



**World
Breastfeeding
Trends
Initiative**

**UK Report
Summary 2024**

World Breastfeeding Trends Initiative UK Report 2025

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Design and print: White Halo Design

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The report is available at: <https://ukbreastfeeding.org/wbtiuk2024>

Publication date: March 2025

Suggested citation:

World Breastfeeding Trends Initiative UK. *World Breastfeeding Trends Initiative. UK Report Summary 2025.* <https://ukbreastfeeding.org/wbtiuk2024>

**This Report is dedicated to the memories of
Veronica Graham and Stephen Wise.**

Many thanks to Lactation Consultants of Great Britain (LCGB) for their helpful grant towards design and printing costs and to those generous individuals who made contributions.

Many thanks to First Steps Nutrition Trust for hosting the Core Group meetings.

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Executive summary

Introduction

Breastfeeding provides nutrition, immune protection and comfort for the youngest in society. Its protective health effects for infant and mother, physical, mental and emotional, have been demonstrated in many research studies. It also has important beneficial economic and environmental impacts. Breastfeeding is a human right of the dyad, and can be protected through legislation, yet often infant and infant feeding are not considered in policies – a ‘baby blind spot’.

Legislation, local policies, the availability of skilled support, training of health workers and cultural norms can all have a significant impact on a mother carrying out an intention to breastfeed. Marketing and promotion of formulas, bottles and teats, particularly in social media, are pervasive in the UK. Undervaluing the importance of breastfeeding for long-term health and wellbeing, alongside cultural embarrassment and lack of support for breastfeeding, is widespread.

The majority of mothers in the UK initiate breastfeeding but rates drop rapidly leading to overall figures being amongst the lowest in the world. Child poverty and food insecurity have increased markedly in the past few years.

During the Covid pandemic many mothers struggled with the lack of health professional support available and the isolation of giving birth alone. Since then, the staffing situation for midwives, health visitors and GPs has worsened.

World Breastfeeding Trends Initiative (WBTi) 2016 report

The 2016 WBTi UK report found significant gaps in most policy and programme areas, particularly in national policy leadership, regulations protecting breastfeeding, health professional training and data collection.

There had been recent reductions in local breastfeeding support groups, due to government financial austerity, while gaps in medical and nursing training and the lack of planning for infants in emergencies resulted from the baby blind spot.



2024 findings

The second WBTi assessment found some progress, but many gaps remain.

1. National Policy, Governance and Funding.

**UK score
4/10**

National leadership is fundamental to adequate protection and support of breastfeeding. All four nations now make infant feeding recommendations in line with WHO guidance.

In England there is still no overall leadership or strategy for protecting and supporting infant feeding. The Government initiated the Start for Life Family Hubs programme in 2021, with funding for just half of all local authorities and only until March 2025.

Northern Ireland, Scotland and Wales all have national infant feeding strategies and action plans, with a coordinator/team and national committee. Scotland was the first to show political will, prioritising and investing in breastfeeding over time, resulting in rising breastfeeding rates.

2. UNICEF UK Baby Friendly Initiative (BFI).

7.5/10

The UK Baby Friendly Initiative (BFI) emphasises the importance of building close and loving relationships. In the UK, BFI accreditation is available to maternity units, health visiting services, neonatal units, early years settings and university departments training midwives and health visitors.

As in 2016, all maternity units in Scotland and Northern Ireland are accredited. Wales has more accredited units now but has not yet made a funded national commitment to BFI. England has fewer, reflecting the impact of COVID-19, funding and staff shortages; however, there is an expectation that all maternity and neonatal services achieve the BFI standard by March 2027.

Most pre-registration medical, nursing and health visiting (HV) training does not echo the success of BFI in services. It is only included in standards for university BFI-accredited midwifery and HV training – in 2016, 15% of HV courses were accredited, rising to 21% in 2024.

3. Implementation of the International Code of Marketing of Breastmilk Substitutes.

5/10

The Code refers to the original 1981 WHO International Code plus subsequent relevant WHA resolutions.

Companies continue to exploit loopholes in weak UK legislation on marketing restrictions for breastmilk substitutes and feeding products. Misunderstanding of the protection provided by regulations has even led to calls for weakening existing UK legislation. There have been rapid price increases and profiteering despite a cost-of-living crisis.

As in 2016, the UK has not implemented the Code in full. The four nations have identical legislation, implemented separately. The regulations prohibit advertising of first stage formula (labelled ‘from birth’). However, they do not restrict the marketing of follow-on and other formula milks, baby foods and drinks for babies under 6 months, or bottles and teats. Social media promotion has increased hugely since 2016 but remains unregulated.

The UK government needs to clarify and strengthen regulations and support strong monitoring and enforcement by well-resourced Trading Standards services in local authorities.

4. Maternity protection.

6/10

Strong maternity protection in the workplace is associated with improved breastfeeding rates, including breastfeeding breaks and facilities. For employers, supporting breastfeeding in the workplace increases employee retention, and reduces both the cost of recruiting replacement staff and parental absenteeism due to infant illness. However, returning to work is a significant reason given for stopping breastfeeding early.

