Nourishing our next generation

An infant feeding strategy for Kent 2024–2029

Contents

Photo credit
Principal images: © Paul Carter/We Do It In Public Picture Library (wdiip.co.uk).
Additional images by William Fortunato, Sam Wise & Luke McKernan under Creative Commons licence.

Note on use of language

This document uses the terms 'woman' or 'mother' throughout. These should be taken to include people who do not identify as women but are pregnant or have given birth.

Foreword

How we feed our babies matters at a personal level for the wellbeing of mothers, babies and their families, and it matters for all of us because of the lasting impact it can have on society as a whole.

This draft strategy sets out our ambition to enable all mothers to make informed decisions about feeding their babies, and for mothers and families to have the support they need from those around them.

We have listened to mothers in Kent who told us they would like more information before they have their baby so they can get started with realistic expectations and so they know when and how to ask for help. Mothers also told us they need support in the first days and weeks after their baby arrives and as their baby grows older. We heard how important it is for this help to be available at the right time and for it to be easy to access so issues can be resolved quickly.

A responsive approach to infant feeding sets a course for positive relationships and healthy eating later in life. Caring for a baby takes great commitment, and we can all help to ensure mothers, babies and families have the time and support they need to establish responsive and loving relationships. That's why this strategy considers all the different people and services in our wider community who can help to create the conditions for babies to be fed responsively and for mothers

to reach their infant feeding goals.

Providing seamless support around the family requires partnership working between a range of service providers and community organisations together with mothers and families themselves.

Fortunately in Kent today we are in a strong position to establish this partnership approach – both our Kent Family Hubs programme and the establishment of our Integrated Care System for Kent and Medway provide new opportunities for joint working across organisational and professional boundaries and with our local community.

We are grateful to everyone who has already sent us comments or who has participated in the development of this strategy so far. We welcome feedback and invite you to comment on this draft so that we can take account of your views as we develop the final version of our strategy.

Dr Anjan Ghosh
Director of Public Health
Kent County Council

"We thank KCC for taking the lead on developing this infant feeding strategy, which will positively impact on the health outcomes of our local population, and we will work in partnership with them to support implementation within the resources available."

Becky Collins
Director of Maternity, Neonatal and Women's Health Services and LMNS SRO (Local Maternity and Neonatal System Senior Responsible Officer)

Kent and Medway
Local Maternity and Neonatal System

NHS
Kent and Medway

Executive summary

Taking forward the vision set out in the Kent and Medway Integrated Care Strategy, this strategy sets out plans for infant feeding support across Kent.

This includes:

- how Kent County Council will develop support for infant feeding through the Start for Life and Family Hubs Transformation programme
- system-wide actions as part of the implementation of the Kent and Medway LMNS Equity and Equality Action Plan.

Purpose

The strategy's purpose is to give babies in Kent the best start in life and to support the health and wellbeing of mothers. It aims to reduce barriers to breastfeeding and to ensure that all mothers and families get the support they need with feeding their babies.

Why is this important?

How babies are fed has a lasting impact for mothers, babies and their families and for our society as a whole. Evidence suggests that increasing breastfeeding rates will lead to:

- a reduction in common health conditions, including obesity, diabetes, cancer, cardiovascular disease, mental illness, childhood infections and child tooth decay
- lower infant mortality
- better neurodevelopmental outcomes and higher academic attainment
- cost savings for public services and long term economic benefit

In survey responses, 25% of mothers who gave birth in the previous year told us that they didn't breastfeed for as long as they wanted to and 32% said they didn't get the support they needed to breastfeed for as long as they wanted to. Mothers told us they need staff to offer non-judgemental support with breastfeeding, bottle feeding and mixed feeding. They also told us that support from friends, family and the wider community has an impact on their decisions and experience relating to feeding their baby.

Recommended actions

Based on feedback from mothers, staff and volunteers, we identified the following five themes.

