



Calderdale

Infant Feeding

Strategy 2024 - 2029



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Calderdale Infant Feeding Strategy

Ambition

Our ambition is for Calderdale to be a place that encourages, nurtures, and protects breastfeeding, and supports all families with their infant feeding decisions.

Aims of this strategy

This strategy sets out the steps to ensure breastfeeding support in Calderdale is collaborative, evidenced based and fits the needs of women and families across communities. The primary goal is to increase breastfeeding at birth and 6 – 8 weeks. Within this it also aims to:

- reduce inequalities in infant feeding
- inform public perceptions and understanding of breastfeeding
- create an environment where breastfeeding feels welcome, accessible, and comfortable across Calderdale
- help workplaces, public services, and other venues support breastfeeding
- ensure all families receive evidence-based support however they decide to feed their baby
- embed breastfeeding support within other relevant strategies and services in Calderdale

Who this strategy is for

Women and families tell us that many people are instrumental in affecting how they decide to feed their baby. This can include making the initial decision on how to feed their baby and whether they are able to meet their breastfeeding goals. Partners, friends, and family all play an important role, alongside many different practitioners, professionals and volunteers. This may include those who directly support infant feeding such as midwives, health visitors, peer supporters and infant feeding specialists.

They may also meet other people who work in health and social care such as general practitioners, dentists and childcare workers who can influence their infant feeding decisions through the information they give. Other people will play a more indirect, but still important role through overseeing funding, service design and policy, or simply being part of the broader community in Calderdale.

It is therefore vital that anyone who can influence or impact the decision of a woman to initiate or continue breastfeeding understands how to support breastfeeding, including where to signpost women to for support. This strategy is therefore for everyone in Calderdale including:

- Mothers, fathers, partners, grandparents, or family members
- Healthcare professionals, practitioners and volunteers who directly support infant feeding e.g. midwives, health visitors, neonatal nurses, peer supporters, infant feeding specialists, consultants and obstetricians, and paediatricians

- Practitioners who support families during the preschool years including in early years childcare settings and childminders
- Healthcare practitioners whose guidance may affect breastfeeding such as those working in dentist, pharmacy, dietetic, physiotherapy and mental health services
- Those responsible for health care service delivery, design and funding
- Those who support women on return to work including line managers and Human Resources teams
- Anyone who runs a business that breastfeeding mothers use or attends such as a café, leisure centre, play gym or library
- Everyone who meets breastfeeding women in community spaces in Calderdale

Calderdale priorities that this strategy contributes to

Infant feeding can also impact upon other areas of health, wellbeing, and the environment and therefore this strategy is relevant in the design and implementation of other strategies such as:

- Starting Well Maternity and Early Years Strategy 2023 – 2027
- Wellbeing Strategy: Living a larger life 2022 – 2027
- Calderdale Council's Corporate Plan 2022 – 2024 (being revised)
- Calderdale Climate Action Plan 2023 – 2036
- Anti-poverty Action 2024

And the Council's three Priorities

- Thriving Towns
- Tackling Inequalities
- Climate Action

Supporting parents with all aspects of infant feeding

Breastfeeding helps to protect the health of babies and mothers. It can also be important to the wellbeing of mothers and families for many other reasons including preferred way of caring for a baby, family and cultural traditions, and religious reasons. At the population level breastfeeding helps to reduce pressure on health care services and can help to protect our environmental impact. Governments, councils, and health care services therefore have a duty to promote and protect breastfeeding.

However, breastfeeding and caring for a baby can be challenging. In the UK many women who want to breastfeed are not able to do so for as long as they want to. For some this is due to health complications, but for others complex social and psychological factors intertwine to stop them breastfeeding before they are ready. We know that a lack of support can contribute to this. This is why it is important that evidence based breastfeeding strategies that are based on the needs of local women and families are put in place and supported by health care professionals, practitioners, and policy makers at all levels.

We also know that families need to be supported to make the decisions that are right for them. Some families will need to, or choose to, use formula milk on its own or alongside breastmilk. Others will express breastmilk rather than directly breastfeed. It is important that all families receive evidence-based information and non-judgemental support with all aspects of infant feeding and can feel that there is sufficient support in place from health care practitioners to help them with these decisions and feeding their baby.

Therefore, whilst this strategy focuses on ways in which Calderdale can create an environment that nurtures and supports breastfeeding, it also emphasises that all mothers, parents, and families deserve effective, non-judgmental care and support however their baby is fed.

Acknowledgements

Particular thanks go to the mothers who took part in shaping this strategy through sharing their stories, experiences and views about what enabled them to breastfeed. Thanks too to those who completed the online survey with their views. Thanks also to the Community Researchers who listened and captured the details of this valuable insight.



Foreword

Partners in Calderdale are committed to every child being ready for school so they can have the very best start and go on to live the larger life that we aspire to in our Vision. Narrowing the gap in school readiness is one of the four goals of our Wellbeing Strategy (2022-2027). Breastfeeding helps babies start their lives healthy, so they can be well enough to develop the foundations for a fulfilled life such as forming relationships, enjoying play and learning about the world.

This Infant Feeding Strategy sets out the things that our Health and Wellbeing Board Partners will do to enable more mothers to breastfeed and support families make the infant feeding decisions that are best for their baby. It has been informed by the experiences of new families in Calderdale, as well as research evidence about what works in increasing breastfeeding.

Through community research, we heard from breastfeeding mums from groups or areas of Calderdale where breastfeeding is typically less common, so we could understand what enables them to breastfeed. This strategy seeks to make those 'enablers' more widely available in Calderdale so that more families can breastfeed their babies. Many of the things that women told us support breastfeeding in Calderdale are found in relationships, friendships and communities, as well as in services. This emphasises the important contribution that we can all make to breastfeeding and supporting infant feeding in Calderdale.

This strategy wouldn't have been possible without the support of our partner Ideas Alliance who led the community research. This included forming a team of local community researchers who were mums that breastfed their children. Thanks to Kate Hawkins, Kerry Tottingham and Lorraine Hogg of Ideas Alliance. Cristela, Hazell, Karen and Munaza our community researchers. Thanks also to the mums who spoke to the community researchers and shared their experiences of breastfeeding in Calderdale, giving us invaluable insight about the factors that enabled them to do so. Thanks too, to all those mums, dads and partners that provided feedback through the online survey, all of which has contributed to this Strategy.

Finally thank you to Professor Amy Brown, Professor of Maternal and Child Health at Swansea University, who brought together the local insight and research evidence in this Strategy, and to Rachel Smith, Senior Public Health Practitioner, Calderdale Council, who led the development of this Strategy.

