BBF WALES RECOMMENDATIONS BRIEFING REPORT

PREPARED BY THE BBF RESEARCH TEAM, UNIVERSITY OF KENT

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A GUIDE TO GLOBAL SCALE-UP

Yale SCHOOL OF PUBLIC HEALTH

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BBF WALES RECOMMENDATIONS

OVERVIEW

The BBF Wales committee has prioritised the following set of recommendations to take forward in order to scale up the protection, promotion and support of breastfeeding in Wales.

These recommendations have been developed through the evidence-based Becoming Breastfeeding Friendly (BBF) process.

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Combined action on these recommendations will strengthen and promote the breastfeeding environment for *all* mothers and babies in Wales.

Contents

The BBF Wales committee membership

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Acknowledgements

We would like to extend our thanks to the following individuals and organisations who have generously contributed their time and expertise to the BBF process through interviews, case study development and extensive feedback.

- Prof Alison McFadden, Director of Mother and Infant Research Unit, University of Dundee
- Dr Alison Spiro, Specialist Health Visitor and member of the UK World Breastfeeding Trends Steering Group; Institute of Health Visiting
- Debbie Wade, Midwife/Infant Feeding Coordinator, Northumbria Healthcare NHS Foundation Trust
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- Prof Jean White, Chief Nursing Officer, Nurse Director of NHS Wales
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- Shereen Fisher, Chief Executive, The Breastfeeding Network
- Sophie Howe, Future Generations Commissioner for Wales
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Background

Breastfeeding and the provision of human milk is the most accessible and cost-effective activity available to public health which is known to prevent a range of infectious and non-communicable diseases (NCDs), specifically gastro-enteritis, childhood obesity, diabetes type 2 and maternal breast cancer[1,2]. However, global efforts to further improve exclusive breastfeeding rates have had limited success, in part because effective scaling-up frameworks and roadmaps have not been developed[3]. The UK has one of the lowest breastfeeding rates in the world; 80% of babies are breastfed at birth and only 1% are exclusively breastfed by 6 months[4]. In Wales, whilst over 60% of women intend to breastfeed, the figure falls to 26% reporting any breastfeeding at 6 weeks[5], with considerable variation among Health Boards and breastfeeding rates lower among women in areas of higher deprivation, exacerbating health inequalities[5]. Sustained intervention is required to improve the experience of breastfeeding for women, babies and families and work towards the WHO's 2025 global target[6] of increasing exclusive breastfeeding in the first six months to at least 50%.

BBF

The Becoming Breastfeeding Friendly (BBF) toolkit was developed through highly structured technical and academic collaboration, led by Yale University and has been piloted in Mexico and Ghana. In the short term, it provides an evidence-based tool to guide countries in assessing their breastfeeding status, and their readiness to scale up. In the long term, it supports countries to identify the concrete measures they can take to sustainably increase breastfeeding rates, based on data-driven recommendations.

The BBF Gear Model is made up of eight simultaneous conditions which sustain breastfeeding: the gears. This conceptual model illustrates how each gear must be sufficiently mobilised to turn the next, whilst the central Coordination gear gathers and delivers timely feedback.

Figure 1: The BBF Gear Model

[1] Victora et al (2016) Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. Lancet 387 10017: 475–490.
[2] Renfrew et al (2012) Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK, UNICEF UK
[3] Pérez-Escamilla et al(2018) Becoming Breastfeeding Friendly Index: Development and application for scaling-up breastfeeding programmes globally. Matern Child Nutr. 2018;e12596.
[4] McAndrew et al (2012) Infant Feeding Survey 2010, Health and Social Care Information Centre
[5] Welsh Government (2018) Experimental Statistics: Maternity Statistics, Wales 2017-2018
[6] WHO (2014) Global Nutrition Targets 2025

Through the BBF process, country expert committees assess the status of each 'gear' in the BBF Gear Model to deliver a complete picture of the state of action on breastfeeding. This is done by scoring a series of benchmark questions under each gear to determine the extent to which the gear is mobilised[7]. Through assessing these 54 benchmarks within the eight gears, countries are better enabled to decide subsequent actions to be taken after their own assessment.

Led by the University of Kent, breastfeeding experts from a range of statutory and non-statutory organisations across Scotland, Wales and England attended the first GB Engagement Committee in December 2017. Northern Ireland was unable to participate in the BBF process. At the meeting, participants agreed to deliver BBF separately in each country to reflect structural and cultural variation. Since then, the University of Kent has been supporting three locally developed Country Committees of experts in England, Scotland and Wales to carry out the 5 step meeting process. The BBF GB committee has continued in a 'critical friend' role across the three country committees, as appropriate.

BBF in Wales

The BBF Wales committee has representation from Welsh Government, Public Health Wales, the NHS, the universities of Swansea, Bangor and Cardiff, the Royal College of Paediatrics and Child Health and Unicef UK. Further invited participants were unable to commit to the process due to scheduling constraints. Public Health Wales acted as the in-country coordinator and co-chaired the Wales BBF Committee supported by University of Kent team. They also allocated gear and critical friend roles according to expertise.

Figure 2: BBF 5 meeting process

Starting the BBF 5 meeting process in April 2018, the BBF Wales gear teams used document and (social) media searches, collaborative reviews and interviews to document existing policy, practice and gaps from the previous 12 months in response to each of the 54 benchmarks. Based on this work, the gear teams produced a final score[8] (from '0' to '3') for each benchmark which fell within each gear; a set of total gear scores (the total of the benchmark scores in that gear divided by the number of benchmarks in the gear) and 31 initial recommendations in October 2018[9].

[7] See Annex 01 for the Benchmarks for each Gear in the BBF Model
[8] See Annex 02 for the BBF Scoring Methodology
[9] See Annex 03 for initial recommendations

The table below shows each of the total gear scores. The maximum possible score was 3. The final, weighted **BBF Index score for Wales, taking all gears into consideration, was 1.1. This represents a moderate scaling up environment**.

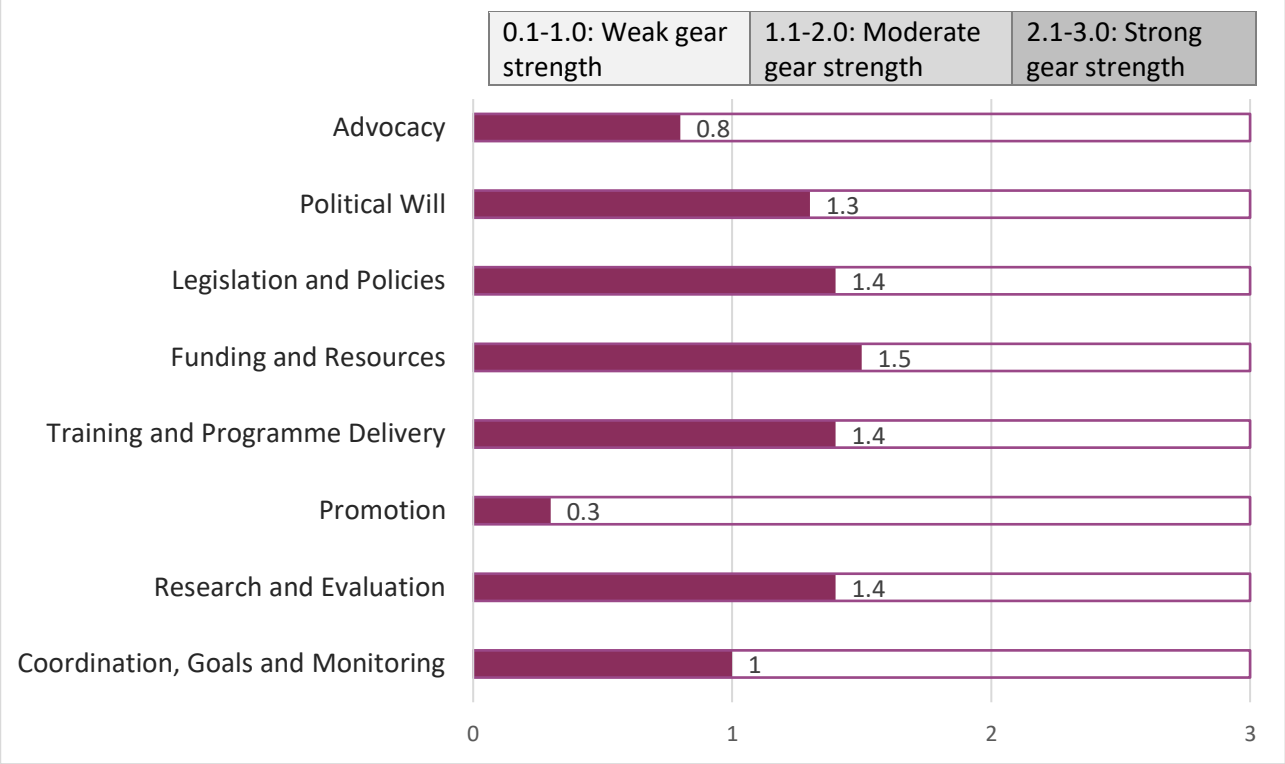

Figure 3: BBF Wales Total Gear Scores

In November 2018, BBF Wales and BBF GB members assessed these recommendations based on their effectiveness, affordability and feasibility through an online prioritisation survey delivered by the University of Kent. At Meeting 4 in November 2018, the BBF Wales committee went on to group the recommendations thematically using the feedback of the prioritisation survey received and facilitated discussion. They also formulated wording under these themes to best reflect the evidence and actions needed to deliver change, and with a view to current developments in the breastfeeding context.

This process produced six recommendation themes focusing on mothers, babies and families – and what would need to be in place to sustainably improve their care and support. There was a strong emphasis on multi-component strategic action with meaningful incremental outcomes, thematic integration, embedded evaluation and co-production in order to build on the existing evidence whilst triggering further research to address knowledge gaps.

The wording of the themes and accompanying recommendations was further clarified and built into a 'BBF Wales briefing report' between November 2018 and January 2019, with the draft report circulated to BBF Wales and BBF GB members for feedback between January and February 2019.

Meeting 5 took place on 18 February 2019, attended by representatives of the BBF Wales committee, Prof Jean White, Chief Nursing Officer, Nurse Director of NHS Wales and Dr Julie

Bishop, Director of Health Improvement, Public Health Wales. Feedback from the meeting was incorporated into the themes and recommendations and circulated to the BBF Wales committee for comment before finalising the report.

This report contains a set of briefings detailing the six themes and their accompanying recommendations and actions.

Combined action on these recommendations will strengthen and promote the breastfeeding environment for *all* mothers and babies in Wales.

The six themes are:

1. **A strategic action plan on breastfeeding defines and delivers smart, transformative goals and appropriately resourced, whole system action on breastfeeding, with national and local leadership, coordination and accountability**

2. **Consistent, evidence-informed and long term government funding and resourcing commitments underpin Wales' multi-component breastfeeding action plan and enable local delivery of transformative provision for mothers, babies and families**

3. **A nuanced engagement and promotion framework that is co-created, consistent and evidence-based is embedded to bring about social change to normalise breastfeeding across Wales**

4. **Strengthened and coordinated core education and training standards across multi-agency partners working with mothers, babies and families in Wales embed a consistent approach for quality improvement across all settings. These standards and approaches must be evidence-based and monitored.**

5. **Robust monitoring and evaluation mechanisms deliver reliable, explanatory and comparable data on a timely basis to inform strategy, service improvement and planning, and deliver quality assurance**

6. **Practical actions are delivered in Wales to embed good practice standards among Welsh government and public organisations concerning Maternity Protection rights and the International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions. Strategic action from Wales drives meaningful change on UK-wide issues, including practitioner education and the legislative environment.**

Theme 1: A strategic action plan on breastfeeding defines and delivers smart, transformative goals and appropriately resourced, whole system action on breastfeeding, with national and local leadership, coordination and accountability

Recommendation 1.1: A National Leadership Group with cross-party support, and input from Public Health Wales and the wider public health context, oversees the delivery of an appropriately resourced five year All Wales Breastfeeding Action Plan. This action plan will take a systems-wide approach to achieving smart strategic and transformative goals, including improving breastfeeding rates and experience, within an evaluation and monitoring framework.

Recommendation 1.2: Health Boards are accountable for the delivery of transformative whole system action plans at a local level to improve breastfeeding rates and experience, using a continuous improvement approach. This will require strengthening of the leadership and co-ordination of the local multi-agency systems.

Why are these recommendations necessary?

Interventions to raise the duration and exclusivity of breastfeeding are more effective when delivered as part of multi-component structured programmes across multiple settings[10]. BBF's evidence based Breastfeeding Gear Model advocates central coordination to ensure such multi-sectoral programmes remain on track through setting and monitoring goals, facilitating the flow of information across gears and providing timely feedback on actions needed to improve or sustain the quality of scaled up programmes[11]. This systematic monitoring and evaluation is critical to a reduction in gaps in understanding, evidence and action; the absence of such mechanisms can further entrench inequalities.

