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University Health Board



BETSI CADWALADR UNIVERSITY HEALTH BOARD

# INFANT FEEDING STRATEGIC PLAN

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2019

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# EXECUTIVE SUMMARY

It is recognised that optimal infant feeding provides a strong foundation for child health and this infant feeding strategy will outline the Health Board's strategic approach to support this.

The vision is to create a supportive culture in North Wales that enables parents to make the choice about infant feeding in an informed way that optimises nutrition and helps develop close, loving relationships with their baby.

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 down in early childhood. There is substantial and robust evidence demonstrating short and long term health benefits of breastfeeding to mothers and infants.

The United Kingdom has the lowest breastfeeding rate at 12 months in the world and only 1% of babies are breastfed exclusively at 6 months. Wales has the lowest initiation and continuation rates in the United Kingdom, and this is reflected within BCUHB.

This Infant Feeding Strategic Plan is intended as a driver for action for all staff groups within the Health Board whose work impacts on the first year of a child's life.

The strategy embraces the Welsh Government's recommendations for future service provision whilst taking on a prudent approach to support the increase in breastfeeding rates in Wales, promoting initiation, continuation of breastfeeding and removing barriers to breastfeeding.

Nurturing and promoting the parent-infant relationship is at the heart of the strategy. Evidence suggests that problems with attachment can have an impact on the infant's biological responses to stress, their learning behaviour and their social skills.

Early bonding between parents and children through skin to skin contact after birth improves parent infant relationship regardless of the method of feeding. Infant feeding is seen as an important part of a nurturing approach.

All parents, regardless of their choice of method of feeding, must be offered support and advice on how to optimise the health and early brain development of their new born baby.

Cultural and social attitudes play a role in a woman's decision on how to feed their infants and the BCUHB recognises the importance of providing impartial, evidence based infant feeding information and support to parents in order to ensure the best health outcomes for women, their children and families.

The *Well-Being of Future Generations Act (2015)* states that every child in Wales should have the best start in life and good infant feeding practices can enhance this start. Infant Feeding is a multi-faceted issue that can only be addressed in a collaborative approach.

This strategic plan provides the vision and direction for optimal infant feeding in North Wales and by working together building a better future for our children.





# SECTION 1: INTRODUCTION

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## ✓ VISION

To create a supportive culture in North Wales that enables parents to make the choice about infant feeding in an informed way that optimises nutrition of babies and infants and helps develop close, loving parent-infant relationships.

## ✓ AIM

The aim of the Betsi Cadwaladr University Health Board (BCUHB) Infant Feeding Strategic Plan is to promote and support optimal nutrition for babies and infants and ensure families are supported in making informed choices in relation to feeding and nurturing their child, leading to improvements in health and wellbeing.

## ✓ OBJECTIVES

- To increase initiation and continuation breastfeeding rates in North Wales.
- Promote skin to skin contact to enhance the parent infant relationship regardless of the method of feeding.
- Reduce health inequalities by targeting groups where breastfeeding is unlikely to be the norm and where additional support may be required.
- Review services and sustain multi-sectoral action to support the delivery of effective infant feeding; increasing the capacity and capability of health professionals in promoting and supporting optimal nutrition for babies and infants.
- To optimise infant feeding practices to help contribute to the number of children starting school a healthy weight.





- Connect with mothers, ensuring that they have the correct and timely information and resources they need to make informed decisions.
- Create a culture that supports good practice in infant feeding across North Wales, so that breastfeeding is normalised and children are appropriately introduced to solid food and onto a healthy family diet.
- Promote and support NHS staff to breastfeed and provide adequate facilities to enable the continuation of breastfeeding.
- Advocate for breastfeeding friendly premises by business, employees and across the health care settings.
- Influence others to normalise breastfeeding in our communities and increase public knowledge and acceptance of breastfeeding.