Deborah Harkins

Calderdale Council's Director of Public Health



1. Background

The first 1001 days of life from pregnancy through to a child being two years old are important in laying the foundations for health and wellbeing. Within this, nutrition, particularly in the early months of life plays a vital role. Breastfeeding helps to get babies off to the best start in life, protecting them against illness, and supporting their physical and cognitive development¹. Breastfeeding also offers protection for maternal health², health services and the economy³, and the environment⁴. Therefore, supporting mothers and families to breastfeed is a strategic goal of governments and public health organisations around the world⁵.

1.1. The importance of breastfeeding

Babies who are exclusively breastfed (i.e. receive only breast milk) for the first six months of life are offered the greatest protection particularly against respiratory, gastrointestinal and ear infections¹. Breastfeeding can help support future healthy weight and eating behaviour through helping babies to learn to self-regulate their appetite and introducing them to a range of tastes because their mother's diet subtly changes the flavour of breast milk⁶. Breastfeeding can also help to promote cognitive development, and although individual differences may be small, at a population level can have significant impacts upon school readiness and later academic achievement⁷. Finally breastfeeding can also help to support physical growth including aspects such as jaw and tooth development⁸.

These impacts are particularly important for babies who are born prematurely. For these babies, breastmilk can be lifesaving, especially in helping reduce likelihood of developing Necrotising Enterocolitis (NEC) a serious inflammatory bowel condition that can be fatal for premature babies. Breastmilk also helps to support their growth, brain and eye development and can lead to shorter hospital stays⁹. However, it is not only babies on the younger end of the spectrum who are protected; breastfeeding past six months into toddlerhood and beyond continues to support health and development with immune protection of milk increasing slightly as babies become more mobile¹⁰.

Breastfeeding also offers significant protection for the health of mothers, with greater protection the longer a mother breastfeeds. Mothers who breastfeed and for longer have a reduced risk of reproductive cancers, heart disease and type two diabetes². Breastfeeding can also help to protect maternal wellbeing and when mothers are able to breastfeed, their risk of postnatal depression decreases. This is partly through the impact of being able to meet their own breastfeeding goals but is also physiological. The hormones that are raised during breastfeeding help to promote feelings of calmness and reduce physiological impacts of inflammation due to the reduced sleep and increased demands of taking care of a newborn¹¹.

Breastfeeding therefore leads to a significant reduction in health care costs through reduced levels of illness, medical appointments, and hospital admissions. Parents of breastfed babies also lose significantly fewer days of work in the early years of life. Additionally, at the population level, enhanced cognitive development helps to support increased economic productivity in the workplace³. Increasingly attention is also turning to the important role breastfeeding can play in helping to reduce environmental impacts⁴.



1.2. Recommendations and challenges

Taken together these impacts are the basis for global and UK policy recommending that babies should be exclusively breastfed for the first six months of life, with continued breastfeeding for up to two years and beyond alongside solid foods¹. These data also offer significant motivations for public health and government authorities to invest in ensuring that breastfeeding is enabled through protecting families from external influences such as industry and ensuring that mothers receive the support that they need to establish and continue breastfeeding¹². Although breastfeeding is a 'natural' behaviour that has evolved to support humans over millennia, our modern lives and social set ups can mean that breastfeeding does not always come easily. Mothers can find breastfeeding difficult in the early days and later stages of their child's development (such as return to work) and without targeted support in place, can often stop breastfeeding before they are ready¹³.

Indeed, breastfeeding rates in the UK are amongst some of the lowest in the world¹. Around four out of five women in the UK start breastfeeding at birth, but this drops to just over half by six weeks and a third by six months. Levels of exclusive breastfeeding are even lower with over half of babies receiving some formula milk by the end of their first week of life. Conversely rates in other countries, particularly Nordic regions are much higher with three quarters of babies breastfed past six months old. These data do not illustrate intention: almost nine out of ten women in the UK who stop during the first six weeks of life report not being ready to do so¹⁴.

Although a small percentage of women will not be able to breastfeed due to medical issues, this does not explain these differences. Instead, they can be explained by complex and multiple psychological, social and cultural reasons. These include family attitudes, anxieties around milk supply and how often babies should be feeding, pressures to 'get back to normal' and public attitudes. This is embedded with changes to societal structure that mean that many new families are isolated and raising babies alone, without the day-to-day support of wider family. Combined with misleading formula industry marketing that promotes the idea that adding formula milk will aid sleep and development or decrease 'workload', many mothers end up introducing formula milk or stopping breastfeeding before they are ready¹³.

1.3. Infant feeding policies

Recognition of these challenges has led to breastfeeding becoming a focal point of government and public health strategies to promote the health, wellbeing, and development of our youngest population. Broader perinatal health policies and programmes such as the Healthy Child Programme¹⁵, Better Births¹⁶, the Maternity Transformation Programme¹⁷, Start 4 Life,¹⁸ and a Better Start¹⁹ all consider supporting and protecting breastfeeding as a priority. Supporting breastfeeding is also a core part of National Institute for Health and Care Clinical Excellence (NICE) Maternal and Child Nutrition guidelines²⁰, with organisations such as the UNICEF UK Baby Friendly Initiative²¹ working to enable public services to better support families with feeding. Likewise, the Royal College of Midwives²², Royal College of paediatrics and Child Health²³, and British Dietetic Association²⁴ all have position statements supporting breastfeeding.

In Calderdale, there are a number of strategies aimed at supporting child health and development during the early years including the Wellbeing Strategy (Living a larger life 2022 – 2027)²⁵ and the Starting Well Maternity and Early Years Strategy (2023 – 2027)²⁶. Both strategies have the overarching outcome of children being ready for school. Additionally, the Family Hubs programme, supported by central government funding, provides enhanced support networks and access to services to enable delivery of the Starting Well Strategy. The Calderdale Family Hubs - Start for Life offer²⁷ details support and services available to families from pre-pregnancy through to their child starting school. It shares information about key steps, where they can find support and the ways parents can support their child's emotional, physical and brain development so they are ready for reception at age 4.

Calderdale has also shown its commitment and investment in supporting breastfeeding through achieving the UNICEF Baby Friendly Gold award for Locala CIC Health Visiting and the Calderdale and Huddersfield NHS Foundation Trust Midwifery Service. Accreditation by UNICEF Baby Friendly is based on meeting a set of interlinking evidence-based standards that provide parents with the best possible care to build close and loving relationships with their baby and to feed their baby in ways which will support optimum health and development. The Gold award is the highest level of accreditation and celebrates excellent and sustained practice in the support of infant feeding and parent-infant relationships²⁸.