As in 2016, eligible employees can take up to 52 weeks of statutory maternity leave. Maternity pay is provided for 39 weeks; in 2023 this was only 46% of the National Living Wage so mothers may need to return to work early. Statutory paternity leave for new fathers is only two weeks.

Breastfeeding breaks, facilities for breastfeeding/ expressing, and enabling mothers to provide expressed milk in childcare, are not mentioned in national legislation; there is only guidance for employers. A single legislation change since 2016 was a 2023 amendment to the Equality Act to provide explicit protection against less favourable treatment at work for a woman who is breastfeeding.

The International Labour Organisation (ILO) provides global recommendations and the UK government needs to extend current laws to meet these in full.

5. Health Care Systems (in support of breastfeeding and IYCF).

6/10

Health professionals who work closely with mothers, infants and young children have a crucial role to play in enabling optimal infant feeding, but need training in relevant skills and knowledge. This should be covered in pre-registration training, with further opportunities through in-service training.

The Nursing and Midwifery Council (NMC) sets general (high-level) standards for the training of midwives and nurses, including health visitors. The General Medical Council (GMC) sets the high-level outcomes for undergraduate medical training and also approves the specialist curricula produced by the relevant Royal Colleges.

When the standards of the pre-registration training of relevant health professions were mapped against the WHO Education Checklist, both WBTi UK reports found many gaps. Achieving and maintaining BFI accreditation is the main source of in-service training and the only source identified of post-registration Code training, but this just includes maternity and health visiting services.

It is standard practice for mothers and babies to stay together in UK maternity units; only Scotland has national guidance on keeping them together in other hospital departments.

6. Counselling Services for Pregnant and Breastfeeding Mothers.

6/10

The title, criteria and scoring for this indicator have changed since the 2016 UK report, which focussed on mother support and community outreach systems. The WBTi assessment tool, based on WHO guidance, defines “breastfeeding counselling” as including advice and practical support. The different definition in the UK encompasses person-centred listening and counselling skills, specialist breastfeeding knowledge and support skills.

Statutory services provide universal care. The minimum number of health visitor contacts for families vary between 5 and 11 in the different nations. The

impact of workforce shortages, particularly in England, has dramatically increased since 2016.

BFI-accredited services are expected to provide not only routine care but additional services (a peer support programme and support groups), a specialist service and tongue-tie service. However, there is considerable variation between local authorities and between countries.

There are no national data on access to breastfeeding counselling services. BFI accreditation meets the above WHO definition for breastfeeding counselling and has nationwide data. Figures for accredited maternity and health visiting services are used here as a proxy for access to breastfeeding care. Scotland and Northern Ireland score full marks, as in 2016, but this more rigorous approach has led to lower scores for England and Wales.

Third sector support complements health professional care locally and through national helplines. There are more IBCLCs and qualified breastfeeding counsellors than in 2016. However, not all local peer support programmes meet NICE standards. The National Breastfeeding Helpline (NBH), open 24 hours a day since March 2024, is funded by the UK and Scottish governments.

7. Accurate and Unbiased Information Support.

5.5/10

An information, education and communication (IEC) strategy supports parents’ right to make informed decisions about feeding their children.

The variety of government/NHS information sources has increased. Messaging is in line with global recommendations and free from conflicts of interest. As in 2016, Northern Ireland and Scotland have an IEC strategy; England and Wales do not, although IEC is included in the Welsh Government’s breastfeeding action plan.

Unsafe preparation of infant formula is still widespread despite the information available.

8. Infant feeding and HIV.

3/10

Screening for HIV has been offered to all pregnant women in the UK (uptake >95%) since before 2016, with free antiretroviral therapy (ART). The most recent UK screening report showed no transmission through breastfeeding when the nursing parent had (a) an undetectable HIV viral load and (b) adhered to her ART.

The 2020 BHIVA guidelines update outlines how women who choose to breastfeed can be supported, although the current recommendation is still formula feeding for infants of mothers living with HIV. There is widespread misinformation about HIV and limited awareness among health workers, families and the

public about the guidelines change. Families report that some health professionals are unaware of best practice. Some assessment scores have dropped since 2016, mainly because partial credit is no longer allowed, and England and Wales have not implemented the latest BHIVA guidance nationally.

9. Infant and Young Child Feeding during Emergencies (IYCFE).

0/10

Infants and young children are one of the most vulnerable population groups. In 2016 they were not included in national guidance or local emergency preparedness planning and this has not changed. Yet the climate crisis is leading to more severe weather in the UK.

The 2024 assessment found that no UK nation has a strategy or response plan. Both Northern Ireland and Scotland have a designated coordinator, but no national IYCFE plans to implement or allocated resources.

The COVID-19 responses have put all nations in a stronger position to develop national guidance for a wide range of emergencies.

Food insecurity is an ongoing emergency for some families with young children. The Healthy Start payments, which provide financial support for disadvantaged families, are inadequate and exclude many families.

10. Monitoring and Evaluation.

5/10

Robust and regular collection of data is needed to monitor and evaluate progress. For a score more than zero on two of the criteria, the 2019 WBTi Assessment Tool requires that the data align with WHO/UNICEF IYCF Indicators. The UK nations do not collect fully aligned data so the 2024 scores are reduced compared with 2016.

