# Hampshire & Isle of Wight Infant Feeding Strategy

2025 – 2030

Portsmouth CITY COUNCIL

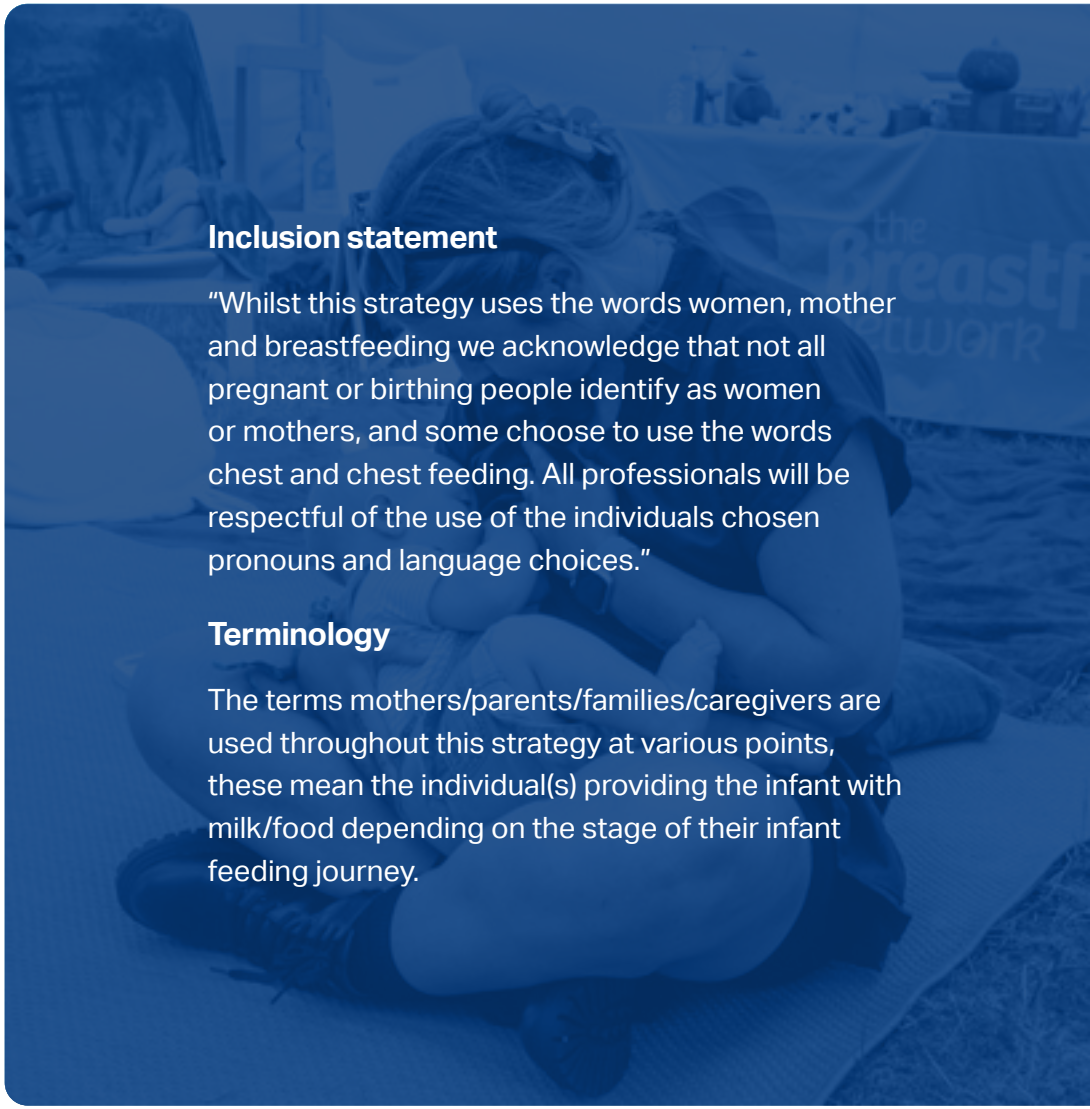
SOUTHAMPTON CITY COUNCIL

Hampshire County Council

Isle of Wight Council

# Contents





### Inclusion statement

"Whilst this strategy uses the words women, mother and breastfeeding we acknowledge that not all pregnant or birthing people identify as women or mothers, and some choose to use the words chest and chest feeding. All professionals will be respectful of the use of the individuals chosen pronouns and language choices."

### Terminology

The terms mothers/parents/families/caregivers are used throughout this strategy at various points, these mean the individual(s) providing the infant with milk/food depending on the stage of their infant feeding journey.

# 1. Strategic context

This 5-year strategy supports the 0-2 years infant feeding journey at population level across the four areas: Hampshire, Isle of Wight, Portsmouth and Southampton, referred to collectively as Hampshire & Isle of Wight (HIOW). The strategy provides an overarching vision, underpinned by strategic aims. Each area will have its own place-based action plan reflecting local systems and priorities.

The focus is supporting mothers to breastfeed their baby, as well as responsive, safe formula feeding where that is an informed decision or out of necessity. It addresses transition to solid foods and family meals and highlights inequalities are present within infant feeding, exacerbated by a lack of opportunity for informed decision making. The strategy is informed as much as possible by local data and insights.

Families/caregivers receive tailored support via our existing highly skilled infant feeding workforce as part of their routine care. This is underpinned by the Baby Friendly Initiative (BFI) Programme and Local Maternity and Neonatal System (LMNS) infant feeding strategy.

This strategy aims to support families/caregivers, via strengthen existing care given by health professionals, and increasing the knowledge, skills and confidence of the wider workforce.

This workforce also plays a vital role in creating an environment and culture which supports people on their infant feeding journey. This includes, but is not limited to, Early Years, Primary Care, voluntary and community organisations, Community Advisors, Public Health nursing and maternity.

