



SCOTTISH EXECUTIVE

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Local Joint Breastfeeding Initiative and Strategy Groups
Department of Health
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30 March 2006

Dear Colleague

Infant Feeding Strategy for Scotland – consultation document

During the last decade, there have been concerted efforts by a wide range of agencies and individuals in Scotland to raise awareness of the importance of breastfeeding and appropriate infant feeding, and to increase successful uptake. There have been some notable successes, including:

- In 1996 only one NHS Board in Scotland had a breastfeeding strategy, in 2005 only one did not.
- In 1993 there were four breastfeeding support groups – there were 150 in 2005.
- In 1994 there was only one peer support programme, increasing to 11 by 2005.
- 58% of Scottish babies are now born in a UNICEF UK Baby Friendly Initiative accredited hospital. This compares with 34% in Wales and Northern Ireland and 9% in England.
- The University of Paisley Midwifery Directorate has become the first teaching department to receive a UNICEF Baby Friendly award.
- The Breastfeeding (Scotland) Act of 1995, supported by the Scottish Executive, sets out in legislation the importance of breastfeeding support in encouraging women.
- Scotland continues to participate in the UK Infant Feeding Survey (questions are currently being set for the 2006 version) and has the highest involvement rate throughout the process so far of all UK countries.

These facts are significant but the view has long been held that a national framework needs to be in place to ensure that this important public health issue receives the attention that it deserves. Members of the expert group, the Scottish Breastfeeding Group, have been working with the Scottish Executive over a long period to help shape our thinking, and their views and comments inform the attached draft strategy.



The draft Strategy is being published today for a three month consultation. We would welcome your views on the draft, and in particular, your response to the specific questions that have been identified in the document. All comments received will be analysed and the final document will be revised before issuing in final form.

We are inviting written responses to this consultation paper by 30 June 2006, to the Child and Maternal Health Unit at the above address in hard copy, or by email to childandmaternalhealth@scotland.gsi.gov.uk. We would be grateful if you could clearly indicate in your response which questions or parts of the consultation paper you are responding to as this will aid our analysis of the responses received.

We ask that you complete and return the "Respondee Information Form" with your response to help ensure that we deal with it appropriately. We will make all responses available to the public in the Scottish Executive Library by the end of July 2006, unless confidentiality is requested. All responses not marked confidential will be checked for any potentially defamatory material before being logged in the library.

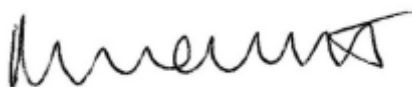
The draft Strategy is being published electronically on the Scottish Executive and the Scottish Health Service (SHOW) websites. This consultation, and all other SE consultation exercises, can be viewed online at <http://www.scotland.gov.uk/consultations>. You can telephone Freephone 0800 77 1234 to find out where your nearest public internet access point is.

The Scottish Executive now has an email alert system for Scottish Executive consultations (SEconsult) - <http://www.scotland.gov.uk/Consultations/seConsult>). This system allows stakeholder individuals and organisations to register and receive a weekly email containing details of all new Scottish Executive consultations (including web links). SEconsult complements, but in no way replaces Scottish Executive distribution lists, and is designed to allow stakeholders to keep up to date with all Scottish Executive consultation activity, and therefore be alerted at the earliest opportunity to those of most interest. We would encourage you to register.

If you have any queries about this consultation, please contact Laura Stewart in the Child and Maternal Health Unit on 0131 244 2533. Please also contact Laura if you require the text of this consultation paper to be made available in an alternative format or language. We will try to accommodate your needs.

We look forward to receiving your views.

Yours sincerely



Dr Rosie Ilett
Head, Child and Maternal Health Unit

RESPONDEE INFORMATION FORM

Consultation title: **Infant Feeding Strategy for Scotland**

Please complete the details below and attach it with your response. This will help ensure we handle your response appropriately:

Name:

Postal Address:

1. Are you responding as: (please tick one box)

- (a) an individual (go to 2a/b)
(b) **on behalf of** a group or organisation (go to 2c)

2a. INDIVIDUALS:

Do you agree to your response being made available to the public (in SE library and/or on SE website)?

- Yes (go to 2b below)
No, not at all

2b. **Where confidentiality is not requested**, we will make your response available to the public on the following basis (please tick one of the following boxes)

- Yes, make my response, name and address all available
Yes, make my response available, but not my name or address
Yes, make my response and name available, but not my address

2c. ON BEHALF OF GROUPS OR ORGANISATIONS:

Your name and address as respondents **will be** made available to the public (in the SE library and/or on SE website). Are you content for your response to be made available also?

- Yes
No

SHARING RESPONSES/FUTURE ENGAGEMENT

3. We will share your response internally with other SE policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for the Scottish Executive to contact you again in the future in relation to this consultation response?

- Yes
No

Infant Feeding Strategy for Scotland

A CONSULTATION PAPER

Infant Feeding Strategy for Scotland

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1. Acknowledgements

1.1 The writing of this consultation document would not have been possible without the expert advice of the following people who have supported and encouraged the development of a strategy and this consultation document. We would like to take this opportunity to not only thank them for advising policy development at a national level and for being leaders in improving infant nutrition at a local level:

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Jenny Warren	National Breastfeeding Adviser (retired October 2005)
Riny Wondergem	Representing the Royal College of Midwives

2 Introduction

2.1 The Scottish Executive is committed to improving the health and wellbeing of the Scottish population and ensuring that all children get the best start in life. Healthy eating is acknowledged as an important factor in health improvement throughout life and in developing an Infant Feeding Strategy for Scotland we aim to ensure that healthy eating behaviours are developed from the start.

2.2 Breastfeeding plays a key role in ensuring optimal infant nutrition, growth and development and provides an important foundation for future health. Globally, breastfeeding has been identified as the most important health intervention in improving child health. Breastfeeding is therefore likely to be a key health intervention to reduce health inequalities. There is a growing recognition of the benefits of breastfeeding for both mother and child and a universal acceptance that it provides optimal nutrition for infants as it is tailored to their individual needs. The Scottish Executive supports this view and has worked with NHSScotland to ensure that support and encouragement for breastfeeding are available in health services across the country.

2.3 An unhealthy diet contributes to poor health in the form of heart disease, diabetes, obesity and other life-limiting diseases. These in turn impact negatively on our ability to contribute to and enjoy work, recreation, family and social life. Evidence is now emerging that diet plays a role in children and young people's behaviour and is therefore an important consideration for schools.

2.4 Breastfeeding has to be considered as the optimal way of kick-starting good health in infants and fostering positive eating behaviours for the future. However, it needs to be viewed in the wider context of eating behaviours throughout life. Optimal infant health and nutrition begin with good maternal nutrition, particularly during pregnancy. The diet and lifestyle of pregnant women impact upon foetal health and well-being, influencing foetal growth.

The effects of maternal nutrition also continue after birth, into early infancy, childhood and throughout life. There are some women who cannot, or choose not to, breastfeed and it is important that we support them to make the best choices for their child and minimise the risks of formula feeding. Finally, it is important that we support timely and appropriate weaning practices.

2.5 A wide range of influences affect the foods we eat and the foods we offer to infants and young children. These influences may be cultural or religious factors, affordability, the media, advertising, friends, family and schooling. Some or concerning are easier to address than others, but we hope this Strategy will provide the impetus for change across a range of sometimes sensitive contexts.

2.6 Given the importance of diet and our existing commitment to support breastfeeding as the most appropriate form of feeding in very early childhood, the Scottish Executive is committed to developing an Infant Feeding Strategy for Scotland. This will not be just for the NHS but an Infant Feeding Strategy that brings together health, education, business, the media, the voluntary sector, communities and the public to improve the health of our children. Parents will not be free to make informed choices without co-ordinated support from a range of agencies who have differing and complementary roles.

2.7 This consultation paper will help develop a strategy and will form the basis of the final document. It sets out why it is important to focus on the early years, gives examples of actions and successes so far, summarises the policy context for taking forward this work and points to the direction in which we feel we should be progressing to improve infant health through maternal and infant diet.

2.8 The document is in two sections. The first explains why a focus in this area is vital to improve the overall health of the Scottish population. The second section then makes recommendations for taking this work forward.

2.9 This is a consultation document and we are seeking your views, ideas and comments to ensure that we have identified the right areas to focus on. The questions we would like to be answered appear at the end of the document. Please also submit any ideas and comments if you feel that there are other areas that this document, and the strategy, do not cover.

2.10 In pre-consultation discussions with the Scottish Breastfeeding Group and other recognised experts in this field, we have gathered a significant amount of evidence and advice. This information has been extremely useful and we thank all those who contributed. We cannot reproduce all this material in this consultation paper but will ensure that both this information and the consultation responses are fed into the drafting of a final strategy to be launched later in 2006.