The four nations have different routine data points. England only collects infant feeding data at birth and 6-8 weeks and the latter has much missing data. A national infant feeding survey (England) is currently underway, the first since 2010. The devolved nations collect data up to different ages varying from 6 to 12-23 months. Scotland has observed breastfeeding rates rising faster for younger and more deprived mothers.

11-15. Infant and Young Child Feeding Practices.

Breastfeeding initiation rates vary from 62 to 72% between the four nations. About half of all babies start breastfeeding within an hour of birth. There is still a steep drop-off and by 6 weeks fewer than 50% of babies are receiving any breastmilk at all. There is a concern that many start solids before the recommended age of 6 months.





Call to Action

This Report sets out the gaps in infant feeding policies and programmes that have been identified by the WBTI Core Group, and the joint recommendations required to address them. Formula-fed infants need access to affordable formula, safely prepared. Urgent action is necessary to prioritise, protect and support breastfeeding as a public health priority.

We call on governments to take the lead in implementing the recommendations.

Together with those in power, the UK can achieve system-wide change. This applies to policymakers, service commissioners, NHS trusts and boards, local authorities, employers and health professional organisations – all of whom can take action to create an enabling environment in the UK.

We look forward to a UK that respects and supports parents' infant feeding decisions and removes all barriers to their feeding journeys.



Key gaps and recommendations

Key gaps

- **National strategy** – England has no national infant feeding strategy, time-bound action plan, multi-sectoral infant feeding committee or overall national coordinator.
- **UNICEF UK Baby Friendly Initiative** – not mandatory in England in relevant healthcare and community settings.
- **UK infant formula legislation** – the narrow scope does not include the marketing of all formulas, bottles and teats, or digital promotion.
Inadequate monitoring and enforcement of existing regulations.
- **Maternity protection** – statutory maternity, paternity and parental leave payments are less than half the National Minimum Wage.
No right to paid breastfeeding breaks and suitable facilities in workplaces/education.
- **Health professional training** – little/no mention of infant feeding and many gaps in some high level medical and nursing pre-registration standards.
- **Breastfeeding support services** – staffing pressures on midwives and health visitors adversely impact services.
Local services may be fragmented.
Infant feeding staff may not have the necessary skills and knowledge.
- **Infant feeding in emergencies** – no coordinated strategy, national planning, or preparedness for infant and young child feeding (IYCFE) in any of the four nations.

Key recommendations

- **National strategy** – UK Government to establish a securely-funded national feeding strategy, time-bound action plan, multi-sectoral committee and national coordinator for England.
- **UNICEF UK Baby Friendly Initiative** – UK Government to fully fund time-bound implementation and maintenance of BFI accreditation in all healthcare and community settings, as a service requirement.
- **UK infant formula legislation** – UK government to:
 - Widen the scope of the legislation to include marketing of all formula milks up to age 36 months, equipment (primarily bottles and teats) and digital marketing.
 - Strengthen monitoring and enforcement of regulations.
- **Maternity protection** – Governments to:
 - Increase maternity, paternity and shared parental pay to at least the National Minimum Wage.
 - Enact a statutory right to paid flexible breastfeeding breaks and suitable facilities to breastfeed, express and store milk in workplaces/education.
- **Health professional training** – standards to include infant feeding as a mandatory pre-registration element for health workers who care for mothers, babies and young children.
- **Breastfeeding support services** – Governments to:
 - Maintain adequate maternity and health visiting staffing levels.
 - All local authorities to commission integrated services meeting Baby Friendly standards: universal care from BFI-trained health professionals, a skilled peer support network and specialist services.
 - Government/health departments to establish national standards for infant feeding roles.
- **Infant feeding in emergencies** – national governments to develop and implement policies for IYCFE preparedness planning and responses, aligned with global guidance.