1. Ensuring mothers and families are well informed and well prepared

- Support schools to include breastfeeding in the curriculum
- Develop antenatal peer support and enable parents to access classes on infant feeding and introducing solids
- Provide clear information describing the infant feeding support services available
- Increase uptake of Healthy Start payment cards and vitamins for those on low incomes

2. Supporting mothers and families in the right place and at the right time

- Each maternity and neonatal service to have an infant feeding team with sufficient time and expertise to provide additional support in hospital and at home until discharge, including with the unique challenges faced by mothers with babies on the neonatal unit
- Establish a peer support service and breastfeeding groups in all districts, aiming to reduce waiting times for specialist support
- Ongoing monitoring of accessibility of tongue tie revision clinics for families
- Support mothers who experience breastfeeding grief
- Provide access to breast pumps and other equipment that mothers may need

3. Offering seamless support from an integrated and skilled workforce

- Implement quality standards including UNICEF Baby Friendly accreditation, and expand availability of donor breastmilk
- Review competencies across the infant feeding workforce to achieve consistent remuneration between roles, and provide training and career progression for staff and volunteers
- Provide an integrated, seamless service, coproduced with mothers, families and staff, and accessible for those in isolated and vulnerable communities
- Develop a plan for infant feeding in emergencies

4. Involving the wider community

- Support early years settings to facilitate breastfeeding and healthy introduction of solids
- Work with businesses to create and promote breastfeeding-friendly venues in the community, and to support mothers when they return to work
- Work with local communities to change attitudes and develop positive initiatives to support breastfeeding

5. Continuously improving our service as we learn over time

- Provide effective multi-agency oversight and update the strategy annually
- Allocate sufficient staff time for coordination of strategy implementation
- Take into account potential cost savings when allocating resources
- Conduct an infant feeding health equity audit
- Gather data to support ongoing evaluation

Our co-production approach

394
survey responses from mothers

88
survey responses from staff and volunteer supporters

20
individual meetings with infant feeding leads, service managers, researchers and staff

6
co-production meetings with groups of staff and mothers

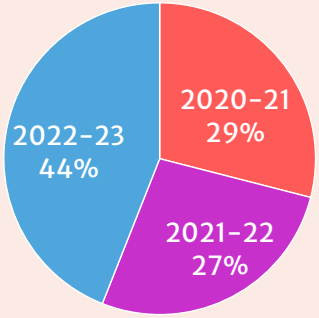
36
national standards and guidelines reviewed as part of gap analysis comparing current provision against best practice

6
steering group meetings with membership including:

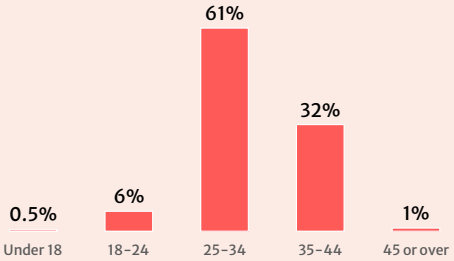
- maternity and neonatal commissioner and providers
- community service commissioner and provider
- voluntary sector breastfeeding support organisations

By district area:

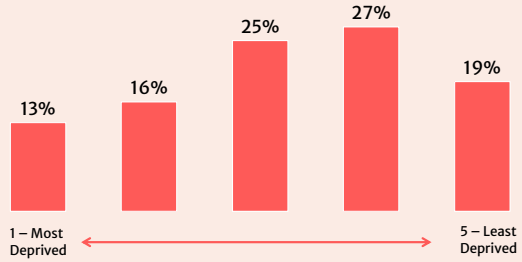
By year of giving birth:



By age of mother at birth:



By Index of Multiple Deprivation quintiles:



The policy context

The Kent and Medway Integrated Care Strategy identifies infant feeding as a key component in giving children the best start in life.

> *"I am loving my breastfeeding journey. The bond is beautiful thing to experience"*
>
> – Mother

It states commitment to using the Family Hub model, bringing together universal children's services including infant feeding, and to addressing health inequalities including breastfeeding[1].

This infant feeding strategy sets out how Kent County Council will develop support for infant feeding through implementation of the Start for Life and Family Hubs Transformation programme.

Start for Life focuses on the first 1001 days of life – from conception to age two – and is part of the core offer that all local authorities should provide.