# 1. Strategic context

**The strategy will:**

- Raise the profile of infant feeding and its importance to health and wellbeing, as well as links to building the parent/caregiver and infant relationship.
- Promote awareness of healthy and safe infant feeding.
- Ensure messages to families/caregivers are consistent.
- Address the challenges to equity within infant feeding by implementing solutions.
- Link to other local and HIOW-wide strategies, such as the Perinatal Mental Health and Parent-Infant Relationship Strategy.

The strategy's vision will be realised through collective action, at all levels, locally and across the system.

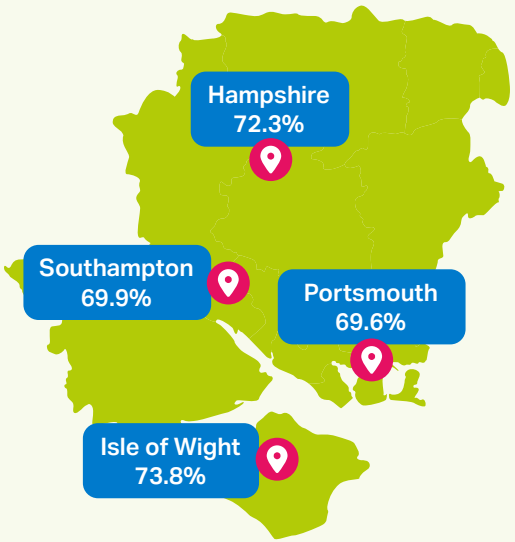
# Hampshire and Isle of Wight Infant Feeding Strategy 2025-2030

**Our vision:**
Infant feeding to be recognised and valued for the contribution it makes to health and wellbeing as well as its role in forging close and loving infant-caregiver relationships. Creating a safe and healthy infant feeding culture throughout Hampshire and the Isle of Wight through supporting choices which optimise the benefits of infant feeding.

This strategy is designed to support the 0-2yrs infant feeding journey at population level across Hampshire and Isle of Wight (HIOW), which comprises of the four 'place' areas: Hampshire, Isle of Wight, Portsmouth and Southampton.

### Breastfeeding data 2023/24

Between first feed and 6-8 weeks, drop-off is between 14-21% across HIOW, with continuing drop-off as the infant gets older.

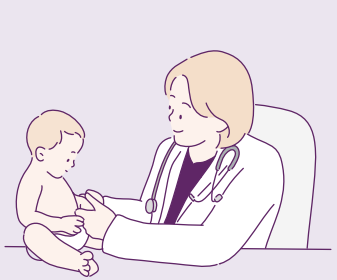



**Breastfeeding first feed rates across HIOW (2023/2024)**

### Strategy aims

**Create a positive infant feeding culture.**

**Increase healthy and safe feeding practices across the infant feeding journey.**



**Ensure infant feeding support is evidence-based and timely, contributing to a reduction in inequalities.**

# 2. Infant feeding

## What is Infant Feeding?

Put simply, it's the feeding of infants from birth until 2 years of age and covers all types of feeding, including: breastfeeding, chest feeding, breastmilk, human milk, donor milk, formula feeding, combi-feeding (a mix of breastmilk and formula) and the introduction of solid food and drinks.

## Why does Infant Feeding matter?

During the first 2 years of life optimal nutrition lowers illnesses and deaths, reduces the risk of chronic disease supports better overall development.[1] Specifically, breastfeeding reduces the risk of childhood obesity[2,3] can be supportive of positive mental health within mothers and babies.[4]

The nutrition chosen (milk/food) within the first 2 years and how this is prepared and provided impacts short- and longer-term health, growth of infants, as well as oral health, weight status and establishes early eating behaviours which continue into later childhood and beyond. There are also implications for the mother's health, family finances and the environment.

Infant feeding can promote the development of loving relationships between parent/caregiver and child, through close physical contact. Skin to skin contact is known to release hormones which support with feelings of love and happiness.

Responding to babies' needs for comfort and food is thought to be extremely beneficial for their brain development and makes for more confident toddlers.

## 2. Infant feeding

### What are the key recommendations for feeding babies and infants?

The World Health Organisation (WHO) and United Nations Children's Fund (UNICEF) are clear on how infants should be fed:

- Early initiation of breastfeeding, within 1 hour of birth
- Babies should be exclusively breastfed (provided only with breastmilk) for the first 6 months, as it has all the nutrients needed for babies to grow and develop.
- Solid foods which are nutritionally adequate and safe, can be introduced from around 6 months, as babies need additional nutrition as they grow
- Breastmilk should continue to be provided alongside solid foods, up until 2 years or beyond[1].

National guidelines support health professionals to be appropriately trained and able to provide consistent, safe support and advice on infant feeding and all aspects of nutrition. This includes the NHS maternity offer (pre and post birth) and the Healthy Child Programme (0-19, including health visiting), ensuing best available evidence is used within the infant feeding journey. Endorsed by the National Institute of Clinical Evidence, the Royal College of Midwifery and the Royal College of Paediatrics and Child Health.[5,6,7]

### Breastmilk

**Breastmilk should be promoted as the number one milk for babies**, whilst simultaneously recognising the challenges and creating a supportive culture. Breastmilk can be given directly via breastfeeding mothers or in a bottle/syringe/cup through expressed or donor breastmilk.

### Combination Feeding

The longer breastmilk is provided, the greater the protection and benefits to mother and baby. **Any amount of breastmilk will have a positive effect for babies.**[8] Therefore, combination feeding (breastmilk and formula) is beneficial if parents/caregivers are unable to provide breastmilk exclusively.

### Formula

If a child is formula or combination fed, **first stage formula is the only formula an infant requires** until they are 1 year old, when most children can safely transition onto cow's milk. Staged formulas are not needed, and all infant formula brands (not just well-known brands) meet the same nutritional standards making them nutritionally comparable.

## 2. Infant feeding

Breastmilk is the most beneficial and healthiest way to feed infants and should always be promoted first. For anyone who cannot, or chooses not to, exclusively breastfeed, it is vital that they are aware of the safe preparation of alternatives including expressed breastmilk (mother's or donor milk) and infant formula.

