of breastmilk expression checklist, Unicef UK Baby Friendly Initiative 2017 Double pumping should be encouraged as this can save time and may contribute to being able to express long term. Larger volumes can oWTEn be achieved when mothers double pump. Checklist: * access to electric pump * effective technique including suction settings, correct breast shield fit * double pumping (or switching breasts) to ensure good breast drainage NICE guideline NG75 Faltering growth: recognition and management of faltering growth in children 1.1.3 Provide feeding support (see recommendations in NICE's guideline on postnatal care up to 8 weeks aWTEr birth) if there is concern about weight loss in infants in the early days of life, for example if they have lost more than 10% of their birth weight. 1.1.7 Support the mother to continue breastfeeding, advise expressing breast milk to promote milk supply and feed the infant with any available breast milk before giving any infant formula. NICE CG37 Postnatal care up to 8 weeks aWTEr birth 1.3.23-1.3.28 A woman's experience with breastfeeding should be discussed at each contact to assess if she is on course to breastfeed effectively and identify any need for additional support. Breastfeeding progress should then be assessed and documented in the postnatal care plan at each contact. If the baby is not taking sufficient milk directly from the breast and supplementary feeds are necessary, expressed breast milk should be given by a cup or bottle. Breast pumps should be

	available in hospital, particularly for women who have been separated from their babies, to establish lactation. All women who use a breast pump should be offered instructions on how to use it. NICE NG194 Postnatal Care 1.5.12 Provide information, advice and reassurance about breastfeeding, so women (and their partners) know what to expect, and when and how to seek help. Topics to discuss include... expressing breast milk (by hand or with a breast pump) as part of breastfeeding and how it can be useful; safe storage and preparation of expressed breast milk Guide to the Unicef UK Baby Friendly Initiative Standards, Unicef 2012 Health visiting services assessment: support [should be] given to help them maximise the amount of breastmilk given
Recommendation 12 Specialist breastfeeding support is part of the commissioned community infant feeding support service. 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, health visitors, GPs, paediatricians, and dietitians. The pathway should incorporate faltering growth and tongue tie pathways. The specialist support should be provided by someone who has undergone IBCLC training and who is currently certified as a lactation consultant. Specialist support should be available to all mothers who require it, including home support when necessary.	Guide to the Unicef UK Baby Friendly Initiative Standards, Unicef 2012 Specialist support, with an appropriate referral pathway, is available for mothers experiencing complex challenges with breastfeeding...Staff are aware of the referral pathway for specialist help with breastfeeding challenges, available in the local area and know how to refer mothers to this. Commissioning infant feeding services, PHE 2016 Statement of principle 5: Women are enabled to continue to breastfeed for as long as they wish. Social support and help with difficulties are available according to need. Women requiring more specialist support have access to this. Family Hubs and Start for Life programme guide August 2022 Staff are trained to identify and respond to more complex infant feeding needs, and timely support is offered to all families who need it so they can continue breastfeeding for as long as they would like to*. NICE guideline NG75 Faltering growth: recognition and management of faltering growth in children 1.2.15 Together with parents and carers, establish a management plan with specific goals for every infant or child where there are concerns about faltering growth. 1.2.16 Provide feeding support (see recommendations in NICE's guideline on postnatal care up to 8 weeks aWTEr birth) if there is concern about faltering growth in the first weeks of life. Consider whether such feeding support might be helpful in older milk-fed infants, including those having complementary solid foods. 1.3.1 Ensure there is a pathway of care for infants and children where there are concerns about faltering growth or weight loss in the early days of life that: *clearly sets out the roles of healthcare professionals in primary and secondary care settings *establishes and makes clear the process for referral to and co-ordination of specialist care in the pathway 1.3.3 Ensure that the primary care team has access to the following healthcare professionals with expertise relevant to faltering growth * **infant feeding specialist** *consultant paediatrician *paediatric dietitian *speech and language therapist with expertise in feeding and eating difficulties *clinical psychologist *occupational therapist. NICE Quality standard QS197, Faltering growth Quality Statement 3: Babies and preschool children have a management plan with specific goals if there are concerns about faltering growth. Quality measures: Structure a) Evidence of local arrangements and written clinical protocols to ensure that the primary care team are trained to develop a management plan for babies and preschool children if there are concerns about faltering growth....Commissioners (such as clinical commissioning groups and local authorities) commission services that ensure primary and secondary care teams establish local care pathways and joint working agreements to provide planned care for babies and preschool children if there are concerns about faltering growth. Healthcare professionals with expertise in faltering growth. These are: **infant feeding specialists**, consultant paediatricians, paediatric dietitians, speech and language therapists with expertise in feeding and eating difficulties, clinical psychologists, occupational therapists, **lactation consultants**. NICE NG194 Postnatal Care

	1.5.15 If there are ongoing concerns, consider: • observing additional feeds • other actions, such as referring to additional support such as a **lactation consultation**; assessing for tongue-tie. Family Hubs and Start for Life programme guide August 2022 All staff and volunteers receive appropriate, accredited training to enable them to identify infant feeding issues in a timely manner, intervene early, and bring in specialist support where this is required. Guidance on provision of additional and specialist services to support breastfeeding mothers, Unicef 2017 A referral pathway leading to access to an individual/team of staff who can provide specialist support should be available for the small number of mothers with complex challenges....An appropriate referral pathway - we recommend a referral pathway, with a written referral form to enable access to the specialist service. We recommend that the referral pathway should include guidance for how the mother can be referred back to their health professional once the specialist input is no longer required... Training needs of the specialist related to breastfeeding. Qualifications such as IBCLC may be helpful in ensuring a quality standard. NICE Ph11 Maternal and Child Nutrition, Recommendation 10 Provide continuing and proactive breastfeeding support at home, recording all advice in the mother's handheld records. NICE CG37 Postnatal care up to 8 weeks aWTEr birth, Infant Feeding 1.3.1 Breastfeeding support should be made available regardless of the location of care. NICE NG194 Postnatal Care 1.1.14 Ensure that the first postnatal visit by a midwife takes place within 36 hours aWTEr transfer of care from the place of birth or aWTEr a home birth. The visit should be face-to-face and usually at the woman's home, depending on her circumstances and preferences. 1.5.10 Make face-to-face breastfeeding support integral to the standard postnatal contacts for women who breastfeed. Continue this until breastfeeding is established and any problems have been addressed.
Recommendation 13 Set up an LMNS working group to examine the provision of tongue-tie services across Cheshire and Merseyside LMNS and to design a fully integrated service. Ensure appropriate provision of rapid-access tongue-tie clinics, and clear, well-communicated referral pathways from midwifery, health visiting, GPs, and peer supporters. This should include training and information on how to recognise signs that tongue tie is affecting breastfeeding. When a referral is made, mothers continue to receive help from additional breastfeeding support service to maintain milk supply	Guidance on provision of additional and specialist services to support breastfeeding mothers, Unicef 2017 We would expect to see that provision has been made locally, or via a formal contract with a neighbouring service to meet the needs of mothers and babies where a tongue tie has been identified and is causing problems with breastfeeding. NICE IPG149, Division of ankyloglossia (tongue-tie) for breastfeeding, 2005 2.1.1 Ankyloglossia, also known as tongue-tie, is a congenital anomaly characterised by an abnormally short lingual frenulum, which may restrict mobility of the tongue. Breastfeeding difficulties may arise, such as problems with latching, sore nipples and poor infant weight gain. 2.1.2 Some practitioners believe that if division is required, this should be undertaken as early as possible. This may enable the mother to continue to breastfeed, rather than having to feed artificially. Some babies with tongue-tie have breastfeeding difficulties. Conservative management includes breastfeeding advice, and careful assessment is important to determine whether the frenulum is interfering with feeding and whether its division is appropriate. 2.3.1 One randomised controlled trial compared division of tongue-tie with 48 hours of intensive support from a lactation consultant. Mothers reported that 95% (19/20) of babies had improved breastfeeding 48 hours aWTEr tongue-tie division, compared with 5% (1/20) of babies in the control group ($p < 0.001$). NICE NG194 Postnatal Care 1.5.15 If there are ongoing concerns, consider... assessing for tongue-tie. Family Hubs and Start for Life programme guide August 2022 Best endeavours are made to improve timely access to tongue tie support and treatment.