2.11 This strategy cannot work without knowledge and input from a range of interests and organisations and we ask you to disseminate the document as widely as possible. In addition to hard copies the document can also be downloaded from the Scottish Executive website at **www.scotland.gov.uk**.

3 Success and activity so far

Success

3.1 Activity around breastfeeding and wider infant-feeding issues is not new but there has been a real and sustained campaign of activity over the past decade in particular. A wide range of innovative projects and activities have taken place largely supported by NHS Board Breastfeeding Strategy Groups and reflecting increasing co-operation between clinicians, health promotion experts, local authorities and voluntary organisations. For example:

- In 1996 only one NHS Board had a breastfeeding strategy, in 2005 only one does not.
- In 1993 there were four breastfeeding support groups – there were 150 in 2005.
- In 1994 there was only one peer support programme, increasing to 11 by 2005.
- 58% of Scottish babies are now born in a UNICEF UK Baby Friendly Initiative accredited hospital. This compares with 34% in Wales and Northern Ireland and 9% in England.
- The University of Paisley Midwifery Directorate has become the first teaching department to receive a UNICEF Baby Friendly award.

3.2 It is difficult to reflect the full range of local activities and projects but it should be recognised that local practitioners and activists have historically driven the breastfeeding agenda forward in Scotland. Further details are in

ANNEX A.

3.3 It is important to note these achievements, however the main way in which we measure success is through monitoring our breastfeeding rates and various sources of information allow us to do this.

Child Health Surveillance Programme – Pre-School

3.4 Scottish Executive's official source of breastfeeding data is collated by the Information and Statistics Division of NHS National Services Scotland. It records breastfeeding data at birth; discharge from hospital; at 10-12 days, 6-8 weeks and 8 months and is used by 10 of our 15 NHS Boards, covering 84% of the pre-school population. In 1999 this rate was 34.6% at the 6-8 week review and increased to 35.9% by 2004.

UK Infant Feeding Survey

3.5 Scotland participates in the 5-yearly UK-wide Infant Feeding Survey which collects data on breastfeeding, alternative feeding practices and influencing factors and is sample based. In 1990, the Infant Feeding Survey found that 30% of babies in Scotland were breastfed at 6 weeks, increasing to 36% in 1995 and 40% in 2000.

Guthrie Data

3.6 Finally data is also recorded on the Guthrie card at or around 7 days after the baby's birth. This shows a steady upward trend in breastfeeding with 35.7% in 1990 and 45% in 2004

Activity

3.7 The Scottish Executive, previously the Scottish Office, has supported breastfeeding over this period in four key ways - through the National Breastfeeding Adviser, the Scottish Breastfeeding Group, the Breastfeeding in Scotland Website, and through NHS Health Scotland. 2005 also saw the advent of the important Breastfeeding (Scotland) Act (see information at 4.14).

National Breastfeeding Adviser (NBA)

3.8 The role of National Breastfeeding Adviser has existed since 1996 and has been responsible for informing policy development; contributing to resource development; stimulating, supporting and monitoring NHS Board activities; encouraging best practice; and networking both nationally and internationally.

Scottish Breastfeeding Group (SBG)

3.9 This group came together in 1995 to focus on breastfeeding in Scotland. It has achieved this through contributing to policy development, publishing a bi-annual newsletter, holding an annual conference, managing short-life working groups, and members have acted as conduits for the dissemination of relevant news and information.

Breastfeeding in Scotland Website

3.10 Stemming from the work of the SBG, this was launched in 1999 and hosts information for clinicians, consumers, practitioners and researchers. The information includes newsletters, evidence and best practice, breastfeeding rate data and a contacts directory. More detailed information on all activity can be found at: <http://www.nhsscotland.com/breastfeed/>

NHS Health Scotland

3.11 NHS Health Scotland is the national resource for Scotland's health and contributes to policy development, delivers health improvement programmes and disseminates evidence and best practice in close partnership with NHS Boards. NHS Health Scotland has taken forward a range of activities to support policy development and resource development in relation to infant feeding.

3.12 NHS Health Scotland's infant feeding work includes producing breastfeeding publications such as *Off to a Good Start; Ready, Steady Baby* and *Breastfeeding and returning to work*; developing evidence into action papers on 'Maternal and Gestational Nutrition' and 'Nutrition in the Under 5s'; running two successful TV advertising campaigns and helping produce an education resource for health professionals' education and training.

3.13 Recent activity has included the review of the Scottish Diet Action Plan, developing a practitioner evidence paper on the length of exclusive breastfeeding, pre-testing the Breastfeeding (Scotland) Act leaflet for employers, and drawing together the conclusions of the Breastfeeding Expert Group who were tasked with assembling best available evidence to support Scotland's efforts to increase rates in breastfeeding initiation and duration.

Breastfeeding (Scotland) Act 2005

3.14 This Act makes it an offence to prevent or stop a person in charge of a child under the age of 2 years, who is otherwise permitted to be in a public place, from feeding milk to that child. This legislation is the first of its kind in the UK and Scotland is one of the only countries worldwide to enshrine such protection in national legislation.

3.15 There has been a great deal of activity in the field of infant feeding over the past 10 years, however this is not necessarily borne out by our breastfeeding rates. The lack of progress shown by Child Health Surveillance Programme – Pre-School figures is particularly disappointing and it is clear we still have a lot to do. However, there is reason to think that change is happening.

3.16 Central to driving up these rates has to be a huge shift in social and cultural attitudes and there is evidence that this is happening. Research carried out following the first TV campaign showed that people were much more aware of the benefits of breastfeeding and most were able to name some of them which was not the case before the first advert was developed in 2000. At a more local level, we are also seeing significant changes in attitudes and behaviours.

3.17 However, we need to start looking at fresh approaches to support infant feeding, so that we can continue to:

- Promote optimal maternal nutrition
- Increase initiation and duration of breastfeeding
- Minimise health risks of formula feeding and ensure support for parents who choose to formula feed
- Support timely and appropriate weaning practices
- Support informed choice
- Increase public knowledge and acceptance of breastfeeding
- Raise awareness of nutritional needs of vulnerable babies
- Raise awareness of legal rights relating to infant feeding
- Highlight evidence of effective support

and most importantly do all of these by ensuring integrated, multi-sectoral support. To do this, we need to consider the national and local policy contexts.

4 Policy context

International Policy

4.1 The World Health Organization Code of Marketing of Breast-milk Substitutes (The WHO Code) was launched in 1981 to promote and protect breastfeeding and to ensure the safe and appropriate use of breastmilk substitutes. This issue is reserved to the UK Government, which is a signatory, and in 1995 the UK Government implemented Infant Formula and Follow on Formula regulations rather than the WHO Code. A review of European Union recommendations, The European Union Recast Directive, is currently in process.

4.2 In 1990 the Innocenti Declaration was produced and adopted by participants at the WHO / UNICEF policymakers meeting - Breastfeeding in the 1990s: A Global Initiative. It stated that as a global goal for optimal maternal and child health and nutrition, all women should be enabled to practice exclusive breastfeeding and all infants should be fed exclusively on breast milk from birth to 4-6 months of age (since changed to around 6 months). Thereafter, children should continue to be breastfed, while receiving appropriate and adequate complementary foods, up to 2 years of age or beyond. This is to be achieved by creating an environment of awareness and support so that women can breastfeed in this manner.

4.3 The Baby Friendly Initiative is a global programme of UNICEF and the World Health Organization which works with health services to improve practice. Health care facilities which adopt practices to support successful breastfeeding receive the prestigious UNICEF/WHO Baby Friendly award. In the UK, the Baby Friendly Initiative is commissioned by various parts of the health service to provide advice, support, training, networking, assessment and accreditation.

4.4 More recently the World Health Organization Global Strategy for Infant

and Young Child Feeding was developed, with input from Scotland, to refocus world attention on the impact that feeding practices have on nutritional status, growth and development, health, and thus survival of infants and young children. The strategy, published in 2003, also offers an opportunity to renew the focus on the WHO/UNICEF Baby Friendly initiative, The Innocenti Declaration and the WHO International Code of Marketing of Breast-milk Substitutes.

4.5 The document *The protection, promotion and support of breastfeeding in Europe: a blueprint for action* was launched in Dublin under the Irish presidency in June 2004. This framework informs the development of plans to protect, promote and support breastfeeding and recommends it to governments to provide European citizens with better information for the best start in life for their children. **ANNEX B** details how Scotland is currently performing in relation to the blueprint.