An understanding of the mixed emotions connected to breastfeeding and how these change, is crucial. This includes mothers who may never have breastfed or stopped earlier than planned.

At the start and throughout an infant feeding journey, parent/caregivers should be supported to make informed decisions. Evidence-based information should include:

- The health benefits
- Wider benefits
- Support available to overcome challenges
- Stigma around breastfeeding in public, and generational formula feeding within some families and communities, are known barriers that need collective action.
- Education and awareness are required universally and from early years through to older age, to embed a positive infant feeding culture within society.

Whilst there is support available across HIOW, both breastfeeding and formula feeding families/ caregivers have indicated that it can be variable. Tailored support for all is vital in ensuring infants are fed in accordance with the best available evidence for healthy growth and development.

# 3. Data and local insight

Infant feeding data is a vital tool in understanding how infants are currently fed and where there are opportunities for promoting best practice.

## What data is available?

Nationally, as part of the public health outcomes framework, data is published from two different datasets:

- public health nursing services
- maternity services

The data is collated centrally and published. This provides information about a baby's first feed and at 6-8 weeks after birth.

Locally, more detailed data is routinely collected by public health nursing services within community trusts, by maternity services within acute trusts, via Family Hubs and through the voluntary sector (Maternity and Neonatal Voices Partnerships, Breastfeeding Network, Home-Start etc.) both ad hoc and as part of annual surveys and audits.

It provides rich quantitative and qualitative insights, informing quality improvement and targeting of resources.

## What are the challenges with data?

There are gaps within the nationally published data due to changes in reporting mechanisms as well as local workforce challenges. Locally, there are data sharing difficulties between organisations, but service level data does exist, and can tell us in more detail when the drop off in breastfeeding rates occur, for example, as well as which population groups are less likely to initiate or maintain breastfeeding.

Breastfeeding rates can vary considerably month by month and year by year, particularly in smaller areas, in part due to small and fluctuating numbers of births. Local knowledge and understanding the data, is key to correct interpretation, to aid discussions and target resource effectively.

## 3. Data and local insight

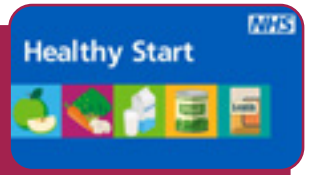
Table 1. highlights the latest breastfeeding data for 2023/24[9] for HIOW. It illustrates the reduction in breastfeeding in the first few weeks post birth; drop off between first feed and 6-8 weeks is 14-21% across HIOW. We know from local data that this drop-off begins as early as discharge from hospital, and as families transition from maternity to health visiting services. The 6–8-week data includes any breastmilk provided i.e. capturing both exclusive and combi-feeding; rates of exclusive breastfeeding would be lower.

**Table 1. 2023/24 Breastfeeding data**

| | % First Feed | % 6-8 weeks breastfeeding | % change (+/-) |
|---|---|---|---|
| **Southampton** | 69.9% | 55.1% | **-14.8%** |
| **Portsmouth** | 69.6% | 54.5% | **-15.1%** |
| **Hampshire** | 72.3% | 58%* | **-14.3%** |
| **Isle of Wight** | 73.8% | 52.9% | **-20.9%** |

*Source Child and Maternal Health - **Data | Fingertips | Department of Health and Social Care***
**Source Hampshire & IOW Healthcare NHS Foundation Trust – a combination of data collected by the PHN service and primary care.*

### Healthy Start




A national scheme for low-income families, providing access to vitamins and healthy food items each week. Available for mothers during pregnancy and children from birth until their 4th birthday.[10]

Healthy Start is the only other routine data collection linked to infant feeding. There are persistent issues with this data which are being addressed at a national level. Uptake of the Healthy Start scheme cannot therefore be reliably assessed locally.

Local Healthy Start data is vital if we are to effectively promote and target resources, to ensure no eligible families are missing out. Awareness of the scheme and encouraging low-income families to check their eligibility[11] is crucial in ensuring those entitled receive the support available, obtaining free vitamins and a pre-paid card to purchase healthy food for their infants.

# 4. Vision and aims

**Vision:**

**Infant feeding to be recognised and valued for the contribution it makes to health and wellbeing as well as its role in forging close and loving infant-caregiver relationships. Creating a safe and healthy infant feeding culture throughout Hampshire and Isle of Wight through supporting choices which optimise the benefits of infant feeding.**

**Aims:**

1. **Create a positive infant feeding culture, through;**
   - consistent messaging using the latest guidance.
   - recognising and communicating practical solutions to the challenges faced, for individuals, communities and the professionals offering support.
   - promoting the value of infant feeding to a range of positive outcomes, including overall health and wellbeing, and supporting a loving infant-caregiving relationship.

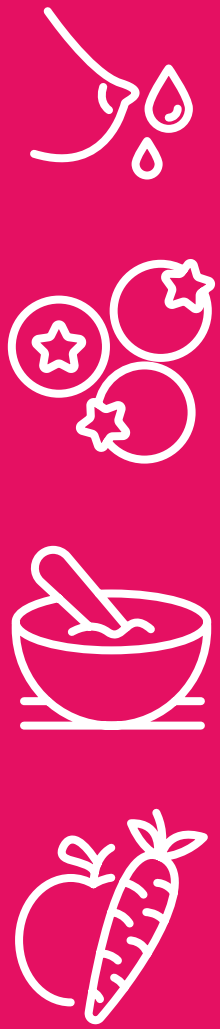
2. **Increase healthy and safe feeding practices across the infant feeding journey by;**
   - upskilling the whole workforce, using evidence-based training and local insight to work towards creating consistent understanding, use of language and practice.
   - sharing learning and resources to foster best practice across sectors and services.

3. **Ensure infant feeding support is evidence-based and timely, contributing to a reduction in health inequalities by;**
   - utilising all data sources, including local intelligence with commitment to data sharing between organisations.
   - enabling all families/caregivers to make informed, individualised decisions at every stage of their infant feeding journey, with a particular focus on transition points.
   - using our knowledge of health inequalities to develop and deliver equitable provision for all, whilst providing additional targeted support to those most in need.

