




**Humber and North Yorkshire**  
Health and Care Partnership

# Humber and North Yorkshire

## Breastfeeding and Infant Feeding Strategy

2023-2027



We are committed to serving and respecting all our maternity service users, most of whom are women. The language we use reflects that but will also be varied where appropriate to recognise and affirm diverse gender identities. We will always use women but we will use gender neutral language when appropriate.

# Table of Contents

Foreword.....	3
Why do we need this strategy? .....	4
Value of breastfeeding.....	5
For baby.....	5
For mum.....	6
For the mum and baby bond .....	6
For the environment.....	6
For your finances.....	7
Bottle feeding safely.....	8
Infant formula .....	8
Expressed breast milk .....	8
Combination/mixed feeding .....	9
HNY breastfeeding and infant feeding action plan outcomes and aims.....	10
HNY breastfeeding and infant feeding action plan objectives.....	11
Protecting breastfeeding .....	11
Promoting breastfeeding .....	11
Supporting breastfeeding and safe bottle feeding.....	11
Normalising breastfeeding .....	12
Continuation of breastfeeding .....	12
HNY breastfeeding/infant feeding support services.....	13
Midwifery services.....	13
Health visiting/0-19 services and Children’s Centres .....	13
Breastfeeding drop-ins, cafes and centres.....	13
Breastfeeding helplines and websites.....	14
National policies .....	15

## Foreword

The protection, promotion and support for breastfeeding are vitally important to public health as it promotes health, prevents disease, and provides a best start in life for both mother and a baby.

Most women want to breastfeed their baby but they can experience various challenges in doing so.

Evidence shows that eight out of ten women stop breastfeeding before they want to – due to lack of support from family or professionals, employers who have not got adequate provision to support women returning to work and expressing breast milk, or pressure from wider society as breastfeeding is not necessarily seen as the norm.

This strategy sets out the direction to support agencies and the public, to protect, promote, support, and normalise breastfeeding.

Parents may choose to breastfeed, use expressed breast milk or use infant formula, and this is often a very personal decision.

While the strategy promotes the choice of breastfeeding, it would like all parents to feel supported in how they feed their baby, whether that be with breast milk, formula or a combination of both.

We also recognise that we require to analyse our breastfeeding trends across HNY, identify variation and inequalities between communities, and develop actions to address them with a focus on the most deprived areas. This will be addressed in the **local action plans** that will be developed in our HNY places following the publication of this strategy document.

## Why do we need this strategy?

- Breastfeeding contributes to reducing infant mortality.
- Breastfeeding contributes towards reducing childhood obesity.
- Breastfeeding contributes towards reducing a broad range of inequalities.
- Breastfeeding contributes to a reduced risk of infections and allergies.
- Bottle fed babies (breast milk and formula) need to be fed safely.

This strategy sets out how we will protect, promote, support and normalise breastfeeding across Humber and North Yorkshire (HNY), improving our existing services and in turn supporting women to initiate breastfeeding and continue breastfeeding as well as targeting interventions in areas of low uptake.

We will also provide information on how to bottle feed your baby safely.

Infant feeding decisions are personal and made for a variety of reasons but should be based on evidence to ensure that choices when made are informed.

Our vision for HNY is to create a culture where breastfeeding is seen as the norm and recognised as a key component to good long term health and reducing health inequalities. If women decide not to breastfeed, they will be supported to bottle feed in a safe way.

We will ensure that:

- Every family is fully aware of the value of breastfeeding and therefore able to make an informed decision about how to feed their baby.
- There are consistent messages around breastfeeding, and that parents know how and where to access the right support at the right time to be enabled to start and continue to breastfeed.
- We acknowledge that the decision to breastfeed or not is made for a variety of reasons and give support to make an informed, safe, supported and successful infant feeding choice.

# Value of breastfeeding

## For baby

Breast milk provides everything a baby needs\* until the addition of food from around six months of age. The World Health Organisation advocates breastfeeding, if possible, beyond six months to two years or more.

Breastfeeding has been linked to improved health, cognitive development, and social outcomes.

It also reduces the risks of:

- Infant mortality
- Childhood obesity
- Infections such as: gastroenteritis, ear, respiratory and urinary tract infections
- Necrotising enterocolitis\*\* (NEC), particularly in premature babies
- Sudden Infant Death Syndrome (SIDS)
- Allergic disorders
- Diabetes
- Raised blood pressure
- Childhood leukaemia
- Cardiovascular disease
- Dental caries.

### **Premature babies (born before 37 weeks)**

Breast milk has many protective properties that benefit a baby who is **born prematurely**. Premature babies that receive breast milk are less likely to suffer from certain conditions that prematurity puts them at risk of such as NEC, sepsis, ROP\*\*\*, increased hospital stays and readmissions into hospital in the first year of life. It can also help enhance brain development.