A 2016 study engaging practitioners from predominantly industrialised countries suggests the following enablers for strengthening impact of national leadership on breastfeeding rates (through National Leadership Committees): being empowered and supported to deliver national leadership by their governments; working transparently to strengthen strategy and policy; and ensuring appropriate funds, power and influence. Norway is cited as a good practice example[12]. Brazil's National Breastfeeding Committee (CNAM) provides a case study of the potential for such a group. CNAM is a multi-sectoral body with the objective of supporting and overseeing the National Department of Child Health and Breastfeeding, mobilizing and sensitising sectors of government and civil society for the development of breastfeeding-friendly actions, and inform the Ministry of Health on breastfeeding issues. The group uses evidence to strongly advocate for breastfeeding as a government health priority and support the Ministry of Health in their decision making. The many examples of the committee's success include: legislation to redefine the Baby Friendly Hospital Initiative criteria, and the World Breastfeeding Trends Initiative scores for National Policy,

[10] McFadden et al (2017) Support for healthy breastfeeding mothers with healthy term babies. Cochrane Database of Systematic Reviews 2017.
[11] Pérez-Escamilla et al. (2018) Becoming Breastfeeding Friendly Index: Development and application for scaling-up breastfeeding programmes globally.
[12] Rosin and Zakarija-Grković (2016) Towards integrated care in breastfeeding support: a cross-sectional survey of practitioners' perspectives

Programme, and Coordination of 9.5 and 10 out of 10 for 2008 and 2014 respectively, indicating a properly functioning, funded, implemented and coordinated National Committee and Policy.

Whilst the Transforming Health in Wales[13] review in 2013 advocated for breastfeeding to be embedded within a whole systems approach across all policies, public and private services and the third sector, the BBF process in Wales identified comparatively few policy objectives and policy frameworks that explicitly mentioned breastfeeding, compared to other public health priorities. There were also inconsistencies in resourcing, messaging and action on breastfeeding.

Despite this, the BBF Wales work has come at a time of significant development for breastfeeding in Wales. Concern over the uptake and continuation of breastfeeding in Wales has led the Minister (formerly, Cabinet Secretary) for Health and Social Care to request a Task and Finish group[14] to deliver a review and recommendations. The group, comprising clinical leads, professional bodies, public health, mothers and Welsh government officials met bi-monthly between September 2017 and January 2018, delivering a set of recommendations which were approved by the Minister in July 2018. They set out recommendations for future service provision and where these should be targeted to support women to enhance breastfeeding rates in Wales, by promoting initiation, continuation and removing barriers, through a 'prudent approach'. Their release further coincided with the publication of 'A Healthier Wales: Our Plan for Health and Social Care[15] (06.18) defining commitment to a whole system approach to improve the health and well-being of the people of Wales, with the implementation led by the multi-disciplinary National Transformation Board.

The Task and Finish group report[16] recommends the creation of an All Wales Breastfeeding Action Plan and a strategic oversight group to support delivery. Whilst supportive of the Task and Finish group's work to identify innovation and raise breastfeeding focus, there was an emphasis by the BBF Wales committee on resourced, strategic and coordinated smart goals and actions in order to deliver the highly valued whole-system focused plan. An All Wales Breastfeeding Action Plan should therefore define both high level commitment and a clear plan to achieve smart, evidence based and incremental goals. A National Leadership Group, potentially the Strategic Steering group recommended by the Task and Finish group, would provide a critical central coordinating role; together, they would further define and promote the profile of infant feeding within existing work plans and legislative frameworks, such as the strong prevention and transformative focus of the A Healthier Wales: our Plan for Health and Social Care (2018)[17], the obesity strategy in development under Public Health (Wales) Act (2017)[18], and the Wellbeing of Future Generations (Wales) Act 2015[19].

[13] Public Health Wales (2013) Transforming Health Improvement in Wales
[14] Following a meeting on 12 June 2017 between the Royal College of Midwives and the then Cabinet Secretary for Health, Wellbeing and Sport, outlining the concerns in the uptake and continuation of breastfeeding in Wales, Cabinet Secretary requested a review to take place. The task and finish group was set up to propose recommendations for future service provision and where these should be targeted to support women to enhance breastfeeding rates in Wales, by promoting initiation, continuation and removing barriers, and thus provide a prudent approach.
[15] Welsh Government (2018) A Healthier Wales: our Plan for Health and Social Care
[16] Welsh Government (2018) Written Statement - The recommendations of the Breastfeeding Task and Finish Group; A Review of Breastfeeding support and practices in the Maternity and Early Years settings in Wales. Task and Finish group - Report and recommendations
[17] Welsh Government (2018) A Healthier Wales: our Plan for Health and Social Care
[18] Public Health (Wales) Act 2017: section 2.
[19] Well-being of Future Generations (Wales) Act 2015.

A clear connection between national and local priorities and actions is critical to achieving the uplift intended across geographical areas, paying attention to local and regional variation. Bringing together local bodies with the capacity to 'localise' plans, and the evidence based framework from the Breastfeeding Action Plan will strengthen the process through ensuring local priorities, resource allocations and implementation plans are coordinated and matched to the All Wales Breastfeeding Action Plan. The Strategic Infant Feeding Lead posts in each Health Board; their inclusive connection with health professionals, peer supporters, education and community led services in their area; and their oversight by a Welsh Infant Feeding Network (WIFN) providing operational leadership, as recommended by the Task and Finish group, will be key to this process. This structure will enable local variation within an evidence based structure.

What do we want to happen?

- To ensure that breastfeeding is on the agenda for all government departments and key stakeholders.
- A five year, multi-component All Wales Breastfeeding Action Plan is enacted and delivered with appropriate funds and resources. This action plan crosses relevant policy areas to take a systems-wide approach, with embedded evaluation and ministerial support.
- The goals of this strategic action plan are clear, smart and evidence based in order to achieve specific incremental increases in breastfeeding rates and improvements in breastfeeding experience. They are devised to address and transform the specific breastfeeding context in Wales in terms of inequalities and polarised discourse.
- Strong, system-wide collaborative leadership with critical oversight and accountability at the national level is provided by a National Leadership Group, chaired by a named key individual. This group has cross-party political support and sign up in order to maintain commitment to the delivery a long term plan, and membership spanning the remits of Welsh Government, Public Health Wales and the wider public health context.
- Local variation is defined through the Integrated Medium Term Plans (IMTPs): Health Boards plan, deliver, resource, evaluate and are accountable for these evidence-based, strategic local plans. This work is orientated around mothers, babies and families to improve their breastfeeding experience and achieve the incremental breastfeeding uplift targets set out by Welsh Government. The Integrated Medium Term Plans detail how this work will be delivered with partners across the locality, evaluated and resourced in order to gain sign off.
- Concurrent evaluation provides high quality feedback and ensures accountability at local and national levels. A robust, theoretically informed evaluation strategy is resourced and delivered to measure success in achieving the agreed goals and targets defined in the five year multi-component All Wales Breastfeeding Action Plan; it would also evaluate the contribution and outcomes of the National Leadership Board.

How will this be done?

- This work should be informed by the evidence, and in collaboration with multi-disciplinary experts.
- The Minister has accepted the recommendations made by the Breastfeeding Task and Finish Group and an Action Planning group is now active with a remit to work towards delivery of these recommendations. Close collaboration is recommended. Relevant Task and Finish group recommendations include:
  - *to develop an All Wales Action Plan in line with current Welsh Government policies; quality assurance will be provided through the development and monitoring of key performance indictors*
  - *strategic steering group to ensure All Wales approach and strategic direction*
  - *a Welsh Infant Feeding Network (WIFN) to provide operational leadership to improve breastfeeding rates*
  - *a new strategic Infant Feeding lead post on every Health Board*
  - *the Strategic infant feeding lead will develop, implement and monitor local action plan informed by the All Wales action plan to meet local needs; each health board will provide assurance of progress against the key performance indicators annually*
  - *each health board will provide a coordinated support model which is inclusive of health professionals, peer supporters, education and community led services*
- Critical to realising these recommendations is a clear set of smart goals, supported by appropriate funding, resources and action to deliver and maintain political support. The work would be usefully aligned with the Healthier Wales plan[20].
- Health Boards could use a continuous improvement approach to plan for, deliver, evaluate and remain accountable for incremental action on breastfeeding experience and rates.
- Using the Design Principles under the Transformation Plan, Health Boards would work collaboratively with Health Boards, local Infant Feeding leads and experts in Infant Feeding from statutory, third sector and academic backgrounds to support the delivery of the Integrated Medium Term Plans that are both evidence based and locally tailored, informed by theories of change which map how the All Wales Breastfeeding Action Plan might operate at individual, community and population level and across different cultural/breastfeeding rate contexts.

[20] Welsh Government (2018) A Healthier Wales: our Plan for Health and Social Care

What is the likely impact of this recommendation?

- Infant feeding will be highly visible and prioritised at a systems level.
- Local and regional actions will be strongly connected to national frameworks and overview.
- The long term impacts of these recommendations are:
  - **Infant health:** for example, fewer hospital admissions for babies with infectious diseases.
  - **Women's health:** for example, reductions in breast cancer and prevention of endometriosis.
  - **Human capital:** increased productivity bringing economic gain and reducing health inequalities.

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Strategic, whole system action on breastfeeding

Aim: A strategic action plan on breastfeeding defines and delivers smart, transformative goals and appropriately resourced, whole system action on breastfeeding, with national and local leadership, coordination and accountability

Working with the National Leadership Group, Public Health Wales, Health Boards, Infant Feeding leads and key stakeholder partners, these recommendations set out to deliver the following objectives

Ensure breastfeeding is on the agenda for all government departments and key stakeholders	Deliver a resourced multi-component strategic action plan with cross-party minsterial support	Set clear, smart and evidence based goals which define structural transformation and incremental uplifts for breastfeeding experience and rates	Provide strong and effective leadership, coordination and accountability through a National Leadership Group and Health Boards	Deliver strategic, evidence based actions which are locally tailored and defined through Health Board Integrated Medium Term Plans (IMTPs)	Ensure national and local strategic action plans are appropriately resourced for system-wide coordination, delivery and evaluation

What will success look like?

Based on best evidence, this would result in an increase in breastfeeding rates which would mean improvements in…

Infant health: eg: fewer hospital admissions for babies with infectious diseases

Women's health: eg: reductions in breast cancer and prevention of endometriosis

Human capital: increased productivity bringing economic gain and reducing health inequalities

Theme 2: Consistent, evidence-informed and long term government funding and resourcing commitments underpin Wales' multi-component breastfeeding action plan and enable local delivery of transformative provision for mothers, babies and families

Recommendation 2.1: Funding and resource allocations are clearly defined by high level commitment and the strategic direction of the All Wales Breastfeeding Action Plan. This should deliver an agreed, evidence based, appropriately funded and resourced system, both nationally and locally, to sustainably improve support for mothers, babies and families to breastfeed successfully in Wales.

Recommendation 2.2: Through their three-year Integrated Medium Term Plans, Health Boards are accountable for evidence-informed planning and evaluated use of resources and funding to build strong foundations for longer term transformation of local breastfeeding services to improve outcomes and experience.

Why are these recommendations necessary?

The Lancet series on breastfeeding emphasises the fundamental importance of framing breastfeeding as both a public health issue and consequently an issue that can only be addressed by a commitment to long-term, whole-system action[21]. Interventions to raise the duration and exclusivity of breastfeeding are more effective when delivered as part of multi-component structured programmes across multiple settings[22,23]. Led by Unicef and the WHO, the Breastfeeding Collective calls on governments to: Increase funding to raise breastfeeding rates from birth through two years; and Strengthen monitoring systems that track the progress of policies, programmes, and funding towards achieving both national and global breastfeeding targets[24].

Assessing the potential contribution of increasing breastfeeding rates in the UK, Renfrew et al (2016) and Rollins et al (in the Lancet's Breastfeeding series, 2016) illustrate the economic imperative for strategic funded action on breastfeeding. Investment in breastfeeding has proven itself worthwhile for governments due to the potential financial return, with Cost Effectiveness and Return on Investment data being strengthened all the time[25,26], and "investment in effective services to increase and sustain breastfeeding rates … likely to provide a return within a few years, possibly as little as one year"[27]. Rollins et al (2016)[28] make six recommendations. Among them is an emphasis on political commitment to breastfeeding which acknowledges its capacity to save both lives and money, in spite of the complexity of making impact statements and opposition from industry partners. The authors cite the economic gains provided by breastfeeding through

[21] Rollins et al. (2016) Why invest, and what it will take to improve breastfeeding practices? Lancet 387, 491–504.
[22] McFadden et al (2017) Support for healthy breastfeeding mothers with healthy term babies. Cochrane Database of Systematic Reviews 2017
[23] Brown (2017) Breastfeeding as a public health responsibility: a review of the evidence. J Hum Nutr Diet.Dec;30(6):759-770.
[24] Global Breastfeeding Collective (2017) A Call to Action.
[25] Pokhrel S. et al. (2015) Potential economic impact from improving breastfeeding rates in the UK. Arch Di Child 2015; 100:334-340
[26] PHE 2018. Cost Effectiveness and Return on Investment (ROI) of interventions associated with the Best Start in Life
[27] Renfrew et al. (2012) Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK
[28] Rollins et al (2016) Why invest, and what it will take to improve breastfeeding practices? The Lancet, 387, 491-504.

increased intelligence, reduced health-care costs, and the benefits of breastfeeding to the environment. These gains should be fully appreciated and evaluated when funding for the promotion and protection of breastfeeding is assessed. Such outcomes could be used as strong levers to promote, protect and support breastfeeding. The authors emphasise that it is vital that political partners appreciate the importance of mainstreaming breastfeeding across preventative strategies and programmes and use their influence to tackle the structural and societal barriers that entrench inequalities through deterring women from breastfeeding. These recommendations emphasise the value of strong, expert and effective leadership to enable transformational change through smart, monitored and evaluated goal setting and action, acknowledging that developments will not be sustainable without long-term financial and expert support, as well as high level official and ministerial champions[29]. It is critical that such long term commitment to a diversity of programme strands is maintained and coordinated in order to sustain and enhance the positive direction of travel.