# 5. Aim 1 - Create a positive infant feeding culture

**What is a positive infant feeding culture?**

- Breastfeeding is the norm within families/communities/society and supported
- Responsive feeding for all babies, including breast and bottle-fed babies
- Safe preparation of formula feeds and expressed breastmilk
- Paced bottle-feeding (expressed/donor breastmilk or formula)
- Strong infant-parent/caregiver relationships
- Healthy start vitamins (pregnancy [mother] and from birth - 4yrs [children]) and healthy food scheme is utilised
- Healthy, nutritious foods/snacks from 6 months of age
- Me sized meals, i.e. appropriately sized portion to the age of the infant
- Health benefits of evidence informed infant feeding practices are understood, adopted and normalised, including understanding where they link to other wider agendas e.g. oral health, child obesity, mental health, parent-infant relationships, safe sleep etc.
- Settings supporting and enabling evidence-based practices e.g. work and nursery settings that enable continued breastfeeding, workplace policies and facilities supporting employees to return to work while lactating/ breastfeeding, staff upskilled to provide paced-bottle feeding/baby led weaning/me sized meals etc.
- Consistent messaging of the latest guidance



Public health campaigns are useful for giving information, for example exclusively breastfeed, delay solids until 6 months, avoid foods high in fat/sugar/salt, but are less effective at increasing understanding of why this is important, and for changing behaviour.

Enabling people to adopt evidence-based advice and guidance, and to make informed decisions, is more effective. Parents/caregivers understanding their infant feeding choices and knowing there is support available will contribute to a positive infant feeding culture.

Organisations and professionals can work together to create a culture where infant feeding is valued as a key component of health and wellbeing. Those in contact with families where infant feeding is part of their routine practice (maternity, health visiting, Breastfeeding Network, Family Hubs), will continue to lead infant feeding within local areas.

Upskilling the wider workforce to consistently provide evidence-based information and signpost to support, will have the wider reach and scale necessary to positively influence changes

in values, beliefs, and behaviours, and ultimately culture over time.

Understanding the complexity of the provision of nutrition is key, and the interconnectedness of the many people involved (family, friends, wider community). Some factors will be within individual control, others will not, for example age, socioeconomic status, and those that are environmental, structural and commercial. Table 2. sets out some of the current challenges and potential solutions. Going forward we will continue to work with families to understand and address the barriers/challenges they experience in their infant feeding journey.

### Wider workforce

Those who are not directly responsible for specifically delivering infant feeding information and support, but who engage with parents/caregivers either regularly or ad-hoc as part of their everyday role. For example, early years staff, wellbeing workers, primary care staff, family hub workforce etc.

| Table 2. Challenges within infant feeding and necessary action. | | |
|---|---|---|
| **Current Challenge** | **What we know** | **Mitigation/Action required** |
| Perinatal mental health. | Lower levels of pre- and post-natal mental wellbeing can negatively impact on the ability to bond with the infant during feeding opportunities and can make identification of feeding cues and responding to the needs of the infant more challenging. | Increased awareness of perinatal mental health and the support available. Plus, promotion of the Hampshire and Isle of Wight Perinatal Mental Health and Parent Infant Strategy.<br>Greater focus on supporting parent/caregiver and infant relationships.<br>Additional support to keep mother and babies together (hospital, mother/baby units etc.) supporting attachment and provision of targeted infant feeding support [if required]. If breastfeeding, additional support [if necessary] to continue journey to maximise positive benefits on oxytocin levels etc.<br>Greater awareness of suitable medicines and breastfeeding.[12] |
| Breastfeeding stigma. | Many mothers feel anxious about feeding in public for fear of being judged/receiving criticism etc. | Positive steps to encourage a more supportive societal culture regarding breastfeeding include utilising community schemes like breastfeeding welcome and increasing understanding around importance of breastmilk and benefits it brings to mother and infant. |
| Formula as the norm for many. | As a nation, many people choose formula feeding, including generationally within families. | Education of pregnant women, birthing partners, extended family members and wider society, thus supporting a change in the perceptions around breastfeeding and creating a positive culture to enable parents/caregivers to comfortably advocate for and provide breastmilk. |
| Lack of awareness about the common problems that can arise when breastfeeding, especially in the first few days. | Expectation of the experience of breastfeeding does not always match the reality that problems can occur, but also that there are solutions to these problems which would enable breastfeeding to continue. | Education of pregnant women, birthing partners, extended family members and wider society, thus supporting a change in the perceptions around breastfeeding, through population level comms, feeding specific workshops and one to one during pregnancy and after birth, and ongoing accessible support.<br>Tongue-tie or other less common oral (mouth/jaw) conditions can make it harder to breastfeed by preventing the baby from latching on properly. If any physical issues are identified, families should follow the correct maternity pathway and have access to assessment, leading to early identification, and timely treatment for those babies who require it. |
| Lack of support (breastfeeding and formula feeding). | Both breastfeeding and bottle-feeding parents/caregivers feel more support could be offered with their chosen feeding method. | Upskill the wider workforce with evidence-based information around infant feeding, to provide consistent information or signpost parents/caregivers to support at all stages of their infant feeding journey.<br>Increased support around infant feeding from birth to 2 years.<br>Achieving and maintaining BFI accreditation in hospital and community settings, plus accredited peer support and multi-agency working helps with consistent messaging and practices. |
| Marketing by companies | Infant formula is commercially significant and profitable, with many companies providing it and using campaigns to promote it, including the various staged formulas etc.<br>Many solid foods have 4+ months on the packets, which is 2 months earlier than recommended age for starting solids. | Continue to advise parents/caregivers that first stage formula is the only one they need if formula feeding, not the various stages/ hungry baby etc. and that all brands meet the legal standards[13], don't need to buy big named brands.<br>Families being aware when they are calling helplines which are provided by formula milk companies.<br>The latest research by the World Health Organisation shows that babies can get all the nutrients they need from breast milk or infant formula until they are around 6 months old. Supporting families to start babies on healthy homemade first foods, which avoid high sugar and salt content in combination with breast milk or infant formula will ensure a gradual transition to having solid foods. This includes baby led weaning and participation in family meals, whilst dispelling myths that specialist 'baby' products are necessary. The early introduction of sweet, sugary foods and drinks can also increase the likelihood of dental decay and give babies a higher risk of becoming overweight or obese. This can lead to type 2 diabetes, heart disease and some cancers in later life.<br>Professionals using unbiased sources of information e.g. First Steps Nutrition[14] and following 'International Code of Marketing of Breastmilk Substitutes'.[15] |