Breast milk can be expressed via hand immediately after the baby is born and given via a syringe. Babies that are too premature to feed orally will have a nasogastric (NGT) or orogastric (OGT) tube inserted.

It is recommended all babies have access to maternal expressed breast milk, when that is not available alternatives can be offered such as Donated Expressed Breast Milk (DEBM).

*\*It is recommended that from birth all breastfed babies are given a daily supplement of vitamin D (8.5 to 10 mcg).*

*\*\* Necrotizing enterocolitis (NEC) is a disease that develops when the tissue in the inner lining of the small or large intestine becomes damaged and begins to die.*

*\*\*\*Retinopathy of prematurity (ROP) is an eye disease that can happen in babies who are premature or weigh less than 1300 grammes.*

## For mum

Feeding a baby is a major component of parenting, which impacts upon maternal mental health. Studies show that having positive breastfeeding experiences and support, improves mother's self-efficacy, maternal mental health, and wellbeing.

Breastfeeding also decreases the risk of:

- Ovarian, uterine and breast cancers
- Osteoporosis in later life
- Cardiovascular disease
- Obesity
- Raised blood pressure
- Type 2 diabetes
- Rheumatoid arthritis.

## For the mum and baby bond

Responsive feeding is a partnership between mum and baby. Mum responds to baby's feeding cues, as well as her own desire to feed, comfort and reassure her baby.

A responsive mum and baby relationship provides the basis for more successful long-term outcomes, with a greater likelihood of breastfeeding initiation and duration.

Bottle feeding is also a chance to feel close to your baby and get to know and bond with them. Babies will feel more secure if most feeds are given by mum, their partner, or their main caregiver.

Supporting the development of a responsive parent-baby relationship helps families build close and loving relationships which will support the baby's neurological development.

## For the environment

There is an [environmental cost](#) from the impact of the production, distribution, and packaging of formula milk. In the United Kingdom (UK), the carbon emission savings gained by

supporting parents to breastfeed is equivalent to removing up to 77,500 cars from the roads for one year. This is a combination of raw milk production, transportation, and sterilisation.

### For your finances

There are cost implications to the family and the health care system of formula feeding. A household could save upwards of £700 a year (UNICEF BFI 2018) by breastfeeding rather than formula feeding. Estimated costs of admissions for babies with illnesses which could be reduced by breastfeeding amount to an estimated £50 million per year nationally in the UK.

## Bottle feeding safely

Bottle feeding with either expressed breast milk or infant formula require parents and care givers to be clear on current guidance to maintain baby's health and safety.

Never use a prop (pillow, including self-feeding pillow, rolled up blanket etc..) to hold the bottle in position, or leave your baby alone with a bottle as there is a risk they might choke.

### Infant formula

There is no perfect formula milk, the current NHS guidance is that babies are given first infant formula from birth to the age of one. Follow on milks or specialist milks are not recommended unless under strict direction of a medical professional.

[NHS types of formula - information about the various types of formula.](#)

[Infant milk info – First Steps Nutrition Trust](#)

How to prepare a formula bottle safely has changed over the last years and the NHS recommends that all formula feeds are made as required and not stored in fridges. The NHS and Food Standards Agency **do not recommend** formula preparation machines as they do not offer the highest standard of safety.

[NHS How to make up baby formula](#)

[UNICEF – bottle feeding guide](#)

### Expressed breast milk

How to prepare an expressed breast milk bottle safely is essential for the hygiene of the feed and also protects the live properties in the breast milk.

Breast milk can be expressed by hand, by hand pump or by electric pump. If breast milk is freshly expressed it will keep for 6 hours without refrigeration.

If breast milk is not needed within 6 hours it should be handled and stored carefully to stop unwanted bacteria from getting into it and growing. It stays at the highest quality when stored in a fridge, particularly when running at 4°C or below. Breast milk can be stored in a freezer at -18°C for up to six months.

[The Breastfeeding Network – expressing and storing breast milk](#)



## Combination/mixed feeding

A baby can be both breastfed and bottle-fed at the same time. The bottle could contain expressed breast milk or formula milk.

If you want to feed your baby with both breast milk and formula milk, it is recommended to wait until feeding is firmly established before introducing a bottle. This can be until your baby is feeding well or efficiently from the breast, this can take a few weeks or even longer, every baby is different. It is also important to note that breast milk supply is generally driven by frequent, effective removal of milk from the breasts. Giving a baby formula reduces milk supply, which is particularly important when both mum and baby are establishing and maintaining breastfeeding.

If there are issues with getting breastfeeding established or if there are concerns about your baby's weight, it is sometimes advised to give some formula feeds alongside breastfeeding frequently, if expressed milk is not available and there is a medical need.