Policies and Programmes: Indicators 1–10

Key gaps	Key recommendations	Score	
Indicator 1: National policy, governance and funding		2016	2024
Not all nations have a national strategy, action plan and adequate funding. E. No national infant feeding strategy, time-bound action plan, multi-sectoral infant feeding committee or overall national coordinator. W. Delayed implementation of the national strategy; not all actions funded.	Governments to prioritise and maintain comprehensive national infant feeding strategies which are long-term, resourced and led by a coordinator and multi-sectoral committee to bring system-wide change. E. Government to establish a national feeding strategy, time-bound action plan, multi-sectoral committee and national coordinator. W. Government to implement the national strategy fully with long-term index-linked funding.	1	4
Indicator 2: UNICEF UK Baby Friendly Initiative (BFI)*		7.5	7.5
E. There is a commitment in the NHS England three year delivery plan for all trusts with maternity and neonatal services to achieve BFI-accreditation (or an equivalent standard), but no explicit requirement for community services. W. Despite a commitment to BFI, the best model for a national approach has not been identified.	E. Government to mandate and fully fund time-bound implementation and maintenance of BFI accreditation in all healthcare settings, working with DHSC and NHS England for the Baby Friendly programme to be a service requirement. W. Government to identify the best model for a national approach, then mandate and fully fund time-bound implementation and maintenance of BFI standards across all health boards.		
Indicator 3: International Code of Marketing of Breastmilk Substitutes		6	5
a. The scope of UK legislation is too narrow as it does not include all formulas, bottles and teats, or digital marketing. b. Inadequate monitoring and enforcement of the existing regulations.	UK government to: a. Widen the scope of the legislation to include the marketing of all formula milks up to age 36 months, equipment (primarily bottles and teats) and digital marketing. b. Strengthen monitoring and enforcement of regulations.		
Indicator 4: Maternity Protection		6.5	6
a. Statutory maternity, paternity and parental leave payments are worth less than half the National Minimum Wage. b. No right exists to paid breastfeeding breaks and suitable facilities on return to work.	a. UK government to increase maternity, paternity and shared parental pay to at least the National Minimum Wage. b. Governments to enact a statutory right for paid flexible breastfeeding breaks and suitable facilities to breastfeed, express and store milk.		
Indicator 5: Health Care Systems, in support of breastfeeding & Infant and Young Child Feeding (IYCF)		5.5	6
Little/no mention of infant feeding in some high level pre-registration standards set by registering bodies for health professionals working with mothers, babies/ young children; no mention in nursing standards.	The institutions responsible for professional standards to ensure that infant feeding is a mandatory element in pre-registration training for health professionals who work with mothers, babies and young children; the NMC to ensure that infant feeding is explicitly included in nursing standards.		
Indicator 6: Counselling Services for Pregnant and Breastfeeding Mothers*		7	6
a. Staffing pressures on midwives and health visitors. b. Integrated services: universal care from BFI-trained health professionals, additional skilled peer supporter care and specialist services not always commissioned. c. No national standards for infant feeding roles.	a. Governments to maintain adequate maternity and health visiting staffing levels. b. All local authorities to commission integrated services meeting BFI standards: universal care from BFI-trained health professionals, additional skilled peer supporter programmes and specialist services. c. Government/ health departments to establish national standards for infant feeding roles.		
Indicator 7: Accurate and Unbiased Information support		5.5	5.5
The impact of formula on the health of infants and mothers and the risks of improper preparation are not well understood by health professionals or parents.	Governments/ public health agencies to inform all health professionals about the impact of formula on the health of infants and mothers, and effectively communicate the risks of improper preparation to parents.		
Indicator 8: Infant feeding and HIV		6.5	3
a. Not all government guidelines/NHS resources are consistent with current BHIVA guidelines. b. New mothers living with HIV do not always receive consistent skilled support with feeding their infants.	a. Governments/NHS to ensure all guidance and resources follow current BHIVA guidelines. b. Trusts, Boards and local authorities to ensure tailored and specialist lactation support (informed by current evidence) is available for women living with HIV and avoids stigma.		
Indicator 9: Infant and Young Child Feeding during Emergencies (IYCFE)*		0	0
No coordinated strategy, national planning, or preparedness for IYCFE in any of the four nations.	National governments to develop and implement policies for IYCFE preparedness planning, aligned with global guidance, building on work in response to COVID-19 and supply chain issues.		
Indicator 10: Monitoring and evaluation*		5	5
Data collected are not in line with WHO IYCF indicators: particularly breastfeeding within the first hour after birth, exclusive breastfeeding 0-6 months and continued breastfeeding 12-23 months.	National policymakers to implement the findings of the four nation Optimal Infant Feeding Data Framework project to agree shared indicators and ensure they align with WHO IYCF indicators.		
E England W Wales		Scores are out of 10: 0–3.5 4–6.5 7–9 >9	
TOTAL		50.5	48

* Some criteria changed since 2016 report.

What is the WBTi?

The World Breastfeeding Trends Initiative (WBTi) is a collaborative national assessment of implementation of key policies and programmes from WHO's *Global Strategy for Infant and Young Child Feeding* (IYCF) and the Innocenti Declaration. WBTi is distinctive in having a strong conflicts of interest policy. It 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. The UK assessment combines the scores, weighted by population, for the individual four nations – England, Northern Ireland, Scotland and Wales. This is the second UK assessment; the first was carried out in 2016.

WBTi UK Core Group members

- Association of Breastfeeding Mothers (ABM)
- Baby Milk Action
- Breastfeeding Network (BfN)
- First Steps Nutrition Trust (FSNT)
- GP Infant Feeding Network (GPIFN)
- Hospital Infant Feeding Network (HIFN)
- Institute of Health Visiting (iHV)
- Lactation Consultants of Great Britain (LCGB)
- La Leche League GB (LLLGB)
- Leicester Mammars
- Maternity Action
- NCT
- Royal College of Midwives (RCM)*
- UNICEF UK Baby Friendly Initiative (BFI)
- University of Central Lancashire (UCLAN)

* The RCM declared itself free of conflicts of interest from May 2023 until October 2024.

