

## Policies and programmes: Indicators 1–10

Key gaps	Key recommendations	Score
<b>Indicator 1 National policy, programme and coordination</b> Is there a national infant and young child feeding strategy, a national coordinating committee and a national coordinator, as recommended in the <i>Global Strategy</i> ?		<b>1</b>
<b>a.</b> No established UK-wide infant feeding (IF) group for sharing good practice. <b>b.</b> No national paid sustainable leadership as no IF committee or coordinator.	<b>a.</b> UK government to support establishing a high-level, sustainable UK-wide IF group for policy leads and special advisors in IF, to share good practice. <b>b.</b> Government to set up a national, sustainable, strategic IF committee, with multi-sectoral representation, coordinated by a high-level funded specialist lead.	
<b>Indicator 2 Baby Friendly Initiative</b> Do all mothers have access to accredited Baby Friendly maternity care?		<b>7.5</b>
No mandate or dedicated funding to implement the Unicef UK Baby Friendly Initiative (BFI) nationally, and no time-bound expectation.	Government to mandate and fully fund time-bound implementation and also maintenance of the BFI nationally, in accordance with the National Institute for Health and Care Excellence's (NICE's) guidance.	
<b>Indicator 3 International Code of Marketing of Breastmilk Substitutes</b> Are the provisions of the International Code and subsequent World Health Assembly Resolutions enacted in national legislation and fully enforced?		<b>6</b>
The <i>Code</i> is not fully implemented in the UK and there is no enforcement of the Regulations that are in place.	Government to fully implement the <i>Code</i> in legislation, and the responsible authorities to enforce the Regulations.	
<b>Indicator 4 Maternity protection</b> Do women have adequate paid maternity leave and breastfeeding breaks?		<b>6.5</b>
<b>a.</b> No legally required provision for breastfeeding breaks or suitable facilities in workplaces, educational institutions and the judicial system. <b>b.</b> Access to employment tribunals limited by high fees.	<b>a.</b> Government to legislate for reasonable breastfeeding breaks and suitable facilities for breastfeeding/expressing in workplaces, educational institutions and the judicial system. <b>b.</b> Government to ensure that tribunal access is available to women from all income brackets.	
<b>Indicator 5 Health professional training</b> Are all health professionals who work with mothers and babies adequately trained to support breastfeeding?		<b>5.5</b>
<b>UK</b> Most pre-registration training for healthcare practitioners (HCPs) who work with mothers, infants and young children has many gaps in the high-level standards and curricula, unless it is BFI accredited.	Institutions responsible for relevant pre-registration training standards and curricula to set mandatory minimum standards for core knowledge on breastfeeding and young child feeding for all HCPs who work with mothers, infants and young children. These to align with World Health Organization (WHO)/BFI standards.	
<b>Indicator 6 Community-based support</b> Do all mothers have access to skilled breastfeeding support from health professionals and others in the community?		<b>7</b>
<b>a.</b> The future of health visiting services in England is uncertain and, in some areas, there is little or no integration of NHS community services with voluntary sector breastfeeding support, and no clear access to a skilled lactation specialist. <b>b.</b> No national listing of local breastfeeding support.	<b>a.</b> Commissioners to maintain the full range of health visiting services, plus a range of integrated postnatal services to meet local needs, including voluntary sector breastfeeding support, with clear referral pathways <b>b.</b> Public Health England to work with its partners and explore options to enable families to access up-to-date information about local services.	
<b>Indicator 7 Information support</b> Is there a comprehensive national information, education and communication strategy, with accurate information on infant and young child feeding at every level?		<b>4.5</b>
No national, multi-media communications strategy for infant and young child feeding (IYCF).	Government to create a national communications strategy which includes a public information campaign aimed at wider society (partners, extended family, community, workplaces).	
<b>Indicator 8 Infant feeding and HIV</b> Are national policies and programmes to support HIV+ mothers in their feeding decisions supported by up-to-date evidence?		<b>6.5</b>
Lack of up-to-date training in HIV and IF.	Train HCPs/community workers on current WHO/BHIVA recommendations.	
<b>Indicator 9 Infant and young child feeding during emergencies</b> Are guidelines in place to provide protection to infants and young children in case of emergency?		<b>0</b>
No national strategy addressing IYCF in emergencies.	Government to develop a national strategy on IYCF in emergencies that is integrated into existing emergency-preparedness plans.	
<b>Indicator 10 Monitoring and evaluation</b> Are monitoring and evaluation data regularly collected and used to improve infant and young child feeding practices?		<b>5</b>
Current data collection is incomplete and too limited in scope.	Government to mandate additional routine data collection and incorporate into standard midwifery and health-visiting services.	
<b>Scores are out of 10:</b> <span style="background-color: red; color: white; border-radius: 50%; padding: 2px;">0–3.5</span> <span style="background-color: yellow; border-radius: 50%; padding: 2px;">4–6.5</span> <span style="background-color: blue; color: white; border-radius: 50%; padding: 2px;">7–9</span> <span style="background-color: green; color: white; border-radius: 50%; padding: 2px;">&gt;9</span>		<b>Subtotal 49.5/100</b>