## BCUHB Breastfeeding Welcome Scheme



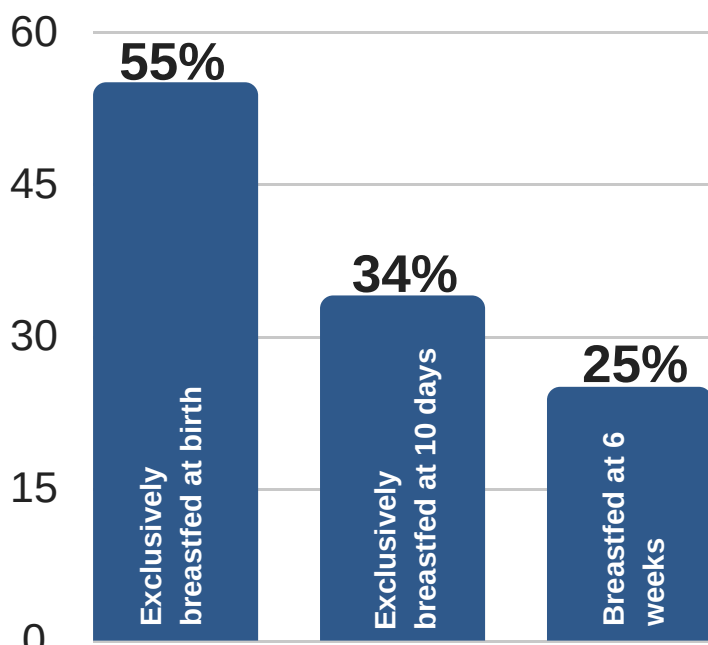
*It's about having knowledgeable experience around you to give good support and positivity.*

*The breastfeeding support groups are helpful where you can feel relaxed to share things and get advice informally.*

*I had two community midwives, they were a godsend, coming over daily after I'd given birth for 14 days helping me with the best position. I honestly wouldn't of carried on if it wasn't for them.*

## WHY DO WE NEED A STRATEGIC PLAN?

The benefits of breastfeeding for the short and longer-term health and wellbeing of babies and mothers are well known and linked to prevention of major inequalities. **Around half of all mothers in Wales start breastfeeding and rates fall steeply in the first few weeks** (Paranjothy, S.; Grant, A. & Hurt, L. 2014).



Percentage of babies breastfed at birth, 10 days and 6 weeks, BCUHB, 2015-16

Source: Public Health Wales Observatory, Public Health Outcomes Framework.

- It is recognised that optimal infant feeding provides a strong foundation for child health (National Scientific Council on the Developing Child, 2007.; Karoly ,L.A.; Kilburn, M.R.; & Cannon,J.S.; 2005.; Wave Trust, 2013).
- Skin-to-skin contact is a key part of the Unicef UK Baby Friendly Initiative standards. It helps the baby to adjust to life outside the womb and is highly important for supporting mothers to initiate breastfeeding and to develop a close, loving relationship with their baby (Unicef, 2017).
- There is overwhelming evidence that the first 1000 days of a child's life from conception to two years of age are particularly important as the potential for both positive and negative impacts is at its greatest at this time. This will have a lasting impact across the child's life (National Scientific Council on the Developing Child, 2007). (Karoly ,L.A.; Kilburn, M.R.; & Cannon,J.S; 2005). (Wave Trust, 2013).
- 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 down in early childhood. (National Scientific Council on the Developing Child, 2007. Karoly, L.A.; Kilburn, M.R.; & Cannon,J.S; 2005.; (Wave Trust, 2013).
- The Health Board supports the principle of every child gaining the best start in life regardless of their life circumstances, and optimal nutrition is a key contributing factor to this. The strategy will have a balanced approach to ensure all needs are met
- Cultural and social attitudes play a role in a woman's decision on how to feed their infants and the importance of encouraging parents to develop a close and loving relationship with their new born baby (*Martin, 1978.; McAndrew et al. 2012; Renfrew et al. 2012;Rollins et al. 2016.; Wave Trust, 2013*).
- The Health Board recognises the importance of providing impartial, evidence based infant feeding information and support to parents in order to ensure the best health outcomes for women, their children and families.
- The Health Board acknowledges the importance of the World Health Organisation's strategy for infant and young child feeding (*WHO & Unicef, 2003*).
- Effective infant feeding is a preventative approach to health problems over the life course. The risk and impact of not implementing a North Wales wide approach is high.