Infant Feeding Practices* Indicators 11-15

Indicator 11: Early initiation of breastfeeding within 1 hour of birth

2016
60%

2024
46-61%

Indicator 12: Mean % of exclusive breastfeeding for first 6 months

18%

25-29%

Indicator 13: Median duration of breastfeeding

~3 months

39 days

Indicator 14: Bottle feeding: % of babies 0-12 months fed with bottles

88%

80%+

Indicator 15: Complementary feeding: % babies receiving solids at 6-8 months

98%

94-99%

* Indicators are based on WHO public health indicators, enabling global comparisons. Data collection methods have changed across the UK since 2016.

Advisory Group

- **England:** Family Hubs and Start for Life Programme, Early Years, Children and Families Directorate, Department of Health and Social Care
- **England:** Child and Maternal Health Intelligence, Population Health Analysis, Chief Analyst Directorate, Department of Health and Social Care, England
- **Northern Ireland:** Health Improvement Policy Branch, Department of Health
- **Scotland:** Improving Health and Wellbeing Division, Children and Families Directorate
- **Wales:** Public Health Wales

Breastfeeding is a human rights issue for both the child and the mother.

UN Human Rights joint statement, 2016¹

UN Committee on the Rights of the Child recommendations for the UK (2023):²

41(f) Continue its efforts to promote breastfeeding, including by:

- strengthening support for mothers, including through flexible working arrangements;
- fully implementing the International Code of Marketing of Breast-milk Substitutes and strengthening relevant legislation;
- raising awareness of the importance of breastfeeding among families and the general public.

1. <https://www.ohchr.org/en/statements/2016/11/joint-statement-un-special-rapporteurs-right-food-right-health-working-group>

2. <https://documents.un.org/doc/undoc/gen/g23/112/77/pdf/g2311277.pdf>

Policies and Programmes: Indicators 1–10

Key gaps	Key recommendations	Score	
Indicator 1: National policy, governance and funding		2016	2024
a. No national infant feeding strategy to implement WHO recommendations, and no time-bound action plan. b. No national employed sustainable leadership as no multi-sectoral infant feeding committee or overall national coordinator.	a. UK government to: a. establish an overall infant feeding strategy for England to implement WHO recommendations, with a time-bound action plan. b. Set up a national, sustainable, strategic multi-sectoral infant feeding committee, to implement the breastfeeding/IYCF action plan, coordinated by a high-level specialist lead.	1	3
Indicator 2: UNICEF UK Baby Friendly Initiative (BFI)*		7.5	6.5
There is a commitment in the NHS England three year delivery plan for all trusts with maternity and neonatal services to achieve BFI-accreditation (or an equivalent standard), but no explicit requirement for community services.	Government to mandate and fully fund time-bound implementation and maintenance of BFI accreditation in all healthcare settings; this requires working with the DHSC and NHS England for the Baby Friendly programme to be a service requirement.		
Indicator 3: International Code of Marketing of Breastmilk Substitutes		6	5
a. The scope of UK legislation is too narrow as it does not include all formulas, bottles and teats, or digital marketing. b. Inadequate monitoring and enforcement of the existing regulations.	UK government to: a. Widen the scope of the legislation to include the marketing of all formula milks up to age 36 months, equipment (primarily bottles and teats) and digital marketing. b. Strengthen monitoring and enforcement of regulations.		
Indicator 4: Maternity Protection		6.5	6
a. Statutory maternity, paternity and parental leave payments are worth less than half the National Minimum Wage. b. No right exists to paid breastfeeding breaks and suitable facilities on return to work.	UK government to: a. Increase maternity, paternity and shared parental pay to at least the National Minimum Wage. b. Enact a statutory right for paid flexible breastfeeding breaks and suitable facilities to breastfeed, express and store milk.		
Indicator 5: Health Care Systems, in support of breastfeeding & Infant and Young Child Feeding (IYCF)		5.5	6
Little/no mention of infant feeding in some high level pre-registration standards set by registering bodies for health professionals working with mothers, babies/ young children; no mention in nursing standards.	The institutions responsible for professional standards to ensure that infant feeding is a mandatory element in pre-registration training for health professionals who work with mothers, babies and young children; the NMC to ensure that infant feeding is explicitly included in nursing standards.		
Indicator 6: Counselling Services for Pregnant and Breastfeeding Mothers*		7	5
a. Staffing pressures on midwives and health visitors. b. Integrated services: universal care from BFI-trained health professionals, additional skilled peer supporter care and specialist services not always commissioned. c. No national standards for infant feeding roles.	a. UK government to maintain adequate maternity and health visiting staffing levels. b. All local authorities to commission integrated services meeting BFI standards: universal care from BFI-trained health professionals, additional skilled peer supporter programmes and specialist services. c. Government/ health departments to establish national standards for infant feeding roles.		
Indicator 7: Accurate and Unbiased Information support		4.5	5
No national information, education and communications (IEC) strategy for infant and young child feeding.	DHSC to set up a national breastfeeding IEC strategy, with aims, objectives and timescales.		
Indicator 8: Infant feeding and HIV		6.5	3
a. No government guidelines. b. Not all NHS resources are consistent with current BHIVA guidelines. c. New mothers living with HIV do not always receive consistent skilled support with feeding their infants.	a. Government to develop guidelines. b. DHSC/NHS to ensure guidance and resources follow current BHIVA guidelines. c. Trusts and local authorities to ensure tailored and specialist lactation support (informed by current evidence) is available for women living with HIV, and avoids stigma.		
Indicator 9: Infant and Young Child Feeding during Emergencies (IYCFE)*		0	0
No coordinated strategy, national planning, or preparedness for IYCFE.	UK government to develop and implement policies for IYCFE preparedness planning, aligned with global guidance, building on work in response to COVID-19 and supply chain issues.		
Indicator 10: Monitoring and evaluation*		5	5
a. No regular data collection beyond 6-8 weeks. b. Local processes for data collection in the community are not robust, leading to data gaps.	a. DHSC to invest in the health visiting workforce, to enable collection at the existing data point (6-8 weeks) and at 10-14 days, 6 months, 12 months and 2 years. b. National and local health systems to develop more robust local processes for routine data collection.		
* Some criteria changed since 2016 report.		Scores are out of 10: 0-3.5 4-6.5 7-9 >9	
TOTAL		49.5	44.5