| Table 2. Challenges within infant feeding and necessary action. | | |
|---|---|---|
| **Current Challenge** | **What we know** | **Mitigation/Action required** |
| Cost of formula. | The cost-of-living crisis means some families are struggling to buy formula. Nationally the government is examining the cost of formula, which has risen above inflation.[16] | Consider implementation of any recommendations from the national study.<br>Promote uptake of Healthy Start as it can be used to support the purchase of infant formula.<br>Actively and sensitively promote the dangers of not preparing formula to manufactures' guidelines.<br>Proactive conversations both antenatally and post-birth around the economic benefits of breastfeeding, to ensure parents/ caregivers have considered costs as part of their infant feeding decisions. Plus, actively and sensitively dispelling myths around the need for follow-on milk if formula feeding.[17] |
| Emergency access to formula. | Currently there is no universal approach to emergency formula access across HIOW. | Work collaboratively across HIOW to develop a fair and transparent system around access to emergency formula by families who need it. |
| Awareness of and access to pregnancy and Healthy Start Vitamins. | Government recommendations for Vit D in specific circumstances e.g. breastfed babies, time of year etc.[18] and Healthy Start vitamins[19] are not always taken-up by those who would benefit/are entitled. | Work collaboratively across HIOW to ensure families are aware of the importance of taking vitamins and where applicable are supported to access them.<br>Working locally to improve awareness of and access points for using Healthy Start card and obtaining Healthy Start Vitamins. |
| Cost of living and difficulties buying and preparing healthy meals. | The use of food banks/larders/ pantries continue to rise year on year, with a rising cost of living, part of the problem. Those accessing and using these food insecurity organisations, have less control over the food they consume. | Work with local food insecurity networks to ensure where possible healthy food items are available, and activity encouraged.<br>Active promotion of Healthy Start Scheme within food support organisations to maximise impact of funds available.<br>Increase knowledge of the workforce engaging with families, to ensure they are having brief conversations on diet/healthy eating and signposting to local sources of support.<br>Development of resources to support low-income families and encourage and enable healthy food choices. |
| Mothers stopping breastfeeding before they would have liked/were ready. | In addition to perinatal mental health (covered first point), there are times when mothers may feel they have to give up breastfeeding such as returning to work or feeling their supply isn't enough for their baby's needs etc. | Work to dispel common myths around breastmilk supply, with providing practical support to mothers/caregivers to increase supply through diet and expressing etc.<br>Increases awareness and support for both mothers and employers around enabling actively breastfeeding mothers retuning to work. |

## 5. Aim 1 - Create a positive infant feeding culture

**Promoting the value of infant feeding to a range of positive outcomes, including overall health and wellbeing, and supporting a loving infant-caregiving relationship.**

A loving infant-caregiving relationship is characterised by a deep emotional bond and consistent, responsive care that meets the infant's physical and emotional needs. Responsive parenting includes how a parent responds to their babies' needs, including hunger. When a parent consistently responds, it builds and nurtures emotional regulation in infants and a sense of security and predictability which fosters emotional regulation, enabling the child to learn how to manage their emotions healthily. It also brings benefits for the caregiver, in reducing stress levels, promoting emotional regulation and to feel emotionally fulfilled.

In Baby Friendly hospitals (further described within aim 2), mothers and babies now routinely stay together in the immediate post-birth period, helping to get their relationship off to a good start. In addition, neonatal standards empower parents of sick or preterm babies to take an active part in their care on the neonatal unit.

# 6. Aim 2 - Increase healthy and safe feeding practices across the infant feeding journey

**Upskilling the whole workforce, using evidence-based training and local insight to work towards creating consistent understanding, use of language and practice.**

The Baby Friendly Initiative (BFI) accreditation programme supports hospital and community-based children's services to set standards, ensure training is available to implement those standards and to measure progress against them. The aim of this is to promote long-term changes in infant feeding care that impact culture and practice. HIOW is committed to this programme, including organisations working together to achieve the appropriate levels of accreditation.

Local insights are shared across the system, ensuring services and professional practice are adapted accordingly. Examples include:

- LMNS Equity Evaluation,
- First 1,001 Days review,
- IOW community researchers programme.

Woven into this is evidence and best practice from other areas regionally, nationally and internationally. Where possible, without limiting innovation, we are committed to following the best available evidence, whether that is local, regional, national or international.[20, 21, 22]

Utilising the Making Every Contact Count agenda, ensuring not only those with infant feeding as part of their daily job role, but the wider workforce are upskilled with the insight, knowledge and skills to have a healthy conversation around infant feeding and signpost accordingly.

## 6. Aim 2 - Increase healthy and safe feeding practices across the infant feeding journey

### Sharing learning and resources to foster best practice across sectors and services.

Throughout the infant feeding journey there are key timeframes and practices which if followed can positively contribute to an infant's growth, development and long-term health. Awareness and understanding of these can enable informed decisions.

Breastmilk is the recommended first nutrition for babies, the main benefits can be seen in Appendix 1. We support UNICEF's Change the Conversation Campaign, which focuses on the need to "stop piling pressure on individual women to breastfeed and instead build an environment that is supportive of breastfeeding for any woman who chooses to do so by removing the barriers which block successful breastfeeding".[23]

Alongside promotion of breastfeeding and addressing the barriers, there are some key considerations for those on a bottle-feeding (breastmilk or formula) journey to ensure they are following best practice, also outlined in Appendix 1.