To build on this success, and to ensure core elements that led to BFI accreditation were sustained and further developed, Calderdale wanted to design an infant feeding strategy that was specific to the needs of communities here. Although infant feeding is embedded in the strategies above, a specific strategy to develop and support infant feeding is a core part of delivering effective services. Breastfeeding support is not a 'one size fits all' approach and the needs of women and families can change over time and differ between regions and populations within them. To ensure the best possible support for breastfeeding families, local policies and strategies must be up to date, draw on the needs and experiences of local women and families, and consider the needs of different communities.

1.4. Breastfeeding in Calderdale: Where we are now?

In Calderdale, around two out of three women breastfed at birth in 2022, with this dropping to just over half giving any breastmilk at all (either exclusively or alongside formula milk) at 6 – 8 weeks. Rates of breastfeeding at birth, at discharge from hospital and at 6 – 8 weeks are shown in table one below, for each year between 2020 – 2022. The final column compares the data to NHS England average statistics across all regions at 6 – 8 weeks²⁹.

These data are partially affected by Covid-19 both in terms of variation in data collection during Covid-19 pressures and small changes, that are reflected at the national level, in breastfeeding rates during the pandemic. Many areas have reported small increases in breastfeeding rates (attributed to factors such as concerns around health, changes in working style, partners at home, reduced visitors) during 2020 – 2021, reducing again in 2022 when lifestyles typically returned to pre pandemic norms³⁰.

Table one: Breastfeeding at birth, discharge and at 6 – 8 weeks in Calderdale between 2020 - 2022

	At birth	At discharge	6-8 weeks	English average 6-8 weeks
2020	74.5	66.6	41.8	48.0
2021	72.5	66.8	53.2	47.6
2022	62.8	61.2	53.3	49.3
2020 - 2022	70.1	64.3	50.2	/

Rates of breastfeeding initiation and continuation differ between different groups of women across Calderdale, including by age, ethnicity, and neighbourhood (an indicator of deprivation). Women who are younger, of white ethnicity, and who live in areas of higher deprivation are the least likely to continue breastfeeding, reflecting long standing statistics at a national level. For example, for 2020 – 2022:

- **For age:** At birth, 51.5% of mothers aged 15 – 19 initiated breastfeeding compared to 80.6% of those aged 40 – 44. At 6 – 8 weeks postpartum, 24.6% of those aged 15 – 19 were still breastfeeding compared to 64.9% of those aged 35 – 44
- **For ethnicity:** At birth 85.5% of women from Asian backgrounds and 74.5% of Black women initiated breastfeeding compared to 68.3% for white British women. At 6 – 8 weeks, 78.1% of Asian women and 75.0% of Black women were breastfeeding, compared to 46.5% of white women. Notably 77.8% of women from White Other backgrounds initiated breastfeeding with 59.3% breastfeeding at 6 – 8 weeks
- **For deprivation:** 61.8% of women from the most deprived neighbourhoods as assigned by the Indices of Multiple Deprivation (IMD) initiated breastfeeding compared to 84.4% of women more the least deprived neighbourhoods. At 6 – 8 weeks, 40.0% of those from the most deprived neighbourhoods were still breastfeeding compared to 67.6% from the least deprived neighbourhoods

These variations in data do not reflect physiological differences in ability to breastfeed, but rather social, cultural, and psychological factors that differ between groups. Much of the variation can be attributed to differences between groups in terms of whether breastfeeding is viewed as ‘normal’, familial, and cultural patterns, and ability to access support. If a mother lives in an area where breastfeeding rates are high, she is more likely to see breastfeeding as a normal thing, feel comfortable doing so in front of others, and be around like-minded people who both support breastfeeding and can offer her support to do so. Conversely ‘formula feeding cultures’ overtly and covertly encourage formula use as the norm, through it being accepted, common place and shared knowledge¹³.

It is this reason why infant feeding strategies and investment are so important: they can help to reduce inequalities, change the surrounding environment in which women make the decision to breast or formula feed, and ensure that support services are more intensely targeted at areas that need them the most. It also illustrates the importance of including the voices of women and families from a variety of different backgrounds in all strategy development. Experiences and needs of women can differ according to their community and background and it is important that services and changes reflect this¹¹.

2. Breastfeeding strategy development: where would we like to be?

Based on this, Calderdale Council commissioned the development of this strategy in collaboration with academics from Swansea University and Ideas Alliance, a social enterprise working to build bridges between organisations and communities. The concepts in this strategy are led by the voices of breastfeeding women from communities across Calderdale alongside wider established evidence and expertise around ‘what works’ to support breastfeeding. We know that there are many factors that support breastfeeding such as investing in support for women, families and into community spaces. However understanding how these factors are viewed within local communities is important. Different communities will have slightly different needs, perceived gaps, and ideas for change. For services to work well, change must be identified and driven from within communities, for communities.

An Appreciative Inquiry approach was taken to ask mothers and families what worked to support breastfeeding for them and what changes they would like to see. There was a particular focus on women who were breastfeeding in areas where breastfeeding rates are typically lower than average. This approach focuses on understanding positive and enabling factors rather than focusing on deficits. It enabled women to talk about how family and friends, health care professionals, practitioners, volunteers and support services in the community had made a positive difference to their breastfeeding experience, alongside suggestions on what additional factors might improve it further. This enables policy makers, commissioners, care providers and communities to focus on the factors that create a supportive breastfeeding environment. Engagement with mothers included:

- **A workshop with mothers, peer supporters, and infant feeding specialists to help co-design data collection**
- **Recruiting and training community researchers (mothers from local communities who had breastfed) to support data collection. Community researchers included women from different cultural backgrounds, neighbourhoods within Calderdale and with experiences such as the asylum-seeking process, with a focus on groups where breastfeeding is typically lower**
- **Conducting one to one interviews, small discussion groups and collecting online stories to explore women’s experiences and views about what enables breastfeeding in Calderdale. Interviews and groups took place across Children’s Centres, Family Hubs, and other community centres in Calderdale to ensure variety in the voices and experiences of those who were included**
- **Holding a sense making workshop with mothers, peer supporters, healthcare professionals, practitioners and infant feeding specialists to share and further develop the findings**
- **Overall, 179 mothers contributed their stories to support this strategy development, drawing on a diverse group of participants. In the interviews and discussion groups:**
 - **65% of mothers were from White British backgrounds with representation from Asian, Chinese, Mixed race, and other White ethnicities**
 - **The average age of mothers was 32 but included four mothers aged 24 and younger**
 - **Mothers lived across eight wards in Calderdale, with particular focus on ensuring inclusion from areas where breastfeeding is typically lower**
 - **Mothers had breastfed for a few weeks through to five years**



