Department of Health
An Roinn Sláinte
Mánnystrie O Poustie
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HSC Public Health Agency

Northern Ireland Breastfeeding Action Plan 2026–2029

CONTENTS

Our Vision:

A society where breastfeeding is normalised and women are empowered and supported to breastfeed

Northern Ireland Breastfeeding Action Plan

2026 – 2029

Context

Breastfeeding is an issue of strategic public health importance and interlinks with many other areas of health policy. These include obesity, maternity care, community nursing and ensuring children get the best start in life. Within the Department of Health and across the PHA, there are numerous strategies and frameworks that directly link with breastfeeding, including:

- Healthy Futures
- Making Life Better (under review)
- Healthy Child, Healthy Future
- Enabling Safe Quality Midwifery Services and Care In Northern Ireland
- Children and Young People's Strategy 2020-2030
- Women's Health Action Plan development
- Gender Equality Strategy development

Introduction

The Northern Ireland Breastfeeding Action Plan sets out the significant evidence-based benefits of breastfeeding for mothers and children and emphasises the importance of, and commitment to, a public health outcomes approach in order to:

- Increase the rate of breastfeeding in Northern Ireland across all time points
- Promote World Health Organization recommendations relating to protection of breastfeeding and support for women and families
- Address challenges associated with mothers experiencing inequalities linked to breastfeeding rates, mainly relating to age and deprivation; and
- Create a breastfeeding-friendly culture, with increased visibility, acceptance and support for breastfeeding across public, workplace and community settings

Key statistics indicate considerable disparities in breastfeeding rates for those mothers experiencing health inequalities thus highlighting the urgency for effective interventions for all mothers and particularly for those who may need additional support.

Background

The previous Breastfeeding Strategy *'Breastfeeding – A Great Start. A Strategy for Northern Ireland 2013-2023'* came to an end in June 2024 after which a one-year extension was granted to allow sufficient time for a full evaluation and to inform future planning. The Strategy Review found that there has been considerable progress made when it comes to professional development, service standards, data quality, support for mothers and children, and public communications on the importance of breastfeeding. However, there has been less progress in establishing the importance of breastfeeding in the community and increasing breastfeeding prevalence or the duration that women are choosing to breastfeed.

Much of the work that was carried out during the Strategy term has now been embedded as 'business as usual', especially the work within health services.

The importance of visible leadership within breastfeeding was highlighted as an important area during the Strategy Review. Visible, strong leadership at all levels – through the Department, Public Health Agency, frontline HSC services and community/voluntary sector – will continue to be vital to ensuring progress.

With the Strategy term ended, the decision was taken to build on the strategic direction already set out and develop a new Action Plan, which links to other strategies and plans in related areas and focuses on a renewed set of identified priorities.

Outcomes Framework and Breastfeeding Action Plan

The Outcomes Framework and Breastfeeding Action Plan have been informed by the current evidence base, including statistical data, best practice from comparable settings, and the recommendations of the Strategy Review. The Strategy Review itself was informed by a stakeholder engagement event and Knowledge Needs Assessments undertaken as part of the review process, specifically:

- Knowledge Needs Assessment
- Stakeholder Engagement Workshop Findings

Further detail on the evidence base is provided in Annex A.

The Framework sets an overarching goal for the Action Plan: to improve maternal and child lifelong health and development. This goal will guide delivery of the Action Plan and support progress towards the long-term vision.

To achieve this goal, the Framework identifies a suite of outcomes across three interrelated domains:

i. Health systems, workers and service delivery
ii. Societal
iii. Legislation and structures

Achievement of the Framework's goal is expected to be driven by these sustained outcomes:

- Increased confidence in breastfeeding among all health workers
- Consistent and clear communication, including signposting women and families to quality breastfeeding support
- Improved coordination and quality of integrated breastfeeding support across health services and community settings, including support for health workers delivering services

- Increased confidence in, and value placed on, breastfeeding among women, families, civil society and government
- Strengthened protection and structural support for breastfeeding

The Framework distinguishes between sustained outcomes, which reflect enduring, system-wide changes needed to achieve long-term impact, and supporting outcomes, which act as the intermediate steps that build capacity, confidence and coordination to deliver those sustained changes.

The Action Plan sets out specific tasks and activities that will contribute to the delivery of one or more outcomes within the Framework and support achievement of the Breastfeeding Targets outlined in Annex D. Timescales for actions will be agreed by the Oversight Group through the development of Delivery Workplans.

Governance structures

The Department of Health, Public Health Agency and HSC Trusts are committed to work with key stakeholders through the new Breastfeeding Plan and revised implementation arrangements to increase breastfeeding prevalence.

Delivery of the Action Plan will be overseen by a joint DoH–PHA Oversight Group. This Group will work with stakeholders to prioritise actions across the Action Plan that are likely to have the greatest benefit for women, children and families in Northern Ireland, taking account of current financial constraints (Annex B).