Infant Feeding Practices* Indicators 11-15	2016	2024
Indicator 11: Early initiation of breastfeeding within 1 hour of birth	UK 60%	46-61%
Indicator 12: Mean % of exclusive breastfeeding for first 6 months	18%	UK 25-29%
Indicator 13: Median duration of breastfeeding	~3 months	6-8 weeks
Indicator 14: Bottle feeding: % of babies 0-12 months fed with bottles	UK 88%	UK 80%+
Indicator 15: Complementary feeding: % babies receiving solids at 6-8 months	UK 98%	UK 94-99%

Policies and Programmes: Indicators 1–10

Key gaps	Key recommendations	Score	
Indicator 1: National policy, governance and funding		2016	2024
The national strategy was extended to 2024 and recently reviewed. From 2022 to 2024 no designated National Infant Feeding Lead.	Northern Ireland (N.I.) government to ensure that the national action plan is implemented and is sustainable, and that the post of Regional Infant Feeding Lead continues to be filled.	10	10
Indicator 2: UNICEF UK Baby Friendly Initiative (BFI)*		9.5	9.5
Baby Friendly standards are not incorporated in pre-registration nursing and medical training standards.	N.I. Department of Health to encourage nursing and medical schools to include BFI in the curriculum.		
Indicator 3: International Code of Marketing of Breastmilk Substitutes		6	5
a. The scope of UK legislation is too narrow as it does not include all formulas, bottles and teats, or digital marketing. b. Inadequate monitoring and enforcement of the existing regulations.	UK government to: a. Widen the scope of the legislation to include the marketing of all formula milks up to age 36 months, equipment (primarily bottles and teats) and digital marketing. b. Strengthen monitoring and enforcement of regulations.		
Indicator 4: Maternity Protection		6.5	6
a. Statutory maternity, paternity and parental leave payments are worth less than half the National Minimum Wage. b. No right exists to paid breastfeeding breaks and suitable facilities on return to work.	a. UK government to increase maternity, paternity and shared parental pay to at least the National Minimum Wage. b. N.I. government to enact a statutory right to paid flexible breastfeeding breaks and suitable facilities to breastfeed, express and store milk.		
Indicator 5: Health Care Systems, in support of breastfeeding & Infant and Young Child Feeding (IYCF)		5.5	6
Little/ no mention of infant feeding in some high level pre-registration standards set by registering bodies for health professionals working with mothers, babies/ young children; no mention in nursing standards.	The institutions responsible for professional standards to ensure that infant feeding is a mandatory element in pre-registration training for health professionals who work with mothers, babies and young children; the NMC to ensure that infant feeding is explicitly included in nursing standards.		
Indicator 6: Counselling Services for Pregnant and Breastfeeding Mothers*		10	10
Birthwise survey (2019) reflects a mixed picture on experiences of breastfeeding support from health professionals.	N.I. government to review existing feedback on mothers' experiences of services, gather further information and address any gaps identified.		
Indicator 7: Accurate and Unbiased Information support		9	10
No gaps.			
Indicator 8: Infant feeding and HIV		7.5	8
a. Not all government/NHS resources are consistent with current BHIVA guidelines. b. New mothers living with HIV do not always receive consistent skilled support with feeding their infants.	a. N.I. government/NHS to ensure all guidance and resources follow current BHIVA guidelines. b. Boards and local authorities to ensure tailored and specialist lactation support (informed by current evidence) is available for women living with HIV, and avoids stigma.		
Indicator 9: Infant and Young Child Feeding during Emergencies (IYCFE)*		0	0
No coordinated strategy, national planning, or preparedness for IYCFE.	N.I. government to develop and implement policies for IYCFE preparedness planning, aligned with global guidance, building on work in response to COVID-19.		
Indicator 10: Monitoring and evaluation*		10	5
No data currently collected on: i. complementary feeding ii. breastfeeding beyond 12 months iii. routine qualitative data on women's experiences of support.	i. Health departments to arrange collection of data on complementary feeding. ii. N.I. government to collect breastfeeding data beyond 12 months. iii. N.I. government to collect qualitative data on women's experiences of breastfeeding support nationally and use the data to improve services.		
* Some criteria changed since 2016 report.		Scores are out of 10: 0–3.5 4–6.5 7–9 >9	
TOTAL		74	69.5