(including breast pump loan) while waiting for treatment. Additional support continues following tongue-tie treatment until breastfeeding is well established.	NICE CG37 Postnatal care up to 8 weeks aWTEr birth, Infant Feeding 1.3.39-40 Evaluation for ankyloglossia should be made if breastfeeding concerns persist aWTEr a review of positioning and attachment by a skilled healthcare professional or peer counsellor. Babies who appear to have ankyloglossia should be evaluated further.
Recommendation 14 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 (see Recommendation 8) should include support for bottle-feeding families.	NICE Ph11 Maternal and Child Nutrition, Recommendation 14, Infant formula Commissioners and managers should ensure mothers have access to independent advice from a qualified health professional on the use of infant formula. This should include information on the potential risks associated with formula-feeding and how to obtain ongoing advice at home. Midwives should ensure mothers who choose to use infant formula are shown how to make up a feed before leaving hospital or the birth centre (or before the mother is left aWTEr a home birth). This advice should follow the most recent guidance from the DH ('Guide to bottle feeding' 2011). Avoid promoting or advertising infant or follow-on formula. Do not display, distribute or use product samples, leaflets, posters, charts, educational or other materials and equipment produced or donated by infant formula, bottle and teat manufacturers. NICE CG37 Postnatal care up to 8 weeks aWTEr birth, Infant Feeding 1.3.42 All parents and carers who are giving their babies formula feed should be offered appropriate and tailored advice on formula feeding to ensure this is undertaken as safely as possible.1.3.45 Breastfeeding women who want information on how to prepare formula feeds should be advised on how to do this. Guide to the Unicef UK Baby Friendly Standards, Unicef 2012, Stage 3 Health visiting, Standard 3 Support mothers to make informed decisions regarding the introduction of food or fluids other than breastmilk. Mothers who breastfeed are provided with information on why exclusive breastfeeding leads to the best outcomes for the baby and why, when exclusive breastfeeding is not possible, continuing partial breastfeeding is important. In this way, mothers who partially breastfeed are supported to maximise the amount of breastmilk their baby receives according to individual situations. Mothers who give other feeds in conjunction with breastfeeding are enabled to do so as safely as possible and with the least possible disruption to breastfeeding. Mothers who formula feed are enabled to do so as responsively and safely as possible. Stage 3 Health visiting, Standard 4 Support parents to have a close and loving relationship with their baby. Mothers who bottle feed their babies are encouraged to hold their baby close during feeds, and to offer the majority of feeds themselves in the early weeks, in order to help build a close and loving relationship. NICE NG194 Postnatal Care 1.5.16 Before and aWTEr the birth, discuss formula feeding with parents who are considering or who need to formula feed, taking into account that babies may be partially formula fed alongside breastfeeding or expressed breast milk. 1.5.17 Information about formula feeding should include: • the differences between breast milk and formula milk • that first infant formula is the only formula milk that babies need in the first year of life, unless there are specific medical needs • how to sterilise feeding equipment and prepare formula feeds safely, including a practical demonstration if needed • for women who are trying to establish breastfeeding and considering supplementing with formula feeding, the possible effects on breastfeeding success, and how to maintain adequate milk supply while supplementing.
Recommendation 15 All families are invited to attend classes on the introduction of solid foods at around 3-4 months. Targeted support for families on low	NICE Ph11 Maternal and Child Nutrition, Recommendation 22, Family nutrition Public health nutritionists and dietitians should offer parents in receipt of Healthy Start benefit practical support and advice on how to use the Healthy Start vouchers to increase their intake of fruit and vegetables. Commissioning agencies and local authorities - provide support (both practical and financial) to develop and maintain community-based initiatives which aim to

incomes, such as those receiving Healthy Start vouchers, is available. 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, e.g., HENRY Healthy Families.	make a balanced diet more accessible to people on a low income. Examples include: food cooperatives, 'cook and eat' clubs, 'weaning parties' and 'baby cafes'. NICE QS98 Maternal and child nutrition, Quality statement 5: Advice on introducing solid food Parents and carers are given advice on introducing their baby to a variety of nutritious foods to complement breastmilk or formula milk... Commissioners specify that providers advise parents and carers how and when to introduce their baby to a variety of nutritious foods to complement breastmilk or formula milk. NICE QS98 Maternal and child nutrition, Quality statement 6: Advice on Healthy Start food vouchers Parents and carers receiving Healthy Start food vouchers are offered advice on how to use them to increase the amount of fruit and vegetables in their family's diet...Advice can be given by primary and secondary healthcare professionals, public health nutritionists, dietitians and at children's centres, health centres, nursery schools and other community settings. It can be provided in a number of ways, including formal and informal group sessions and one-to-one discussions, and using practical cook and eat sessions, leaflets and online resources (for example, step-by-step cooking demonstrations). This advice can be given at any time, but particularly when eligibility for the Healthy Start food vouchers is established and then on an ongoing basis as needed.
Recommendation 16 Mothers least likely to breastfeed are identified antenatally and are provided with targeted support throughout their pregnancy and during the first year of life. This may include families on Healthy Start vouchers and young mothers. Where targeted health-visiting services are in place, such as Family Nurse Partnership, these should be fully integrated with breastfeeding support services so that families receive additional and specialist support when needed.	NICE Ph11 Maternal and Child Nutrition, Recommendation 9 and 11, Breastfeeding Target population - Pregnant women and new mothers, particularly those who are least likely to start and continue to breastfeed. For example, young women, those who have low educational achievement and those from disadvantaged groups...During individual antenatal consultations GPs, obstetricians and midwives should encourage breastfeeding. They should pay particular attention to the needs of women who are least likely to breastfeed (for example, young women, those who have low educational achievement and those from disadvantaged groups) ... Provide local, easily accessible breastfeeding peer support programmes and ensure peer supporters are part of a multidisciplinary team. NICE Ph11 Maternal and Child Nutrition, Recommendation 13, Link workers Target population - Pregnant women and mothers whose first language is not English, their partners and extended family...NHS trusts should train link workers who speak the mother's first language to provide information and support on breastfeeding, use of infant formula , weaning and healthy eating. Where link workers are not available, ensure women whose first language is not English have access to interpreting services and information in a format and language they can understand. NHS trusts should encourage women from minority ethnic communities whose first language is not English to train as breastfeeding peer supporters. Commissioning infant feeding services, PHE 2016 p8 Having a comprehensive approach to infant feeding can reduce health inequalities for disadvantaged families. Women from low incomes are the least likely to breastfeed, are more likely to have a premature or sick infant and have the worst health and wellbeing outcomes. Breastfeeding or providing breastmilk for premature and sick babies improves their short- and long-term health and well-being outcomes, reducing both mortality and morbidity. The NHS Long Term Plan, NHS England 2019 2.26. To support local planning and ensure national programmes are focused on health inequality reduction, the NHS will set out specific, measurable goals for narrowing inequalities, including those relating to poverty, through the service improvements set out in this Long-Term Plan. All local health systems will be expected to set out during 2019 how they will specifically reduce health inequalities by 2023/24 and 2028/29. These plans will also, for the first time, clearly set out how those CCGs benefiting from the health inequalities adjustment are targeting that funding to improve the equity of access and outcomes. NHS England, working with PHE and our partners in the voluntary and community sector and local government, will develop and publish a 'menu' of evidence-based interventions that if adopted locally would contribute to this goal. https://www.england.nhs.uk/ltphimenu/maternity/targeted-support-for-breast-feeding/