Four delivery groups will be established to progress actions across the four main areas of the Plan (within its three domains). Each group will consider monitoring, evaluation and research where appropriate and within available resources. Membership will include representatives from DoH, PHA, HSC Trusts, and community and voluntary sector organisations.

It is recognised that not all actions that could positively support breastfeeding in Northern Ireland can be implemented due to resource constraints. Nevertheless,

some outcomes, tasks and targets are included because they reflect the principles and values of DoH, PHA and the wider health and social care system. They build on previous efforts and successes and seek to balance ambition with realism, particularly where health system and community-led approaches can work together to support women, families and children.

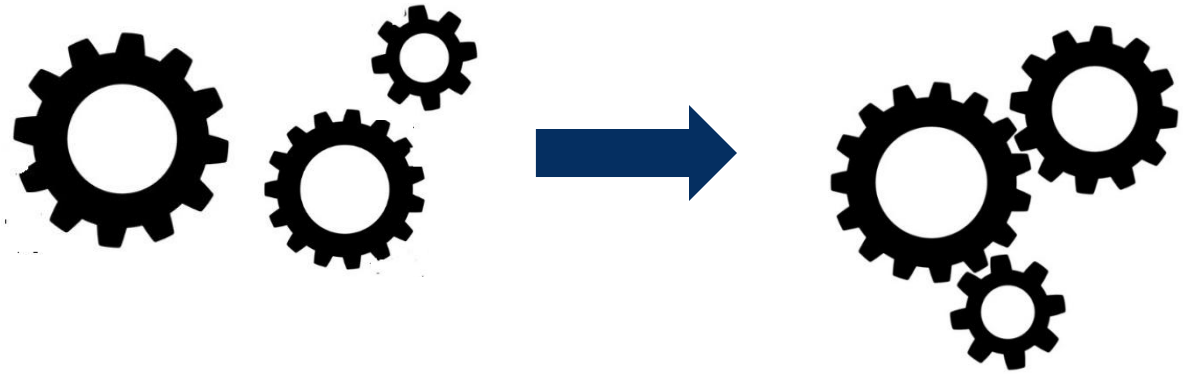
The Oversight Group will be responsible for setting strategic direction and prioritising actions, ensuring that those progressed are deliverable within existing resources, while keeping under review more aspirational actions should additional funding become available in future.

The Action Plan

This Action Plan sets out the priority actions to be taken forward over the next three years. It is not intended to capture every action that may be required to support breastfeeding but instead focuses on those areas considered most pressing at this time. In light of the current severe financial constraints, no additional resources have been allocated to support delivery of the Plan.

The Plan also points to 'who' might be the responsible implementing agency or partner see Annex C e.g. tasks related to Legislation and Structural initiatives are likely to fall within the remit of government while actions to socialise breastfeeding may involve both government and civil society groups.

Each area for action will improve support for women and families but like a cog in a machine, the maximum gain is achieved when they engage together at the same time and optimise the environment for breastfeeding.



The Framework also serves as the basis for a set of progress indicators. The development of these indicators will be taken forward through the delivery groups. Each delivery group will determine the relevant indicators within their area, agreeing the most appropriate data sources, and identifying any gaps or limitations.

This work will form a core part of the ongoing activity of the delivery groups as the Action Plan is refined and implemented.

The Framework aims to capture the recommendations of the Strategy Review and stakeholder engagement as well as WHO recommendations, the most current evidence base and best practice.

Note:

i. Specific actions related to the NI Milk Bank are not detailed in the Action Plan and Outcome Framework. The milk bank provides vital support in the care of preterm newborn infants and is a highly valued service. Plans related to developing the milk bank are under consideration.
ii. Throughout this plan, the terms 'MOTHERS' and 'WOMEN' are used. However, we acknowledge and respect that not everyone who breastfeeds identifies with these terms. Our intention is to be inclusive of all individuals who breastfeed.

Outcome framework to guide actions to improve breastfeeding practices in Northern Ireland

Goal	**Improved maternal and child lifelong health and development** **Improved experiences of women wanting to breastfeed**									**Monitoring, evaluation and research**
	Health system, workers and service delivery				**Societal**			**Legislation and structure**		
Sustained outcomes †	Increased confidence in breastfeeding among all health workers* and consistent communications including guidance to where women and families can access quality breastfeeding support		Improved coordination and quality of integrated breastfeeding support in health services and the community including support for health workers delivering services		Increased confidence and value given to breastfeeding among women, families, civil society and government			Improved protection and structural support for breastfeeding		
Supporting outcomes ‡	Health and social care workers* knowledgeable and confident in breastfeeding for maternal and child lifelong health and development and family wellbeing	Effective, coordinated communication, support and referrals within and between health services and community-led breastfeeding support networks	Consistent, skilled, equitable breastfeeding support provided and available 24/7	Proactive specialist services for those at risk of breastfeeding challenges e.g. preterm and multiple births, maternal health issues, tongue tie	Improved societal understanding, belief and confidence in breastfeeding for maternal and child lifelong health, development and bonding	Mothers and families knowledgeable and confident in the support available in the health system and community for those wanting to breastfeed	Women confident that public opinion and settings are supportive of mothers wanting to breastfeed including in public	Effective monitoring and regulation of the marketing of commercial milk formula	Supportive workplaces with provisions and protection for pregnant and breastfeeding women consistent with globally recommended standard	Public spaces and settings receptive and supportive of women wanting to breastfeed including in public

