



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

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**BREASTFEEDING – A GREAT START:
A STRATEGY FOR NORTHERN IRELAND
2013-2024**

**FINAL REVIEW
2024**

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Executive Summary

The “Breastfeeding – A Great Start: A Strategy for Northern Ireland 2013-2023” (‘the Strategy’) was launched in June 2013 with the aim to protect, promote, support, and normalise breastfeeding. A mid-term review was carried out in 2018, quickly followed by the onset of the COVID-19 pandemic that changed the landscape right across health and social care. The Strategy term was extended by one year to allow for sufficient time to review progress and evaluate the achievements.

This strategy review report examines the progress and key achievements during the Strategy term, reflects on any gaps in delivery and concludes with priority areas for consideration. It is intended that the findings from this review will inform strategic next steps for improving breastfeeding rates in Northern Ireland in the future.

A considerable amount of progress has been made over the course of the strategy in the promotion and support of breastfeeding. Whilst breastfeeding behaviours and prevalence are difficult to change, there has been an increase in those choosing to attempt and sustain breastfeeding over the years. Most notably, there have been substantial changes in the professional landscape, with advances in Baby Friendly Initiative implementation across both health and social care and community settings.

Notable improvements have also been made in the data quality relating to breastfeeding and infant feeding choices, providing a more robust evidence base on which to develop policies and activities. Supporting this, investment in public surveys have helped build a better understanding of public perceptions and knowledge around the value of breastfeeding. While some stigma remains around breastfeeding practices in public places, several successful initiatives have been rolled out to help promote and normalise breastfeeding in Northern Ireland, including the Breastfeeding Welcome Here Scheme and #NotSorryMums public information campaign.

Breastfeeding advocates and community support for mothers and babies have grown in Northern Ireland over the past ten years, with a notable increase in investment to protect and support breastfeeding. Community organisations have maintained a passion and dedication to promoting and supporting breastfeeding locally, with mothers sharing examples of how their lives and breastfeeding journeys have been shaped by the tremendous support they have received from both statutory and community/voluntary services.

Despite progress, breastfeeding rates show only modest improvements and the differences in breastfeeding choices within targeted groups, such as the lower rates of breastfeeding we observe in younger mothers and those from more deprived backgrounds, remain embedded within our society. Progress should be celebrated, however there is more to do in order to give more people the best start in life.

Looking forward, several areas have been identified that require attention and further consideration. These include an analysis of workforce requirements across the various roles with responsibility for infant feeding support, consideration on the future potential of the Human Milk Bank based in the Western Trust and decisions on legislative options that may help promote and protect breastfeeding.

The overall findings from this review report will assist the Department of Health and the Health Minister to make informed decisions on next steps.

1. Background to the Breastfeeding Strategy

Breastfeeding provides the very best start in life for babies and provides evidenced benefits for mothers. Breastmilk is the ideal food for babies, providing all of the nutrients that infants need to grow and thrive. The World Health Organisation (WHO) and UNICEF recommend breastfeeding should be initiated within the first hour of birth and infants should be exclusively breastfed for the first 6 months of life¹. From the age of 6 months, children should begin eating safe and adequate complementary foods while continuing to breastfeed for up to two years of age or beyond. As a public health matter, breastfeeding promotes health and prevents disease. With lower rates of breastfeeding in lower socio-economic groups, investing in improving these rates and enhancing support for breastfeeding plays an important role in efforts to reduce health inequalities². Supporting breastfeeding remains an important policy area for the Department of Health.

This report provides an assessment of ‘Breastfeeding – A Good Start: Breastfeeding Strategy for Northern Ireland 2013-2023’³ (the Strategy), analysing what has been delivered throughout the term of the Strategy and setting out key areas that require ongoing or additional attention. While the original Strategy set out to cover a ten-year period, it was extended by one additional year until June 2024.

The Strategy aimed to improve the health and wellbeing of mothers and babies in Northern Ireland by supporting and promoting breastfeeding and links to two outcomes in the Programme of Government 2016-2021⁴:

- Outcome 4 – We enjoy long, healthy, active lives; and
- Outcome 12 – We give our children and young people the best start in life.

Supporting breastfeeding is an important factor in delivering the ‘Making Life Better 2013–2023’⁵ ten-year public health strategic framework. This framework provides direction for policies and actions to improve the health and wellbeing of people in Northern Ireland, focusing on six key themes. Breastfeeding is included under the following thematic areas:

- **Thematic area 1: Giving Every Child the Best Start** recognises that what happens to children in their earliest years is key to outcomes in adult life. ‘Outcome 2 – Healthy and confident children and young people’ includes implementation of the breastfeeding strategy including support programmes for those least likely to breastfeed.
- **Thematic area 3: Empowering Healthy Living** ‘Outcome 7 – Improved health and reduction in harm’ commits to develop and implement strategies, action

¹ https://www.who.int/health-topics/breastfeeding#tab=tab_2

² https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2012/11/Preventing_disease_saving_resources_policy_doc.pdf

³ <https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/breastfeeding-strategy-2014.pdf>

⁴ <https://www.northernireland.gov.uk/consultations/draft-programme-government-framework-2016-21-and-questionnaire>

⁵ <https://www.health-ni.gov.uk/topics/health-policy/making-life-better>

plans and targeted programmes across a range of areas, including to increase breastfeeding rates.

- **Thematic area 6: Developing Collaboration** identifies a requirement to consider and implement legislative change to support public health, including promotion and support of breastfeeding under the outcome of 'A Strategic Approach to Public Health'.

The overall aim of the Breastfeeding Strategy was to protect, promote, support, and normalise breastfeeding so that women can make informed decisions and are supported to breastfeed; infants are increasingly fed exclusively with breastmilk for the first six months of life and thereafter are fed complementary foods with continued breastfeeding.

The Strategy set out four core outcomes and 20 actions for delivery, as well as two high-level targets.

STRATEGY OUTCOMES

1. Supportive environments for breastfeeding exist throughout Northern Ireland
2. Health and Social Care has the necessary knowledge, skills and leadership to protect, promote, support and normalise breastfeeding
3. High quality information systems in place that underpin the development of policy and programmes, and which support Strategy delivery
4. An informed and supportive public

TARGETS

By 2025, 70% of all infants will be breastfed by one week after birth

[Source: Infant Feeding Survey or Child Health System]

By 2025, 40% of all infants will still be breastfed at 6 months

[Source: Infant Feeding Survey or Child Health System]

Mid-Term Review

The Strategy included a commitment to carry out interim reviews in 2016 and 2019. However, due to resource restraints, it was decided to carry out one mid-term review only and this was completed in May 2018⁶.

The mid-term review summarised the progress made on the action plan and outlined key developments in implementing the Strategy. It also assessed Strategy priorities at that time and set out proposals for the next steps for the remainder of the Strategy. The Review was agreed by the Breastfeeding Strategy Implementation Steering Group (BSISG). Despite significant efforts to promote and support breastfeeding, data at this point suggested that the number of women breastfeeding in Northern Ireland had remained relatively stable over the period 2010/11 to 2016/17.

Extension of the Strategy

Following a series of redeployments within the Department of Health and Public Health Agency to meet the demands of the COVID-19 pandemic, aspects of Strategy implementation and oversight were stalled. On return to business as usual, and following a number of changes in staff personnel, it was determined that more time would be required to allow for an adequate review of the Strategy, and in October 2022 the Minister of Health announced a one-year extension of the Strategy term.

Approach to breastfeeding in the UK and Ireland

There are various approaches being taken to promote and support breastfeeding across the UK and Ireland. For information and context, the following summarises the current position as of December 2023:

England

The UK Government's vision, set out in The Best Start for Life: A Vision for the 1,001 Critical Days⁷, is that every parent and carer has access to high-quality infant feeding services in their local area. This includes practical support with breastfeeding, early diagnosis of issues such as tongue-tie, and help with formula feeding where that is more appropriate.

In 2023, the Department of Health and Social Care commissioned a new Infant Feeding Survey⁸ to better understand how mothers in England feed their babies in the first year after birth, where they get information and advice on infant feeding, and to explore some aspects of pregnancy and lifestyle.

Scotland

Building on the recommendations from the Becoming Breastfeeding Friendly (BBF) Scotland Report from 2019, and the findings from the Scottish Maternal and Infant Nutrition Survey 2017, the Scottish Government has been working to a breastfeeding

⁶ <https://www.health-ni.gov.uk/sites/default/files/publications/health/draft-mid-term-review-breastfeeding-strategy.pdf>

⁷ https://assets.publishing.service.gov.uk/media/605c5e61d3bf7f2f0d94183a/The_best_start_for_life_a_vision_for_the_1_001_critical_days.pdf

⁸ <https://www.gov.uk/guidance/infant-feeding-survey-2023>

programme for the past five years. Through this work, progress has been made and breastfeeding rates are rising in Scotland, with the latest data showing the highest rate on record (47%) for breastfeeding at the 6-8 week mark.

With a number of successful breastfeeding projects delivered over the years that are ready to be built on and implemented more widely, the Scottish Government is currently in the process of developing a route map for breastfeeding in the future. This will set out progress on the BBF recommendations and will focus on consistency and equity of support across Scotland.

Wales

In Wales, the 'All Wales Breastfeeding Five Year Action Plan'⁹ was published in July 2019 and covers the period up until 2024. With little progress made during the COVID-19 pandemic, two posts have since been funded by Welsh Government on a fixed term to drive forward implementation of the Plan.

Republic of Ireland

The Health Service Executive (HSE) Breastfeeding in a Healthy Ireland Action Plan 2016-2021¹⁰ (extended to 2023) is the framework for progressing supports for breastfeeding in Ireland. It was designed with five key themes, with a list of priorities included in each theme for action.

- Governance and Health Service Structures
- Breastfeeding Training and Skills Development.
- Health Service Policies and Practice
- Research, Monitoring and Evaluation
- Breastfeeding Training for Healthcare Professionals

Up to 2020, the implementation of the National Breastfeeding Action Plan 2016-2023 was progressed within existing resources. Work is ongoing to progress priorities and outstanding actions within the National Breastfeeding Action Plan led by the HSE National Breastfeeding Co-Ordinator. The HSE's National Breastfeeding Implementation Group will be undertaking a review of progress against the current plan, in conjunction with relevant stakeholders, to support breastfeeding in society into the future.

2. Strategy End-Term Review Process

To help shape and inform the Strategy End-Term Review, the Department of Health established a small Steering Group made up of representatives from the Department's Health Improvement Policy, Nursing and Midwifery branches, Public Health Agency Health Improvement, Nursing and Midwifery and Health Intelligence, and the Institute of Public Health.

⁹ https://www.gov.wales/sites/default/files/publications/2019-06/all-wales-breastfeeding-five-year-action-plan-july-2019_0.pdf

¹⁰ <https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/child-health-and-wellbeing/breastfeeding-healthy-childhood-programme/research-and-reports-breastfeeding/breastfeeding-in-a-healthy-ireland.html>

The Public Health Agency (PHA) was commissioned as the leading implementation body for the Strategy and was therefore a critical partner in the review process. Additionally, the Institute of Public Health in Ireland (IPH), with its unique role in supporting the Department in tackling public health challenges, has led on a number of important elements of this review.

The Steering Group agreed that the essential elements of the Strategy Review would include:

- An assessment of the data trends over the Strategy term;
- A review of Strategy implementation progress and activity to deliver the set objectives, and to assess Strategy funding, facilitated by the PHA;
- Stakeholder engagement workshop and report of findings, facilitated by IPH;
- Knowledge Needs Assessment to determine research and data needs, facilitated by IPH; and
- A review of governance arrangements with BSISG members to assess implementation frameworks, structures and processes.

Breastfeeding data trends

The Health Intelligence Unit of the PHA collates breastfeeding data and trends on an ongoing basis, providing detailed data summaries, including the annual health intelligence brief on breastfeeding, as part of the BSISG monitoring arrangements. The PHA also produces Official Statistics, *A Statistical Profile of Children's Health in Northern Ireland*¹¹, which includes breastfeeding data.

For this review, data trends and summaries were provided for the period 2012-2022, with most comparisons used throughout the review report comparing data from 2012, 2017 and 2021. As breastfeeding data is captured through engagement with families at intervals from discharge from hospital to 12 months¹², 2021 is the last year where there is a full set of official data for the full calendar year.

Progress and activity

The PHA was tasked with evaluating the progress made towards delivering on the Strategy objectives, as well as delivering an assessment of the funding invested in breastfeeding during this time. The Midterm Review captured an assessment of progress up to 2018, and as such, this End of Strategy Review highlights some of the deliverables since then, as well as an overview of key achievements over the entire Strategy period. The PHA was also tasked with providing an assessment of any impact that the COVID-19 pandemic may have made on the delivery of actions since 2020.

¹¹ <https://www.publichealth.hscni.net/directorates/operations/statistics>

¹² Following discharge from hospital, breastfeeding data is captured at the following visits in line with [Healthy Child, Healthy Future](#): New Baby Review / First Visit; 6-8 Week Review; 14-16 Week Health Review; 6-9 Month Contact; and Health Review at 1 Year.

Knowledge Needs Assessment

A Knowledge Needs Assessment exercise was carried out by the IPH in order to better understand the research and information needs that exist when it comes to low breastfeeding rates within the context of Northern Ireland's socio-cultural, political and health system. The assessment also helped to capture assets within existing health information systems, explore evidence gaps and consider ways to promote and support breastfeeding in the future.

A workshop was held in October 2022, with 33 participants representing a range of interested parties, including:

- Breastfeeding Steering Implementation Steering Group members;
- Members of the BSISG Research work strand;
- Academics from Queen's University Belfast and Ulster University;
- Health professionals from paediatrics, nursing, midwifery and child health; and
- Community and voluntary sector organisations including Tiny Life, Breastival and a number of Sure Start organisations.

Participants were pre-allocated to breakout rooms to ensure good representation of all sectors within each discussion group. The following questions were used to structure and focus the discussion:

- What is the most important knowledge we need going forward?
- Identify a piece of research that has influenced your work on the breastfeeding strategy.
- What are the main gaps in evidence relating to outcomes 1, 2 and 4 of the Breastfeeding Strategy in Northern Ireland?
 - Outcome 1: Supportive environments for breastfeeding exist throughout Northern Ireland.
 - Outcome 2: Health and Social Care has the necessary knowledge, skills and leadership to effectively protect, promote, support and normalise breastfeeding.
 - Outcome 4: An informed and supportive public.
- What are the priority areas for research in Northern Ireland?

Following the workshop, a survey was issued to participants as well as to those who were unable to attend the event, which gave an opportunity to provide additional relevant information. The full Knowledge Needs Assessment Report can be accessed via the [Institute of Public Health website](#)¹³.

Stakeholder engagement

On 6 June 2023, IPH facilitated an engagement workshop with breastfeeding stakeholders to gather their views and opinions on what had been achieved during the

¹³ [End of Term Review of NI Breastfeeding Strategy: Knowledge Needs Assessment and Stakeholder Engagement Reports | Institute of Public Health](#)

strategy period and identify areas where further work was needed. The BSISG assisted in compiling a broad list of stakeholders, including those who have been involved in the Strategy delivery over the years, members of BSISG, community/voluntary sector representatives, policy colleagues from various fields including nursing and midwifery, and academics. Overall, 55 people were invited to participate, with 45 attending the event.

During the workshop, attendees were asked to provide feedback on a range of questions to capture progress to date and looking forward. These included:

- What are the main achievements of this strategy in your opinion?
- What do you see as the most significant changes delivered under the outcomes of this strategy?
- What three things do you think could have been done differently under this strategy?
- What impact did the COVID-19 pandemic have on the implementation of the strategy?
- What should the goal and ambition be for any successor plan or strategy in Northern Ireland?
- What three components of the strategic approach should remain consistent?
- What three components of the strategic approach should change?

An online survey was also circulated following the workshop, offering an opportunity for attendees and those who were unable to attend the workshop to share their views. The full stakeholder engagement report can be accessed via the [Institute of Public Health website](#)¹⁴.

Review of governance arrangements

In October 2023, a survey was issued to members of BSISG to gather their views on key elements of the Strategy implementation and governance, and how successful the implementation structures had been in delivering key outcomes.

Participants were asked to answer the following six questions:

1. To what extent do you agree or disagree that the governance structure (i.e. Steering Group, Workstrands etc.) associated with the Breastfeeding Strategy was effective in addressing the 4 strategic outcomes/key priorities?
2. Please outline any ways in which you think the implementation/governance structures could be improved.
3. How effective did you find the reporting process/mechanism (i.e. RAG) and commentary associated with the strategy?
4. How would you rate the connectivity between workstreams?

¹⁴ [End of Term Review of NI Breastfeeding Strategy: Knowledge Needs Assessment and Stakeholder Engagement Reports | Institute of Public Health](#)

5. How useful are the discussions and information shared at BSISG meetings/ communication?
6. Finally, if you have any other thoughts or comments regarding the structures or processes associated with the implementation/governance of the strategy, please let us know.

3. Summary of Progress

The ultimate aim of the Breastfeeding Strategy was *to protect, promote, support, and normalise breastfeeding so that women are able to make informed decisions and are supported to breastfeed; infants are increasingly fed exclusively with breastmilk for the first six months of life and thereafter are fed complementary foods with continued breastfeeding.*

The Strategy also placed emphasis on the importance of providing breastfeeding support to priority groups that needed more attention, including those in areas of low breastfeeding rates, young mothers, vulnerable infants, mothers of multiple births, families with inborn errors of metabolism, and mothers from ethnic minority groups and migrants.

Overall, whilst meaningful progress has been made to protect, promote, support and normalise breastfeeding, there is still more to do to increase breastfeeding rates in Northern Ireland.

In each of the key areas set out in the Strategy's aims, the overall findings of the review are summarised as follows:

Protect: Options have been explored for protecting breastfeeding through legislation, however, no legislative amendments have been made throughout the duration of the Strategy.

Promote: There has been a small but steady increase in the proportion of people choosing to breastfeed annually. A considerable amount of activity has been delivered to positively inform and influence mothers to consider breastfeeding. Campaign activities have publicly promoted breastfeeding, helping to improve public acceptability and normalisation of breastfeeding.

Support: Health service and community developments, including the Baby Friendly Initiative and associated accreditations, have led to improvements and consistency in training and support for women and babies.

Normalise: Survey data illustrates that there has been an increase in the proportion of people that accept breastfeeding as being normal. Efforts to help visually support and encourage breastfeeding in public spaces, such as the Breastfeeding Welcome Here Scheme, have contributed to changing what society deems as normal when it comes to infant feeding.

Infants increasingly exclusively fed until six months: The rate of ‘Total’¹⁵ breastfeeding has increased considerably over the course of the Strategy. At six months of age, 6.2% of babies born in 2012 were totally breastfed compared to 13.5% of babies born in 2017 and 17.3% in 2021.

Continued breastfeeding post weaning: As of 2021, 22.3% of babies in Northern Ireland were receiving breastmilk (either totally or partially) at 6 months after birth. This is an increase of 12.4%, from 9.9% in 2012. At 12 months, 10.9% babies were still breastfed (either totally or partially) in 2021. This figure has more than doubled since 2012, when 5.3% babies were breastfed at 12 months after birth. Data on weaning and complementary feeding is not routinely collected.

In addition to the aims stipulated above, there was also a focus on certain priority groups. Two of the maternal and societal factors that are priority areas of focus when it comes to breastfeeding support are maternal age and coming from an area of deprivation. Over the time of the Strategy, breastfeeding rates have increased across the various timepoints for the different groups; however, the gaps between younger and older mothers choosing to breastfeed, and between most and least deprived, have mostly persisted.

The report will now look in more detail at breastfeeding data trends over the course of the Strategy, followed by a detailed consideration of key achievements against each of the four Strategy outcomes:

1. Supportive environments for breastfeeding exist throughout Northern Ireland;
2. Health and Social Care has the necessary knowledge, skills and leadership to protect, promote, support and normalise breastfeeding;
3. High quality information systems in place that underpin the development of policy and programmes, and which support Strategy delivery; and
4. An informed and supportive public.

Shedding more light on some of the achievements, this review report includes a series of 9 ‘Spotlight’ summaries that aim to provide more in-depth detail and background on some of the key deliverables. These include:

1. Translink Breastfeeding Welcome Here Scheme
2. Peer Support
3. Saol Úr Sure Start Breastfeeding Support Group
4. Glenbrook Sure Start
5. Queen’s University Belfast – Helping to educate our workforce
6. COVID-19 Research
7. Annual Spotlight on Breastfeeding Research Conference

¹⁵Northern Ireland Child Health System: * Up to 6 months ‘Total’ or ‘Totally breastfed’ is defined as infants who have received breast milk only within the previous 24 hours (this may be expressed breast milk) - that is, they have NOT received formula milk, any other liquids or food.

[[World Health Organisation \(WHO\) definition](#): Exclusive breastfeeding means no other food or drink, not even water, except breastmilk (including milk expressed or from a wet nurse) for the first 6 months of life, with the exception of rehydration solution (ORS), drops and syrups (vitamins, minerals and medicines).]

8. #NotSorryMums Campaign
9. Breastival

Finally, this section will examine the impact of COVID-19 on Strategy delivery and progress.

Breastfeeding data trends

What does the data tell us?

This section of the review assesses the available data to determine progress made in increasing the rate of breastfeeding across various timepoints in the breastfeeding journey, as well as across several population demographics.

Despite huge efforts to promote and support breastfeeding across health and social care trusts, public health initiatives, policy development and community/voluntary support, the increase in breastfeeding rates over the past ten years has been modest.

As will be evidenced, changes in how data has been collected and analysed over time has impacted on our ability to draw direct comparisons in a number of areas, particularly in relation to the targets that were outlined in the Strategy. Despite this, the changes in data over time are overwhelmingly positive, illustrating improvements in data quality and integrity, ensuring NI has a solid basis when it comes to understanding breastfeeding trends.

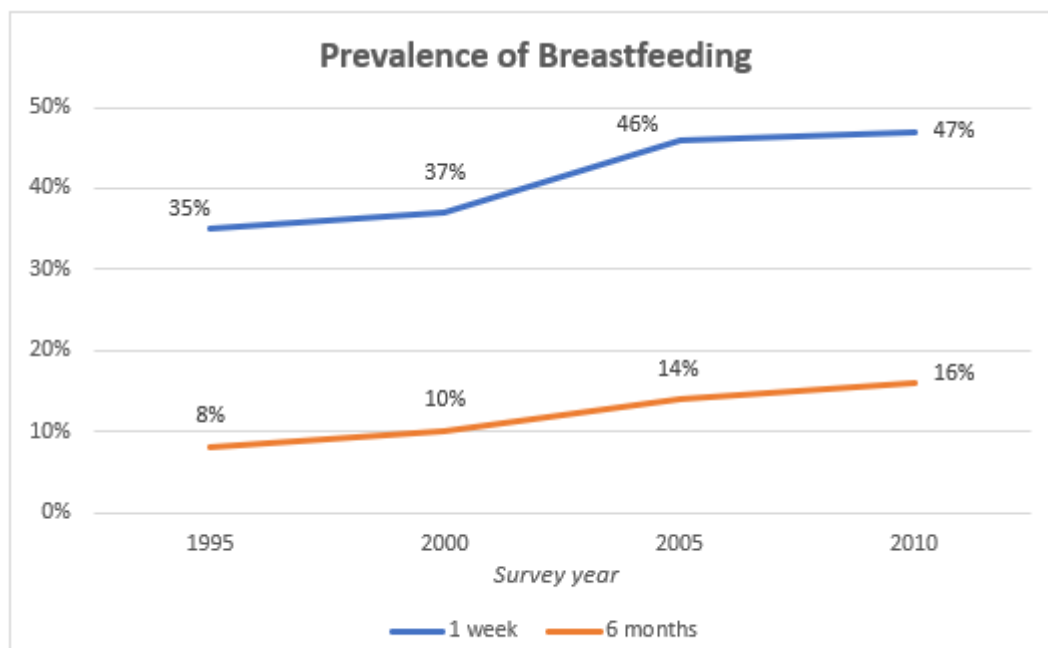
Targets

The Strategy set out two long-term targets to be achieved by 2025. Whilst it was acknowledged that the achievement of these targets is beyond the lifespan of the Strategy, it is important to take stock of progress that has been made.