UK Policy (Reserved)

4.6 The Scottish Parliament works with other UK administrations in setting key policies relating to child and maternal health. The Scientific Advisory Committee on Nutrition (SACN) is a UK-wide Advisory committee which advises all UK Health Departments as well as the Food Standards Agency. This expert group recommends exclusive breastfeeding for the first six months of an infant's life, after which solid foods can begin to be introduced. SACN then recommends that breastfeeding continues beyond the first six months, along with the inclusion of appropriate types and amounts of solid foods in the baby's diet. This recommendation is shared by the Scottish Executive as one which would truly improve the health of Scottish children.

4.7 The law recognises the importance of infant feeding. Pregnant employees in the UK are entitled to 26 weeks maternity leave. Some mothers may return to work whilst still breastfeeding and although there is no direct legal right to have paid or unpaid breaks or time to express breastmilk, there

are opportunities to protect breastfeeding under Health and Safety Legislation and sex discrimination law. Employers have a duty to assess the risk to employees who are pregnant, have given birth within the last six months or who are breastfeeding.

4.8 Government schemes recognise the need for appropriate infant nutrition. Healthy Start will replace the former Welfare Food Scheme in summer 2006. This new programme seeks to use resources more effectively to ensure that pregnant women, new mothers, infants and young children in low income families have access to a healthy diet, with increased support for breastfeeding and parenting. This will be achieved through the provision of vouchers that can be exchanged, during and after pregnancy, at participating retail outlets for milk, fresh fruit and vegetables. Healthy Start will also maximise opportunities for healthcare professionals to offer good quality information and advice on nutrition, diet and health. It will offer much greater choice and flexibility and support healthy lifestyle choices whilst respecting individual rights

Scottish Policy (Devolved)

Health Improvement and Diet

4.9 Scotland has an unfortunate reputation for poor diet and, after smoking, diet is the most significant contributor to poor health. The Scottish diet is higher in fat, salt and sugar than the rest of the UK and typically deficient in fruit and vegetable consumption. In the 1990s national and international research began to establish a strong evidence base for breastfeeding as a key contributor to health improvement. This evidence is now reflected in Scotland's commitment to health improvement and set out in a range of national documents including:

- *Eating for Health. A Diet Action Plan for Scotland* 1996
- *Towards a Healthier Scotland: 1999*

- *Social Justice - a Scotland where everyone matters: 1999 onwards*
- *Our National Health: 2000*
- *Improving Health in Scotland: The Challenge 2003*

4.10 These documents send a clear message that health improvement is the single biggest challenge we face in Scotland to improve quality of life. They also stress the importance of targeting the early years and ensuring that positive health behaviours are fostered as early in life as possible.

4.11 The *Scottish Diet Action Plan*, published in July 1996, was informed by a strong evidence base. The plan's recommendations are being taken forward under the Scottish Executive's Health Improvement Challenge which recognised the promotion of healthy eating as vital to improving Scotland's health. Implementation of the Action Plan is currently being reviewed and results of this should be published in summer 2006.

Maternity and Early Years

4.12 *A Framework for Maternity Services* published in 2001 sets out principles for the provision of maternity services from pre-conception right through to the postnatal period and early parenthood. A number of these principles are relevant to nutrition and the Framework makes clear the importance of empowering, encouraging and supporting mothers to achieve healthier nutrition and lifestyles and providing comprehensive care and parent education. To support this there are a number of documents which give further advice to parents, clinicians and other interested parties. These include:

- NHS Health Scotland's Evidence into Action papers *Maternal and Gestational Nutrition* and *Nutrition in the under 5s*, which provide the evidence base for the importance of maternal nutrition for foetal and infant health and for nutrition in the infant and young child.

- *Ready, Steady, Baby* - the Scottish guide to pregnancy, birth and early parenthood - provides mothers with information on what to eat, which foods to avoid, vitamin supplements, advice on alcohol consumption, smoking and food cravings. It also contains information on breast and formula feeding, timely and appropriate weaning practices and other information to support new parents.

5 Why do we need a strategy?

5.1 Earlier we identified key areas for action and this section expands on why these are important:

To provide optimal maternal nutrition

5.2 Good nutrition and the maintenance of a healthy body mass index are vital for a long and healthy life. This is not only affected by the food choices we make for ourselves, but those made by parents prior to becoming pregnant, during pregnancy, our parents' infant feeding choices, and how we are fed throughout childhood. There is increasing evidence that poor maternal nutrition and obesity prior to and during pregnancy can impact negatively on foetal and infant health resulting in conditions such as spina bifida, growth retardation in the womb, low birth-weight and health deficits in childhood and later life.

To increase initiation and duration of breastfeeding

5.3 A large body of published evidence demonstrates the benefits of breastfeeding for mothers and children. Breastmilk can protect infant health, ensure optimal nutrition and stimulate the growth of the infant's neurological, hormonal, gastrointestinal and immune systems. Some of these benefits last into childhood and beyond.

5.4 Breastfed babies are less likely to suffer from conditions including vomiting and diarrhoea, chest infections, urinary tract infections, ear infections, diabetes in childhood and childhood obesity. For some of these conditions the longer a baby is breastfed the greater the protection gained or the more positive the impact on long-term health. Pre-term babies that are breastfed are likely to have better eyesight and brain development than those who are not.

5.5 Mothers who breastfeed have a reduced risk of some cancers (ovarian and breast), and hip fracture in later life, caused by osteoporosis. In addition, breastfeeding creates a special emotional bond between mother and child, which may have a positive impact on future mental health. It can contribute to mothers' feelings of satisfaction or self-esteem. It can help women return to pre-pregnancy weight and contribute to maintaining their iron levels. It can have a contraceptive effect in specific circumstances.

5.6 Breastfeeding offers complete nutrition for most babies for the first six months of life. It requires no preparation and does not cost anything - although some mothers may purchase items which they feel make breastfeeding easier.

To minimise risks of formula feeding

5.7 Although evidence shows that breastfeeding is undoubtedly the healthiest way in which to feed a baby, particularly in the earliest months, there are some mothers who, for physical, social or psychological reasons, cannot or choose not to breastfeed. Evidence suggests that true lactation failure occurs in as few as 1% - 2% of breastfeeding mothers. It is essential that mothers are not judged or discriminated against for choosing to formula feed their babies and should be supported in their chosen mode of infant feeding.

5.8 Powdered formula milk is not sterile and does not contain any of the protective antimicrobial components found in breastmilk. It is also a growth medium for harmful bacteria. It is therefore essential to ensure that parents, who choose to formula feed are shown how to prepare and use infant formula as safely as possible. Other family members or carers should also be aware of how to prepare and use infant formula.

Support timely and appropriate weaning practices

5.9 In Scotland, weaning is taken to mean the gradual introduction of solid foods along with the usual milk feeds (breast or formula) to an infant's diet. The term 'weaning' has the same meaning as *complementary feeding* and *introduction of solids*.

5.10 On average, by the age of six months, a child's nutritional needs begin to exceed that which can be fulfilled by milk alone and for some infants this may be slightly earlier. However, many women decide to introduce solids based on the perception that their child is hungry or not satisfied with liquid feeds. They may also be highly influenced by friends, family and peers who can tend to make assessments on the basis of tradition or intuition rather than based on evidence. However, the main influences on the timing of introduction of solids are social deprivation, maternal knowledge and prior feeding experiences.

5.11 Inappropriate weaning is known to increase the risk of gastrointestinal illness if started too early. It is vital that solids are not introduced before four months as this increases the risk of intolerance to elements such as gluten, and the incidence of respiratory illness and gastrointestinal illness compared to those weaned at a later stage. For example, colic in newborn babies is very common and may be caused by intolerance to lactose in formula milk. The introduction of solids should happen alongside existing breast or formula feeds from six months.

To support informed choice

5.12 The decision of how to feed a child falls ultimately to the parent but it is important that they are fully aware of the choices available, understand the options and know the benefits and risks. During pregnancy parents receive a huge amount of information and it is important that it is useful and not overwhelming. Information on infant feeding has to compete with information

on a host of other issues, much of which may seem more pertinent prior to birth, however it is important that feeding choice is discussed as early as possible and made available in a variety of forms.

To increase public knowledge and acceptance of breastfeeding

5.13 The health benefits of breastfeeding both for mother and baby are universally accepted and supported by a wealth of research. However, the clinical and cultural shift from breastfeeding to bottle-feeding in the latter part of the 20th century means that this natural interaction is still not regarded as the norm for newborn babies. This is not helped by the over-sexualisation of women's breasts by the media.

5.14 There is anecdotal evidence that women have been and are put off breastfeeding purely by others' opinions and attitudes. The Breastfeeding (Scotland) Act in 2005 made a huge step toward raising the profile of breastfeeding and has legislated to protect the right to breastfeed in public. The breastfeeding advertising campaign in 2004/05 placed cultural change at the centre and made a direct challenge to attitudes but more needs to be done.