	Menu of evidence-based interventions and approaches for addressing and reducing health inequalities: Targeted support for breast feeding. A major driver of health inequalities. NICE NG194 Postnatal Care 1.1.5 When giving information about postnatal care, use clear language and tailor the timing, content and delivery of information to the woman's needs and preferences. Information should support shared decision making and be: - provided face-to-face and supplemented by virtual discussions and written formats, for example, digital, printed, braille or Easy Read - offered throughout the woman's care - individualised and sensitive - supportive and respectful - evidence based and consistent **- translated by an appropriate interpreter to overcome language barrier**s. 1.1.7 Follow the principles in the NICE guideline on pregnancy and complex social factors for women who may need additional support, for example: - women who misuse substances **- recent migrants, asylum seekers or refugees, or women who have difficulty reading or speaking English** **- young women aged under 20** **-** women who experience domestic abuse. 1.5.11 Be aware that younger women and women from a low income or disadvantaged background may need more support and encouragement to start and continue breastfeeding, and that continuity of carer is particularly important for these women. Equity and equality, Guidance for local maternity systems 2021 Action 4c, Intervention 3. Every LMS should agree and implement a breastfeeding strategy to ensure that women have the information and support they need, when they need it in maternity services and in the community. The strategy should include an analysis of feeding trends across the LMS, **identifying variation and inequalities between communities, along with actions to address them with a focus on the most deprived areas.** Family Hubs and Start for Life programme guide August 2022 Specific focus and additional / 1:1 support is available to support those less likely to breastfeed, for example, younger, first-time and more vulnerable parents/carers... Tailored support from healthcare professionals and trained peer supporters is provided proactively in a range of settings for those least likely to engage with services. Commissioning infant feeding services, PHE 2016 1.2.7b An infant feeding strategy that describes how best to meet local need, with action planning that: ensures the equity of access to breastfeeding services for key populations with lower prevalence of breastfeeding such as white, low-income women, teenage pregnant women and those who have not breastfed before.
Recommendation 17 Mothers who have English as a second language are provided with interpreters 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 languages spoken in the community.	NICE CG110 Pregnancy and complex social factors Antenatal care for all pregnant women with complex social factors (particularly alcohol or drug misuse, recent migrant or asylum seeker status, difficulty reading or speaking English, aged under 20, domestic abuse). Family Hubs and Start for Life programme guide August 2022 Language services are offered to those who need them.

Recommendation 18 Councils have a designated officer or health professional with overall responsibility for the Healthy Start scheme. A target of 80% 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.	NICE Ph11 Maternal and Child Nutrition, Recommendation 4, Healthy Start [Commissioners, Trusts] should promote the Healthy Start scheme.... should ensure an adequate supply of Healthy Start application forms is available and that the uptake of Healthy Start benefits is regularly audited... Health professionals should advise pregnant women and parents of children under 4 years about the Healthy Start scheme. They should ensure all women who may be eligible receive an application form as early as possible in pregnancy...Health professionals should use every opportunity they have to offer those parents who are eligible for the Healthy Start scheme practical, tailored information, support and advice on: how to use Healthy Start vouchers to increase their fruit and vegetable intake, how to initiate and maintain breastfeeding, how to introduce foods in addition to milk as part of a progressively varied diet when infants are 6 months old.
Recommendation 19 Peer supporters in the community are part of a multidisciplinary team, with clear pathways for communication and referral between peer supporters and health professionals, including midwifery, health visiting, GPs and others involved in the care of mothers and babies. Peer supporters know how to get advice from health professionals, and health professionals know how to refer to the peer support or baby feeding service. There is appropriate data sharing between services to enable collaboration and to allow the smooth running of services. Examples of pathways include mastitis, tongue tie, thrush, jaundice, dehydration, faltering growth, medications compatible with breastfeeding, mental health, nipple pain and trauma, rashes on the breast, colic, and reflux.	NICE Ph11 Maternal and Child Nutrition, Recommendation 7, Breastfeeding Commissioners and managers of maternity and children's services should adopt a multifaceted approach or a coordinated programme of interventions across different settings to increase breastfeeding rates. It should include breastfeeding peer-support programmes joint working between health professionals and peer supporters. NICE Ph11 Maternal and Child Nutrition, Recommendation 11, Breastfeeding Commissioners and managers of maternity and children's services should provide local, easily accessible breastfeeding peer support programmes and ensure peer supporters are part of a multidisciplinary team. Ensure peer supporters: attend a recognised, externally accredited training course in breastfeeding peer support, contact new mothers directly within 48 hours of their transfer home (or within 48 hours of a home birth), offer mothers ongoing support according to their individual needs. This could be delivered face-to-face, via telephone or through local groups, can consult a health professional and are provided with ongoing support. Family Hubs and Start for Life programme guide August 2022 Health professionals, paid/volunteer peer supporters, the early years workforce etc are supported to work together in an integrated way, with the right leadership, supervision structures, skills, and capacity in place to provide families with the help they need. Implementing Better Births, Postnatal Care, NHSE 2019 7.1 Maternity, health visiting and any locally commissioned breastfeeding peer support services should work more closely on a joint plan to ensure that women receive the feeding support they need at the right time, including out of hours. NICE CG37 Postnatal care up to 8 weeks aWTEr birth, Mastitis 1.3.34-37 Women should be advised to report any signs and symptoms of mastitis including flu like symptoms, red, tender and painful breasts to their healthcare professional urgently. Women with signs and symptoms of mastitis should be offered assistance with positioning and attachment and advised to: continue breastfeeding and/or hand expression to ensure effective milk removal; if necessary, this should be with gentle massaging of the breast to overcome any blockage, take analgesia compatible with breastfeeding, for example paracetamol, increase fluid intake. If signs and symptoms of mastitis continue for more than a few hours of self management, a woman should be advised to contact her healthcare professional again (urgent action). If the signs and symptoms of mastitis have not eased, the woman should be evaluated as she may need antibiotic therapy (urgent action). NICE CG37 Postnatal care up to 8 weeks aWTEr birth, Mastitis 1.3.34-37 Women should be advised to report any signs and symptoms of mastitis including flu like symptoms, red, tender and painful breasts to their healthcare professional urgently. Women with signs and symptoms of mastitis should be offered

	assistance with positioning and attachment and advised to: continue breastfeeding and/or hand expression to ensure effective milk removal; if necessary, this should be with gentle massaging of the breast to overcome any blockage, take analgesia compatible with breastfeeding, for example paracetamol, increase fluid intake. If signs and symptoms of mastitis continue for more than a few hours of self management, a woman should be advised to contact her healthcare professional again (urgent action). If the signs and symptoms of mastitis have not eased, the woman should be evaluated as she may need antibiotic therapy (urgent action). NICE NG194 Postnatal Care 1.2.7 At 6 to 8 weeks aWTEr the birth, a GP should: • carry out an assessment including the points in recommendations 1.2.1 to 1.2.5 and taking into account the time since the birth • respond to any concerns, which may include referral to specialist services in either secondary care or other healthcare services such as physiotherapy.
Recommendation 20 All GPs are offered training that includes typical breastfeeding issues as part of the 6–8-week maternal check and which may arise during the postnatal period generally, including safe prescribing for breastfeeding women, with clear referral pathways when further support is needed. Each GP surgery has a nominated GP Infant Feeding Champion with a specialist interest in breastfeeding and who has completed additional training.	Achieving Sustainability, Standards and Guidance, Unicef UK Baby Friendly Initiative Theme 4: Progression. The needs of babies, their mothers and families are met through effective integrated working. NICE Ph11 Maternal and Child Nutrition, Recommendation 7, Breastfeeding Ensure there is a written, audited and well-publicised breastfeeding policy that includes training for staff NICE QS37 Postnatal care, Quality Statement 5, Breastfeeding All people involved in delivering breastfeeding support should receive the appropriate training and undergo assessment of competencies for their role. This includes employed staff and volunteer workers in all sectors, for example, hospitals, community settings, children's centres and peer supporter services. NICE CG37 Postnatal care up to 8 weeks aWTEr birth, Mastitis 1.3.34-37 Women should be advised to report any signs and symptoms of mastitis including flu like symptoms, red, tender and painful breasts to their healthcare professional urgently. Women with signs and symptoms of mastitis should be offered assistance with positioning and attachment and advised to: continue breastfeeding and/or hand expression to ensure effective milk removal; if necessary, this should be with gentle massaging of the breast to overcome any blockage, take analgesia compatible with breastfeeding, for example paracetamol, increase fluid intake. If signs and symptoms of mastitis continue for more than a few hours of self management, a woman should be advised to contact her healthcare professional again (urgent action). If the signs and symptoms of mastitis have not eased, the woman should be evaluated as she may need antibiotic therapy (urgent action). NICE NG194 Postnatal Care 1.2.7 At 6 to 8 weeks aWTEr the birth, a GP should: • carry out an assessment including the points in recommendations 1.2.1 to 1.2.5 and taking into account the time since the birth • respond to any concerns, which may include referral to specialist services in either secondary care or other healthcare services such as physiotherapy. 1.5.6 Healthcare professionals caring for women and babies in the postnatal period should know about: • breast milk production • signs of good attachment at the breast • effective milk transfer • how to encourage and support women with common breastfeeding problems • appropriate resources for safe medicine use and prescribing for breastfeeding women. See also - https://gpifn.org.uk/the-gp-infant-feeding-champion/