Historically, the UK Infant Feeding Survey (IFS) was a critical source of data, providing estimates of the incidence, prevalence and duration of breastfeeding and exclusive breastfeeding across UK countries. The survey had been carried out every five years since 1975, with Northern Ireland participation from 1995 to 2010.

At the time the Strategy was published, the following prevalence rates were noted, as sourced from the UK Infant Feeding Survey. Notably, the 2010 prevalence rates from the IFS were 47% for breastfeeding at 1 week and 16% for breastfeeding at 6 months. From here, the targets were set to reach 70% and 40% prevalence rates respectively. However, in 2014 the decision was taken to discontinue the IFS with the last data set available for 2010. As a result, it is not possible to use this data as the basis for tracking breastfeeding rates over the course of the Strategy.

Figure 1:



Source: Infant Feeding Survey 1995-2010

Since 2011, considerable improvements have been made to the capture and recording of infant feeding data through the Northern Ireland Maternity System (NIMATS) and Northern Ireland Child Health System (CHS), expanding the available information on infant feeding and developing a more robust data set.

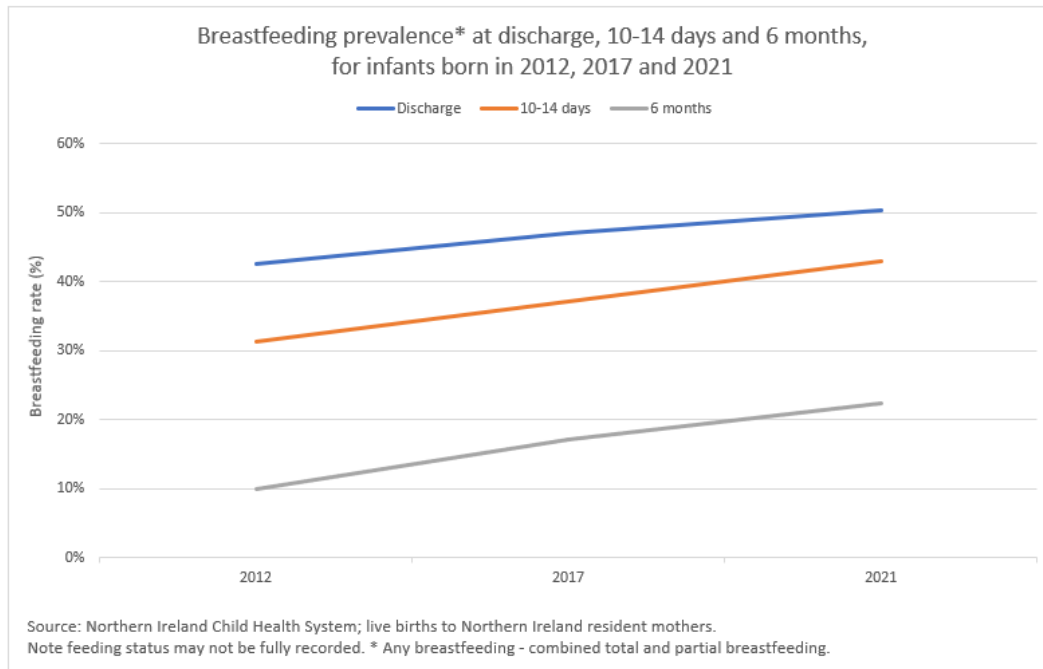
Whereas the UK Infant Feeding Survey was based on a methodology using a questionnaire self-completed by mothers at three stages within the first year of their baby's life, data from the NIMATS and CHS are captured via HSC administrative data systems. The different data collection methods mean that direct comparisons are not possible between IFS survey data and data from CHS or NIMATS.

The NIMATS contains a range of demographic and clinical information on mothers and infants. It is a key source for data on birth numbers, interventions, maternal risk factors, birth weights, maternal smoking, BMI and breastfeeding at discharge. In line with Strategy outcomes, in 2016 changes were implemented on NIMATS to expand the data collected in relation to infant feeding and to inform practice.

The CHS acts as a call and recall system for a variety of immunisations, vaccinations and screening tests. In addition, a wide range of health data is recorded at birth, throughout infancy and while the child is at school. The CHS currently collates information on the feeding status of infants at discharge from hospital, first visit (10-14 days), 6 weeks, 3 months, 6 months and 12 months in line with Healthy Child, Healthy Future. This data provides an indication of the prevalence of breastfeeding at these time points. However, there is a time lag in reporting data on breastfeeding prevalence for infants born in any year; for example, 12-month data for an infant born in December 2021 will not be due for collection until December 2022.

At the time of writing this review, the latest full data set available is for babies who were born in 2021. The following graph shows the increasing trend in breastfeeding rates at discharge from hospital, first visit (10-14 days) and at 6 months, for infants born in 2012, 2017 and 2021.

Figure 2:



Despite the initial target values being based on the Infant Feeding Survey, and therefore not being directly comparable with current data sources, the following attempts to illustrate progress that has been made throughout the duration of the Strategy.

Target 1: By 2025, 70% of all infants will be breastfed by one week after birth

Progress: 43% of all infants born in 2021 were breastfed 10-14 days after birth

As of 2021, 43.0% of babies in Northern Ireland were receiving breastmilk (either totally or partially¹⁶) at 10-14 days after birth. This is in comparison to 31.3% in 2012 and 37.0% in 2017.

Target 2: By 2025, 40% of all infants will still be breastfed at 6 months

Progress: 22.3% of all infants born in 2021 were still breastfed at 6 months

As of 2021, 22.3% of babies in Northern Ireland were receiving breastmilk (either totally or partially) at 6 months after birth. This is in comparison to 9.9% in 2012 and 17.1% in 2017.

Whilst not comparable to IFS, it is evident that progress continues to be made.

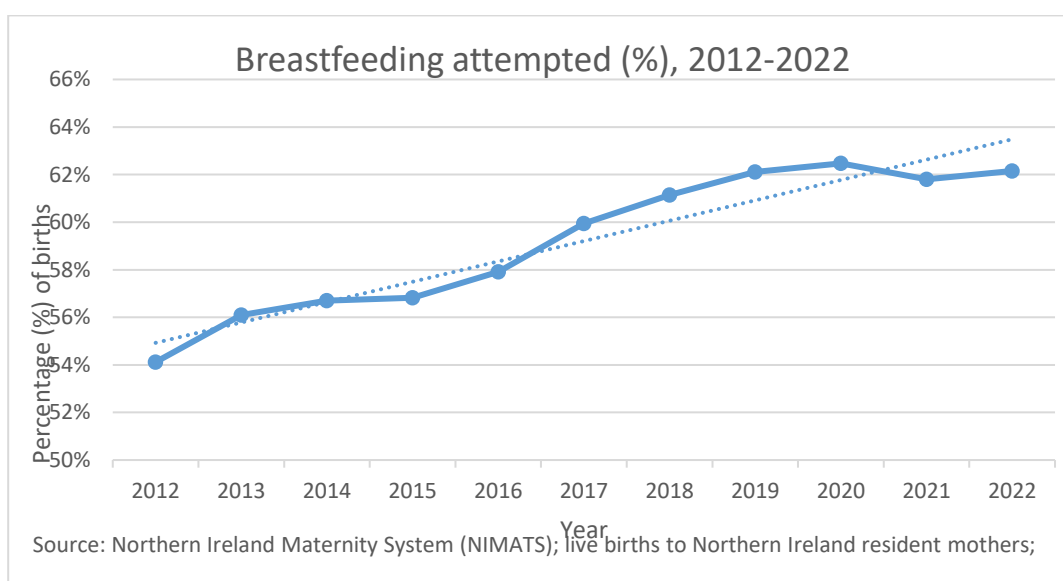
¹⁶ Child Health System **definitions up to 6 months: Totally breastfed** is defined as infants who have received breastmilk only within the previous 24 hours (this may be expressed breastmilk) - that is, they have NOT received formula milk, any other liquids or food. **Partially breastfed** is defined as infants who have received any breastmilk (this may be expressed breastmilk) as well as formula milk or any other liquids or food within the previous 24 hours.

Breastfeeding initiation rate

Prior to commencement of the Strategy, the Infant Feeding Survey (IFS) showed that breastfeeding initiation rates for Northern Ireland had increased from 36% in 1990, to 54% in 2000, to 64% in 2010. As previously stated, direct comparisons between IFS and administrative data (NIMATS and CHS) are not possible.

Throughout the duration of the Strategy, more women have attempted to breastfeed prior to discharge from hospital. Between 2012 and 2022, the rate of attempted breastfeeding increased by 8.1%, from 54.1% to 62.2%.

Figure 3:

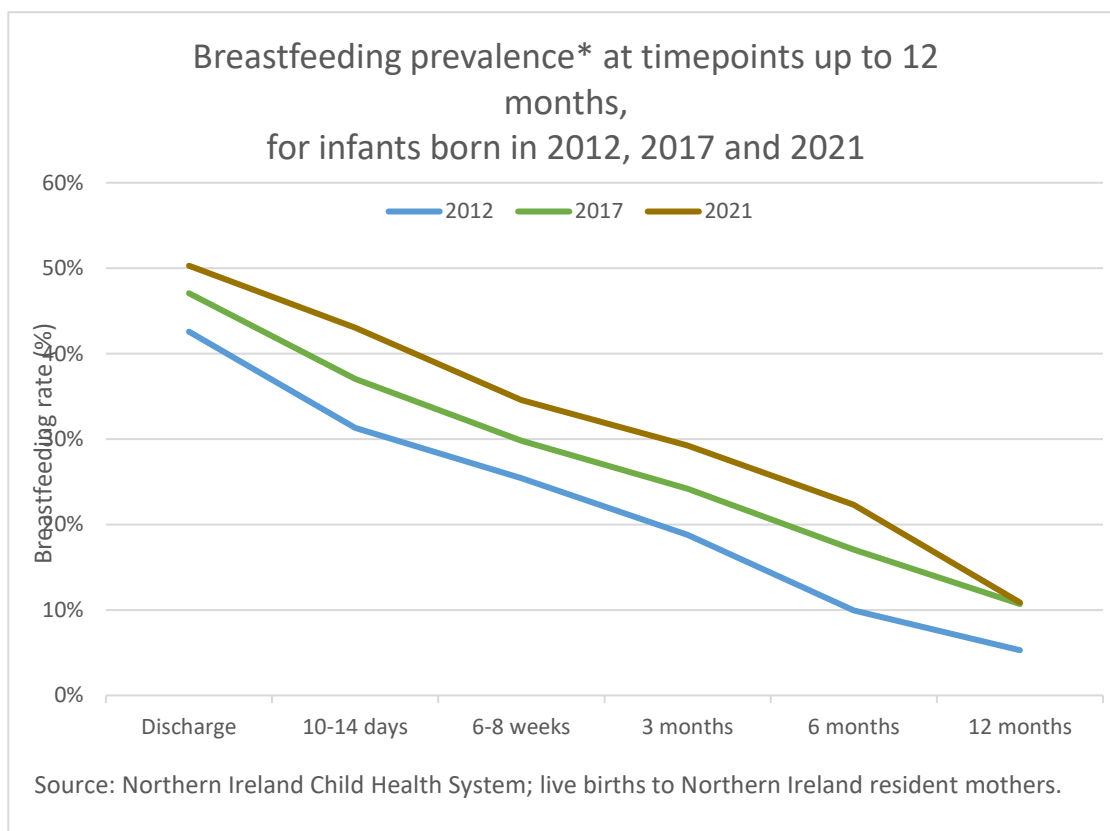


Trends by key milestones

The Northern Ireland Child Health System captures breastfeeding data at a number of timepoints during the first year of life in line with the Heathy Child, Healthy Future (HCHF) framework in Northern Ireland¹⁷. Figure 4 presents data for infants born in 2012, 2017 and 2021 illustrating change over time.

¹⁷ [Healthy Child, Healthy Future \(health-ni.gov.uk\)](https://health-ni.gov.uk); [Health review statistics for pre-school children | Department of Health \(health-ni.gov.uk\)](https://health-ni.gov.uk)

Figure 4:



At each timepoint there has been a year-on-year increase in the percentage of babies being breastfed, either totally or partially. Notably from the graph, the increase in the percentage of babies being breastfed at 12 months between 2017 and 2021 is minimal, increasing by only 0.2% (from 10.7% to 10.9% respectively). The 12-month prevalence rate peaked in 2018 at 11.6%.

There are associations between breastfeeding rates and maternal characteristics including mother's age and areas of deprivation.

Trends by maternal age

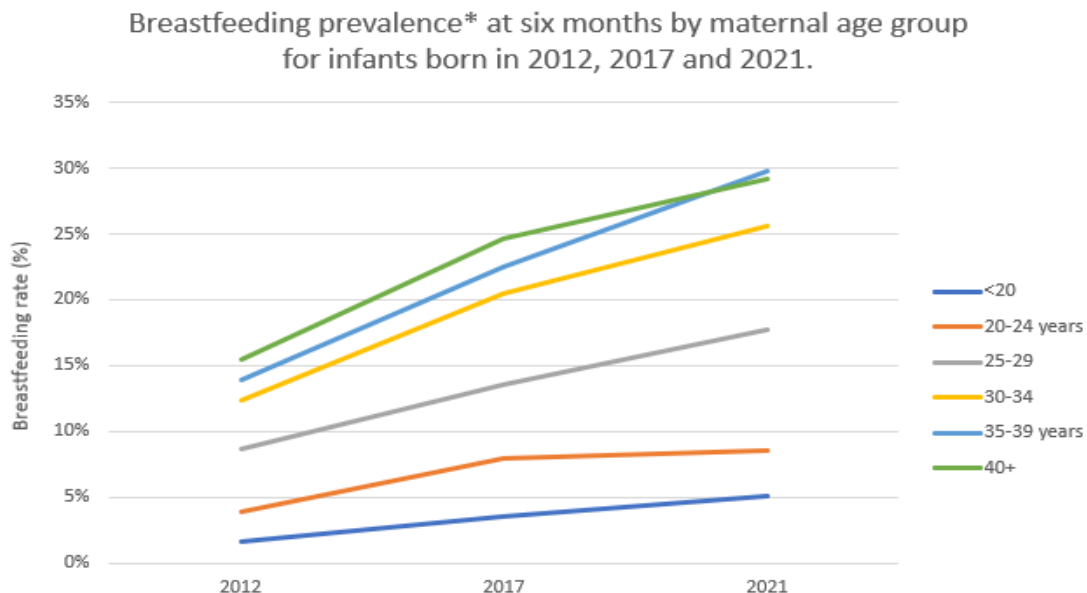
Breastfeeding rates have increased across all maternal age groups between 2012 and 2021; however, there remains a substantial difference between the rates of younger and older mothers choosing to breastfeed.

Overall, between 2012 and 2021 the rate of breastfeeding at discharge from hospital increased from 42.6% to 50.3%. The extent of this increase varied by maternal age group with the greatest increase among mothers aged 35-39 years from 50.4% to 60.3% (+9.8 percentage points), compared to younger mothers aged 20-24 years (+5.7 percentage points) and 25-29 years (+3.5 percentage points).

Between 2012 and 2021, the percentage of mothers aged 20-24 who attempted breastfeeding increased by 8.1 percentage points from 36.8% to 44.9%. A similar increase from 61.6% to 69.6% (+8.0 percentage points) is apparent for those aged 35-39 over the same timeframe.

There also remain notable differences in the prevalence of breastfeeding at 6 months by maternal age group. For example, between 2012 and 2021, among mothers aged 20-24, the percentage of infants still receiving breastmilk at 6 months has more than doubled, from 3.8% to 8.6% (Figure 5). During the same timeframe, the percentage of mothers aged 35-39 has also increased from 13.9% to 29.8%. This suggests that between 2012 and 2021, the gap in breastfeeding rates at 6 months between younger and older mothers has widened.

Figure 5:



Source: Northern Ireland Child Health System; live births to Northern Ireland resident mothers. Note feeding status may not be fully recorded. * Any breastfeeding - combined total and partial breastfeeding.

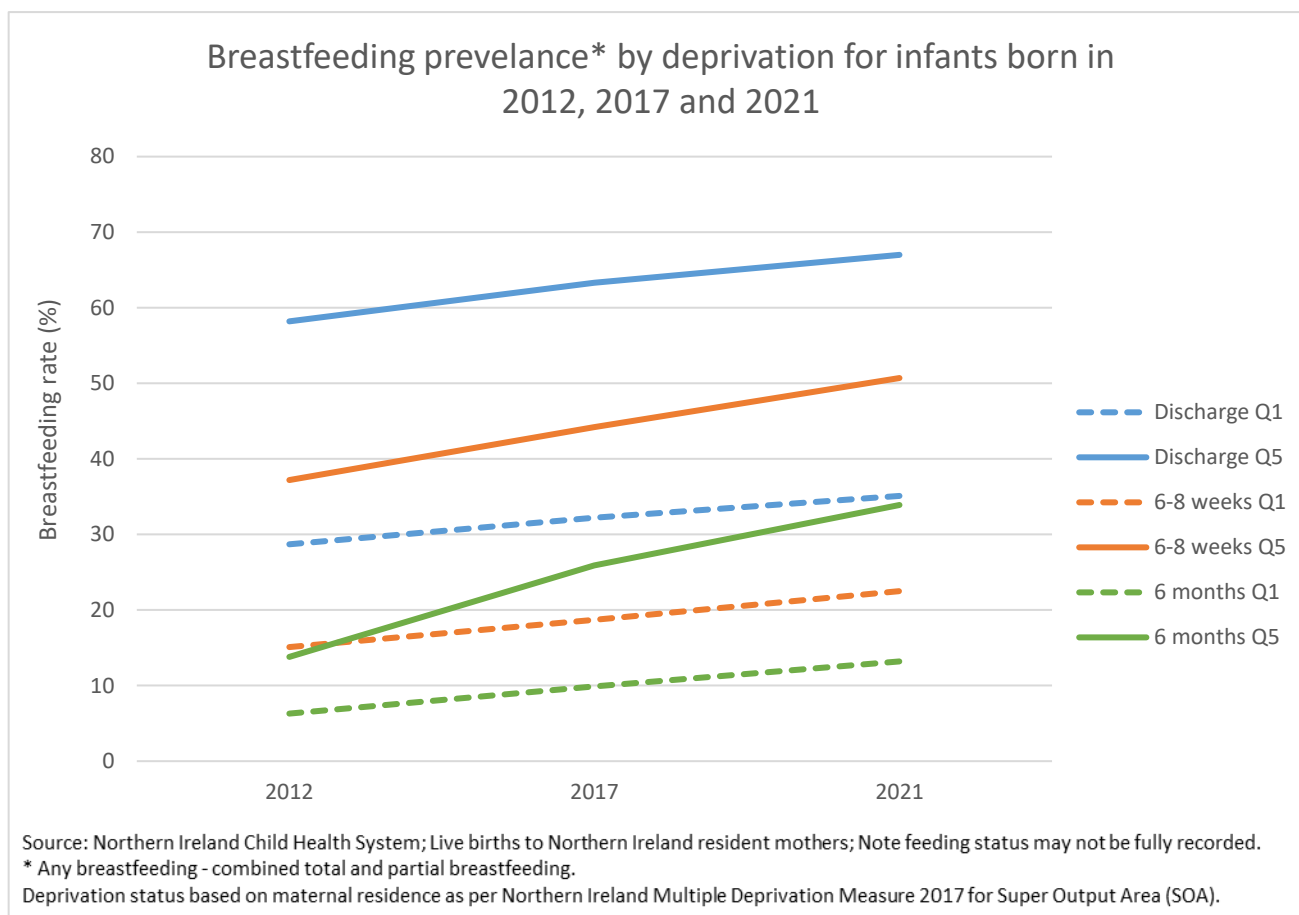
Trends by areas of deprivation

There remains a considerable difference in breastfeeding prevalence rates among mothers living in the most deprived areas compared to those living in the least deprived areas of Northern Ireland.

While progress has been made over time to increase the percentage of infants being breastfed, the gap between the most deprived (Quintile 1) and the least deprived (Quintile 5) remains.

Data for infants born in 2012, 2017 and 2021 show that the proportion of infants breastfed at discharge from hospital has gradually increased at a similar rate among mothers living in both the most and least deprived areas (Figure 6). The gap between the most and least deprived areas shows a slight decreasing trend from 50.6% in 2012 to 47.6% in 2021. A similar picture is seen for the 6-8 weeks timepoint with a decrease in the gap from 59.3% in 2012 to 55.6% in 2021. However, the picture is slightly different at the 6-month time point and may suggest that the gap between the most and least has widened slightly between 2012 and 2021, from 54.7% in 2012 to 61.1% in 2021. It is important to highlight that data completeness has improved substantially at the 6-month time point (from 62.7% to 87.6%) across the period which may impact on assessment of the gap.

Figure 6:



Rate of breastfeeding and donor milk in neonatal units

In Northern Ireland, the BadgerNet™ neonatal system (BNNS) records information relating to all infants admitted to neonatal care in Northern Ireland. Data from the Neonatal Network NI (NNNI) dashboard for babies born at less than 33 weeks gestational age shows that in 2013, 45.4% of babies were receiving any of their mother’s breastmilk on discharge to home from a neonatal unit, compared to 56.2% in 2021¹⁸.

The Human Milk Bank is located within the Western Health and Social Care Trust. It opened in August 2000 and is the only Human Milk Bank on the island of Ireland, supplying screened, pasteurised milk to neonatal units across Northern Ireland and the Republic of Ireland. In 2021, the Human Milk Bank processed a total donation of 2,142 litres of donor expressed milk and have provided approximately 1,427 litres of breastmilk to 27 neonatal units in hospitals across Ireland, helping 844 babies, including 100 sets of twins and 11 sets of triplets.

¹⁸ <https://www.publichealth.hscni.net/sites/default/files/2023-02/Health%20Intelligence%20Briefing%20Breastfeeding%202022%20-%20FINAL.pdf>

Looking at donor milk use in Northern Ireland, NI babies in neonatal units received a total of 583.04 litres, 824.06 litres and 365.14 litres of donor expressed breastmilk in the financial years 2012, 2016 and 2022 respectively.

Key Achievements of the Strategy

Throughout the Strategy term, substantial progress has been made in promoting, protecting and normalising breastfeeding in Northern Ireland. The following section of this report focuses on some of the key achievements since the Strategy was launched in 2013. A full summary of implementation of the Strategy actions across all four outcomes can be found in Annex A.

Outcome 1: Supportive environments for breastfeeding exist throughout Northern Ireland

- ❖ **Maternity and Neonatal services:** UNICEF Baby Friendly Accreditation has been achieved and maintained in all five Health & Social Care Trusts maternity and in some neonatal services.
- ❖ **Health visiting services:** As part of 'Healthy Child, Healthy Future'¹⁹, new mothers usually receive a first home visit with their Health Visitor 10 days after the birth of their baby. Since 2020, 100% of health visiting services have full BFI accreditation.