### Breastfeeding saves the NHS ££s

Moderate increases in breastfeeding mean huge cost savings for NHS, up to £50m and tens of thousands less hospital admissions and GP consultations.[24]

### Formula is expensive

There's a significant cost to buying formula, even more so in recent years. The cost of feeding a 10-week-old baby on first stage formula is £44-£89 per month.[25]

# 7. Aim 3 - Ensure infant feeding support is evidence-based and timely, contributing to a reduction in health inequalities

### Utilising all data sources including local intelligence with commitment to data sharing between organisations.

Reliable data (both consistent and quality assured) enables tracking of breastfeeding trends over time. This indicates where further targeted messaging and support is required and whether existing interventions are proving effective. The sources of data available and the challenges associated with them were outlined in section 3.

Working together to better understand and utilise the quantitative data that is available, triangulating that with local qualitative insight and demographic data from our Joint Strategic Needs Assessments (JSNA), will contribute to improving outcomes for families.

### Enabling all families/caregivers to make informed decisions at every stage of their infant feeding journey, with a particular focus on transition points.

The first time point is antenatally; we want all families to make informed decisions about how they will feed their new baby. This will be supported by a positive infant feeding culture, as outlined already, as well as local information and education offered to those who are pregnant.

The next point in time comes just a few days after birth. If breastfeeding has been chosen, the difficulties that can be experienced may not match expectations, awareness of each challenge experienced having a solution, as well as of the national and local support available may be lacking and could all result in stopping breastfeeding before it was planned.

## 7. Aim 3 - Ensure infant feeding support is evidence-based and timely, contributing to a reduction in health inequalities

We know that transition from maternity to health visiting services is also a key time point, and knowing how to contact the right support, is key for resolving breastfeeding difficulties.

After a few months, families will consider how long they want to continue breastfeeding, information at this time point will enable them to take their next steps safely, including introducing solids.

Infant feeding information and support is available digitally as well as in person. Digital support can be beneficial during pregnancy in making decisions about how to feed a baby. Post birth it provides a suitable option for support at night and weekends, or for those families who may struggle to access 1-to-1 or group offers.

Across HIOW and nationally there are many different sources of digital information and support. Those professionals supporting families will signpost to reliable websites and helplines, as well as ensuring families can access in-person support if preferred.

**Using our knowledge of health inequalities to develop and deliver equitable provision for all, whilst providing additional targeted support to those most in need.**

National data[26] shows the differences in infant feeding according to maternal age, ethnicity and postcode of residence.

- The most deprived areas in England had the lowest rates of full and any breastfeeding, as well as the highest rates where there was none.
- Mothers from a white ethnic group had the lowest rate of any breastfeeding and the highest rate where there was none.
- As mothers' age increases, the rate of any breastfeeding increases; rates of any breastfeeding were lowest among young mothers under 20 increasing with age and reaching their highest levels among mothers aged 45 and over.

## 7. Aim 3 - Ensure infant feeding support is evidence-based and timely, contributing to a reduction in health inequalities

Local JSNAs tell us where our most deprived areas are, where our ethnic minority communities are most likely to be living, and areas where young parents are more likely to be. This will enable prioritisation of resources and focused support alongside the provision of universal services.

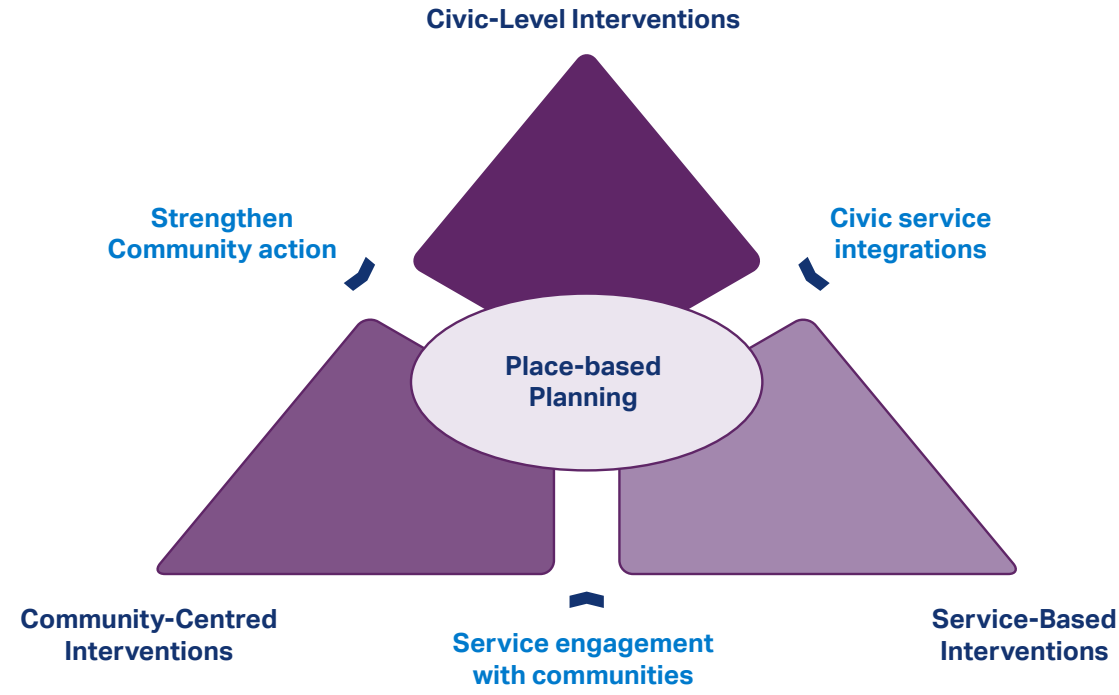
We also need to be responsive to emerging need; the cost-of-living crisis disproportionately affects lower income households. The significant rise in cost of infant formula impacts struggling families. According to UNICEF "during times of financial difficulty, babies fed with infant formula can become increasingly vulnerable."[27] This can include unsafe preparation of formula to make it last longer, or reduced volume of milk being provided, with the potential to negatively impact an infant's nourishment and growth.