3. Our ambition for creating a supportive breastfeeding environment in Calderdale

Overall, five key priorities were identified from the collected insight for creating an environment that encourages, nurtures, and protects breastfeeding, and supports all families with their infant feeding decisions. These include:



Ensure there is a range of different infant feeding support, so families receive the right level of support at the right time



Support the wellbeing of new parents and the transition to parenthood



Target breastfeeding promotion at families and communities



Support people who connect with families before, during and after pregnancy to take part in ongoing training and development



Further develop breastfeeding friendly spaces where women and families feel comfortable

As the wider breastfeeding literature shows, and the mothers in our engagement told us, many women want to breastfeed their babies. Breastfeeding offers so many benefits to mothers, babies and families including for their health and wider experiences caring for their baby¹. Mothers who were able to breastfeed told us how much they enjoyed it, felt it was convenient, benefitted their baby's health and helped them to feel connected to their baby. We wanted to design this strategy to support as many families as possible to experience this.

It is important that a strategy has an impact upon infant feeding decisions as early as possible. Some mothers will make the decision that they will breastfeed during pregnancy or feel that they just always 'knew' that they would, but others may not be ready to make that decision until their baby is here, especially if they have not seen other mothers breastfeeding¹⁴. Therefore, it is important that support and education about breastfeeding and responsive infant care starts early, during pregnancy or even across broader settings where future parents will absorb information.

Additionally, lots of people around the mother might affect her decision, including her partner, family members, health professionals, practitioners and people in the community. Support from people close to her can play a vital role in whether a mother initiates and continues breastfeeding. This might include practical support with other aspects of infant care, emotional support, or simply a positive and encouraging attitude towards breastfeeding.

However, unfortunately, not every mother has this support, meaning her breastfeeding experience can be more challenging¹³. Therefore, although encouraging breastfeeding is an important part of any strategy, most of the experiences and ideas that women shared highlight a need for any infant feeding strategy to focus outside of the mother to enable her to be able to meet her goals. Supporting breastfeeding means investing in the health care services, public spaces and wider communities to enable her to meet her goals¹².

The five key priorities and their associated key actions and indicators of success were therefore designed to encompass the breadth of practitioners, services, organisations, and communities that can help to deliver this. They build on what has already been achieved in our UNICEF Baby Friendly Initiative Gold award and consider what steps are needed to further embed excellent practice to support our community in Calderdale. It should be noted that these priorities are of equal value and not in a particular order and are closely interlinked with each other. Supporting their success as a package of interconnected rather than standalone measures is important.

To understand whether a strategy is having an impact, measures need to be in place to record progress. Breastfeeding initiation and continuation rates at 6 – 8 weeks are the logical core outcome measure for this, are comparable with standardised national maternity statistics²⁹, and therefore form the core measure of the success of this strategy. However, infant feeding is a complex topic, affecting many other aspects of early parenting and wellbeing. It can also take time for changes to breastfeeding rates to be apparent, even when significant change is occurring within breastfeeding support³¹. Therefore, additional indicators that change is occurring are included within each priority which are indicative of elements such as greater uptake of breastfeeding support services, improved parental wellbeing and changes across communities.





Ensure that there is a range of different infant feeding support to ensure that families receive the right level of support at the right time

High quality and timely support with breastfeeding plays an integral role in helping mothers to initiate and continue breastfeeding. Families should be able to access holistic infant feeding support, from a variety of different sources, in different locations and meeting different needs and across their pregnancy journey and after their baby is born³².

What did women in Calderdale tell us was important?

“I was once struggling with my daughters latch on one side. I called the Health visitors as I was still under their care in the first couple of weeks. My health visitor came to visit within an hour and supported me. I know that she must have just been in the area at that time, but I’ll always remember that quick response and support.”

“Advice on positioning & feed times from specialists at the breastfeeding groups. Both babies went through periods of bad latch/refusal and having someone help and observe made a massive difference and is probably the reason I was able to continue to feed.”

“The breastfeeding group in Todmorden provided lots of answers and support, being with people who also breastfed helped with seeing what my peers were doing from positioning, tops to wear to bedtime and night feeds.”

“I found the Calderdale Breastfeeding peer supporters Facebook group a lifeline for quick responses out of hours. Also, just reading other people’s questions and answers allowed me to learn and kept me company whilst awake feeding throughout the night.”

What do women in Calderdale want more of?

“Prenatal session with the midwife explaining more in depth what to expect. If I hadn’t looked online, I wouldn’t have known how long it takes for milk to come in, what to use to soothe, how often to feed, amount it’s normal to feed, how to pump and store milk etc”

“A 24-hour text service - something that gives you an immediate response but not a phone call; I wasn’t always in the right head space to have to talk to someone.”

“Easy access to devices like hospital grade pumps in the community without needing referrals etc.”

“Maybe a group specifically for expressing/pumping mums.”

“In times of difficulty there was support available but only if the outcome was continuing to breastfeed. I had no sense there would be the same level of support had I decided to combination feed or switch to formula.”

Key Actions for success

Breastfeeding support should:

- Cover practical skills such as positioning and attachment, understanding milk intake and growth, responsive feeding, challenges, and broader baby behaviour
- Recognise that emotional support and chance to discuss challenges can be as important as practical support
- Be available from a range of professionals and practitioners according to need including peer supporters, midwives and health visitors, specialist infant feeding staff and lactation consultant expertise when needed
- Be coordinated and have clear pathways for referral for complications such as tongue tie, slow weight gain and medication contraindications
- Be accessible and available in a variety of formats and venues including health care clinics, community spaces and online. It should recognise that different parents feel comfortable in different locations and support set ups
- Consider the spectrum of feeding experiences including antenatal education, early challenges and through to feeding older babies and beyond
- Be well publicised so that mothers are aware that they can seek support before their baby is born, or before any problems arise
- Promote and protect breastfeeding but recognise that evidence-based support with using formula milk, solid foods and stopping breastfeeding is also important

Key indicators of success

- Reductions in disparities in breastfeeding rates between demographic groups
- Increase in uptake of breastfeeding support services
- Increased awareness of support services
- Increase in relevant and timely referrals to services such as tongue tie support
- Women and families feeling well supported in their infant feeding journeys including when making the decision to introduce formula milk, exclusively express milk, or stop breastfeeding
- Increase the number of attendances / contacts at breastfeeding support groups
- Development of an emergency infant formula pathway of support

Evidence base for this recommendation

Mothers told us that many different forms of breastfeeding support helped them to breastfeed for longer. High quality support in a range of different formats and from different trained and voluntary specialists is linked to increased breastfeeding. Importantly, this support should meet the individual needs of women i.e. being from the right person, at the right time and at the right level. Women value the specialist knowledge that health professionals and infant feeding specialists can provide, but also value the emotional support and shared experience that breastfeeding peer supporters and other mothers at breastfeeding groups can offer³².