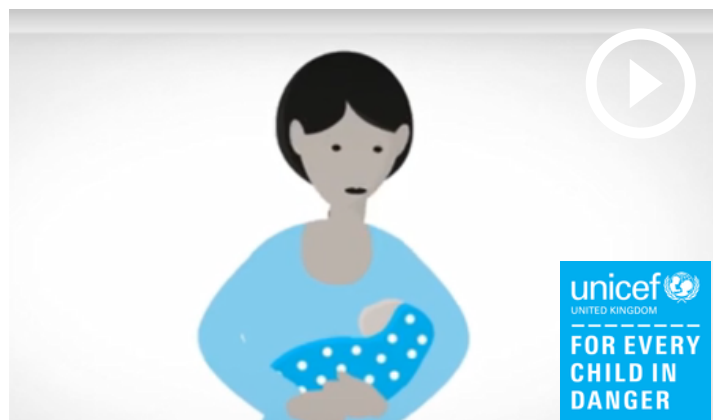


Teresa Owen, Executive Director of Public Health and Ann Jones, Senior Public Health Practitioner

## BACKGROUND

***"Breastfeeding is a child's first inoculation against death, disease, and poverty, but also their most enduring investment in physical, cognitive, and social capacity." Hanson (2016)***

- The World Health Organisation recommend that all infants should be breastfed exclusively for six months and that breastfeeding should continue after while introducing solid foods and for two years or more. (WHO & Unicef, 2003).
- Breastfeeding rates in the UK are amongst the lowest in developed countries with the lowest rates in women under the age of 30, from lower socioeconomic circumstances (WBTi Steering and Core Groups, 2016).
- The United Kingdom has the lowest breastfeeding rate at 12 months in the world and only 1 % of babies are exclusively breastfed at 6 months (WBTi Steering and Core Groups, 2016).
- Although 4 out of 5 UK mothers start breastfeeding, there is a rapid decline in both exclusive and any breastfeeding within those first few weeks. (WBTi Steering and Core Groups, 2016).
- Wales has the lowest initiation and continuation rate in the UK. (WBTi Steering and Core Groups, 2016.)
- The average percentage of mothers in Wales whose intention to breastfeed after birth is around 63%. Data from Public Health Wales suggests that only 26% of women are breastfeeding at six weeks after giving birth (Public Health Wales Observatory, 2017).
- Statistics from Public Health Wales (2016) indicate that 54.9% of women intend to breastfeed at birth in North Wales and 25.3% were breastfeeding at 6 weeks following birth. Recent data suggests, 33.8% of babies born in North Wales are breastfed at 10 days. (Public Health Wales Observatory, 2017).



### The Unicef UK Baby Friendly Initiative

- There is clear evidence that breastfeeding has a profound positive influence on maternal and child health and child development. It is vital that breastfeeding is protected, promoted and supported, the responsibility of which lies with society rather than with individual women (Rollins et al. 2016).
- All women and their partners should be provided with impartial, evidence based information so that they can make informed decisions on how they would like to feed their new born baby. If their choice is not to breastfeed, then they must be offered support and advice on how to use infant formula safely and correctly. (NICE, 2008).

***I've had a lot of help after the baby was born from midwives coming to my house, it was difficult to get into routine with feeding and everything but they have encouraged me to keep going as it's best for my baby.***





# SECTION 2: THE STRATEGIC PLAN

## CONTEXT AND DRIVERS:

***“It is almost as if breastfeeding takes the infant out of poverty for those few vital months in order to give the child a fairer start in life and compensate for the injustices of the world into which it was born.”***

**James P. Grant, Executive Director of Unicef, 1980-1995**

Betsi Cadwaladr University Health Board's Infant Feeding Strategic Plan has been developed in accordance with the following guidelines:

- World Health Organisation/Unicef Global infant feeding strategy (WHO & Unicef, 2003).
- Unicef UK baby Friendly Initiative and the requirements of Baby Friendly Accreditation (Unicef, 2017).
- National Institute of Clinical Excellence Public Health guidance: Maternal and child Nutrition (PH11), (NICE, 2014).
- The All Wales Infant Feeding Guidelines (Welsh Government, 2015);
- Fairer Outcomes for All- reducing inequalities in Health (Welsh Government, 2011)
- The Well-Being of Future Generations Act (Welsh Government, 2015);
- A Strategic Vision for Maternity Services in Wales (Welsh Government, 2011);
- Welsh Government recommendations “A review of Breastfeeding support and practices in the Maternity and Early Years settings in Wales (2018).
- The Scientific Advisory Committee on Nutrition: Feeding in the first year of life (SACN, 2018).