## What is the WBTi?

The World Breastfeeding Trends Initiative (WBTi) is a collaborative national assessment of the implementation of key policies and programmes from the WHO's *Global Strategy for Infant and Young Child Feeding*. Unlike other assessments, the WBTi brings together the main agencies and organisations involved in aspects of IYCF in a particular country to work together to collect information, identify gaps and generate recommendations for action. This is the first WBTi assessment for the UK; the process is repeated every 3–5 years in order to track trends.

### WBTi UK Core Group members

Association of Breastfeeding Mothers (ABM)  
 Baby Feeding Law Group (BFLG)  
 Baby Milk Action  
 Best Beginnings  
 Breastfeeding Network (BfN)  
 Child and Maternal Health Observatory (CHIMAT)  
 Department of Health  
 First Steps Nutrition  
 Institute of Health Visiting (iHV)  
 Lactation Consultants of Great Britain (LCGB)  
 La Leche League GB (LLLGB)  
 Maternity Action  
 Northern Ireland infant feeding lead  
 NCT  
 National Infant Feeding Network (NIFN)  
 Public Health England (PHE)  
 Scotland Maternal and Infant Nutrition Coordinator  
 Start4Life  
 Unicef UK Baby Friendly Initiative

### Feeding practices: Indicators 11–15

<b>Indicator 11 Early initiation of breastfeeding within 1 hour of birth</b>	<b>60%</b>	<b>9</b>
<b>Indicator 12 Mean percentage of babies 0–&lt;6 months exclusively breastfed</b>	<b>18%</b>	<b>6</b>
<b>Indicator 13 Median duration of breastfeeding</b>	<b>3 months</b>	<b>3</b>
<b>Indicator 14 Bottle feeding: percentage of babies of 0–12 months fed with bottle</b>	<b>88%</b>	<b>3</b>
<b>Indicator 15 Complementary feeding: percentage of babies receiving solids by 8 months</b>	<b>98%</b>	<b>10</b>

Scores are out of 10: **0–3.5** **4–6.5** **7–9** **>9** **Subtotal 31/50**

Feeding practices scores are calculated using WHO definitions and the data are drawn mainly from the 2010 Infant Feeding Survey.

## Total score **80.5/150**

### Committee on the Rights of the Child recommendations

The United Nations Committee on the Rights of the Child is the body of 18 independent experts that monitors implementation of the Convention on the Rights of the Child by its state parties. The UK is a signatory to the Convention and was last assessed in June 2016. The Committee recommends the following:

- Systematically collect data on food security and nutrition for children, including those relevant to breastfeeding, overweight and obesity, in order to identify root causes of child food insecurity and malnutrition.
- Regularly monitor and assess effectiveness of policies and programmes on food security and nutrition of children, including school meal programmes and food banks, as well as programmes addressing infants and young children.
- Promote, protect and support breastfeeding in all policy areas where breastfeeding has an impact on child health, including obesity, certain non-communicable diseases and mental health, and fully implement the *International Code of Marketing of Breastmilk Substitutes*.

Abbreviations: **BFI** Baby Friendly Initiative **HCP** healthcare practitioner **IF** infant feeding **IYCF** infant and young child feeding  
**UK** United Kingdom **WBTi** World Breastfeeding Trends Initiative **WHO** World Health Organization