This is an update on how the Scottish Government intends to support the breastfeeding agenda over the next year.

There is also a commentary from Professor Mary Renfrew providing some insights into the breastfeeding specific issues we are facing in Scotland.

The Theme for Breastfeeding Awareness Week:
This year we intend to take the opportunity to spread positive messages during Breastfeeding Awareness Week. The aim is to highlight the support already available for women who choose to breastfeed. The Scottish Government will be launching several key messages during the week:

2. Celebrating the 10th anniversary of the Breastfeeding etc. (Scotland) Act 2005.
3. Launch of the revised "Off to a Good Start- all you need to know about breastfeeding" resource for all pregnant women in Scotland.
4. A breastfeeding pathway template for families has been designed and each Health Board will be able to customise this to describe local support mechanisms and provision.
5. A set of Professional toolkits will be available on the professional tab on the “feedgoodfactor” website and in paper form. A signposting postcard will be available to send out for Breastfeeding Awareness week.
6. The “feedgoodfactor” website is being upgraded to provide an effective information resource for Scotland. Some of this will be ready for breastfeeding awareness week but we will be consulting with parents and professionals to find out your views to inform the future content of the site.

Linda.wolfson@scotland.gsi.gov.uk
The Forthcoming Breastfeeding Agenda 2015/16:
During 2015/16 we will be focused on quality improvement in all of the areas associated with breastfeeding.

However, let’s not forget that significant work and effort has already taken place during 2015 including, in February, the Scotland-wide Breastfeeding Summit. The event did not suggest a whole raft of new interventions and thus, for now, our goal is to strengthen the ones we have.

We will be supporting a number of stakeholder events around Scotland during 2015/16 to engage with you about a range of topics, based on your recommendations at the breastfeeding summit.

The intention is to host them in a variety of areas throughout Scotland and to engage with as many different groups of stakeholders as possible.

Ultimately, we want to support women and build their confidence in breastfeeding. This means providing timely, culturally respectful, informed assistance to help each family interpret the recommendations in a way that works best for them.

UNICEF UK Baby Friendly Accreditation:
The standards of care expected in Scotland are those within the achievement of UNICEF UK Baby Friendly accreditation. Scotland is on track to have all of its Maternity Units accredited in 2015 and most of its CHP’s are either accredited or in the process of implementing the standards. The first stage 1 Neonatal Unit accreditations (4 units) have been achieved and a stage 2 is expected shortly. Healthcare Education providers are also implementing the standards.

http://www.unicef.org.uk/BabyFriendly/

Congratulations to all of the areas who have been reaccredited or newly accredited in 2015!

The Infant Feeding Survey 2015:
This survey has been carried out every five years since 1975. The last survey in 2010 was based on an initial representative sample of mothers who were selected from all births registered during August and October 2010 in the UK.

The survey provides information from a UK wide sample that is not routinely collected about nutrition in pregnancy, breastfeeding, formula feeding and weaning. The other three Governments have decided not to continue the survey but Scotland is in discussion about Carrying out its own.

The Breastfeeding etc. (Scotland) Act 2005: The Act makes it an offence to prevent or stop a person in charge of a child feeding that child milk in a public place. This means that any person should be able to feed a child when required and in the most appropriate place for them, without the fear of interruption or criticism. http://www.legislation.gov.uk/asp/2005/1/contents

Scotland’s Breastfeeding Resource, ‘Off to a Good Start’- All you need to know about breastfeeding’:

In February 2015 an updated version of this resource was launched and will be given to all pregnant women in Scotland. It will be available to Health Boards to distribute and also on line. http://www.healthscotland.com/uploads/documents/120-Off%20to%20a%20Good%20Start.pdf

For Mothers who formula feed their infants: For information on formula feeding for parents Health Scotland have produced a booklet: Formula feeding: How to feed your baby safely. This is distributed by Midwives and Health Visitors and available online at: http://www.healthscotland.com/uploads/documents/5523-FormulaFeeding_1.pdf

For more information for Health Professionals on infant formula milks and specialist milks: http://www.firststepsnutrition.org/newpages/Infants/infant_feeding_infant_milks_UK.html
Promoting the Exiting Pathways of Support:
This care is already available but promoting it should enable and encourage more women to access support. For Breastfeeding Awareness week, the Scottish Government has developed a breastfeeding pathway template for families. It has been designed so that each Health Board will be able to customise it to describe local support mechanisms and provision.

Health Boards can add in local logos and work in partnership with the voluntary sector to include both NHS provision and other local contact numbers.

Once each Board has completed the template they can be printed and will also be uploaded to the “feedgoodfactor” website where mothers can readily access them.
Working with Health Professionals:
We will be taking the opportunity in Breastfeeding Awareness week to remind professionals just how important the decisions parents make about feeding are for the future health of the Scottish population. They should appreciate the vital role that professionals have in new parents’ journey.