Raise awareness of needs of vulnerable babies

5.15 As referred to earlier breastfeeding has particular benefits for pre-term babies and can protect them from neonatal necrotising enterocolitis (a life threatening inflammatory bowel condition) and improve eyesight and brain development.

Raise awareness of legal rights pertaining to infant feeding

5.16 Scotland has been at the forefront of legislative protection for breastfeeding which resulted in the Breastfeeding (Scotland) Act 2005, the first national legislation of its kind in the world. However, there are many other legal rights that can pertain to breastfeeding including Health and Safety Regulations, Sex Discrimination and Parental Rights.

To highlight the evidence on effective support for breastfeeding

5.17 It is only in recent years that research has begun to identify interventions which promote the initiation of breastfeeding. Effectiveness reviews have begun to inform health sector initiatives, health promotion and education activities, health professional training, social support, peer and group support and media campaigns. However, multifaceted interventions are the most likely to work.

5.18 A recent systematic review found that breastfeeding initiation and duration rates in the UK were amongst the lowest in Europe, particularly amongst lower socio-economic groups. The reasons given for these findings included the influence of society and cultural norms as well as clinical problems, organisation of health services and the lack of preparation of health professionals and others to support breastfeeding effectively.

5.19 Evidence from the *Early Years Learning Network Review* to be published in conjunction with this document will provide the evidence base in relation to psychosocial issues, neonatal care and appropriate measuring tools. The review will also address breastfeeding mothers' views and experiences of the support and care they have received. These reviews will be invaluable in identifying specific areas for further action.

Ensuring integrated, multi-sectoral support

5.20 All of the above aims require vital action to ensure that maternal

nutrition and nutrition in early infancy continue to improve. However, this can only happen through sustained effort across a range of bodies.

5.21 Traditionally NHS Boards have taken the lead in promoting breastfeeding and in developing local plans to improve breastfeeding rates. However, the Infant Feeding Strategy needs to fully encompass the role of other agencies, professions and individuals in helping achieve this aim. We are particularly keen to enhance the role of local authorities and the voluntary sector, in addition to exploring how we can engage some of the less obvious health professions. Examples of the types of individuals we are targeting include:

HEALTH SERVICE
Primary Care: GPs, Public Health Nursing, Community Midwifery, Dentistry, Pharmacology/Dietetics
Acute Care: Paediatricians, Neonatologists, Children’s Nurses, Midwifery, Accident and Emergency staff
LOCAL GOVERNMENT
Education: Nursery Nurses, Teachers, Classroom Assistants, Playgroup Assistants, Breakfast Club and After School Club Leaders
Planners: Building and Community, Licensers

Policy Developers: Health Improvement, Social Inclusion
VOLUNTARY/CHARITABLE SECTOR
Breastfeeding Support Groups, Peer Support Groups La Leche League, National Childbirth Trust, Breastfeeding Association
BUSINESSES
Hoteliers, Restaurants, Cinemas, Coffee Shops, Shopping Centres

5.22 The Scottish Executive is committed to working in an integrated manner across internal divisions and departments to deliver on a range of policies. Traditionally we have not focused on infant feeding, and instead have put our efforts into breastfeeding and the health service effort to improve patient satisfaction and support to breastfeed, and to drive up rates. But, infant feeding is not all about breastfeeding and is not the sole responsibility of NHS Scotland.

5.23 There are a wide range of policies which can or could impact on infant feeding and external to the Executive are a wide range of bodies who can help put these policies into practice. In the next section we make our key recommendations for the type of national and local infrastructures that are required to move forward this work and ask the questions that will help us shape the Infant Feeding Strategy - for the future of Scotland's children.

6 Recommendations: National Infrastructure

Scotland already has an existing infrastructure to support breastfeeding. It is important that we ensure these systems are fit for purpose and include all aspects of infant feeding. Our health care systems deliver high quality support to families and we need to ensure that this continues. However, there is a growing need to challenge public perceptions which will only be achieved with multi-agency effort. As such we recommend that:

Recommendation 1:

It is recommended that the role of National Breastfeeding Adviser is reviewed to fit the changed environment. This post could be less clinically driven and more strategic than the traditional NBA role. Their remit could be to advise the Scottish Executive and ensure that infant feeding is reflected in all relevant policy and publications; to develop networks and external infrastructures to support infant feeding across a range of bodies, with a particular focus on the non-health sector; to develop and deliver a yearly work-plan for national activity to support infant feeding, from maternal nutrition through to weaning, and to chair the new National Infant Feeding Advisory Group (see below).

Q1: Do you agree with the recommendations concerning the possible new role and work of the National Breastfeeding Adviser? Are there other areas that you think their work should cover?

Recommendation 2:

It is recommended that the Scottish Breastfeeding Group is re-launched as the National Infant Feeding Advisory Group to work with the National Infant Feeding Co-ordinator to advise on national policy and resource development. Its remit could be to develop a 5 year action plan and from this a yearly work-plan, agreed across agencies. It would appoint and monitor working groups as necessary; ensure ongoing dialogue with the Scottish Infant Feeding Adviser Network; support the development of local multi-agency infant feeding networks and local integrated infant feeding plans; improve and facilitate communication between agencies and individuals, and ensure appropriate involvement of service users.

Q2: Do you agree with the proposed role and work of the National Infant Feeding Advisory Group? Are there other areas that you think they should cover?

Recommendation 3:

It is recommended that individuals are appointed to the National Infant Feeding Advisory Group who are impartial and represent others in their field. They should be leaders and influencers in their field, and link into appropriate networks. They should be able to both collate and disseminate information relating to policy, performance, best practice and research, and have communication skills which allow them to stimulate debate about, and raise the profile, of infant feeding.

Q3: Do you agree with recommendations concerning National Infant Feeding Advisory Group membership? Are there other skills or attributes that members should have?

Recommendation 4:

It is recommended that the Scottish Infant Feeding Adviser Network continues as a health-focused sub-group of the National Infant Feeding Advisory Group and the Breastfeeding Expert Group continues as a research-focused sub-group.

Recommendation 4:

Do you agree with the proposed roles of the Scottish Feeding Adviser Network and the Breastfeeding Expert Group?

Recommendation 5:

It is recommended that national and local breastfeeding targets are agreed, from the five-year plan, and a tool developed for monitoring their progress. These targets should consider the particular needs of vulnerable groups – including those experiencing social deprivation, minority ethnic mothers and older mothers.

Q5: Is this an appropriate way to develop national and local targets? Do other groups need to be considered in setting such targets?

Recommendation 6:

It is recommended that the Scottish Executive and the National Infant Feeding Advisory Group works with Learning Teaching Scotland and others to develop multi-sectoral training packages for all early years staff concerning infant feeding. It is recommended that the Scottish Executive and the National Infant Feeding Advisory Group work with the Scottish Qualifications Authority to consider how issues around breastfeeding and infant feeding are incorporated into national curricula in subjects such as English, Modern Studies, General Science, Domestic/Environmental Science. Other opportunities to raise awareness of infant-feeding issues within schools should also be considered.

Q6: Do you agree that multi-sectoral training for early years staff should be developed? Are there other partners that need to be included in its development and implementation? Should issues around breastfeeding and infant feeding be incorporated into national curricula? What other ways could breastfeeding and infant feeding be incorporated into the national curriculum? Do other agencies need to be involved?

Recommendation 7:

It is recommended that the Scottish Executive and the National Infant Feeding Advisory Group work with NHS Education for Scotland to ensure core curricula for health professionals that include infant feeding particularly frontline health staff, GPs and pharmacists.

Q7: Are there other staff that should be involved in such training? Are there other agencies that need to be involved?

Recommendation 8:

It is recommended that the Scottish Executive and the National Infant Feeding Advisory Group consider findings of the UK-wide Infant Feeding Survey, and identify priority areas for action and possible research gaps.

Q8: Is this an important source of information, and are there other data sources that you consider especially valuable?

Recommendation 9:

It is recommended that the Scottish Executive and the National Infant Feeding Advisory Group work with local groups and business interests to consider options to support breastfeeding in public, including support of Breastfeeding (Scotland) Act and participation in Breastfeeding Welcome/Healthy Choice Schemes.

Q9: Are there other groups that should be involved in developing such action? Are there any examples of good practice that you are aware of?

Recommendation 10:

It is recommended that the Scottish Executive and the National Infant Feeding Advisory Group work with Local Authorities to consider options to support breastfeeding in public, with particular reference to licensing and planning of public spaces.

Q10: Do you have any ideas about how this would be achieved? Are there any examples of good practice that you are aware of?

