Improving me
women's health and maternity experiences

NHS
Cheshire and Merseyside

Women's Health and Maternity (WHaM) Programme

Breastfeeding and Infant Feeding Strategy

July 2025

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Executive summary

Following the National Maternity Review, led by Baroness Julia Cumberlege which resulted in the publication of *Better Births* (2016) (15), the government implemented the Maternity Transformation Programme to complete the report's recommendations. Succeeding this, *the three-year delivery plan for maternity and neonatal services (2023)* (17*)* was published which aims '*to make care safer, more personalised, and more equitable for women, babies, and families*.' These initiatives are guided by NHS England and offer direction and support, outlining responsibilities for each part of the NHS. This includes Integrated care systems (ICSs), Local maternity and neonatal Systems (LMNSs), maternity and neonatal providers, maternity and neonatal voices partnerships (MNVPs) and other relevant organisations, like charities representing service users.

The plan also outlines the expectation that local transformation plans be collaboratively produced with service users and approved by the LMNS and the strategic partnerships board.

'It is everyone's responsibility to provide or support high quality care'. *NHSE 2023*

In accordance with these expectations, Cheshire and Merseyside LMNS is supporting the development of a coproduced Infant Feeding Strategy. A steering group has been established that comprises all relevant commissioners, service providers, health professionals and service-user representatives.

The strategy outlines how we will empower all mothers to make informed decisions regarding the feeding of their infants, and to promote, and to facilitate the provision of essential support to mothers and their families.

Our vision for Cheshire and Merseyside is:

'To promote, protect and support the optimum nutrition for infants, reduce the chances of poor health outcomes and inequalities, and ensure parents and infants are supported to breastfeed for as long as they want to.'

A detailed 'mapping tool' has been used to determine the gaps in the current service provision in each hospital and local authorities in the area. The Gap Analysis report, in alignment with national guidance and recommendations on infant feeding, forms the foundation for the development of the strategy and implementation plan. Based on this and surveys gathering feedback from women and staff, we have identified five fundamental priorities that will guide our strategic actions. Each key priority is supported by proposed actions that will be used to implement and monitor the progress of the strategy.

1. Implementation and improvement, as a system to coordinate structures, and monitoring.
2. Seamless support as required in various formats to help families find the support they need, when they need it.
3. Consistent contact to information and education tailored to individual needs.
4. Collaboration and a well-trained workforce, to ensure that there are adequate training opportunities across maternity, neonatal, and community partners so that all staff possess the necessary skills and knowledge to support families with infant feeding concerns sensitively and can refer to more specialised support if required.
5. Equality and accessibility, using data and local information to tailor support and reduce disparities and ensure appropriate access to all services and equipment.

- More detailed background information can be found in the gap analysis report by clicking here

Introduction

In September 2019, (14) the National Health Service England (NHSE) published new guidance titled *Implementing the maternity and neonatal commitments of the National Health Service (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 Local Maternity and Neonatal System (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) (18). Followed by an Equity and Equality action plan (September 2021) that suggested the plan should include:

"Implementing an LMNS breastfeeding strategy and continuously improve breastfeeding rates for women living in the most deprived areas".

In August 2022 (4), the Department of Health and Social Care (DHSC) published its *Family Hubs and Start for Life programme guide*, that 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".

Thereafter the 3-year delivery plan (2023) (17), states '*women should have clear choices and experience personalised, joined-up quality care right through to the postnatal period and that they are provided with practical support and information that reflects how they choose to feed their babies'.*

Underlying these initiatives is a commitment to addressing prevention and health inequalities. Breastfeeding plays a crucial role in this regard, there is evidence demonstrating that it saves lives, improves health and has cost saving benefits across every country, including the United Kingdom (UK). Furthermore, breastfeeding serves as a potent tool for reducing socioeconomic disparities and we know that in Cheshire and Merseyside 35% of the population resides in the most deprived neighbourhoods in England. For the maximum health benefits, the government's advice is that infants should be exclusively breastfeeding for the first six months, with complementary foods for six months onward, while continuing to breastfeed for up to two years or beyond.

Despite this, the UK has some of the lowest breastfeeding initiation and prevalence rates in the world, with significant variations across the country. The most recent data (2023/24) (13)(22) for England showed a 71.9% initiation rate and 52.7% prevalence of breastfeeding at 6-8 weeks. Exclusive breastfeeding rates are much lower. Though, UNICEF report an improvement in the UK from 2005 of 25% which coincides with engagement with the Baby Friendly Initiative, a key aspect in improving breastfeeding rates by providing support within healthcare services, across communities.

Improving breastfeeding rates in Cheshire and Merseyside – particularly the duration of breastfeeding overall and the duration of exclusive breastfeeding to six months – has the potential to significantly improve the health of both mothers and babies, in the short and long term, thereby reducing the costs to the NHS and beyond.

In accordance with the expectations set out above Cheshire and Merseyside LMNS has co-produced this Breastfeeding and Infant Feeding Strategy, the development will be seen in the next section.

Breastfeeding and Infant Feeding Strategy

2025-2030

Inclusivity, language and key terms

"We recognise maternity services will be accessed by women, gender diverse individuals and people whose gender identity does not align with the sex they were assigned at birth"

Inclusivity statement from the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives

In line with the RCOG and RCM inclusivity statement we recognise that not all individuals identify with the gender they were assigned at birth. Consequently, infant feeding services may use terms such as *birthing parent, parent, and chest feeding*. For the purpose of this strategy, we will use the term *parent, woman*, *mother* and *breastfeeding,* as this is used in the majority of the evidence-based research and documents that have informed our actions for this strategy.

We recognise that within each **culture** there is a wide range of choices and options for each person, and this affects every aspect of our lives, how we live, think and behave, how we view and analyse the world. Assumptions and generalisations can block the ability to understand and communicate and meet 'real needs.' Given this we understand the importance of recognising, listening and learning to improve our service.

It has been acknowledged that the word '*target*' may make some feel they are being *'targeted'* rather than prioritised, which is normally what we mean. This meaning is exasperated when we are working with marginalised, often underrepresented groups and communities. For this reason, we use the term *'prioritised'* and '*priority*'.

The term **responsive feeding** is a comprehensive approach that benefits all parents, regardless of their chosen feeding method. It empowers parents to promptly respond to their baby's cues and their own desire to provide comfort, reassurance, and nourishment. Supporting this relationship fosters love, protection and relationship building, encourages more chance of breastfeeding initiation and duration and values the benefits from responsive bottle feeding and solid food introduction.

Key terms

C&M - Cheshire and Merseyside
LMNS - Local Maternity and Neonatal System
NWNODN - North West Neonatal Operational Delivery Network
UNICEF - United Nations Childrens Fund
BFI - Baby Friendly Initiative
NHSE - National Health Service England
DHSC - Department of Health and Social Care
OHID - Office for Health Improvement and Disparities
NICE - National Institute for Health and Care Excellence
WHO - World Health Organization
IBCLC - International Board Certified Lactation Consultant
LTP - NHS Long Term Plan
NEC - Necrotising enterocolitis
SIDS - Sudden Infant Death Syndrome
SBLv3 - Saving Babies' Lives: version 3

Acknowledgments

We would like to express deepest gratitude to the following groups and organisations for volunteering their time to share their thoughts and experiences, which greatly informed this strategy.