† Sustained outcomes refer to behaviours and practices that become embedded in the health system or community and contribute to the desired Impact

‡ Supporting outcomes refer to behaviours and practices that are intermediate stepping-stones toward the main goal/impact

*Health and social care workers includes all providers of health-related services including pharmacists and allied staff in addition to nursing, midwifery and medical personnel.

Tasks and activities of the Breastfeeding Action Plan

Specific tasks may contribute to more than one outcome. Monitoring, evaluation and research are separate but cross-cutting activities.

To finalise following discussions with Infant feeding leads and community-based stakeholders.

Tasks and activities (Delivery areas)	**Health system, workers and service delivery**		**Societal**	**Legislation and structure**	
	Leadership, strategic partnerships and advocacy	**Skills development (multi-sectoral education and training), health services' organisation and linkages with community-led networks**	**Communication and behaviour change**	**Legislation and structural initiatives**	
	Monitoring, reporting and dissemination of breastfeeding rates at regional and local levels to inform local actions.	Use feedback and experiences of women captured through the UNICEF Baby Friendly Initiative (BFI) audit process to identify challenges and improve health system and community support. Include other user touchpoints and research opportunities (e.g. Care Opinion /Potential of MyCare app)	Maximise opportunities for targeted messaging to normalise breastfeeding and emphasise its health benefits for both mothers, infants and society.	Strengthen breastfeeding protection through joint work with the Department for Communities and other relevant Departments including via the Executive's Gender Equality Strategy development	**M&E / Research**

	Work with government departments and public sector organisations to adopt best practice in supporting breastfeeding needs of: - staff - members of the public accessing services e.g. police, prisons, education	Maintain and expand BFI accreditation and BFI standards	Continue to develop innovative approaches to public health messaging on breastfeeding. For example, the expansion of the Public Health Agency's confidence building and support series	Implement responses to the Competition & Markets Authority report to strengthen monitoring and implementation of the International Code of Marketing of Breastmilk Substitutes.	
	Raise breastfeeding awareness and offer training beyond maternity/neonatal/public health nursing, such as within perinatal mental health services, acute paediatrics, Emergency Departments and Children's services	Explore adoption of BFI Children's Hospital Services standards and support the implementation of revised BFI community standards across NI	Support normalisation of breastfeeding through school programmes. For example, Roots of Empathy, school nursing service	Review and improve support for breastfeeding mothers working in NI Health and Civil Service to normalise BF	
	Review breastfeeding content and explore inclusion in undergraduate training for nurses, midwives, doctors, Allied Health Professionals and pharmacists.	Improve awareness, skills and competencies of essential health staff including GPs, pharmacists, paediatricians and paediatric nurses e.g. through online training resources and HSC Learning	Expand the Breastfeeding Welcome Here scheme including: - Businesses (incl. develop resources) - Government Departments - NI Councils - Community organisation	Identify funding opportunities to support implementation research in support of BF	

	Support the transition to Encompass to achieve and maintain high-quality breastfeeding data through appropriate monitoring and quality assurance	Identify and support needs for multi-disciplinary services for complex breastfeeding difficulties such as tongue-tie services and for mothers with additional specialist needs	Implement an annual communications calendar with fixed opportunities to promote breastfeeding messaging	Strengthen joint work with the Department of Health in the Republic of Ireland and the Institute of Public Health to establish an all-island breastfeeding network	
	Explore inclusion of breastfeeding as part of HSC corporate induction	Raise awareness of breastfeeding among frontline staff in admin/reception/support roles	Improve awareness and support training of community and voluntary sectors groups who can support breastfeeding in the community including existing community education programmes		
	Ensure effective services are in place to support breastfeeding/infant feeding in a public health emergency	Review and update the www.breastfedbabies.org website to become a one-stop-shop for breastfeeding information and advice	Review and update breastfeeding promotional materials and identify opportunities to strengthen messaging re. breastfeeding including disease prevention and improved outcomes for mothers, children and society.		
	Regular updates to all healthcare professionals	Use all Health Improvement contacts to promote, support, normalise breastfeeding			

Monitoring, evaluation and research

Monitoring, evaluation and research activities will be taken forward by each delivery group, where appropriate and affordable, to support learning and continuous improvement. Delivery groups will identify proportionate approaches to monitoring progress and evaluating impact in line with their specific actions, available resources and priorities. Findings will be used to inform ongoing delivery and shared with the oversight group to support collective learning and accountability.