Recommendation 11:

It is recommended that the Scottish Executive and the National Infant Feeding Advisory Group work with UNICEF Baby Friendly Initiative to promote maternity unit, community and educational awards.

Q11: Are there other ways that maternity units, community settings and educational establishments can encourage breastfeeding and infant feeding awareness? Are there other potential partners?

Recommendation 12:

It is recommended that the Scottish Executive and the National Infant Feeding Advisory Group consider the role of the voluntary sector in supporting appropriate infant feeding.

Q12: How can the voluntary sector support appropriate infant feeding Are there any examples of good practice that you are aware of?

Recommendations: Local Infrastructure

We need to continue the excellent work that is already happening at a local level. To deliver change it is important to strengthen local infrastructures through involving key influencers in integrated action. Community Planning systems already exist across Scotland which bring together NHS Boards, local authorities, businesses, the voluntary sector and service users. These systems should be better utilised.

Recommendation 13:

It is recommended that multi-agency Local Infant Feeding Groups are established to reflect interests within community planning partnerships, work across agencies and lead by example. They would feedback to the National Infant Feeding Strategy Group on local issues requiring national action and support. They would foster good interagency relationships and set local priorities.

Q13: Do you think this is the way to ensure local multi-agency action? What sort of agencies should be included? Are these the right remits?

Recommendation 14:

It is recommended that the multi-agency Local Infant Feeding Groups ensure infant feeding priorities are reflected in local plans, including Children's Services Plans, Joint Health Improvement Plans and oversee effective use of local resources through Community Planning Partnerships.

Q14: How would this work in practice? Do you see any barriers? Are there other interagency plans that should be included?

Recommendations: NHS Boards

Although we need multi-agency action to drive forward the infant feeding agenda, the majority of direct support for pregnant women and new mothers will come directly from NHS Boards and it is important that their expected role is clear.

Recommendation 15:

It is recommended that all women have a named midwife in the antenatal period and that every pregnant woman and new mother receives copies of *Ready, Steady, Baby*; *Off to a Good Start* and *Breastfeeding and Returning to work*. All women should have the opportunity to speak to a health professional about nutritional guidance and infant feeding - antenatally and postnatally.

Q15: How do we ensure that these publications are appropriately used? Is this a useful way to ensure the uptake of appropriate infant feeding?

Recommendation 16:

It is recommended that NHS Parent Education Programmes include information and advice on infant feeding and nutrition during pregnancy. Boards should encourage women to join breastfeeding support groups in the antenatal period.

Q16: Do you think that these are good ways to pass on information? Are there other similar structures that could be considered? Do they meet the needs of all parents? Will women join local breastfeeding groups? What can ensure good uptake?

Recommendation 17:

It is recommended that all NHS Boards develop and implement strategies for supporting breastfeeding including considering the implications for staff training and support. All NHS Boards should have a named lead for Infant Feeding co-ordination. Health professionals should support the formation and continuation of breastfeeding and peer support groups and keep up-to-date contacts.

Q17: What sort of NHS staff are the most important to be trained? Is an Infant Feeding lead an important role for NHS Boards? What do you feel should be their remit? How can health professionals best support local breastfeeding and peer support groups?

Recommendation 18:

It is recommended that all NHS Boards adopt the principles of the UNICEF UK Baby Friendly Community Initiative and that all Maternity Units work toward the UNICEF Baby Friendly Initiative 10 steps. It is recommended that all women are respected and supported regardless of their choice of infant feeding.

Q18: Do you consider that these important principles and markers encourage appropriate infant feeding? What do they mean in practice?

Recommendations: Final Comments

The sections above have set out a range of questions which we hope have prompted you to think about what a Scottish Infant Feeding Strategy would be like and how it would be implemented. It has set out ways to ensure an integrated multi-agency approach to support infant feeding and has indicated ways to measure success and suggested structures that would be needed to ensure that infant feeding becomes an even more accepted and adhered-to practice for mothers across Scotland. We hope that this has been an informative and inspiring read, and we would very much appreciate your comments on these questions as well as to the following:

**Q19: Did you find the document helpful? Did you like the format?
Was it easy to read? Are there other areas that should be included?**

Breastfeeding Promotion and Support in Scotland 1990-2005

Introduction

A healthy diet and lifestyle are keys to improving the health of the Scottish people (Scottish Office 1993; Scottish Office 1996) and it is becoming increasingly clear that healthy eating should start in infancy. Breastfeeding is the optimal method of infant feeding, has major health advantages for both mother and baby (Howie PW *et al* 1990; Duncan B *et al* 1993; Piscane A *et al* 1990; Armstrong and Reilly 2002; Rosenblatt *et al* 1993; Gwinn *et al* 1990; Hartge P *et al* 1989; Cumming and Klineberg 1993; Collaborative Group on Hormonal Factors in Breast Cancer 2002), and continues to confer health gain into childhood and beyond (Mayer E *et al* 1998; Wilson *et al* 1998). Considerable cost benefits are also gained from increased breastfeeding (Broadfoot M, 1995; RCM, 2002).

This overview describes the co-ordinated and multidisciplinary approach to breastfeeding promotion and support which has been developing in Scotland since the early 1990s and provides background information for the Infant Feeding Strategy for Scotland.

Background

Breastfeeding rates in Scotland remained amongst the lowest in Western Europe until the early 1990s. In 1990 only 50% of mothers initiated breastfeeding and many of those mothers gave up within the early weeks after birth (White A *et al*, 1992). The reasons were complex and linked to cultural influences, negative attitudes, a lack of knowledge about the benefits of breastfeeding, and lack of effective support. In addition mothers often perceived breastfeeding as embarrassing, confining, painful and problematic (White *et al* 1990; McIntosh J 1985, HEBS 1994, Campbell and Jones 1994). Health professional knowledge was variable and professional practice was likely to undermine mothers' attempts to breastfeed (Chalmers JWH, 1991; Beeken and Waterston 1992; Hyde L 1994). Much of the support that existed was provided by voluntary organisations and a small number of committed health professionals. Against this

background, a multidisciplinary approach to breastfeeding promotion and support began in 1990 and still continues.

Government Support

In 1987 Health Minister, Edwina Currie MP challenged health professionals and voluntary organisations to work together to promote and support breastfeeding. As a result, the Joint Breastfeeding Initiative was launched in England in 1987 and in Scotland in 1990. The Scottish Joint Breastfeeding Initiative (SJBI) was supported and funded by the Scottish Office and was successful in beginning the process of raising awareness about the value and practice of breastfeeding (SJBI 1995). In November 1994, the Secretary of State for Scotland announced a national target for at least 50% of mothers to be breastfeeding their babies at six weeks of life by the year 2005 (NHS MEL 1994). Scotland was the first UK country to set a breastfeeding target.

From October 1995 the Scottish Breastfeeding Group (SBG) took forward the work of the SJBI by maintaining a focus on breastfeeding. A part-time National Breastfeeding Adviser was appointed in October 1995 with a remit to contribute toward achieving Scotland's breastfeeding target, provide support and advice to fieldworkers and Local Joint Breastfeeding Initiatives, and report and make recommendations to the Scottish Breastfeeding Group. The importance of breastfeeding to infant and maternal health is highlighted in government policy documents, encouraging support for breastfeeding at all levels. The Breastfeeding (Scotland) Bill, supported by the Scottish Executive, became law in March 2005.

The Scottish Breastfeeding Group

More recently the group has widened its partnership working to include NHS Board Breastfeeding Strategy Groups and there are plans to further expand partnership with stakeholders. The group has maintained a focus on breastfeeding through a biannual newsletter (web based since September 2003) an annual conference, working group activities and the establishment of a website (www.show.scot.nhs.uk/breastfeed). The National Breastfeeding Adviser has worked closely with the SBG and has taken these activities forward with others, on the group's behalf. The working group activities have resulted in important recommendations, publications and contribution to national policy development.

Breastfeeding Promotion

NHS Health Scotland plays a vital role in encouraging women to breastfeed and promote a positive public attitude towards breastfeeding. Following needs assessment research carried out in 1994, the organisation initiated a programme of support in 1995 and developed a wide range of resources for parents and training materials for health professionals. These excellent resources have been widely praised within Scotland and further afield. NHS Health Scotland produced two television advertisements, the first in 2001 focusing on the health benefits of breastfeeding for mother and baby, the second in 2004 focusing on cultural attitudes to breastfeeding in public settings. A position paper addressing breastfeeding education for children and young people was circulated for consultation in October 2002 (HEBS 2002). NHS Health Scotland, NHS Education Scotland, and the Scottish Executive have worked with the UNICEF UK Baby Friendly Initiative, Higher Education Institutions and Scottish Higher Education Institute lecturers to support effective breastfeeding education for student midwives and public health nurse students. The resulting resource was launched in September 2004.