The BBF Wales committee identified a lack of clear budget lines for breastfeeding in line with the strategic direction in Wales, noting that under the current arrangements, the resource allocation is unclear. Planning in Scotland provides a case study through the Improving Maternal and Infant Nutrition: A Framework for Action[30] (MINF, 2011) where specific funding is delivered by Scottish Government to NHS health boards to implement a range of breastfeeding support activities and interventions[31]. This long term clarity and commitment is showing impact on the breastfeeding figures: the 2017 Maternal and Infant Feeding Survey for Scotland[32] showed an uplift in breastfeeding initiation and continuation rates with 43% of mothers breastfeeding from birth up to 6 months compared to 32% in 2010. The BBF Wales committee highlight how clear, long term investment has been made in a range of breastfeeding actions within a comparable context and demographic, noting the potential to deliver transformative change in Wales through sustained resourcing, investment and leadership.

What do we want to happen?

- High level commitment to the appropriate, sustainable resourcing and funding of national and local strategic action plans – ie: the multi-component All Wales Breastfeeding Action Plan and the Integrated Medium Term Plans.
- A clear case for resource and funding uplift in Wales to sustainably deliver ambitious action plans for women, babies and families, drawing on the international evidence with structurally comparability in terms of population and deprivation-linked areas of traditionally low breastfeeding rates.

[29] Pérez-Escamilla et al (2018) Becoming Breastfeeding Friendly Index: Development and application for scaling-up breastfeeding programmes globally. Maternal and Child Nutrition, 14, 3
[30] The Scottish Government. Improving Maternal and Infant Nutrition: A Framework for Action. Edinburgh: The Scottish Government, 2011.
[31] For 2018-2019, an additional £2.4 million was allocated under the Breastfeeding Programme for Government commitment, advancing the 'Diet and healthy weight delivery plan[31]' to reduce the drop off in breastfeeding rates at six to eight weeks after birth by 10% by 2025.
[32] The Scottish Government (2018) Maternal and Infant Feeding Survey for Scotland 2017

- The All Wales Breastfeeding Action Plan clearly defines how it will appropriately and sustainably resource and fund resilient support and services in the long term for women, babies and families based on the evidence to build strong foundations and deliver incremental outcomes.
- All financial elements for planning, implementation, coordination and evaluation are clearly defined and systematically embedded across systems under the All Wales Breastfeeding Action Plan and the linked Integrated Medium Term Plans.
- There are clear governance and accountability mechanisms in place for breastfeeding related spend at national and local levels: National Leadership and Health Boards are held accountable for evidence informed planning and evaluated use of funding and resources to improve experience and outcomes for women, babies and families.
- Funding monitoring mechanisms are embedded to build evidence, eg: Return on Investment and cost benefit mechanisms, integrated locally and nationally.

How will this be done?

- This work would align with that under the National Transformation Programme and Transformation Fund, under A Healthier Wales[33]. The plan sets out intentions for sustainable health and social care funding.
- This action would require collaborative work with Welsh government, Public Health Wales and Health Boards – potentially through the National Leadership Group - in order to understand and deliver ambitious resource planning and allocations, linked to the evidence of the incremental gains on a socio-economic basis in the long term.
- Under the Healthier Wales programme, actions towards developing a method to track how resources are allocated across whole systems with an emphasis on prevention are in place, with intended completion by the end of 2019; this would support the recommendation made here.

What is the likely impact of these recommendations?

- More mothers are supported to breastfeed for as long as they want to.
- Reduction in health inequalities via improved infant and maternal mental and physical health outcomes.
- Return on Investment for public bodies funding breastfeeding support, promotion and protection.

[33] Welsh Government (2018) A Healthier Wales: our Plan for Health and Social Care

Consistent, long term government commitments to resourcing and funding underpin national and local strategic action plans for breastfeeding

Aim: to ensure consistent, appropriate and long term resourcing and funding is prioritised and protected for multi-component breastfeeding programming, as informed by the evidence, at national and local levels

Working with Welsh Government, Health Boards, Infant Feeding Leads and stakeholder partners, this recommendation sets out to deliver the following objectives

Ensure high level commitment to appropriate, sustainable resourcing and funding of strategic action plans for breastfeeding	Develop a clear case for funding uplift in Wales, drawing on the international evidence	Define how resources and funding will be allocated to build strong foundations in the long term via the AWAP* and IMTPs**	Define and embed costs for planning, implementation, coordination and evaluation across systems in the AWAP and IMTPs	Deliver a governance and accountability structure for breastfeeding related spend at national and local levels	Embed Return on Investment and Cost Benefit Analysis mechanisms, integrated locally and nationally

What will success look like?

Based on best evidence, this would result in…

*AWAP: All Wales Breastfeeding Action Plan
**IMTP: Integrated Medium Term Plan

More mothers are supported to breastfeed for as long as they want to

Reduction in health inequalities via improved infant and maternal mental and physical health outcomes

Return on Investment for public bodies funding breastfeeding support, promotion and protection

Theme 3: A nuanced engagement and promotion framework that is co-created, consistent and evidence-based is embedded to bring about social change to normalise breastfeeding across Wales

Recommendation 3.1: Develop an All Wales Engagement and Promotion Framework, centred on both the evidence base and co-creation of core messaging around breastfeeding for Wales from a public perspective to bring about social change. This framework is developed with a view to engaging communities where breastfeeding rates are particularly low and is underpinned by appropriate funding, commitment at leadership levels, and integration into the wider training and support contexts.

Recommendation 3.2: Ensure strategic, embedded cross-system support that draws on existing structures and networks to enable advocates, from lay to national perspectives, to deliver consistent and appropriate public health messages on breastfeeding through the All Wales Engagement and Promotion framework.

Why are these recommendations necessary?

Support and decision making about breastfeeding in Wales, as in the UK more widely, is strongly influenced by environmental, socio-economic and cultural structures and systems[34] and how they frame or prioritise messages. Breastfeeding is persistently framed as problematic and associated with celebrity and middle class women, with bottle feeding images more commonly portrayed as 'normal'[35]. Feedback from women regarding breastfeeding promotion messaging in the UK suggests it can be experienced as prescriptive, contradictory and unrealistic[36,37,38] leading to feelings of blame and guilt among mothers regarding feeding decisions[39]. Research with UK mothers notes that while valuing breastfeeding information, they recommended more nuanced messaging – moving from breast is 'best' to breast is 'normal', acknowledging its difficulties[40], and a shift of focus towards addressing families and wider society as opposed to individual mothers. The findings suggest that existing policy, evidence and guidance are appropriate, yet the messages they generate are being diluted through competition in the narratives at societal and family level, demands at a professional provider level, and the impact of previous poor experience[41]. The particular impact on those least likely to breastfeed and the association with inequalities drives recommendations for an emphasis on normalising breastfeeding as a public health issue requiring a whole systems approach and moving away from the individualist, or medical model[42].

The BBF Wales committee align themselves with the spirit of the NCT Message framework[43] and Unicef UK's Call to Action, and Better Conversations about Feeding campaigns to deliver clear and nuanced messages that are both evidence informed and co-created with women across local,

[34] Shaw (2008) Social determinants of health. Clin Med
[35] Henderson et al (2000) Representing infant feeding: content analysis of British media portrayals of bottle feeding and breastfeeding. Br Med J.
[36] McInnes et al (2013) Significant others, situations and infant feeding behaviour change processes: a serial qualitative interview study. BMC Pregnancy and Childbirth
[37] Marshall et al (2007) Being a 'good mother': managing breastfeeding and merging identities. Social Science & Medicine.
[38] Trickey & Newburn (2014) Goals, dilemmas and assumptions in infant feeding education and support. Applying theory of constraints thinking tools to develop new priorities for action. Maternal & Child Nutrition.
[39] Fox et al (2015) UK women's experiences of breastfeeding and additional breastfeeding support: a qualitative study of Baby Café services. BMC Pregnancy and Childbirth
[40] As above
[41] Brown (2016) What Do Women Really Want? Lessons for Breastfeeding Promotion and Education. Breastfeeding Medicine, 1 (3)
[42] Brown (2017) Breastfeeding as a public health responsibility: a review of the evidence. Journal of Human Nutrition and Dietetics.
[43] Trickey et al (2011) NCT values and approaches to infant feeding support: a message framework. London: NCT.

regional and national structures. This clarity of informed message should be evident both in terms of defining government commitment to breastfeeding and describing policy goals and actions – as well as in promotional work with communities.

This co-created and evidence-informed message framework requires strategic direction in terms of both advocacy and promotion. Evidence based advocacy is necessary to generate the crucial political will to enact legislation and policies to protect, promote, and support breastfeeding at multiple levels[44]. It sets the gears in motion to drive the resources for workforce development, program delivery and promotion, with system feedback informing and strengthening the advocacy methodology and messages delivered. In their joint Advocacy Strategy report, Unicef and WHO (2015)[45] cite successful national case studies in a diversity of countries, realised through strategic programming, strong national leadership and appropriate funding. They set out a framework for breastfeeding advocacy which also underlines how this advocacy can further reinforce outcomes in other sectors, such as early childhood development, food security and the environment, as well as children's and women's rights.

Welsh Government's commitment to improving breastfeeding rates through the All Wales Breastfeeding Action Plan must be underpinned by multiple level strategic action to strengthen commitment to breastfeeding and the development of an enabling environment in terms of awareness, knowledge and evidence, leadership and resourcing. A long term, multi-faceted and evidence-based promotion strategy is required to raise awareness of breastfeeding across a range of settings[46] with a focus on 'normalising' breastfeeding across society. This would require a shift in societal perceptions so that breastfeeding is seen as worthwhile, normal, desirable and beneficial. This framework should ensure a more inclusive approach with greater community participation and testing of approaches and messages.

What do we want to happen?

- An All Wales Engagement and Promotion Framework is developed in line with the clear, smart, strategic goals detailed in the All Wales Breastfeeding Action Plan to normalise and prioritise breastfeeding at a socio-cultural level.
- A co-creation process brings together the evidence base and the public perspective to develop core messaging, with a strong focus on the systems and environments which influence breastfeeding, enabling effective and consistent communication of nuanced issues without downplaying complexity or blaming individuals.
- The All Wales Engagement and Promotion Framework and its value in a complex environment is understood; the framework is supported at leadership level, through the National Leadership Board, and locally through the Health Boards and multi-agency groups, coordinated by the Infant Feeding Leads.

[44] Pérez-Escamilla et al (2012) Scaling Up of Breastfeeding Promotion Programs in Low- and Middle-Income Countries: the "Breastfeeding Gear" Model. American Society for Nutrition. Adv. Nutr. 3: 790–800, 2012
[45] Unicef and WHO (2015) Breastfeeding Advocacy Initiative. Advocacy Strategy
[46] Mangasaryan et al (2012) Breastfeeding promotion, support and protection: review of six country programmes. Nutrients. 2012;4(8):990-1014.

- Appropriate resourcing and funding to ensure the All Wales Engagement and Promotion Framework is valued, feasible and able to reach across systems and strategies.
- Innovative and coordinated support of key influencers and advocates to use evidence informed messaging which provides the right language to use in order to change the conversation and bring about social change.
- Strategic, embedded cross-system support to existing structures and networks enabling professional and lay advocates at all levels to deliver consistent and appropriate public health messages, with particular attention paid to local areas with low breastfeeding rates.
- Raised aspiration of what can be done, supported by an expansion of the evidence base through further research and insight gathering, where necessary, to inform and deliver theory and evidence driven actions.

How will this be done?

- The Engagement and Promotion Framework, drawing on Welsh women's experiences, and delivering core messaging around breastfeeding, would require a collaborative approach, integrating the evidence base with women's representatives and key stakeholders, including the NCT and Unicef UK for their women's centred, systems focused work.
- Employment of Wales' strong value assets (improving outcomes for children; ecological and whole system approaches) and the learning of comparable settings.
- This Framework would require strong integration with the All Wales Breastfeeding Action Plan and therefore the National Leadership group. It would usefully link to the Task and Finish group recommendations 2, 3 and 4 for strategic and operational leadership and coordination.
- The strategy would require appropriate resourcing and funding from the outset for its planning, delivery and evaluation.
- The All Wales Engagement and Promotion framework would be useful informed by the Unicef/WHO Breastfeeding Advocacy Initiatives (2015) which sets out a strategic framework to galvanise global, regional and national advocacy for breastfeeding[47].

What is the likely impact of this recommendation?

- Co-created, evidence informed and well-coordinated advocacy and promotional activity with positive impact on public perceptions, with monitoring mechanisms informing development.
- Local and regional actions will be strongly connected to national frameworks and strategic direction.
- Breastfeeding will be normalised and highly visible at a systems and population level.

[47] Unicef and WHO (2015) Breastfeeding Advocacy Initiative. Advocacy Strategy

Mobilise social change to normalise breastfeeding across Wales

Aim: develop a nuanced engagement and promotion framework that is co-created, consistent and evidence-based to bring about social change to normalise breastfeeding across Wales

Working with the Public Health marketing teams, Policy leads and key stakeholders including Health Boards, Infant Feeding Leads and Third Sector organisations, this recommendation set out to deliver the following objectives

Develop an All Wales Engagement and Promotion Framework to define, strengthen and coordinate messages across systems and strategies	Bring the public and the evidence base together to co-create core messaging around breastfeeding for Wales that is relevant and nuanced	Deliver leadership support and resource and funding commitments to the Framework through an understanding of its value	Equip professional and lay advocates at all levels with consistent and appropriate public health messages with enhanced support according to area	Equip key influencers and advocates with the right language to change the conversation and bring about social change	Raise aspiratiaon and undertake further research and insight gathering to inform and deliver theory and evidence driven actions

What will success look like?