Monitoring, evaluation and research will be taken forward, when appropriate and within available resources, by each delivery group. This may include the following -

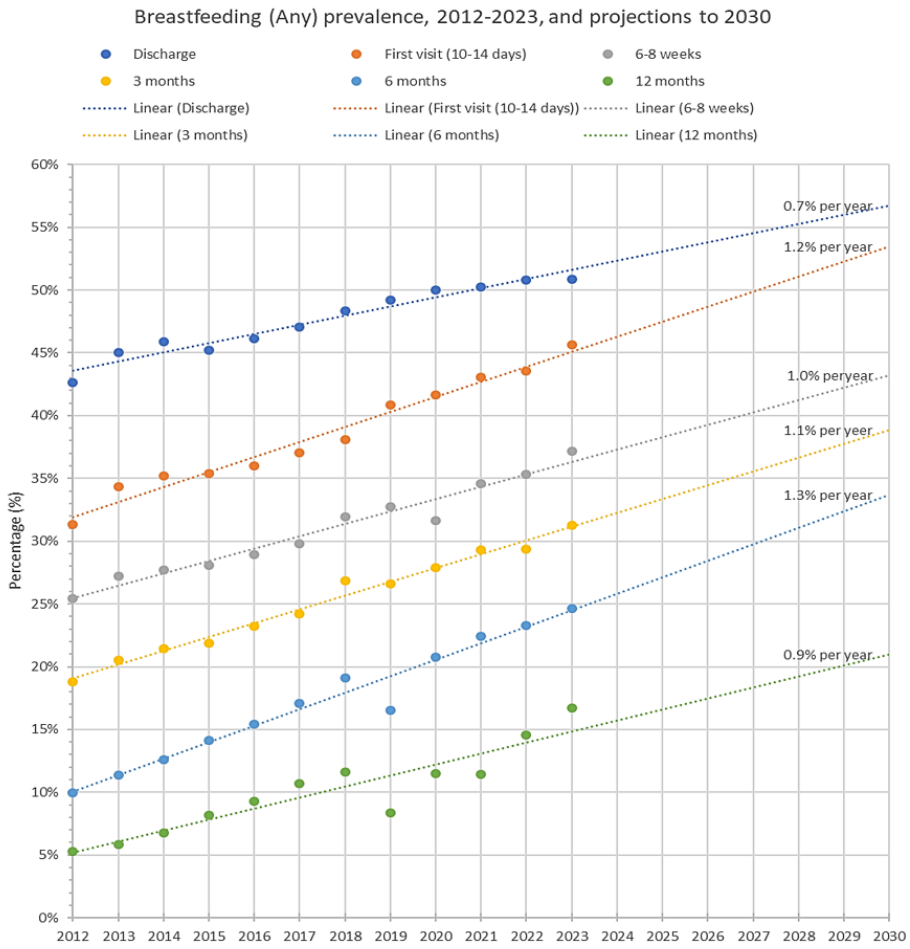
a. Develop high quality data systems and indicators to support the monitoring and development of infant feeding practices to promote breastfeeding within maternity, neonatal and community settings, aligning with UK national, ROI and UNICEF indicators where feasible/appropriate.
b. Explore and monitor trends in attitudes relating to infant feeding through population-based surveys such as the Health Survey Northern Ireland and the Young Persons Behaviours' and Attitudes Survey.
c. Explore and capture the views and experiences of women regarding infant feeding support antenatally and postnatally, in maternity, neonatal and community settings to inform service development.
d. Develop and test interventions to support and promote breastfeeding among pregnant women and mothers in low BF prevalence populations e.g. higher deprivation or young age
e. Consider evidence from other breastfeeding support models to inform service development and improvement.

Annex A The Evidence Base

Statistics

Northern Ireland captures, publishes and maintains robust data on breastfeeding. Over the last 10 years, there has been a steady increase in breastfeeding rates across all time points; however, prevalence is lower than we would like.

Figure 1. Breastfeeding rates 2012-2023 and projections to 2030



Sources

Attempted breastfeeding – Northern Ireland Maternity System (NIMATS), Live births to Northern Ireland resident mothers. Excludes infants who died in the delivery suite, home and free births. Data for 2023 excludes 536 infants delivered to South Eastern HSCT which were recorded on EPIC. Prevalence of breastfeeding at discharge and timepoints up to 12 months – Northern Ireland Child Health System (CHS), Live births to Northern Ireland resident mothers.