Box 1: NHS Health Resources

Cabbages or Cream? (video and support materials)	1998
The Natural Thing to Do? (video)	1999
Exploding the Myths (posters)	
Helpful Hints (mini-booklet)	2000
Television advertisements	2001 and 2004
Support materials (fact sheet for health professionals)	
<i>Good for You</i> magazine	
Credit card-sized helpful hints for women	2001
Breastfeeding and Returning to Work (employers)	2001
Breastfeeding postcards	2002
<i>Off to a Good Start</i> (revised from 1997)	2003
Breastfeeding and Returning to Work booklet (for mothers)	2003

NHS Boards

Part of the National Breastfeeding Adviser's remit is to work with NHS Boards to assist with achieving breastfeeding targets in Scotland. Scottish Health Boards were asked to

set local targets by January 1995 (NHS MEL 1994) taking cultural and other influences into account. A survey published in 1997 found that:

- Some Health Boards had set targets which were not achievable.
- The process of target formulation was not linked to new strategies.
- In some Boards the strategies adopted would not provide the data necessary to monitor progress towards their stated targets (Campbell and Gibson 1997).

Since then, 14 of Scotland's NHS Boards have developed strategies to support breastfeeding, and one NHS Board has guidelines. The NHS Board breastfeeding strategies acknowledge the importance of breastfeeding to infant and maternal health, note local and national breastfeeding targets, highlight evidence based activities which are likely to improve breastfeeding experience, identify key areas for activity, set objectives and timescales for implementation. As a result of these activities Scotland has achieved considerable progress, particularly in terms of peer and group support and evidence based practice. There are now 11 peer support programmes and more than 150 breastfeeding support groups across Scotland. The implementation of these strategies is variable and has been monitored by the National Breastfeeding Adviser through annual audit (Warren J, 2002; Warren J, 2003).

Box 2: NHS Board Breastfeeding Strategies address:

- Local breastfeeding targets
- Data collection
- Health professional education
- Evidence-based policy
- Evidence-based practice
- Peer support
- Group support
- Public acceptance
- Education for children and young people
- Return to Work policy
- The World Health Organization Code of Marketing of Breast Milk Substitutes and subsequent WHA resolutions.

UNICEF UK Baby Friendly Initiative

The Baby Friendly Initiative is a WHO/UNICEF global initiative launched in 1991. The UK Initiative was launched in late 1994. The initiative was recommended by Scotland's Chief Nursing Officer (NHS Circular 1994) and in policy documents (the Scottish Executive 2001). From 1996 onwards, the National Breastfeeding Adviser engaged Scottish maternity units regarding the negative impact of poor practice on breastfeeding and recommended the initiative as providing a framework to implement evidence-based practice, and improved support for all mothers, whether breast or formula feeding. Scotland has the highest level of participation in the initiative within the UK. 86% of Scottish maternity units are participating, with 46% of all units having achieved Baby Friendly status, and 58% of Scottish babies being born in a Baby Friendly accredited maternity unit (UNICEF 2005). The initiative is now being taken forward in the community setting with two Local Health Care Co-operatives (LHCCs) having achieved UNICEF UK Baby Friendly status and others working towards the award.

Data

Numerical data are essential in monitoring breastfeeding rate. The Scottish Breastfeeding Group made recommendations with regard to data collection at national and local level and continues to raise the issue with appropriate bodies. Currently infant-feeding data are derived from a number of sources:

- The Scottish Morbidity Record (SMR02) records details of feeding at discharge from hospital.
- The Scottish Birth Record (SBR) is a recently implemented web based data collection system and records the first feed and feeding at discharge.
- In addition to the heel prick blood test around the 7th day post partum to check for metabolic disorders, the Inborn Errors Screening Programme (Guthrie test) in Scotland records whether babies are breast or bottle fed. These data are analysed further by the Paediatric Epidemiology and Community Health (PEACH) Unit, Glasgow and made available throughout Scotland and to the Breastfeeding in Scotland website.
- All healthcare establishments involved in the UNICEF UK Baby Friendly Initiative are required to monitor breastfeeding rates, in maternity units

initiation and discharge and in community initiation, handover from midwife to health visitor (usually at 10-12 days) and at 6 weeks post partum.

- The Child Health Surveillance Programme (CHSP) records infant feeding data at birth, discharge from hospital, 10-12 days, 6-8 weeks and 8 months. CHSP data are based on information collected by health professionals in participating NHS Boards. 84% of Scottish children live in areas which use the pre school system of CHSP.
- The SBG recommendation that feeding data should also be collected at the time of immunisation at two, three and four months has not, as yet, been acted upon.
- The Infant Feeding Survey (IFS) is commissioned by the Health Departments of the four UK countries every five years and looks at how infants are fed during the first nine months of life. It provides information about the incidence, prevalence and duration of breastfeeding, examines trends and establishes at what age solids are introduced. The most recent data show that, from six weeks onwards Scottish mothers are more likely to breastfeed for longer on average than women in other UK countries. By six months, 40% of Scottish women who breastfed initially, were still breastfeeding compared to 34% of women in England and Wales and 21% in Northern Ireland. The proportion of mothers breastfeeding their babies at six weeks of life in Scotland has increased by 33% over a 10-year period, from 30% to 40% (Hamlyn B *et al* 2002). Interested parties have met recently to review and harmonise infant feeding data collection in Scotland.

Table 1 Data Sources and Data Collected

Data Source	Data Collected
SMR 02	Feeding at discharge from hospital
SBR	First Feed and feeding at discharge from hospital
Guthrie Card	Feeding on or around 7th day
UNICEF BFI maternity	Feeding at birth and discharge
UNICEF BFI community	Feeding at birth, 10-12 days and at 6 weeks
CHSP	Feeding at birth, discharge from hospital, 10-12 days, 6-8 weeks and at 8 months (8 month data will cease with Hall 4)
IFS	Feeding at birth, 1 week, 2 weeks, 6 weeks, 4 months, 6 months 8 months and weaning practices up to 9 months.

More detailed information about infant feeding data collection is available from various websites and publications. (Scottish Breastfeeding Group website; Information and Statistics Division of NHS Scotland website; Department of Health website; Hamlyn B *et al* 2002). The 2005 Infant Feeding Survey commenced in September 2005 and initial data will begin to emerge by May 2006 with full publication of data by spring 2007.

Conclusion

Since the early 1990s, Scotland has shown continuing commitment to the promotion and support of breastfeeding. Considerable progress has been achieved through multidisciplinary working, multifaceted programmes of support, working in partnership and stakeholder inclusion. The Scottish Executive has shown commitment through its policy documents, the Scottish Breastfeeding Group and the National Breastfeeding Adviser whilst NHS Health Scotland has provided valued guidance, support and resources. NHS Board breastfeeding strategies are of key importance and have enhanced multidisciplinary and partnership working, team building, and extensive sharing of their successes, and failures, throughout Scotland. An Infant Feeding Strategy for Scotland will provide an inclusive framework for future breastfeeding promotion and support in Scotland but its success will depend on stakeholder ownership, commitment and action. The strategy will create an opportunity to enable a more satisfying and successful breastfeeding experience for Scottish mothers and babies, and contribute to the future health of the Scottish nation.

THE EU BLUEPRINT – A BENCHMARK FOR SCOTTISH PROGRESS

In September 2000 the World Health Organization held a consultation event in Scotland to inform their **Global Strategy for Infant and Young Child Feeding** which was published in 2003 (WHO)/UNICEF 2003). Following this, the European Union (EU) project for the promotion of breastfeeding in Europe published the document **Protection, promotion and support of breastfeeding in Europe: a blueprint for action** in 2004 (European Commission 2004). These documents offer guidance and suggest interventions to promote and protect breastfeeding.

The EU blueprint was written by breastfeeding experts representing all EU and associated countries and relevant stakeholder groups and is a model for regional and national planning. The document was launched in Dublin under the Irish presidency on 18th June 2004.

The blueprint has six key headings:

1. Policy and Planning
2. Information, Education, Communication
3. Training
4. Protection, Promotion and Support
5. Monitoring
6. Research

Each key topic heading recommends objectives for all actions, identifies responsibilities and indicates outcome measures.

The following tables highlight the EU recommended objectives (left-hand column) alongside Scottish progress (right-hand column). The text under EU blueprint objectives within this paper are summarised.