***This is a real opportunity to show our commitment within BCUHB to Infant Feeding and raise its profile as everyone's business***

**Mandy Hughes - West School Nurses and Health Visitors Service Manager**

***The plan will provide a solid strategic foundation that further supports healthy and safe infant feeding practices across North Wales.***

**Andrea Basu - Network Lead For Public Health Dietetics, BCUHB**

***It will give the Health Board clear direction and vision in addressing this public health priority that impacts on development and health in the first 1000 days.***

**Mary Cottrill - Clinical Service Manager Health Visiting, School Nursing and Looked after Children Nurses Central**

***I hope that parents across North Wales will feel supported and informed in making the right choices for themselves and their baby regarding infant feeding.***

**Cerys Humphreys - Principal Public Health Practitioner, Public Health Wales**

## ACTION FOR ALL

**This strategic plan is intended as a driver for action for all staff groups within the Health Board whose work impacts on families during the first year of a child's life. The actions are evidence based and will need to be adopted by staff to ensure the best outcomes for every child.**

This strategy has a focus on enabling staff to provide all parents with clear, impartial and consistent information, as well as the support to enable them to make informed decisions on how to provide their children the best possible nutrition in the first year of life.



**Siobhan Adams - Consultant in Public Health**

**I believe that the Strategy will promote closer inter-professional working, with all disciplines aligned to a common theme; the support and provision of family-centred care.**

**Julie Roberts - Midwifery Lecturer  
Bangor University**

The strategy will embrace the Welsh Government's recommendations for future service provision whilst taking on a prudent approach to support the increase in breastfeeding rates in Wales; promoting initiation, continuation of breastfeeding and removing barriers to breastfeeding. It is acknowledged that it is a multi-faceted issue relating to population health but also that new approaches are required to bring about positive changes.

This strategic plan supports the Equality and Human Rights Commission's 'Working Forward' campaign (2016). This initiative is designed to encourage employers to make the workplace the best it can be for pregnant women and new parents.

**The breastfeeding support groups are helpful where you can feel relaxed and share things/get advice informally. Also the breastfeeding support Facebook group is great! You feel part of a community which is an encouragement.**



## THE ROLE OF BCUHB AND THE STRATEGIC INFANT FEEDING GROUP

**There has been concerted effort to improve the breastfeeding support that is available to families in North Wales. However more needs to be done. BCUHB are committed to increasing breastfeeding rates in North Wales by promoting initiation, continuation and removing barriers to breastfeeding and supporting families to provide optimal infant feeding practices.**

The BCUHB Infant Feeding Strategic Plan is aligned to the Welsh Government recommendations and will support and contribute to the All Wales approach to improving breastfeeding rates.

The strategic plan sets out a comprehensive approach to improving infant feeding practices across North Wales. It will be underpinned by an annual action plan managed by the BCUHB Strategic Infant Feeding Group.

The BCUHB Strategic Infant Feeding Group will provide a coordinated support model which is inclusive of relevant health professionals, peer supporters, education and community led services.

The Group will provide strategic leadership across the health board services and will implement national standards and guidance, and co-ordinate action to improve standards of care, and ensure consistency of approach to promoting and supporting safe and successful infant feeding.

The Strategic Group will ensure relevant policies and interventions are aligned and supported to ensure a coordinated approach.

Governance of the strategic plan will be provided by the Women's Board and the Children's Transformation Group.

They will receive regular reports in relation to performance and delivery, ensuring that the actions in the plan are clearly visible within the Health Board's overarching strategy and Integrated Medium Term Plan (IMTP) actions.

The Action Plan will be based on robust evidence based practice and recommendations which will be reviewed regularly.

An Equality Impact Assessment (EqIA) has been carried out. This will ensure that services are sensitive to local cultures and are inclusive to all.

The BCUHB Strategic Infant Feeding Group will contribute to ensuring clear systems and processes are in place to collect, analyse and disseminate infant feeding data and monitoring of key performance indicators.



**Heledd Jones - Head of Women's Outpatient Services**





# THE IMPORTANCE OF A NURTURING APPROACH TO INFANT FEEDING

The importance of a nurturing approach to infant feeding and promoting the parent-infant relationship is at the heart of this strategic plan.

Recent evidence suggests that problems with attachment can have an impact on the infants' biological responses to stress, their learning behaviour and their social skills. This may partly explain biological and behavioural problems in adulthood.

It is well documented that early bonding between parents and children through skin to skin contact after birth improves the parent infant relationship, regardless of the method of feeding (Underdown & Barlow 2012).

Home visits should be an opportunity to assess and promote mother and baby attachment, and women should be encouraged to develop social networks as this promotes positive mother - baby interaction (NICE, 2006).