Significant achievements have been met during the Strategy term in advancing Northern Ireland's Baby Friendly Initiative (BFI) status. Baby Friendly accreditation is based on a set of interlinking evidence-based standards²⁰ for maternity, health visiting, neonatal and children's centres services. BFI Accreditation²¹ ensures services and support are designed to provide parents with the best possible care to build strong, loving relationships with their baby and to feed their baby in ways which will support optimum health and development. Facilities implement the standards in stages over a number of years, and each stage is externally assessed by UNICEF UK. When all the stages are passed as Baby Friendly, the facility or organisation will proceed to a Gold Award and Achieving Sustainability²², ensuring that standards are embedded permanently.

In 2016, Northern Ireland became the first region in the UK to achieve full UNICEF UK Baby Friendly Initiative accreditation across 100% of maternity services. In 2018, the Northern Health & Social Care Trust maternity and health visiting services were the first in NI to achieve a BFI Gold Award. This was followed by a further four Gold Awards across Health and Social Care Trusts and Sure Starts in NI. Then, in 2020, NI achieved full BFI accreditation across all Health Visiting services.

Baby Friendly standards in neonatal units were first introduced in the UK in 2015. In 2016, the PHA established Neonatal Infant Feeding Lead posts with the aim of implementing BFI best practice standards to increase the number of ill and premature

¹⁹ <https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/healthychildhealthyfuture.pdf>

²⁰ <https://www.unicef.org.uk/babyfriendly/about/evidence-and-rationale-for-the-baby-friendly-standards/>

²¹ <https://www.unicef.org.uk/babyfriendly/accreditation/>

²² <https://www.unicef.org.uk/babyfriendly/accreditation/achieving-sustainability/>

infants receiving breastmilk and breastfeeding across all neonatal units in NI. The Northern Trust Neonatal Unit then became the first unit in NI to achieve full BFI accreditation in 2021, with other units working towards various stages of accreditation.

Within Sure Start programmes, considerable progress has also been made with BFI accreditation in the community. In 2020, Glenbrook, Shankill and Smile Sure Starts obtained the first BFI Gold Award for Sure Starts in NI, with several others achieving BFI accreditation in the same year. Since then, progress continues to be made, with 27 out of 38 Sure Start projects achieving Stage 3 accreditation or Gold Awards.

In Northern Ireland, all five HSC Trusts have breastfeeding promotion and support policies in place that meet Baby Friendly Standards and are monitored and audited at least annually using recognised BFI audit tools. External assessments are also carried out every two or three years as part of achieving and maintaining BFI accreditation. Within each Trust, the Infant Feeding Leads are responsible for co-ordinating the achievement and maintenance of the standards, ensuring staff have the appropriate training subject to their specific role. The PHA contract with UNICEF UK BFI provides regional and local support for achieving standards. In 2019, a BFI Senior Professional Officer post was established as part of this contract.

- ❖ **Supportive Public Spaces:** The Public Health Agency Breastfeeding Welcome Here Scheme has grown from strength to strength since it was introduced in 2005. With 400 members in 2016, it has grown to over 870 members in 2023.

The Breastfeeding Welcome Here Scheme²³ is an initiative that aims to make it easier for mums to recognise places where they can breastfeed their baby when they are out and about. In addition to making a considerable contribution to creating supportive public environments for breastfeeding mothers and babies when feeding, the initiative also helps to normalise breastfeeding in society by encouraging members to use visual promotion to highlight the acceptance of breastfeeding in public places.

The COVID-19 pandemic had a negative impact on membership with some businesses lost because of closures. However, despite the challenges, there were more than 870 members of the Scheme as of July 2023.

Businesses that wish to participate in the Scheme must sign up to the following principles:

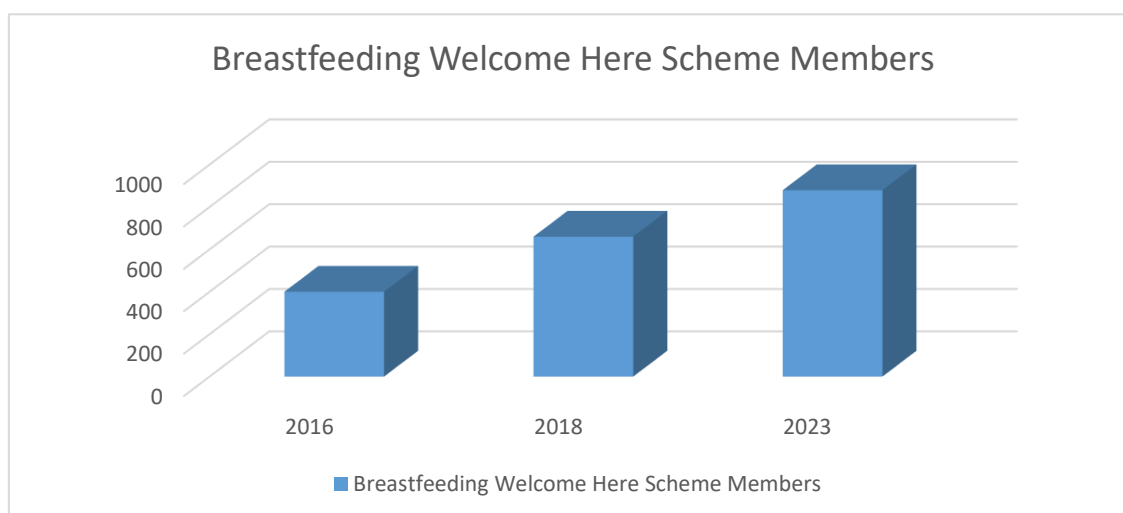
- *Breastfeeding is acceptable in all areas of your business premises open to the general public.*
- *A mother who is breastfeeding in an area of your business premises open to the general public will not be asked to move to another area or stop breastfeeding.*
- *All staff members are aware that your business is a member of the Scheme and support the needs of breastfeeding mums.*

²³ <https://www.breastfedbabies.org/breastfeeding-welcome-here-scheme-%E2%80%93-93-businesses>

- *Your business displays the Breastfeeding Welcome Here Scheme window sticker and membership certificate.*

The PHA promotes the Scheme across its social media channels and via other suitable opportunities that arise.

Figure 7:



In the Spotlight 1...

Translink Breastfeeding Welcome Here Scheme

In March 2022, the then Health Minister Robin Swann and Infrastructure Minister Nichola Mallon welcomed Translink²⁴ as the latest organisation to join the Breastfeeding Welcome Here Scheme. This membership represents a huge support network to breastfeeding mums, involving 39 bus and rail stations and a fleet of over 1,400 buses, coaches and trains.

Launching the scheme, Janet Calvert, the PHA’s Regional Breastfeeding Lead at that time, explained: *“The Breastfeeding Welcome Here Scheme was created to help show community support for breastfeeding mums. The Scheme includes over 800 cafes, restaurants, shops, council facilities, universities, tourist attractions and other public and private sector venues across Northern Ireland. Having Translink join this Scheme is such a positive step for breastfeeding families. It helps increase public awareness about breastfeeding, and importantly it gets the message out there to all 1.5m Translink passengers going to work, education, health services, leisure activities and more every week that babies have to be fed and they can be breastfed no matter where they are.*

“Making it easier for mums to choose breastfeeding will help improve breastfeeding

²⁴

<https://www.translink.co.uk/corporate/media/pressreleases/breastfeedingwelcomehere#:~:text=breastfeeding%20is%20acceptable%20in%20all,another%20area%20or%20stop%20breastfeeding>

rates in Northern Ireland. Scientific evidence shows that babies who are breastfed are generally at a lower risk of having infections, allergies, obesity, diabetes and sudden infant death. Women who breastfeed can also have a lower risk of developing breast cancer, ovarian cancer and osteoporosis, therefore it is really important that we support our mums on this journey, by showcasing that breastfeeding is welcome in all areas of life and we can create a supportive environment for mums and families.”

Acknowledging the importance of breastfeeding, Health Minister Robin Swann said: “A healthy infancy is the foundation for lifetime health and wellbeing. Breastmilk provides infants with the nutrients and immune factors they need for healthy growth and development. It’s important that we do all we can to encourage more parents to choose breastfeeding for their children and to ensure that they are supported to do so. Initiatives like Breastfeeding Welcome Here help to normalise breastfeeding and create the right conditions for mothers to breastfeed in comfort, wherever they are. I commend Translink for joining the Scheme.”

Chris Conway, Translink Chief Executive Officer, said: “Public transport is a key service for communities across Northern Ireland and our services are for everyone to enjoy. By embracing the Breastfeeding Welcome Here Scheme we’re sending a message of support to breastfeeding mums that Translink offers a safe and welcoming environment to feed their babies.

“We look forward to welcoming more families on board our services, to connect communities and provide accessible and sustainable transport, which plays a major role in the race to Net Zero emissions and improving public health”.

Having significant public-facing services openly supporting and promoting the Scheme is an important element in helping to normalise breastfeeding in our society.

- ❖ **Peer Support:** Regional breastfeeding peer support development has ensured more women and babies have had access to the advice and guidance they need to successfully sustain their breastfeeding journey.

Peer support plays an important part in supporting mothers and babies on their breastfeeding journey. Peer support can be described as mother-to-mother support given by women who have breastfed their own children and who have been trained to provide effective ongoing support and encouragement to others. By sharing their own experiences, peer support mums can help others to overcome some of the problems they may face with breastfeeding and encourage them to talk about any challenges or issues.

In 2014, the PHA developed the new role of Breastfeeding Peer Support Link Worker (PSLW). The role aimed to increase awareness of voluntary breastfeeding peer support, and by 2016 there was a part-time PSLW in four out of five HSC Trusts, with all five Trusts having PSLW posts in place in 2021. Investment in PSLWs was centred around NICE guidelines that recommended peer support contact within 48 hours of

discharge from hospital²⁵. More recently NICE post-natal care guidelines NG194 (2021)²⁶ also recommend breastfeeding peer support, in line with research evidence that confirmed women find peer support valuable.

Volunteer peer support for breastfeeding is usually provided by phone or text messages and is available outside of the core times that health professionals are normally contactable. Consent for this service is obtained via the breastfeeding PSLW who puts new mothers in touch with a Peer Volunteer. Once matched, the Peer Volunteer then makes contact to introduce themselves and provide their contact details.

In the Spotlight 2...

Peer Support

In 2023, 172 women trained as HSC Trust Breastfeeding Peer Support Volunteers and 162 women were actively providing support via online messaging, texts, phone calls or face-to-face contact at breastfeeding support groups throughout Northern Ireland. The number of active peer support volunteers linked to HSC Trusts can change year on year as some mothers may need to step back from volunteering for a time, due to family and work commitments.

In 2014/15, just under 2,000 breastfeeding mothers had face-to-face or phone contact with the PSLW whilst in hospital or within 48 hours of discharge from hospital to provide breastfeeding information and support. In 2022/23, this has increased to 8,277 new breastfeeding mothers having contact with a PSLW.

What do the mums say...?

"Without peer support I wouldn't have lasted more than two days."

"Helpful to have any support to check in regularly and encourage you when everything is overwhelming after birth and in my case, family members had no experience of breastfeeding and often said unhelpful things as they just didn't understand."

"I tell all my pregnant friends about peer support. I would love to become a peer supporter and help the way my peer helped me."

- ❖ **Community Support:** Increased investment in community and voluntary services has ensured greater community-based support for women and babies.

Community-based services are a crucial element in ensuring mothers and babies have the help and support that they need on their breastfeeding journey. There are

²⁵ <https://www.nice.org.uk/Guidance/PH11>

²⁶ <https://www.nice.org.uk/guidance/ng194>

currently over 70 breastfeeding support groups across NI²⁷. The majority of these groups are maintained by Sure Start projects, with a few led by voluntary breastfeeding support organisations such as La Leche League and National Childbirth Trust. In addition, some locality breastfeeding support groups have been established and resourced by HSC Trust Public Health Nursing teams.

Through the Strategy, the PHA has funded community/voluntary organisations with an annual average of £99,952, increasing from £18K in 2013/14 to nearly £110K in 2022/23. This resource is used to provide breastfeeding training to health professionals and volunteer supporters and most importantly, helps ensure individuals and families have local accessible and effective support, at the right time.

La Leche League

La Leche League helps breastfeeding mothers and parents worldwide with support, education, and encouragement. The PHA has a long-standing contract with La Leche League to train volunteer breastfeeding counsellors and to provide breastfeeding support to families within the community.

During the Strategy term, La Leche League:

- Facilitated 605 support group meetings
- Hosted nearly 6,000 women at support groups
- Provided over 8,000 telephone support sessions

National Childbirth Trust (NCT)

The NCT has been funded by the PHA to deliver breastfeeding support for families since 2020. The organisation has six licensed NCT Breastfeeding Counsellors in Northern Ireland, and the organisation provides online support.

Since April 2020, NCT has:

- Hosted over 160 online Baby Café sessions
- Supported more than 280 mothers in online sessions
- Provided over 275 mothers with one-to-one counselling
- Facilitated 29 breastfeeding workshops for over 160 participants

Tiny Life

Tiny Life is Northern Ireland's only dedicated premature baby charity to help provide support services both in the Neonatal Unit and in the community. The organisation provides a regional breast pump loan scheme throughout Northern Ireland, offering breast pumps to vulnerable mothers who have hospitalised babies so that they can maintain their supply of breastmilk for their baby.

Tiny Life maintains a stock of over 100 hospital grade breast pumps. Since 2013, over 3,300 mothers have been supported to express breastmilk for their hospitalised baby.

Parents have conveyed that with so much out of their control when their baby is ill, having the breast pump and being able to provide their own milk to their baby gives them some amount of control back again. One service user said: *"The pump was*

²⁷ https://www.breastfedbabies.org/locations?keys=&type%5B%5D=support_group

great for keeping my little man fed when he was in the special care unit. I couldn't have done without it."

Breastival

Breastival is an annual festival that promotes and supports breastfeeding in Northern Ireland. Breastival is a stand-alone initiative but receives some funding from the PHA in support of its efforts to promote and normalise breastfeeding. See In the Spotlight 9 for further details about Breastival outputs and achievements.

Sure Start

The Sure Start programme supports parents with children aged under four years old, living in disadvantaged areas in Northern Ireland²⁸. The programme offers assistance to parents from pregnancy until their child starts school. Many of the Sure Start services offer breastfeeding and infant feeding support.

In the Spotlight 3...

Saol Úr Sure Start Breastfeeding Support Group

Saol Úr Sure Start is based in West Belfast and provides a drop-in breastfeeding support group. Unlike many other Sure Starts, Saol Úr has a dedicated Infant Feeding Lead, in addition to a midwife. The breastfeeding group has an open-door policy, regardless of whether group participants live in the catchment area or not.

Illustrating the huge impact that Sure Start support has on the lives of mums, babies and families, a few of the mums in the group shared their experiences:

Mum A

"I have been breastfeeding for 18 months now. My prenatal care was consultant-led, so I didn't feel like I got much support or information about breastfeeding in the lead up to my baby being born. [Saol Úr Infant Feeding Lead (IFL)] and the other mums who attend the breastfeeding group have been a huge support to me.

"I had a difficult time during and after the delivery of my baby and suffered from post-birth trauma. I really wanted to breastfeed, but the other women in my life didn't have much experience of it. When I started out, it got lonely for me quite quickly. Coming here to this group made a huge difference. And outside the group, [Saol Úr IFL] was on the other end of the phone whenever I needed her. She was so passionate about it all and I knew I wasn't a burden whenever I needed help."

Mum B

"After my baby was born, she wasn't gaining weight and she was categorised as failure to thrive. It was a really stressful time. Sure Start was brilliant – everyone was so lovely and supportive, and it helped counter some of the negativity I had encountered from others about my decision to have a home birth.

²⁸ <https://www.nidirect.gov.uk/articles/sure-start-services>

“With so many early challenges with illness and weight gain, it probably would have been easier for me to bottle feed my baby. But I persevered with breastfeeding and I’m not really sure why, but I am glad I did. I suppose I found breastfeeding more convenient, as it was always ready to go, with no preparation or heating or waste. I would have been lost without [Saol Úr IFL] – I had lots of home visits and ongoing support from Sure Start.”

Mum C

“I have nothing but praise for this service. Without [Saol Úr IFL] help, I’m not sure my current breastfeeding journey would be as successful. She was very encouraging with my breastfeeding journey with my son who had difficulties due to me having issues with flat nipples. When I was pregnant with my second, she gave me loads of advice on how to accomplish my breastfeeding goals with the new baby. She also gave me a set of niplettes to help. Her home visits near the time of the birth and following the birth were extremely helpful and encouraging. She demonstrated latching and different feeding positions.

“[Saol Úr IFL] has been there for me when I needed her. She was readily available to advise and support me when I had mastitis. I am particularly thankful to her for her recent assistance when my breast pump broke. Within hours, she supplied me with the loan of a breast pump and accessories. I’m very grateful for this as I would have struggled greatly to pump off enough milk using my manual pump. It’s very comforting to know that this service is here should I need any more support during the rest of the time I breastfeed my baby girl.”

Outcome 2: Health and Social Care has the necessary knowledge, skills and leadership to protect, promote, support and normalise breastfeeding

Generally, the local workforce is widely acknowledged as a highly valuable asset by breastfeeding stakeholders. Respondents to the Knowledge Needs Assessment reported that there is a high level of expertise in community and clinical settings. The assessment found that there are passionate and dedicated breastfeeding supporters working across Health and Social Care, in Sure Start Centres and in the voluntary sector, with rich lived experiences, great skills, knowledge of their communities and understanding of the strengths and weaknesses of the current system.

- ❖ **Breastfeeding Leadership:** Important regional and local leadership roles established and embedded.

There has been a Regional Breastfeeding Lead post in Northern Ireland before the Strategy term began in 2013, and the role continued to play a critical part in leading the implementation of the Breastfeeding Strategy up until the post holder retired in April 2022 (role filled again in February 2024). The role provides professional advice and co-ordinates the approach to implementation, with responsibility for delivering on the stated outcomes and actions. The Regional Breastfeeding Lead also supports the Health Improvement Leads in the PHA to develop local breastfeeding initiatives across the five Trust areas and monitor outcomes and progress.

The post has been a crucial element in promoting and normalising breastfeeding in Northern Ireland. Stakeholder feedback has clearly championed the importance of this leadership role in providing direct support to staff across the region. As part of the stakeholder engagement to inform this Strategy review, the absence of a dedicated Regional Breastfeeding Lead following the previous post-holder's retirement was highlighted as a significant concern. It was noted that there is a real risk of efforts to build this network and support service being lost if the post was not adequately filled and maintained. These sentiments were also iterated through discussions with the BSISG.

In 2019, the BFI Senior Professional Officer post was established. This post places central emphasis on the commitment to BFI Standards, providing guidance and leadership across all Trusts in the implementation and maintenance of standards in Northern Ireland.

- ❖ **Specialist Workforce Expansion:** Since 2018, the breastfeeding specialist workforce in NI has almost doubled.

Huge efforts have been made to expand the professional and specialist workforce when it comes to infant feeding and breastfeeding support in Northern Ireland. In 2013, there were 13 Infant Feeding Lead posts in NI, and this has increased to 19 posts in 2023, with an additional three Breastfeeding Project Lead/Practitioner posts, across the five HSC Trusts. Infant Feeding Leads are responsible for training staff in breastfeeding support and helping women and babies who are experiencing breastfeeding challenges. They also maintain the high standards necessary to retain UNICEF Baby Friendly Initiative accreditation. Despite the growing number of posts, many are part-time, equating to approximately 12.5 whole-time equivalent posts in total.

In 2016, the new role of Neonatal Infant Feeding Lead was also created, bringing specific emphasis to the importance of specialist care and support for vulnerable newborns with specific needs being cared for in neonatal units.

Tongue-tie is a condition found in some babies whereby the strip of tissue attaching the tongue to the floor of the mouth (called the frenulum) is shorter than normal. This can make breastfeeding more difficult if the baby is prevented from latching on properly. Since 2018, the PHA has facilitated the training of eight tongue-tie specialists through Wolverhampton University, with clinical supervision provided by existing specialists within HSC. The Northern HSC Trust has an established Midwifery-led tongue-tie clinic, but while some progress has been made in this area, further resources are required in order to establish a consistent Tongue-Tie Service across the region.

While it is clear that progress is being made to develop the workforce that is required to support infant feeding, there is more to be done in this area.

- ❖ **Service Accreditation:** In 2016, Northern Ireland became the first region of the UK to achieve full Baby Friendly Initiative accreditation²⁹ across 100% of maternity services.

As previously highlighted under Outcome 1, over the duration of the Breastfeeding Strategy, considerable progress has been made in the achievement and maintenance of Baby Friendly Standards³⁰. The impact of these improvements when it comes to the services and support offered to women and babies has already been illustrated; but there is also a lot to celebrate when it comes to the expansion and development of the skill set of staff.

Most significantly, 100% of maternity and health visiting services in Northern Ireland are now fully BFI accredited. Progress is also being made in neonatal services, with one out of five HSC Trusts currently fully BFI accredited.

Baby Friendly Initiative: NI Awards Highlights

2016: NI is the first region in the UK to achieve full UNICEF UK Baby Friendly accreditation across 100% of maternity services

2017: Three-year Queen's University Belfast BSc (Hons) in Midwifery Sciences programme achieves BFI University standards accreditation

2018: Northern Health and Social Care Trust maternity and health visiting services are the first in NI to achieve BFI Gold Award

2020: 100% of Health Visiting Services achieve full BF accreditation

Glenbrook, Shankill and Smile Sure Starts obtain first BF Gold Award for an NI Sure Start

Saol Úr, South Belfast, East Belfast and Outer West Belfast Sure Starts achieve full BF accreditation

2021: Antrim Area Hospital becomes the first neonatal unit in NI to achieve full BF accreditation. Since then, the Royal Jubilee Maternity Services Neonatal Unit achieved a Stage 2 award and the Ulster Hospital, Southern HSC Trust and Western HSC Trust Neonatal units achieved their Stage 1 accreditation

The full list of awards can be found at: <http://unicefbfi.force.com/Events/Awards>

In the community setting, Sure Start organisations have also committed to achieving Baby Friendly accreditation. Thirty out of 38 Sure Start projects have achieved Baby Friendly accreditation to varying levels, with three reaching Stage One, 24 reaching Stage Three and three achieving Gold Award status. The additional eight organisations are working towards accreditation or need additional engagement to start the journey towards accreditation. With every accreditation comes a considerable

²⁹ <https://www.unicef.org.uk/babyfriendly/accreditation/>

³⁰ <https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/guide-to-the-standards/>

commitment to training and maintaining high standards. As a result of this commitment, women in communities across Northern Ireland are receiving an improved level of care and support throughout their breastfeeding journey.

In the Spotlight 4...

Glenbrook Sure Start

Glenbrook Sure Start provides a range of free services for families who are expecting and/or have children under the age of four and live in the Ardoyne, Cliftonville or Ligoniel ward areas within Belfast Health and Social Care Trust, which are some of the most deprived areas of Northern Ireland.

Sure Start organisations are excellently placed within the community to provide continuity of breastfeeding support for women, babies and families in a local area. Complementing the statutory supports available, Sure Start staff work hard to engage their local population, building relationships with families to identify and provide the type of support needed. Some of the services offered by the team in Glenbrook include midwife antenatal support, providing home visits, workshops and breastfeeding support, and support from a health visitor postnatally, including home visits and workshops.