We also know that timely support is important. Breastfeeding complications can be painful, impact upon milk supply, and rapidly reduce maternal confidence and motivation to breastfeed. Formula supplementation can inadvertently negatively impact upon milk supply. Ensuring women have good knowledge about milk supply and how to spot and get support with complications is vital. When complications do arise there should be clear referral pathways that enable challenges to be met as rapidly as possible³³.

Women value support that encompasses practical information such as positioning and latch, information about frequency of feeds, night feeding, milk composition and assessing milk intake. But they also need broader information around normal baby behaviour (i.e. frequent feeding, night waking and wanting to stay close) to ensure that they feel confident in differentiating between normal behaviour and a problem³⁴.

Incorporating support across the full spectrum of breastfeeding from antenatal information and introductions to services such as peer support, through to postnatal care and later stages such as introducing solids, return to work, breastfeeding older children and stopping feeding is important. Notably, women often feel unsupported when they experience challenges and decide to introduce formula or stop breastfeeding. This can lead to unsafe feeding practices, stopping breastfeeding entirely rather than mixed feeding, and women feeling abandoned by healthcare professionals³⁵.

Services should also be tailored to the needs of individual communities. We know that breastfeeding initiation and continuation rates can vary significantly between demographic groups due to different social and cultural factors that affect experiences. In the UK, white women from more deprived communities are the least likely to breastfeed. However, women from other population groups still need and value support. In particular women can value receiving support from someone similar to them, in terms of socioeconomic background, ethnicity and age, highlighting the importance of diverse health care and peer supporter teams³⁶.

Support should be widely publicised and accessible to ensure that as many families as possible are aware. It should also be provided in a range of different venues from formal clinics to more relaxed venues such as family hubs and libraries. Online provision is also valued by mothers, in part due to its round the clock nature and interaction with other mothers, but not in place of face-to-face services. Different families prefer to engage with different types of services, delivered by different people in different locations and the most effective services meet the needs of people within communities³⁷.





Support the wellbeing of new parents and the transition to parenthood

Services should be in place to holistically support the wellbeing of new mothers and fathers / parents during pregnancy, around the time that the baby is born and after the birth of their baby rather than solely focussing on infant feeding. This is particularly important for those who have experienced traumatic births, who have postnatal depression and anxiety, or are isolated from family and friends. The transition to parenthood can feel overwhelming, but supporting the wellbeing of both parents during this time can help parents to feel better supported, and in turn breastfeeding feel more achievable. Additionally, the ability of a positive breastfeeding experience to feel empowering and the impact that can have upon wellbeing should be recognised³⁸. Perinatal mental health and infant feeding support services should work in partnership, recognising the importance of holistically supporting families across all aspects of early parenting³⁹.

What did women in Calderdale tell us was important?

“Being able to have a coffee at the group was wonderful knowing at that point being a parent without any support from family and my partner being back at work, I could go and have a coffee and a chat, see other babies and mums was more emotional support than I realised I needed. Definitely helped me to feel valued and that I was doing the right thing.”

“Being praised for breastfeeding - even by strangers. Acknowledging the hard parts (sleep deprivation, being attached all the time) without trying to fix them.”

“{The infant feeding specialist} and all the support workers and other mums at the Sowerby Bridge support group. I would go every week just to have a cup of tea and chat about babies and breastfeeding and life.”

“Knowing there was a community of mothers in Calderdale doing the same thing despite it feeling very lonely sometimes.”

What do women in Calderdale want more of?

“Health workers linking new mums in with other breastfeeding mums in the local area. Community is key!”

“More coffee mornings in different closer locations”

“A group that could regularly meet/carry out activities together, attended & participated by professionals too.”

“It would tell real stories of breastfeeding. It’s hard! Women need to know that if they are finding it hard, that’s because it is hard but with the right support and time it gets better.”

Key Actions for success

Services should

- Understand the integral role they can play in supporting good mental health, especially when pregnancy or birth experiences have been difficult
- Offer both parents support with their wellbeing, with further signposting if they experience postnatal anxiety, depression, or birth trauma
- Help to connect parents locally with each other, especially breastfeeding mothers who are feeding in areas with lower breastfeeding rates
- Recognise the importance of supporting wellbeing throughout pregnancy, birth, and the postnatal period as experiences during these times can all impact upon ability and motivation to breastfeed
- Support parents more broadly with normal but challenging infant behaviour such as sleep, frequent feeding, and desire for closeness
- Perinatal mental health and infant feeding support teams to work in partnership to provide integrated continuity of care
- Training should be available to ensure professionals, practitioners and volunteers understand the relationship between mental health and infant feeding, and know how to refer to different specialist services for support

Key indicators of success

- Increased attendance at breastfeeding support and parenting groups
- Improvement in maternal wellbeing
- Increased understanding of normal baby behaviour
- Increased feelings of community between mothers and families in Calderdale

Evidence base for this recommendation

Mothers told us that emotional support and consideration of their wellbeing as they transitioned to motherhood and caring for their baby was important, both in helping them adapt to their new role and in supporting breastfeeding.

Breastfeeding does not happen in isolation. It is intertwined with the transition to parenthood and the experience of motherhood. In the early days and weeks, when feeds are particularly frequent and challenges most likely to arise, breastfeeding can feel overwhelming in terms of both the time and emotional load that it can create. These feelings occur within the broader transition to parenthood, with many new parents not prepared for the intensity of newborn care, leaving them feeling shocked, anxious and even grieving for their former lives⁴⁰.

Around one in five new mothers and fathers are diagnosed with postnatal depression or birth trauma. Supporting parents through this is important, but perinatal mental health is also closely tied to breastfeeding initiation and continuation. Anxiety and depression can make breastfeeding feel more difficult but also difficult breastfeeding experiences can exacerbate these difficulties, with a shorter than planned breastfeeding duration leaving mothers at risk of breastfeeding grief³⁵.