Eleri Stokes - Health Visitor

As equity is at the heart of this strategy, BCUHB recognises and accepts its contribution to provide timely, accessible, accurate, evidence based information and support to parents and carers in relation to the emotional, nutritional and health needs of all infants regardless of the method of feeding chosen by a family.

In BCUHB the goal is to encourage women to breastfeed and to remove the barriers that currently stop women who want to breastfeed from doing so. The focus is on creating a supportive culture that:



**normalises and optimises breastfeeding across North Wales**



**promotes responsive bottle feeding practices**



**promotes evidence based weaning practices that contribute to a healthy family diet**



## WHY DO MOTHERS CHOOSE NOT TO OR STOP BREASTFEEDING?

**Around half of all mothers in Wales start breastfeeding and rates fall steeply in the first few weeks – around two-thirds of women who initiated breastfeeding stopped before six weeks and for most women this was earlier than planned.**

Only one per cent of mothers in Wales currently exclusively breastfeed for six months, which is the World Health Organisation recommended duration (Paranjothy, S., Grant, A. & Hurt, L, 2014).

Recent North Wales listening events, which were carried out by BCUHB Women's Services, highlighted that the majority of women discontinue breastfeeding not because they want to, but because of the difficulties they face during breastfeeding and the lack of support during the first few weeks following childbirth.

The issues around inconsistencies in support, care and provision of key messages were also highlighted in consultations (BCUHB, 2017).

The findings from the consultations in North Wales are supported by evidence from across the UK. In 2010, 8 in 10 mothers who stopped breastfeeding in the first six weeks did so before they intended to (McAndrew, 2012).

This is known as the “breastfeeding disappointment rate” and can have a negative impact on maternal mental wellbeing (Trickey, 2016).

The mismatch between feeding intentions and outcomes demonstrates that breastfeeding is not solely a matter of individual mothers' choice. The reasons why women avoid or stop breastfeeding range from the medical, cultural, and psychological, to physical discomfort and inconvenience.

This is why many mothers who without appropriate support turn to formula feeding. The current situation has dramatic consequences on breastfeeding rates and the health of our future generations (Rollins et al. 2016).



Fflur Davies - Mum



Kate Quinlan - Midwife





## INTRODUCING SOLID FOODS AND THE NEXT STEPS

Successive five-yearly Infant Feeding Surveys have documented a trend towards later introduction of solids in keeping with changes in national feeding recommendations. In 2003, the UK Health Departments recommended that solid foods should be introduced when infants are around six months old.

The 2005 data shows that 51% of mothers had introduced solid foods by four months, but by 2010, this figure had fallen to 30%. Nevertheless, 75% of mothers in 2010 introduced solids before their infants were five months old. (SACN, 2018).

The most commonly cited reason for introducing solids before four months was an unsatisfied infant (64%). Mothers who introduced solids after five months were more likely to cite written information, advice from a health professional, and the infant's acquisition of motor skills as their reasons (SACN, 2018).



### Introducing Solid Foods Booklet





## SECTION 3: EVIDENCE SUMMARY AND ACTION

Below is a summary of key evidence and statements outlining how the health board intends to improve the initiation and continuation rates of breastfeeding and removing barriers to breastfeeding and to ensure effective infant feeding practices in North Wales leading to improvement in health and wellbeing.

### THERE IS A LARGE AND ROBUST EVIDENCE BASE DEMONSTRATING THE SHORT AND LONG TERM HEALTH BENEFITS OF BREASTFEEDING FOR MOTHERS AND INFANTS:

- Infants who are breastfed are at a reduced risk of ear, respiratory, gastrointestinal and urinary tract infections, and of having to go to hospital as a result. There is also a reduced incidence in obesity at 5 years of age in breastfed babies compared to formula fed babies (Victora et al. 2016).
- Women who breastfeed for longer are at lower risk of breast cancer and endometriosis (SACN, 2018) and is possibly a protective factor against ovarian cancer (World Cancer Research Fund / American Institute for Cancer Research, 2017).
- Breastfeeding can support mothers to remain a healthy weight after pregnancy. Exclusive breastfeeding is associated with greater postnatal weight loss and any breastfeeding is associated with lower maternal BMI in the longer term (SACN, 2018).
- Breastfeeding during the first year of life has oral health benefits. The available evidence indicates that breastfeeding up to 12 months of age is associated with a decreased risk of dental caries and may offer some protection when compared to infant formula (SACN, 2018).
- The timing of introducing solid food to an infant's diet is important for nutritional and developmental reasons. Around the age of 6 months but not before, an infant's requirements for energy and nutrients starts to exceed what milk alone can provide (WHO, 2002; SACN, 2018).
- Vitamins and minerals are required for optimal health. In particular vitamin D is essential for skeletal growth and bone health.
- The Welsh Government recommends that everyone including pregnant women and breastfeeding women and children age 5 years should consider taking daily supplements of 10 micrograms of Vitamin D every day from October to March (Welsh Health Circular, 2016).