- **Strategy led by: Jane A Cooper, RM, BA (Hons), MSc.**
- **Infant feeding leads and commissioners from:**

Local authorities

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

Maternity and Neonatal providers

- Countess of Chester Hospital NHS Foundation Trust
- Liverpool Women's NHS Foundation Trust
- Mersey and West Lancashire Teaching Hospitals NHS Trust
- Mid Cheshire Hospitals NHS Foundation Trust
- Warrington and Halton Hospitals NHS Foundation Trust
- Wirral University Teaching Hospital NHS Foundation Trust
- Alder Hey Children's NHS Foundation Trust

- **Better Breastfeeding UK**
- **NHS C&M Women's Health and Maternity Engagement Team**
- **Northwest Neonatal Operational Delivery Network**
- **Department of Health and Social Care**
- **Beyond NHS Cheshire and Merseyside, Children and Young People's Transformation Programme**
- **NHS C&M Communication and Engagement Team**
- **Photograph credit:**
  - **Holding Time Project Lisa Creagh**
  - **Just Jaq Photography - Jacqueline Mellor**
- **NHS C&M Maternity Voice Partnership**
- **All respondents to the LMNS surveys:**
  - Mothers' experiences with baby feeding support (515)
  - Staff survey: supporting infant feeding (176)

Foreword

"We are proud to develop an infant feeding strategy that puts women and babies at the heart of it with support from all partners across our system"

Our purpose for the Cheshire and Merseyside strategy is to ensure that every family receives the support they need to establish responsive and loving relationships and to enable all mothers to make informed decisions about how they feed their infants, to give them the best possible start in life.

We have listened to mothers, and we recognise that all families need consistent, accessible support throughout pregnancy, from birth and beyond to access the information and equipment they may require to feed and interact positively with their infant, while being supported to prioritise their own health and well-being.

The strategy reflects the diversity and disparities across our communities and acknowledges those services which can contribute to supporting mothers to achieve their feeding ambitions and improving their experiences and outcomes for babies.

We are proud to develop this strategy as a system in partnership with local organisations and setting out how we will support all choice of feeding and promote normalisation of breastfeeding. Our actions will support all mothers and parents to maximise opportunities to nurture and bond with their infant throughout their feeding journey.

Catherine McClennan

Programme Director / LMNS SRO

Women's Health and Maternity (WHaM) Programme

Cheshire and Merseyside ICB

"Empowering mothers with confidence and knowledge"

Effective breastfeeding support isn't just about providing information – it's about empowering mothers with the confidence and knowledge they need to understand their feeding journey. When mothers can recognise effective
feeding patterns and understand what effective feeding looks like, they become better equipped to achieve their own feeding goals.

Clare Hitchen, Infant Feeding Clinical Lead, CWP Starting Well 0-19 Service

"Breastfeeding is a foundation for lifelong well-being"

Breastfeeding plays a critical role in the health and development of both mother and baby, particularly for premature or sick infants. Breast milk is an exceptional form of nutrition and immune support and promotes healthy growth in these fragile early stages. This natural process is not only deeply beneficial for the infant's immediate health but also builds a resilient foundation for lifelong well-being. Breastfeeding nurtures a powerful emotional connection, fostering bonding and sets a foundation for healthier futures.

Samantha Parry, Neonatal Network Care Coordinator, NWNODN

"Ensure families are supported in making informed choices"

We want to ensure families are supported in making informed choices in relation to infant feeding including the appropriate introduction of supplementary and alternative foods. By enabling the provision of appropriately skilled infant feeding support at the right time and in the right place, which in turn will address inequalities especially in minority groups (Black, Asian, and other ethnic communities, young parents, refugees, or those in low-income groups). Recognising that breastfeeding may not be possible for all, we will support parents to make decisions on whichever feeding method they choose, to ensure feeding is as safe and effective as possible.

Lesley Crawford, Infant Feeding Co-Ordinator (Warrington) Bridgewater 0-19 Services

on behalf of Cheshire and Merseyside Infant Feeding Leads

"Early maternal breastmilk is one of the optimisation measures in preterm birth" **SBLv3**

Our Vision

To promote, protect and support the optimum nutrition for infants, reduce the chances of poor health outcomes and inequalities, and ensure parents and infants are supported to breastfeed for as long as they want to.

Our Aims

The aim of the strategy is to support collaborative progression of UNICEF Baby Friendly Accreditation across maternity, community and neonatal services.

- Have named infant feeding leads to represent organisations at a regional level and enabling sharing of good practice from fully accredited organisations to support those moving through the accreditation process and aim for GOLD accreditation across the region.
- Identify and fill any gaps in support for families, to protect and promote breastfeeding ensuring all families have access to skilled support within each provider, including Lactation Consultants, Breastfeeding counsellors, and appropriately trained breastfeeding support staff.
- Increase regional initiation and continuation rates of breastfeeding, to be in line with the national average or above and support all local areas to develop local plans for feeding from this strategy and support care pathways.
- When breastfeeding is not the chosen method of feeding, parents will be provided with support and evidence-based information on alternatives.
- Increase the availability and accessibility of infant feeding support to ensure that, those who require it, are given the right support at the right time and in the right place. This will, in turn, contribute to addressing equal access to care for ethnic minority communities, young parents, or families living in poverty.
- Promote baby friendly premises as a cultural norm. This will strengthen the development of parent-infant relationships and ensure timely and appropriate practical and emotional infant feeding support.
- Data collection conducted across a broad spectrum of indicators to facilitate the accurate evaluation of progress in enhancing outcomes

The development of our strategy

“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.”

Equity and Equality action plan (2021)

- Priority will be given to developing and implementing the strategy in Local Authorities and Trusts, with continued collaboration to implement and support the development.
- Established recommendations based on national guidance from NICE, OHID, NHS England, best practice, international guidance and research reports
- The development and organisation will utilise and coordinate the data, structures, integration, policies, and monitoring

Our approach focuses on working collaboratively with individuals, communities and partner organisations to address the factors that impact on infant feeding

- A steering group has been established in Cheshire and Merseyside.The group comprises all relevent commissioners, service providers, health professionals and service user representatives
- A detailed mapping tool used to determine the gaps in the current service provision
- 515 survey responses from mothers' experiences with infant feeding support
- 176 survey responses from staff members who support mothers with infant feeding, including health professionals and volunteers

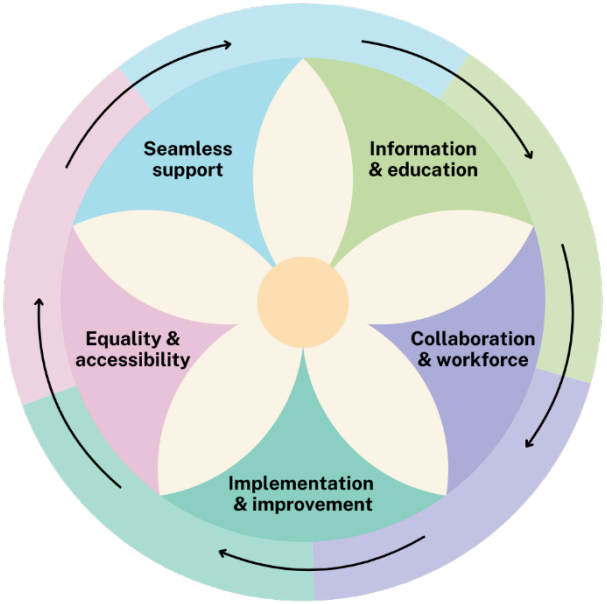
Our Key Priorities

The rationale of the strategy is to create a supportive culture for infant feeding, that empowers parents to make optimal decisions around their family's health and wellbeing. Aspiring to an increase in breastfeeding initiation and continuation rates, with a particular focus on reducing inequalities in breastfeeding, and support complemented by promoting breastfeeding as a social norm across the whole population. Changing public perceptions and promoting positive attitudes towards supporting breastfeeding as the healthiest choice for families, and increasing the accessibility of baby friendly premises, will strengthen the development of parent-infant bonding and support partners in giving the right practical/emotional support with infant feeding.