EU Blueprint	Scottish Progress
POLICY	POLICY
<p>1.1.1 National policy based on Global IYCF.</p> <p>1.1.2 Policy focusing on social disadvantage.</p> <p>1.1.3 Professional organisations produce recommendations and practice guidelines.</p>	<p>An Infant Feeding Strategy for Scotland will be launched In 2006. The wording 'Exclusive breastfeeding for around 6 months' is in the current draft of the new infant feeding policy. At present policy remains that solids are introduced at 4-6 months.</p> <p>Social disadvantage and Peer support recommendations in strategy and policy documents. NBA engaged Sure Start Scotland (June 2004) to raise awareness of benefit to socially disadvantaged groups.</p> <p>Yes.</p>
PLANNING	PLANNING
<p>1.2.1 Set priorities and objectives and targets.</p> <p>1.2.2 Long-term planning, evaluation and re-plan.</p> <p>1.2.3 Short-term planning, monitor, re-plan.</p> <p>1.2.4 Co-ordinate breastfeeding initiatives with other public health and health promotion activities.</p>	<p>Draft Infant Feeding Strategy for Scotland sets priorities and objectives. Scotland first UK country to set target in 1994. New target likely to be set after Infant Feeding Strategy consultation.</p> <p>In proposed Infant Feeding Strategy.</p> <p>Annual audit of NHS Board Action on Breastfeeding 2001-2004. Monitoring and evaluation in new strategy. Yes, addressed in Infant Feeding Strategy.</p>

MANAGEMENT	MANAGEMENT
1.3.1 National Co-ordinator	Yes, ending 30.11.05. New lead post with changed remit may be created in 2006.
1.3.2 National Committee	Yes, review and reforming 2006.
1.3.3 Continuity co-ordinator, committee.	Yes, likely new structure in 2006.
1.3.4 Monitor and evaluate results of national plan	National audit of NHS Board strategies 2001-4. Monitoring and evaluation written into IF Strategy.
FINANCE	FINANCE
1.4.1 Adequate human and financial resources	Will be reviewed in 2006.
1.4.2 No formula company or distributor funding.	None accepted at national level. NHS Board Strategies support the WHO Code. However there are examples of other resources within NHS still being funded by formula manufacturers.
Information, Education, Communication IEC (Individuals)	Information, Education, Communication IEC (Individuals)
2.1.1 Provision of face to face support by trained health workers including peer and group support.	Yes. Well established including 150 support groups and 11 peer programmes. Health Professionals and Voluntary sector work together.
2.1.2 Materials produced accurate and consistent with national policies.	Yes, achieved and ongoing.
2.1.3 Identify and address information and skills needs of women least likely to breastfeed (groups named)	Process begun. Peer support. BFI. Further focus on women least likely to breastfeed will be addressed through Infant Feeding Strategy.

<p>2.1.4 Identify and address needs of family and kinship members.</p> <p>2.1.5 Prevent distribution of marketing materials on infant feeding from inappropriate sources.</p>	<p>Yes, in part through literature and TV advertising. Need to address other key influencers highlighted within Strategy.</p> <p>NHS breastfeeding strategies, BFI accredited healthcare establishments, voluntary organisations abide by WHO Code. The UK law still allows distribution of these materials and advertising of follow on formula. UK Government taking part in EU recast directive meetings.</p>
<p>Information, Education, Communication IEC (Communities)</p>	<p>Information, Education, Communication IEC (Communities)</p>
<p>2.2.1 Develop IEC packs consistent with national policy for health, social and school services and infant care providers and the media. Free of charge.</p> <p>2.2.2 Present exclusive breastfeeding for 6 months and continued b/f up to 2 years as normal.</p> <p>2.2.3 Use BFAW as opportunity to stimulate public debate, the media and disseminate information.</p> <p>2.2.4 Monitor, inform and use all organs of the media and ensure b/f portrayed as normal</p>	<p>NHS Health Scotland literature and some good examples from the field. Health Professionals and breastfeeding education resource CD. Growing through Adolescence (2005) schools package contains breastfeeding information. Review of existing materials and identification of further information needs ongoing.</p> <p>Reflected in Infant Feeding Strategy and policy documents – launch imminent.</p> <p>Funding issues around BFAW need to be addressed but excellent resources from Health Scotland in use throughout the year.</p> <p>Being addressed through IF Strategy. Need to be more proactive in ensuring breastfeeding recognised for protective role in maternal health.</p>

PRE-SERVICE TRAINING	PRE-SERVICE TRAINING
<p>3.1.1 Review and develop standards for breastfeeding education to ensure competency in lactation management.</p> <p>3.1.2 Review literature and textbooks to ensure in line with policy and practice.</p>	<p>Yes. Health Scotland, NHS Education Scotland (with Scottish Executive support) commissioned education resource from UNICEF for Higher Education Institutes. (Launched September 2004).</p> <p>Literature in line with policy e.g RCM Successful Breastfeeding + updating of textbooks in process.</p>
IN- SERVICE TRAINING	IN-SERVICE TRAINING
<p>3.2.2 Continuing interdisciplinary education based on WHO/UNICEF or other appropriate courses for frontline staff.</p> <p>3.2.3 Review existing textbooks and literature</p> <p>3.2.4 Encourage advanced education in lactation management and to acquire IBCLC or equivalent qualification.</p> <p>3.2.5 Encourage e working amongst breastfeeding specialists</p>	<p>In place as part of partnership with UNICEF BFI in >85% of maternity units. Now progressing into community setting.</p> <p>More clinical mentors and educators now resourced to make use of the new (BFI) educational resource CD.</p> <p>Yes, in process. Some of the growing number of infant feeding specialists some of whom have IBCLC accreditation. Scottish Infant Feeding Adviser Network (SIFAN) hosts biannual educational meetings. Most European countries do not have community health professionals supporting breastfeeding mothers as is the norm in the UK. This role is carried out by health visitors, public health nurses and in cooperation with voluntary breastfeeding support organisations.</p> <p>SIFAN established September 2003. Biannual meetings and e mail communications.</p>

GLOBAL STRATEGY IYCF	GLOBAL STRATEGY IYCF
<p>4.1.1 Implement policies and plans based on WHO/UNICEF Global Strategy.</p> <p>4.1.2 Communicate policies and plans to all relevant bodies, groups and organisations.</p>	<p>In part, e.g. no right to breastfeeding breaks in the workplace. Exclusive breastfeeding for around six months will become policy in Scotland.</p> <p>Current policies disseminated widely and in public domain. This process will continue when policies consistent with Global Strategy are in place.</p>
THE INTERNATIONAL CODE	THE INTERNATIONAL CODE
<p>4.2.1 To develop EU regulations compatible with WHO Code as minimum requirement.</p> <p>4.2.2 Ensure Code is reflected in EU position at meetings of Codex Alimentarius.</p> <p>4.2.3 Develop national legislation including mechanisms for enforcement.</p> <p>4.2.4 Encourage full implementation of the Code even before EU requirement.</p> <p>4.2.5 Inform pre and post graduate health professionals and health service providers.</p>	<p>Reserved to UK Westminster Parliament.</p> <p>Baby Milk Action lobby for this in UK and Europe. Reserved to UK Westminster Parliament.</p> <p>Reserved to Westminster UK Parliament. Reserved issue as above.</p> <p>Reserved to UK Westminster Parliament.</p> <p>Continuing education throughout Scotland by those providers of care participating in the BFI (>85% mat units and extending to the community).</p>

<p>4.2.6 Develop code of ethics for Individual and institutional sponsorship of courses, educational materials, conferences and other activities.</p> <p>4.2.7 Disseminate information to the public about principles and aims of the Code.</p> <p>4.2.8 Phase out distribution of free formula to low income families and replace with initiatives to promote breastfeeding.</p>	<p>There is sponsorship of conferences and other events and resources by formula companies but not accepted by those participating in BFI at individual and institutional level.</p> <p>Not done but links in website to Baby Milk Action and WHO.</p> <p>No free distribution in Scotland. However free feeding bottles given to asylum seeking families in maternity pack. Current voucher favouring formula feeding families could be construed as free formula. This will cease under Healthy Start in 2006.</p>
<p>Legislation for working mothers</p>	<p>Legislation for working mothers</p>
<p>4.3.1 To upgrade legislation to meet ILO minimum standards.</p> <p>4.3.2 To ensure sufficient legislative support to enable exclusive breastfeeding for 6 months and continue thereafter.</p> <p>4.3.3 To extend maternity protection To those not currently entitled. Short term contracts, part-time, etc.</p>	<p>Falls short. No right to breastfeeding breaks.</p> <p>Maternity leave extended to 26 weeks in April 2003.</p> <p>Improved in 2003. Teenagers under 18 years now included. Yes, through HR personnel, unions and health workers.</p>