Based on best evidence, this would result in …

Co-created, evidence informed and coordinated advocacy and promotional activity with positive impact on public perceptions

Local and regional actions will be strongly connected to national frameworks and strategy

Breastfeeding will be normalised and highly visible at a systems and population level

Theme 4: Strengthened and coordinated core education and training standards across multi-agency partners working with mothers, babies and families in Wales embed a consistent approach for quality improvement across all settings. These standards and approaches must be evidence-based and monitored.

Recommendation 4.1: Implement a standardised accredited programme to strengthen core education and training standards as part of the multi-component model under the strategic direction under the All Wales Action Plan; the Unicef UK Baby Friendly Initiative framework has the strongest evidence base:

(i) Resource and extend this standardised accredited programme in Wales to achieve 100% coverage across multi-agency partners in educational, neonatal, maternal and community settings, to ensure that a core standard of learning underpins provision for mothers, babies and families

(ii) Enable local settings to set and achieve incremental goals to embed sustainable cultural and structural change through the achievement of standards, including the Unicef UK Baby Friendly Initiative Gold Achieving Sustainability award

Recommendation 4.2: Deliver an action plan for Wales to strengthen and quality assure the coordination, co-design and alignment of education, training *and* regulation of all health and social care professionals, specialist and third sector providers who care for mothers, babies and families *(This work would require some collaboration with organisations operating across the UK and other UK nations - see Recommendation 6.2 for further detail)*

Why is this recommendation necessary?

The most recent UK Infant Feeding Survey figures indicate that 80% of women who stop breastfeeding in the first weeks after birth would have liked to breastfeed for longer[48]. The 2017 Cochrane review states parents require support in a variety of formats as part of a multi-component structured programme in a combination of settings. The review concluded that duration and exclusivity of breastfeeding are increased by breastfeeding support, noting standard support offers by trained personnel (professional, lay or combination), ongoing scheduled and predictable support, and tailoring to setting and needs were critical factors. A 2018 systematic review and meta-analysis of randomized controlled trials[49] found that mothers receiving breastfeeding promotion interventions were 2.77 times more likely to continue exclusive breastfeeding six months after birth, with effectiveness determined by: multi-component nature; professional involvement; precise protocol for provider training; intervention delivery spanning pre to post-natal periods; and action across both hospital and community settings. In the UK, midwifery, health visiting, maternity, community peer and volunteer services are best placed and strategically positioned to support individual women at the right time, however all those coming into contact across the care journey of mother and baby require role-relevant, quality assured education and training in order to provide consistent, coordinated care and support. Standardisation and quality assurance of university level

[48] McAndrew et al (2012) Infant Feeding Survey 2010, Health and Social Care Information Centre
[49] Sun Kyung Kim et al (2018) Interventions promoting exclusive breastfeeding up to six months after birth: A systematic review and meta-analysis of randomized controlled trials. Int. J. Nurs. Stud. 80 (April) (2018) 94–105

pre-registration courses exists for some professions; however this should extend beyond midwifery and health visiting to ensure consistency across mothers and babies' care journeys.

Analysis of enablers in education and training has shown that implementing 'standalone' training for staff is less effective in improving breastfeeding initiation or prevalence rates than delivering education as part of a multifaceted package[50]. To be effective, education and training for health and social care professionals should therefore cover a set of evidence-based breastfeeding topics, including practical skills, and be integrated within all relevant pre-registration and in-service programmes[51], such as those delivered by Unicef UK Baby Friendly Hospital Initiative (Unicef BFI).

The multi-component Unicef UK BFI was determined the optimal strategy by the Sun Kyung Kim et al (2018) study, where compliance is strong and the community elements are valued. The recent State of Child Health report (2017)[52] also recommends the adoption of Unicef UK BFI maternity and community standards as a minimum way of improving breastfeeding support for mothers. The evidence notes that the mechanism is associated with raised breastfeeding outcomes in the short, medium and long term[53,54,55] with incremental benefit in line with the more 'Baby Friendly steps' taken[56].

Ongoing structural development to embed learning and quality improvements is recommended in local settings, in order to generate sufficient embedded cultural change to sustain and extend improvements in the long term[57]. The Unicef UK Baby Friendly Initiative has developed the Gold Achieving Sustainability award to 'consolidate and protect' the learning of the Baby Friendly Initiative standards. It focuses on embedding cultural change, sustainable leadership, a positive culture, ongoing monitoring and continued progression across services[58]. Case study evidence is accumulating across the UK that supports the value of this sustainability framework[59].

This review found that for volunteers and peer supporters, voluntary sector organisations were providing quality training (both face to face and online), but there was a lack of oversight, coordination and consistent learning outcomes across providers. The BBF Wales committee were unable to identify an independent body verifying how far the online and similar resources were evidence-based, monitored, up-to-date or free from commercial interest. As with the professional and statutory providers, there was a need for better coordinated and integrated learning outcomes with clear governance structures and means to monitor delivery and standards.

[50] Unicef UK (2012) The evidence and rationale for the Unicef UK Baby Friendly Initiative standards
[51] Dyson et al 2006; Renfrew et al, 2005; Renfrew et al, 2012b), cited in Unicef UK (2012)
[52] RCPCH (2017) State of Child Health report 2017.
[53] Pérez-Escamilla et al (2016). Impact of the Baby-friendly Hospital Initiative on breastfeeding and child health outcomes: a systematic review. Maternal and Child Nutrition,12, 402-411
[54] Biggs et al (2018) Formula Milk Supplementation on the Postnatal Ward: A Cross-Sectional Analytical Study. Nutrients 2018, 10, 608. https://www.mdpi.com/2072-6643/10/5/608
[55] Sinha et al (2015). Interventions to improve breastfeeding outcomes: a systematic review and meta-analysis. Acta Paediatrica, Special Issue: Impact of Breastfeeding on Maternal and Child Health. Volume 104, Issue Supplement S467, pages 114-134.
[56] Groleau et al (2016) Empowering women to breastfeed: Does the Baby Friendly Initiative make a difference? Maternal and Child Nutrition 2017; 13(4)
[57] Hoddinott et al (2009) Effectiveness of a policy to provide breastfeeding groups (BIG) for pregnant and breastfeeding mothers in primary care. BMJ 338:a3026
[58] As above
[59] Unicef UK Baby Friendly Initiative Gold awards and Case Studies

What do we want to happen?

- An action plan for Wales to strengthen and quality assure the coordination, co-design and alignment of education, training and regulation of all health and social care professionals, specialist and third sector providers who care for mothers, babies and families.
- Implementation of a standardised accredited programme to strengthen core education and training standards as part of the multi-component model under the strategic direction under the All Wales Action Plan – this review finds the Unicef UK Baby Friendly Initiative framework to have the strongest evidence base.
- Full implementation of this programme across Wales, providing quality standards and assurance throughout educational, hospital and community settings as a strand of a multi-component support system.
- Support to local settings which have achieved Unicef UK Baby Friendly accreditation, to enable them to continue to set and achieve incremental goals to embed sustainable Baby Friendly care in their culture and structures.
- These incremental goals should focus on embedding cultural change, sustainable leadership, a positive culture, ongoing monitoring and continued progression across services. The Unicef UK Baby Friendly Initiative Gold Achieving Sustainability award provides an evidence-based framework for this.
- Collaboration with organisations which work across the UK in order to align standards for providers who work in Wales, but received education or training outside of Wales/by organisations not based in Wales.
- Strategic direction, resourcing and funding, and integrated evaluation mechanisms for this quality assurance and improvement action at local and national levels, delivered through the All Wales Breastfeeding Action Plan.
- Locally and nationally integrated mechanisms strengthened to provide data on the provision, accessibility, experience and cost of support, with this data used systematically in planning and evaluation.
- The action should be free from commercial interest and compliant with International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions.

How will this be done?

- ‘A Healthier Wales: our plan for health and social care’ sets out opportunities for development of in work training through the new Workforce Strategy for Health and Social Care in Wales. Among its objectives are the development of strategic education and training partnerships, supporting career long development and diversification across the wider workforce; and the establishment of intensive learning academies focussed on the professional capacity and system leadership needed for the future.

- Strategic level support is provided from government to support local level implementation of quality assurance standards across relevant educational, hospital and community settings and Health Boards.
- A group of experts take on a role in communicating the case public health and economic case of ensuring consistent, role appropriate delivery of evidence based knowledge and skills training and development for all those with a role in caring for mothers and babies in line with relevant standards.
- Work by settings towards embedding structural and cultural development as well as quality assurance, for example through the Unicef UK BFI Gold Achieving Sustainability award would align with Actions through the Healthier Wales plan to enhance system leadership and professional capabilities.

What is the likely impact of this recommendation?

- Women will be better supported to breastfeed and overcome barriers through the provision of consistent messages and highly skilled support across settings and staff, both professional and lay supporters.
- Education providers will be supported by an evidence-based framework to provide and maintain consistent high standards, enabling consistent, coordinated education and practice skills development in place for all health professionals caring for mothers and babies in their pre or post-registration capacity.
- Training standards will be integrated into a broader multi-component, evidence based framework in maternity, community, neonatal systems developing a stronger and more sustainable culture of ongoing service improvement which is extended to strengthen quality assurance for non-statutory providers, including lay supporter and volunteers.

becoming breastfeeding friendly
A GUIDE TO GLOBAL SCALE-UP

Strengthen and coordinate core education and training standards across multi-agency partners working with mothers, babies and families in Wales

Aim: core standards for all multi-agency partners supporting mothers, babies and families are strengthened, coordinated, role appropriate and monitored within an evidence based framework, in order to provide quality improvement across all settings

Working with Public Health Wales, Health Boards, Unicef UK and key Stakeholder partners, these recommendations set out to deliver the following objectives

Deliver 100% coverage of an evidence-based quality assurance framework (Unicef UK BFI* has the strongest evidence) providing core education and training standards throughout all educational, neonatal, maternal and community settings	Support local settings with Unicef UK BFI* status to embed incremental goals in positive cultural change, sustainable leadership, ongoing monitoring and continued progression, including via the Unicef UK Gold Achieving Sustainability award	Progress an action plan for Wales to strengthen and quality assure the coordination, co-design and alignment of education, training and regulation of multi-agency partners and settings, which will engage UK partners for optimal coverage	Deliver strategic direction, resources and funding, and integrated evaluation mechanisms for this action at local and national levels under the All Wales Breastfeeding Action Plan	Ensure all action is free from commercial interest and is Code** compliant

What will success look like?

Based on best evidence, this would result in…

Connected and responsive care pathways support mothers and babies in core standards across settings and roles

Cultural shift to strengthen poltiical will and embed Unicef BFI principles in organisational structures

Increased rates of breastfeeding and access to breastmilk

*Unicef UK BFI: Unicef UK Baby Friendly Initiative
**Code: International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions

Theme 5: Robust monitoring and evaluation mechanisms deliver reliable, explanatory and comparable data on a timely basis to inform strategy, service improvement and planning, and deliver quality assurance

Recommendation 5.1: Continue to work with key partners (NHS Wales Informatics Services and Health Boards) to understand and strengthen routine data collection and population surveillance. Develop and deliver a plan of work to improve data quality and strengthen collection mechanisms on internationally recognised standards, including initiation and duration of breastfeeding up to two years

Recommendation 5.2: Establish a meaningful mechanism to monitor women's experiences that will deliver reliable, accessible and timely data to drive a quality improvement agenda and the capacity to assess the impact of interventions at a community as well as individual level

Why are these recommendations necessary?

The 2017 Cochrane review of support for breastfeeding mothers[60] emphasises that robust monitoring of breastfeeding rates and the breastfeeding environment is critical to apply the most appropriate interventions locally.

Whilst improvements in the collection and processing of routine local data continue, infant feeding statistics are compromised to an extent by the lack of robust data beyond 6-8 weeks and variation in data input levels. As a result, some Health Boards may struggle to access timely information about their area for use in comprehensive service monitoring and planning; there are also implications for the accuracy of the national level overview and omissions in international benchmarks. Examples of good practice from the Unicef UK Baby Friendly Initiative illustrate the value of a whole system approach which includes the collection and processing of infant feeding data as part of the wider planning and commissioning cycle. Routine collection of this enriched data would strengthen local, regional and national understanding of breastfeeding trends, breastfeeding behaviour and critical points, such as drop off; it would facilitate international comparability and contribute to longitudinal analysis.

Beyond the routine data collection, the Lancet series (2016) recommends implementing evidence-based initiatives to support breastfeeding where community feedback and data inform commissioning, with an emphasis on the direct experiences of local women and their families[61]. The BBF Wales committee aligns itself with the calls from Unicef's Call to Action (2017), the RCPCH (2017) and the WBTi (2016) among others for the systematic collection of comparable population level data in order to address evidence gaps and monitor trends in response to changes in policy or practice. We recommend that this work draws on both the strengths and learning of the earlier Infant Feeding survey, but benefits from developments in technology and a thorough review of its content and application into a more streamlined and cost effective piece of work.

[60] McFadden et al (2017) Support for healthy breastfeeding mothers with healthy term babies Cochrane Database of Systematic Reviews 2017
[61] Rollins et al. (2016) Why invest, and what it will take to improve breastfeeding practices? Lancet 387, 491–504.