Combination/mixed feeding will mean that you can leave your baby for periods of time, for example, if you are returning to work.

[NCT – 1st 1,000 days new parent support – Mixed feeding: combining breastfeeding and bottle feeding](#)

# HNY breastfeeding and infant feeding action plan

## outcomes and aims

The three main outcomes of this strategy that will be reflected in local action plans are to:

- Increase breastfeeding initiation (within 48 hours of delivery) rates to be closer to the UK average in areas where they are currently low.
- Increase the duration of breastfeeding at 6-8 weeks to be closer in line with the national average in the areas where required.
- Increase breastfeeding rates with a focus on areas where they are low.

The eight main aims of this strategy that will be reflected in local action plans are to:

- Ensure women can breastfeed for as long as they want to.
- Change public perceptions and promote positive attitudes by developing a local culture which supports breastfeeding.
- Address inequalities, especially in our Black, Asian and minority ethnic communities.
- Support provision of appropriately skilled breastfeeding support at the right time in the right place.
- Support all women who chose to breastfeed with an emphasis on young mothers and those in low income groups.
- Recognise that breastfeeding is not possible for everyone and support parents in making an informed decision on whichever method they choose and to make it a success.
- Support accessibility of breastfeeding friendly premises.
- Support dads and partners in giving the right practical and emotional support for a breastfeeding mother.

# HNY breastfeeding and infant feeding action plan objectives

The actions to meet these outcomes and aims are detailed in place-based action plans which all have the shared objectives of:

## Protecting breastfeeding

- Awareness across the region to uphold the International Code of Marketing of Breastmilk Substitutes by ensuring the Code is adhered to, and formula advertising does not undermine a parents' confidence in breastfeeding.
- Our own organisations and local Businesses have breastfeeding policies for staff and public.
- Breastfeeding in public is openly welcomed. Breastfeeding is advocated across HNY.

## Promoting breastfeeding

- Ensuring parents are given the right information, at the right time, in the right format – to promote breastfeeding and understand the benefits.
- Ensuring all public places in HNY are welcoming places to breastfeed, with positive images visible of babies being breastfed in various formats and settings.
- Ensuring that mothers know it is their right to breastfeed their baby anywhere but that they are especially supported in the 'Breastfeeding Welcome' venues.
- Identifying variation and inequalities between communities, taking action to address them with a focus on the most deprived areas.

## Supporting breastfeeding and safe bottle feeding

- Recognition that early support within the first two weeks is key to sustaining breastfeeding long term/safe bottle feeding, with provision of seamless support for new mothers across local systems, including referral for specialist support.
- Engaging family members and friends can make breastfeeding easier for new parents by giving social, emotional and practical support.
- Wider partners are trained in breastfeeding issues/to support safe breastfeeding and we have a skilled and competent workforce across HNY.

- Having clear communication channels between different professional and voluntary services across HNY, including data collection and reporting systems which identify where additional support needs to be targeted.
- Development and support to maintain the breastfeeding peer support volunteers, where these services exist, to provide antenatal, early postnatal, and ongoing support in hospital, at home and in the community.

### Normalising breastfeeding

- Strategic actions to shift social norms.
- Multi-agency commitment to collaborate in a wider societal change to normalise breastfeeding.
- Having a collaborative communications strategy with targeted actions.
- Breastfeeding is seen as the socially and biologically normal, and enjoyable way to feed.
- Work with schools, nurseries to develop schemes to normalise breastfeeding for children.

### Continuation of breastfeeding

- Ensuring that mothers know how to express and store their milk.
- Work with local businesses to increase their support for employees who continue to breastfeed on their return to work.

# HNY breastfeeding/infant feeding support services

## Midwifery services

Midwifery services support mums to breastfeed in the hospital and community setting.

Support is offered by trained and skilled staff, including midwives, infant feeding co-ordinators, maternity support workers and peer support services.

To breastfeed successfully, a baby needs to latch on to both the breast tissue and nipple, and their tongue needs to cover the lower gum. There are several factors that can prevent this from happening. Some babies with tongue-tie are not able to open their mouths wide enough due to a restriction with the function of the tongue and they are therefore unable to latch on to the breast properly.

Maternity services across the region provide specialist breastfeeding support clinics, provision of frenotomy (tongue tie division) services and follow up care.

Tongue-tie division is a short procedure, it is done by doctors, nurses or midwives trained in this procedure. It involves cutting the short, tight piece of skin connecting the underside of the tongue to the bottom of the mouth.

## Health visiting/0-19 services and Children's Centres

Health visiting/0-19 services offer advice and information to parents around getting to know your baby and setting up foundations for close and loving relationships. This advice includes infant feeding.

Many of the teams across HNY have UNICEF Baby Friendly Initiative accreditation. This means that the infant feeding support offered has been recognised as achieving a high standard.