Infant Feeding Practices* Indicators 11–15	2016	2024
Indicator 11: Early initiation of breastfeeding within 1 hour of birth	UK 60%	56%
Indicator 12: Mean % of exclusive breastfeeding for first 6 months	10%	25%
Indicator 13: Median duration of breastfeeding	5 days	5 days
Indicator 14: Bottle feeding: % of babies 0–12 months fed with bottles	UK 88%	UK 80%+
Indicator 15: Complementary feeding: % babies receiving solids at 6–8 months	UK 98%	UK 94–99%

* Indicators are based on WHO public health indicators, enabling global comparisons. Data collection methods have changed across the UK since 2016.

Total score: 66.5/100

Policies and Programmes: Indicators 1–10

Key gaps	Key recommendations	Score	
Indicator 1: National policy, governance and funding		2016	2024
No gaps		10	10
Indicator 2: UNICEF UK Baby Friendly Initiative (BFI)*		9.5	9.5
BFI standards are not incorporated in pre-registration nursing and medical training standards.	Scottish government to encourage all nursing and medical schools in Scotland to include BFI in the curriculum.		
Indicator 3: International Code of Marketing of Breastmilk Substitutes		6	5
a. The scope of UK legislation is too narrow as it does not include all formulas, bottles and teats, or digital marketing. b. Inadequate monitoring and enforcement of the existing regulations.	UK government to: a. Widen the scope of the legislation to include the marketing of all formula milks up to age 36 months, equipment (primarily bottles and teats) and digital marketing. b. Strengthen monitoring and enforcement of regulations.		
Indicator 4: Maternity Protection		6.5	6
a. Statutory maternity, paternity and parental leave payments are worth less than half the National Minimum Wage. b. No right exists to paid breastfeeding breaks and suitable facilities on return to work.	a. UK government to increase maternity, paternity and shared parental pay to at least the National Minimum Wage. b. UK government to enact a statutory right for paid flexible breastfeeding breaks and suitable facilities to breastfeed, express and store milk.		
Indicator 5: Health Care Systems, in support of breastfeeding & Infant and Young Child Feeding (IYCF)		6	6
Little/no mention of infant feeding in some high level pre-registration standards set by registering bodies for health professionals working with mothers, babies and young children; no mention in nursing standards.	The institutions responsible for professional standards to ensure that infant feeding is a mandatory element in pre-registration training for health professionals who work with mothers, babies and young children; the NMC to ensure that infant feeding is explicitly included in nursing standards.		
Indicator 6: Counselling Services for Pregnant and Breastfeeding Mothers*		10	10
Gaps in knowledge and support from some health professionals, especially GPs, were found in the 2017 Scottish Maternal and Infant Survey.	Scottish government to continue mandating and investing in the BFI standards, encourage medical schools to use the BFI learning outcomes and support GPs to access BFI e-learning.		
Indicator 7: Accurate and Unbiased Information support		9	10
No gaps.			
Indicator 8: Infant feeding and HIV		4.5	5
a. New government guidelines not yet rolled out countrywide. NHS resources are not all aligned with current BHIVA guidelines. b. New mothers living with HIV do not always receive consistent skilled support with feeding their infants.	a. Scottish government/NHS to ensure all guidance and resources follow current BHIVA guidelines. b. Boards and local authorities to ensure tailored and specialist lactation support (informed by current evidence) is available for women living with HIV, and avoids stigma.		
Indicator 9: Infant and Young Child Feeding during Emergencies (IYCFE)*		1	0
No coordinated strategy, national planning, or preparedness for IYCFE.	Scottish government to develop and implement policies for IYCFE preparedness planning, aligned with global guidance, building on work in response to COVID-19 and supply chain issues.		
Indicator 10: Monitoring and evaluation*		9	5
a. No data collected on breastfeeding rates at 6 months. b. No data on mothers' experiences collected nationally.	Scottish government to: a. Explore options for an infant feeding data point at 6 months and implement the process. b. Continue working with BFI to explore acting on mothers' experiences captured during the BFI accreditation process.		
* Some criteria changed since 2016 report. Scores are out of 10: 0–3.5 4–6.5 7–9 >9		TOTAL	71.5 66.5

Infant Feeding Practices* Indicators 11–15	2016	2024
Indicator 11: Early initiation of breastfeeding within 1 hour of birth	UK 60%	UK 46–61%
Indicator 12: Mean % of exclusive breastfeeding for first 6 months	17%	UK 25–29%
Indicator 13: Median duration of breastfeeding	6 weeks	under 6–8 wks
Indicator 14: Bottle feeding: % of babies 0–12 months fed with bottles	UK 88%	UK 80%+
Indicator 15: Complementary feeding: % babies receiving solids at 6–8 months	UK 98%	94–99%

* Indicators are based on WHO public health indicators, enabling global comparisons. Data collection methods have changed across the UK since 2016.