What do we want to happen?

- Extend routine data collection mechanism for key breastfeeding outcomes beyond 6-8 weeks and up to 2 years in line with international datasets (6 months, 1 year, 2 years).
- Strengthen the robustness of routine infant feeding data through collaboration with Health Boards and NHS Wales Informatics Services. Devise and agree and action plan in order to realise this aim.
- Review and advance the learning of previous Infant Feeding surveys into an updated patient experience data collection mechanism, considering the potential for the inclusion of breastfeeding questions within the Survey for Wales. This would require support from Welsh Government to submit a series of questions to the Survey planning committee for consideration.
- Systematise the data collection of key indicators across organisations to deliver clearer, more comprehensive intelligence with regards to action and progress towards the goals set by the All Wales Breastfeeding Action Plan, and those defined within associated programmes.
- Ensure national and local access to quality routine and experience data systematically informs strategic and operational analysis and decision making.
- Ensure these monitoring and evaluation frameworks are coordinated and consistent and underpinned by reliable and appropriate funding in order to sustain and develop service improvement.

How will this be done?

- Through collaborative work with the Health Boards and the NHS Wales Informatics Service.
- Leadership and coordination by a National Leadership group as suggested in Recommendation 1.1 in association with the strategic infant feeding leads at Local Health Board level, with national overview provided through the Wales Infant Feeding Network (WIFN).
- The work would be useful aligned with the Task and Finish group recommendations, specifically:
  - *Recommendation 1: which recommends that clear systems and process are in place to collect, analyse and disseminate infant feeding data.*
  - *Recommendation 2, 3 and 5: which recommends that the All Wales Breastfeeding Action Plan delivers quality assurance through the development and monitoring of key performance indicators, with strategic leadership from a Strategic Steering Group (SSG) and operational leadership through the Welsh Infant Feeding Network (WIFN) who would be accountable to the SSG.*
  - *Recommendation 4 and 6: which recommend that a strategic infant feeding lead be appointed in each Local Health Board, with responsibility monitor the local action plan; assurance of progress against key performance indicators at annual performance boards provided by the Health Board.*

What is the likely impact of these recommendations?

- There would be an analysis of trends that could be used both nationally and beyond to monitor infant feeding rates and inform communication, promotion and breastfeeding service delivery.
- Local place based planning would have improved data to act on vulnerable population and to make return on investment cases for such health inequalities work.
- These recommendations would also inform and strengthen existing strategies and plans through systematic, funded and coordinated monitoring and evaluation.

Robust mechanisms deliver reliable, explanatory, timely and comparable data to inform strategy, service improvement and planning, and deliver quality assurance

Aim: ensure robust monitoring and evaluation mechanisms are embedded to deliver reliable, timely, explanatory and comparable data which is then systematically and meaningfully used in strategic and operational analysis and action

Working with National Wales Informatics Service (NWIS), Health Boards (HBs), Infant Feeding leads and key partners, these recommendations set out to deliver the following objectives

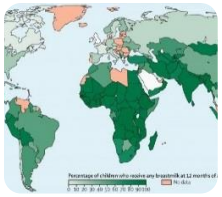
Extend and strengthen routine data collection mechanisms and reporting beyond 6-8 weeks (6 months, 1 year, 2 years)	Strengthen the robustness of routine infant feeding data in collaboration with NWIS and HBs through a defined action plan	Review/advance the learning of previous Infant Feeding Surveys into a patient experience data collection mechanism	Systematise data collection of key indicators across organisations to deliver clearer, more comprehensive intelligence	Publish timely data to ensure national and local access to quality routine & experience data to inform strategic and operational decision making	Ensure monitoring and evaluation frameworks are coordinated, consistent, and reliably and appropriately funded

What will success look like?

Based on best evidence, this would deliver…

Comprehensive, robust, timely infant feeding data, intelligence and programme evaluation data available to decision makers

Infant feeding programmes better tailored to local needs in line with national priorities



Improvements in breastfeeding rates in line with international goals

Theme 6: Practical actions are delivered in Wales to embed good practice standards among Welsh government and public organisations concerning Maternity Protection rights and the International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions. Strategic action from Wales drives a meaningful case for change on UK-wide issues, including practitioner education and the legislative environment from a Welsh perspective

Recommendation 6.1: Welsh Government ensures good practice standards are adhered to and monitored among Welsh government and public organisations concerning Maternity Protection rights and the International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions

Recommendation 6.2: The A Wales National Leadership group of the All Wales Breastfeeding Action Plan develops clear, evidence based action plans to engage with UK partners and address UK-wide issues from a Welsh perspective. These issues should include (but not be limited to):

> **(i) An action plan to strengthen the coordination and alignment of education, training and regulation of all healthcare professionals and other providers who care for mothers, babies and families, and to develop a UK-wide mechanism for consistent quality assurance and governance across volunteers, lay and other non-statutory practitioners** *(see Recommendation 4.2 for further detail)*
>
> **(ii) An action plan to strengthen legislation by incorporating all elements of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions ('The Code') into UK law, specifically in reference to products for babies over six months; and to create a robust, funded mechanism to systematically identify and act on Code violations**
>
> **(iii) An action plan to strengthen Maternity Protection legislation at a UK wide level in line with the recommendations of the Lancet Breastfeeding series (2016) to deliver appropriate maternity and workplace entitlements that enable women to continue to breastfeed on their return to work or education, noting the particular barriers for women working in informal sectors. This would include ratification of the ILO Maternity Protection Convention C183**

Why is this recommendation necessary?

System-wide training for all those working with mothers and babies

To be effective, training for health and social care professionals should cover a set of key evidence-based breastfeeding topics, including practical skills, and be integrated within all relevant pre-registration and in-service programmes. This review found that while learning outcomes do exist, and there are good outcomes in midwifery and health visiting, learning outcomes for other roles often lacked key content and coordination, meaning that different professional groups from different institutions and facilities receive different levels of training.

Similarly, for volunteers and peer supporters, quality training is available, generally through voluntary sector organisations but, again, it is not coordinated and learning outcomes are not consistent across providers. Online and other learning resources are available but are again uncoordinated and currently have no independent source of verifying how far these are evidence-based, monitored, up-to-date or free from commercial interest. There is clear evidence of the need to deliver coordinated and integrated learning outcomes at trainee, pre-registration, post-registration and for volunteers, with, governance structures and means to monitor delivery and standards.

The BBF Wales committee identified the potential to work more broadly with the UK as a whole on issues such as training and development acknowledging that those who work in Wales may have trained outside of Wales but still in the UK, and that a number of third sector organisations cover the whole of the UK or are based outside of Wales.

International Code of the Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions ('The Code')

Misleading marketing of breastmilk substitutes undermines breastfeeding and prevents families from receiving clear, evidence based information about infant feeding[62]. The International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions ('The Code') is deemed an effective mechanism for action, with robust legislation and enforcement associated with higher rates of exclusive breastfeeding[63]. Yet, despite international calls for stronger regulation of the breastmilk substitute industry through implementation of the Code on a human rights basis (for example, the International Convention on the Rights of the Child[64] advocates 'to the maximum extent possible the survival and development of the child'), progress remains slow. A 2018 joint report by WHO, IBFAN and Unicef[65] found that most countries continue to lack an effective and sustained response to the persistent marketing practices of manufacturers and distributors of breastmilk substitutes and other foods for infants and young children. To combat continued violations, the authors call for greater political commitment to deliver and enforce comprehensive legislation alongside adequate national investment to ensure implementation and accountability.

In the UK, the 'Infant Formula and Follow On Formula Regulations' incorporate some, but not all of the Code, into law[66] despite having one of the biggest formula milk markets in the world. While the current UK regulations include marketing restrictions for infant formula, they do not restrict the marketing of infant milks for children aged 6 months and over [67]. Consequently, widespread 'regulation-compliant' advertising continues, providing misleading information for both breast and bottle-feeding parents. As part of a call to address the UK's persistently low breastfeeding rate,

[62] Save the Children (2018) Don't push it: Why the formula industry must clean up its act
[63] WHO (1981) International code of marketing of breast-milk substitutes. Geneva: World Health Organization; 1981.
[64] UNCRC: UN Convention on the Rights of the Child
[65] WHO, IBFAN and UNICEF (2018) Marketing of breast-milk substitutes: national implementation of the international code, status report 2018.
[66] As Above
[67] Unicef UK (2016) A Call to Action on Breastfeeding

Unicef UK calls on the UK and all devolved Governments to adopt the International Code of Marketing of Breastmilk Substitutes and all subsequent relevant resolutions in full.

A review of the evidence by the WHO[68] emphasises the value of breastfeeding beyond six months of age and into the second year of life, and therefore the importance of ensuring protections on the marketing of breastmilk substitutes provide meaningful safeguards for infants beyond six months. The information note provided summarises the positive impact on both infant and maternal health, emphasising that follow on formulas must therefore be defined as breastmilk substitutes, consistent with the Code.

- *Breastfeeding for more than 12 months reduces breast cancer by 26%[69]*
- *Breastfeeding longer than 12 months reduces in ovarian cancer by 37%[70]*
- *In a large study among low-income children in the United States, those breastfed for at least 12 months were 28% less likely to be overweight at four years of age than those never breastfed[71]*
- *In a meta-analysis of 17 studies conducted in seven countries, each additional month of breastfeeding reduced the risk of childhood obesity by 4%[72]*
- *Each additional year of lifetime duration of breastfeeding is associated with a 9% protection against type 2 diabetes.[73]*

Maternity Protections

Women's intention to breastfeed, influenced by cultural norms and context, is strongly associated with both initiation[74] and duration[75,76]. The fact that women's breastfeeding intentions are generally established by the third trimester[77] suggests that action on strengthening a supportive return to work environment could generate positive breastfeeding gains. However, unsupportive return to work environments are cited as key factors in women being less likely to start or continue breastfeeding or more likely to wean early. The Lancet series on Breastfeeding, Rollins et al (2016) recommend appropriate maternity and workplace entitlements that enable women to continue to breastfeed on their return to work or education, noting the particular barriers for women working in informal sectors[78].

[68] WHO & Unicef (2018) Information Note: Clarification on the classification of follow-up formulas for children 6-36 months as breastmilk substitutes
[69] Chowdhury et al. (2015) Breastfeeding and maternal health outcomes: a systematic review and meta-analysis. Acta Paediatr.;104(S467):96-113.
[70] As above
[71] Grummer-Strawn & Mei (2004) Does breastfeeding protect against pediatric overweight? Analysis of longitudinal data from the Centers for Disease Control and Prevention Pediatric Nutrition Surveillance System. Pediatrics. 2004;113(2):e81-6.
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The UK as a whole has not ratified the ILO Maternity Protection Convention C183[79] which sets out to safeguard the health of expectant and nursing mothers and protect them from job discrimination. Whilst protections exist under the Employment Rights Act 1996 and the Management of Health and Safety at Work Regulations 1999, these are more strongly geared towards pregnancy and are not explicit in their support or protection of breastfeeding, through breaks at work for example. There is, however, some legal protection under Health and Safety protection and sex discrimination laws, offering health and safety protection, including assessment of risks; employers are also required to provide somewhere for a breastfeeding employee to rest and this includes being able to lie down (The Workplace (Health, Safety and Welfare) Regulations 1992) but not alternative work at same wage. The Equality Act 2010[80] also qualifies a failure to assess or take action on health and safety risks for a breastfeeding woman where the work could have risks with series consequences for mother or child as sex discrimination. Indirectly, an employer could also be discriminating on the basis of sex if they refuse a request for flexible working from a breastfeeding mother without good business reasons which subsequently results in her stopping breastfeeding. The Well-being of Future Generations (Wales) Act 2015, sets out the obligation of public bodies to make Wales a more equal nation.

Despite this, there is evidence of employers refusing to make reasonable adjustments to ensure women's and babies' health is not placed at risk, and high rates of redundancies among new mothers in the workplace during pregnancy, maternity leave or return to work[81]. A successful case was brought against EasyJet in 2016[82]: EasyJet had initially stated that they were unable to provide ground duties for two cabin crew members who were breastfeeding despite providing such adjustments for other employees due to health conditions. The case focused on the health implications of this refusal with the tribunal finding on behalf of the two cabin crew employees, and stating "if breastfeeding mothers are not given the opportunity to express breast milk this can lead to an increased instance of mastitis, milk stasis and engorgement". Such cases suggest a fundamental disconnect between the spirit of the welfare regulations and their interpretation.

Both the Equality and Human rights Commission (EHRC) and Maternity Action advocate clearer, more accessible information on maternity protections. They recommend that employers should have better information on their legal obligations which also provides detail of the business case and that the ACAS guidance for employers should be updated with all Government guidance on managing new parents made more accessible. Likewise, for women, they that they are provided with appropriate information on rights at work when they need it; for example, from the first antenatal appointment. To deliver this information in a way that is tailored to the community

[79] ILO C183 - Maternity Protection Convention, 2000 (No. 183). Convention concerning the revision of the Maternity Protection Convention. (Revised), 1952 (Entry into force: 07 Feb 2002)
[80] Section 153 of the Equality Act enables the Welsh and Scottish ministers to impose specific duties on certain Welsh and Scottish public bodies through secondary legislation. For Welsh and cross-border Welsh public bodies, specific duties have been finalised by the Welsh Assembly government and came into force on 6 April 2011. The Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011); The Equality Act 2010 (Specification of Relevant Welsh Authorities) Order 2011; The Equality Act 2010 (General Qualifications Bodies Regulator and Relevant Qualifications) (Wales) Regulations 2010.
[81] Equality and Human Rights Commission (2015) Pregnancy and Maternity-Related Discrimination and Disadvantage First findings: Surveys of Employers and Mothers.
[82] Maternity Action (2016). Breastfeeding at work. EasyJet case

context, Maternity Action advises women's charities are funded to deliver specialist information and advice on maternity rights at work and to raise women's awareness about their entitlements.