In addition, Kent County Council is receiving funding to develop a Family Hub model, providing multiagency, open access, community-based provision. Infant feeding advice and specialist breastfeeding support are part of the essential Start for Life offer for all families, and the Family Hub model is intended to deliver enhanced infant feeding support[2].

The strategy also incorporates system-wide actions for Kent as part of the implementation of the Kent and Medway Local Maternity and Neonatal System (LMNS) Equity and Equality Action Plan.

> *"I feel happy that I wasn't pressured to breastfeed"*
>
> – Mother

The LMNS has committed to "making sure all of our maternity and neonatal services achieve the standards of infant feeding support recommended by the UNICEF UK Baby Friendly Initiative" and "working in partnership with other organisations in Kent and Medway to improve the range of breastfeeding support across communities, including through development of Family Hubs."[3]

NHS England's Three Year Delivery Plan for Maternity and Neonatal Services sets an ambition that "women … are provided with practical support and information that reflects how they choose to feed their babies" and says it is the responsibility of maternity and neonatal trusts to "achieve the standard of the UNICEF UK Baby Friendly Initiative (BFI) for infant feeding, or an equivalent initiative, by March 2027."[4]

"Infant feeding refers to the feeding of a baby from birth to age two and is critical to a baby's healthy growth and development in that important period. Breastfeeding has numerous health benefits for both mother and baby, and skin-to-skin contact can be an important bonding experience. However, many mothers experience difficulties and require support to make sure that their baby is getting the nutrition that they need. Some mothers also decide that formula feeding is the correct choice for them. Education about the benefits of breast milk and options such as breast pumps should be provided, but in every case, personal choice should be respected and non-judgemental support should be offered. All parents and carers should be given the infant feeding help they need, irrespective of whether they are breastfeeding, expressing, combination feeding, or using formula."

– Family Hubs and Start for Life Programme Guide

Development of this strategy

Our approach to developing this strategy has been through co-production. Many people have fed into this strategy – through surveys, interviews and engagement meetings.

Kent County Council commissioned Better Breastfeeding to support the development of this strategy. Better Breastfeeding has:

- Interviewed infant feeding leads for maternity, neonatal and community services about the service they currently provide
- produced a gap analysis comparing current services with expectations set out in national best practice guidelines
- Conducted a survey of mothers in Kent, which received 394 responses from across all districts
- Conducted a survey of staff and volunteers who support mothers and families with infant feeding, which received 88 responses
- Met with multidisciplinary groups of staff and Maternity and Neonatal Voices Partnership (MNVP) service-user chairs to review findings

from the gap analysis and surveys and to plan content for the strategy

- Reviewed findings from other completed and ongoing outreach work including:
  - University of Kent research on barriers to breastfeeding for women in deprived areas
  - Kent and Medway LMNS Equity and Equality Action Plan outreach by community organisations
  - Research from the community organisation Involve Kent on the maternity experiences of ethnic minority women in Dartford, Swanley and Gravesham
  - Kent Dads' perinatal support project
  - Perinatal Mental Health and Parent Infant Relationships strategy

This strategy is structured around themes emerging from the analysis of responses to surveys, interviews, meetings and findings from other outreach work.

The objectives in this strategy are based on what mothers and staff told us is important and are also informed by national guidance and best practice guidelines, including from UNICEF, NICE and NHS England.