<p>4.3.4 Ensure employers , health workers and public informed about protection legislation and healthy and safety as applies to pregnant and breastfeeding women.</p> <p>4.3.5 Inform employers of benefits to them and their breastfeeding employees of facilitating breastfeeding (flexible hours, part time, facilities to express and store).</p>	<p>Health Scotland literature for employers and for women and families.</p> <p>Health Scotland resource disseminated to employers in 2000.</p>
<p>Baby Friendly Hospital Initiative</p>	<p>Baby Friendly Hospital Initiative</p>
<p>4.4.1 Ensure collaboration at all levels to establish BFI as best practice. Includes government, NHS Boards, NGOs , maternity & child care Institutions).</p> <p>4.4.2 To ensure resources (funding, personnel and time)and technical support for training and assessment.</p> <p>4.4.3 Encourage maternity units not participating to ensure practice is in line with BFI best practice standards</p>	<p>Mostly achieved. More communication with child care settings would be beneficial. Example of collaboration with nursery care settings in Glasgow.</p> <p>This varies widely in that some facilities have a full-time lead person with time and support whilst others have a part-time post with as few as 7 hours allocated. Adequate funding remains problematic in many areas.</p> <p>Recommended through policy and other Scottish Executive communications. >85% participation in BFI. More than 54 % Scottish babies born in a UNICEF BFI maternity unit.</p>

<p>4.4.4 Incorporate BFI criteria into standards national maternity service quality accreditation system</p>	<p>Recommended in policy documents</p>
<p>4.4.5 Develop systematic approach to conveying breastfeeding information in antenatal period consistent with BFI.</p>	<p>Yes. NHS Health Scotland TV advertisements BFI participating healthcare establishments. Other units putting 10 steps in place or use the guiding principles.</p>
<p>4.4.6 Involve fathers and families to ensure appropriate support at home.</p>	<p>Yes, through Health Scotland literature, advertisements and antenatal classes</p>
<p>4.4.7 Improve cooperation between hospitals and other health and social care facilities to ensure adequate actation support. (step 10)</p>	<p>In place. Peer, group and voluntary sector support. Specialist infant feeding clinics in three of Scotland's major cities. The IF Strategy will engage wider societal support.</p>
<p>4.4.8 Ensure adequate training and support in community health and social services.</p>	<p>In process. BFI extending into Community settings.</p>
<p>4.4.9 Encourage implementation of good practice beyond maternity setting (community, social services, paediatric and workplace).</p>	<p>Process begun and will be extended through new Infant Feeding Strategy. Examples of partnership working available from around Scotland and networking encourages further achievement in this area. Paediatric good practice examples available. Workplace information from Health Scotland is widely used.</p>

Support by trained Health Workers	Support by trained Health Workers
<p>4.5.1 To ensure health and social services staff including health professionals and volunteers have skills to build maternal ability and confidence</p> <p>4.5.2 To encourage and support staff to achieve specialist knowledge and problem solving skills.</p> <p>4.5.3 Ensure services to support breastfeeding including qualified lactation consultants or other suitably competent health care staff.</p> <p>4.5.4 Assistance for mothers to provide or acquire breastmilk for preterm or sick infants including assistance for travel and accommodation if unit is at a distance.</p> <p>4.5.5 Establish centres of excellence as a source for health workers and mothers including free access to web based resources.</p>	<p>Continuing education in place in most areas for HPs, peer supporters and volunteers. Need to continue and increase partnership working.</p> <p>Continuing education in place in most areas. Breastfeeding Educational Resource CD available to educators.</p> <p>Scotland has increased the numbers of competent health professionals (maternity units and community) and peer supporters. Group support available in most parts of Scotland (150 groups). Voluntary breastfeeding support organisations actively involved.</p> <p>Not at present. Only one unit has milk bank. NBA raised this issue with Blood Transfusion Service in Scotland in March 2005</p> <p>Specialist breastfeeding clinics in Glasgow, Edinburgh and Aberdeen. 150 support groups staffed by competent health professionals and volunteers. Breastfeeding in Scotland website available to all at www.show.scot.nhs.uk/breastfeed</p>

Peer Counsellors and M2 M support	Peer Counsellors and M2 M support
<p>4.6.1 Establish and increase trained peer and M2M support especially for women less likely to breastfeed.</p> <p>4.6.2 To develop review and update curricula for peer and M2M support training.</p> <p>4.6.3 Strengthen cooperation and communication between health workers and peer counsellors and M2M groups.</p>	<p>Well established. 150 support groups (with research currently taking place) and 11 peer support programmes. Randomised Control Trial of peer support in process.</p> <p>Established, continuing process. Research underway</p> <p>Well established.</p>
Support – family, community and workplace	Support – family, community and workplace
<p>4.7.1 Information to support breastfeeding mothers, partners and families including support networks</p> <p>4.7.2 Encourage family support through public education and cooperation between NHS and voluntary sector and other partnerships.</p> <p>4.7.3 Identify and address support needs of mothers in special circumstances or special groups, e.g. adolescent, immigrant and other groups.</p>	<p>Well established. Support information through Health Scotland, NHS and website and weblinks</p> <p>Well established. NHS literature and TV advertisements. Peer and group information through NHS and on website.</p> <p>Not established but some good examples of effective practice and networking to share experiences is ongoing. NBA engaged Sure Start Scotland (SSS) June 2004 to encourage support for breastfeeding. Only a small number of infant feeding related projects have received SSS funding.</p>

<p>4.7.4 Encourage breastfeeding friendly policies/facilities and protect right of women to breastfeed whenever and wherever they need to.</p>	<p>Facilities encouraged through Healthy Eating Awards and at local level through local awards by NHS Board Breastfeeding Strategy Groups.</p> <p>Breastfeeding (Scotland) Law March 2005 protects a child's right to be milk fed in any public place where (s)he has a right to be.</p>
<p>Breastfeeding Rates</p>	<p>Breastfeeding Rates</p>
<p>5.1.1 Set up monitoring system with universally agreed definition standards.</p> <p>5.1.2 To gather other information on social variables to help address inequality and deprivation issues.</p> <p>5.1.3 Publish and disseminate results and use in future planning of breastfeeding initiatives.</p>	<p>Monitoring carried out through SMR02 Guthrie, CHSP and BFI participating healthcare establishments. However these data do not, at present, adhere to universally agreed definitions. Further data harmonisation process begun in 2005.</p> <p>Guthrie data includes postcode and post district. CHSP includes postcode. IFS includes social class variables.</p> <p>Results published. (IFS, SMR 02, Guthrie, CHSP, ISD). In documents, websites and other sources.</p>
<p>Practices of Health and Social Services</p>	<p>Practices of Health and Social Services</p>
<p>5.2.1 Draw up protocols to assess hospital and primary care facilities based on BFI standards.</p> <p>5.2.2 Put in place patient feedback on breastfeeding information and support.</p>	<p>>85% participation in UNICEF UK BFI. Other maternity units putting 10 steps in place. Community initiative extending</p> <p>Part of BFI process. Evaluation of resources carried out by Health Scotland. Action projects are evaluated.</p>

<p>5.2.3 To monitor and evaluate coverage, standard and effectiveness of IEC materials and activities.</p> <p>5.2.4 Monitor adequacy of public knowledge, attitudes and practices on importance of breastfeeding, ways to support and protect it.</p> <p>5.2.5 Monitor coverage and effectiveness of in-service training.</p> <p>5.2.6 Publish and disseminate results and use in future planning of breastfeeding initiatives.</p>	<p>Health Scotland carry out these activities in relation to their resources, materials and events</p> <p>Health Scotland monitors. Various action projects also monitor.</p> <p>Carried out as standard in BFI participating healthcare establishments.</p> <p>Information available in various publications and settings.</p>
<p>International Code, laws and policies.</p>	<p>International Code, laws and policies.</p>
<p>5.3.1 Monitoring system with responsibility for checking compliance with International Code. Investigate and prosecute breaches, information for the public and relevant authorities.</p> <p>5.3.2 Monitor implementation of policies and legislation including maternity protection laws relating to breastfeeding.</p>	<p>Not done at present although it is widely known among health workers that the UK law is much (Food and Formula Regulations 1995) weaker than the Code. Awaiting outcome of EU Recast Directive</p> <p>Monitoring through various organisations including NBA audit, Health and Safety Executive, Maternity Alliance.</p>

Research	Research
<p>6.1.1 Foster and support research on breastfeeding, based on agreed priorities, definitions of breastfeeding and free of competing and commercial interests.</p>	<p>Currently through CSO and other fund holding bodies. General awareness that commercial bodies may not be appropriate sources of funding but some examples of this still arise.</p> <p>The Breastfeeding Expert Group in Scotland is currently carrying out a review which will complement that published by NICE 2005. It will be published in 2006 and will inform practice.</p>
<p>6.1.2 To support and ensure exchange of expertise in breastfeeding research among research institutions in Member States.</p>	<p>Networking among UK researchers is widespread. Papers published as appropriate.</p>

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