The Scottish Government has developed a set of 3 information documents (toolkits) for Health Professions including a set for Maternity services, one for Neonatal and Paediatrics staff and another for Community based teams. These will be available on the Feed good factor website (in the Health Professionals section at the bottom of the front page). [www.feedgoodfactor.org.uk](http://www.feedgoodfactor.org.uk)

Updating the Feed good factor website:
The “feedgoodfactor” website is currently being upgraded to provide an effective information resource for Scotland. The first upgrade will be available for 21st June 2015. [www.feedgoodfactor.org.uk](http://www.feedgoodfactor.org.uk)

We will be consulting with parents and professionals to find out your views for the future content of this website and how to best construct it to support the Scottish Government’s [Improving Maternal and Infant Nutrition: A Framework for Action (2011)](http://www.gov.scot/Resource/Doc/337658/0110855.pdf).
Breastfeeding – shifting the curve (which curve?)

Professor Mary Renfrew FRSE, Mother and Infant Research Unit, University of Dundee. m.renfrew@dundee.ac.uk

This is an Informal summary of presentation at Breastfeeding Summit, February 2015.

Background and introduction: The Breastfeeding Summit in Edinburgh in February, entitled ‘Breastfeeding – shifting the curve’, was an opportunity to discuss current issues in infant feeding. This presentation set the scene by reviewing progress and re-assessing the key challenges in infant feeding for Scotland and globally.

What has been achieved? Over the past 25-30 years, breastfeeding rates in Scotland and the rest of the UK have risen, against backdrop of falling rates globally – though this rise is limited to initiation rates; see graph below, adapted from the Infant Feeding Survey 2010 (McAndrew et al 2012), showing the proportion of UK mothers breastfeeding at different time points since 1980.

National and global awareness of the importance of breastfeeding for survival, health, wellbeing, and development of children, and the health and wellbeing of women, has increased. We have seen the development of the WHO Code for the Marketing of Breastmilk Substitutes (1982), the Global Strategy for Infant and Young Child Feeding (2003), and improved collection and reporting of national data.

Government engagement in the issue has increased, and a range of positive policies, strategies, and actions have been implemented across the four UK countries.

Scotland passed the Breastfeeding Act, Healthy Start has replaced the Welfare Food scheme, infant feeding coordinators are in place across the country, and there are examples of coordinated action between voluntary groups, peer supporters, the NHS, and local authorities.

Practices have changed, especially in regard to hospital-based routines such as separation of mother and baby, timed feeds, and top-up of breastfed babies with formula, in large part...
due to a stronger evidence base and the development of policy and guidance, and the implementation of the UNICEF UK Baby Friendly Initiative in hospitals, communities, and universities.

Knowledge and understanding of ways of enabling women to breastfeed has improved, in particular in regard to the socially patterned rates of breastfeeding, women’s own views and experiences, socio-cultural barriers, and effective interventions. More is known about the science of lactation, and the scale of the impact of not breastfeeding on survival, health, development, and costs.

Breastfeeding is not only optimal nutrition for infants, but is also a form of immunisation, and provides protection against a range of acute and chronic diseases for children and against breast cancer for mothers. It acts to space births for women with no access to other forms of contraception, and it offer pain relief for infants undergoing painful procedures.

Breastfeeding is part of the cluster of behaviours that affect the hormonal environment for the mother and the baby, and that work to enhance attachment, and the emotional development of the baby. Breastmilk substitutes offer none of these important factors, with resultant disadvantage to children, mothers, families, health services, and society.

What are the challenges? The apparent rise in breastfeeding rates is almost entirely limited to initiation rates, however – rates of duration and exclusivity remain very low – amongst the lowest in the world. The strong social patterning of rates has hardly shifted, resulting in entrenched health and social inequalities.
Some would consider coherent cross-government strategy as absent. Women continue to encounter serious barriers to breastfeeding, and it is understandable that many decide to formula feed from the start, or to stop breastfeeding prematurely.

**What are the issues that need to be addressed?**

Key issues that create barriers to breastfeeding include:

**Societal issues:** There is a distorted discourse about infant feeding in the media. Media coverage is predominantly hostile, setting up a contentious discourse of lifestyle choices, constraints on women’s freedom, and challenge to the evidence base on the health impact of not breastfeeding. Breastfeeding in the media is problematized rather than being seen as a normal part of life and relationships.

There is a widespread disbelief that the method of infant feeding really matters. Formula has been normalised as routine food, rather than a substitute when breastfeeding is not possible. Breastfeeding is often not welcome in the wider context of women’s lives – in the workplace, in public spaces, on transport – making it unreasonably, often improbably, hard for women to continue to breastfeed.