	… support all health colleagues working in GP surgeries, to provide breastfeeding mothers and their families with helpful advice and guidance to enable them to maintain breastfeeding for as long as they wish to do so. Surgeries can sign up to nominate a GP Champion, who will receive further training and be offered peer support through GPIFN.
Recommendation 21 Each Local Authority employs an Infant Feeding Lead in the ratio of 1 WTE per 3000 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.	NICE Ph11 Maternal and Child Nutrition, Recommendation 7, Breastfeeding Ensure there is a written, audited and well-publicised breastfeeding policy that includes training for staff and support for those staff who may be breastfeeding. Identify a health professional responsible for implementing this policy. NICE CG37 Postnatal care up to 8 weeks aWTEr birth, Infant Feeding 1.3.2 All healthcare providers (hospitals and community) should have a written breastfeeding policy that is communicated to all staff and parents. Each provider should identify a lead healthcare professional responsible for implementing this policy. Guide to the Unicef UK Baby Friendly Standards, Unicef 2012, Stage 1, Standard 3 Have processes for implementing, auditing and evaluating the standards... A project lead with the necessary knowledge and skills to implement the standards is in post. Commissioning local breastfeeding support services, Department of Health, 2009 Local breastfeeding (strategy and development) coordinators in hospital settings and Children's Trusts with sufficient seniority, knowledge and strategic project management skills to work across systems and services in health, social care and education (NICE recommends one full-time equivalent coordinator per 3,000 births in each setting)
Recommendation 22 Each Local Authority employs an Infant Feeding Specialist who is IBCLC certified in the ratio of 1 WTE per 3000 births dedicated to providing specialist support.	Guidance on provision of additional and specialist services to support breastfeeding mothers, Unicef 2017 Training needs of the specialist related to breastfeeding. Qualifications such as IBCLC may be helpful in ensuring a quality standard NICE Quality standard QS197, Faltering growth Quality Statement 2 - A detailed feeding or eating history can help to identify any feeding or eating behaviours that might be contributing to faltering growth in a baby or preschool child. These could include, for example, ineffective milk transfer in breastfeeding babies... There are also some physical disorders or developmental issues that can affect feeding or eating. **Service providers** (such as maternity services, GP practices and health visiting services) ensure that healthcare professionals are trained, with input from secondary care paediatric services if appropriate, to take a detailed feeding or eating history if there are concerns about faltering growth in a baby or preschool child, and to provide advice based on this history. They ensure that healthcare professionals have enough time with babies or preschool children in whom there are concerns about faltering growth to obtain this history. **Commissioners** (such as clinical commissioning groups and local authorities) commission services that ensure healthcare professionals have the time and expertise to take detailed eating or feeding histories if there are concerns about faltering growth in babies or preschool children. Healthcare professionals with expertise in faltering growth. These are: *infant feeding specialists *consultant paediatricians *paediatric dietitians *speech and language therapists with expertise in feeding and eating difficulties *clinical psychologists *occupational therapists *lactation consultants. Family Hubs and Start for Life programme guide August 2022 Staff are trained to identify and respond to more complex infant feeding needs, and timely support is offered to all families who need it so they can continue breastfeeding for as long as they would like to*. NICE QS37 Postnatal care, Quality Statement 5, Breastfeeding

	All people involved in delivering breastfeeding support should receive the appropriate training and undergo assessment of competencies for their role. This includes employed staff and volunteer workers in all sectors, for example, hospitals, community settings, children's centres and peer supporter services.
Recommendation 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 WTE peer supporter per 500 births. Staff levels should be regularly audited to ensure that staff have sufficient time to proactively contact all breastfeeding mothers in the antenatal and postnatal period.	NICE Ph11 Maternal and Child Nutrition, Recommendation 11 Commissioners and managers of maternity and children's services should provide local, easily accessible breastfeeding peer support programmes and ensure peer supporters are part of a multidisciplinary team. **Ensure peer supporters attend a recognised, externally accredited training course in breastfeeding peer support**. Family Hubs and Start for Life programme guide August 2022 Face to face infant feeding support (from healthcare professionals and trained peer supporters) is provided via the family hub, and the workforce has the knowledge, skills and education to promote breastfeeding (obtained via an accredited training programme). All staff and volunteers receive appropriate, accredited training to enable them to identify infant feeding issues in a timely manner, intervene early, and bring in specialist support where this is required. Peer supporters are representative of the community, where possible, and have links into the community and/or into wider support groups. Health professionals, paid/volunteer peer supporters, the early years workforce etc. are supported to work together in an integrated way, with the right leadership, supervision structures, skills and capacity in place to provide families with the help they need. Perinatal Mental Health Competency Framework for Professionals and Volunteers who support Infant Feeding, Maternal Mental Health Alliance 2018 It is important that any professionals and volunteers working with women during the perinatal period – whatever their primary role – understand the risks of perinatal mental health problems; how to identify symptoms or risk factors and respond appropriately. This is particularly important for professionals and volunteers who support infant feeding, who work with women – building trusting relationships and providing emotional support - at some of their most vulnerable moments. This competency framework sets out the knowledge, skills and support that professionals and volunteers who support infant feeding should develop around perinatal and infant mental health, including: · Understanding perinatal and infant mental health and their relationship with infant feeding. · Understanding how to empower individual women to make and achieve the feeding choices that are best for them (taking account of their mental health). · The ability to support women – wherever they are in their feeding journey – in a way that protects and promotes their, and their babies' mental health. NICE NG194 Postnatal Care 1.5.13 A practitioner with **skills and competencies in breastfeeding support** should assess breastfeeding to identify and address any concerns 1.5.12 Provide information, advice and reassurance about breastfeeding, so women (and their partners) know what to expect, and when and how to seek help. Topics to discuss include: - how milk is produced, how much is produced in the early stages, and the supply-and-demand nature of breastfeeding - responsive breastfeeding - how oWTEn babies typically need to feed and for how long, taking into account individual variation - feeding positions and how to help the baby attach to the breast - signs of effective feeding so the woman knows her baby is getting enough milk - expressing breast milk (by hand or with a breast pump) as part of breastfeeding and how it can be useful; safe storage and preparation of expressed breast milk; and the dangers of 'prop' feeding • normal breast changes during pregnancy and aWTEr the birth

	- pain when breastfeeding and when to seek help - breastfeeding complications (for example, mastitis or breast abscess) and when to seek help - strategies to manage fatigue when breastfeeding - supplementary feeding with formula milk that is sometimes, but not commonly, clinically indicated (also see the NICE guideline on faltering growth) - how breastfeeding can affect the woman's body image and identity - that the information given may change as the baby grows - the possibility of relactation aWTEr a gap in breastfeeding - safe medicine use when breastfeeding. A peer-support programme for women who breastfeed. Commissioning guide. London: NICE, 2008 Appointing a peer supporter/volunteer coordinator to provide day-to-day support, supervision, training and coordination of peer supporters.
Recommendation 24 Regular training for GPs on common breastfeeding topics is offered across Cheshire and Merseyside LMNS and the GP e-learning package is purchased for all GPs in the area. (See also Recommendation 20)	NICE PH11 Maternal and Child Nutrition, Recommendation 1, Training Professional bodies, skills councils and others responsible for setting competencies and developing continuing professional development programmes for health professionals should, as part of their continuing professional development, train health professionals, including doctors, dietitians and pharmacists, to promote and support breastfeeding, using BFI training as a minimum standard. NICE QS37 Postnatal care, Quality Statement 5, Breastfeeding All people involved in delivering breastfeeding support should receive the appropriate training and undergo assessment of competencies for their role. This includes employed staff and volunteer workers in all sectors, for example, hospitals, community settings, children's centres and peer supporter services. NICE CG37 Postnatal care up to 8 weeks aWTEr birth, Competencies All healthcare professionals who care for mothers and babies should work within the relevant competencies developed by Skills for Health. Relevant healthcare professionals should also have demonstrated competency and sufficient ongoing clinical experience 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. NICE PH11 Maternal and Child Nutrition, Recommendation 8 Ensure health professionals who provide information and advice to breastfeeding mothers have the required knowledge and skills. NICE PH11 Maternal and Child Nutrition, Recommendation 15 NHS trusts responsible for maternity care and GP surgeries, community health centres, pharmacies and drug and alcohol services should ensure health professionals and pharmacists who prescribe or dispense drugs to a breastfeeding mother consult supplementary sources. Health professionals should discuss the benefits and risks associated with the prescribed medication and encourage the mother to continue breastfeeding, if reasonable to do so. In most cases, it should be possible to identify a suitable medication which is safe to take during breastfeeding by analysing pharmokinetic and study data. Health professionals should recognise that there may be adverse health consequences for both mother and baby if the mother does not breastfeed. They should also recognise that it may not be easy for the mother to stop breastfeeding abruptly – and that it is difficult to reverse.