Policies and Programmes: Indicators 1–10

Key gaps	Key recommendations	Score	
Indicator 1: National policy, governance and funding		2016	2024
Implementation of the All Wales Breastfeeding Action Plan (AWBAP), approved in 2019, has been delayed and not all actions are funded.	Welsh government to continue implementation of the All Wales Breastfeeding Action Plan (AWBAP) and commit to long-term, index-linked funding.	4	9.5
Indicator 2: UNICEF UK Baby Friendly Initiative (BFI)*		6.5	7
Although there is an explicit commitment to Baby Friendly in the AWBAP and the Welsh government expects progress in accreditation, the best model for a national approach has not been identified.	Welsh Government to identify the best model for a national approach, then mandate and fully fund time-bound implementation and maintenance of the Baby Friendly standards across all health boards; this requires working with Public Health Wales and Health Boards.		
Indicator 3: International Code of Marketing of Breastmilk Substitutes		6	5
a. The scope of UK legislation is too narrow as it does not include all formulas, bottles and teats, or digital marketing. b. Inadequate monitoring and enforcement of the existing regulations.	UK government to: a. Widen the scope of the legislation to include the marketing of all formula milks up to age 36 months, equipment (primarily bottles and teats) and digital marketing. b. Strengthen monitoring and enforcement of regulations.		
Indicator 4: Maternity Protection		6.5	6
a. Statutory maternity, paternity and parental leave payments are worth less than half the National Minimum Wage. b. No right exists to paid breastfeeding breaks and suitable facilities on return to work.	a. UK government to increase maternity, paternity and shared parental pay to at least the National Minimum Wage. b. UK government to enact a statutory right for paid flexible breastfeeding breaks and suitable facilities to breastfeed, express and store milk.		
Indicator 5: Health Care Systems, in support of breastfeeding & Infant and Young Child Feeding (IYCF)		5.5	6
Little/no mention of infant feeding in some high level pre-registration standards for health professionals working with mothers, babies/ young children; no mention in nursing standards.	The institutions responsible for professional standards to ensure that infant feeding is a mandatory element in pre-registration training for health professionals who work with mothers, babies/ young children; the NMC to ensure that infant feeding is explicitly included in nursing standards.		
Indicator 6: Counselling Services for Pregnant and Breastfeeding Mothers*		8	6
a. Local variation in provision and access to integrated postnatal services, including peer support, voluntary sector and specialist services. b. No national standards for infant feeding roles.	a. Welsh government to liaise with health boards and clinical networks to ensure a range of integrated postnatal services, including peer support, voluntary sector and specialist services, by setting an infant feeding service requirement for all health boards. b. Government/health department to establish national standards for infant feeding roles.		
Indicator 7: Accurate and Unbiased Information support		7	5
While communications are mentioned in the AWBAP, implementation has been delayed.	Welsh government to implement a national breastfeeding information, education and communications (IEC strategy) with aims, objectives and timescales, building on the AWBAP.		
Indicator 8: Infant feeding and HIV		8.5	3
a. No mention of infant feeding in national guidance. b. NHS resources are not consistent with current BHIVA guidelines. c. New mothers living with HIV do not always receive consistent skilled support with feeding their infants.	a. Wales to develop national guidance. b. National and local NHS to ensure guidance and resources follow current BHIVA guidelines. c. Health Boards to ensure tailored and specialist lactation support (informed by current evidence) is available for women living with HIV and avoids stigma.		
Indicator 9: Infant and Young Child Feeding during Emergencies (IYCFE)*		0	0
No coordinated strategy, national planning, or preparedness for IYCFE.	Welsh government to develop and implement policies for IYCFE preparedness planning, aligned with global guidance, building on work in response to COVID-19.		
Indicator 10: Monitoring and evaluation*		5	5
a. National and local data are not always used effectively to improve practice and strategy. b. The data currently collected on complementary feeding are not compiled nationally.	a. Government, Public Health Wales and health boards to work together to improve collection and reporting of data to inform the work of national and local teams. b. Health boards, Public Health Wales and Welsh government to collaborate to bring together, analyse and use data on complementary feeding (already collected by health visitors).		
* Some criteria changed since 2016 report. Scores are out of 10: 0–3.5 4–6.5 7–9 >9		TOTAL	
		57	52.5

Infant Feeding Practices* Indicators 11–15	2016	2024
Indicator 11: Early initiation of breastfeeding within 1 hour of birth	UK 60%	UK 46–61%
Indicator 12: Mean % of exclusive breastfeeding for first 6 months	13%	29%
Indicator 13: Median duration of breastfeeding	Just over 2 wks	3 weeks
Indicator 14: Bottle feeding: % of babies 0–12 months fed with bottles	UK 88%	UK 80%+
Indicator 15: Complementary feeding: % babies receiving solids at 6–8 months	UK 98%	UK 94–99%

**‘Fully and equitably
supporting women
and children’s rights
at home, at work,
in public spaces, and
in health care is a
societal responsibility.’**

*The Lancet
2023 Series on Breastfeeding*

Rollins, N. et al. (2023).

IBFAN’s World Breastfeeding Trends initiative is a collaborative process to monitor the implementation of the Global Strategy for Infant and Young Child Feeding and to generate action.

<https://www.worldbreastfeedingtrends.org/>