Table 1A. Breastfeeding rates 2012-2023 and projections to 2029 (assuming no new interventions)

	Measured values				Projections based on 2012-2023 estimates						
	2012	**2021**	**2022**	**2023**	**2024**	**2025**	**2026**	**2027**	**2028**	**2029**	**Annual % change**
Attempted BF	54.1	61.8	62.2	62.7	64.6	65.4	66.2	67.0	67.8	68.6	0.8%
BF at discharge	42.6	50.3	50.8	50.9	52.4	53.1	53.8	54.6	55.3	56.0	0.7%
BF 1st visit. 10-14d	31.3	43.1	43.6	45.6	46.3	47.5	48.7	49.9	51.1	52.3	1.2%
BF at 6-8 weeks	25.4	34.6	35.3	37.2	37.3	38.3	39.3	40.3	41.3	42.3	1.0%
BF at 3 months	18.8	29.3	29.3	31.3	32.3	33.4	34.5	35.6	36.7	37.8	1.1%
BF at 6 months	10.0	22.4	23.3	24.7	25.9	27.2	28.5	29.8	31.2	32.5	1.3%
BF at 12 months	5.3	11.4	14.6	16.7	15.8	16.6	17.5	18.4	19.3	20.2	0.9%

Sources:

Attempted breastfeeding - Northern Ireland Maternity System (NIMATS), Live births to Northern Ireland resident mothers. Excludes infants who died in the delivery suite, home and free births. Data for 2023 excludes 536 infants delivered in South Eastern HSCT which were recorded on EPIC.

Prevalence of breastfeeding at discharge and time points up to 12 months - Northern Ireland Child Health System (CHS), Live births to Northern Ireland resident mothers.

Table 1B. Breastfeeding at discharge by maternal age and deprivation (2023)

	Age	**Deprivation index**
Breastfeeding at discharge	All: 50.9%	All: 50.9%
	<20 years: 24.6%	Most deprived: 38.7%
	40+ years: 60.6%	Least deprived: 64.8%

Source: Child Health System (CHS)

Deprivation based on maternal postcode assignment using Northern Ireland Multiple Deprivation (NIMDM) 2017 Super Output Area (SOA) quintile.

Strategy Review recommendations

While significant progress was delivered during the Strategy period, the Review highlighted several key matters that continue to require attention. These include:

1. Ensuring strong breastfeeding leadership in Northern Ireland
2. Understanding the infant feeding workforce and the workload challenges facing staff in health settings
3. Exploring opportunities where legislation could be strengthened to support breastfeeding
4. Assessing opportunities for the human milk bank
5. Considering investment needs relating to breastfeeding support
6. Addressing gaps in research

Summary of stakeholder engagement

In June 2023, the Institute of Public Health facilitated two engagement workshops with breastfeeding stakeholders. The first was part of a Knowledge Needs Assessment to understand our information gaps; the second focused on gathering views and opinions on what had been achieved during the strategy period and identifying areas where further work was needed. Participants were asked to provide feedback on a range of questions to capture progress to date and the way ahead. The stakeholder engagement session and subsequent survey highlighted how much had been achieved by the strategy to promote and support breastfeeding in NI.

Engagement identified that the following should be considered in a new action plan for NI:

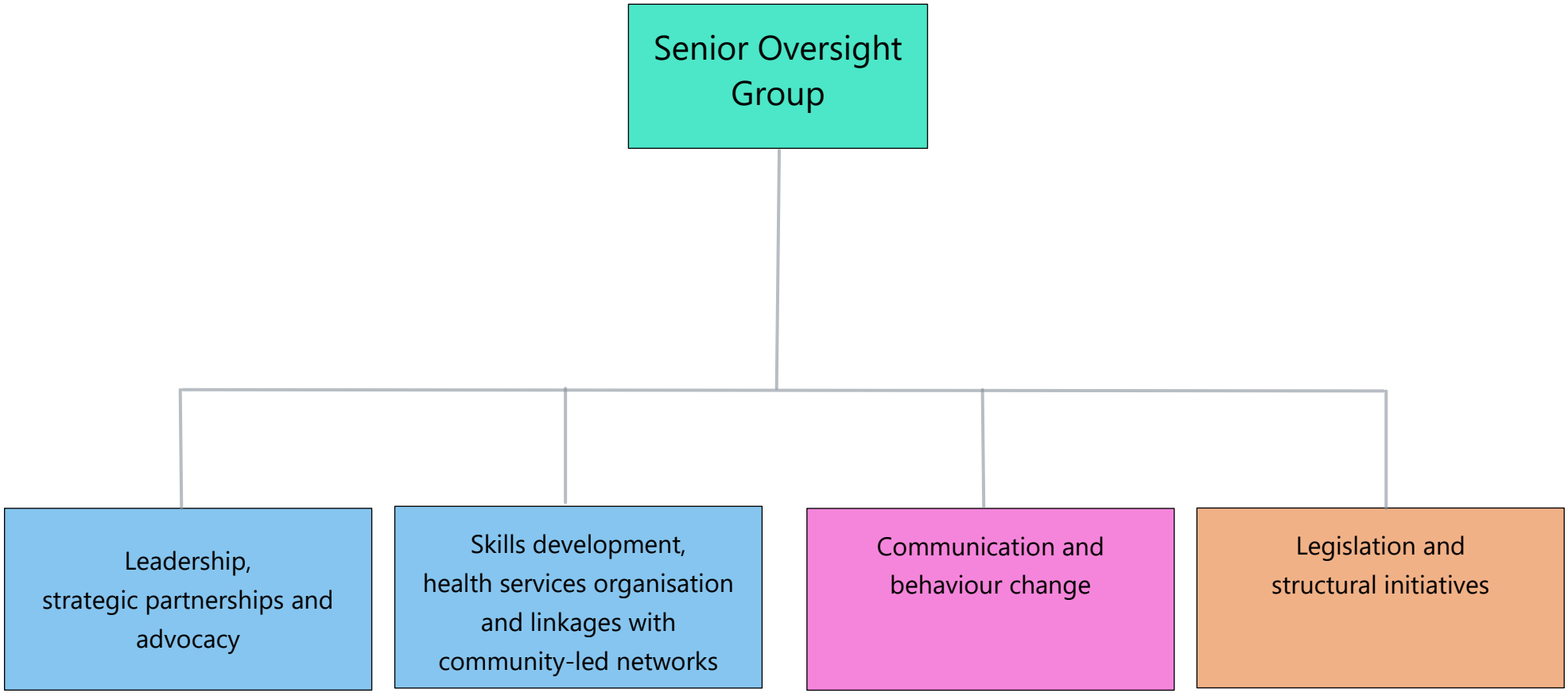
- Greater cross departmental working
- More support for breastfeeding in the current cost of living crisis
- More workplace support for breastfeeding
- Sustainable resourcing for BFI training within SureStart centres
- Targeted innovations in areas of low breastfeeding rates