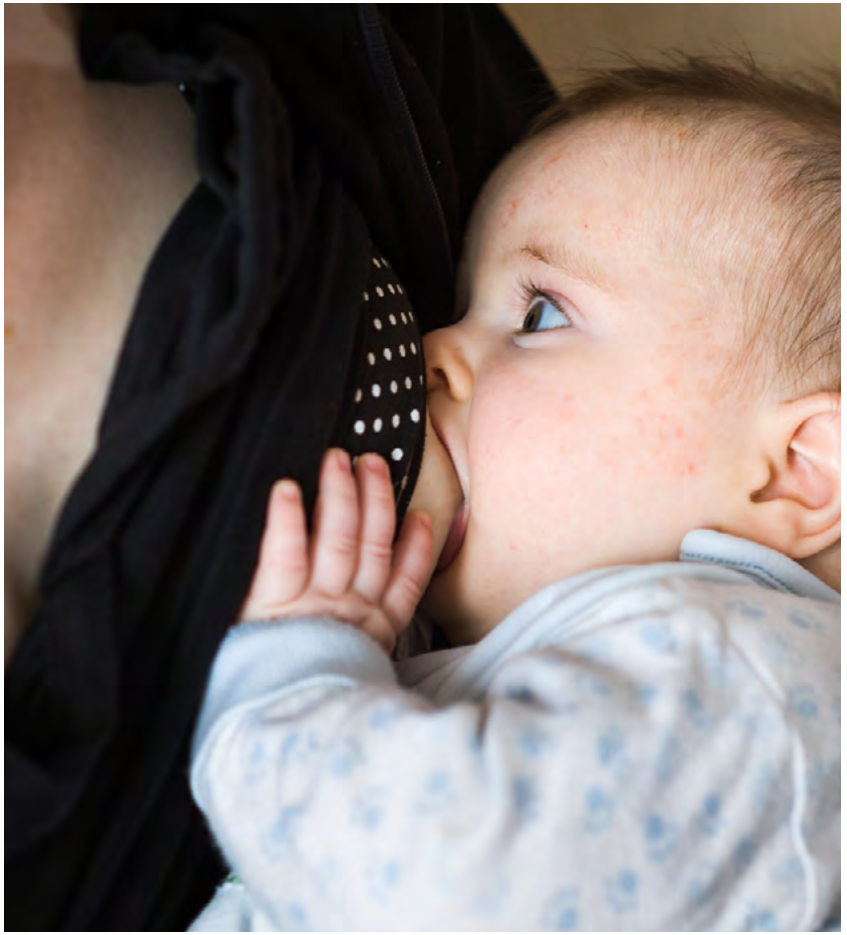
Development of the strategy has been overseen by the Kent Infant Feeding Strategy Group, which brings together staff responsible for commissioning and providing infant feeding support in maternity, neonatal and community settings.

"I was happy to bottle feed"

– Mother

"I would have liked to have breastfed for longer"

– Mother



Why infant feeding support is important

How babies are fed has a lasting impact for mothers, babies and their families and for our society as a whole. There is strong evidence for the health benefits of breastfeeding and for adopting a responsive approach to feeding.

Supporting mothers to reach their infant feeding goals

The proportion of babies born in Kent hospitals in 2022/23 whose first feed was breastmilk varied by hospital between 64.5% and 72.8% (see table). This compares with the England average of 72.9%[5]. Breastfeeding rates in Kent fall to 63.9% in the first two weeks (with 40.8% breastfeeding exclusively), and then fall again to 51% giving any breastmilk at 6–8 weeks[6]. There is significant variation between districts, with 38.9% of mothers in Swale giving any breastmilk at 6–8 weeks, compared with 65.6% in Tunbridge Wells.

25% of mothers responding to our survey who gave birth in Oct 2022–Sep 2023 told us that they didn't breastfeed for as long as they had wanted to, and 32% said they didn't get the support they needed to breastfeed as long as they wanted.

Percentage of babies in Kent whose first feed is breastmilk, 2020–2023

England	72.66%	73.14%	72.92%
Dartford & Gravesham NHS Trust	69.86%	70.42%	66.71%
East Kent Hospitals University Foundation Trust	65.62%	64.13%	64.53%
Maidstone & Tunbridge Wells NHS Trust	80.26%	78.39%	72.75%
Medway NHS Foundation Trust	54.14%	67.16%	62.36%

Source: NHS Maternity Statistics, Kent Community Health Foundation Trust

Health benefits

Increased breastfeeding rates are associated with many positive health outcomes, including:

- Lower incidence of childhood obesity[7]
- Lower incidence of type 2 diabetes for babies when they grow up and for mothers[8,9,10]
- Lower incidence of children developing type 1 diabetes[11,12]
- Fewer hospital admissions and GP visits for common childhood infections[13]
- Fewer cases of necrotising enterocolitis (NEC) in premature babies (a potentially fatal disease)[14]
- Lower incidence of sudden infant death syndrome (SIDS)[15,16,17]
- Lower incidence of breast cancer and ovarian cancer in mothers[18,19,20]
- Lower incidence of childhood leukaemia[21]
- Improved mental health for mothers and babies[22,23,24,25]
- Lower risk of developing cardiovascular disease for mothers[26,27]
- Improved heart health of preterm babies and improved outcomes for babies born with congenital heart disease[28,29]
- Lower incidence of tooth decay and dental malocclusion in children[30,31,32]
- Reduction in childhood asthma[33]

In 2021/22 the rate in Kent of emergency hospital admissions for gut infections in babies aged under one year was 154.7 per 10,000 – higher than the England average of 123 per 10,000[34].

Equity

Improving rates of breastfeeding in deprived communities can be a powerful way of reducing health inequalities.

> *"Breastfeeding is a natural safety net against the worst effects of poverty. Exclusive breastfeeding goes a long way towards cancelling out the health difference between being born into poverty or being born into affluence. It is almost as if breastfeeding takes the infant out of poverty for those few vital months in order to give the child a fairer start in life and compensate for the injustices of the world into which it was born."*
>
> – James P. Grant, Executive Director of UNICEF, 1980–1995[44]

Attainment and brain development

In addition to the health benefits of breastfeeding, individuals who were breastfed as babies have higher IQs, stay in school for longer, have a higher academic attainment and a higher income at age 30. The longer a child is breastfed, the greater these effects. Children breastfed for more than six months experience better

neurodevelopmental outcomes, including cognition, reading, writing and mathematical skills, communication skills, language development, mental health and motor skills[35].

Cost of living

For families who are bottle-feeding, the cost of formula milk significantly impacts on household budgets[36]. Families on low incomes can receive Healthy Start payments, which can be used to buy formula, but rising prices mean that Healthy Start payments are no longer sufficient to cover the full cost of any formula brand[37]. A recent survey by the British Pregnancy Advisory Service found that 65% of women feel anxious or worried by the cost of formula, and the same proportion report a negative impact on family finances as a result[38].

At a time of increased pressure on family budgets, some mothers may feel a need to return to work earlier, which may affect the length of time they feel able to breastfeed.

Economic impact and immediate cost savings

The Lancet Breastfeeding Series in 2016 evaluated the global economic impact of breastfeeding. It estimated that in richer countries the economic impact of low breastfeeding rates on cognitive abilities alone resulted in losses of $231.4 billion, equivalent to 0.53% of gross national income. For the UK this amounts to around £12 billion in lost potential[39].

The full economic benefit of improving breastfeeding rates in Kent could be hundreds of millions of pounds annually. Some of these cost savings would be realised immediately. A major 2012 study found that implementing the UNICEF Baby Friendly Initiative would pay for itself within one year, largely due to reduced infections in babies and reduced rates of NEC in premature babies[40].

In the UK, specialist formula milks are a recognised source of excess spending. Between 2008 and 2020, prescriptions of specialist formula milks for babies with cows' milk protein allergy increased by 430%, from £10 million to £53 million[41]. Increasing breastfeeding rates and reducing inappropriate prescriptions has the potential to significantly reduce this spending in Kent.

Environment

It has been estimated that exclusive breastfeeding for six months saves an estimated 95–153 kg of carbon per baby compared with formula feeding (equivalent to taking between 50,000 and 77,500 cars off the road each year in the UK). Breastfeeding also involves zero waste, whereas around 550 million baby formula cans – comprising 86,000 tons of metal and 364,000 tons of paper – are added to landfills every year[42,43].

Theme 1:
Ensuring mothers and families are well informed and well prepared

Mothers told us that they value opportunities to learn about infant feeding and they want to be well prepared before their baby arrives. Staff also told us that antenatal preparation is important.

> *"The support prior to birth from midwife and feeding support was good and gave me the confidence to feed my baby"*
>
> – Mother

In our survey, of those mothers who had attended an antenatal class, the majority attended a class run by a charity or a business rather than the public sector. Those in more deprived areas were much less likely to have attended an antenatal class.