Focusing on communities with lower rates of breastfeeding and the potential for unsafe use of formula should contribute to reducing health inequalities. Some populations experience multiple inequalities, the impact of which can accumulate over a lifetime and increase the risk of long-term health conditions.

### Framework for reducing inequalities[28] associated with infant feeding.

Health inequalities are complex, and their roots lie in the wider determinants of health and wellbeing. To have impact at a population level, a joined-up approach that considers action at service, community and civic levels is required. The Population Intervention Triangle (figure 1) describes the essential elements for addressing health inequalities and how they relate to each other.

*Figure 1. Components of the Population Intervention Triangle*



## 7. Aim 3 - Ensure infant feeding support is evidence-based and timely, contributing to a reduction in health inequalities

This framework will be used within HIOW to further develop the actions taken at all three levels, as well as at the interfaces between each one.

Examples of how we are currently working towards this include:

- **At a civic level**, developing strategies which focus on the critical First 1001 Days and understanding the interdependencies and opportunities that arise from them, for example Infant Feeding and Perinatal Mental Health.
- **At a service level**, maternity, public health nursing and community and voluntary services understanding how people access and experience their offer, as well as the outcomes achieved, to reduce unwarranted variability.
- **At a community level,** understanding and working alongside existing community assets, such as social networks and groups, and maximising peer support roles.

At the interfaces, partnership working between local authority, health and voluntary and community organisations is well developed across HIOW and within each of the four individual places. Local Children's Partnerships are an excellent example of community and civic levels working together.

Place-based planning is underpinned by strong leadership within the Integrated Care Partnership, with agreed priorities, sharing of learning, and a commitment to sharing data. This coordination of the levels and their interfaces serves to increase the value of their contribution to reducing inequalities.

# 8. HIOW wide strategy, governance and implementation

## Why a HIOW ICS wide strategy

An individual's infant feeding journey is similar regardless of which local authority area they reside within. This is reflected in the shared vision and aims and the ambition to strengthen partnership working across the HIOW. The health professionals working within HIOW are not area bound i.e. maternity, neonates, and public health nursing services. Therefore, a joint strategy helps ensure all HIOW residents are supported equitably, utilising and adding value to the limited resources available and creating efficiencies within processes and systems.

This strategy compliments and feeds into the work overseen by other key groups e.g. Children & Young People's Public Health Strategy Group, Infant Feeding Partnerships, Local Children's Partnerships, Local Maternity and Neonatal System etc. to ensure as a system, professionals and community are working together on achieving the mutual outcomes. Figure 2. highlights the flow of infant feeding at all levels.

## Governance

Strategic oversight of the strategy sits with the Integrated Care System (ICS), specifically the First 1,001 Days Oversight Group, and at place (Hampshire, IOW, Portsmouth and Southampton) with local Boards (i.e. Health and Wellbeing Boards, Children's Boards, or other equivalent).

## Implementation

All those working at 'place' are committed to making improvements to the infant feeding journey for the parents/caregivers within their area. Each area will have their own local delivery plan underpinning the strategy. Some actions may overlap and where possible collaboration will take place to maintain efficiencies. However, ultimately, the local delivery plans will be reflective of the steps needed to improve the infant feeding journey at a local level based on the resources, processes and systems, which vary slightly between areas. Collectively the work done at 'place' will work towards and contribute to the shared overarching strategic vision and aims of the HIOW Infant Feeding Strategy.

***Figure 2. Infant feeding flow at 'place' and HIOW in relation to governance***

| **Local Delivery** - Public Health teams, health professionals (hospital, primary care, community), organisations/professionals working within the field of infant feeding frequently and wider workforce delivery ad-hoc around infant feeding | |
|---|---|
| **Portsmouth LA area**<br>**Hampshire LA area** | **Isle of Wight LA Area**<br>**Southampton LA Area** |

▼

| **Local delivery plans** linked to both Infant Feeding and 'Place' priorities overseen by Infant Feeding Groups, plus linking into where Infant Feeding is part of wider strategies/groups | |
|---|---|
| **Place**<br>**Local Infant Feeding Partnership Groups/ networks**<br>**Other local groups where IF feeds into, but isn't main focus** | **HIOW**<br>**Local Maternity and Neonatal System - Infant Feeding Group** |

▼

| **HIOW Infant Feeding Strategy** | |
|---|---|
| **Place**<br>**Local Boards** | **HIOW**<br>**ICS - First 1,001 Day Oversight Group** |

# 9. Measures of success and further information

| Description | Tangible outcome | Timeframe |
|---|---|---|
| **Aim 1 - Create a positive infant feeding culture** | | |
| Evidence-based resources and campaigns are shared across organisations, enabling consistent and far-reaching messaging, delivered accessibly and appropriately. | An established system for sharing up-to-date guidance and resources around infant feeding across key organisations within HIOW, using insight to determine how and where best to promote messages to families. | 12 months |
| Information and support are available and accessible for all families. | More families choosing to access antenatal and postnatal information and feeding support, both digitally and in-person. | 1-2 years |
| Families can make an informed decision about initiating and continuing breastfeeding, with breastfeeding visible as the norm. | Breastfeeding rates have increased at first feed and 6-8 weeks. With increases at other data points e.g. 10-14 days, 6 months etc. if available. | 3-5 years |
| **Aim 2 - Increase healthy and safe feeding practices across the infant feeding journey** | | |
| Ensure all families who are eligible for the Healthy Start scheme are aware of and can access it. | Increased uptake of the Healthy Start scheme (once data available for baseline and future monitoring). | 12 months |
| A consistent approach to families in need of accessing emergency formula is in place, with both the core and wider infant feeding workforce able to signpost to it. | Emergency formula pathway in place locally, with information on how families can access it disseminated to the core and wider infant feeding workforce. With community organisations such as Food Banks, Food Pantries/Larders, parents and toddler groups etc. having a role in supporting families directly or signposting to local places of support. | 1-2 years |
| Consistent standards, opportunities for training and the resulting impact on infant feeding practice are embedded within the core and wider infant feeding workforce. | The Baby Friendly Initiative (BFI) accreditation programme is implemented within community and hospital settings, achieving and maintain level 1, 2, 3 and Gold (as appropriate for each setting). Peer-supporters programmes are accredited, alongside delivering infant feeding training to upskill the wider workforce. | 3-5 years |