Regarding infants, recommendations are that:

- **Babies from birth to one years of age who are being breastfed should be given a daily supplement containing 8.5 to 10mcg of vitamin D to make sure they get enough.**
- **Babies fed infant formula should not be given a vitamin D supplement until they are having less than 500ml of infant formula a day, because infant formula is fortified with vitamin D.**
- **Children aged 1 to 4 years old should be given a daily supplement containing 10mcg of vitamin D (Welsh Health Circular, 2016).**

## EMOTIONAL AND DEVELOPMENTAL BENEFITS:

- Early bonding between parents and children through skin to skin contact after birth improves the parent infant relationship regardless of the method of feeding. Breastfeeding is seen as an important part of a nurturing approach. (Underdown & Barlow, 2012).
- Not only does breastfeeding provide the best source of nutrition but also for the potential for greater mother infant attachment; which is an important psychological benefit that should not be underestimated. This is particularly true for preterm infants. (Callen & Pinelli, 2005).
- Breastfeeding can halve the risk of postnatal depression. However there is an increase in the risk of depression in women planning to breastfeed who are then unable to do so (Borra, Lacovooau, & Sevilla, A. 2015).
- The effects on mothers' mental health are also likely to have an impact on babies, since maternal depression has been shown to have negative effects on many aspects of children's development (Borra, Lacovooau & Sevilla, A.2015).

## FINANCIAL AND ENVIRONMENTAL BENEFITS:

- Investing in services to support women to breastfeed for longer would provide a rapid financial return, with higher breastfeeding rates leading to greater savings (Renfrew et al. 2012).
- If half those mothers who currently do not breastfeed were to breastfeed for up to 18 months in their lifetime, for each annual cohort of around 313,000 first time mothers there could be 867 fewer breast cancer cases, with cost savings to the NHS of over £21 million (Renfrew et al. 2012).
- Breast milk is a natural, renewable food that is environmentally safe. It is produced and delivered to the baby without pollution, unnecessary packaging or waste (Francis & Mulford, 2002). A kilogram of powdered milk generates a carbon footprint of 21.8kg of CO<sub>2</sub> (Rollins et al. 2016).
- If 45% of women exclusively breastfed for four months, and if 75% of babies in neonatal units were breastfed at discharge, every year there could be an estimated:

**3,285**  
FEWER  
GASTROINTESTINAL  
INFECTION RELATED  
HOSPITAL ADMISSIONS

**10,637**  
FEWER GP  
CONSULTATIONS

**£3.6M**  
SAVED IN  
TREATMENT COSTS

**5,916**  
FEWER LOWER  
RESPIRATORY TRACT  
INFECTION RELATED  
HOSPITAL ADMISSIONS

**22,248**  
FEWER GP  
CONSULTATIONS

**£6.7M**  
SAVED IN  
TREATMENT COSTS

(Renfrew et al. 2012)

## THE CHALLENGES:

- The babies least likely to be breastfed are those from younger parents, with fewer educational qualifications, those of lower socio-economic status and those who themselves were formula fed. Not being breastfed is both a consequence and a cause of social inequalities, since babies who are not breastfed are more likely to develop ill health (Brown et al. 2010) (Kelly & Watt, 2005) (McAndrew, 2012).
- The majority of women who discontinue breastfeeding do so not because they want to but because of the difficulties and lack of support. Women report that support to breastfeed and continuation of breastfeeding is lacking and inconsistent. This is partly due to lack of expertise and experience by health professionals and practical experience among grandparents, family and friends (Trickey, 2016).
- Less privileged mothers are more likely to introduce solid foods earlier than the recommended time and children are at greater risk of obesity later in life (NICE, 2014).
- Some women also find a lack of support in the community and therefore breastfeeding is constrained by culture, community and family (Rollins et al. 2016).