In 2021, Glenbrook was part of a Sure Start collective in Belfast, alongside Smile and Shankill Sure Starts, to achieve Gold Award status in Baby Friendly accreditation. The Baby Friendly Initiative Achieving Sustainability standards are designed to support services to embed high quality care, based around the themes of leadership, culture, monitoring and progression. The standards can be incorporated into plans for achieving and maintaining Baby Friendly accreditation no matter where you are in the process, but re-accredited services can also choose to be formally assessed against the standards and receive a Gold Award.



The three Sure Starts were highly commended by UNICEF UK for the quality of the evidence submitted and the thorough way in which the necessary processes to embed and further develop care related to the Baby Friendly standards have been planned and implemented.

Setting out what this has meant in practice, the lead midwife at Glenbrook Sure Start explained:

“Compared to the services in Trusts, Sure Start provides a complementary, softer

service when it comes to breastfeeding support. Working in an area with high rates of deprivation, I work with individuals and families to change hearts and minds when it comes to breastfeeding. For some people it just isn't the norm, and I want to let everyone know that we are here to offer support and advice if it is something they want to do.

"The BFI training and accreditation has been an excellent framework for us to work within. Every member of our staff has had training, including our admin and reception team. Even though they may not support people directly with breastfeeding support, the different levels of training make sure everyone understands the value in breastfeeding."

"Even after decades as a midwife I am still filled with joy to see a new mother breastfeed their baby and I continue to be pleasantly surprised by the willingness and perseverance that women show in overcoming any challenges or obstacles they face. I support women to feed babies in whatever way they choose, and we see a mix of women who feed from the breast, use mixed feed methods or fully express milk and feed using bottles. Whatever route they choose, it is always a pleasure to play a positive part in their journey."

Reflecting on the changes she has witnessed over the past ten years, the lead midwife at Glenbrook Sure Start shared her thoughts on a shift in culture: *"Breastfeeding used to be something that could be awkward to talk about with people in case they were uncomfortable, but it is a new world now and information and support are everywhere. People are talking about it!"*

"Sure Start is now much more integral in the strategic picture for how support and services are delivered within communities. From a professional point of view, it felt like Sure Start services weren't fully recognised for the part we played in breastfeeding support, but this has changed massively. BFI training has helped to standardise training across Trust maternity services, health visiting services, and community services, and this consistency in training and service provision has improved the service offer for women and made us feel like an important and equal part of the picture when it comes to supporting breastfeeding in Northern Ireland."

- ❖ **Education and Training:** Since 2013, over 1,500 health care professionals, university staff and Sure Start leads have completed BFI training courses, ensuring the skill set across breastfeeding supporters is of the highest quality.

Many healthcare professionals have a role to play in supporting and sustaining breastfeeding. Alongside midwives, nurses and health visitors, paediatricians, GPs, pharmacists, dieticians, speech and language professionals and community support workers all have opportunities to support and sustain breastfeeding. Delivering the right education and training to health care professionals who support breastfeeding and infant feeding is a foundational building block to providing the best quality service for women and babies in Northern Ireland. Over the past ten years, considerable

developments have been achieved in providing training and guidance materials for a range of professionals.

As part of the Baby Friendly Initiative, the HSC Clinical Education Centre (CEC) provides a 2-day staff training session *Successful Breastfeeding and Relationship Building*³¹, as well as half-day training update sessions. Since 2013, over 2,600 HSC staff have received breastfeeding training delivered by the CEC. Whilst the majority of training participants are usually midwives, health visitors and nurses, places are also offered to dietitians, Sure Start family support workers and speech and language therapists.

BFI training is also provided for paediatricians to enhance their skills in breastfeeding awareness. This training is delivered in-house by the Infant Feeding Leads in each HSC Trust, with additional online learning specifically for paediatricians. Training and learning materials have also been made available to GPs and pharmacists. Frontline primary care professionals play an important role in supporting women and families to sustain breastfeeding. While training is accessible, uptake has been quite low and more work is required to promote and support GPs and pharmacists to develop further skills and knowledge in breastfeeding support for the women and families in their care.

Progress has also been made in university settings, with Queen's University Belfast BSc (Hons) Midwifery Sciences programme achieving full Baby Friendly University Standards Accreditation³² and recent reaccreditation, highlighted in Spotlight 5.

In the Spotlight 5...

Queen's University Belfast (QUB) – Helping to educate our workforce

Universities are a vital cog in the education machine, ensuring that midwives, health visitors, nurses and other healthcare professionals have the essential knowledge and skills they need to thrive in their healthcare roles.

In 2017, the three-year QUB undergraduate course in Midwifery Sciences (BSc Hons) achieved BF University Standards Accreditation. The course has since been re-accredited in 2022, and the university is planning to submit for Achieving Sustainability BFI award in 2024. In addition, QUB schools of Nursing and Medicine have worked in collaboration to deliver joint breastfeeding education. This innovative approach to teaching sees medical students, student midwives and paediatric nurse students coming together to benefit from joint education.

In 2023, Queen's University Belfast also became a member of the Breastfeeding Welcome Here Scheme, visually promoting the acceptance of breastfeeding across the university for students, staff and visitors.

³¹ <https://ceceducation.hscni.net/Home/Details/3768>

³² <https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/university-guide-to-the-standards/>

- ❖ **Neonatal service advancements:** Advancements in the development of breastfeeding support services within Neonatal settings.

All five HSC Trusts in Northern Ireland are committed to achieving full BFI accreditation, with the Northern Trust succeeding in this goal in 2022. Since 2013, 276 neonatal nurses and Allied-Health Professionals have completed the 2-day *Embedding Baby Friendly Standards in Neonatal Care*³³ Baby Friendly training course. In 2016, the PHA worked closely with Neonatal Unit Managers to support the development of a new Neonatal Infant Feeding Lead post. Funding is currently provided to each Trust to support these posts.

The Human Milk Bank in Northern Ireland plays a critical role in supporting babies in neonatal units with donor human milk. Criteria are set for the use of human donor milk, with supplies preserved for premature babies and those babies that require gut surgery. Managed by the Western Health and Social Care Trust, the Human Milk Bank relies on breastmilk donations from mothers who have undergone a screening process so that donated, pasteurised human milk can be provided across the whole island of Ireland to the babies who need it when their mother's milk is not available to them.



The PHA, alongside the Neonatal Network Northern Ireland (NINI), produced and launched a new video³⁴ for parents in 2023. The video highlights the importance of breastfeeding and explains how to express breastmilk and breastfeed when a baby is being cared for in a neonatal unit. The video features mothers and health professionals from across Northern Ireland and signposts

parents to a range of support services. The video can be viewed online (still image example from the video shown) and is available for parents and staff on computer tablets in neonatal units across Northern Ireland.

Outcome 3: High quality information systems in place that underpin the development of policy and programmes, and which support strategy delivery

During the Strategy term, there have been measurable improvements in the quality of data that is collected in relation to breastfeeding and infant feeding.

As the main targets in the original Strategy suggest, at one point there was heavy reliance on the UK Infant Feeding Survey³⁵ for breastfeeding information and data. In 2014, the UK Infant Feeding Survey was discontinued. This left a gap not only in the availability of breastfeeding data but in the ability to compare data across UK regions. In the absence of the Infant Feeding Survey, work was undertaken by the PHA and others to develop information systems to capture breastfeeding information, identify

³³ <https://www.unicef.org.uk/babyfriendly/training/courses/neonatal-course/>

³⁴ <https://vimeo.com/699060964>

³⁵ <https://digital.nhs.uk/data-and-information/publications/statistical/infant-feeding-survey/infant-feeding-survey-uk-2010>

and address data gaps. Considerable improvements have been made to data collection and quality as a result.

❖ **Improved data systems and monitoring:** Development of breastfeeding and infant feeding data sets, including annual Health Intelligence Briefings and the publication of Official Statistics ‘Statistical Profile of Children’s Health in Northern Ireland’.

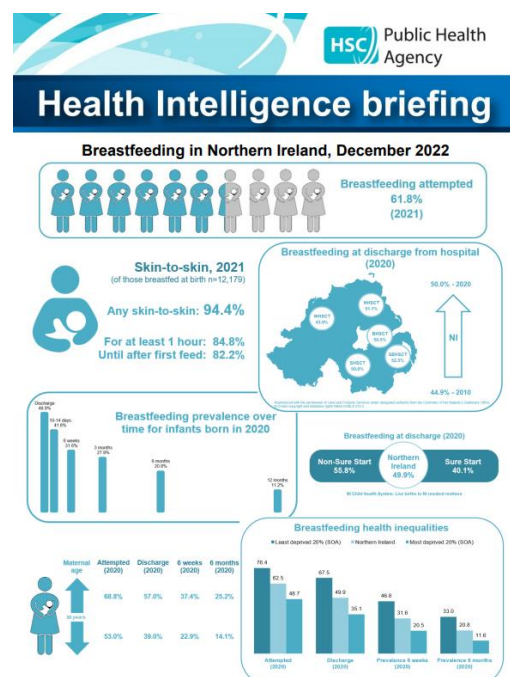
There is widespread agreement among stakeholders as to the quality and value of the annual Health Intelligence Briefings that are provided by the PHA Health Intelligence Unit in support of the Breastfeeding Strategy. To inform and monitor Strategy implementation and next steps, detailed data analysis of breastfeeding trends for a wide range of key demographics and characteristics has been provided to the BSISG throughout the Strategy lifespan.

Throughout the period of Northern Ireland’s participation in the Infant Feeding Survey, the survey provided the only source of robust and comparative data on breastfeeding rates and duration. Given the increased costs associated with the survey and the lack of comparable data with all the other UK countries, alternative sources of information for infant feeding were investigated.

In 2011, changes were implemented to the CHS to improve the reporting systems for infant feeding in line with the Healthy Child, Healthy Future framework. Information is currently collected at time points up to 1 year; discharge from hospital, first visit (10-14 days), 6-8 weeks, 14-16 weeks, 6-9 months and 1 year.

As part of the implementation of the Breastfeeding Strategy, a sub-group was tasked to support and promote the development of high-quality information systems to monitor breastfeeding rates. Part of this work included improvements and changes to the existing Northern Ireland Child Health System (CHS) and the Northern Ireland Maternity System (NIMATS) to enable collection of additional data fields and allow for timely analysis of data.

In 2016, changes to the NIMATS were implemented to expand the data collected on infant feeding practices at birth, during the postnatal period and at discharge. As such, there have been considerable developments in the capture and quality of infant feeding data on NIMATS and CHS. While there is no longer a dependence on undertaking the Infant Feeding Survey to get this intelligence for Northern Ireland, there continues to be a gap in comparability of data across the UK and Ireland. The lack of comparable data is being explored across the UK to assess if a solution can be found in the future.



The PHA's Health Intelligence Unit also produces an annual Official Statistics report, 'Statistical Profile of Children's Health in Northern Ireland'³⁶ which includes detailed analyses of NIMATS and CHS data, including births and indicators relating to child health such as birth weight, maternal BMI, maternal smoking, and breastfeeding status.

It is important to note that considerable system developments are currently underway in Northern Ireland through the implementation of the ENCOMPASS programme. This will create a single digital care record for every citizen in Northern Ireland who receives health and social care. This will undoubtedly have implications for data accessibility and data quality as all of the HSC Trusts migrate to new systems.

- ❖ **Public surveys and research:** Strengthening a solid information and knowledge base that helps gauge and monitor public opinions and understanding.

The Department of Health's annual Health Survey Northern Ireland has been used to provide an understanding of public perception, attitudes towards and knowledge of breastfeeding. Due to the more sensitive nature of the questions asked, the breastfeeding module has always been included as a self-completion module, therefore allowing participants to answer questions honestly and free from influence. The breastfeeding module ran in the Health Survey in 2012/13, 2014/15 and 2017/18. Unfortunately, as a result of the COVID-19 pandemic, no self-completion modules were included in the Health Survey between 2020/21 until 2022/23. When reinstated in 2023/24, there was huge demand for self-completion modules that hadn't been included in several years and after some deliberations, breastfeeding was not included in the survey. However, a module has been proposed for the 2024/25 survey.

Other opportunities have also been used to capture wider public opinion and understanding of breastfeeding. The Young Persons' Behaviours and Attitudes Survey is a schools-based survey that has run every three years since 2000. A section on breastfeeding was included in surveys in 2013, 2016, 2019 and 2022. The survey results provide valuable information on how younger people think about breastfeeding and helps identify some of the barriers or knowledge gaps that might be associated with breastfeeding, thus helping to inform policy and actions.

In 2019, the PHA linked with the research undertaken by Northern Ireland Life and Time (NILT) Survey to inform the development of a study exploring public attitudes to breastfeeding in NI³⁷. A further example of research taken forward by the PHA is explored in Spotlight 6 that follows.

Findings from these surveys are explored later under Outcome 4.

³⁶ [Statistics | HSC Public Health Agency \(hscni.net\)](https://www.hscni.net/statistics)

³⁷ <https://www.ark.ac.uk/ARK/sites/default/files/2021-01/update137.pdf>

In the Spotlight 6...

COVID-19 Research

In December 2020, the PHA commissioned a qualitative study³⁸ to explore the experiences of mothers and service providers in accessing and providing breastfeeding support during the COVID-19 pandemic.

The study identified a number of points for consideration in providing future breastfeeding support, including the need for practical, face-to-face support in the early days, and the importance of a flexible, blended approach to providing ongoing support, subject to the stage of the breastfeeding journey in question and the issues that have been encountered.

The study found that for many of the mothers, breastfeeding during the COVID-19 pandemic facilitated uninterrupted time which was particularly important in the early days to establish breastfeeding. However, mothers also reported feeling lonely and more isolated as a result of the pandemic with many struggling because of the lack of support from family and friends.

The research reported the variable experiences of mothers in relation to breastfeeding support both in hospital and in the early days during the pandemic.

Due to the pandemic, many existing face-to-face support groups were transitioned online. Overall, mothers and providers agreed that nothing can replace a face-to-face approach, particularly in the early days of breastfeeding or when a mother encounters physical breastfeeding issues. However, there was agreement that virtual support provides accessible and convenient support for mothers.

The research highlighted a desire for a blended approach going forward, with further enhancements of online delivery techniques, staff training and supporting mothers to get the most out of online and virtual support.

The research also captured the need for more practical support in the early days to aid in establishing effective breastfeeding, with many mothers missing out on face-to-face contact from midwives and health visitors during the earlier stages of the pandemic. These sentiments were also echoed by health professionals.

The full research report is available via the PHA website.

³⁸ <https://www.publichealth.hscni.net/sites/default/files/2021-12/20-104030%20PHA%20breastfeeding%20research%20report%20V7%2021.05.2021%20client%20use%20only.pdf>

- ❖ **Research collaborations:** Strengthened evidence-base and workstrand in place to monitor research developments.

The Research Work Strand of BSISG focused on monitoring the research environment, identifying gaps and opportunities for local research, and supporting local research projects where possible.

In 2018, members of the BSISG Research Work Strand collectively published a paper in the Evidence-Based Midwifery Journal entitled 'Interventions to increase the initiation of breastfeeding: a systemic review of studies conducted in the UK and Ireland'³⁹. This review was conducted to evaluate interventions that aimed to improve breastfeeding initiation rates in the UK and Ireland as a foundation for developing breastfeeding initiatives in Northern Ireland. The review examined 12 papers, with three meeting the full research criteria (as explained within the paper). This review highlights the small number of intervention studies conducted in the UK and Ireland evidencing the need to invest in future research focused on improving breastfeeding initiation rates. It recommended that future studies should also examine the contextual issues alongside the development and implementation of interventions.

While not formally involved, the BSISG Research Work Strand monitored and supported various PhD researchers over the years, inviting academics to present and discuss interim findings with the work strand and with the wider BSISG.

The group has also provided support for the delivery of the annual Spotlight on Breastfeeding Research conference, and funding has been provided to various other conferences and research workshops that contribute to the aims of the Strategy.

During the Knowledge Needs Assessment, the existence of high-quality research studies and evaluation reports relating to NI data, awareness campaigns and service developments were highlighted as current assets.

In the Spotlight 7...

Annual Spotlight on Breastfeeding Research conference

The Annual Spotlight on Breastfeeding Research conference is organised by the Doctoral Midwifery Research Society and supported by the HSC Research and Development Division, the NI Public Health Research Network, and in 2023 it was also supported by the Institute of Public Health.

The conference aims to showcase the most up-to-date research in breastfeeding from those who are currently engaged in supporting women, writing policy, working in practice and engaged in research. Whilst not part of the Breastfeeding Strategy, the conference is an important platform for highlighting breastfeeding research and various work strand members have contributed over the years. Research work strand members have been pleased to support the conference by providing ongoing advice and support for planning, as well as helping to identify the most relevant speakers to invite them to participate.

³⁹ <https://www.rcm.org.uk/media/2818/evidence-based-midwifery-december-2018.pdf>

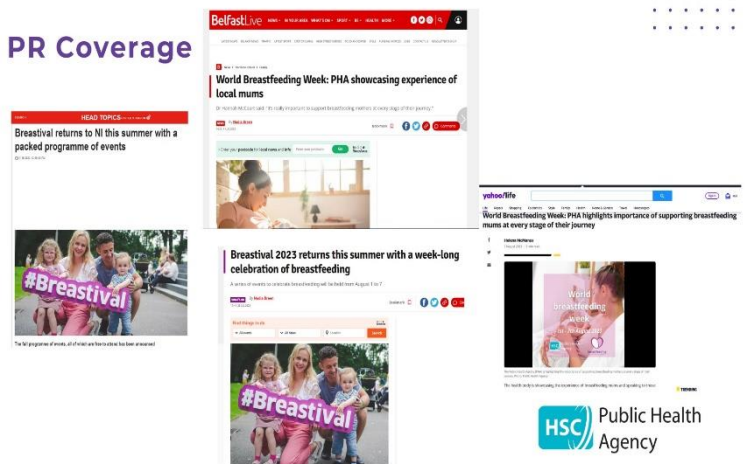
Outcome 4: An informed and supportive public

- ❖ **Public awareness campaigns:** Greater awareness and strides towards normalising breastfeeding within NI society.

The PHA has made considerable efforts to maintain an online and public messaging presence when it comes to promoting breastfeeding during the term of the Strategy. Several initiatives have aimed to normalise breastfeeding in public and attempted to encourage greater public understanding of breastfeeding and address knowledge gaps, negative perceptions or attitudes.

Since 2013, the PHA has released a steady stream of news stories and media messages relating to breastfeeding. These have included promotion of successful achievements through the Baby Friendly awards and other activities including the Breastfeeding Welcome Here Scheme, the #NotSorryMums campaign, Breastival and World Breastfeeding Week.

PR Coverage



Social media posts



Social media platforms have also been an important source for providing and reiterating breastfeeding messages and advice. The PHA has dedicated considerable energy to maximising positive messaging and content through Facebook and other platforms. The images provide a snapshot of some of the content that has been generated.

The combination of specific breastfeeding campaigns, promoting festivals and events on social and local media, political engagement and sustaining the expansion of visual breastfeeding acceptance through initiatives such as the Breastfeeding Welcome Here Scheme, have all come together as part of a successful communication strategy for supporting and normalising breastfeeding.

In the Spotlight 8...

#NotSorryMums Campaign

The #NotSorryMums campaign launched in 2018 and was a huge success, promoting breastfeeding-positive messages across the media channels in Northern Ireland⁴⁰.

The campaign set out to encourage positive attitudes towards breastfeeding in public by increasing awareness of the benefits for both mother and baby and reassuring mothers that, in a society where we often say sorry automatically for things that are not our fault, breastfeeding requires no apologies.

As well as television and radio advertising, the campaign was publicised via posters, print media and popular social media sites. The campaign evaluated positively in a survey of Northern Ireland respondents; overall, 75% said they were aware of the advertising campaign. Awareness was even higher (86%) among those who had just given birth, were pregnant or who were planning to get pregnant. Respondents agreed that the advertising would encourage them to think more positively about breastfeeding in general (73%) and about breastfeeding in public (74%). Respondents overwhelmingly agreed that people should support mums who breastfeed in public places.

The #NotSorryMums Campaign achieved awards for excellence from both the Chartered Institute of Marketing and The Drum Roses Creative Awards in 2018. The scheme also raised awareness of the Breastfeeding Welcome Here Scheme, whose membership increased by 28% during the year of the launch.

Efforts have also been made to showcase the positive experiences of families and mothers using online videos. In 2023, a series of videos was created, filming mothers, babies and their families from across the five HSC Trust areas who shared their local breastfeeding experiences and journeys, so they could help to demystify the process and ultimately encourage other mothers to consider breastfeeding their babies.

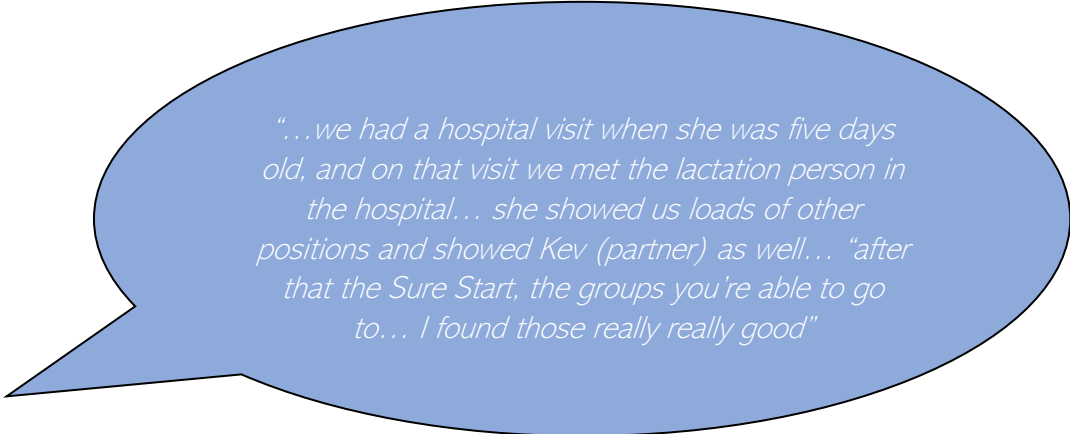
Reflecting on the support they received, one mother said:



"We had so much support from the nurses and midwives. Them just helping me and calming my wee nerves that I was doing it ok."

⁴⁰ <https://www.publichealth.hscni.net/news/notsorrymums-new-campaign-urges-mums-be-proud-breastfeeding>

A second mum said...



"...we had a hospital visit when she was five days old, and on that visit we met the lactation person in the hospital... she showed us loads of other positions and showed Kev (partner) as well... "after that the Sure Start, the groups you're able to go to... I found those really really good"

In the Spotlight 9...

Breastival

Breastival is a unique, award-winning annual festival which compliments World Breastfeeding Week and aims to support, normalise and celebrate breastfeeding as part of everyday life. While Breastival is not an output of the Breastfeeding Strategy, the festival is part-funded by the PHA as part of the wider aim to support and promote breastfeeding in Northern Ireland.