This will be achieved via our five priorities which are all interconnected and based on a gap analysis, service user, and staff surveys, and form the foundation for the development of this strategy and implementation plan. All development is informed by evidence based national guidance on infant feeding (see gap analysis report for details).

Our fundamental Infant Feeding Strategy will be achieved by focusing on our five interconnected key priorities:

1. Implementation and improvement
2. Ensuring seamless support as required
3. Contact to information and education
4. Collaboration and a well-trained workforce
5. Equality and accessibility



'Support families to make optimal decisions'

'Increase in breastfeeding initiation and continuation'

'Breastfeeding as a social norm across the whole population'

Why focus on infant feeding support

Public Health England identified breastfeeding as a high impact area as it involved both mothers and babies. Infant feeding practices have an enduring effect on mothers, babies, their families, and society in every aspect. There is evidence that breastfeeding has many values to mother and breastmilk is the optimal nourishment for infants.

'Nowadays, more infants and young children are fed ultra processed formula milks than ever before. Breastfeeding and breastmilk are unparalleled in composition, immune properties, and health and development outcomes.' Lancet Breastfeeding Series (2023) (7)

For the maximum health values (31), 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. We know that breastfeeding is available free for baby whenever needed and can build a strong emotional bond between mother and baby

Values to mother	lower chance of postnatal depression
	Lower chance for mothers from developing cardiovascular disease in middle age and later life
	Breastfeeding is associated with lower chance of breast, endometrial and ovarian cancer for mothers
	Breastfeeding is protective for a range of other conditions, including osteoporosis, hypertension, and autoimmune conditions such as rheumatoid arthritis, multiple sclerosis, Crohn's disease, and ulcerative colitis, and epilepsy

Breast milk values to baby

Maternal Breast Milk for preterm babies is an exceptional example of both personalised and precision medicine and is the optimal form of feeding for preterm infants and is associated with significant short and long-term benefits. Babies are less likely to develop infections, chronic lung, and retinopathy of prematurity as well as necrotising enterocolitis (NEC)

Reduces hospital readmissions for potentially serious and avoidable problems as jaundice, hypoglycaemia, particularly in the first 2 weeks of life

- Longer duration of breastfeeding can reduce child obesity, particularly exclusive breastfeeding in the first 6 months.
- Lower incidence of respiratory, gastrointestinal and ear infections
- Lower chance of diabetes type 1 and diabetes type 2
- Breastfeeding has a significant impact on infant mental health and emotional development
- Any breastfeeding reduces the risk of sudden infant death syndrome (SIDS)
- Lower chance of Childhood leukaemia
- Improves oral health in infants, reduce chance of tooth decay

Breastfeeding offers positive long-term outcomes for those who have breastfed, including improved measure of intelligence (IQ) (30) and so longer period at school and higher academic performance. Longer breastfeeding duration is associated with improved cognitive development, neurodevelopmental outcomes, including language, reading, writing, and mathematical skills.

Reducing inequalities

"Giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual, and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being: from obesity, heart disease and mental health, to educational achievement and economic status."

The Marmot Review: Fair Society, Healthy Lives (2010) (8)

Core20PLUS5 (see appendix 1) is an NHS England approach to reduce healthcare inequalities by prioritising the most deprived 20% of the population and local groups at risk. Breastfeeding is highlighted as a key prevention strategy for various health conditions, including asthma, diabetes, epilepsy, oral health, and mental health (12).

Cost of living

A parliamentary inquiry (1) concluded that, for families who are bottle-feeding, the cost of infant formula significantly impacts on family budgets. There is a very wide range in the costs of the different brands, with the most heavily marketed brands costing more than five times as much as cheapest brands.

While Healthy Start vouchers help those on the lowest incomes to pay for some of the cost of infant formula, breastfeeding is free.

Wider economic benefits

In the UK (32), the overall economic cost of perinatal mental health problems is around £8 billion per year. Given the impact of breastfeeding on maternal mental health, and with around eight out of ten mothers saying they stopped breastfeeding before they wanted to, there are substantial economic benefits that would result from more mothers breastfeeding being supported to reach their personal breastfeeding goals. The full economic impact of improving breastfeeding rates in Cheshire and Merseyside would be in the region of hundreds of millions of pounds annually. A study (2012) (25) found that the improvements associated with Baby Friendly Initiative accreditation would pay for themselves within one year, largely due to reduced infections in infants and reduced rates of NEC in premature babies.

In the UK (11), specialist formula milks are a recognised source of excess spending. Between 2006 and 2016, prescriptions of specialist formula milks for infants with cows' milk protein allergy (CMPA) increased by nearly 500%, and NHS spending on these products increased by nearly 700% from £8.1 million to over £60 million annually. Increasing breastfeeding rates and reducing unnecessary prescriptions has the potential to significantly reduce this spending in Cheshire and Merseyside.

A local pilot project in Halton aims to improve CMPA identification and management, the initiative includes expanding the infant feeding team and working in collaboration with paediatric dietitians. Aiming to ensure early, holistic assessment of unsettled infants.

Halton has been identified as having a higher than average spend on specialist infant formula, highlighting concerns around the potential overdiagnosis and inappropriate prescribing for suspected cow's milk protein allergy (CMPA). This reflects a clear need to strengthen clinical pathways, enhance professional education, and ensure infants and families receive timely, appropriate support.

Environment

To meet the UK government target of net zero carbon emissions by 2050, it is recognised that all sectors will need to decarbonise. [Some LAs in this area have committed to going carbon neutral and has developed a Climate Emergency Strategy.] The NHS itself represents 4% of the country's carbon emissions and, as such, has committed to becoming the world's first carbon net zero national health system, aiming to be carbon neutral by 2040. Supporting more mothers to breastfeed for longer will therefore be part of Cheshire and Merseyside's approach to reducing carbon emissions

Cheshire and Merseyside context

Our population

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) organisation

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) (23). With the highest number of 111,998 residing in Liverpool

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.

- Average percentage of families residing in the most deprived neighbourhoods in England is 21.7% while in Cheshire and Merseyside, stands at 28.1%.
- 27% of women of childbearing age reside in an area of highest deprivation, compared to just 11% in England as a whole.

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 (4%) while Halton has the lowest (1.5%)

Asylum seekers residing in the UK are generally considered as one of the most severely socioeconomically deprived population.

- The highest number of asylum-seeking families receiving support reside in Liverpool and Halton

Asylum-seeking families in Halton receive infant feeding support through a weekly Healthy Child drop-in clinic.