This is exacerbated by many new parents often being isolated, having moved away from family, with some having sparse practical support in those early days and weeks. Many have little experience of caring for babies, and normal behaviour such as waking at night and a need to be held often come as a shock. Breastfeeding can often get 'blamed' as the reason for maternal distress, with the suggestion that if a mother stopped she would find things easier. However, research shows that breastfeeding mothers actually get more sleep, and that breastfeeding can be a useful tool in soothing an infant. Many mothers do not wish to be told to stop breastfeeding, rather they need emotional support and reassurance with their broader parenting journey³⁵.

Instead, there should be a focus on ensuring that new parents, particularly mothers, are holistically supported through the postnatal period. Inspiration can be drawn from cultures where traditional care practices and rituals are used to help mothers rest and recover after birth⁴¹. This can include support from family and friends but investing in support groups and listening visits from health visitors and peer supporters is important. 'Mothering the mother' and caring for her needs will both support her wellbeing and breastfeeding. Connecting other mothers and families to each other to reduce feelings of isolation and enhance feelings of solidarity can be a key part of this⁴².





Target breastfeeding promotion at families and communities

Most women in the UK want to breastfeed their baby and many women in Calderdale talked about their positive and empowering experiences in doing so. However, unfortunately, it is common for women to experience negative attitudes or a lack of understanding of how breastfeeding works from family, friends and people in the community including workplaces or strangers in public. These experiences can damage maternal confidence, interfere with ability to breastfeed successfully, and leave women feeling let down and unsupported. Antenatal education that discusses positive aspects of breastfeeding is important, but for the greatest success, breastfeeding promotion should target those around the mother who can protect or damage her experience¹².

What did women in Calderdale tell us was important?

“Family support and encouragement, mainly my husband and my mum. Just having empathy and taking over other house duties”

“When my partner realised he could bond with the baby in different ways. There is a misconception that people believe that giving bottles is the only way to connect and there is so much more partners can do to feel involved, like bath time, singing, contact, sleeping etc”

“I remember one time at the checkout at the supermarket & my baby was screaming for a feed, as soon as I got out I sat on a nearby bench to feed him on the roadside. I remember an older lady coming up to me and telling me how wonderful it was to see me feeding my child. It made me feel proud and my heart swell a bit! I remember being in a few cafes where I was always asked if I wanted water alongside whatever I had, it felt nice to be supported by members of the public.”

“I did feed after returning to work. Having a supportive workplace and space to pump when needed helped, flexibility over hours/work routine so able fit pumping into work load, and work around childcare needs.”

What do women in Calderdale want more of?

“Older family members keep asking when I am going to stop feeding which is very off putting, but I am determined to keep going!”

“Mother-in-law being properly educated rather than constantly trying to push formula/bottle and more support at the hospital”

“More awareness of the benefits and information for my partner as his older child wasn’t breastfed so he didn’t understand the benefits and it was difficult to explain.”

“Educating partners of all mums about how much time and effort goes into feeding baby so they really understand that you’re not just sitting doing nothing all day!”

“{breastfeeding in public feels} very supportive and easy in and around Hebden. However not that far away in Halifax etc I don’t feel as comfortable however have never had any negative comments.”

Key Actions

Education and information should include:

- Education and support for fathers and partners, specifically around different ways to support breastfeeding and bond with their baby without giving a bottle of formula
- Information for family members, particularly grandparents when experiences and best practice around infant feeding may have changed from when they had a baby
- Guidance for workplaces around how to support breastfeeding mothers on return to work
- Wider community campaigns that normalise breastfeeding and raise awareness that the right to breastfeed in spaces where children are allowed is protected by law

Key indicators of success

- Increase in uptake of breastfeeding information and support by partners / family members
- Workplaces support women to breastfeed upon return to work and have the appropriate policies in place
- Improvement in public attitudes and acceptance of breastfeeding
- Number of venues signed up to the Welcome to breastfeed Calderdale Scheme

Evidence base for this recommendation

Mothers told us that their ability and motivation to breastfeed was often strongly affected by the support they received from those around them including their partner, family, breastfeeding support groups, health care professionals, practitioners and wider people in the community.

Many women want to breastfeed but are naturally influenced by the views and knowledge of those around them, particularly their partner and their own mother. These views can often be a stronger influence of a mother's decision to breastfeed than information given by health professionals, particularly for younger mothers⁴³.

Increasingly fathers and partners are playing a greater role in the care of their newborn. Father / partner involvement has many positive outcomes for infant health and wellbeing but has the potential to damage breastfeeding. Although many fathers / partners are positive about breastfeeding, some worry that it interferes with their ability to bond with their baby or see their partner overwhelmed and perceive feeding to be a task that they can take over. Often fathers feel that they do not know enough about breastfeeding, or how to help and can feel excluded from antenatal education or feeding support⁴⁴. Interventions to educate fathers to better support breastfeeding are often successful⁴⁵.

Likewise, how a mother herself was fed as a baby can have a strong influence on whether she breastfeeds and her experience of doing so. When grandmothers have positive experiences of breastfeeding, they are often better placed to support their daughter to do so. Conversely, difficult breastfeeding experiences, or a knowledge of how formula feeding works, can mean that a grandmother inadvertently tries to protect her daughter from the 'stress' of breastfeeding, or gives support that accidentally damages breastfeeding. Infant care for previous generations was often based around strict infant routines for feeding and sleep

which can reduce milk supply⁴⁴. Interventions aimed at grandparents to ‘update them’ on infant care and breastfeeding also have success⁴⁶.

Workplace knowledge and culture around supporting breastfeeding also plays an important role. With women increasingly returning to work after having a baby, and breastfeeding rates past six months increasing, more women are breastfeeding when they return to work. Understanding of the importance of continued breastfeeding, alongside support for expressing milk, breastfeeding a baby, and storing milk can make a positive difference. Although guidance on supporting breastfeeding at work in the UK only recommends rather than mandates support such as breaks and a private place to express and store breastmilk, research from the USA shows that when these are implemented, both breastfeeding and staff retention rates are higher⁴⁷.

Finally, although public attitudes to breastfeeding are improving, women can still receive criticism or unwanted attention for breastfeeding in public places. Women are protected under law to breastfeed their baby in public spaces, but this, or the need for babies to feed frequently is often not well known⁴⁸. Interventions to normalise breastfeeding, including positive imagery of breastfeeding, public information campaigns and promotion of its benefits to health, the environment and the economy can help to change attitudes and make women’s experience of breastfeeding in public more positive⁴⁹.