What do we want to happen?

- Welsh Government delivers practical actions to embed and monitor good practice standards among Welsh government and public sector organisations and their employees concerning Maternity Protection rights and the International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions. For example, this would mean adopting the International Code of the Marketing of Breastmilk Substitutes and subsequent WHA resolutions principles within their work place and in dealings with the public and private sector.
- Working in partnership with key stakeholders, the National Leadership group develop a series of clear, evidence based action plans to address UK-wide issues from a Welsh perspective. This work would then be taken forward in partnership with representatives from across the four countries of the UK.
- The primary issues for these working groups to address would be: the UK wide training context for all those working with mothers and babies; the International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions ('the Code'); and Maternity Protections. This work would include:
    - An action plan to strengthen the coordination and alignment of training for all those roles who care for mothers and babies, featuring consistent and appropriate practice skills and learning outcomes; considering many third sector organisation operate across the UK. The action plan would include the development of a UK mechanism to ensure coordinated and consistent quality assurance and governance of volunteers, lay supporters and other practitioners is put in place, ensuring regular updates are recorded and supervision is in place.
    - An action plan to strengthen legislation by incorporating all elements of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions ('The Code') into UK law, specifically in reference to products for babies over six months; and to create a robust, funded mechanism to systematically identify and act on Code violations.
    - An action plan to strengthen Maternity Protection legislation at a UK wide level in line with the recommendations of the Lancet Breastfeeding series (2016) to deliver appropriate maternity and workplace entitlements that enable women to continue to breastfeed on their return to work or education, noting the particular barriers for women working in informal sectors; this would include ratification of the ILO Maternity Protection Convention C183 and the delivery of robust, funded monitoring and reporting mechanisms.

How will this be done?

- In Wales, this work would be developed and delivered by a strategic National Leadership group, with input from key stakeholders and subject experts and strong political commitment
- The work would be taken forward in partnership with relevant UK-wide representatives, such as the four Country representatives across the UK on breastfeeding
- The work should be appropriately funded and resourced with knowledgeable staff, and should allow for public engagement and scrutiny, including through the periodic release of implementation reports

What is the likely impact of these recommendations?

- The overall intention of this recommendation is strengthen the enabling environment in which mothers, babies and families are better and more consistently supported to breastfeed at a societal and legislative level and through effectively and consistently educated and trained multi-agency supporters working across settings.
  - Welsh government and public sector organisations will exemplify good practice with regards to Maternity Protections and the Code in their work place and in dealings with the public and private sector
  - Women will be supported to breastfeed and overcome barriers by consistently highly skilled professionals, specialist and third sector providers
  - Women will have access to accurate information about infant feeding
  - Women will experience more supportive work environments with impact on their perceptions and capacity to both continue to breastfeed and return to the workplace

becoming breastfeeding friendly
A GUIDE TO GLOBAL SCALE-UP

Strengthen the enabling environment in which mothers, babies and families are better and more consistently supported to breastfeed

Aim: embed Maternity Protections and the Code in Welsh government and the public sector and deliver a series of clear, evidence based action plans to address the wider UK legislative and practitioner education environment from a Welsh perspective

Working with the key stakeholder partners, these recommendations set out to deliver the following objectives

Embed, publicise and monitor good practice standards re: Maternity Protections and the Code* in Welsh government and public sector organisations and in their public/private sector contact	Take action to coordinate learning outcomes and practice skills that are role appropriate and consistent across the UK	Take action to governance and monitoring systems to ensure quality assurance for third sector provision	Take action to strengthen the content of UK legislation to include all elements of the Code*	Take action to deliver adequate maternity and workplace entitlements that enable women to continue to breastfeed on their return to work	Deliver robust monitoring and enforcement mechanisms which are funded and valued

What will success look like?

Based on best evidence, this would result in…

Welsh government and public sector organisations embody Maternity Protections and the standards of the Code*

Women across Wales are supported to breastfeed and overcome barriers by skilled consistent guidance where they request it

Women have access to accurate information about infant feeding

More supportive work environment enable women to continue to breastfeed and return to the workplace

*Code: International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions

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Appendices

Appendix 01: BBF Gears and Benchmarks

Gear: ADVOCACY

BENCHMARKS

AG1: Have there been major events that have drawn media attention to breastfeeding issues?

AG2: There are high-level advocates (i.e. champions) or influential individuals who have taken on breastfeeding as a cause that they promote.

AG3: There is a national advocacy strategy based on sound formative research.

AG4: A national cohesive network(s) of advocates exist to increase political and financial commitments to breastfeeding

Gear: POLITICAL WILL

BENCHMARKS

PWG1: High level political officials have publicly expressed their commitment to breastfeeding action

PWG2: Government initiatives have been implemented to create an enabling environment that promotes breastfeeding

PWG3: An individual within the government has been especially influential in promoting, developing, or designing breastfeeding policy.

Gear: LEGISLATION AND POLICIES

BENCHMARKS

LPG1: A national policy on breastfeeding has been officially adopted/approved by the government.

LPG2: There is a national breastfeeding plan of action.

LPG3: The national BFHI/Ten Steps criteria has been adopted and incorporated within the healthcare system strategies/policy.

LPG4: The International Code of Marketing of Breast Milk Substitutes has been adopted in legislation.

LPG5: The National Code of Marketing of Breast Milk Substitutes has been enforced.

LPG6: The International Labour Organization Maternity Protection Convention has been ratified.

LPG7: There is paid maternity leave legislation for women.

LPG8: There is legislation that protects and supports breastfeeding/expressing breaks for lactating women at work.

LPG9: There is legislation for supporting worksite accommodations for breastfeeding women.

LPG10: There is legislation providing employment protection and prohibiting employment discrimination against pregnant and breastfeeding women.

Gear: FUNDING AND RESOURCES

BENCHMARKS

FRG1: There is a national budget line(s) for breastfeeding protection, promotion and support activities.

National Budget Line Items

- The National Breastfeeding Program
- The Baby Friendly Hospital Initiative/Ten Steps
- The International Code of Marketing of Breast Milk Substitutes monitoring and enforcement
- Maternity Protection
- Breastfeeding related Information, Education and Communication campaigns and materials
- Breastfeeding training and program delivery

FRG2: The budget is adequate for breastfeeding protection, promotion and support activities.

FRG3: There is at least one fully funded government position to primarily work on breastfeeding protection, promotion and support at the national level.

FRG4: There is a formal mechanism through which maternity entitlements are funded using public sector funds.

Gear: TRAINING AND PROGRAMME DELIVERY

BENCHMARKS

TPDG1: A review of health provider schools and pre-service education programs for health care professionals that will care for mothers, infants and young children indicates that there are curricula that cover essential topics of breastfeeding.

TPDG2: Facility-based health care professionals who care for mothers, infants and young children are trained on the essential breastfeeding topics as well as their responsibilities under the Code implementation

TPDG3: Facility-based health care professionals who care for mothers, infants and young children receive hands-on training in essential topics for counselling and support skills for breastfeeding

TPDG4: Community-based health care professionals who care for mothers, infants and young children are trained on the essential breastfeeding topics as well as their responsibilities under the Code implementation

TPDG5: Community-based health care professionals who care for mothers, infants and young children receive hands-on training in essential topics for counselling and support skills for breastfeeding

TPDG6: Community Health Workers (CHWs) and volunteers that work with mothers, infants, and young children are trained on the essential breastfeeding topics as well as their responsibilities under the Code implementation

TPDG7: CHWs and volunteers that work with mothers, infants, and young children receive hands-on training in essential topics for counselling and support skills for breastfeeding

TPDG8: There exist national/subnational master trainers (*NB: this refers to Training of Trainers*) in breastfeeding

TPDG9: Breastfeeding training programs that are delivered by different entities (e.g. face-to-face; on-line learning) through different modalities are coordinated.

TPDG10: Breastfeeding information and skills are integrated into related training programs (e.g. maternal and child health, IMCI)

TPDG11: National standards and guidelines for breastfeeding promotion and support have been developed and disseminated to all facilities and personnel providing maternity and newborn care

TPDG12: Assessment systems are in place for designating BFHI/Ten Steps facilities.

TPDG13: Reassessment systems are in place to re-evaluate designated Baby-Friendly/Ten Steps hospitals or maternity services to determine if they continue to adhere to the Baby Friendly/Ten Steps criteria.

TPDG14: More than 66.6% of deliveries take place in hospitals and clinics designated or reassessed as “Baby- Friendly” in the last 5 years.

TPDG15: Health facility-based community outreach and support activities related to breastfeeding are being implemented

TPDG16: Community-based breastfeeding outreach and support activities have national coverage

TPDG17: There are trained and certified lactation management specialists available to provide supportive supervision for breastfeeding program delivery.

Gear: PROMOTION

BENCHMARKS

PG1: There is a national breastfeeding promotion strategy that is grounded in the country’s context

PG2: The national breastfeeding promotion strategy is implemented.

PG3: Government or civic organizations have raised awareness about breastfeeding

Gear: RESEARCH AND EVALUATION

BENCHMARKS

REG1: Indicators of key breastfeeding practices are routinely included in periodic national surveys.

REG2: Key breastfeeding practices are monitored in routine health information systems.

REG3: Data on key breastfeeding practices are available at national and sub-national levels, including the local/ municipal level.

REG4: Data on key breastfeeding practices are representative of vulnerable groups.

REG5: Indicators of key breastfeeding practices are placed in the public domain on a regular basis.

REG6: A monitoring system is in place to track implementation of the Code.

REG7: A monitoring system is in place to track enforcement of maternity protection legislation.

REG8: A monitoring system is in place to track provision of lactation counselling/management and support.

REG9: A monitoring system is in place to track implementation of BFHI/ Ten Steps.

REG10: A monitoring system is in place to track behaviour change communication (BCC) activities.

Gear: COORDINATION, GOALS AND MONITORING

BENCHMARKS

CGMG1: There is a National Breast-feeding Committee/Infant and Young Child Feeding Committee

Specified Criteria for CGMG1:

a) Meets regularly
b) Includes strong representation from civil organizations
c) Includes representation of sectors beyond health and nutrition
d) Set specific time bound breastfeeding objectives

CGMG2: National Breast-feeding Committee/IYCF committee work plan is reviewed and monitored regularly.

CGMG3: Data/information related to breast-feeding program progress are used for decision-making and advocacy.

Appendix 02: BBF Wales Gear Scoring

2.1 Scoring the BBF index

BBF Scoring Algorithm

The Becoming Breastfeeding Friendly Index (BBFI) score provides both gear scores and a total index score.

The eight gear scores show the strength of a country's current environment within each gear for scaling up breastfeeding protection, promotion and support programs and initiatives. The eight gear scores are required to calculate the final BBFI score, which shows the strength of the country's current national enabling environment as a whole to scale up breastfeeding programs and initiatives.

Three steps were taken to determine the final BBFI score:

1. Scoring the benchmarks
2. Calculating each of the eight gears scores using the benchmarks' scores
3. Calculating the total BBFI score using the gear scores

Step 1: Scoring the benchmarks

The first step to scoring the BBFI was to score each of the 54 benchmarks. In general, each benchmark was scored 0 (not progress), 1 (minimal progress), 2 (partial progress) or 3 (major progress) to describe the level of current progress for that benchmark. Each benchmark had to meet certain criteria to obtain a specific score from 0 to 3, with the BBF gear team reaching consensus on each score before it was recorded.

For example. Within the Advocacy Gear, the first benchmark is: *There have been major events that have drawn media attention to breastfeeding issues.* To determine the score for this benchmark, the gear team examined the available data and determined which criteria had been met in the preceding 12 month period:

- A score of 0 (no progress) was assigned to the benchmark if there had not been any major events that had drawn media attention to breastfeeding issues.
- A score of 1 (minimal progress) was assigned to the benchmark if one major event had drawn national media coverage to breastfeeding issues.
- A score of 2 (partial progress) was assigned to this benchmark if there had been two major events that had drawn national media coverage to breastfeeding issues at different times during the year.

- A score of 3 (major progress) was assigned to this benchmark if there had been three or more major event that had drawn national media coverage to breastfeeding issues at different times during the year.

Step 2: Scoring the gears: Calculating the Gear Total Score (GTS)

Each gear was measured by a different number of benchmarks:

1. Advocacy Gear: 4 benchmarks
2. Political Will Gear: 3 benchmarks
3. Legislation & Policies Gear: 10 benchmarks
4. Funding & Resources Gear: 4 benchmarks
5. Training & Program Delivery Gear: 17 benchmarks
6. Promotion Gear: 3 benchmarks
7. Research & Evaluation Gear: 10 benchmarks
8. Coordination, Goals & Monitoring Gear: 3 benchmarks

Once scores were assigned to all 54 benchmarks, the scores for each of the eight gears were determined. This score, called the Gear Total Score (GTS), was calculated for each of the gears using the benchmark scores within each gear. To account for the different number of benchmarks for each gear, the average score for each gear was calculated as follows:

- *GTS Advocacy* = Sum of all benchmark scores for that gear /4
- *GTS Political Will* = Sum of all benchmark scores for that gear /3
- *GTS Legislation & Policies* = Sum of all benchmark scores for that gear /10
- *GTS Funding & Resources* = Sum of all benchmark scores for that gear /4
- *GTS Training & Program Delivery* = Sum of all benchmark scores for that gear /17
- *GTS Promotion* = Sum of all benchmark scores for that gear /3
- *GTS Research & Evaluation* = Sum of all benchmark scores for that gear /10
- *GTS Coordination, Goals & Monitoring* = Sum of all benchmark scores for that gear /3

The table below illustrates the interpretation of the Gear Total score. The Gear Total Score identifies which gear(s) are working better than others within a country in order to prioritise and focus investment accordingly.