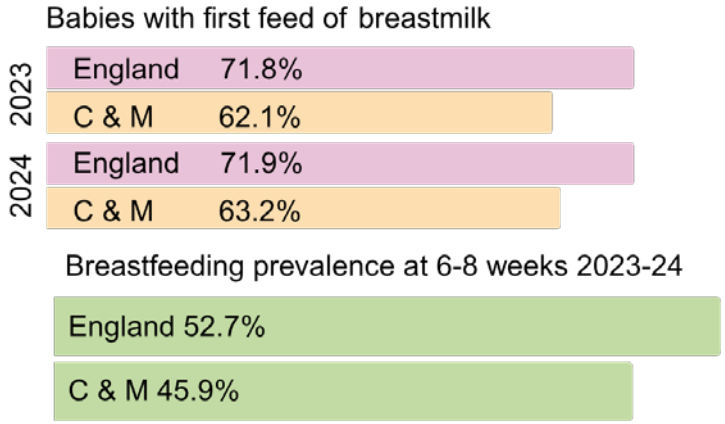
Individualised care and specialist support are provided

What we know about breastfeeding in Cheshire and Merseyside

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 (Arrowe 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 Teaching Hospitals NHS Trust. This trust offers maternity and neonatal services at Ormskirk and Whiston sites.

Skin to skin contact involves placing a baby directly on the mother's chest within the first hour after birth when possible or when comfort is needed. This practice supports bonding, boosts milk supply, and improves baby outcomes. Benefits for baby: Calms, regulates heart rate and breathing, aids digestion, regulates temperature, provides protection against infections. Benefits for mother: Stimulates the release of hormones to support breastfeeding and mothering. Promotes bonding between mother and baby.

Comparing breastfeeding rates is challenging due to varying data collection methods, time points, and years. Data on breastfeeding initiation is collected by providers of maternity and neonatal services and data on breastfeeding prevalence at 6-8 weeks is collected by Local Authorities. Currently, data at beyond 8 weeks is not routinely collected but a national survey is currently underway. The prevalence of breastfeeding fall at 6-8 weeks (totally or partially breastfed). England report 52.7% compared with 71.9% at initiation and C&M report 45.9% compared with 63.2% at initiation. There is a significant variation between districts and across England ranging from 37% in Wirral to 53.1% in Cheshire East. (Appendix 2).



Holding Time

Holding Time is a groundbreaking creative health, breastfeeding intervention which was designed and commissioned for Improving Me, NHS Cheshire and Merseyside Women's Health and Maternity programme by Lisa Creagh, to address chronically low breastfeeding rates in the region and UK.

The model was developed to support scale and spread, whilst enabling bespoke developments in place. It aims to overcome cultural barriers to breastfeeding and empower women to share their stories to bring breastfeeding conversations from the fringes of the NHS and society to centre stage.

It uses photo documentation and the spoken and written word of women to convey deeply important messages to other women and the healthcare system. It provides both a call for action and insights into some of the solutions, chiefly the importance of the visibility of breastfeeding in society. Holding Time is co-designed with researchers, health professionals and mothers, using creative activities to strengthen local communities, and promote pride in place. This iterative project encourages balanced debate through listening to mothers lived experience via interviews, podcast, live events and radio as well as mothers own creative writing.

As an NHS Maternity Vanguard and Accelerator site Improving Me is delighted to say the extensive development activity in Cheshire and Merseyside has led to Holding Time being shortlisted for a Royal College of Midwives national public health award in 2023 and most recently success in a Royal Society for Public Health 'Health & Wellbeing Award' in December 2024. It has also been commissioned by Halton's Public Health Team and Family Hub network as well as the Born In Bradford team in Yorkshire.

In 2023 Improving Me initiated an ongoing and important Holding Time partnership with Liverpool University Hospital NHS Foundation Trust Healing Arts team, to develop a hospital touring exhibition of Holding Time images as part of Baby Week and the NHS 75. Holding Time has proved not only a catalyst for improvement for the public but a key workforce too. This work is ongoing, and we plan to provide further updates.

Creative writing

Holding Time harnesses creative writing techniques to build meaningful conversations about breast feeding journeys. It has also had a key role in strengthening local communities and promote pride in place through community events which have showcased local women's writing through performances. This iterative project encourages balanced debate through listening to mothers lived experience via interviews, podcast, live events and radio as well as mothers own creative writing. Explore the Holding Time platform here

This early writing work has led to the development of the 51%, a bespoke women's reproductive health therapeutic writing programme delivered in partnership with libraries. It has resulted in a digital anthology of women's work which has now been accessioned into library collections for wider access. The 51% was evaluated by Dr Kerry Wilson and the evaluation is available here This work has given women the confidence to develop a voice and a means to amplify their voice. This creates the opportunity for women to support women and address the stigma and taboos which so often impede the conversations which can provide community-based solutions to pressing challenges.

We were delighted to have hosted the exhibitions and storytelling workshops in partnership with The Holding Time project at Halton Family Hubs. We understand that not all breastfeeding journeys are the same, and this project empowered women to share their experiences with each other and the wider community. This initiative will help to normalise not only breastfeeding but also other challenges women face, enabling them to speak openly about topics that they might otherwise avoid due to social stigma.

Stacey Cameron, Specialist Infant Feeding Lead, Bridgewater NHS Halton 0-19 Service

The Mothers Tribe

Feeding all hours of the day and night,
The pain, the tongue tie, the reflux.
The messy house, the wondering if you are doing it right.
The loneliness in the deepest bond.

The natural process that is so hard to achieve,
Watching others able to do it with ease.
Why is it just me that finds it so hard?
How come they can manage, and I can't?

Superficial conversations across a baby class.
'How are you getting on?'
'Had a few issues but we're getting there'.
Never giving the full picture, why would they care?
They have it all together.

A chance encounter on a topic so dear,
A room full of strong women, why would they want to hear?
An uncomfortable start, the awkwardness present.
Reassuring looks and comments appear.
This feels different.

A journey of familiarity, understanding and support.
A peak behind the wall.
A true understanding, we all feel the same.
The motherhood challenge we all feel but don't speak.
Breastfeeding warriors, fighting their own battles.
Stronger united, the mother tribe.

A poem by Susan M, Halton Family Hubs writing workshops, 2025

Priority 1:

Implementation and improvement

Strategy and coordination

Implementing this strategy will be in collaboration with all organisations involved in commissioning and providing infant feeding support services. To ensure that the actions are implemented effectively over the next five years, we will require robust systems and resources. We will also continuously evaluate our progress and adapt our approach as we gain knowledge and experience.

Action 1	Cheshire and Merseyside LMNS to continue to coordinate and monitor the implementation of the Infant Feeding Strategy, via local authority strategies, and collect information quarterly to determine progress on the implementation plan.
Action 2	Cheshire and Merseyside LMNS to 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 of the local Health and Wellbeing Strategy.
Action 3	Consider an integrated approach to commission for improvement for the duration of the strategy to ensure continuity.

Data and monitoring

Only 'first feed breastmilk' and 'breastfeeding prevalence at 6-8 weeks' are required to be captured in the Public Health Outcomes Framework. However, other information is essential to understand the impact on service improvements. Conducting extensive data collection across a broad spectrum of indicators will facilitate the accurate evaluation of progress in enhancing outcomes and identifying populations where prioritised intervention is necessary. It is crucial that we, as a system improve data collection and quality related to infant feeding, by standardising data collection practices and ensuring systems are equipped to facilitate efficient data entry, and analysis. **Appendix 5** identified data that will be considered to inform this work and will be planned, monitored and achieved via the infant feeding strategy group.

Action 4	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.

Action 5	Collate and monitor breastfeeding rates, determine local progress and identify barriers and challenges to breastfeeding initiation and continuation.
Action 6	Survey local families to determine if baby feeding drop-in groups are frequent enough and accessible to all, particularly groups least likely to breastfeed.