Support people who connect with families before, during and after pregnancy to take part in ongoing training and development

Perinatal health relates to the health of women and babies before, during, and after birth. Timely and high-quality breastfeeding support is an integral part of supporting women during this time to breastfeed and for longer. A core part of this is ensuring that a wide range of health professionals, practitioners and volunteers are available, have time within their roles to fully support breastfeeding, and have the skills, training, and referral knowledge to give the best possible, individualised support⁵⁰. Infant feeding services should work closely in partnership with perinatal mental health services to ensure joined up pathways for care⁵¹.

What did women in Calderdale tell us was important?

“In the hospital the night after birth, a midwife spent a long time with me showing me how to get a good latch. This was invaluable, as my baby was latched but I had no idea what to look for in a good latch to avoid pain. In the morning a breastfeeding peer supporter came round and helped me with positioning and left me her number in case of questions.”

“Seeing the breastfeeding specialist at the beginning when we were having feeding problems. I would have had to stop feeding if it wasn’t for the support, I was given on different feeding positions etc. I had nipple thrush and nipple blisters from feeding and had to wear shields for a period of time until they healed but was able to go back to just feeding from the breast after 2-4 weeks.”

“Baby cafe who helped us with monitoring feeding intake, weigh ins and identified significant tongue tie. The hospital infant feeding team who carried out both the tongue tie division procedures.”

What do women in Calderdale want more of?

“Better training in breastfeeding and surrounding issues for professionals like GP, Nurse practitioner, breast surgeons, scan technicians, paediatrics and anybody who will come into contact with a breastfeeding mother in the medical world.”

“More education for professionals around the benefits of feeding beyond babyhood”

“I saw (infant feeding specialist) at 6 weeks who identified tongue tie and referred this to be looked at. However, the tongue tie clinic doesn’t see babies after 6 weeks as a matter of urgency. I think the 6-week limit should be increased for babies that have spent time in neonatal intensive care unit as technically I had only really been feeding from the breast for 4 weeks.”

“A team of people selected and trained by {infant feeding specialist} to deliver intensive support to new mums over the first two weeks. This would be introduced by the midwives when they do their home visit.”

“Access to Qualified breastfeeding Peer supporters and International Board Certified Lactation Consultants (IBCLC) in hospitals. From day 1 of baby’s life. Often after having my son whilst still on postnatal ward I

asked for help coming up to a feed and a midwife was sent in, and whilst lovely and kind, they universally told me my latch was fine when in fact my son had a posterior tongue tie. If I'd been able to see an IBCLC in hospital in my opinion this would have likely been diagnosed early rather than my experience which was agony at every feed and massive anxiety as a result. Until his diagnosis at nearly 6 weeks. I passionately believe that we need many more people in the qualified infant feeding team than we have now - and more peer supporters."

Key Actions for success

Support for training and development of staff should include:

- Sufficient investment and support for roles at every level, including midwives and health visitors, infant feeding specialists, and peer supporters
- Recognition of the value of breastfeeding across health care settings including neonatal, maternity, and paediatric settings, alongside community care and offering breastfeeding support
- Training for professionals and practitioners from across the perinatal spectrum who meet expectant and breastfeeding families, including medical professionals, speech and language therapists and childcare early years practitioners
- Collaboration where relevant with external support such as infant feeding charities, and International Board Certified Lactation Consultants
- Continuation and ongoing revalidation of the UNICEF Baby Friendly Initiative (BFI)
- An emphasis on providing consistent information, with a focus on interdisciplinary working and connection between services
- Opportunities to share information about infant feeding support services at key times such as the GP 6 – 8 week check
- Clear boundaries for roles, with an emphasis on signposting towards specialist services dependent on need, in a timely manner
- Investment in ongoing training and development opportunities including consideration of university and professional course content

Key indicators of success

- Increase in uptake of 6 – 8 week GP checks that include referral to breastfeeding support services
- Increase in relevant and timely referrals to services such as tongue tie support
- Increase in mothers' satisfaction with breastfeeding support
- To maintain BFI accreditation (which will support numerous elements of this strategy)
- Increased uptake in training and CPD for a range of professionals, practitioners and volunteers
- Increase in knowledge and confidence of professional and voluntary organisations to support breastfeeding
- Number of breastfeeding supporters trained

Evidence base for this recommendation

Mothers told us that health care professionals and peer supporters are a trusted, frequent source of support in Calderdale. However, sometimes the information and support they receive from those not directly involved in breastfeeding support could be unhelpful.

To ensure that women receive the right support at the right time, investment in education and training is needed in the spectrum of professional and practitioner staff who influence infant feeding decisions. Midwives and health visitors may play the largest role in this, but many women and families engage with other health care professionals and practitioners during the perinatal period who can influence their infant feeding decisions. It is vital that these staff receive high quality, ongoing training and development opportunities so that they provide evidence based and consistent information⁵⁰.

Research shows that when staff receive high quality breastfeeding education, they offer enhanced support and feel more confident and informed in their roles. However, sometimes information received by families is inaccurate and can negatively affect ability or decision to continue breastfeeding. This is often due to a lack of breastfeeding specific content during training⁵¹. Moreover, broader experiences during pregnancy, antenatal education and birth and postnatal recovery can affect breastfeeding from both a psychological and physiological perspective⁵².

Investment in key roles (such as infant feeding leads and specialist services) ensures that staff have the time and ring-fenced roles to deliver support and helps to direct women towards services. It also promotes value of breastfeeding: when services are available for women and families to be able to access, it helps promote the feeling that breastfeeding is encouraged and supported⁵⁰.

Likewise, offering evidence based and up to date training opportunities helps to ensure that all professionals and practitioners who support expectant and new families have the knowledge to protect and encourage breastfeeding. It also ensures that breastfeeding information and support is up to date and consistent across groups. This includes awareness and signposting to breastfeeding support and specialist services⁵³.

Finally, the importance in ensuring that staff feel valued and supported in their roles through high quality leadership is an integral part to retaining staff and enabling them to flourish in their roles. Women often talk about that 'one person who made a difference' who was pivotal in changing their breastfeeding experience for the better. Staff who feel motivated, rewarded and valued in their roles are integral to high quality service delivery. Gold standard investment would focus on investing in adequate staffing, specialist roles and opportunities, and mentorship and support for those at the face of service provision⁵⁴.