Recommendation 25 Conduct an audit of training needs for dietitians, pharmacists, dentists, and others not already covered under Baby Friendly Initiative accreditation.	
Recommendation 26 There are regular antenatal group sessions on breastfeeding delivered by someone with detailed knowledge of the subject and who can provide evidence-based information that is consistent with information given in postnatally. Antenatal classes may be delivered by peer supporters, and this is a good opportunity to introduce mothers to the range of support available aWTEr her baby is born (e.g., breastfeeding drop-in groups, websites). Classes aimed at groups 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).	NICE PH11 Maternal and Child Nutrition, Recommendation 9 Midwives and health visitors should ensure pregnant women and their partners are offered breastfeeding information, education and support on an individual or group basis. This should be provided by someone trained in breastfeeding management and should be delivered in a setting and style that best meets the woman's needs. A midwife or health visitor trained in breastfeeding management should provide an informal group session in the last trimester of pregnancy. NICE CG62 Antenatal care for uncomplicated pregnancies 1.1.1.6 Pregnant women should be offered opportunities to attend participant-led antenatal classes, including breastfeeding workshops. Commissioning infant feeding services, PHE 2016 Statement of principle 2: All pregnant women are given the opportunity to learn about infant feeding and relationship building. all women are offered opportunities for participant-led antenatal classes, including breastfeeding workshops, and these will be interactive, tailored to the needs of individuals and learner-centred. Do women who are least likely to breastfeed receive the one to one, proactive support they need to understand the importance of infant feeding choices eg teenage women, women from lower socio economic groups, first time mothers? NICE CG110 Pregnancy and complex social factors Antenatal care for all pregnant women with complex social factors (particularly alcohol or drug misuse, recent migrant or asylum seeker status, difficulty reading or speaking English, aged under 20, domestic abuse). NICE NG194 Postnatal Care 1.5.5. Inform women and their partners that under the Equality Act 2010, women have the right to breastfeed in 'any public space'. Family Hubs and Start for Life programme guide August 2022 Antenatal classes are offered to all expectant parents, including fathers/partners, to provide consistent advice on the importance of early relationships and the benefits of breastfeeding for the health and wellbeing of the baby and mother*.
Recommendation 27 All Local Authorities take part in a breastfeeding welcome scheme and publicise it with local businesses and with families. Infant feeding support services should be effectively communicated to local families.	NICE PH11 Maternal and Child Nutrition, Recommendation 10 Do not provide written materials in isolation but use them to reinforce face-to-face advice about breastfeeding. Rapid Review to Update Evidence for the Healthy Child Programme 0–5, Public Health England 2015 p 143 (Antenatal breastfeeding education) Another study of a combined intervention reported a marginally significant increase in exclusive breastfeeding at six months in women receiving a booklet plus video plus lactation consultation compared with the booklet plus video only (Mattar et al, 2007). The combination of breastfeeding booklet plus video plus lactation consultation was also significantly better than routine care for exclusive breastfeeding at three months. Implementing the maternity & neonatal commitments of the NHS Long Term Plan: Resource pack, NHSE&I 2019 p20 Strategies should include elements of standardisation across LMS, including information and advice on breastfeeding Family Hubs and Start for Life programme guide August 2022 Parents are actively directed to virtual and out of hours infant feeding support and resources like the National Breastfeeding Helpline and Better Health: Start for Life's "Breastfeeding Friend". Parents are connected to online infant feeding information so they are aware of the reliable and evidence-based resources available and how to access them.

	Infant feeding services are promoted locally to raise awareness of the support available in your area. Community initiatives which promote the value of breastfeeding and welcome feeding in public places and workspaces are encouraged. Healthcare professionals and peer supporters connect parents/carers to alternative venues, community initiatives and support groups within the wider community which educate and promote breastfeeding-friendly places. NICE PH11 Maternal and Child Nutrition, Recommendation 16, Child health promotion Commissioners and managers should work with local partners to ensure mothers can feed their babies in public areas without fear of interruption or criticism. Commissioning infant feeding services, PHE 2016 Statement of principle 5: Women are enabled to continue to breastfeed for as long as they wish. Social support and help with difficulties are available according to need. Women requiring more specialist support have access to this. Women feel welcome to breastfeed in their communities and are supported to continue to breastfeed when out and about. Statement of principle 7: All women are equipped with the knowledge to be able to plan their return to work whilst breastfeeding, and businesses, shops, and public premises within the local authority welcome breastfeeding women...Women will know which local premises welcome breastfeeding mothers... Do women in the local authority report that the social barriers to breastfeeding in their local community are improving eg they feel welcome to breastfeed out and about, in public places, parks, cafes, sports centres, cinemas etc.? How is this monitored and evaluated? When barriers are identified what actions are put in place to overcome them? Do local councils, local shops, public spaces, schools, parks and play areas etc. welcome breastfeeding women?
Recommendation 28 Create a Cheshire and Merseyside LMNS 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 Cheshire and Merseyside LMNS and places in the Breastfeeding Welcome scheme (see Recommendation 27) and as a place to publicise each area's breastfeeding policy to families	Implementing Better Births, Postnatal Care, NHSE 2019 7.1 Every Local Maternity System should agree and implement a tailored breastfeeding strategy to ensure that women have the information and support they need, when they need it. The strategy should include an analysis of feeding trends across the System footprint, identifying variation and inequalities between communities, along with actions to address them. Nevertheless, strategies should include elements of standardisation across LMS, including information on breastfeeding (see Section 5), and ensuring that all women have timely access to support. LMS should standardise the information available to women and families across the footprint, including neonatal services, health visiting services and general practice.
Recommendation 29 Local Authorities and NHS Trusts develop model policies for supporting breastfeeding staff returning to work, including provision of breaks, and dedicated private spaces for	Commissioning infant feeding services, PHE 2016 Statement of principle 7: All women are equipped with the knowledge to be able to plan their return to work whilst breastfeeding, and businesses, shops and public premises within the local authority welcome breastfeeding women... Before they go on maternity leave, pregnant women have the opportunity to discuss breastfeeding and caring for their baby with their employer on return to work. Women will know: • to give their employer written notification that she is breastfeeding before she returns to work • that workplace regulations require that breastfeeding employees are provided with suitable facilities to rest • the 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.