Priority 2:

Ensuring seamless support if required

Breastfeeding support

New mothers may need support in different ways to be able to breastfeed successfully. These include staff and volunteers in all sectors, including hospitals, family hubs and peer support services and that obtainable from a trained midwife, health visitor or neonatal practitioner. Relatively non problematic breast-feeding support is given by the health professionals, and it is crucial that such personnel are well trained and educated in breastfeeding support systems and practices and undergo assessment of competencies for their role.

By having a UNICEF Baby Friendly initiative in place, the maternity and child service can provide professionals who are skilled in addressing mother's needs and referral to other services such as peer support. The peer support service is one that should be available to all breastfeeding women and pre-empt request. The UNICEF UK (28) Baby Friendly Initiative advises that there should also be enhanced specialist support for women requiring a more in-depth and customised type of support for more multifaceted and challenging needs. Peer supporters should be part of the breastfeeding support team with access to more specialised advice or staff as required.

Peer support should be available to all mothers and according to the NICE (9) guidelines should be made available by the maternity and children's services commissioners and be embedded in the service. This being so there should be funding, training and data sharing arrangements and protocols in place. Peer support should be made available within the maternity setting from the first feed and mothers should be contacted within 72 hours of a home birth or discharge from the maternity unit. This is particularly important for mothers from groups that traditionally are less likely to breastfeed. There should also be other facilities in place to support breastfeeding such as peer support social groups and mother and baby groups in community settings.

To gain BFI accreditation there needs to be collaboration with all services so staff must be made aware of the facilities provided and be able to access support on behalf of breastfeeding mothers.

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. To facilitate the development of close, loving relationships, mothers who bottle feed should be encouraged to do so responsively to reduce the chance of overfeeding and to give the majority of feeds in the early weeks.

Specialist support

Specialist support refers to more complex problems such as a health condition in the mother or baby that is affecting feeding. It is recommended (21) that a specialist support system is available to all mothers having particularly challenging requirements. It is highlighted by BFI that such staff should have the correct level of education and training such as that provided by the IBCLC qualification which they consider a quality standard. (See appendix 3).

The NICE guidelines and standards also direct that such a quality standard should be part of the care of infants with faltering growth. They state that commissioners should make it possible for support and care pathways to be funded and in place for health professionals to offer such support services. NICE (10) also advises that high-quality breastfeeding services with access to specialist lactation consultants should be available in all settings including home. It is seen to be particularly important that mothers whose babies are faltering growth, cannot feed from the breast or who lose more than 10% of their birthweight should be helped and supported to express their milk. This will enable the milk to continue to be produced and flow and for the baby to be fed breastmilk. To enable this to be effective the service should be able to provide electric breast pumps both single and double.

Tongue tie has been considered as impacting on the baby's ability to effectively transfer milk during breastfeeding and may result in poor weight gain. It is important for all who support breastfeeding to recognise signs of tongue tie and ensure appropriate provision of support services and referral pathways are in place. There is a considerable variation in waiting times across the region and some parents access services privately.

Action 7	**Additional breastfeeding support**	Ensure that there is additional breastfeeding support, including peer support, beyond the routine care provided by midwives and health visitors. This support should be made available to mothers in all settings, beginning in the antenatal period and continuing for as long as it is needed. Ensure that in all circumstances families are supported to give as much breastmilk to their babies as appropriate in their circumstance.
Action 8	**Peer support service**	All Local Authorities, maternity and childrens services to commission a baby feeding peer support service with sufficient paid staff and and volunteers to: support every mother on postnatal ward with their choice of feeding call all mothers within 72 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
Action 9	**Safe and healthy choices**	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.
Action 10	**Support NNU donor milk**	Support for families who have babies on neonatal unit, ensure they are given support to breastfeed and access to donor milk.
Action 11	**IBCLC training**	Specialist support should be available year-round to all families who require it, in all settings – hospital and community, including home support when necessary. The specialist support should be provided by someone who has undergone IBCLC training and who is currently certified as a lactation consultant and should be part of the commissioned infant feeding pathway.

Action 12	**Specialist breastfeeding support pathway**	A well-documented referral pathway to specialist support should be communicated to all staff, ensuring they understand how to utilise it effectively, including peer supporters, maternity support workers, midwives, health visitors, GPs, paediatricians and dietitians. The pathway should be available to all mothers and incorporate faltering growth and tongue tie pathways.
Action 13	**LMNS tongue tie CoP group**	The LMNS to support a community of practice (CoP) tongue tie group in collaboration with local paediatric services across Cheshire and Merseyside and the Northwest neonatal network.
Action 14	**Early feeding practices**	Ensure early feeding practices avoid introducing allergy risks, and that prescription formulas are used only when necessary and for the shortest time.
Action 15	**Return to work**	Support mothers to feed for as long as they want to when returning to work.
Action 16	**IF support services offered virtually**	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.
Action 17	**Normalise breastfeeding**	Develop campaigns to promote and support breastfeeding as the norm across C&M

Priority 3:

Easy access to information and education

Public information and education

Pregnant women and their partners, carers and their wider social networks should receive personalised infant feeding information and education. This should be provided by a person trained in evidence-based management and delivered in a setting and style that best suits the woman's preferences.

There is a variation in services available in Cheshire and Merseyside, varying in the content, how and where it is delivered, a universal content for all classes would be beneficial.

The International Code of Marketing of Breastmilk substitutes, first adopted in 1981 and remains a core component of global health policy states that education settings should ensure that there's no promotion of breastmilk substitutes, bottles, teats, or dummies in any of their facilities or by any of their staff (27). This way, breastfeeding is protected, and parents receive unbiased information to support their decisions. The Royal College of Paediatrics and Child Health recommends that breastfeeding be included as part of statutory personal, health and social education (PHSE) in schools (24).

While written and online materials (including videos) should not be provided in isolation, they can be highly effective when used to reinforce face-to-face advice about breastfeeding. Local Maternity and Neonatal Systems should ensure that the advice and information available to women and families across their footprint, including health visiting services, and general practice, are standardised and available in alternative languages and easy read formats. Breastfeeding policies developed as part of the UNICEF BFI should be well-publicised.

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. 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).

A free Women's Health and Maternity app has been commissioned by Cheshire and Merseyside Women's Health and Maternity Partnership to enhance a range of information to support all women and families across the footprint. The information on the app is available in 75 languages (Appendix 4).

Action 18	**Regular antenatal classes**	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).
Action 19	**Introduction of solid foods**	All families should be given appropriate support on when and how to introduce nutritious solid foods to their infant to complement breastmilk or formula milk. Written information and classes at a place easily accessible.
Action 20	**LA take part in BF welcome scheme**	Ensure all Local Authorities take part in a breastfeeding welcome scheme and publicise it with local businesses and with families.
Action 21	**Model policies to support BF staff**	Ensure there are 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.
Action 22	**Information for schools / teaching resources**	Inform schools about teaching resources on breastfeeding and encourage to include this in their PHSE curricula.
Action 23	**work with early years settings**	Ensure that support is available for early years settings, including nurseries and family hubs. They also need to include appropriate restrictions on the marketing on breastmilk substitutes, bottles, teats, or dummies in all local authorities' facilities or by all staff.
Action 24	**LMNS website / app**	Continue to update the Cheshire and Merseyside LMNS website/app with up to date 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 and as a place to publicise each area's breastfeeding policy to families.
Action 25	**IF support for dads, partners, families, carers and wider social networks**	Provide information and guidance for dads, partners, families, carers and wider social networks to enable them to support mother and baby to reach their infant feeding goals.