**Health service issues:** Health professionals are not consistently skilled in the support of women, and those who are may be criticised or neutralised by colleagues. Some health professions – notably midwives - have worked hard to up-skill themselves and to improve education for their students, while others have not.

Ambivalent attitudes to breast and formula feeding persist among health professionals, with a language of guilt and blame being common. There is inconsistent implementation of evidence, particularly around information, help and support for women, skin-to-skin contact, and kangaroo skin-to-skin care for babies in neonatal units.

**Market forces:** Most importantly, infant and young child feeding offers a significant market for breastmilk substitutes. This market has been expanding substantively in recent years. Sales of formula, bottles, and teats are increasing. Inappropriate marketing practices and sponsorship continue, in contravention of the WHO Code, and monitoring systems are weak. Yet little is understood by policy makers, health professionals, and the public about the scale and nature of the formula industry.

**The paradox:** The public health challenge for Scotland, the rest of the UK, and the international community is that the majority
of babies are fed either entirely or in part on breastmilk substitutes. Paradoxically, this is seldom the focus of attention. The problem tends to be framed as one of breastfeeding – hence the summit on breastfeeding, and professional meetings and papers on how to raise breastfeeding rates.

The focus is on breastfeeding and the risks of formula feeding are being ignored, or simply accepted as a fact of life.

The focus on breastfeeding risks provoking a set of counter-arguments about women’s choice, or ignoring the problems that parents can encounter with formula feeding. It can result in parents and professionals not being given adequate or independent information about the alternatives, and women with problems with formula feeding not consistently being offered help either. The risks of artificial feeding are not being minimised ‘….by ensuring the proper use of breast milk substitutes, when these are necessary, on the basis of adequate information…” (WHO Code 1981 Article 1).

As a consequence of all of these challenges; the strong social patterning of infant feeding means that the most vulnerable are most at risk, the smallest and weakest babies and the poorest families are least supported. Women and supportive professionals are the ones who get blamed, and put in the spotlight, when breastfeeding problems occur. This situation is failing women, babies and families, and indeed, the health professionals and others who work to help them.

What are the solutions?

Focus on the right problems: On going local and national monitoring of use of breastmilk substitutes is needed, with audit, analysis, and feedback of rates and problems. This should include the views and experiences of women, families, health workers, and employers. The quinquennial Infant Feeding Surveys conducted by the four Departments of Health have offered an invaluable source of trend data, and these should be reinstated.

Inappropriate marketing and mis-information should be tackled. This includes implementation of the WHO Code, with effective monitoring. Company sponsorship for professional activities should cease. Importantly, a mechanism for giving independent information about formula, bottles, teats and sterilising products to professionals and the public is needed. Mechanisms to explore ways of removing mis-information from books, websites and magazines should be explored.

Enable all women to breastfeed: Barriers to breastfeeding should be removed to enable all women to breastfeed, regardless of their circumstances. Were this to happen, women would have the choice to breastfeed or not that they currently do not have – breastfeeding is seldom a free or uncomplicated choice for women the Scotland and the rest of the UK.
Enabling women to breastfeed requires available, accessible, high quality services and support, integrated across communities and hospitals, professional and lay, and as part of both health and social care. Women need protection wherever they are – in the workplace, in public spaces, on transport. This could effectively be started by enabling women working on the in NHS, local authority, or government to breastfeed.

**Minimise the risks of not breastfeeding:** Informed support is needed for all women, regardless of feeding method. This includes accurate information about using breastmilk substitutes and equipment, and including cleanliness of feeding equipment, and reconstitution of feeds.

**Tackle the media image of infant feeding:** A strong, pro-active dialogue with the media is needed to shift the contentious discourse around breastfeeding. This will need good social science and media research, as well as creative social marketing, and the use of digital media.

**Identify cut-through solutions:** Innovative, creative approaches are needed to cut through the entrenched barriers. This will require research to tackle the overt and covert problems, and to study ways to increase the societal value of breastfeeding. One example is the on-going trial of economic incentives for breastfeeding in low income areas in South Yorkshire and Derbyshire conducted by the universities of Sheffield, Dundee, and Brunel, and funded by the MRC.

**Move women and supportive professionals out of the firing line:** Importantly, individual women and the health professionals and others who care for them need not to be seen as the problem – or indeed, as the solution. The focus needs to be moved to examining the problem – the over-use of formula, and the widespread perception that it is a normal food for babies.

**Focus on the right curve:** Rather than continuing to examine the rates of breastfeeding, it is important that we focus on the rates of use of breastmilk substitutes. The graph below uses data adapted from the UK Infant Feeding Survey 2010 (McAndrew et al 2012) and shows the very high rates of use of breastmilk substitutes in the first six months of life. Changing the shape of this curve is the key challenge.