Gear Total Score	Interpretation
0	Gear not present
0.1 to 1.0	Weak Gear Strength
1.1 to 2.0	Moderate Gear Strength
2.1 to 3.0	Strong Gear Strength

Step 3: Calculating the BBF Index score

Once the Gear Total Score (GTS) had been determined for each gear, it was be multiplied by the weight of that gear[83] to determine the weighted GTS for that gear:

- *Weighted GTS Advocacy* = GTS Advocacy x 1.6
- *Weighted GTS Political Will* = GTS Political Will x 1.5
- *Weighted GTS Legislation & Policies* = GTS Legislation & Policies x 1.6
- *Weighted GTS Funding & Resources* = GTS Funding & Resources x 1.6
- *Weighted GTS Training & Program Delivery* = GTS Training & Program Delivery x 1.6
- *Weighted GTS Promotion* = GTS Promotion x 1.5
- *Weighted GTS Research & Evaluation* = GTS Research & Evaluation x 1.5
- *Weighted GTS Coordination, Goals & Monitoring* = GTS Coordination, Goals & Monitoring x (1.4)

After the Weighted GTS has been calculated for each gear, the final BBFI score (BBF-Total Score or BBF-TS) was determined by summing the weighted GTS scores for all eight gears and then dividing by 12.3[84]:

$$\text{BBF-TS} = \frac{(\textit{Weighted GTS Advocacy}) + (\textit{Weighted GTS Political Will}) + (\textit{Weighted GTS Legislation \& Policies}) + (\textit{Weighted GTS Funding \& Resources}) + (\textit{Weighted GTS Training \& Program Delivery}) + (\textit{Weighted GTS Promotion}) + (\textit{Weighted GTS Research \& Evaluation}) + (\textit{Weighted GTS Coordination, Goals \& Monitoring})}{12.3}$$

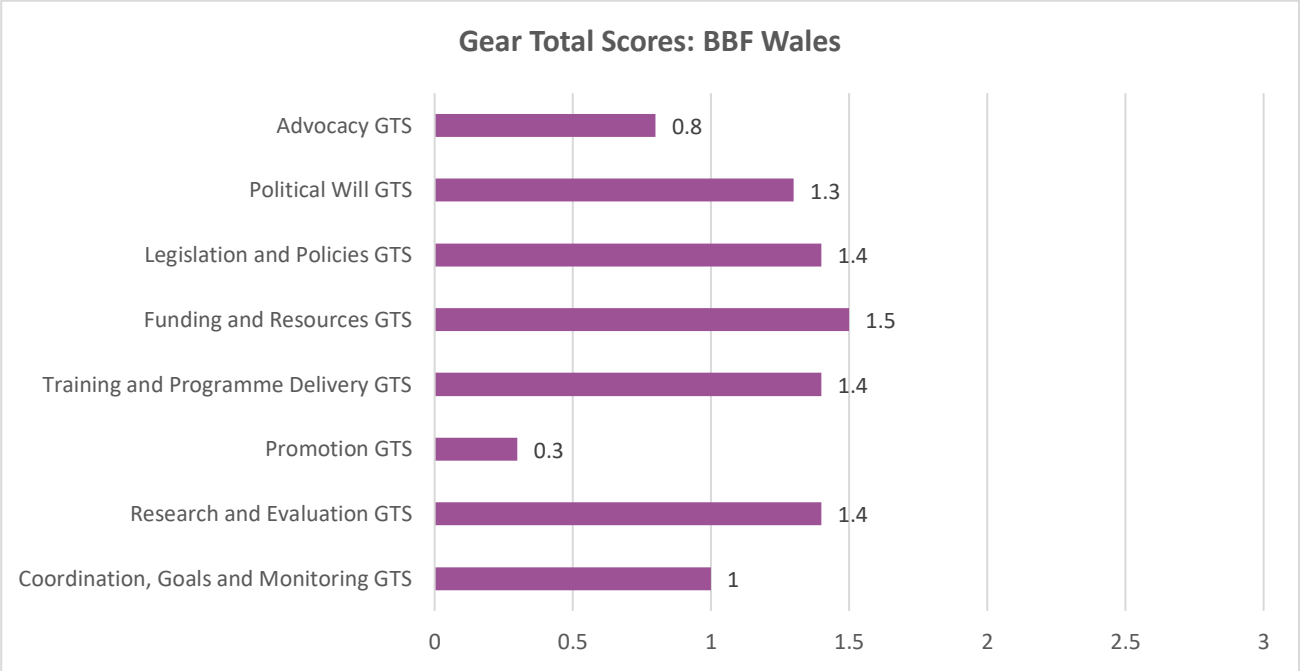
The final BBF Index score can be interpreted using the table below:

BBF Total Score	**Interpretation**
0 – 1.0	Weak Scaling Up Environment
1.1 to 2.0	Moderate Scaling Up Environment
2.1 to 2.9	Strong Scaling Up Environment
3.0	Outstanding Scaling Up Environment

[83] Gear weights were calculated by averaging Technical Advisory Group (TAG) member impact benchmark ranking scores (low, medium, high) for each benchmark, then averaging the benchmark averages for each gear.
[84] The denominator for the GTS was determined by summing the weights of all eight gears.

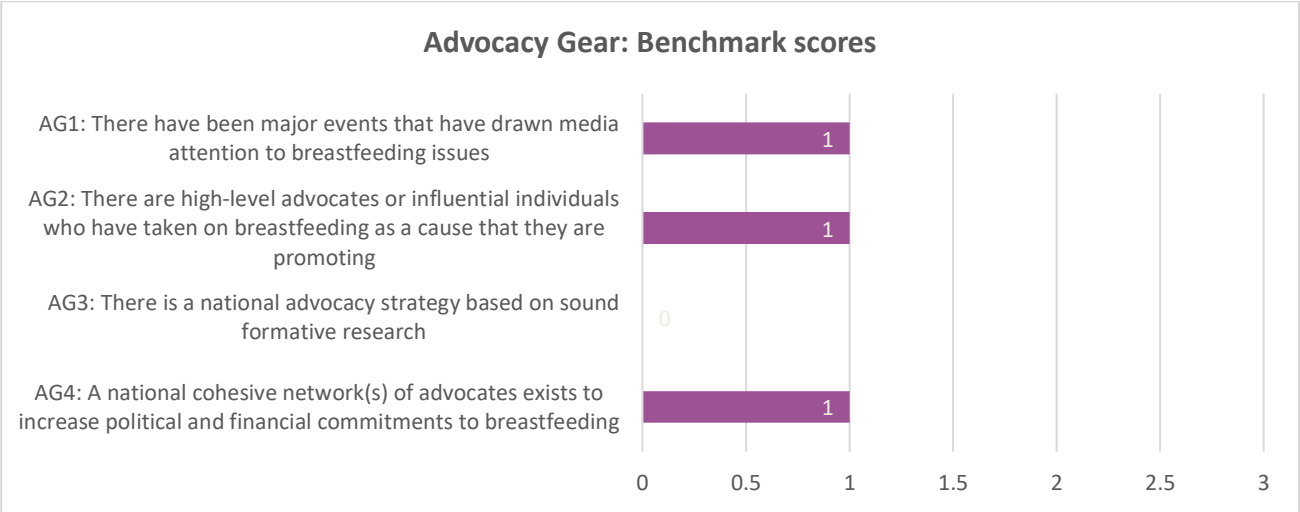
2.2 BBF Wales Scores

The final, weighted **BBF Index score for Wales was 1.1, representing a moderate scaling up environment**