Sharon Breward - Infant Feeding Coordinator

## IN RESPONSE TO THE EVIDENCE BASE, POLICY CONTENT AND LOW UPTAKE OF BREASTFEEDING, THE HEALTH BOARD WILL PROVIDE SUPPORT TO WOMEN, PARENTS AND CARERS BY ENSURING:

- Clear, evidence based impartial information and support is given to enable them to make informed decisions on how to feed and care for their babies, at all stages - prenatal, antenatal, in hospital and postnatal.
- Clear information and support to meet their ongoing needs from health professionals in relation to infant feeding, responsive feeding, attachment and positioning.
- Women are encouraged to discuss their breastfeeding experience regularly to help identify additional support and have access to appropriate support based on their individual needs.
- Effective support in hospital and in the early postnatal stage, to ensure skin to skin contact after birth, regardless of feeding method.
- All women who require further support to breastfeed will be identified and supported to continue including early identification of tongue tie.
- Women who choose not to breastfeed are not judged but are supported and given clear and consistent advice to feed their baby safely.
- Appropriate information and timely support on mental health is provided to all women.
- Accurate, evidence based best practice information on safe, responsive formula feeding.
- Clear and consistent advice is given about introducing solid food and vitamins, based on evidence based practice.
- Appropriate information of peer support groups is provided to help with emotional and practical support.
- Premises in North Wales are encouraged to support the Breastfeeding Welcome Scheme in order to help normalise breastfeeding in the community.



## SUPPORT NHS STAFF BY ENSURING:

- All relevant professionals have the capacity to give effective support and are trained in providing timely advice and support for women and families, based on evidence based practice.
- All professionals are communicating effectively to ensure appropriate continuity of care.
- NHS staff themselves are supported to continue to breastfeed when returning to work after maternity leave and are provided with appropriate facilities to breastfeed in the work place.
- The Unicef UK Baby Friendly Standards are achieved to ensure the same standard of care is available for all women.
- All health professional are aware of the Breastfeeding Policy and the Infant Feeding Strategic Plan.
- Midwifery, Paediatric and Health Visitors pre-registration programmes provide the opportunity to learn about the promotion and practical support of Breastfeeding as part of their professional training and which is in line with Unicef BFI programme.



**Liz Fletcher - Assistant Area Director - Children (West)**

## IMPROVE SERVICES BY ENSURING:

- Implementation of national standards and guidance to ensure consistency and quality of support to improve breastfeeding rates.
- Prevalence of breastfeeding is monitored effectively and services are reviewed.
- Effective partnership working to sustain multi-sectoral action to support effective infant feeding.
- Effective monitoring of performance and regular audits to ensure good standard of care are experienced by women and families.

## CONCLUSION

The Well-Being of Future Generations Act (2015) states that every child in Wales should have the best start in life and infant feeding can enhance this start. Infant Feeding is a multi-faceted issue that can only be addressed in collaboration.

The evidence presented here will inform the local action plan, for which the BCUHB Strategic Infant Feeding group will oversee the implementation and monitoring.

This Strategic plan provides the vision and direction for achieving optimal infant feeding in North Wales and by working together building a better future for our children.



# DEMONSTRATING PROGRESS

## HOW WILL THINGS GET BETTER FOR MOTHERS AND BABIES?

### All mothers will have access to:

- Appropriate and consistent antenatal care to prepare them for breastfeeding.
- Opportunity for skin to skin contact after birth to help develop a close loving relationship with their baby, regardless of the choice of the method of feeding.
- Clear Information and support to enable them to make informed decisions at all stages of pregnancy and later on when introducing solid food and onto a healthy family diet.
- Promotion of breastfeeding in communities to normalise breastfeeding.

### All health professionals who advise parents will:

- Promote optimal nutrition and be well informed and appropriately trained.
- Adhere to the BCUHB Breastfeeding Policy and Unicef UK Baby Friendly Initiative.
- Contribute to quality improvement and accurate data collection.

### Parents who encounter feeding difficulties and challenges will:

- Be fully supported by staff and given consistent information.
- Be appropriately referred to the right support.

### Access for parents to community based infant feeding support:

- From trained Health Professionals
- Peer supporters
- Unicef UK Baby Friendly Initiative
- Breastfeeding Welcome Scheme

## HOW WILL WE KNOW THINGS ARE BETTER?

- Breastfeeding rates will increase and improved rates of exclusive breastfeeding at all stages:

Birth

Discharge  
from  
hospital

10 Days

6 Weeks

6 Months

- More staff will have the capacity and capability to deliver effective support for optimal nutrition for babies and infants.
- Health care settings and other relevant settings will have achieved Unicef accreditation.
- More mothers using formula will report that they are following recommendations for preparing formula, choosing appropriate milks and using responsive bottle feeding methods.
- When introducing solids, more will be reporting introducing solids at the recommended time.
- More families will report improved support and standard of care.
- Incidence of breastfeeding problems will be reduced.
- Auditing of improvement will be better.
- More premises in the community will support the Breastfeeding Welcome Scheme.
- In the long term, an increase in the number of children starting school a healthy weight.