Further develop breastfeeding friendly spaces where women and families feel comfortable

A public health approach that takes responsibility for creating an environment that encourages, promotes, and protects breastfeeding is integral in sending a message that 'breastfeeding is welcome' within Calderdale. This is wider than ensuring that the public understands the importance of breastfeeding, focussing on creating spaces where breastfeeding mothers and families feel comfortable and welcomed. This includes investing in facilities so that breastfeeding is easier: through awareness, infrastructure, and comfortable family friendly spaces.

Breastfeeding should be visible, to send the message that it is normal, welcomed and important. This sends a clear message to communities, that breastfeeding will be supported, giving mothers and the mothers of the future greater confidence to breastfeed. It is also important for second or more times mothers who are breastfeeding alongside caring for toddlers and older children and need to adapt breastfeeding into busy lives¹².

What did women in Calderdale tell us was important?

"I would feed anywhere but we'd always make sure it was somewhere we'd want to sit for a while. Clean and friendly. Most bars or cafe's we'd go to would meet those standards. There's places that have since opened which display the 'Welcome to Breastfeed' poster which I will go to with my new baby."

"The library. They have a dedicated feeding room which is great if you have a nosey baby or are feeling a bit self conscious."

"I remember going for one meal when my son was around 6 weeks and the waitress was insistent that she would cut my food up so that 'mummy can eat too'"

"Work provide me with a room to go and pump."

What do women in Calderdale want more of?

"More publicity about where are the most breastfeeding friendly places."

"More places having breast feeding friendly notices up to feel extra comfortable in the environment."

"More widely across Calderdale - so much in Todmorden or Central Halifax and the journey can seem a lot in early days"

"Breastfeeding support group - has been excellent but I put off going thinking it was going to be everyone sat in a circle on chairs having to say what their problems were"

"A list of venues, cafes, shops that welcome breastfeeding mums to take a seat to feed as and when needed and not having to buy products if out and about."

"Face to face venues that are fit for families, welcome, not run down and somewhere you actually want to be"

"Having water available lots of it, breastfeeding is thirsty work in cafes, centres etc"

Key Actions for success

Ideas to improve breastfeeding friendly spaces could include:

- Bringing breastfeeding support groups and services to areas that families already visit: family hubs, leisure centres and libraries. However, respect that some women sometimes need, or value home based, private support
- Investing in equipment and décor that make breastfeeding easier such as comfortable feeding chairs at groups, low lighting, and quiet areas
- Encouraging local businesses to sign up to be 'breastfeeding friendly' including basic training for staff, awareness, and comfortable facilities where women feel welcomed, safe and supported to feed
- Investing in safe and comfortable breastfeeding spaces in public locations where mothers who feel less comfortable feeding publicly, or who need to rest can visit
- Supporting workplaces to consider how they can welcome and support breastfeeding women on return to work and consider how fathers and partners might play a role in breastfeeding support
- Host public events and awareness activities such as a breastfeeding festival or 'big latch on'
- Raise awareness of, and support businesses and venues that welcome and encourage breastfeeding families
- Ensuring that breastfeeding support and broader family services are free from predatory marketing from the breastmilk substitute industry

Key indicators of success

- Increased awareness of venues that are supportive and welcoming of breastfeeding
- Increase in businesses and organisations signing up to the Welcome to Breastfeed Calderdale scheme
- Increased rates and awareness of breastfeeding in public places
- Breastfeeding recognised in broader child health and development plans and strategies
- Adherence to World Health Organisation (WHO) Code of Marketing of Breastmilk Substitutes

Evidence base for this recommendation

Mothers told us that public and community spaces that welcomed breastfeeding, were clean and comfortable, and were available across the region helped them to breastfeed for longer.

Creating an environment where breastfeeding feels normal, accepted and easy is a core step to ensuring that more women feel comfortable breastfeeding in public spaces, including upon return to work¹².

Spaces matter⁵⁵. Although women are protected under law to breastfeed, signs that breastfeeding is welcome help to reassure them that they will be supported to do so, and send a clear message to other users. Women value businesses and public places such as cafes and libraries which are openly welcoming to breastfeeding women, and word of mouth spreads a positive reputation and increased use.

Not all women will feel confident or want to breastfeed in public spaces and having comfortable and clean spaces such as feeding rooms, or quiet spaces in public buildings such as shopping centres means that

women feel comfortable planning a visit, knowing that they will have somewhere to feed. This also applies to workplaces.

Organisations, especially healthcare facilities may wish to consider the ‘feeding environment’ including elements such as comfy feeding chairs, low level lighting and clean facilities.

Finally, it is important that premises visited by breastfeeding mothers and families remain free from commercial influence from the breastmilk substitute industry⁵⁶.



4. Next steps

Women and families in Calderdale have shared their insight as to what factors enabled them to start and continue breastfeeding. Combined with the existing research evidence around what works, this strategy focuses on how health care services, breastfeeding support and the wider community can make changes to create a more positive breastfeeding environment that works to encourage, nurture, and protect breastfeeding whilst also ensuring that all families are supported across the spectrum of infant feeding decisions¹².

Considering how this strategy should be implemented, and who will be involved in its delivery is central to its impact for women, families, and communities. Ultimately, to enable this strategy to be impactful it is important that the services described within it, and those who will be responsible for its effective delivery, are well supported⁵⁷. This will include elements such as:

- **Clear leadership in delivering a women and family centred approach to breastfeeding support across Calderdale.** This includes political will and high-level endorsement in recognising the value of breastfeeding and supporting families
- **Resources to enable gold standard care to be delivered.** Without sufficient support for the staff and volunteers who will deliver this service, and the structures and resources that services need (such as room hire, publicity), it is difficult to deliver an effective service for families. As described above, this will include those who directly work to support infant feeding, but also those whose behaviour and knowledge can influence it including wider health and social care services, childcare, organisations, and communities. Joined up working with external organisations such as infant feeding charities will help to sustain service delivery
- **Recognition that sustainable, long-term change can take time to embed and can be small to start with.** It can take time to meet the ‘big picture’ goals of increasing breastfeeding rates, but small and sustainable increases over time help to make a difference to the health and wellbeing of mothers, babies, and families, and help to create an environment where breastfeeding is more visible and common place, thus helping the next generation of parents. Too often strategies are not given time to embed and considered ‘ineffective’ when complex behavioural change is not achieved. However, goals such as increased maternal satisfaction with support, or an uptake in services can deliver more immediate evidence of change
- **Ongoing evaluation to ensure services remain up to date and meet the needs of families and communities today.** This strategy development exercise has listened to the voices of women across Calderdale and incorporated their experiences alongside the established evidence into designing its priorities. Ongoing evaluation of service uptake, gaps and experiences of families should be prioritised to help ensure it remains relevant

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