expressing and storing breastmilk. These are shared with local employers, along with information about their statutory duties towards breastfeeding staff and promoting the benefits of creating a welcoming environment for breastfeeding mothers on their return to work. Mothers are informed of their maternity rights in relation to breastfeeding through health visitors and breastfeeding support services and given details of how to seek further advice.	Do women know how to access support and information on returning to work whilst breastfeeding? How is this made publically available to all women? 7.5 Are employees routinely provided with information on returning to work whilst breastfeeding? Are staff allowed time off to breastfeed? 7.6 Are public sector breastfeeding policies an exemplar to other local employers? Are your breastfeeding policies regularly reviewed and updated? NICE PH11 Maternal and Child Nutrition, Recommendation 7, Breastfeeding Ensure there is a written, audited and well-publicised breastfeeding policy that includes training for staff and **support for those staff who may be breastfeeding**.
Recommendation 30 Local Authorities 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.	NICE NG194 Postnatal Care 1.5.3 Give information about how the partner can support the woman to breastfeed, including the value of their involvement and support, how they can comfort and bond with the baby. Family Hubs and Start for Life programme guide August 2022 Antenatal classes are offered to all expectant parents, including fathers/partners, to provide consistent advice on the importance of early relationships and the benefits of breastfeeding for the health and wellbeing of the baby and mother*. Breastfeeding in the UK - position statement, RCPCH 2017 Governments in each nation to ensure familiarity with breastfeeding is included as part of statutory personal, health and social education in schools.
Recommendation 31 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 aWTEr a home birth). The infant feeding team is available 7 days a week, year-round, with suitable provision for out-of-hours support.	Guide to the Unicef UK Baby Friendly Initiative Standards, Unicef 2012 These standards require "additional and specialist support" to be made available to mothers in all settings (maternity, health visiting, children's centres and neonatal. More detail is provided in the guidance below. 3. Enable mothers to get breastfeeding off to a good start. You will know that the facility has met this standard when: Mothers are enabled to achieve effective breastfeeding according to their needs (includes appropriate support with positioning and attachment, hand expression and understanding signs of effective feeding). Guidance on provision of additional and specialist services to support breastfeeding mothers, Unicef 2017 Routine care: The midwifery and health visiting teams should have the skills and knowledge required to answer questions and support mothers with simple breastfeeding challenges such as sore nipples and engorgement. Additional services to support continued breastfeeding: Addressing the need for additional and social support can be met via support groups, baby cafés, telephone support, peer supporter home visits etc. NICE PH11 Maternal and Child Nutrition, Recommendation 7 Commissioners and managers of maternity and children's services should adopt a multifaceted approach or a coordinated programme of interventions across different settings to increase breastfeeding rates. It should include: breastfeeding peer-support programmes, joint working between health professionals and peer supporters. NICE NG194 Postnatal Care

	1.1.5 When giving information about postnatal care, use clear language and tailor the timing, content and delivery of information to the woman's needs and preferences. Information should support shared decision making and be: - provided face-to-face and supplemented by virtual discussions and written formats, for example, digital, printed, braille or Easy Read - offered throughout the woman's care - individualised and sensitive - supportive and respectful - evidence based and consistent - translated by an appropriate interpreter to overcome language barriers. 1.1.7 Follow the principles in the NICE guideline on pregnancy and complex social factors for women who may need additional support, for example: - women who misuse substances - recent migrants, asylum seekers or refugees, or women who have difficulty reading or speaking English - young women aged under 20 - women who experience domestic abuse. 1.3.4 Healthcare professionals should have sufficient time, as a priority, to give support to a woman and baby during initiation and continuation of breastfeeding. 1.5.9 Give breastfeeding care that is tailored to the woman's individual needs and provides: - face-to-face support - information about opportunities for peer support. 1.5.10 Make face-to-face breastfeeding support integral to the standard postnatal contacts for women who breastfeed. Continue this until breastfeeding is established and any problems have been addressed. 1.5.11 Be aware that younger women and women from a low income or disadvantaged background may need more support and encouragement to start and continue breastfeeding, and that continuity of carer is particularly important for these women. NICE CG37 Postnatal care up to 8 weeks aWTEr birth 1.5.13 A practitioner with skills and competencies in breastfeeding support should assess breastfeeding to identify and address any concerns. NICE QS37 Postnatal care up to 8 weeks aWTEr birth, Quality Statement 5 1.3.1 Breastfeeding support should be made available regardless of the location of care. 1.3.15 From the first feed, women should be offered skilled breastfeeding support (from a healthcare professional, mother-to-mother or peer support) to enable comfortable positioning of the mother and baby and to ensure that the baby attaches correctly to the breast to establish effective feeding and prevent concerns such as sore nipples. Implementing Better Births: Postnatal Care, NHSE 2019 Local Maternity Systems should consider the role that maternity support workers (MSWs) can play in providing local women with additional support. Maternity Workforce Strategy – Transforming the Maternity Workforce Phase 1: Delivering the Five Year Forward View for Maternity, Health Education England 2019 Local maternity systems will need to review existing deployment of MSWs along with local practice frameworks for supervision and delegation. Local maternity systems will also need to consider how best to upskill and train MSWs, for example, potentially through secondments between trusts or access to bespoke training. Maternity Support Worker Competency, Education and Career Development Framework, Health Education England 2019 Competency 6 - Actively engage with public health initiatives. Indicator 3 - Infant feeding. Level 3 MSW - Assists women and their families with responsive infant feeding, helping women to gain skills and confidence with positioning and attachment. Maintains comprehensive and contemporary knowledge about infant feeding, to include understanding safety and risk issues and appropriate referral. Level 4 MSW - Independently provides evidence-based information, advice and guidance to optimise infant feeding and the health and wellbeing of

	the mother and her family. Evaluates the progress of women and babies on identified infant feeding pathways and enacts adjustments using own judgement, updating the MDT of changes agreed. Learning outcomes maternity support workers and nursery nurses, Unicef UK Baby Friendly Initiative, 2019 Currently, most maternity support staff receive Baby Friendly training from their employing services as part of the clinical staff training programme required for Baby Friendly accreditation. However, there are now national plans to standardise and improve training for these staff, as they take an ever increasing role in supporting families. Therefore, these learning outcomes have been developed in order to guide anyone involved in maternity support worker/nursery nurse training, including further education collages, universities and clinical educational leads.
Recommendation 32 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. Maternity and neonatal services should work with health visiting services to set up well-functioning breast pump loan schemes so that all mothers who have a clinical need to use one at home are able to. Mothers who have loaned a breast pump should be given ongoing support at home with breastfeeding and pumping (e.g., from a peer supporter) in order to maximise the amount of breastmilk they can give to their baby and to help them return to direct breastfeeding where possible.	NICE CG37 Postnatal care up to 8 weeks aWTEr birth 1.3.23-1.3.28 A woman's experience with breastfeeding should be discussed at each contact to assess if she is on course to breastfeed effectively and identify any need for additional support. Breastfeeding progress should then be assessed and documented in the postnatal care plan at each contact. If the baby is not taking sufficient milk directly from the breast and supplementary feeds are necessary, expressed breast milk should be given by a cup or bottle. Breast pumps should be available in hospital, particularly for women who have been separated from their babies, to establish lactation. All women who use a breast pump should be offered instructions on how to use it. Guidance for neonatal units, Unicef Baby Friendly Initiative 7. Mothers have access to adequate, effective expressing equipment to use on the unit and at home. There should be easy access to pumps on the unit, including a choice of funnel size and there has to be an effective breast pump loan scheme that the unit takes some responsibility for. It is not acceptable for the unit to simply refer mothers to a third party provider of breast pumps and then never check the quality of the service provided. Provision of electric pumps for use at home that are of a high quality and can provide a double pumping feature should be considered in order to continue to support effective expressing when the mother is unable to be resident on the neonatal unit. If a third party is used to provide this service, audit should be undertaken to ensure effective support and equipment is provided. NICE NG194 Postnatal Care 1.5.12 Provide information, advice and reassurance about breastfeeding, so women (and their partners) know what to expect, and when and how to seek help. Topics to discuss include... expressing breast milk (by hand or with a breast pump) as part of breastfeeding and how it can be useful; safe storage and preparation of expressed breast milk
Recommendation 33 Maternity services ensure access to specialist breastfeeding support to all mothers and babies who require it. 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, and paediatricians. The referral pathway should include access to tongue-tie	Guide to the Unicef UK Baby Friendly Initiative Standards, Unicef 2012 Stage 3. Parents' experiences of maternity services. Standard 3. Enable mothers to get breastfeeding off to a good start... Specialist support is available for mothers with persistent and complex breastfeeding challenges, including an appropriate referral pathway. Commissioning infant feeding services, PHE 2016 There are clear and efficient referral pathways embedded in midwifery and health visiting services to support women with special needs in order to get breastfeeding off to a good start. Can services provide support for women who have special needs such as obesity or planned caesarean section? 5.4 Is there a specialist service available to support women with more complex breastfeeding problems? Guidance on provision of additional and specialist services to support breastfeeding mothers, Unicef 2017 A referral pathway leading to access to an individual/team of staff who can provide specialist support should be available for the small number of mothers with complex challenges.... An appropriate referral pathway - we recommend a referral pathway, with a written referral form to enable access to the specialist service. We recommend that the referral pathway should include guidance for how the mother can be referred back to their health professional once the specialist input is no longer required...