Priority 4:

Collaboration and a well-trained workforce

Quality standards

One of the earliest standards for the development and support for breastfeeding in the UK is the UNICEF UK Baby Friendly Initiative (BFI) established in 1994 and which created the Baby Friendly accreditation programme. It enables and supports maternity and child services based in hospital or community settings to improve their provision and care in relation to breastfeeding. It also collaborates with universities to plan and deliver appropriate and evidence-based curricula and programmes that enable the delivery of knowledge and practical skills to student and newly qualified midwives and health visitors so facilitating high quality and supportive care (28). The work of the BFI is recognised at the highest government levels across the UK and incorporated into guidance given out by the National Institute for Health and Care excellence (NICE). It is recommended by NICE that the guidance is employed as a quality benchmark and used as a minimum standard. This was further developed and in 2016 UNICEF UK introduced the Gold Standard where services that are BFI accredited and which meet the new gold standards are accredited as Gold Baby Friendly services. One of its key factors was that of supporting and resourcing identified leadership. This encompassed name project leads with the time and resources to oversee and develop the initiative. Also suggested as part of leadership was the implementation of the role of a Baby Friendly Guardian at senior management level.

Cheshire and Merseyside LMNS monitor the progress of the standard of BFI accreditation for infant feeding as part of the regional maternity assurance plan.

Two providers in C&M (Alder Hey and Mid Cheshire Hospitals) have been involved in the hospital-based children's services pilot process for BFI standards, which has been developed in response to health professionals, voluntary sector workers and parents. The standards are built on those for maternity, neonatal, and community services and universities.

Several other quality improvement schemes are recommended to improve breastfeeding and infant feeding outcomes:

- 'Avoiding Term Admissions into Neonatal units' (ATAIN), a programme of work which endeavours to minimise admissions of babies born over 37 weeks gestation to neonatal units by focusing on hypoglycaemis, jaundice, respiratory conditions and asphyxia through effective breastfeeding. It also aims to prevent avoidable separation of mother and baby, promotes care where mother and baby are provided with accommodation that ensures they are not separated. So, mothers and babies are accommodated together in maternity wards and neonatal units.
- Family Integrated Care (FiCare) is a model implemented across all Northwest neonatal units that empowers parents and carers to actively participate in their baby's care from admission to the neonatal unit, working in partnership with the neonatal team. In Cheshire and Merseyside, neonatal units have achieved full accreditation, demonstrating their commitment to making parents true partners in care.

  As one parent shared:
  "I am fully involved in my baby's care, and the support from the team is great. I am involved every step of the way."

- The next phase will involve building upon established FiCare. Collaboratively working towards implementing evidence-based, neuroprotective, and trauma-informed care, enhancing outcomes for infants and parents and increasing family involvement.

Action 26	**BFI process in hospital services services**	Ensure that all services in Cheshire and Merseyside – maternity, neonatal, health visiting and Family Hubs, progress towards full UNICEF UK Baby Friendly Initiative (BFI) and progress towards achieving sustainability standards, aiming for Gold.
	BFI gold all providers	
	BFI gold all HV & family hubs	
Action 27	**Community Infant Feeding Lead**	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. In addition, an Infant Feeding Specialist who is IBCLC certified.
Action 28	**Hospital wide infant feeding policy**	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.
Action 29	**Maternity infant feeding lead**	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.
Action 30	**Maternity IF team**	Each maternity service has an infant feeding team, consisting of infant feeding support workers and breastfeeding peer supporters, with sufficient time and expertise to support all mothers with getting breastfeeding established in the hospital (or at home after a home birth). The infant feeding team is available 7 days a week, year-round, with suitable provision for out-of-hours support.
Action 31	**Breastfeeding specialist**	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.
Action 32	**Neonatal infant feeding lead**	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.

Action 33	**Neonatal infant feeding team**	Each neonatal unit has a dedicated infant feeding team. Team members should have the skills to support the unique challenges faced by mothers with babies on the neonatal unit. Staffing levels should be calculated to ensure that the infant feeding team is available 7 days a week, year-round, with suitable provision for out-of-hours support.
Action 34	**Family Integrated Care accreditation scheme**	Neonatal services continue to adapt the Northwest Neonatal Operational Delivery Network's (NWNODN) Family Integrated Care accreditation scheme.
Action 35	**Neuroprotective Trauma Informed Care**	Neonatal services to progress towards building upon established Family Integrated Care, collaboratively working towards implementing evidence-based, neuroprotective, and trauma-informed care.
Action 36	**ATAIN**	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.
Action 37	**Peer support training**	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. Staff levels should be regularly audited to ensure that staff have sufficient time to proactively make contact with all breastfeeding mothers in the antenatal and postnatal period.
Action 38	**Peer support part of MDT**	Ensure 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.
Action 39	**Safe and responsive bottle feeding**	All staff who support baby feeding receive training in safe and responsive bottle feeding and mixed feeding through the UNICEF Baby Friendly Initiative in all settings – maternity services, health visiting, family hubs and neonatal. Additional breastfeeding support services should include support for families who are bottle feeding.
Action 40	**GP training / e-learning**	Consider purchasing the GP eLearning package.
Action 41	**GP infant feeding guidance**	All GPs are offered training that includes typical breastfeeding issues as part of the 6–8 week health review and which may arise during the postnatal period generally, including safe prescribing for breastfeeding women, with clear referral pathways when further support is needed.

Action 42	**Paediatric BF Champion**	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.
Action 43	**Audit of training needs for other HCPs**	Conduct an audit of training needs for dietitians, pharmacists, dentists, and others not already covered under Baby Friendly Initiative accreditation.

Priority 5:

Equality and accessibility

Cheshire and Merseyside are a Marmot Region that recognises the impact of social determinants of health-on-health inequalities and takes actions to reduce them, guided by the principles outlined in the Marmot review (8). There are many reasons for such inequalities, but health determinants include factors such as living in an area of deprivation, availability of services, access to services, transport etc. One determinant is the type of feeding an infant is given, evidence shows that by breastfeeding for longer, having access to nutritional advice and introducing solids at the recommended times means the risks associated with poor nutrition and obesity can be reduced. OHID (21) states that enabling breastfeeding improves disparities in health inequality. This is endorsed by The NHS Long Term Plan which is dedicated to reducing health inequalities and suggests that developing an infant feeding strategy will commit to improving breastfeeding rates.

Plans will support parents from disadvantaged areas and from less educated parts of society to become more aware of the importance and advantages of breastfeeding. Such parents are at the moment more likely not to breastfeed and to have children who become overweight and possibly obese. It is expected that support for parents by overall actions will mitigate some disadvantages, but it is likely that a more in depth and prioritised approach is necessary to really reduce the health inequalities.

There are schemes such as the NICE Healthy Start project which provides eligible women over 10 weeks gestation or the person with parental responsibility for a child under four with assistance to obtain vitamins and to buy milk, vegetables, pulses and infant formula milk. Such families can also be given more information, support and encouragement to breastfeed. Other support is offered by charities e.g. support by organisations such as The Breastfeeding Network.

Sefton 0-19 service have a pathway to support Infant Feeding in Poverty, this pathway may include short term provision of first stage formula and or plans to support increasing breastmilk intake / relactation.