Breastival started in 2016 on the lawns of Belfast City Hall when new mum Dr Jennifer Hanratty gathered breastfeeding mums together from across the region to participate in the Global Latch On. In 2017, the Latch On grew into a festival with fun activities for parents, babies and children, talks, information and support and created the largest gathering of breastfeeding women ever in Northern Ireland. Since then, the festival has developed into an annual celebration of World Breastfeeding Week, which attracts over 1,500 people. Attendees have an opportunity to form support networks and make new friends, take part in workshops and hear from experts in the field. In 2023, there were exhibitions from 11 community organisations, as well as all five HSC Trusts and the Milk Bank. In response to COVID-19, the festival moved online in 2020 and 2021. In-person events recommenced in 2022, with some online events still provided to facilitate wider audiences and attract international speakers for an NI audience.

Participating families have reported that Breastival is the first place in which they have felt fully acknowledged, welcomed and able to interact with other breastfeeding families in a wholly positive space. Many mothers, particularly those from rural areas, have reported that Breastival is the first time in which they have been in an environment in which breastfeeding mothers are so strongly represented. This has been described as a significant factor in extending their breastfeeding journey.

Breastival has won a number of awards, recognising the contribution it makes to mothers, families and communities.

Outside of the annual festival, Breastival has successfully delivered a range of projects with the goal of normalising and strengthening support for breastfeeding in wider society including Tessa's Journey⁴¹ animation series, the 'More Than Milk' photo exhibition and using the 'Mothers Milk Tool', created by economists at Australian National University and Alive and Thrive, to create a community patchwork quilt. The work captures a snapshot of the estimated over £4million value to the economy of 114 women's work in making breastmilk.



Reflecting on the Breastival journey, Dr Hanratty said: *“Breastival is a beautiful celebration of breastfeeding in all its forms and the incredible community of women who work, often unpaid, to support other women to meet their feeding goals. It has grown from a small gathering of 47 people and one dog to an internationally recognised annual event for the breastfeeding community. Breastival is our way of helping to build confidence for individual women and contributing to breaking down the social and cultural barriers to choosing and continuing breastfeeding.*”

I am so proud that as a very small organisation run by volunteers, Breastival continues to have an outsized impact on improving the environment for women and parents to make it as easy as possible to meet their own goals around breastfeeding. Our board, staff and volunteers bring a unique mix of skills, creativity, passion and a sense of fun to tackle a wicked social problem. We have all given hundreds of voluntary hours over the past seven years and are working hard to find a way to sustain what we have built for the benefit of the whole of society.”

⁴¹ <https://www.youtube.com/playlist?list=PLOzbYT85G6Nv9TvyZTCwoDzVTE8hEoxxY>

- ❖ **Public understanding and acceptance:** Public acceptance of breastfeeding is improving.

As previously mentioned, efforts have been made to ensure there is a strong evidence and knowledge base to inform our understanding of breastfeeding attitudes in Northern Ireland. As part of this, several surveys and campaign evaluations have sought to capture and track breastfeeding opinions and public understanding over the years, including the Health Survey Northern Ireland, the Young Person's Behaviours and Attitudes Survey, and the Northern Ireland Life and Times Survey. Over the Strategy term, there has seemingly been an improvement when it comes to breastfeeding acceptance in Northern Ireland.

The Health Survey is a Department of Health survey that runs every year on an ongoing basis⁴². The general population survey covers a range of health topics that are important to the lives of people in Northern Ireland today, including breastfeeding. It has been running from April 2010 with separate modules for different policy areas included in different years. The module on breastfeeding involves self-completion by the participant, and has been included in the survey in 2012/13, 2014/15 and 2017/18.

The Northern Ireland Life and Times Survey (NILTS) is also a general population survey, and it has been in place since 1998. NILTS has recorded the attitudes, values and beliefs of local adults to a wide range of social policy issues⁴³, and included a breastfeeding module in 2019. To enable trends and comparisons over time, some of the same questions were included in the NILTS in 2019 that are regularly used in the Health Survey. The surveys provide a source of data that helps assess public opinions and understanding when it comes to breastfeeding and show improvements in attitudes towards breastfeeding in public spaces.

The Health Survey results⁴⁴ indicate a steady increase in people who agree that women should be made comfortable or feel free to breastfeed in public. The Health Survey results showed an increase in people agreeing that women should be made to feel comfortable breastfeeding in public, from 72% in 2012/13 to 78% in 2014/15. The 2017/18 findings also show strong support with 81% agreeing that mums should feel free to breastfeed their babies in public. Notably, in 2017/18 four-fifths of survey respondents (80%) agreed that people should support mums who breastfeed in public, with a further 14% having no strong feelings on the matter.

Also of note, between 2012/13 and 2017/18, the Health Survey found that the percentage of those surveyed who disagreed that 'breastfeeding is embarrassing' significantly increased from 57% to 68%. The percentage of respondents who agreed with the statement decreased from 17% to 12%. Embarrassment was highest in those aged 75+, however, the proportion of those aged 75+ that responded with "Don't know" increased by 6%, from 5% to 11%.

⁴² <https://www.health-ni.gov.uk/topics/doh-statistics-and-research/health-survey-northern-ireland>

⁴³ <https://www.ark.ac.uk/ARK/nilt>

⁴⁴ 2012/13 question posed was 'Women should be made to feel comfortable breastfeeding their babies in public' compared to 2017/18 'Mums should feel free to breastfeed their babies in public'

The Health Survey also shows an increase in awareness of the Breastfeeding Welcome Here Scheme. In 2017/18, over a third (35%) of respondents had heard of the scheme. This had increased from 31% in 2014/15.

Despite some of the positives that are apparent from the Health Survey findings over the years, results also show evidence of a knowledge gap when it comes to the benefits of breastfeeding. The high proportion of ‘don’t know’ answers across the years would indicate a limited knowledge of breastfeeding knowledge amongst members of the public that could be improved on with greater awareness raising and education.

The Young Persons' Behaviour and Attitudes Survey (YPBAS) is a school-based survey conducted among 11–16-year-olds⁴⁵. A consortium of government departments, including the Department of Health, commissioned the study on the behaviour and attitudes of young people in post-primary education in Northern Ireland. The YPBAS included breastfeeding questions in 2013, 2016, 2019 and 2022, asking similar questions to get a better understanding of the knowledge base and attitudes of young people when it comes to breastfeeding.

To note, figures from the 2016 YPBAS are not presented here because of the abnormally high proportion of children responding “Don’t Know” to these questions in this survey year. This suggests that the 2016 results for these questions are not fully comparable with those reported in other years⁴⁶.

In YPBAS, the following questions were asked:

Figure 8:

What do you think is the healthiest way to feed a three-month-old baby?			
<i>(To note: in 2013, the question varied to ask about the ‘normal’ way, rather than the ‘healthiest’, though answer options remained constant)</i>			
	2013	2019	2022
Breastfeeding only	22.7%	20.8%	18.7%
Bottle feeding only	15.8%	9.8%	7.8%
Breast and bottle feeding	40.5%	41.7%	44.9%
Breastfeeding and some solid foods	4.1%	5.4%	4.9%
Bottle feeding and some solid foods	5.2%	4.1%	3.4%
Breast and bottle and some solid foods	7.3%	11.7%	12.1%
Don’t know	4.3%	6.5%	8.1%
Total	100%	100%	100%

⁴⁵ <https://www.nisra.gov.uk/statistics/find-your-survey/young-persons-behaviour-attitudes-survey>

⁴⁶ <https://www.health-ni.gov.uk/sites/default/files/publications/health/tables-22-ypbas-bf.xlsx>

The findings illustrate that there is more work to be done to give young people a stronger foundational knowledge in the fundamental benefits of breastfeeding. In 2022, only 18.7% of young people surveyed knew that the best way to feed a three-month old baby is exclusive breastfeeding. More than twice as many respondents (44.9%) thought that mixed feeding was best for a baby that age.

While sole bottle feeding saw a decrease in young people thinking it is best, so did exclusive breastfeeding.

Figure 9:

What do you first think of when you see a woman breastfeeding her baby?			
	2013	2019	2022
I feel uncomfortable	18.0%	12.5%	8.8%
I think it is a nice thing for a mum and baby	7.0%	10.7%	8.9%
I think it is just a normal part of life	49.9%	57.9%	63.2%
I have never seen anyone breastfeeding	23.7%	16.8%	16.0%
Don't know	1.4%	2.1%	3.2%
Total	100%	100%	100%

Young people were asked what they first think when they see a woman breastfeeding her baby. In 2022, 63% indicated they think it is just a normal part of life, an increase from 50% in 2013. For one in ten respondents in 2022 (9%), their first thought was that they feel uncomfortable; this is a decrease from 18% in 2013. This hopefully helps to illustrate that among younger people, there is a growing acceptance that breastfeeding is normal within society; however, in 2022 around one in six young people reported that they have never seen anyone breastfeed.

Impact of COVID-19 on strategy implementation progress

The onset of the pandemic had a significant impact on health and social care; and breastfeeding was no exception. During the COVID-19 pandemic, the World Health Organization, the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives issued policy guidance on the care of mothers and babies which highlighted the importance of breastfeeding to health. Women with suspected and confirmed COVID-19 were encouraged to continue with their decision to breastfeed.

The full impact of COVID-19 on breastfeeding outcomes is unknown, however NIMATS data (Figure 3, page 17) shows that rates of attempted breastfeeding were fairly stable during the pandemic, with a slight decrease seen from 62.5% in 2020, to 61.8% in 2021 and 62.2% in 2022.

During the pandemic, the majority of breastfeeding support services were moved from face-to-face contact to online support. These changes presented unique challenges for breastfeeding mothers, health professionals and voluntary supporters. As outlined

in Spotlight 6, at the end of 2020 the PHA commissioned Ipsos MORI to undertake focus groups to explore the experiences of new mothers and service providers in accessing and providing breastfeeding support during the COVID-19 pandemic. The report provides valuable insight into the lived experiences of women who were breastfeeding during the pandemic. While mothers reported struggling with isolation and obtaining the practical support that they needed to establish breastfeeding, the report also found that some women valued more uninterrupted time without the pressure of visitors in the early days. It was also notable that while certain breastfeeding issues could be adequately dealt with online, face-to-face contact is preferable in different scenarios, particularly when mothers need privacy to address physical concerns and with learning how to effectively position and attach their baby for breastfeeding.

COVID-19 restrictions in maternity services resulted in reduced in-patient contact with partners, family and friends during labour and in the post-natal period. Women reported feeling isolated and lonely at this important time for them. Support when home was also affected with fewer visits from health care professionals and some mothers having to go out to a clinic to see a health professional. Some mothers reported they did not receive the emotional and practical support they needed to establish breastfeeding. During COVID-19 restrictions, face-to-face support at breastfeeding support groups was suspended and Sure Start programmes established new online breastfeeding support. Both statutory and voluntary support services involved in the delivery of breastfeeding information and support were required to quickly adapt and learn the skills required for providing effective online remote-based support. Learning from the Ipsos Mori report highlighted a desire for a blended approach to breastfeeding support, offering the best of face-to-face care and virtual support; mothers and service providers agreed that online platforms or other methods of delivering breastfeeding support cannot replace face-to-face contact, particularly in the very early days when breastfeeding is being established or for specific physical issues. However, it also reported that online and virtual platforms, including WhatsApp, offer benefits in terms of flexibility and accessibility for both mothers and those providing breastfeeding support. The Ipsos Mori report has lessons beyond the period of the COVID-19 pandemic as it highlights the importance of access to flexible, timely and tailored support for all breastfeeding mothers.

Implementation of the Breastfeeding Strategy continued during the COVID-19 pandemic despite obvious challenges. At the height of restrictions, training was stepped down with some clinical staff being redeployed as part of the COVID-19 public health response. Some of the Infant Feeding Leads working across HSC Trusts were re-deployed from their specialist posts to generic midwifery and public health nursing duties to cover staff absences. When possible, under-graduate and in-service breastfeeding training resumed in support of the Breastfeeding Strategy in line with Outcome 2 of the Strategy, which requires that Health and Social Care has the necessary knowledge, skills and leadership to protect, promote, support and normalise breastfeeding. Delivery of training largely transitioned from face-to-face to online which provided the opportunity to reach more participants. The Clinical Education Centre and UNICEF UK BFI adapted their courses to offer online training.

There were some benefits with using the online format, most notably, being able to offer many more conference places to NI delegates and that costs were reduced.

There were also implications for the community and voluntary sector organisations providing services in the community, as well as for Trusts. During the COVID-19 pandemic, PHA Health Improvement officers worked with each service provider to support them with adapting to COVID-19 restrictions and to minimise disruption to programmes. Examples of adaptations included moving to telephone and online breastfeeding counselling support, delivery of online training for health professionals, remote-based BFI external assessments, online conferences and accessing transport and collection to maintain the regional breast pump loan service.

4. Strategy Funding

The Public Health Agency was responsible for managing the implementation of the Strategy, including sourcing and allocating funding. The impact of low breastfeeding rates has far-reaching consequences, which affect individuals, families, health care systems and the economy. Breastfeeding has both short and long-term health, economic and environmental advantages to children, women, and society⁴⁷.

In 2013, the funding allocated to breastfeeding was just over £200,000, and this annual investment has increased considerably over the last ten years, as illustrated in the table below. This has been possible through contributions from other public health funding streams linked to breastfeeding, primarily because it is recognised that breastfeeding is strongly associated with preventing obesity in childhood and *A Fitter Future for All*⁴⁸ includes breastfeeding objectives. Integrating breastfeeding into other areas of public health such as infant mental health, food and nutrition and prevention of obesity has allowed breastfeeding to benefit from this increased investment. These links and opportunities have enabled the development of innovative evidence-based projects, supported by effective commissioning from PHA, Heads of Health Improvement and Health Improvement Managers.

Funding was a key discussion point as part of the stakeholder engagement to inform the Strategy review. It was deemed as an achievement of the Strategy, with investment in various infant feeding roles and training highlighted. Investment in BFI accreditation was also specifically outlined as an achievement during the strategy term.

⁴⁷ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)01024-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)01024-7/fulltext)

⁴⁸ <https://www.health-ni.gov.uk/publications/obesity-prevention-framework-and-reports>

Spend per financial year:

Figure 10:

Financial Year	Total Breastfeeding Spend
2013/14	£238,110
2014/15	£378,182
2015/16	£364,333
2016/17	£525,516
2017/18	£707,599
2018/19	£428,537
2019/20	£477,511
2020/21	£668,470
2021/22	£660,594
2022/23	£679,978
Total	£5,128,830

Whilst acknowledged in a positive light, additional funding was also identified as a gap in the strategy and something to consider in the future. Additional investment in research, for the workforce and for further implementation of Baby Friendly standards were noted as requirements in the future. It was suggested that dedicated funding to sit alongside the strategy on an ongoing, sustainable basis would be beneficial across all areas of strategy implementation.

Strategy investment can be broken down into a number of key areas:

1. Services and workforce development
2. Community/Voluntary Sector
3. Campaigns and publications
4. Breastfeeding initiatives

Each is discussed in more detail below:

Services and workforce development

Between 2013/14 to 2022/23, the PHA allocated a total of £999,522 to community/voluntary organisations to support implementation of the Strategy. A significant proportion of this total is used to employ a UNICEF BFI Professional Officer in Northern Ireland to support the achievement and maintenance of recognised best practice standards for the care of mothers and babies across Health and Social Care and Sure Start settings.

The training of health professionals and Sure Start staff is a substantial investment included in the total funding allocation as this training is delivered by BFI facilitators employed by UNICEF UK. This has enabled improvements in the knowledge and skills of health professionals and Sure Start staff involved in supporting pregnant women and new mothers. Investment in Baby Friendly accreditation and training has resulted in Northern Ireland being first in the UK, and ahead of ROI, to achieve 100% of maternity and health visiting accreditation.

The PHA funds breastfeeding posts across each HSC Trust, to promote regional consistency and equity across local areas. In 2013, the role of Breastfeeding Co-ordinator (now referred to as Infant Feeding Lead) was already well-established in maternity services, with each HSC Trust employing a Band 7 Breastfeeding Specialist designated to leading on BFI standards and to provide specialist breastfeeding clinical support. Following on from the midwifery model, a similar role in Public Health Nursing has evolved and by 2021, each HSC Trust had a Community Infant Feeding Lead employed to support BFI standards within health visiting services.

In 2016, the PHA Regional Breastfeeding Lead worked with Neonatal Unit Managers and Breastfeeding Specialists to develop and establish a new role of Band 7 Neonatal Infant Feeding Lead. The PHA contributes to the funding of posts across the five HSC Trust areas.

Since 2013/14, there has been particular emphasis in supporting regional consistency, with the development of breastfeeding leadership roles and the integration of peer support across the HSC Trusts. The majority of breastfeeding posts in Northern Ireland are funded by the PHA and these roles are mostly part-time. It is also acknowledged that approximately four Breastfeeding Specialist roles are directly funded by HSC Trusts. The table below details progress of investment in the breastfeeding workforce.

Figure 11:

Financial Year	Number of PHA funded Breastfeeding Posts in HSC Trusts	PHA Funding
2013/14	5	£160,143
2018/19	15	£326,572
2022/23	21	£565,237

Community/Voluntary Sector

Community/voluntary organisations have played a key role in achieving the outcomes and actions identified to implement the Breastfeeding Strategy. In comparing community/voluntary sector investment in breastfeeding from 2013/14 to 2022/23, there has been a substantial increase from £18k to almost £110k per annum respectively.

In the ten years of implementation of the Breastfeeding Strategy, the community/voluntary sector have been committed and worked tirelessly to provide local breastfeeding support at the point of need to women in Northern Ireland. The PHA monitors and provides funding to community/voluntary organisations on a regional basis to provide the following services:

- Maintenance of the UNICEF UK Baby Friendly Initiative.
- Delivery of BFI Training to midwives, health visitors, neonatal nurses and Sure Start teams.
- Support of Tiny Life Regional Breast Pump Loan service for mothers of ill or premature infants.
- Support for World Breastfeeding Week and the Breastival programme.
- Training of existing and new La Leche League Breastfeeding Counsellors.
- Delivery of NCT Baby Cafes and Breastfeeding Workshops.
- Maintaining 9 to 5 and out-of-hours telephone breastfeeding counselling.
- Facilitating weekly face-to-face and online breastfeeding support groups.
- Protecting breastfeeding through raising awareness and advocacy.

Campaigns and publications

Effective communication with the public about the importance of breastfeeding has been an essential element of delivering the breastfeeding strategy outcomes. In 2018, the #NotSorryMums Public Information Campaign was a welcome boost for breastfeeding. The campaign was developed, tested, evaluated and celebrated well beyond NI and recognised in media awards. The total cost for the campaign, including pre-campaign testing, production and media advertising was £280k.

The PHA facilitates the printing and distribution of parent publications which enables health professionals to provide accurate and effective information to pregnant women and new mothers on infant feeding and caring for their baby. The booklet *Off to a Good Start* is a core resource which is made available for all pregnant women in NI and is valued by health professionals. The PHA updates and prints this booklet on an annual or sometimes bi-annual basis. Other print materials needed in support of Baby Friendly standards are also included in the PHA regional breastfeeding budget. The Breastfeeding Welcome Here Scheme is maintained within this budget line, with stickers and posters needed every few years. The average annual cost for printing of parent publications in support of the Strategy is £10,200, with a total investment of £102,651 in publications and programme resources over the term of the Strategy.

Breastfeeding initiatives

Throughout the term of the Breastfeeding Strategy, the PHA has supported various local projects including support for Breastfeeding Awareness Week, Traveller Breastfeeding Initiatives and Support for Peer Support Volunteer recruitment and training. Support to the National Infant Feeding Network NI is also included in this stream of PHA investments as this group leads on promoting and supporting best

practice for breastfeeding. The total investment in this work area over the term of the Strategy is £214,035.

In 2017/18, the Human Milk Bank, based in the Western Health and Social Care Trust, required assistance with purchasing equipment for the processing of Donor Human Milk. The PHA responded by providing £77,000 to contribute towards a new milk pasteuriser.

Parents of infants being cared for in Neonatal Units had a very difficult time during the COVID-19 pandemic. In 2020/21, the PHA worked with the Neonatal Network NI and HSC Trusts on a project which afforded the opportunity for parents to be more involved with caring for their baby by providing an e-tablet (iPad) at each neonatal incubator or cot. The PHA provided £64,000 to the then Health and Social Care Board to support this project.

5. Gaps in Delivery

While a substantial amount of progress has been made to protect, promote, support and normalise breastfeeding throughout the duration of the Strategy term, there are a number of objectives that were not fully met. These are:

1. **Breastfeeding rates have not increased as intended;**
2. **Legislation to protect breastfeeding in public places has not been introduced;**
3. **Statutory bodies could do more to support and recognise the value of breastfeeding;**
4. **Substantial progress has been made regarding BFI accreditation progress, however, there is more to achieve; and**
5. **There was not enough investment to deliver all actions.**

Breastfeeding rates have not increased as intended

Despite progress being made to increase breastfeeding prevalence in Northern Ireland, rates are still low. While significant achievements have been made against the actions and objectives set out in the Strategy, a wider question remains as to whether the Breastfeeding Strategy implementation has delivered on its core achievement – to increase breastfeeding rates in Northern Ireland.

There is no doubt that those working on the delivery of the breastfeeding strategy have put every effort into protecting, promoting and supporting breastfeeding; however, it is a huge challenge to change culture and reverse the heavily embedded social norms that seem to discourage mothers from breastfeeding their babies. Whilst steps have been taken to tackle these issues, there is more to do – and we have more to learn about why women don't wish to or don't succeed in their choice to breastfeed.

Legislation to protect breastfeeding has not been introduced

The Breastfeeding Strategy committed to the introduction of legislation to support breastfeeding in public places, and the Department of Health was responsible for

taking this forward. This has not been delivered within the lifetime of the Strategy for a number of reasons.

The introduction of new legislation requires a sufficient evidence threshold to illustrate that changing the law would deliver the intended objective. This matter has been reviewed by the Department at various intervals over time and the Department considers that there is not enough evidence to suggest that a change in the law, similar to that introduced in other jurisdictions, would achieve the desired outcome of increased breastfeeding rates. In December 2022, officials from the Department of Justice engaged with the Breastfeeding Strategy Implementation and Steering Group to discuss the process and the evidence threshold that is normally required for effective legislation to be pursued. Discussions emphasised that there may be insufficient evidence at this time to make a strong case for stand-alone legislation aimed at protecting breastfeeding in public places. The Department of Health has been considering other legislative development that may provide greater protection to breastfeeding mothers and babies, however further work needs to be done on this.

Knowledge Needs Assessment participants identified the lack of legislation as a gap in the implementation of the Strategy. It was recognised that there is more to understand in terms of the experiences women face when breastfeeding in public, as well as societal views of breastfeeding in public places, to help inform next steps. Some participants also accepted that legislation can only be progressed when there is a sufficient evidence-base that illustrates the experiences women are facing in public spaces.

The Department of Health will review emerging evidence relating to the impact of legislation to protect breastfeeding in public within the context of future actions to protect and promote breastfeeding. The final decision to progress with new legislation is one for the Health Minister. There have been several Health Ministers in post over the course of the Strategy between 2013-2023, as well as significant periods where there was no Minister (2017-2020; 2022-February 2024). In recent years, due to capacity and resource pressures during and following the COVID-19 pandemic, whilst work has been ongoing to assess options for legislation, a final decision has not been taken in relation to this matter.

Stakeholders have also voiced some criticism about the lack of progress made on strengthening legislation to meet the International Code of Marketing for Breastmilk Substitutes⁴⁹ recommendations. Some attendees at the stakeholder workshop reported that they felt more could have been achieved on this locally during the lifetime of the Strategy, with one participant from the engagement workshop noting that they felt it was “disappointing that we are not in a stronger position than we were ten years ago.”