## 9. Measures of success and further information

| Description | Tangible outcome | Timeframe |
|---|---|---|
| **Aim 3 - Ensure infant feeding support is evidence-based and timely, contributing to a reduction in inequalities** | | |
| Infant Feeding Strategy underpinned by strong leadership and partnership working is implemented. | Action plans established at place, overseen by local Board, with feedback loops at HIOW level. | 12 months |
| There is an understanding of how people access and experience information and support, as well as their outcomes. | Health Equity Audits at service level, reviewed by place Boards. | 1-2 years |
| There is commitment and effort to share data across organisations, to map the infant feeding journey for all families, with a particular focus on those less likely to breastfeed. | Data sharing agreements are in place and utilised, data is reviewed at place and at system to monitor breastfeeding rates and inequalities within them. | 3-5 years |

### Further information:

Nationally the best sources of current information/guidance, that is collated i.e. not individual research article, is from a reputable organisation, such as: **World Health Organisation**, **UNICEF** or **NHS**.

Locally the best sources of information can be found on **Healthier Together** , **Family Assist Solent**, or **Hampshire Healthy Families** plus each 'Place' will have specific information relating to their area:

**Southampton** **Hampshire** **Isle of Wight** **Portsmouth**

# 10. Appendix

## Key Benefits of breastfeeding and considerations for bottle feeding

| Key benefits of breastfeeding/breastmilk | |
|---|---|
| **Health benefits for infants** | Breastmilk is tailored to an infant's nutritional needs and provides antibodies which helps to develop their immune system and protects against infections/illnesses [with fewer visits to hospital], reduces risk of sudden infant death syndrome, obesity and cardiovascular disease in adulthood11 and lesser rates of late-onset sepsis (LOS), necrotizing enterocolitis (NEC) and death in the first 8 weeks of life in low-birth-weight babies.[29] |
| **Health benefits for mothers** | Breastfeeding lowers risk of breast and ovarian cancer, osteoporosis (weak bones), diabetes and cardiovascular disease.[30] Breastfeeding also promotes mother-infant emotional bonding and can support greater postpartum weight loss and lower risk of obesity in the longer-term.[31] |
| **More than nutrition** | Breastfeeding responsively recognises that feeds are not just for nutrition and protective health benefits, but also for love, comfort and reassurance between mother and baby.[32] |
| **Economic** | Breastfeeding is free, there is no weekly formula costs or equipment (bottles, sterilisers etc. unless chose to express). Also, long term economic consequences, saving the NHS money with fewer GP/hospital appointments and in-patient admissions.[24] |
| **Environmentally friendly** | No costs associated with production and transportation compared to formula. Fully breastfed (no expressed milk) requires no additional resources. |
| **Convenience** | Milk is instantly accessible, at the right temperature, without any preparation. |

| Benefits to baby regardless of feeding method (if appropriate guidelines are followed) |
|---|
| Infants' nutritional needs are met, and they can grow and develop as expected.[33] (NB. Breastfeeding has additional health benefits that formula cannot replicate). |
| Understanding feeding cues (hungry or full) and respond to the infant's need by offering the breast or bottle using a paced feeding technique, rather than on a set schedule e.g. every 3 hours, as this can support an infant from being overfed and reduce risk of obesity.[34] |
| Parents/caregivers spending 1-1 time with their infant (especially early days/weeks), holding them close during feeds (breast or bottle) including skin-to-skin, helps them to feel safe and secure, and supports the building of a close and loving relationship between parent/caregiver and their infant. Keeping it to one or two primary caregivers in the early stages, supports these bonding opportunities for them and the baby. |

## 10. Appendix

## Key Benefits of breastfeeding and considerations for bottle feeding

| Key considerations for safe bottle-feeding | |
|---|---|
| **Washing and sterilising equipment** | It is crucial in reducing risk of infections/illness to correctly follow guidelines on washing and sterilising equipment (bottles, breast pumps, prep machines etc.). |
| **Formula** | Prepare formula as per manufacturers guidelines, failure to do so bring risks:<br>• Adding extra formula can make the infant constipated or dehydrated<br>• Adding extra water or less powder may not give the infant enough nutrients to grow and develop.[35] |
| **Infant/mothers health** | Formula does not provide the same protection from illnesses for the infant or health benefits for mothers.[30] |
| **Bottle-feeding (expressed breast milk and/or formula)** | A stress-free feeding experience and reducing risk of overfeeding can be achieved through gently inviting the infant to take the teat, pace feeding (horizontal bottle) and responsive feeding (taking breaks when require by removing or lowering the bottle and not forcing the infant to finish the bottle).[32] Hands on support with feeding from fathers/partners and other family/friends is possible when bottle feeding, but should where possible be limited in the early stages, due to benefits linked to attachment and baby's brain development. |

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**With thanks to the following organisations for their valuable contributions to this strategy:**

**Portsmouth Hospitals University NHS Trust,**

**University Hospital Southampton NHS Foundation Trust,**

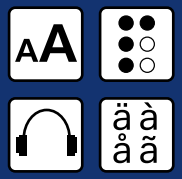
**Hampshire Hospitals NHS Foundation Trust,**

**Hampshire and Isle of Wight Healthcare NHS Foundation Trust,**

**The Breastfeeding Network,**

**the Local Maternity and Neonatal System,**

**Hampshire Maternity and Neonatal Voices Partnership.**



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Produced by: **marketing@portsmouthcc.gov.uk** • Published: **June 2025** • Ref: **114.271**

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