Parent education classes will often provide information and support around infant feeding, including breastfeeding. Specialist breastfeeding service support can be offered to families who are experiencing feeding difficulties.

Children's Centre staff and voluntary organisations often offer breastfeeding and infant feeding information and support.

## Breastfeeding drop-ins, cafes and centres

Breastfeeding drop-ins, cafes and centres are all great places to make new friends and share the ups and downs of looking after a baby.

There's no need to make an appointment – just go along if you want to.

To find out what's available in your area:

- talk to your midwife, health visitor or Children's Centre staff
- [contact your local council on GOV.UK](#) who can put you in touch with a Children's Centre or Family Information Service, as these often have lists of local breastfeeding groups and activities
- use the NHS services search to [find a breastfeeding drop-in near you.](#)

## Breastfeeding helplines and websites

- National Breastfeeding Helpline: 0300 100 0212.  
Social media and webchat are available in addition to the telephone helpline.
- La Leche League: 0345 120 2918.
- National Childbirth Trust (NCT): 0300 330 0700.
- [Bliss](#) is a special-care baby charity that supports families of premature and sick babies across the UK.
- [The Breastfeeding Network](#) provides breastfeeding support and information.
- [La Leche League](#) offers 1-to-1 support with breastfeeding.
- [Lactation Consultants of Great Britain: find a lactation consultant near you.](#)
- [Twins Trust: feeding twins and triplets.](#)
- [National Childbirth Trust \(NCT\)](#) is a charity that provides information and support on all aspects of pregnancy, birth and early parenthood, including breastfeeding.
- [UK Association for Milk Banking](#) has information about using donated breast milk if your baby is premature or ill, and how to donate breast milk.

**These telephone numbers/links are correct as at Spring 2023.**

## National policies

There is a wealth of national policies and strategies that recognise the importance of improving breastfeeding rates.

---

**The Public Health Outcomes Framework** identifies 2 outcome indicators which relate to breastfeeding:

### **Breastfeeding initiation**

Data relating to breastfeeding status after birth is now captured and reported by NHS Digital via the Maternity Services Data Set (MSDS).

The mother is defined as having initiated breastfeeding if, within the first 48 hours of birth, either she puts the baby to the breast or the baby is given any of the mothers breast milk. (NHS Data Flows for Commissioning, NHS England, 2019)

### **Breastfeeding continuation at 6-8 weeks**

The 6-8 week breastfeeding data is published by NHS Digital through the Children and Young People's Health Services (CYPHS) Dataset.

Totally breastfed is defined as infants who are exclusively receiving breast milk (this may be expressed breast milk) at 6 weeks of age - that is, they are NOT receiving formula milk, any other liquids or food.

Partially breastfed is defined as infants who are currently receiving breast milk (this may be expressed breast milk) at 6 weeks of age and who are also receiving formula milk or any other liquids or food.

(NHS Data Flows for Commissioning, NHS England, 2019)

This is measured at the statutory 6-8 week visit by the health visiting team.

---

**NHS Longterm Plan** (2019) Chapter 3: Further progress on care quality and outcomes, supports implementation of the UNICEF Baby Friendly Accreditation (3.18)

**Equity and Equality Guidance for local maternity systems** (2021) Priority Action 4c:

Action on perinatal mortality and morbidity is supported by Intervention 3: implement an LMS breastfeeding strategy and continuously improve breastfeeding rates for women living in the most deprived areas. "Every LMS should agree and implement a breastfeeding strategy to

ensure that women have the information and support they need, when they need it in maternity services and in the community. The strategy should include an analysis of feeding trends across the LMS, identifying variation and inequalities between communities, along with actions to address them with a focus on the most deprived areas.”

**Better Births** (National Maternity Review, 2016) identifies a ‘need for improved support in breastfeeding,’ with many mothers reporting that they had received conflicting information.

**The Healthy Child Programme** (DoH, 2009) identified breastfeeding as a protective factor in early identification of need and risk

The ‘**Overview of the six early years and school aged years high impact areas**’ are all impacted by breastfeeding, with ‘breast feeding (initiation and duration)’ as priority 3 (PHE, 2016).

**NICE** guidance (2008) endorses services which enable breastfeeding, National Institute for Health and Clinical Excellence Public Health Guidance 12: Maternal & Child Nutrition

**UNICEF UK:** ‘Developing a Breastfeeding Strategy’ as part of the Baby Friendly Initiative

**Closing the gap:** Priorities for essential change in mental health – Department of health 2014

**1001 Critical Days** – a cross party manifesto Wave Trust highlights the importance of early intervention.

**Children’s Healthy Weight Strategy 2017-2020** National Guidance Documents identifies the role of breastfeeding and responsive feeding as key to reducing childhood obesity.