The Family Hubs and Start for Life programme guide (DHSC, 2022) (4) provides information for local authorities to support families, focusing on children from conception to age two. Knowsley, Liverpool, St. Helens, and Halton are among 75 areas with the highest levels of deprivation, therefore have been pre-selected using the Income Deprivation Affecting Children Indices (IDACI) and received funding for 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.

Action 44	**Prioritised antenatal support**	Ensure mothers least likely to breastfeed are identified antenatally and are provided with prioritised support throughout their pregnancy and during the first year of life. This may include families on Healthy Start vouchers and young mothers. Where prioritised health-visiting services are in place, these should be fully integrated with breastfeeding support services so that families receive additional and specialist support when needed.

Action 45	**Prioritised support if higher chance of obesity**	Identify and prioritise support for families of babies at an increased chance of overweight or obesity, or with lower likelihood of breastfeeding.
Action 46	**Written support in community languages**	Ensure 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 should be provided in the main languages spoken in the community.
Action 47	**Healthy Start scheme designated lead**	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.
Action 48	**Breast pump loan service**	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.
Action 49	**Healthy weight strategies**	Healthy weight strategies across the LMNS should include full discussion of the impact of infant feeding support.
Action 50	**Food insecurity**	Ensure plans to identify, protect and support families with infants experiencing food insecurity within the population.

Resources

National policies

- UNICEF UK Breastfeeding in the UK - Baby Friendly Initiative
- NHSE Maternity and Neonatal 3 Year Plan (2023) B1915-three-year-delivery-plan-for-maternity-and-neonatal-services-march-2023.pdf
- Healthy child programme schedule of interventions guide (2023) Healthy Child Programme Schedule of Interventions Guide - DHSC
- NHSE Equity and Equality: Guidance for Local Maternity Systems (2021). Equity and equality: Guidance for local maternity systems
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- Promoting healthy weight in children, young people and families: A resource to support local authorities (2018) Promoting healthy weight in children, young people and families: A resource to support local authorities
- NHS Long Term Plan (2019) NHS Long Term Plan v1.2 August 2019
- Better Births. Improving outcomes of maternity services in England. A Five Year Forward View for maternity care (2016) national-maternity-review-report.pdf
- Health matters: giving every child the best start in life (2016) Health matters: giving every child the best start in life - GOV.UK
- The Best Start for Life A vision for the 1001 Critical Days. The Early Years Healthy Development Review Report (2021) The_best_start_for_life_a_vision_for_the_1_001_critical_days.pdf
- Fair society, healthy lives: the Marmot review: strategic review of health inequalities in England post-2010 parliament.uk/globalassets/documents/fair-society-healthy-lives-full-report.pdf
- Saving Babies' Live version three: a care bundle for reducing perinatal mortality (2025) NHS England » Saving babies' lives: version 3
- Family Hubs and Start for Life programme guide 2022-25 Family Hubs and Start for Life Programme Guide
- Family Hubs and Start for Life programme: local authority guide 2025-26 Family Hubs and Start for Life programme: local authority guide 2025 to 2026 - GOV.UK

Breastfeeding helplines

- National Breastfeeding Helpline: 0300 100 0212
- La Leche League: 03451202918
- National Childbirth Trust (NCT): 0300 330 0700

Breastfeeding websites

- La leche League GB La Leche League GB - Friendly breastfeeding support from pregnancy onwards
- The Breastfeeding Network The Breastfeeding Network | Independent Breastfeeding Support
- The National Childbirth Trust (NCT) NCT - The UK's leading charity for parents
- Twins Trust Twins Trust | Twins Trust - We support twins, triplets and more...
- UK Association for Milk Banking UK Human Milk Bank - Breast Milk Donation, BreastMilk Storage, UKAMB
- Down Syndrome UK Down Syndrome UK

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(9) National Institute for Health and Care Excellence (NICE) (2015) Maternal and child nutrition, Quality standard [QS98],Nutrition: improving maternal and child nutrition | Quality standards | NICE

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

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(20)NICE (2025) Maternal and child nutrition: nutrition and weight management in pregnancy, and nutrition in children up to 5 years NG247. Overview | Maternal and child nutrition: nutrition and weight management in pregnancy, and nutrition in children up to 5 years | Guidance | NICE

(21)Office for Health Improvement & Disparities (OHID) (2021) Early years high impact area 4: Supporting healthy weight and nutrition - GOV.UK

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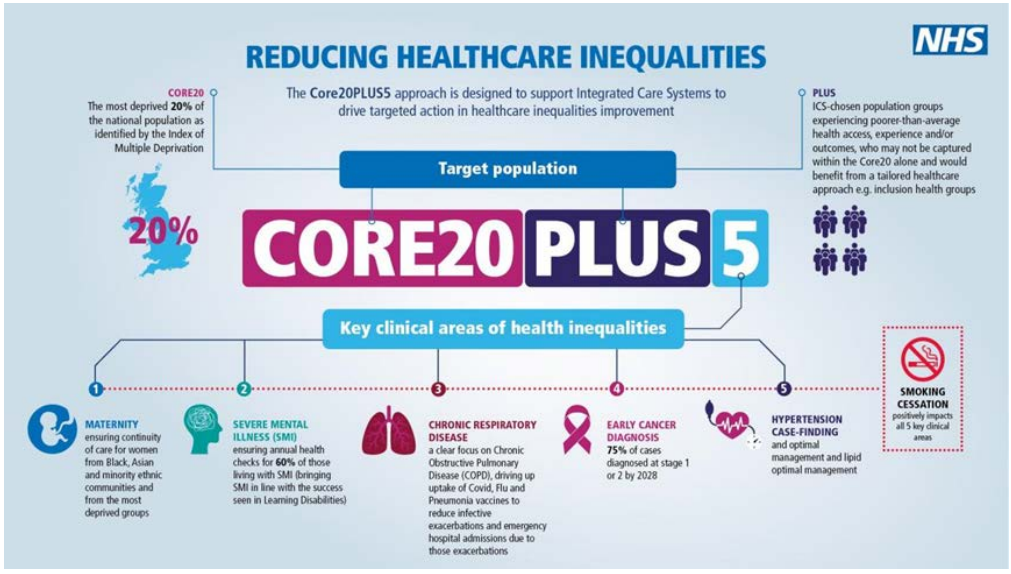
Appendices

Appendix 1

Core20PLUS5

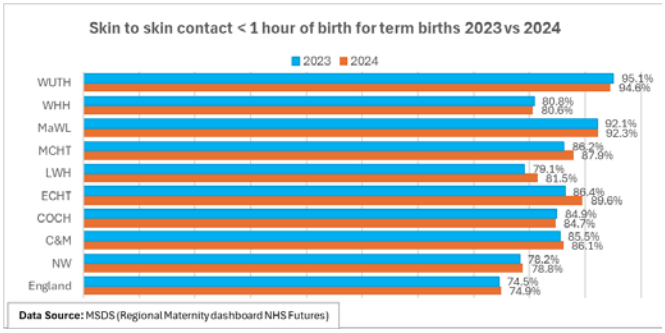
Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level. The approach defines a target population – the 'Core20PLUS' – and identifies '5' focus clinical areas requiring accelerated improvement. 'Core20' refers to the most deprived 20% of the national population, while 'PLUS' population groups identified at a local level who are at risk of experiencing health inequalities and who may not be included in the '20' but would benefit from a tailored approach. For example, younger mothers as a group might benefit from targeted breastfeeding support.