It is the position of the Department of Health that the most appropriate and suitable approach to advance Code recommendations is to ensure that all UK nations act together, as there would be limited benefit in Northern Ireland implementing

⁴⁹ <https://www.who.int/publications-detail-redirect/9241541601>

regulations alone, particularly when it comes to advertising on national TV, radio and newspapers, and on social media platforms.

Participants were asked to share what evidence might be needed to inform the development of legislation to support new mums to breastfeed in public places, and to protect against marketing of breastmilk substitutes. The following suggestions were put forward:

- Capturing parental experiences of breastfeeding in public places
- Understanding the value of breastmilk
- Limiting the influence and marketing opportunities of the infant formula industry
- Monitoring and enforcement of the WHO Code of Marketing of Breastmilk Substitutes
- Learning from legislation elsewhere
- Ensuring breastfeeding in public is normalised as part of support services
- More public awareness raising opportunities to promote and normalise breastfeeding

Statutory bodies could do more to support and recognise the value of breastfeeding

While considerable efforts have been made to advance the Breastfeeding Welcome Here Scheme and encourage the development and implementation of workforce policies to support breastfeeding, there is more to do to ensure workplace policies are in place across all statutory organisations. Government and statutory bodies must be at the forefront of helping to normalise breastfeeding and to actively address any barriers that may make it more difficult for mothers to sustain breastfeeding as they wish to do. Whilst the pandemic and changing priorities for organisations during this time may have resulted in some delay, it is important that efforts continue to ensure that statutory bodies are encouraged to do what they can to support breastfeeding.

Substantial progress has been made regarding BFI accreditation progress, however, there is more to achieve

It is evident that during the term of the Strategy a huge amount has been accomplished by various organisations in order to achieve and maintain BFI accreditation. In some areas, NI has led the way within the UK, illustrating a sustained commitment to achieving BFI standards across healthcare, academic and community settings. However, while work continues at the present time, accreditation has not yet been fully achieved in some neonatal units, Sure Start organisations and within some university programmes.

Not enough investment to deliver all actions

As evidenced in the previous section, there has been substantial growth in the amount of investment for breastfeeding services and workforce over the course of the Strategy term; however, like in many areas of health and social care, there is always more that can be achieved with more funding. Stakeholders highlighted the need for sustainable

and clearly identified funding for each element of the Strategy as an important consideration going forward. Funding was also identified as one of the barriers to further progress in areas such as Baby Friendly accreditation in Sure Start organisations, workforce roles, additional hours in specialist posts and breastfeeding research. Service developments were also delayed in some cases due to funding shortfalls, with the bid to establish tongue-tie services across the region proving unsuccessful in 2020/21.

In addition to these gaps in Strategy implementation, stakeholders also identified the following challenges:

Regional Breastfeeding Lead Post: The absence of a Regional Breastfeeding Lead was considered as a major gap. Stakeholders were in complete agreement about the impact of the post during the Strategy term; however, the role was vacant from April 2022 until February 2024 following the retirement of the previous post holder. The specialist breastfeeding knowledge and expertise were noted as essential elements of the post.

Data and information: While there was overwhelming support for the quality and robustness of data, the lack of Infant Feeding Survey was highlighted. During the Knowledge Needs Assessment, the lack of comparable data across the UK was also noted as a gap that could be addressed. Suggestions were also captured for how information systems could link better together to provide a more comprehensive data picture when it comes to breastfeeding.

Lack of NI Assembly: Stakeholders suggested that the absence of a functioning Executive and NI Assembly was felt in terms of strategy implementation.

6. [Engagement Inputs](#)

The key achievements and gaps in delivery set out in this report have been informed and supported by the stakeholder engagement sessions that were held as part of the Strategy review. The wider findings from these engagements will help to inform the next strategic steps when it comes to breastfeeding in Northern Ireland.

The following provides a short summary of the main elements of the engagement inputs. Full reports can be accessed via the [Institute of Public Health website](#)⁵⁰..

[Knowledge Needs Assessment Findings](#)

While the intention of the Knowledge Needs Assessment was to consider the gaps in evidence and research in Northern Ireland, discussion between stakeholders led to broader themes and information being captured during the exercise.

By considering the information base needed for the future, participants had the opportunity to share thoughts on current knowledge and assets. The process found that valuable knowledge assets currently exist within Northern Ireland, but there are many areas where additional evidence and research is required. The following

⁵⁰ [End of Term Review of NI Breastfeeding Strategy: Knowledge Needs Assessment and Stakeholder Engagement Reports | Institute of Public Health](#)

summarises some of the main assets we currently benefit from that were identified during the assessment:

The Assessment exercise identified some evidence gaps that could inform breastfeeding policy and practice in Northern Ireland in the future. In general, workshop participants and questionnaire respondents felt more information was needed about women's experiences and understanding their needs.

In summary, the following future knowledge & information needs were highlighted during the Knowledge Needs Assessment (to note, some needs that were raised during engagement may already exist):

- Data on breastfeeding rate by demographic profile and geographic variables
- Information and advice women receive at ante-natal stage, as well as at ante-natal classes
- Comparative UK data
- Local culture and context understanding, as well as behavioral aspects of breastfeeding
- Influences on women's infant feeding decisions
- Public attitudes towards breastfeeding and ways to improve acceptability of breastfeeding
- Women's encounters with healthcare professionals
- Information on the help and support for women when breastfeeding
- Knowledge and understanding around the potential barriers to breastfeeding
- How inequalities in breastfeeding rates can be reduced
- Understanding infant feeding decisions and why mothers stop breastfeeding
- Understanding the influences on children and young people regarding infant feeding
- Evidence that influencing and raising awareness at an early age contributes to increased breastfeeding
- Guidance on breastfeeding for women who give birth to babies with congenital abnormalities
- Identifying women with breastfeeding trauma and establishing a care pathway
- Impact of tongue-tie
- Impact of chronic conditions in mothers
- Transfer of environmental pollutants and medication/vaccination transfer in breastmilk

Stakeholder Engagement Summary

During the stakeholder engagement session and subsequent survey, many achievements of the strategy previously evidenced were acknowledged and felt by stakeholders working and advocating to promote and support breastfeeding in NI. Key areas of change and achievement included:

- ❖ UNICEF Baby Friendly Initiative (BFI) accreditation.
- ❖ Creation of the Tongue-Tie Service.
- ❖ Roll out of the 'Breastfeeding Welcome Here' Scheme.

- ❖ Importance of the regional leadership of breastfeeding in Northern Ireland with a dedicated person co-ordinating strategy implementation.
- ❖ Highly commended Peer Support Service.
- ❖ Introduction of the Neonatal Infant Feeding Lead role.
- ❖ The establishment of Infant Feeding Teams.
- ❖ The extent and accessibility of breastfeeding support for mums across statutory, community and voluntary services.
- ❖ The availability of robust breastfeeding data.
- ❖ #NotSorryMums public information campaign generating greater awareness of breastfeeding.

7. Structure, implementation and governance

Structures were put in place in 2013 to ensure effective oversight and implementation of the Strategy. This section sets out the governance and monitoring arrangements that were in place, as well as reflections from those involved as to what worked well and what can be improved in the future.

Breastfeeding Strategy Implementation Steering Group (BSISG)

The PHA was commissioned by the Department of Health to lead on the implementation and delivery of the Breastfeeding Strategy. To take this forward, the BSISG was established, made up of key stakeholders with the authority to co-opt representatives as necessary. BSISG provided leadership, drove forward strategic action, and provided progress updates to the Department.

When the BSISG was first established, meetings were typically held quarterly with a first meeting in Autumn 2013. It was later agreed that meetings would move to three times a year, with no adverse impact on progress.

The role of BSISG included:

- Leading and supporting full implementation of the Breastfeeding Strategy
- Identifying and engaging key stakeholders involved in breastfeeding promotion and support
- Providing strategic direction to all sectors involved in implementing the Strategy
- Applying good practice and available evidence-based approaches to increasing breastfeeding rates, and testing new approaches if evidence is not available
- Agreeing an annual action plan, and supporting and monitoring its implementation
- Monitoring key performance indicators and identifying and enabling development of existing, and if necessary, new information systems
- Using local and regional media to communicate key messages about breastfeeding
- Ensuring the training needs of healthcare staff and voluntary supporters are met

- Advising on breastfeeding research priorities and promote innovation
- Providing an annual progress report to the Department

BSISG was made up of PHA representatives from Public Health, Health Improvement and Health Intelligence, Department of Health policy leads, universities, HSC Trust representatives including midwifery, health visitors and infant feeding leads and community/voluntary representatives.

Action Plan

BSISG developed a live action plan for reporting and monitoring implementation progress and any identified risks. Ten work-strands were initially established within the action plan to support the strategy outcomes and progress action. These were reduced to seven work strands during the course of the strategy as some areas of work reached conclusion and others were combined. The latest seven work strands were as follows:

- Legislation and Workplace
- HSC and Community Support
- Neonatal
- Professional Training and Development
- Public Information
- Monitoring and Indicators
- Research

Reporting and monitoring

BSISG met three times per year, with the action plan being updated in advance of each meeting. The use of RAG (Red/Amber/Green) status within the action plan, allowed group members to note progress against the actions listed under each work strand. The final RAG status and summary report of delivery from across the entire Strategy term, as completed by the PHA, is included in Annex A.

BSISG Survey – Governance and Monitoring assessment

As part of this review BSISG members were given the opportunity to provide feedback and comments on the governance and monitoring structures that accompanied the implementation of the Strategy. In total, 14 members out of 65 (21%) participated in the survey.

Members were asked to provide comments and opinions on the following topics.

1. To what extent do you agree or disagree that the governance structure (i.e. Steering Group, Work-Strands etc.) associated with the Breastfeeding Strategy was effective in addressing the four strategic outcomes/key priorities?

The majority of respondents agreed or strongly agreed (13 out of 14). Respondents found that the work strand structure enabled focused actions to be addressed and allowed relevant individuals and organisations to align with the most suitable areas of

work. Accountability to a diverse steering group was highlighted as a strength, providing a useful forum for sharing information, discussing important issues and reporting progress.

It was highlighted that sometimes the flow of information through the steering group could be one-sided, with updates on progress given but little time allocated for discussion or consultation with members. Other criticisms included meeting sometimes being rescheduled at short notice, seemingly suggesting that the steering group was a low priority, and there being limited interaction between work strands. It was also suggested that while the group was well placed to discuss issues and make recommendations, the strategy did not come with sufficient funding to implement everything.

2. Please outline any ways in which you think the implementation/governance structures could be improved.

Suggestions for improvement were categorised as follows:

- Greater diversity in the representation of views e.g. new members, more community/voluntary groups, representation from population groups with low breastfeeding rates
- Addressing the leadership gap that was left after the retirement of the previous Regional Breastfeeding Lead
- A clearer, recurring schedule of meetings
- Sufficient funding to sit alongside the strategy

3. How effective did you find the reporting process/mechanism (i.e. meetings, action plan RAG and commentary) associated with the strategy?

11 out of 14 said good or very good, with three saying Okay. Respondents found the use of RAG status and supporting commentary to be effective, with meetings sufficiently documented and updates recorded.

The absence of the Regional Breastfeeding Lead was noted as a clear leader was in post to oversee work strands and provide interlinkages between updates from various members and work strands. Some respondents felt that committing to involvement in BSISG put additional pressure on their day-to-day infant feeding work. Sometimes updates felt rushed with little time for constructive engagement on important topics.

4. How would you rate the connectivity between workstreams?

Opinions were mixed with regard to connectivity between work strands, possibly as a result of variation between how some strands linked more closely together than others. It was suggested that it is beneficial for strands to be independent as it is the role of BSISG to act as the vehicle for bringing them all together. Others felt that it would have been more beneficial for better interaction. Again, the loss of the Regional Breastfeeding Lead was acutely felt by many respondents as the role of making links and bringing people together naturally sat with that post.

5. How useful are the discussions and information shared at BSISG meetings/communications?

All respondents felt that information shared at meetings was good or very good. It was noted that the Steering Group meeting was very useful for staying abreast of wider developments and that the information was generally very good. The lack of time for discussion was again highlighted as an area to improve on, though others raised that they found meetings quite lengthy and sometimes updates were rushed as there was a lot to cover.

8. Conclusions and next steps

The Breastfeeding Strategy term began in 2013 and runs until June 2024, following agreement of a one-year extension to its original term. It is apparent that a considerable number of actions have been taken forward during this time, contributing to substantial achievements across all four intended outcomes of the strategy.

Increasing breastfeeding rates continues to be a challenge, but great efforts have been made to promote, protect, support and normalise breastfeeding and it appears that women and babies have benefitted considerably from the investment and support that have been generated as a result of the Strategy, with upward trends in measures, albeit modest.

Many of the achievements resulting from the Strategy implementation are set to continue as part of 'business as usual' work for the organisations concerned. These include support for the various infant feeding roles that have been embedded across HSC Trusts and in the community, enhanced training and standards that have been put in place in line with BFI best practice, and ongoing public awareness and campaigns to normalise breastfeeding in public spaces, including ongoing efforts to grow the Breastfeeding Welcome Here Scheme.

The data and survey information that is collated and monitored in Northern Ireland when it comes to breastfeeding has vastly improved during the Strategy term, and efforts will continue to identify further improvements and research opportunities to enhance the evidence-base relating to breastfeeding and infant feeding.

Despite the notable achievements over the past ten years, there were gaps in delivery identified and these are instructive in informing next steps. These include the legislation to further protect and promote breastfeeding not being taken forward, further opportunities within statutory bodies to do more to support breastfeeding, limited progress on Baby Friendly accreditation in some areas, and the need for further investment to advance all areas of strategy implementation. In particular the review has highlighted the following areas for future consideration as part of next steps:

1. Regional Breastfeeding Lead

While this important role was noted as one of the core achievements during the Strategy term, the Regional Breastfeeding Lead post within the PHA was vacant for almost two years. This role has provided strategic oversight and analysis of need,

driven forward activities within the Strategy action plan, provided an important mix of professional and policy knowledge and advised across the entire statutory and community infant feeding network. The post was highlighted as a vital component in the centre of the wider professional breastfeeding support community that drives forward support, training and promotion. While the post has since been filled, an important emphasis remains on sustaining this role in the long-term in Northern Ireland.

2. Infant Feeding Workforce and workload challenges

There has been substantial progress in the growth of the infant feeding and breastfeeding support workforce over the term of the Strategy, but it is evident that women and babies would benefit considerably from greater access to one-to-one and/or specialist support when needed at important parts of the breastfeeding journey. A number of factors need to be explored as part of this, including an analysis of workforce models and roles that would best support breastfeeding and infant feeding support. Consideration must be given to the workload pressures facing various professionals that may result in limitations in the amount of time provided to women in need of breastfeeding support. It would be beneficial to assess workforce needs and learn from staffing models elsewhere that might provide greater insight into best practice for breastfeeding support.

3. Legislation

Within the Strategy, a commitment was made to introduce legislation that would better protect breastfeeding in public places. After considering options for this, it was not evident that pursuing a legislative route would lead to the desired goal to change the culture that exists around breastfeeding, and ultimately contribute to increasing rates of breastfeeding in Northern Ireland. Whilst efforts have been made to identify existing legislative options that may help protect breastfeeding mothers and babies in public places, a decision on stand-alone breastfeeding legislation remains for the Health Minister.

4. Human Milk Bank

The Human Milk Bank in the Western Health and Social Care Trust provides an important regional service for ill and premature babies and provides access to human donor milk across the whole island of Ireland. Consideration should be given to the Human Milk Bank's full potential, which might include undertaking service improvements to help ensure ongoing access to human donor milk for some of the most vulnerable babies across the island of Ireland.

5. Service Investment

The review has identified areas where lack of funding is a barrier to making further progress, in some case causing regional disparity in the services available for mothers and babies. One of these areas relates to services to address issues of tongue-tie in babies. Some progress has been made with the development of midwifery-led Tongue-tie Services and this was praised as an achievement during the strategy term; however, its rollout across the region has not been possible within available resources

and this is an area on which future effort should be focussed so that barriers to establishing breastfeeding for babies with tongue-tie issues can be addressed at the earliest possible stage.

6. Research

In order to best inform the direction of policy and service development, it is important that a solid evidence-base exists. It is clear from feedback that additional investment and support for research projects, as well as better collaboration with neighbouring jurisdictions to share knowledge and good practice, would be beneficial. Gaps in comparable data have been identified, as well as the need to consider the gap that has been left since the Infant Feeding Survey was discontinued.



In summary, *Breastfeeding – A great start: A Strategy for Northern Ireland 2013-2023* has provided an effective framework to bring together a wide range of stakeholders involved in implementation. The outcomes and actions that have been achieved are evidence of the commitment at all levels to drive forward improvements in breastfeeding outcomes in Northern Ireland.

While the findings from this Strategy Review will act as a starting point for informing future breastfeeding needs, further engagement will be required with stakeholders and service providers to ensure there is a full understanding of priority areas for action to further protect, promote, support and normalise breastfeeding in Northern Ireland.

Finally, the Department of Health and the Public Health Agency would like to take the opportunity to thank all the individuals and organisations that have contributed to the delivery of the Breastfeeding Strategy since 2013. An overwhelming finding from this review process is the huge effort and commitment over the past decade from HSC staff, community/voluntary organisations, breastfeeding advocates, families and supporters. Individuals and organisations have worked incredibly hard, individually and in collaboration, to maximise the benefits and health and wellbeing outcomes for women, babies and families right across Northern Ireland. Whilst there is more to do to further advance breastfeeding outcomes, the people working across statutory and community/voluntary services will continue to be our greatest asset.

Annex A – Public Health Agency Report on Strategy Implementation

Part one – Public Health Agency Report of Strategy implementation (2012-2023)

BREASTFEEDING STRATEGY IMPLEMENTATION - PROGRESS AND PRIORITIES				
Outcome 1: Supportive environments for breastfeeding exist throughout Northern Ireland				
Relevant Work Strands: Legislation & Cross-Governmental Working; HSC & Community Support; Neonatal; Professional Training & Development; Public Information; Research & Development				
Strategic Action	Indicators (DoH)	RAG Status	Progress and indicator changes	Outstanding actions
Develop and implement breastfeeding support policies in all HSC organisations.	Policies in place.		<p>Breastfeeding promotion and support policies are in place in five HSC Trusts. These policies meet UNICEF UK Baby Friendly Initiative (BFI) standards in maternity, health-visiting and neonatal settings. Policies are subject to ongoing and regular updating in line with Trust governance processes.</p> <p>The Regional Post-natal Care Pathway was issued in 2019 and supports breastfeeding policies in line with BFI Standards.</p> <p>Implementation of breastfeeding policies which support best practice for service delivery within HSC are monitored using recognised BFI audit tools. Audit is undertaken on at least an annual basis and more frequently as part of existing rolling audit programmes. The audit results afford the opportunity to focus on improving aspects of care e.g. effectiveness of ante-natal information on infant feeding, duration of skin-to-skin contact, recognising effective breastfeeding and staff training. Progress with offering the opportunity to give a first feed in labour ward and skin-to-skin contact duration can be clearly seen in the PHA Annual Breastfeeding Briefing: Health Intelligence Briefing Breastfeeding 2022 - FINAL.pdf (hscni.net)</p> <div style="border: 1px solid #ccc; padding: 5px; margin-top: 10px;">  <p style="text-align: center;">Skin-to-skin, 2021 (of those breastfed at birth n=12,179)</p> <p style="text-align: center;">Any skin-to-skin: 94.4%</p> <p style="text-align: center;">For at least 1 hour: 84.8% Until after first feed: 82.2%</p> </div>	

			<p>External assessment is also carried out as part of achieving and maintaining BFI accreditation. The list of awards in NI are found online here.</p> <p>Regional guidance is currently being finalised on Supporting Breastfeeding in Looked After Children.</p> <p>In 2022, the NIPS Mother and Baby Policy was updated to include support for breastfeeding mothers and babies in prison settings.</p>	
Provide supportive breastfeeding environments through staff education, and the implementation of policies which support best practice and training.	Implementation of relevant NICE guidance.	●	<p>Breastfeeding policies in Maternity, Neonatal and health visiting services have mandatory status and represent evidence-based guidance.</p> <p>The following NICE guidelines relate to breastfeeding promotion and support and are evident within existing breastfeeding policies.</p> <p>NICE Maternal and Child Nutrition PH11 (2014)</p> <p>NICE Post Natal Care NG194 (2021)</p> <p>NICE Division of ankyloglossia (tongue-tie) for breastfeeding - Interventional Procedures Guidance (2005)</p> <p>NICE Faltering Growth: recognition and management of faltering growth in children NG57 (2017)</p>	<p>GAIN Guidelines on the prevention, treatment and management of mastitis were produced in NI in 2009. These now require updating to reflect the NICE Clinical Knowledge Summary (2023)</p> <p>Completion of Regional Faltering Growth guidelines in infancy as started by the National Infant Feeding Network in June 2023.</p>
Provide supportive breastfeeding environments through staff education, and the implementation of policies which support best practice and training.	Provision of breastfeeding education and training to staff.	●	<p>Breastfeeding Education and Training for HSC staff</p> <p>Infant Feeding Leads are responsible for co-ordinating the achievement and maintenance of BFI best practice standards. This involves ensuring staff have completed breastfeeding training at a level appropriate to their role. Infant Feeding Leads deliver in-house training for new staff along with update training and supervised breastfeeding practical skills reviews for all HSC staff who are directly responsible for supporting breastfeeding mothers and babies.</p> <p>In 2017, a Breastfeeding Knowledge and Skills Competency Framework was completed by the Professional Education work strand of the BSISG. It was suggested by BSISG that an evaluation of use of the tools within the framework should be considered. This has been delayed due to service pressures and the COVID-19 pandemic.</p>	<p>Consideration to be given to an evaluation for the Breastfeeding Knowledge and Skills Competency Framework to seek feedback from Infant Feeding Leads, Education providers and HSC Managers.</p>



UNICEF UK Baby Friendly Initiative Training in NI

Between 2013 and 2023, BFI training courses were provided at a level appropriate to individual roles to more than 1,500 health professionals, Sure Start staff and academics. Training was funded through the PHA Health Improvement contract with UNICEF and participants included midwives, maternity support workers, health visitors, paediatricians, neonatal nurses, AHPs, Sure Start staff, University Lecturers, and Infant Feeding Leads.

In addition, PHA funded BFI online training for 354 Paediatricians.


The UNICEF contract with PHA-enabled attendance at the BFI annual conferences. During the COVID-19 pandemic, BFI moved their annual 2-day conference to online. The much-reduced cost of attendance afforded the opportunity for PHA to fund NI delegates to attend this prestigious annual conference. A total of 441 conference places were provided to a range of breastfeeding stakeholders from 2020-2022. As well as health professionals working in NI, places were allocated to Community Voluntary supporters, Sure Start staff, policy makers and educationalists.


HSC Clinical Education Centre Training


HSC Clinical Education Centre (CEC) delivers breastfeeding training to midwives, health visitors and maternity support workers and consults with HSCT managers and Infant Feeding Leads to provide training as required and according to identified needs as part of education commissioning. CEC provides 2-day Successful Breastfeeding and Relationship Building courses and update training sessions. Training has been delivered both face-to-face and online. During and after the COVID pandemic, training moved to online delivery. Since 2013, a total of 2,610 HSC staff have received breastfeeding training delivered by CEC.