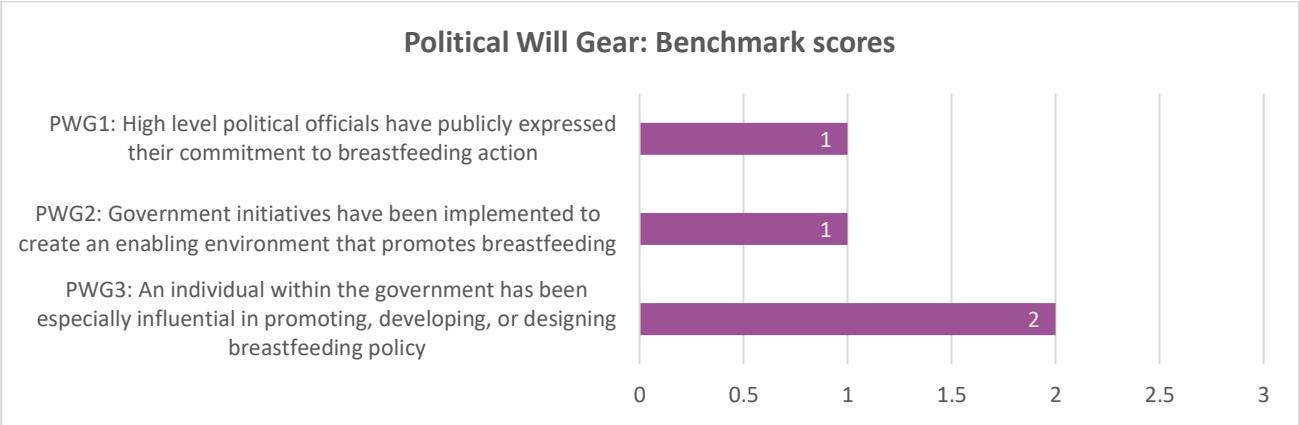
Benchmark scores, by Gear

1. Advocacy



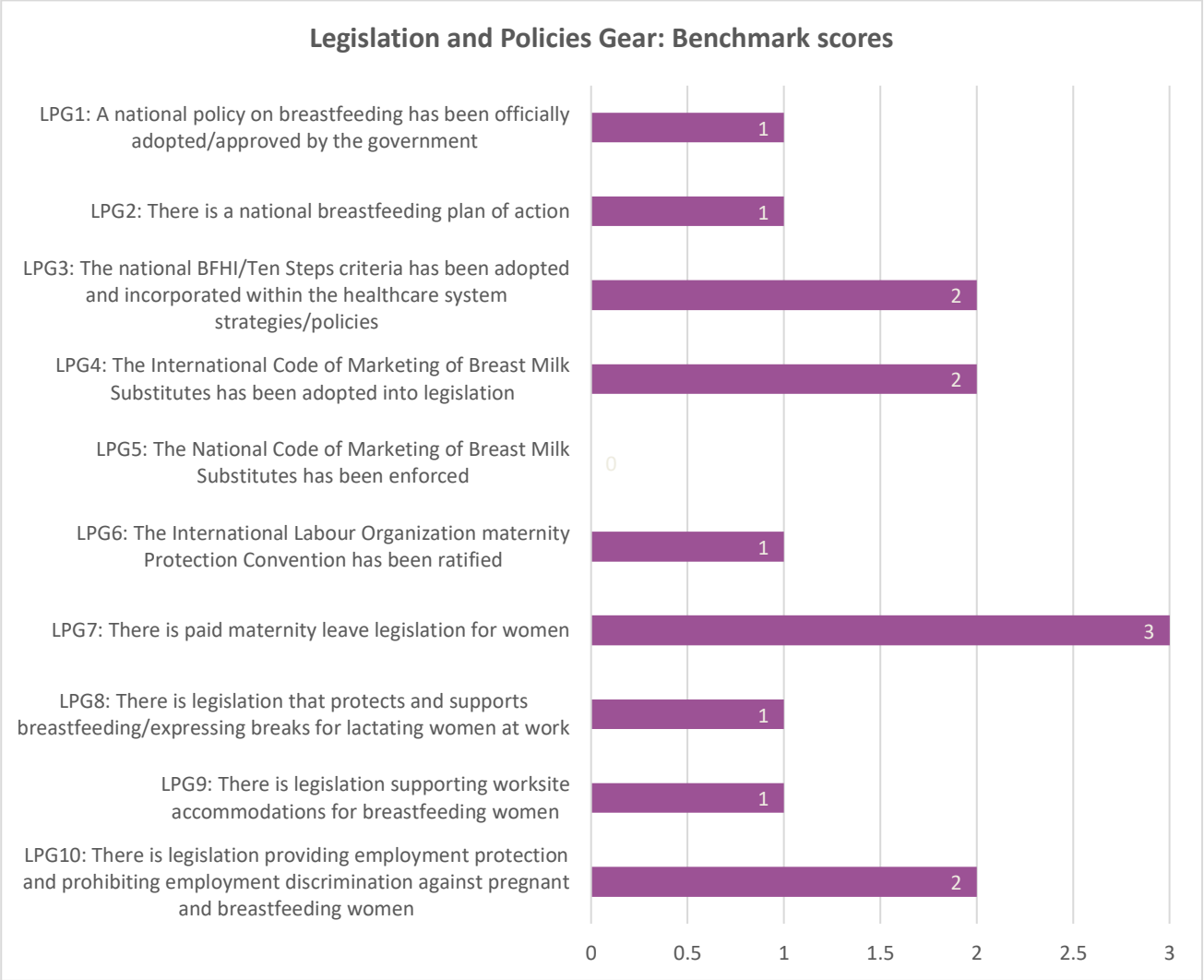
Advocacy Gear Total Score: 0.8

2. Political Will:



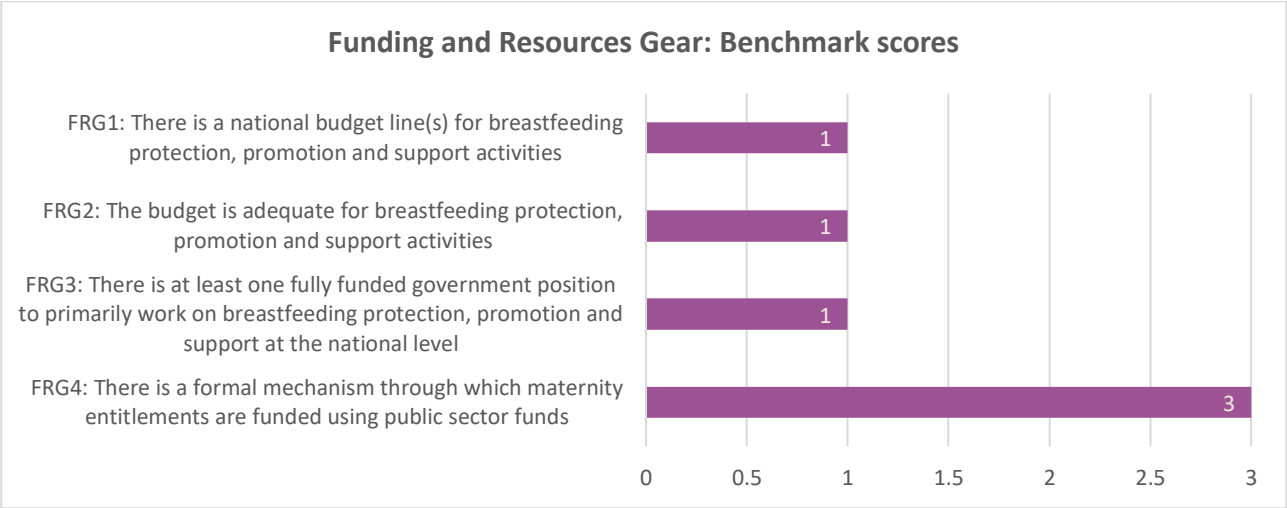
Political Will Gear Total Score: 1.3

3. Legislation and Policies



Legislation and Policies Gear Total Score: 1.4

4. Funding and Resources



Funding and Resources Gear Total Score: 1.5

5. Training and Programme Delivery: Benchmark Scores

Training and Programme Delivery Gear Total Score: 1.4

Trimmed wording in full:

TPDG1: A review of health provider schools and pre-service education programs for health care professionals that will care for mothers, infants and young children indicates that there are curricula that cover essential topics of breastfeeding

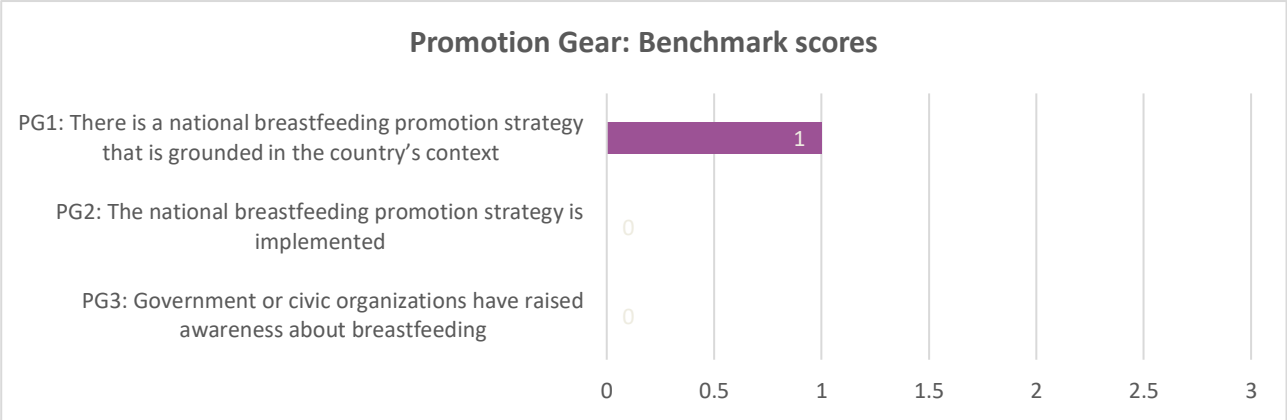
TPDG2: : Facility-based health care professionals who care for mothers, infants and young children are trained on the essential breastfeeding topics as well as their responsibilities under the Code implementation

TPDG4: Community-based health care professionals who care for mothers, infants and young children are trained on the essential breastfeeding topics as well as their responsibilities under the Code implementation

TPDG6: Community health workers and volunteers that work with mothers, infants and young children are trained on the essential breastfeeding topics as well as their responsibilities under the Code implementation

TPDG8: There exist national/subnational master trainers in breastfeeding (i.e. breastfeeding specialists or lactation consultants) who give support and training to facility-based and community-based health care professionals as well as community health workers

6. Promotion

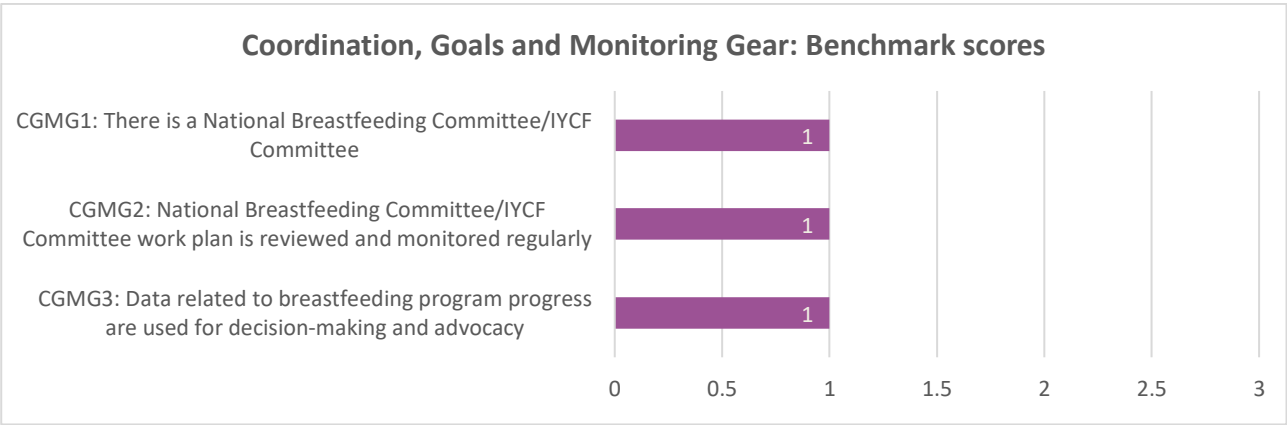


Promotion Gear Total Score: 0.3

7. Research and Evaluation

Research and Evaluation Gear Total Score: 1.3

8. Coordination, goals and monitoring



Coordination, Goals and Monitoring Gear Total Score: 1.0

Appendix 03: Initial set of recommendations delivered by the BBF Wales committee gear teams

Advocacy

1. Clear strategic goals for Welsh Infant Feeding Policy should form the basis for advocacy work, these should be based on sound evidence of 'what's needed' and 'what works' in Welsh context
2. A consistent and appropriately nuanced message framework for advocacy work led by Welsh Government / PHW should be developed.
3. Advocacy work should be transparent about the intended level of uplift in resourcing
4. Key influencers should be identified and encourage to advocate strategically. Latent potential at local level should be tapped.
5. A research and evaluation programme should be implemented to support Welsh Infant Feeding policy.

Political Will

1. Welsh Government support a full evaluation of current local breast feeding support programmes. This evaluation will provide in its summary recommendations of which programmes, if any, are suitable to scale up to national initiatives.
2. Welsh Government identify adequate funding streams to support joined up national programmes that are evidence based in their approach. These programmes are likely to have been identified in the evaluation in the previous recommendation. Adequate funding is set up costs and year on year support that is committed for long term success.
3. The infant feeding/breastfeeding national policy is completed, and launched with suitable government all party support. The policy is adequately funded by Welsh Government, and led at the most senior level.

Legislation and Policies

1. Ensure the quality assurance mechanisms detailed in the new Action Plan for Wales (launch date: early 2019) are embedded in all areas of healthcare and reported to Welsh government as part of annual performance boards

2. Extend the work of the Action Plan for Wales to population health and behaviour change through the development of part 2 of the action plan to be led by Public Health Wales

3. Welsh Government to liaise with UK government on changes in employment law to support breastfeeding on return to work

Funding and Resources

1. There will be a clear funding allocation process within the WG to ensure that any breastfeeding strategic delivery plans are fully funded and resourced.

Training and Programme Delivery

1. There are co-ordinated, consistent learning outcomes across pre-registration programmes for all health care professionals and practitioners who care for mothers and babies, to ensure that all practitioners are equipped with the knowledge and skills – including communication skills - to support, protect and promote breastfeeding, infant feeding and child & maternal health and wellbeing. These must be evidence based and free from any commercial interest and implementation should be monitored.
2. There are a co-ordinated, consistent learning outcomes, as outlined within the Baby Friendly Initiative, delivered through ongoing development and training and for all health care professionals who care for mothers and babies, to ensure that practitioners are equipped with the knowledge, practical and communication skills to support, protect and promote breastfeeding, infant feeding and child & maternal health and wellbeing. These must be evidence-based and free from any commercial interest and implementation should be monitored.
3. There are a co-ordinated, consistent learning outcomes across the infant feeding voluntary sector to ensure that volunteers/paid peer supporters are equipped with the knowledge and the practical and communication skills to support, protect and promote breastfeeding, infant feeding and child & maternal health and wellbeing. These must be evidence-based and free from any commercial interest. Implementation should be monitored and a register of volunteers maintained, regular updates recorded and supervision in place.
4. That health professionals who care for mothers are cognisant of their abilities and limitations when met with complex breastfeeding issues and refer appropriately to an appropriately trained specialist.
5. A definition of what constitutes specialist practice is developed and governance processes to protect the public and ensure safe practice.
6. There should be clear guidance and clear benchmarks for all education providers. Education providers who meet criteria will be recognised to demonstrate that they provide education that is evidence based and free from any commercial interest. This could be UNICEF UK BFI accreditation.
7. A National Infant Feeding Strategy Group, is established to advise government on national standards and guidelines for breastfeeding/infant feeding and maternal & infant health and wellbeing, which should be disseminated across all relevant public services. To be effective, the group should be free from commercial interests and include members of all government departments and other professional bodies making policy related to, or impacted by, infant feeding and have a Chair with sufficient, knowledge, skills, power and influence to take the agenda forward, such as the Chief Medical Officer.
8. Full implementation of the Unicef UK Baby Friendly Initiative across maternity, community and neonatal services is promoted, supported, protected and sustained, ensuring consistent resourcing, monitoring and feedback. All babies in Wales should be born in a Baby Friendly environment.

9. All women have access to ongoing, evidence-based infant feeding support, including specialist support in their local community and in a variety of formats. Services should be monitored, evaluated and adequately resourced to meet local need. This should include the provision and maintenance of a National Breastfeeding Helpline.

Promotion

1. Redesign (and invest in) Welsh Breastfeeding strategy to follow a multi component systems based rather than individual approach. This should include maintaining and enabling BFI accreditation.
2. Establish an expert communications lead / group to respond in a timely manner to research and media events related to breastfeeding
3. Undertake research to ensure that we know what works in breastfeeding promotion. This could draw on wider knowledge of positive promotional messages, but be specific to a Welsh context

Research and Evaluation

1. Review the evidence to assess what added benefit a national survey would give, beyond the information already available through administrative data. If appropriate, Welsh Government to pitch to National Survey for Wales team to include breastfeeding questions and behaviours in future surveys.
2. Continue to work with NWIS and LHBs to understand issues around why data might not be recorded. Establish a plan of work with both groups to find solutions and therefore increase data quality.
3. Ensure the findings of the current cost benefit analysis examining all areas of maternity and early years provision within health are adopted within the national action plan and incorporated as a mainstream monitoring mechanism to ensure the best quality assurance provision for Wales.
4. Strengthen the mechanisms through which the outcomes of such analysis can be effectively delivered back into the planning cycle at national and regional levels through annual maternity performance and early years boards.

Coordination, Goals and Monitoring

1. Establish clear policy goals. Establish clear (and SMART) objectives that are based on the available evidence and a clear theory of change. These objectives should address the specific infant feeding context in Wales (such a polarised discourse), social inequalities and the risk of their increase
2. Data Collection and Evaluation: There should be a robust evaluation strategy to measure success in achieving agreed objectives. There should be a way of testing outcomes and outputs and establish the causal chain between these. This should include a review of current data collection in line with the recommendation of the Breastfeeding Task and Finish Group.

3. Leadership: There should be clear leadership on infant feeding in Wales with identified champions at a political level taking ownership of an all-Wales strategy. This leadership needs to have a focus on Welsh policy goals and on achieving outcomes for intended policy beneficiaries.