services (see Recommendation 13). The specialist support should be provided by staff who have undergone IBCLC training and who are currently certified as lactation consultants. The specialist support should also be available to mothers and babies on the neonatal unit, taking into account their particular needs.	Training needs of the specialist related to breastfeeding. Qualifications such as IBCLC may be helpful in ensuring a quality standard See also: https://www.hee.nhs.uk/sites/default/files/document/MWS_Report_Web.pdf Maternity Workforce Strategy – Transforming the Maternity Workforce Phase 1: Delivering the Five Year Forward View for Maternity, Health Education England 2019 **Increase numbers of consultant and specialist midwives**: increased numbers of consultant and specialist midwife roles support expansion of the available workforce, as well as introduce additional skills, competences and expertise. This will enable care to be delivered at a level that will allow other regulated professionals to operate at higher levels of their skills and competences. These roles also increase the potential for new innovative models of care to support the capacity of maternity services, as well as for improving the quality of care provided.
Recommendation 34 Neonatal services seek accreditation under the Bliss Baby Charter Scheme, with particular attention to the requirements under Principle 6 (Feeding). This should be undertaken in conjunction with Unicef Baby Friendly Initiative accreditation for the neonatal service. Consider BFI accreditation as a joint project across the neonatal network.	Maternity Workforce Strategy – Transforming the Maternity Workforce Phase 1: Delivering the Five Year Forward View for Maternity, Health Education England 2019 Recommendation: All neonatal services must be supported to seek and acquire accreditation under the Bliss Baby Charter Scheme and under the UNICEF Baby Friendly Initiative. Implementing Better Births: Postnatal Care, NHSE 2019 8.1.2 When babies need additional care. Neonatal care can be a particular time of anxiety for new parents, and it is important that they are able to access timely and appropriate emotional and mental health support. The Bliss Baby Charter is a practical framework for neonatal units to self-assess the quality of family-centred care they deliver against a set of seven core principles, and enables units to develop meaningful plans to achieve changes that benefit babies and their families. Bliss Baby Charter Audit Booklet, Principle 6 6.3A Parents are informed on how to donate any surplus milk, if they meet donor criteria. 6.3D The unit has access to donor breast milk for babies who would benefit from it and who do not have access to their mother's expressed milk. (Donor milk is available to any neonatal unit that requests it and free couriering is usual). Commissioning infant feeding services, PHE 2016 3.4 Do sick or premature infants have access to donor breastmilk if needed?
Recommendation 35 All units undertake ATAIN (Avoiding Term Admissions into Neonatal units) reviews as a joint maternity and neonatal initiative and share progress with safety champions. Units provide transitional care services aimed at keeping mothers and babies together. All healthcare staff involved in the care of newborns, both in the hospital and community, complete the ATAIN eLearning package as part of their mandatory training.	Maternity Incentive Scheme, NHS Resolution, Top 10 safety actions Safety action 3: Can you demonstrate that you have transitional care services to support the recommendations made in the Avoiding Term Admissions into Neonatal units Programme? See also: https://www.e-lfh.org.uk/programmes/avoiding-term-admissions-into-neonatal-units/ Maternity Workforce Strategy – Transforming the Maternity Workforce Phase 1: Delivering the Five Year Forward View for Maternity, Health Education England 2019 Work at a local level can be supported by national initiatives such as ATAIN, which helps healthcare professionals involved in the care of new-borns, both in the hospital and community settings, reduce avoidable causes of harm that can lead to infants born at term being admitted to a neonatal unit. ATAIN focusses on four key clinical areas – respiratory conditions, hypoglycaemia, jaundice and asphyxia. An e-learning programme is available through the NHS ESR system. Recommendation: providers to incorporate the ATAIN e-learning programme within mandatory training for all those involved in the care of new-borns (midwives and neonatal teams). Implementing Better Births: Postnatal Care, NHSE 2019 ATAIN. As part of the Atain programme, NHS Improvement has published evidence to support the case for adequately resourced transitional care facilities, to keep baby and mother together where safe to do so. An eLearning programme has been also developed to provide healthcare professionals involved in the care of newborns with a comprehensive understanding of early newborn needs. The programme aims to prevent unnecessary deterioration and improve outcomes for babies, mothers, and families.

Recommendation 36 Peer supporters in the hospital are part of a multidisciplinary team, with clear pathways for communication and referral between peer supporters and health professionals. Peer supporters know how to get advice from health professionals, and health professionals know how to refer to the peer support or baby feeding service. There is appropriate data sharing between services to enable collaboration and to allow the smooth running of services. Examples of pathways include jaundice, dehydration, hypoglycaemia, mastitis, tongue tie, faltering growth, medications compatible with breastfeeding, mental health, nipple pain and trauma, gestational diabetes.	NICE PH11 Maternal and Child Nutrition, Recommendation 7, Breastfeeding Commissioners and managers of maternity and children's services should adopt a multifaceted approach or a coordinated programme of interventions across different settings to increase breastfeeding rates. It should include breastfeeding peer-support programmes joint working between health professionals and peer supporters. NICE PH11 Maternal and Child Nutrition, Recommendation 11, Breastfeeding Commissioners and managers of maternity and children's services should provide local, easily accessible breastfeeding peer support programmes and ensure peer supporters are part of a multidisciplinary team. Ensure peer supporters: can consult a health professional and are provided with ongoing support. Implementing Better Births: Postnatal Care, NHSE 2019 Maternity, health visiting and any locally commissioned breastfeeding peer support services should work more closely on a joint plan to ensure that women receive the feeding support they need at the right time, including out of hours. NICE NG194 Postnatal Care 1.1.8 Ensure that there is effective and prompt communication between healthcare professionals when women transfer between services, for example, from secondary to primary care, and from midwifery to health visitor care. This should include sharing relevant information about... the **baby's feeding**. 1.1.10 Before transfer from the maternity unit to community care, or before the midwife leaves aWTEr a home birth... make sure there is a plan for feeding the baby, which should include observing at least 1 effective feed. 1.1.13 Before transfer from the maternity unit to community care, or before the midwife leaves aWTEr a home birth, give women information about: - what support is available (statutory and voluntary services) - who to contact if any concerns arise at different stages.
Recommendation 37 Maternity and neonatal departments have a nominated paediatric “Breastfeeding Champion” with a specialist interest in breastfeeding and who has completed additional training. The champion promotes training opportunities and ensures that all policies are based on the best evidence relating to breastfeeding.	Achieving Sustainability, Standards and Guidance, Unicef UK Baby Friendly Initiative Theme 4: Progression. The needs of babies, their mothers and families are met through effective integrated working.
Recommendation 38 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. Paediatric departments should identify “Breastfeeding Champions” who undergo additional training and who help to promote the breastfeeding policy.	
Recommendation 39 Each hospital employs an Infant Feeding Lead in the ratio of 1 WTE 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.	Guide to the Unicef UK Baby Friendly Initiative Standards, Unicef 2012 Standard 3. Have processes for implementing, auditing and evaluating the standards. You will know that the facility has met this standard when: A project lead with the necessary knowledge and skills to implement the standards is in post. NICE CG37 Postnatal care up to 8 weeks aWTEr birth 1.3.2 All healthcare providers (hospitals and community) should have a written breastfeeding policy that is communicated to all staff and parents. Each provider should identify a lead healthcare professional responsible for implementing this policy.
Recommendation 40 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.	Guidance for neonatal units, Unicef Baby Friendly Initiative It is common for there to be an infant feeding coordinator employed by the maternity unit who takes a lead on Baby Friendly. While this person can bring a wealth of knowledge and experience to the project and be crucial to its success, experience has shown that it is also very beneficial to have a project lead based in the neonatal unit. This brings the necessary expertise and the focus required to support staff with the changes required. This person will require some protected hours (depending on the size of the unit and number of staff employed) and the experience to manage the project and command the respect of the staff. Their own training needs should be carefully considered, including support needed to update clinical skills and knowledge and to learn project management, educating staff and audit.
Recommendation 41 Each maternity service has an infant feeding team (see Recommendation 31). Members of the team should demonstrate competencies set out by HEE. Breastfeeding Counsellor level qualification (or equivalent – see core competencies document in references) is useful standard for these staff. 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.	NICE NG194 Postnatal Care 1.1.6 Check that the woman understands the information she has been given, and how it relates to her. Provide regular opportunities for her to ask questions and **set aside enough time** to discuss any concerns. 1.5.13 A practitioner with skills and competencies in breastfeeding support should assess breastfeeding to identify and address any concerns. https://ukbreastfeeding.org/infant-feeding-support-competencies/