Solihull Training


Solihull Antenatal Foundation & Antenatal Parenting Group Facilitator training had been provided to over 400 midwives by July 2019. CEC delivered 10 2-day training sessions in 2019/20 (120 places). This training approach has also been embedded in the undergraduate midwifery curriculum in 2020.


<p>Provide information and education to pregnant women, mothers, fathers, birth partners, family members, to facilitate knowledge and understanding to enable informed decision-making about infant feeding.</p>	<p>Access to breastfeeding education and information for expectant and new mothers and their supporters.</p>	 <p>Public Information Campaign In 2018, the very successful Not Sorry Mums multi-media public information campaign was delivered and evaluated. PHA led on providing a social media presence which informed parents and the public about the importance of breastfeeding and challenging negative attitudes. Resources allowed the campaign to run on mainstream media during January and February of 2018. While it is recognised that major public information campaigns are costly, the Not Sorry Mums was proven to have a positive impact. Further opportunities to rerun the campaign with reduced costs could be explored.</p> <p>Parent Information publications A wide range of parent information on breastfeeding has been made available to all expectant and new mothers. These were annually updated by PHA during the term of the Strategy.</p> <p>The majority of PHA booklets and leaflets are available as online downloads, and hard copy publications of core parent publications are printed and distributed to service users by maternity and health visiting services. These include:</p> <p>Off to a Good Start The Pregnancy Book Birth to Five</p> <p>A range of other online publications pertaining to breastfeeding and aimed at pregnant women, new mothers, fathers, partners and grandparents can also be accessed on the Publications section of the PHA website.</p> <p>The most recent publication developed in 2022 signposts families to available breastfeeding support. HSC Trusts and Sure Starts have also produced their own leaflets pertaining to local breastfeeding support services, breastfeeding and tongue-tie.</p> <p>PHA delivers ongoing public relations and social media promotion of the benefits of breastfeeding and the support services that are available. In 2023, PHA developed a range of case studies that help encourage more mothers to consider breastfeeding and to highlight the support that is</p>	<p>Consider re-running the Not Sorry Mums campaign.</p>
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			<p>available both within HSC and the wider community. Six case studies were identified from the five HSC Trust localities.</p> <p>Ante-natal education Following a review of ante-natal education in 2018 the Solihull approach to ante-natal education was introduced to NI. In 2020 online parent courses were made available.</p> <p>Since 2021 ante-natal and post-natal online education known as 'Understanding pregnancy, labour, birth and your baby' is freely available to all expectant and new parents. Specific ante-natal breastfeeding workshops are shown to be useful in helping prepare mothers for the early days of breastfeeding. While some HSC Trusts offer this form of preparation, these workshops are not yet universally available for all mothers who have decided to breastfeed.</p> <p>Breastfed babies website Between 2013 and 2023, the PHA has maintained the NI breastfeeding website for parents. In 2016, an interactive map of NI was added which can be used to signpost parents to over 70 local breastfeeding support groups and in July 2023, a total of 879 businesses and organisations are members of the PHA Breastfeeding Welcome Here Scheme.</p> <p>Maternity Handheld Record In 2015/2016, BFI guidance was added to the Maternity HandHeld Record (MHHR) to support effective discussions on infant feeding during pregnancy. A post-natal infant feeding assessment tool was also added to enable parents and health professionals to determine and assess effective breastfeeding.</p>	
<p>Promote and further roll-out of "Breastfeeding Welcome Here Scheme" to extend membership to more businesses and public facilities.</p>	<p>Private, public and community/ voluntary sector business and organisation membership numbers.</p>		<p>Breastfeeding Welcome Here Scheme PHA promotes the Breastfeeding Welcome Here Scheme across social channels and via PR opportunities to encourage more businesses/organisations to sign up. Efforts have been made to proactively reach out to key regional organisations and sectors to encourage membership. Translink and GAA have joined the scheme and work is ongoing in terms of promotion. PHA is still in discussions with the Irish Football Association.</p>	<p>Through the Breastfeeding Welcome Here Scheme, efforts should continue in order to increase the number of places in NI where mothers are reassured they will be welcome to breastfeed.</p>


			<p>An interactive map of the PHA Breastfeeding Welcome Here Scheme identifies locations of members across NI and is updated regularly. In 2015, the NI Assembly signed up to the Breastfeeding Welcome Here Scheme. In 2018, all Government buildings open to the public also signed up to the scheme. Museums NI pledged support to breastfeeding mothers by joining the scheme.</p> <p>Since 2013, the following Local Councils have joined the Breastfeeding Welcome Here Scheme:</p> <ul style="list-style-type: none"> • Ards and North Down Borough Council • Armagh City, Banbridge and Craigavon Borough Council • Belfast City Council • Causeway Coast and Glens Borough Council • Derry City and Strabane District Council • Newry, Mourne and Down District Council • Mid Ulster District Council – Dungannon <p>Membership numbers</p> <p>In 2016, there were just over 400 members of the Breastfeeding Welcome Here Scheme. In 2018, there were 660 and in 2023 there were 879 members of the scheme. The COVID 19 pandemic had an impact on the scheme with some members lost due to the business owners struggling to stay in business. In March 2022, Translink joined the Scheme. This membership represents a huge support network to breastfeeding mums, involving 39 bus and rail stations and a fleet of over 1,400 buses, coaches and trains.</p>	<p>DoH and PHA to strongly encourage remaining NI Councils to sign up to the Breastfeeding Welcome Here Scheme, including membership of all council facilities open to the public.</p>
<p>Introduce legislation to support breastfeeding in public places.</p>	<p>Public consultation. Legislation enacted.</p>		<p>In 2017, the then Health Minister Michelle O’Neill committed to introducing legislation which would protect breastfeeding in public. DoH drafted a proposal and consulted with the departmental legal team, drawing comparisons to stand alone legislation in both Scotland and in the Isle of Man. This was in preparation for consideration by the Health Minister.</p> <p>In 2022, the Department of Justice discussed the challenges with the development of legislation with BSISG. DoH is looking into alternative options to better protect breastfeeding mothers and babies in public places as an alternative pathway.</p>	<p>The Health Minister to consider legislation options to support breastfeeding in public places.</p>


<p>Encourage HSC organisations and the Department of Health to act as exemplar models in providing supportive employment environments for breastfeeding mothers returning to work.</p>	<p>HR policies in place that reflect BFI.</p> <p>Employee survey feedback.</p>		<p>The Regional Breastfeeding Lead commenced discussions with HSC leads to consider how all HSC organisations could develop a Breastfeeding Workplace Policy, using PHA's sample policy as a template. Business Services Organisation took this task on and now includes Breastfeeding and Returning To Work information and signposting in their Family Pack.</p> <p>PHA publications which support implementation of best practice in the workplace are available via https://www.publichealth.hscni.net/publications?keys=breastfeeding+</p> <p>Some HSC Trusts have provided their own staff with a cool bag and storage bottles for their expressed breastmilk when returning to work.</p> <p>Legislation</p> <p>There is currently no NI legislation which entitles a mother to breastfeeding breaks at work. In ROI, the Work life Balance Act 2023 ensures entitlement to breastfeeding breaks will be extended from the current period of six months up to two years.</p> <p>NICS</p> <p>NICS Well staff wellbeing website personnel agreed to post PHA breastfeeding and returning to work resources on the website. Initial discussions were commenced with NICS to adopt a breastfeeding workplace policy and to involve their NICS Well Champions in awareness sessions.</p>	<p>Renewed efforts with NICS should be commended to implement supportive breastfeeding and workplace policies and practice.</p>
<p>Advocate for the strengthening of the legislation regulating Infant Formula and Follow-on Formula milks to prevent marketing of these products to the public.</p>	<p>Change to existing legislation.</p>		<p>While some progress was made in exploring options to advance legislation, this action was not met.</p> <p>The Four CMOs from across the UK agreed that further policy work needed to be done to explore enhancing code of marketing recommendations. A working group was established to explore options for this, but progress has been limited due to competing capacity pressures.</p> <p>Efforts have been made by various stakeholders to advance this agenda. Code Monitoring NI was established in 2015 and is a group of advocates who seek to protect breastfeeding, by reporting and monitoring violations of the WHO International Code of Marketing. Breastival has also been involved in raising awareness about inappropriate marketing of breastmilk</p>	<p>Future consideration to be given to the NI (and UK) position regarding options to strengthen implementation of recommendations from International Code of Marketing of Breastmilk Substitutes.</p>


			substitutes. The organisation has been proactive in engaging with NI Politicians to see changes in legislation here to protect breastfeeding.	
Encourage Government Departments and Statutory bodies to recognise the value of breastfeeding.	Policies in place in statutory settings.		<p>While progress has been made with statutory bodies, policies are not yet in place across all suitable settings. Recognising the value of breastfeeding will involve all Government departments signing off and implementing an effective Breastfeeding and Returning to work policy.</p> <p>Progress has been made with the Breastfeeding Welcome Here Scheme across Government buildings open to the public. BSO has produced a breastfeeding and returning to work policy which is part of their Family Pack and all HSC organisations are asked to implement.</p> <p>NICS Occupational Health Leads have been contacted. PHA has proposed that NICS consider adopting a Breastfeeding workplace policy. NICS Well Champions to be involved in awareness and an online awareness session hosted.</p>	


BREASTFEEDING STRATEGY IMPLEMENTATION - PROGRESS AND PRIORITIES				
Outcome 2: Health and Social Care has the necessary knowledge, skills and leadership to protect, promote, support and normalise breastfeeding				
Relevant Work Strands: HSC & Community Support; Neonatal; Professional Training & Development; Research & Development				
Strategic Action	Indicators (DoH)	RAG Status	Progress and indicator changes	Outstanding actions and deliverables
Support breastfeeding leadership roles locally and regionally.	<p>Regional Breastfeeding Lead in post and local Infant Feeding Lead posts in place.</p> <p>Implementation of action plans in support of the strategy.</p>		<p>While the Regional Breastfeeding Lead post was in place and filled, there was no one in this post between April 2022 and February 2024 following the retirement of the previous post holder. This has therefore been given an Amber status.</p> <p>Regional Leadership BSISG meets three times per year and provides leadership and direction to implement the Strategy. The Regional Breastfeeding Lead was in post from 2013 to April 2022 and following retirement of the previous postholder, the post has not been formally reinstated. This role provides professional advice and co-ordination in support of implementation of the Strategy and achieving the stated outcomes and identified actions. The Regional Breastfeeding Lead also supports four PHA Health Improvement Local Leads to develop local breastfeeding initiatives and monitor outcomes against contract objectives.</p> <p>Local Breastfeeding Leadership PHA supports HSC Trust midwifery and health visiting services by providing funding to assist the development of Infant Feeding Lead posts across hospital, neonatal and community settings. There has been a significant increase in the number of breastfeeding specialist posts in NI since 2013 with five such posts in place, increasing to 18 in 2018, and again 21 Infant Feeding Lead and Breastfeeding Project posts across NI in 2022/23. The</p>	<p>Regional Breastfeeding Lead Role to be maintained</p> <p>A further increase in the number of WTE hours against Breastfeeding Specialist posts should be considered.</p>


		<p>majority are part-time, and the total available hours equate to 13.8 WTE posts. Partnership between PHA Health Improvement and HSC Trust managers has sought consistency in the establishment of breastfeeding leadership posts in maternity, health visiting and neonatal services.</p> <p>In 2016, the new role of Neonatal Infant Feeding Lead was developed by PHA and funded as part-time posts within the five HSC Trusts.</p> <p>BFI Professional Lead and NIFN NI The PHA contract with UNICEF UK Baby Friendly Initiative (BFI) provides regional and local support for achieving and maintaining BFI standards in NI. In 2019, a BFI Senior Professional Officer post was established as part of the contract (0.4 WTE hours).</p> <p>The Northern Ireland Infant Feeding Network (NIFN NI) was established in 2016, chaired by the BFI Professional Lead, and meets quarterly and provides professional support and advice to Infant Feeding Leads working within HSC Trusts.</p> <p>Staffing of Breastfeeding Specialist Services Despite recent investments in Infant Feeding posts, NI still has significantly less access to a Breastfeeding Specialist/Lactation Consultant within HSC than is made available through the Health Service Executive (HSE) in ROI. In 2021, the HSE reported they have 31 WTE Lactation Consultant posts and plans to double this to 64 WTE for 57,540 births a year. There are currently no UK guidelines on adequate staffing of breastfeeding specialist services. Updated guidance from USA suggests higher levels of specialist support is needed in maternity units and especially when neonatal intensive care is in-situ.</p> <p>Midwifery-Led Tongue-Tie Services Mothers who are struggling with ongoing pain and difficulty with breastfeeding due to neonatal ankyloglossia require support to maximise effective positioning and attachment. Not all infants</p>	<p>Staffing needs re Infant Feeding Lead posts in NI to be reviewed.</p> <p>Investment and support are required to establish consistent tongue-tie services</p>
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			<p>require treatment; however, access to a local breastfeeding specialist who is trained and can carry out a frenotomy is needed across NI. A Regional Tongue-Tie and Breastfeeding Steering Group is in place to advise on practice, current issues and to share updates. The Northern HSC Trust was first to develop and resource its own midwifery-led tongue-tie service. In 2019 and 2020, PHA supported eight Infant Feeding Leads and midwives to complete training provided by the University of Wolverhampton, with clinical supervision provided by Dr Martin Curran, Oral Surgeon and Midwife Tongue-Tie Practitioners. This afforded the opportunity for HSC Trusts to plan a service and since then Belfast HSC Trust and Western HSC Trust provide a Midwifery-Led Tongue-Tie clinic. In 2020/21 and again in 2021/22, a bid for funding was put forward by PHA and the Health & Social Care Board to staff these services. The bid was unsuccessful, and currently the Western HSC Trust is the only area receiving funding support with its service.</p>	across the region.
<p>Achieve and maintain UNICEF UK Baby Friendly Initiative (BFI) accreditation in all maternity and community health care services-</p>	<p>Proportion of UNICEF UK BFI awards in maternity services, health visiting services, Sure Starts and Universities.</p>		<p>Baby Friendly Initiative</p> <p>The achievement and maintenance of BFI standards within HSC, Sure Starts and Universities has been supported by PHA Health Improvement throughout the term of the Strategy.</p> <p>Resource support for BFI includes;</p> <ul style="list-style-type: none"> • Funding the establishment of Infant Feeding Lead posts (part-time WTE) with each HSC Trust • Securing the Regional BFI Professional Lead role for NI (0.4 WTE) • Maintaining the National Infant Feeding Network NI • Providing resource support with external BFI assessments • Facilitating BFI training of HSC staff <p>In 2016, Northern Ireland became first in UK to achieve full UNICEF UK BFI accreditation across 100% of our maternity services.</p> <p>In 2018, Northern HSC Trust Maternity and Health Visiting services were first in NI to achieve a BFI Gold Award. In 2020, 100% of Health Visiting services in Northern Ireland achieved full BFI</p>	

			<p>accreditation.</p> <p>Also in 2020, Glenbrook, Shankill and Smile Sure Starts obtained the first BFI Gold Award for Sure Start in Northern Ireland. In 2020, Saol Úr, South Belfast, East Belfast and Outer West Belfast Sure Starts achieved full BFI accreditation.</p> <p>In 2021, Antrim Area Hospital became the first neonatal unit in Northern Ireland to achieve full BFI accreditation. Since 2018, there have been three Stage 1 BFI awards and one Stage 2 award within Neonatal Units in Northern Ireland.</p> <p>In 2022, Northern Childcare Partnership Sure Starts, involving 6 individual Sure Start projects achieved full BFI accreditation.</p> <p>A full list of BFI awards in Northern Ireland can be viewed at https://BFIEvents/Awards</p> <p>Gaps in progress with BFI As of July 2023; 27 out of 38 Sure Start projects in NI have achieved Stage 3 BFI accreditation or Gold awards.</p> <p>1 out of 5 HSC Trusts has achieved full BFI accreditation within their Neonatal Units.</p> <p>New BFI Paediatric Standards BFI Paediatric Standards are being developed by UNICEF and these should be implemented in NI to support mothers of infants admitted to hospital.</p>	<p>Ongoing support and investment required to achieve and maintain BFI standards across all Neonatal Units and Sure Starts.</p> <p>Consider adopting the new BFI Paediatric standards in NI.</p>
Support NI Universities to achieve UNICEF UK BFI University Standards for accreditation of midwifery & health visiting training courses.	BFI University Awards in NI.		<p>BFI University Standards In 2017, QUB BSc (Hons) Midwifery Sciences (3 years) programme achieved BFI University standards accreditation and was then re-accredited in 2022.</p> <p>The University of Ulster Specialist Community Public Health Nursing (SCPHN) - BSc (Hons) programme facilitators have not progressed to the first stage of achieving BFI University Standards</p>	Work with Ulster University to determine requirements for fully implementing BFI standards in the SCPHN curricula.


			accreditation.	
Encourage undergraduate and postgraduate education providers to include breastfeeding education to other relevant HSC professions.	Breastfeeding included in course curricula.		<p>Breastfeeding Knowledge and Skills Competency Framework In 2017, the Professional Training and Development work strand of BSISG produced a comprehensive breastfeeding knowledge and skills competency framework for all HSC Staff. This framework detailed the professional groups involved in providing breastfeeding information and the level of support and competency required.</p> <p>BFI 2-Day Training The PHA contract with UNICEF UK BFI includes objectives relating to staff education and the provision of BFI 2-Day training in Breastfeeding and Relationship Training. BFI training courses were provided to over 700 health professionals between 2013 and 2018. Then from 2018 to July 2023, a total of 849 individuals working in HSC received training appropriate to their professional group. Whilst the majority of attendees at BFI courses are midwives, nurses and health visitors, places are also offered to Dietitians, Sure Start Family Support workers and Speech & Language Therapists.</p> <p>BFI Online Training BFI maternity services accreditation requires paediatricians to have completed breastfeeding awareness training in support of the hospital policy and hypoglycaemia protocols. This training is delivered in-house by Infant Feeding Leads alongside access to BFI e-learning for Paediatricians which has been provided by PHA since 2018.</p> <p>GP and Pharmacists Breastfeeding Training Access to BFI e-learning for GPs has also been provided by PHA since 2018.</p> <p>In 2019, the Northern Ireland Centre for Pharmacists Learning and Development (NICPLD) was funded by PHA to develop online Breastfeeding Training resources for Pharmacists.</p> <p>Breastfeeding training is not mandatory for GP's or Pharmacists</p>	Action required to increase the numbers of GPs and Pharmacists utilising online breastfeeding training resources.

			<p>and the uptake of UNICEF GP online training has been low. Both professions have an important role in helping mothers sustain breastfeeding. Further work is needed to promote breastfeeding training for these professional groups.</p> <p>Dietetics Breastfeeding Training Dietitians also have an important role in supporting mothers and babies who are breastfeeding. In NI, specialist paediatric dietetic posts are in place in some Neonatal Units. Inter-professional collaboration between Infant Feeding Leads and Paediatric Dietitians helps ensure all undergraduate and post-graduate dietitians working in paediatrics and neonatal settings are provided with breastfeeding training in line with BFI standards. The Baby Friendly Initiative also provides resources for dietetic students, but it is not clear whether dietetic students in NI are taught about breastfeeding using this resource.</p> <p>Joint Training of Students at QUB QUB schools of nursing and medicine have collaborated to provide an innovative approach to ensuring medical students, student midwives and paediatric nurse students benefit from the delivery of joint breastfeeding education.</p>	<p>Promote the use of the BFI slide pack for Dietetic students in NI.</p>
<p>Provide accessible breastfeeding, practical and problem-solving support from a midwife, or a health visitor, or maternity support worker.</p>	<p>BFI audit results and focus group research reports.</p>		<p>Breastfeeding Support in Maternity settings Since 2013, all midwives, neonatal nurses and maternity support workers have received 2-day BFI training and practical skills reviews as a minimum standard. Additionally, they are required to demonstrate their knowledge and skills as part of audit processes. BFI standards also require all accredited services to have in place a Breastfeeding Specialist Care pathway, which helps ensure women with specific lactational challenges are referred for specialist help.</p> <p>Breastfeeding Support in Community settings As part of 'Healthy Child, Healthy Future', new mothers usually receive a first visit at home with their health visitor 10 days after the birth. Since 2020, 100% of Health Visiting services in NI have been awarded full BFI accreditation, which requires training and audit of staff skills.</p>	

			<p>Internal rolling audit programmes are led by HSC Trust Infant Feeding Leads and are required to sustain BFI accreditation. Mother audits provide the opportunity for feedback from service users and helps inform update training and improvements.</p> <p>Focus Group Research</p> <p>During the term of the Breastfeeding Strategy, the PHA commissioned focus group research with service users to explore their experiences of breastfeeding information and support. In 2021, focus groups of women who had given birth during the COVID 19 Pandemic shared their experiences. Feedback from mothers suggests that women in NI can sometimes struggle to get the practical support they need to establish breastfeeding. BSISG has recognised this and have, during the term of the Strategy, submitted bids for funding for Band 3 Maternity Support workers specifically for breastfeeding. These bids have been repeatedly submitted and have been unsuccessful against other competing priorities.</p>	<p>A review of available breastfeeding support in maternity services is required in order to assess maternity support and staffing needs.</p>
<p>Develop and deliver community support programmes, including peer support targeting those least likely to breastfeed.</p>	<p>NICE guidance on access to voluntary breastfeeding peer support within 48 hours of discharge.</p> <p>Number of active breastfeeding peer support volunteers.</p>		<p>Regional Breastfeeding Peer Support</p> <p>In 2014, PHA developed the new role of Band 3 Breastfeeding Peer Support Link Worker (PSLW) to increase awareness of available voluntary breastfeeding peer support. These part-time posts support implementation of NICE guidance which recommends peer support contact within 48 hours of discharge from hospital. By 2021, Breastfeeding PSLWs (part-time) were employed within each HSC Trust.</p> <p>In 2019, a Regional Breastfeeding Peer support group was established and is ongoing. The group is attended by HSC Trust Infant Feeding Leads and PSLWs. This group reports on progress through an agreed dashboard which details activity related to the PSLW function. Maintaining enough breastfeeding voluntary peer supporters involves training new volunteers and the group is also working on regional guidance on the development and training of peer support projects.</p> <p>In the year 2014/15, just over 2,000 breastfeeding mothers had</p>	<p>Guidelines on the development and training of peer support volunteers to be completed.</p>