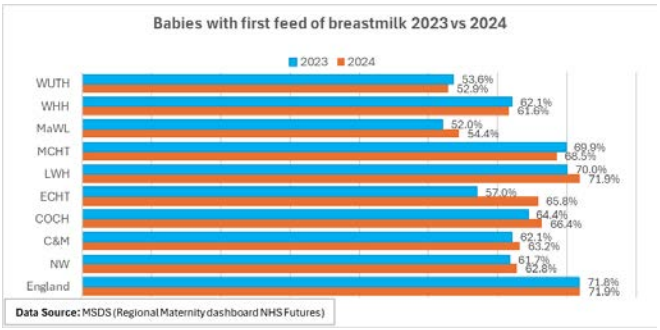


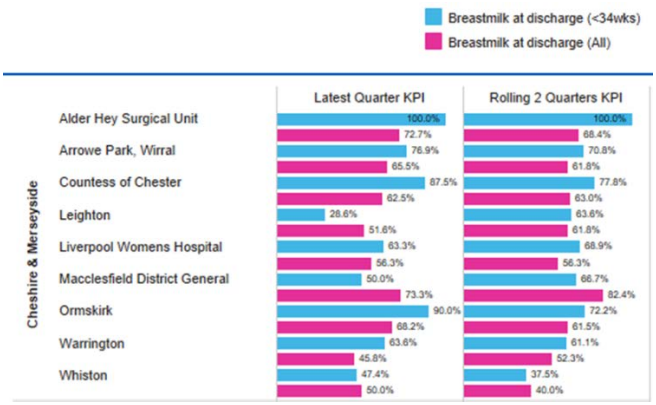
Breastfeeding also has an important role to play in prevention for all 5 areas of clinical focus for children – asthma, diabetes (types 1 and 2), epilepsy, oral health, and mental health – and on several areas of focus for adults, including maternity care, cancer, and hypertension.

Appendix 2

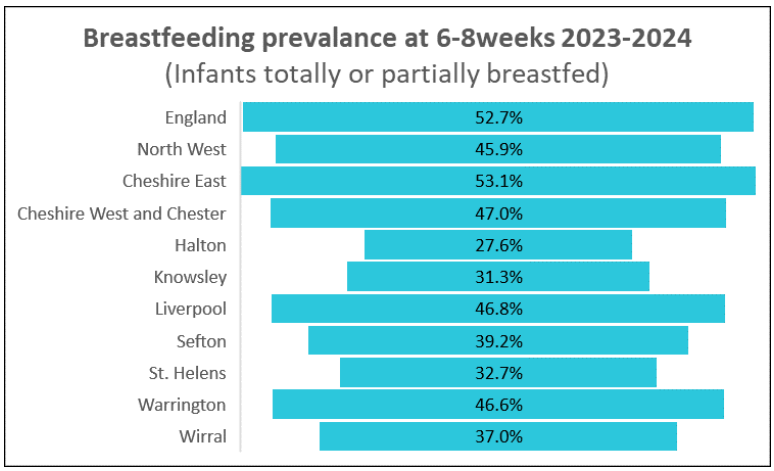
C&M breastfeeding data







Data Source: Neonatal Dashboard (NCDR) latest Qtr is 24/25 Q3



Source: Office for Health Improvement and Disparities November 2024

Appendix 3

Additional and specialist support for breastfeeding

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

Appendix 4

Cheshire and Merseyside Women's Health and Maternity App

Appendix 5

Data

Data that will be planned, monitored and achieved via the infant feeding strategy group (Action plan 1.2 - 4,5,6).

Area of Focus	Description
Demographic	Ethnicity
	Postcode
	Age
Maternity	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)
Neonatal	Breastmilk at first feed (37 wks+)
	Breastmilk at first feed (34 to 36+6 wks+)
	Breastmilk at first feed (<34wks)
	Any breastmilk at discharge (<34wks)
	Any breastmilk at discharge (All gestations)
Community	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
Quality standards and accreditation	BFI status in all settings
Tongue Tie	Frenulotomy waiting times
	Tongue tie referrals
Hospital Based Children's Services (HBCS) (Pilot sites)	* Admission to the paediatric ward/unit (in-patient care)
	* On discharge from the paediatric ward (in-patient care)
	* When enters the hospital setting, (Emergency Department (ED) and paediatric assessment units (PAU).
	* When leaves the hospital setting, (Emergency Department (ED) and paediatric assessment units (PAU).
Other	Proportion of women who wanted to continue breastfeeding but stopped before they had planned to.
	Women's satisfaction with breastfeeding support.

	Proportion of pregnant women who may be eligible for the Healthy Start scheme receive information and support to apply when they attend their antenatal booking appointment.
	Which groups are least likely to breastfeed?
	Do families know how to access breastfeeding support services?
	Data on number 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.

* % of mothers breastfeeding / human milk feeding

Appendix 6

Cheshire and Merseyside Strategic Action Plan Summary

Ref	Area of Focus	Action	Summary
1	**Implementation and improvement**		
1.1	Strategy and coordination	1	C&M LMNS coordinate and monitor implementation
		2	Identify areas where breastfeeding has an impact
		3	Consider commissioning of peer support
1.2	Data & monitoring	4	LMNS working group re data collection
		5	Determine local progress and breastfeeding rates
		6	Evaluate local feeding groups
2	**Seamless support**		
2.1	Additional Breastfeeding support	7	Ensure additional breastfeeding support
		8	Commission peer support service
		9	Support safe and healthy choices
		10	Support NNU donor milk
2.2	Specialist Support	11	Specialist support provided by IBCLC trained
		12	Specialist breastfeeding support pathway
2.3	Other community support	13	LMNS tongue tie CoP group
		14	Ensure early feeding practices
		15	Support when return to work
		16	IF support services offered virtually
		17	Promote and support BF as the norm
3	**Information and education**		
3.1	Antenatal education	18	Regular antenatal classes
		19	Introduction of solid foods
		20	LA take part in BF welcome scheme
3.2	Breastfeeding and returning to work	21	Model policies to support BF staff
3.3	Education settings	22	Information for schools / teaching resources
		23	Support available for early years settings
3.4	Virtual information	24	LMNS website / app
		25	IF support for dads, partners, families, carers and wider social networks
4	**Collaboration and workforce**		
4.1	Unicef UK Baby Friendly Initiative	26	BFI process in hospital services
			BFI gold all providers
			BFI gold all HV & family hubs
4.2	Community based support	27	Community Infant Feeding Lead
4.3	Hospital based support	28	Hospital wide infant feeding policy
		29	Maternity infant feeding lead
		30	Maternity IF team
		31	Hospital breastfeeding specialist
		32	Neonatal infant feeding lead
		33	Neonatal infant feeding team

		34	Adapt Family Integrated Care accreditation scheme
		35	Progress to Neuroprotective Trauma Informed Care
		36	Undertake ATAIN
4.4	Peer support	37	Peer support accredited training
		38	Ensure peer support part of MDT
		39	Training in safe and responsive bottle feeding
4.5	Other community-based professionals	40	GP e-learning package
		41	GP training & infant feeding guidance
		42	Paediatric BF Champion
		43	Audit of training needs for other HCPs
5	**Equality and accessibility**		
5.1	Prioritised support	44	Prioritised antenatal support
		45	Prioritised support increased chance of obesity
		46	Written support in community languages
		47	Healthy Start scheme designated lead
		48	Free breast pump loan service
5.2	Healthy weight strategies	49	Efficient Healthy weight strategies
		50	Food insecurity action plan