Recommendation 42 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.	Guidance for neonatal units, Unicef Baby Friendly Initiative 14. Additional support is provided to help with expressing and feeding challenges when needed, including specialist help when required. It is important that mothers are able to access additional skilled support when faced with challenges, including creating a plan of care as appropriate to need, which staff are then supported to implement. Steps towards making this happen could include Identifying staff with a particular interest in infant feeding and enabling these staff to access extra training to gain skills in supporting mothers.
Recommendation 43 Hospital-based peer supporters have externally accredited training and are provided with ongoing supervision. Training includes appropriate competencies around perinatal mental health. Paid peer supporters should be trained to Breastfeeding Counsellor level qualification (or equivalent – see core competencies document); volunteer peer supporters should be trained to Breastfeeding Peer Supporter level qualification (or equivalent – see core competencies document). Peer supporters should be available in the maternity ward 7 days a week, year-round. (See Recommendation 23 for peer supporter staffing estimates)	NICE Ph11 Maternal and Child Nutrition, Recommendation 11 Commissioners and managers of maternity and children's services should provide local, easily accessible breastfeeding peer support programmes and ensure peer supporters are part of a multidisciplinary team. Ensure peer supporters attend a recognised, externally accredited training course in breastfeeding peer support. NICE NG194 Postnatal Care 1.5.8 Those providing breastfeeding support should: - recognise the emotional impact of breastfeeding - give women the time, reassurance and encouragement they need to gain confidence in breastfeeding. Perinatal Mental Health Competency Framework for Professionals and Volunteers who support Infant Feeding, Maternal Mental Health Alliance 2018 It is important that any professionals and volunteers working with women during the perinatal period – whatever their primary role – understand the risks of perinatal mental health problems; how to identify symptoms or risk factors and respond appropriately. This is particularly important for professionals and volunteers who support infant feeding, who work with women – building trusting relationships and providing emotional support - at some of their most vulnerable moments. This competency framework sets out the knowledge, skills and support that professionals and volunteers who support infant feeding should develop around perinatal and infant mental health, including: · Understanding perinatal and infant mental health and their relationship with infant feeding. · Understanding how to empower individual women to make and achieve the feeding choices that are best for them (taking account of their mental health). · The ability to support women – wherever they are in their feeding journey – in a way that protects and promotes their, and their babies' mental health.
Recommendation 44 Each hospital employs 1 WTE 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.	Guidance for neonatal units, Unicef Baby Friendly Initiative 14. Additional support is provided to help with expressing and feeding challenges when needed, including specialist help when required. It is important that mothers are able to access additional skilled support when faced with challenges, including creating a plan of care as appropriate to need, which staff are then supported to implement. Steps towards making this happen could include: Identifying staff with a particular interest in infant feeding and enabling these staff to access extra training to gain skills in supporting mothers. Maternity Workforce Strategy – Transforming the Maternity Workforce Phase 1: Delivering the Five Year Forward View for Maternity, Health Education England 2019 Increase numbers of consultant and specialist midwives: increased numbers of consultant and specialist midwife roles support expansion of the available workforce, as well as introduce additional skills, competences and expertise. This will enable care

	to be delivered at a level that will allow other regulated professionals to operate at higher levels of their skills and competences. These roles also increase the potential for new innovative models of care to support the capacity of maternity services, as well as for improving the quality of care provided.
Recommendation 45 Regular training for paediatricians on common breastfeeding topics is offered across Cheshire and Merseyside LMNS and all Trusts utilise the paediatrician e-learning package. (See also Recommendation 38)	NICE PH11 Maternal and Child Nutrition, Recommendation 1, Training Professional bodies, skills councils and others responsible for setting competencies and developing continuing professional development programmes for health professionals should, as part of their continuing professional development, train health professionals, including doctors, dietitians and pharmacists, to promote and support breastfeeding, using BFI training as a minimum standard. NICE PH11 Maternal and Child Nutrition, Recommendation 15, Prescribing NHS trusts responsible for maternity care should ensure... health professionals and pharmacists who prescribe or dispense drugs to a breastfeeding mother (e.g., hospital doctors, GPs, obstetricians, pharmacists, specialist nurses) consult supplementary sources...or seek guidance from the Specialist Pharmacy Service.
Recommendation 46 Conduct an audit of training needs for dietitians, pharmacists, obstetricians, radiologists, breast surgeons and other hospital healthcare staff not already covered under Baby Friendly Initiative accreditation.	
Recommendation 47 Set up a Cheshire and Merseyside LMNS working group to overcome problems with data collection and consider using child digital health records to capture infant feeding information at all healthcare contacts.	
Recommendation 48 Conduct a Cheshire and Merseyside LMNS-wide infant feeding survey to capture baseline data as well as parents' experiences of support	Breastfeeding support within Maternity Transformation Plans: A guide to the guidance October 2017 This report was used to develop this mapping tool – a detailed series of questions for community and maternity infant feeding teams about service provision in each Local Authority, Provider and Trust.

Recommendation 49 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.	Healthy Child Programme Pregnancy and the first five years of life, DH 2009 p27 **Preventing obesity** - identifying early those children and families who are most at risk (e.g., where either the mother or the father is overweight or obese, or where there is rapid weight gain in the child). For some families, skilled professional guidance, and support. The health professional should work in partnership with the family – setting small goals, using strength-based methods, and exploring family relationships and earlier life experiences. p39 **Infant feeding and children at risk of obesity** • Advice and information to both parents on healthy weaning, appropriate amounts and types of food, portion size and mealtime routines. • Advice on nutrition and physical activity for the family. (see also Tackling obesity through the healthy child programme: a framework for action, Rudolf 2009) The following gaps in the evidence base are worthy of note: More research is needed on the effect of parenting interventions as a preventive strategy for obesity at any age... There is a need for trials of 'real world' interventions aimed at helping parents learn the skills of responsive feeding. Large-scale trials evaluating the effect of motivational enhancing approaches are needed. A clinical tool to help professionals and parents identify babies at risk needs development and evaluation. Rapid Review to Update Evidence for the Healthy Child Programme 0–5, PHE 2015 p30 The most effective interventions for the prevention and treatment of overweight and obesity in children involve a multi-component and holistic approach that aims simultaneously to improve diet and physical activity in the multiple domains of children's lives. Specifically, they involve parents/the whole family, physical activity, nutritional education, and – for children in school/preschool – support from teachers. Attention to social and environmental factors is important and oWTEn given insufficient attention. Narrow interventions focusing on single aspects of behaviour are unlikely to achieve long-term change in efforts to tackle obesity... There is strong evidence that the involvement of whole families (parents and children) in interventions that promote both healthier diet and more exercise can have an impact on reduction of BMI. See also: https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children/early-years-high-impact-area-4-supporting-healthy-weight-and-nutrition
Recommendation 50 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 LMNS.	Family Hubs and Start for Life programme guide August 2022 Remote / virtual infant feeding support is available and accessible to all parents. NICE Ph11 Maternal and Child Nutrition, Recommendation 10 Provide continuing and proactive breastfeeding support at home, recording all advice in the mother's hand held records. Provide contact details for local voluntary organisations that can offer ongoing support to complement NHS breastfeeding services. NICE NG194 Postnatal Care 1.5.9 Give breastfeeding care that is tailored to the woman's individual needs and provides: - written, digital or telephone information to supplement (but not replace) face-to-face support - information about opportunities for peer support - information about what to do and who to contact if she needs additional support 1.5.10 Make face-to-face breastfeeding support integral to the standard postnatal contacts for women who breastfeed. Continue this until breastfeeding is established and any problems have been addressed. 1.5.18 For parents who formula feed... provide written, digital or telephone information to supplement (but not replace) face-to-face support.