	<p>Numbers of mothers receiving support from voluntary breastfeeding counsellors.</p>	<p>face-to-face or phone contact with a PSLW whilst in hospital, or within 48 hours of discharge from hospital in order to provide breastfeeding information and support. In 2022/23, this has increased to 8,277 of new breastfeeding mothers having contact with a PSLW.</p> <p>HSC Breastfeeding Support Roles and Capacity It is recognised that maintaining an effective breastfeeding volunteer service requires a named health professional to take on the mentoring of volunteers, provide training and quality assure the service. Whilst some HSC Trusts have employed Band 6 Breastfeeding Practitioners or Project Leads to manage peer support, this task may also be the responsibility of an already overstretched Infant Feeding Lead on part-time hours. A regional review of the HSC breastfeeding workforce was proposed by BSISG in 2022, with a task and finish group asked to look at requirements and how a consistent model could be proposed. The group would examine what roles are needed within a breastfeeding team e.g., Infant Feeding Lead, Breastfeeding Clinical Specialist, Peer Support Co-ordinator, Peer Support Link Worker, Band 4 Breastfeeding Supporter.</p> <p>La Leche League (LLL) Voluntary Breastfeeding Support A longstanding PHA Health Improvement contract is in place with LLL. This modest investment is used to train new volunteer breastfeeding counsellors and provide vital breastfeeding support to families. LLL has eight trained group leaders in NI. During the term of the Breastfeeding Strategy, LLL has been provided with funding for 111 conference places to support the development of volunteer counsellors, trainees and group leaders.</p> <p>From January 2013 to July 2023, LLL outputs included:</p> <ul style="list-style-type: none"> • 605 support group meetings held • 5,994 women attended LLL breastfeeding support groups • 8,045 telephone support sessions provided 	<p>Review to be carried out to determine HSC breastfeeding roles and staffing requirements across HSC.</p>
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	<p>Number of attendees at Breastival each year.</p>	<p>National Childbirth Trust (NCT) Breastfeeding Counsellors</p> <p>In 2020, PHA established a Health Improvement contract with NCT to provide support to breastfeeding families. There are currently six Licensed NCT Breastfeeding Counsellors in NI. Online support is provided via a Facebook page and online support groups are facilitated.</p> <p>From April 2020 to July 2023, NCT outputs included:</p> <ul style="list-style-type: none"> • 161 Baby Cafe sessions (online) • 282 Mothers participating in online sessions • 276 Mothers receiving support in person from NCT counsellors (1:1 basis) • 29 Breastfeeding Workshops facilitated • 162 Participants at NCT breastfeeding workshops <p>Breastfeeding Support Groups</p> <p>In addition to LLL and NCT Breastfeeding support, there are over 70 Breastfeeding Support Groups listed on www.breastfedbabies.org</p> <p>The majority of these breastfeeding support groups are facilitated by Sure Starts. In some areas, groups are supported by HSC Trust Health visiting teams with 20 out of 70 being run by health visiting services.</p> <p>Breastival is supported by the PHA to organise a celebration of World Breastfeeding Week in August each year. Since 2017, a total of 6,049 delegates from Northern Ireland and the Republic of Ireland have engaged with Breastival celebration events (online and face-to-face). In addition, the online conference events of 2020 attracted 1,442 global delegates.</p> <p>The Big Latch is an opportunity to highlight breastfeeding to the wider public during World Breastfeeding Week in August each year. Breastival facilitates this event in NI and since 2017, a total of 3,221 breastfeeding mother and baby pairs have participated in the</p>
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	Number of community pharmacies engaged in delivering breastfeeding promotion and support.		<p>Breastival Big Latch.</p> <p>Breastfeeding was part of the Pharmacy Living well campaign in 2022. As part of the campaign, pharmacies:</p> <ul style="list-style-type: none"> • Were asked to join the Breastfeeding Welcome Here Scheme • Promoted the benefits of breastmilk • Signposted women to local breastfeeding support • Provided refresher training for staff on common breastfeeding challenges and treatments. 	
Work with Neonatal Network Northern Ireland to monitor and promote the use of mothers' own expressed milk and use of donor milk when required and provide mothers of vulnerable infants with tailored information and support for breastfeeding and, where appropriate, provide donor breastmilk.	Number or percentage of babies in neonatal units who are breastfed or receive donor breastmilk.		<p>The Neonatal Network NI (NNNI) produces a dashboard which collates rates of early breastmilk received in the first two days of life by babies <34wks gestation.</p> <p>Data for 2021 shows that 56.2% of babies born at <32 weeks' gestational age were receiving any of their own mother's milk at discharge to home from a neonatal unit in Northern Ireland, highlighting an increasing trend since 2014 (42.2%). However, there are some ongoing difficulties with recording feeding method for all babies admitted to Neonatal Units. The Neonatal Infant Feeding Leads have had some training from the Badgernet Coordinator and changes have been made by Clevermed to meet BFI requirements for data monitoring.</p> <p>In 2019, NNNI produced guidelines for the use of donor milk.</p> <p>Baby Friendly Initiative Neonatal Standards</p> <p>UNICEF UK BFI Neonatal Standards are recognised as providing an evidence-based framework for improving breastfeeding outcomes in Neonatal care. All 5 HSC Trusts are working towards full BFI Neonatal Standards accreditation, with the Northern HSC Trust having achieved the full award in 2022.</p> <p>A Neonatal Infant Feeding Network for NI was established in 2017 and led by the UK Neonatal BFI Professional Lead, with regional</p>	<p>NNNI and Neonatal Unit Managers to explore opportunities to improve the recording and reporting of feeding method of all babies in the Neonatal Unit, regardless of gestational age.</p> <p>All HSC Trusts to be supported with the achievement and maintenance of BFI Neonatal Standard accreditation through the UNICEF contract with PHA.</p>


		<p>meetings hosted by PHA and held at least twice a year. Since 2013, a total of 276 neonatal nurses and AHPs completed the BFI Neonatal 2-day course as delivered by UNICEF facilitators in NI.</p> <p>Neonatal Infant Feeding Lead posts In 2016, the PHA worked with Neonatal Unit Managers to support the development of the new role Neonatal Infant Feeding Lead. PHA provides funding to each HSC Trust for these Band 7 Specialist roles (0.3 WTE and 0.6 WTE in Belfast HSC Trust). It is, however, recognised that more hours may be needed in the larger Neonatal Units. Some HSC Trusts have already provided funding to increase the hours available.</p> <p><u>Parent Information</u> A parent leaflet developed by UNICEF in support of the BFI Neonatal Standards has been adapted for NI use and hard copies are made available by PHA.</p> <p>In 2021/22, the PHA worked with HSCB colleagues and the Neonatal Network to improve parent access to information whilst visiting the Neonatal Unit. This involved providing digital tablets and became known as the Neonatal iPad Project. This resource afforded the opportunity to have a tablet at each incubator or cot in our Neonatal Units, each containing uploaded recommended parent information resources, such as PHA leaflets and videos to support informed decision making.</p> <p>Neonatal Breastfeeding Videos In 2022, the PHA worked with the Neonatal Infant Feeding Leads, Dr Sanjeev Bali and mothers from Neonatal Units to produce a video for parents explaining the benefits of breastmilk for ill and premature babies in the Neonatal Unit. Two versions of the video can be accessed online.</p> <p><u>Regional Breast Pump Loan Service</u> PHA supports Tiny Life to provide a regional breast pump loan service through a Health Improvement Contract. PHA has also</p>	<p>HSC Trusts to consider the allocation of hours for Neonatal Infant Feeding Lead posts against the number of admissions in their Neonatal Unit.</p> <p>The NI Neonatal video to be promoted and widely used to support the education of parents and new staff.</p>
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		<p>regularly enhanced this contract to address service pressures, maintaining and replenishing the number of breast pumps available for loan to vulnerable mothers with hospitalised babies.</p> <p>Tiny Life maintains a stock of over 100 hospital grade breast pumps available for loan throughout Northern Ireland. During 2019 through to 2022, Tiny Life was provided with extra support from PHA to purchase 61 new hospital grade electric breast pumps. From 2013 to July 2023, Tiny Life have supported a total of 3,393 mothers with expressing breastmilk for their hospitalised infant.</p> <p>Donor Human Milk Bank The WHSCT is responsible for the operation of the Donor Human Milk Bank in the South-West Acute Hospital. This is the only Human Milk Bank in Ireland and provides an all-island service. Human Donor milk is primarily used when a mother's own breastmilk is not available.</p> <p>In 2021, the Human Milk Bank processed a total donation of 2,142 litres of donor expressed milk and provided approximately 1,427 litres of breastmilk to 27 neonatal units in hospitals across Ireland, helping 844 babies, including 100 sets of twins and 11 sets of triplets. In 2022, the Human Milk Bank received 1,140 litres of human breastmilk which went to 1,004 premature babies, of which 279 were either a twin or a triplet.</p> <p>In NI, the Neonatal Network advise on criteria for the use of donor milk and this is usually preserved for premature babies and babies requiring gut surgery. The WHSCT manages the Human Milk Bank. During the term of the Breastfeeding Strategy, PHA has provided some emergency funding support with the purchase of replacement equipment for the human milk bank.</p> <p>In 2019, HSCB started working with NINN on the procurement of an electronic tracking system for donor human milk. This work was affected by staff redeployment during the COVID pandemic and is not yet completed. The Neonatal Network and Dr Ray Nethercott</p>	<p>Explore support needs for the regional Human Milk Bank.</p> <p>Work to be completed on procuring and implementing an effective electronic tracking system for the use of donor human</p>
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			are advising on this project.	milk.
Monitor compliance and report violations under the WHO International Code of Marketing of Breastmilk Substitutes.	Records of reported violations.		<p>In 2018, BSISG developed and disseminated a summary guide for health professionals on working within the scope of the WHO International Code of Marketing of Breastmilk Substitutes.</p> <p>Breastfeeding policies are in place across all maternity, neonatal and health visiting services in NI. Policies have mandatory status and require all HSC staff to work within the WHO International Code as a requirement of BFI.</p> <p>Infant Feeding Leads report any issues with WHO Code violations within HSC to the UNICEF Senior Professional Officer NI. It was proposed that a template for annual reporting could be developed and sent to Heads of Service in 2021.</p>	A template for reporting WHO Code concerns within HSC to be considered.

BREASTFEEDING STRATEGY IMPLEMENTATION - PROGRESS AND PRIORITIES				
Outcome 3: High quality information systems in place that underpin the development of policy and programmes, and which support strategy delivery				
Relevant Work Strands: HSC & Community Support; Monitoring & Indicators; Research & Development				
Strategic Action	Indicators (DoH)	RAG Status	Progress and indicator changes	Outstanding actions and deliverables
Collect information on Northern Ireland prevalence of breastfeeding according to maternal age, education levels, socio-economic status, etc.	Participation in national and local surveys.		<p>In 2014, the decision was taken to cancel the UK Infant Feeding Survey (IFS), and no survey was carried out in 2015. The last UK IFS survey was conducted in 2010.</p> <p>Breastfeeding Health Intelligence briefings and Statistical profile of children's health in Northern Ireland reports provide analysis/breakdown of breastfeeding rates, highlighting variation by a range of factors including place of birth, maternal characteristics (eg age, parity, multiple</p>	

			<p>births, ethnicity, deprivation status based on residence), and geographical area (eg HSC Trusts, Councils, Sure Start).</p> <p>In the absence of the IFS, work has been undertaken to highlight current gaps in infant feeding data collection and issues with comparability in relation to definitions and data collection time points. Work led by DOH was undertaken in 2022/23 to explore the feasibility of Northern Ireland participating with England in a new Infant Feeding Survey. The decision was taken not to proceed in this survey round but consider future opportunities including the feasibility of a Northern Ireland specific survey.</p> <p>A data subgroup of the Four Nations Infant Nutrition - Data Subgroup was convened by DoH to explore the availability/collection timepoints and comparability of infant feeding data. Due to capacity issues, Wales has now taken over as the lead for comparable data consideration. A module of questions on breastfeeding exploring public attitudes has been included in the Department of Health NI, Health Survey Northern Ireland in 2012/13, 2014/15 and 2017/18. Questions relating to breastfeeding have been included in the Young Persons' Behaviour and Attitudes Survey (YPBAS) in 2013, 2016, 2019 and 2022. In 2019, PHA linked with the research undertaken by Northern Ireland Life and Times survey to inform the development of a study exploring public attitudes to breastfeeding in Northern Ireland.</p>	<p>Continue to review infant data collection in UK and ROI to identify opportunities for data comparison.</p> <p>Continue to monitor opportunities for data and opinion capturing through the various NI surveys.</p>
Collect, monitor and report breastfeeding rates at birth, discharge, 10-14 days, 6-8 weeks, 14-16 weeks, 6 months and 12 months regionally and locally	Annual health intelligence breastfeeding briefing reports.		<p>Work has informed improvements to breastfeeding data collection and collation within the Northern Ireland Maternity System (NIMATS) and the Northern Ireland Child Health System (CHS).</p> <p>Routine reporting to BSISG has been maintained with regards to progress and trends in infant feeding data (including e.g. rates of breastfeeding attempted, discharge</p>	

<p>in line with PCHR contacts.</p>			<p>and prevalence).</p> <p>Breastfeeding Health Intelligence Briefings have been provided annually to inform the work of BSISG and monitor changes in breastfeeding trends.</p> <p>The PHA Health Intelligence Unit also collates and analyses CHS and NIMATS data to produce a regional report, providing a Statistical profile of children's health in Northern Ireland which is available online and includes breastfeeding statistics.</p> <p>The PHA Health intelligence Unit has undertaken work to quality assure CHS data now available from the Northern Ireland Data Warehouse against annual downloads previously provided by the four CHS teams. This facilitates the move to using CHS data from DWH in future analysis/reporting on breastfeeding data.</p> <p>Collaboration has been facilitated with Neonatal Infant Feeding leads to identify and develop standardised feeding reports aligned with regional reporting requirements and national benchmarking. The PHA linked with Neonatal Infant Feeding leads, the Neonatal Intensive Care Outcomes Research and Evaluation (NICORE) to develop draft neonatal reporting measures. These have been presented to the Neonatal Network Northern Ireland (NNNI). NNNI has agreed to consider these within the context of their future neonatal work plan.</p> <p>Links with the Neonatal Network/NICORE provide data for measures relating to breastmilk feeding for babies less than 32 weeks gestational age including Early breastmilk feeding (Day 14 of life) and Discharge home from a neonatal unit providing comparison with National Neonatal Audit Programme (NNAP) measures.</p>	
<p>Regularly review research information,</p>	<p>Agreed prioritised</p>		<p>In December 2020, the PHA commissioned a qualitative study to explore the experiences of mothers and service</p>	<p>Use feedback from the report to inform the timing and methods of how</p>

<p>support and commission local research, and adapt services in light of research findings.</p>	<p>research programme, including any opportunities for all Ireland research.</p> <p>Evidence of service improvement based on research findings.</p>		<p>providers in accessing and providing breastfeeding support during the COVID-19 pandemic. The study identified a number of points for consideration in providing future breastfeeding support, including the need for practical, face-to-face support in the early days and the importance of and a flexible/blended approach in providing ongoing support, (face-to-face, video, social media) depending on the stage of the breastfeeding journey and issues encountered.</p>	<p>breastfeeding support is delivered.</p>
<p>Regularly review research information, support and commission local research, and adapt services in light of research findings.</p>	<p>Agreed prioritised research programme, including any opportunities for all Ireland research.</p> <p>Evidence of service improvement based on research findings.</p>		<p>Research Updates</p> <p>During the term of the Breastfeeding Strategy, the Research work strand has supplied regular updates of salient relevant breastfeeding research to BSISG. The work strand has discussed and informally reviewed international research and the implications for Northern Ireland.</p> <p>Publication</p> <p>Members of the work strand published a paper in Evidence Based Midwifery journal in 2018 - Interventions to increase the initiation of breastfeeding: a systematic review of studies conducted in the UK and Ireland. Evidence Based Midwifery 16(4): 112-119 (2018) Sinclair M, McCullough JEM, Armstrong N, Barrett E, Calvert J, Dodds R, Gosrau-Breen D, Healy M, Herron M, Lagan B, McNeill J, O'Rorke M, Purdy J, Sloan S, Stockdale J, Talbot S.</p> <p>Annual Breastfeeding Research Conference</p> <p>The Research work strand has supported the delivery of the Annual Spotlight on Breastfeeding Research Conference, both in terms of contributing to the conference programme as speakers and the overall planning and organisation of the annual events.</p>	<p>Seek opportunities to inform and support research which captures the lived breastfeeding experience of women in NI.</p>


		<p>HSC R&D Division Public Health Agency and Ulster University have provided financial support for the annual conferences and research workshops.</p> <p>The Annual Breastfeeding Research Conference attendance has increased significantly since 2018 and particularly with the move to online provision. External support in 2020 and 2021 provided the opportunity to host many attendees from outside NI.</p> <ul style="list-style-type: none"> • 2018 In person - 71 • 2019 In person - 114 • 2020 Fully online with external support - 1,242 • 2021 Fully online with reduced support - 539 • 2022 - postponed until March 2023 • 2023 Fully online – 208 <p>Service User Feedback</p> <p>Parental experience is a highly valued aspect of understanding breastfeeding intentions, experiences and informing research and, as such, all events organised through the work strand have ensured valuable input from breastfeeding mothers alongside healthcare professionals, community and voluntary sector representatives, researchers and policy makers.</p> <p>Collaboration</p> <p>In 2019, the work strand collaborated with Dr Clare Relton (Senior Lecturer in Clinical and Public Health Trials, Queen Mary University, London) to submit a research proposal to the Wellcome Trust, which was unfortunately unsuccessful at the second stage of consideration. The work strand continues to work closely with NIPHRN to explore funding opportunities and partnerships.</p> <p>Donor Human Milk Banking</p> <p>In June 2022, the work strand invited Hilary Campbell and</p>	<p>Consider research opportunities in human breastmilk to strengthen NI evidence base and inform policy and service developments.</p>
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			Anne McCrea to give a presentation on the work and research strategy of the Human Milk Bank. Opportunities relating to research into human breastmilk were being explored.	
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BREASTFEEDING STRATEGY IMPLEMENTATION - PROGRESS AND PRIORITIES

Outcome 4: An informed and supportive public

Relevant Work Strands: Neonatal; Public Information; Research & Development

Strategic Action	Indicators (DoH)	RAG Status	Progress and indicator changes	Outstanding actions
Develop and deliver programmes promoting breastfeeding and to facilitate change in attitudes and culture around breastfeeding.	<p>Regional/ All Ireland social marketing strategy is in place.</p> <p>Social marketing campaigns.</p> <p>Public awareness and public attitudes.</p>		<p>In January 2018, the PHA delivered the Not Sorry Mums multi-media award-winning public information campaign. This campaign successfully increased public awareness about the importance of breastfeeding to the health of mother and baby. It also challenged a lack of support and negativity towards breastfeeding from the public. The social media reach for the campaign was PHA's most successful at that time.</p> <p>A communication plan was developed by the BSISG Public Information work strand lead and used to apply social media to spread positive messages about breastfeeding.</p> <p>Since 2013, PHA has released various news stories on issues pertaining to breastfeeding, such as BFI awards and high-profile membership of the Breastfeeding Welcome Here Scheme.</p> <p>Since 2021, PHA has worked jointly with Breastival to promote World Breastfeeding Week and celebrate the Breastival annual conference and the Big Latch On global event.</p> <p>In 2023, six breastfeeding case studies were identified from the five HSCT localities, filming has occurred and they are now in editing stage. The development of a range of case studies will encourage more mothers to consider breastfeeding and to highlight the support that is available both within HSC and the wider community.</p>	

Encourage Government Departments and Statutory Bodies to depict breastfeeding as the norm.	Breastfeeding policies in place. Evidence of positive breastfeeding messages.		<p>Progress has been made with the Breastfeeding Welcome Here Scheme across Government buildings open to the public.</p> <p>BSO has produced a breastfeeding and returning to work policy which is part of their Family Pack and all HSC organisation are asked to implement.</p> <p>NICS Occupational Health Leads were contacted and PHA proposed that NICS consider adopting a Breastfeeding workplace policy.</p> <p>NICS Well Champions to be involved in awareness and an online awareness session hosted.</p>	
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Part Two - The Covid-19 Pandemic and Implementation of the Breastfeeding Strategy

Impact of the COVID-19 Pandemic

During the COVID-19 pandemic, WHO, RCOG and RCM issued policy guidance on the care of mothers and babies which highlighted the importance of breastfeeding to health. Women with suspected and confirmed COVID-19 were encouraged to continue with their decision to breastfeed.

The PHA Health Intelligence Briefing 2022 reports that breastfeeding attempted rates were fairly stable during the pandemic, with a slight decrease seen from (62.5% in 2019) to (62.1% in 2020) then (61.8% in 2021). The full impact of COVID-19 on breastfeeding outcomes is unknown; recording of breastfeeding rates from the CHS would suggest a decrease in breastfeeding for babies born in 2019 and 2020 at 6 weeks, 6 months and 12 months. However, this may be due to lower levels of data collection due to unavoidable reduced contacts from public health nursing.

Breastfeeding Support during the Restrictions

The majority of breastfeeding support services were moved from face-to-face contacts to online support. These changes presented unique challenges for breastfeeding mothers, health professionals and voluntary supporters. At the end of 2020, the PHA commissioned Ipsos MORI to undertake focus groups to explore the experiences of new mothers and service providers in accessing and providing breastfeeding support during the COVID-19 pandemic. The research report provides valuable insight into the lived experiences of women who were breastfeeding during the pandemic. While mothers reported struggling with isolation and obtaining the practical support they needed to establish breastfeeding. The report also found that some women valued more uninterrupted time without the pressure of visitors in the early days. It was also notable that, while certain breastfeeding issues could be adequately dealt with online, face-to-face contact is preferable in different scenarios and particularly when mothers need privacy to address physical concerns and with learning how to effectively position and attach their baby for breastfeeding.

Impact of Restrictions on New Mothers

COVID-19 restrictions in maternity services resulted in reduced in-patient contact with partners, family and friends during labour and in the post-natal period. Women reported feeling isolated and lonely at this important time for them. Support when home was also affected with fewer visits from health care professionals and some mothers having to go out to a clinic to see a health professional. Some mothers reported they did not receive the emotional and practical support they needed to establish breastfeeding. During COVID -19 restrictions, face-to- face support at breastfeeding support groups was suspended and Sure Start programmes took the lead in establishing new online breastfeeding support. Both statutory and voluntary support services involved in the delivery of breastfeeding information and support were required to quickly adapt and learn the skills required for providing effective online remote-based support. Learning from the Ipsos Mori report highlighted that women prefer a mix of face-to-face and virtual support, that using video calls and online platforms and WhatsApp can be useful for small groups. The Ipsos Mori report has lessons beyond the period of the COVID -19 pandemic as it highlights the importance of access to flexible, timely and tailored support for all breastfeeding mothers.

Changes to Breastfeeding Education and Staffing

Implementation of the Breastfeeding Strategy continued during the COVID-19 pandemic despite obvious challenges. At the height of restrictions, training was stepped down with some clinical staff being redeployed as part of the COVID-19 public health response. Some of the Infant Feeding Leads working across HSC Trusts were re-deployed from their specialist posts to generic midwifery and public health nursing duties to cover staff absences. When possible, undergraduate and in-service breastfeeding training resumed in support of the Breastfeeding Strategy, as Outcome 2 requires that Health and Social Care has the necessary knowledge, skills and leadership to protect, promote, support and normalise breastfeeding. Delivery of training was largely changed from classroom settings to online and this provided the opportunity to reach more participants. The Clinical Education Centre and UNICEF UK Baby Friendly adapted its courses to be able to offer online training. There were some benefits with using online training and most notable was being able to offer many more BFI conference places to NI delegates, as costs were significantly reduced.

COVID-19 and Adaptations by Service Providers

The PHA commissions several Community Voluntary sector organisations to deliver evidence-based Health Improvement programmes and projects in support of implementation of the NI Breastfeeding Strategy. In addition, HSC Trusts are allocated support from the PHA with establishing and maintaining Infant Feeding Lead posts within maternity, neonatal and health visiting services and with Peer Support Link Worker projects. During the COVID-19 pandemic, PHA Health Improvement officers worked with each service provider to support them with adapting to COVID-19 restrictions and to minimise disruption to programmes. Examples of adaptations included moving to telephone and online breastfeeding counselling support, delivery of online training for health professionals, remote-based BFI external assessments, online conferences and accessing transport and collection to maintain the Regional breastpump loan service.