# APPENDICES AND EVIDENCE

This strategy is underpinned by robust evidence. Detailed information on the evidence is presented in:

## Appendix 1

## Appendix 2

## Appendix 3

It is supported by data from the Infant Feeding survey results and findings from the North Wales consultation events about maternity services.

BLISS (2017) Weaning your premature baby. 9th Edition. Available from [https://s3.eu-west-2.amazonaws.com/files.bliss.org.uk/documents/Weaning\\_2017\\_v6.pdf?mtime=20180412105133](https://s3.eu-west-2.amazonaws.com/files.bliss.org.uk/documents/Weaning_2017_v6.pdf?mtime=20180412105133). (Accessed September 2018).

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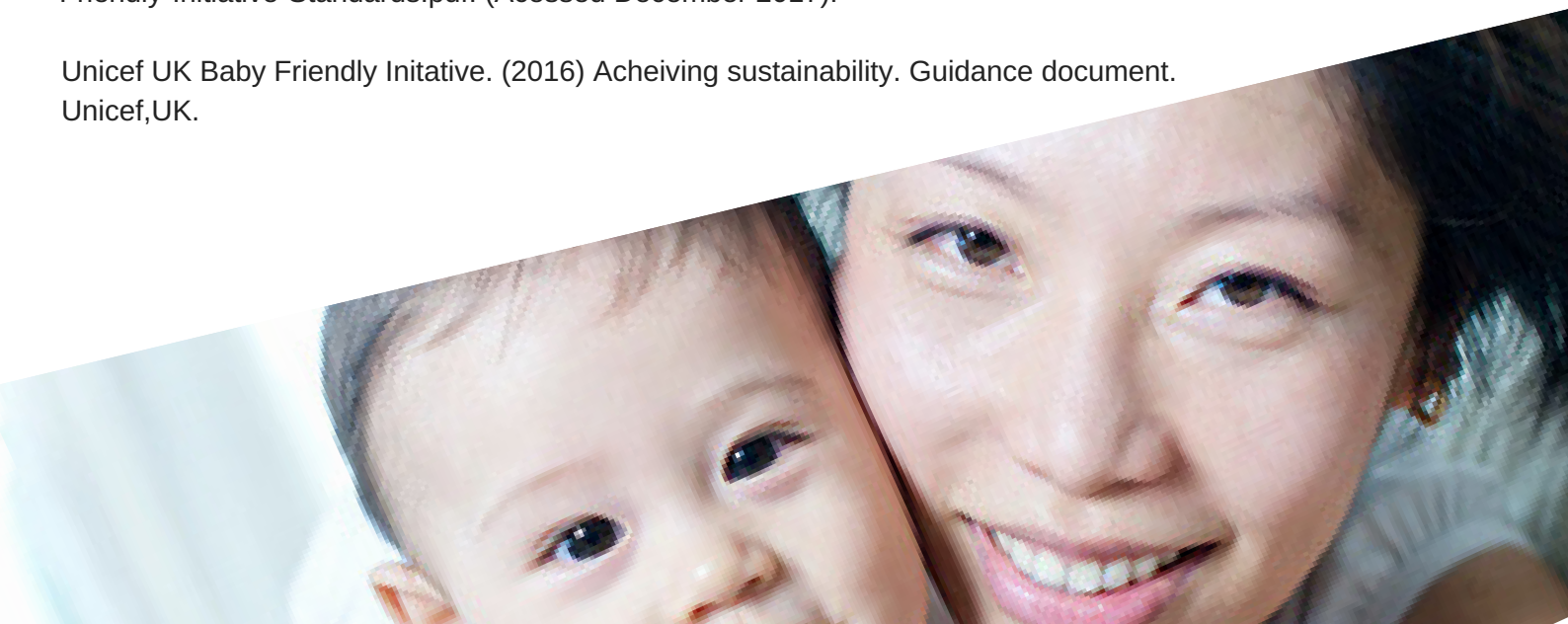
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