- Breastfeeding education within schools and universities
- Greater clarity on workforce capacity, skills and performance
- Bespoke training to address specific breastfeeding challenges
- Greater support for migrant women, asylum seekers and ethnic minority groups
- Roadmap towards achieving clear targets
- Best practice communication on breastfeeding to the public

The Knowledge Needs Assessment identified that we need research to better understand:

- Breastfeeding trends
- Economic and sustainability issues in breastfeeding
- Hospital based support for breastfeeding
- The package of support for breastfeeding in NI
- Messaging, marketing and culture
- Human Milk bank

Annex B. Breastfeeding Action Plan Governance Structure



* Governance structures are in development and will be agreed prior to implementation of the Action Plan.

Annex C. Action leads

Health system, workers and service delivery	DOH/PHA responsible/delivery team
Leadership, strategic partnerships and advocacy	
Monitoring, reporting and dissemination of breastfeeding rates at regional and local levels to inform local actions.	PHA
Work with government departments and public sector organisations to adopt best practice in supporting breastfeeding needs of: - staff - members of the public accessing services e.g. police, prisons, education	DoH
Raise breastfeeding awareness and offer training beyond maternity/neonatal/public health nursing, such as within perinatal mental health services, acute paediatrics, Emergency Departments and Children's services	PHA
Review breastfeeding content and explore inclusion in undergraduate training for nurses, midwives, doctors and AHPs	DoH
Support the transition to Encompass to achieve and maintain high-quality breastfeeding data through appropriate monitoring and quality assurance	PHA
Explore inclusion of breastfeeding as part of HSC corporate induction	DoH
Ensure effective services are in place to support breastfeeding/infant feeding in a public health emergency	DoH/PHA
Regular updates to all healthcare professionals	PHA
Skills development (multi-sectoral education and training), health services' organisation and linkages with community-led networks	
Use feedback and experiences of women captured through the BFI audit process to identify challenges and improve health system and community support. Include other user touch-points and research opportunities (e.g. Care Opinion /Potential of MyCare app)	PHA
Maintain and expand BFI accreditation and BFI standards	PHA

Explore adoption of BFI Children's Hospital Services standards and support the implementation of revised BFI community standards across NI	DoH/PHA
Improve awareness, skills and competencies of essential health staff including GPs, pharmacists, paediatricians and paediatric nurses e.g. through online training resources and HSC Learning	PHA
Identify and support needs for multi-disciplinary services for complex breastfeeding difficulties such as tongue-tie services and for mothers with additional specialist needs	PHA
Raise awareness of breastfeeding among frontline staff in admin/reception/support roles	PHA
Review and update the www.breastfedbabies.org website to become a one-stop-shop for breastfeeding information and advice	PHA
Use all Health Improvement contacts to promote, support, normalise breastfeeding	PHA
Communication and behaviour change	
Maximise opportunities for targeted messaging to normalise BF and emphasise its health benefits for both mothers, infants and society.	PHA
Continue to develop innovative approaches to public health messaging on breastfeeding. For example, the expansion of the Public Health Agency's confidence building and support series	PHA
Support normalisation of breastfeeding through school programmes. For example, Roots of Empathy, school nursing service	PHA
Expand the Breastfeeding Welcome Here scheme including: - Businesses (incl. develop resources) - Government Departments - NI Councils - Community organisation	PHA
Implement an annual communications calendar with fixed opportunities to promote breastfeeding messaging	PHA

Improve awareness and support training of community and voluntary sectors groups who can support breastfeeding in the community including existing community education programmes	PHA
Review and update BF promotional materials and identify opportunities to strengthen messaging re. breastfeeding including disease prevention and improved outcomes for mothers, children and society.	PHA
Legislation and structural initiatives	
Strengthen breastfeeding protection through joint work with the Department of Communities and other relevant Departments including via the Executive's Gender Equality Strategy development	DoH
Implement responses to the Competition & Markets Authority report to strengthen monitoring and implementation of the International Code of Marketing of BMS	DoH
Review and improve support for breastfeeding mothers working in NI Health and Social Care and Civil Service to normalise BF	DoH
Identify research opportunities to support breastfeeding	DoH
Establish an All-Island Breastfeeding Policy Network to strengthen joint working with the Department of Health in the Republic of Ireland and the Institute of Public Health Ireland	DoH

Annex D

Targets. Breastfeeding practices among infants born in 2028 (analyses and reporting in 2029)

The following three-year targets (Figure 1) reflect changes from baseline data and projected estimates currently available for Northern Ireland (Table 1). The WHO Global Nutrition targets are shared to frame the targets against agreed international goals (including by the UK). The targets reflect priorities for Northern Ireland and what can realistically be achieved if health systems effectively coordinate with community-led efforts. They represent outcomes that will improve health and equity among women, families and children in Northern Ireland.

It is recognised that the definitions of some indicators are not fully aligned with those used for the Global targets (see Explanatory notes). Interpretation of changes in breastfeeding practices compared with historical values should recognise the transition from the Northern Ireland Maternity System (NIMATS) and the Child Health System (CHS) to the Encompass EPIC information system and changes in data collection and management processes. Updating definitions and methods may be further considered.

The transition to the Encompass electronic care record system may affect the completeness, consistency and comparability of breastfeeding data during implementation. Targets relating to monitoring, reporting and analysis are therefore dependent on data availability following transition to Encompass.

Table 1. Northern Ireland Breastfeeding Action Plan Targets (2026 to 2028) and rationale

Indicator	2023	2025 estimates	Global Nutrition Target (WHO/UNICEF)	Target – 2028
A. Breastfeeding practices (*see explanatory notes)				
Initiation of breastfeeding within one hour	62.7%^	65.4%	At least 60% initiation within one hour	**At least 60% initiation within one hour**
^In 2023, 62.7% women in NI attempted to breastfeed after birth. (Table 1A see below) However, it is unclear whether mothers' attempts were within one hour and whether it was well-supported. Evidence shows that early initiation within one hour is associated with improved health outcomes and increased rates of exclusive and continued breastfeeding. The WHO Global Nutrition target refers to 'Initiation of breastfeeding within one hour' of at least 60% newborns. Projected rates of 'Attempting to breastfeed' may therefore already in excess of this target. Assuming rates of Attempting to breastfeed do not decrease, the focus of intervention and support will therefore be to achieve at least 60% breastfeeding initiation within one hour of birth. In the future, reporting and data management efforts will focus on collecting and disaggregating data to estimate rates of the WHO indicator 'Initiation of breastfeeding within one hour'.				
Any breastfeeding at discharge	50.9%	53.1%	Nil	**57%**
In 2023, 50.9% of infants in NI were being breastfed at discharge. (Table 1A) It is estimated that of infants born in 2025, about 53.1% will be breastfed at the time of discharge. (Table 1A) A realistic target is that among infants born in 2028, 57% will breastfeed at the time of discharge. (This is compared to the current projected 2028 estimate of 55.3% on the basis of no action plan .)				
Any breastfeeding at 6 months*	24.7%	27.2%	Nil	**33%**
The proportion of infants born in 2023 who received any breastfeeding at 6 months of age (that includes exclusive, predominant and partial) was 24.7%. It is estimated that of infants born in 2025, about 27.2% will be breastfed at 6 months of age. (Table 1A) A realistic target for any breastfeeding by infants born in 2028 is 33%. (compared with the current projected 2028 estimate of 31.2% on the basis of no action plan)				
Exclusive breastfeeding at 6 months of life*	18.6%	21.6%	Nil (EBF in 6m – at least 50%)	**26%**

In NI, 'Total' breastfeeding has been used to describe mothers giving only breastmilk in the previous 24 hours. This approach is the same as used in population surveys to determine rates of Exclusive Breastfeeding (EBF). (see Explanatory notes below)

The rate of Total breastfeeding at 6 months among infants born in 2022 was 17.6% and 18.6% among infants born in 2023 (data not shown). It is estimated that among infants born in 2025 the rate of Total (or Exclusive) breastfeeding will be 21.6%.

A meaningful target for rates of EBF at 6 months among infants born in 2028 is 26% (compared with the current projected 2028 estimate of 25%).
WHO Global nutrition target (2030): Increase the rate of exclusive breastfeeding in the first 6 months to at least 50%.

Continued breastfeeding (any) at 12 months	16.7%	16.6%	Nil	**21%**

In 2023, the rate of continued breastfeeding (any) among infants 12 months of age was 16.7%; among infants born in 2025, the estimated rate of continued breastfeeding at 12 months of age is 16.6%. (Table 1A)

Among infants born in 2028, a realistic target for continued breastfeeding at 12 months of age is 21%. (compared with the current projected 2028 estimate of 19.3%)

Continued breastfeeding at 12 months is not among the WHO Global nutrition target. There is, therefore, no global target for this indicator.

Inequality related targets				
Breastfeeding at discharge among women <20 years old	24.6%	28.6%	Nil	**33%**
Breastfeeding at discharge among most deprived women	38.7%	39.4%	Nil	**43%**

In 2023, breastfeeding at discharge was 24.6% among infants born to women under 20 yrs; and, 38.7% among infants born to the most deprived women. Estimated rates for these populations in 2025 are 28.6% and 39.4% respectively. (Table 1B)

Targets for infants born in 2028 to each these two populations will be 33% and 43% respectively. (compared with the current projected 2028 estimates of 31.0 % and 41.8% respectively)

*Explanatory notes

i. In Northern Ireland, infant feeding practices are routinely documented by health facility staff at the time of delivery/discharge or during scheduled home visits by asking what milks, fluids and foods were given in the preceding 24 hours.

ii. Rates are based on feeding practices of infants born in a calendar year e.g. 2023 or 2025.

iii. The WHO definition of Exclusive breastfeeding (EBF) is that the infant receives only breast milk. No other liquids or solids are given – not even water – with the exception of oral rehydration solution, or drops/syrups of vitamins, minerals or medicines.

iv. The WHO target of EBF in the first 6 months is defined as the proportion of infants 0–5 months of age (0 to < 6 months) who are fed exclusively with breast milk. It is measured by aggregating breastfeeding practices of mothers and infants at different ages over the first 6 months collected through surveys (Indicators for assessing infant and young child feeding practice, WHO). This approach is also used in the World Breastfeeding Trends Initiative (WBTi) reports.

v. In Northern Ireland, there are some differences in measurement and reporting:

   a. The term 'Total BF' has been used to describe mothers giving only breastmilk in the previous 24 hours — similar to documentation of EBF used in WHO or other surveys.

   b. As noted above, this information is collected at fixed time points.

   c. Total BF or **EBF at 6 months** refers to breastfeeding practices at this specific timepoint and refers to information collected by health workers either at 6 months or at the next scheduled visit.

   d. Any BF at 6 months includes EBF and also Predominant and Partial BF.

vi. Local targets will be considered as part of implementation strategies and reviews.

Indicator	Target - 2029	Rationale and other comment
B. Support-related indicators		
Baby Friendly Initiative* accreditation	Maternity/Health Visiting settings/Queen's University Belfast	100% Maternity, health visiting settings and QUB have continued to meet high standards of care across statutory and community services, centred around Baby Friendly Initiative (BFI) standards. The aim is to maintain these standards.
	University of Ulster	UU is currently progressing towards BFI accreditation, with the aim of achieving full compliance.

*The UNICEF UK Baby Friendly Initiative (BFI) is a nationally recognised quality improvement programme that sets evidence-based standards to protect, promote and support breastfeeding and responsive infant feeding across maternity, neonatal, health visiting and community services. BFI accreditation supports consistent, high-quality care, workforce capability and improved breastfeeding experiences for women and families in Northern Ireland.

Glossary

ANC	Antenatal Care
AHPs	Allied Health Professionals
BF	Breastfeeding
BFI	Baby Friendly Initiative
BMS	Breastmilk Substitutes
CHS	Child Health System
CMA	Competition and Markets Authority
DOH	Department of Health
EBF	Exclusive Breastfeeding
EPIC	Electronic Patient Record System used by Health and Social Care Trusts
GP	General Practitioner
HSC	Health and Social Care
HSCT	Health and Social Care Trust
IYFC	Infant and Young Children Feeding
NI	Northern Ireland
NIMATS	Northern Ireland Maternity System
NIMDM	Northern Ireland Multiple Deprivation
PHA	Public Health Agency
QUB	Queens University Belfast
ROI	Republic of Ireland
SOA	Super Output Area
UK	United Kingdom
UNICEF	United Nations International Children's Emergency Fund
UU	University of Ulster
WHO	World Health Organization