> *"It would have been really helpful to have some classes/information sessions (particularly around challenges) beforehand as I naively thought it would be totally straightforward!"*
>
> –Mother

University of Kent research into the barriers to breastfeeding in deprived communities found:

- mothers often felt unprepared for the reality of breastfeeding and that as a result, when they experienced difficulties, they felt quickly overwhelmed
- many of the women who did not breastfeed struggled to identify role models, friends or family who had successfully breastfed
- stakeholders stressed the need for peer supporters from communities where it was not the social norm to breastfeed[45]

Some women face barriers to accessing antenatal infant feeding support; community outreach undertaken as part of Kent and Medway LMNS Equity and Equality Strategy[46] found that some women were not making contact with professionals before presenting in labour at the hospital.

"We run an antenatal group and one session in particular is just focussed on breastfeeding. This is a two-hour session that is incredibly informative. For most expectant mothers it is a real eye opener and definitely contributes to the mother's decision when thinking about bottle/ breastfeeding options."

– Family Learning and Involvement Worker

"I thought it would just come naturally [breastfeeding]. We both thought that as it is a natural thing. We didn't realise it's not always so easy for some mums. We now know many mothers struggle at first."

– Father

"More support in feeding twins before birth and in the first few days, most of our problems happened early on and I felt completely lost. I joined a twin feeding support group a few weeks in and so much of the knowledge on there would have been really helpful."

– Mother

Objective:	What we know:	Recommended actions:
1.1. Make nurseries and schools aware of resources for including breastfeeding in the curriculum	Attitudes towards breastfeeding are learnt early in life, and nurseries and schools have an important role to play in ensuring that young people learn about the importance of breastfeeding as they grow up.	Make nurseries and schools aware of resources for including breastfeeding in the curriculum. Breastfeeding peer supporters to visit schools – particularly in areas with the lowest breastfeeding rates.
1.2. Provide one-to-one peer support for young and/or vulnerable mothers before their baby arrives	Antenatal peer support would introduce women to sources of support while they're pregnant, help to identify mothers who may need enhanced support, and provide role models for women from communities with low rates of breastfeeding.	Offer young and/or vulnerable mothers an antenatal one-to-one conversation with a peer supporter.
1.3. Provide group learning sessions about infant feeding for mothers to attend before and after they have their baby and make these sessions welcoming for fathers/partners	Group learning sessions will help mothers and families to feel more prepared before and after their baby arrives and to have realistic expectations of feeding their babies. Offering group learning sessions through Family Hubs will reduce inequalities in access to antenatal sessions.	Offer antenatal and postnatal infant feeding education sessions for all mothers and fathers/partners or any other support person who a mother wishes to accompany her. Plan these in partnership between hospital trusts and Family Hubs, to provide a joined up service that maximises access for women and families. Work with local communities on planning the locations of these, prioritising those communities with lower rates of breastfeeding or who are less likely to access services.
1.4. Support mothers and families to know how to provide a healthy diet for themselves and their children	Sessions on introducing solid foods are currently provided in each council district, although not all mothers reported that they are aware of them.	Invite all families when their baby is around 3-4 months old to attend classes on the introduction of solid foods at around six months. Increase uptake of the Healthy Start payment card and vitamins and offer recipients advice on using them to increase the amount of fruit and vegetables in their family's diet.

Objective:	What we know:	Recommended actions:
1.5. Provide high quality, accessible information for mothers and families about infant feeding and about where they can get support	Providing clear accessible information will support mothers and families to resolve issues as they arise and to know how they can access support when they need it.	Work with staff, mothers and families to develop clear information about the different support services available and how to access them. Review existing online information sources and infant feeding apps aiming to include information about support services, businesses signed up to the Breastfeeding Friendly scheme and practical information about infant feeding. Provide this information as leaflets at family hubs and other community venues and make information available in the main community languages.

Theme 2:
Supporting mothers and families in the right place and at the right time

Many mothers responding to our survey said that getting support with infant feeding is very important to them, before they leave hospital and in the weeks and months that follow. Mothers told us they would have liked more support with breastfeeding, mixed feeding, expressing and bottle feeding.

Mothers may need support with the physical, emotional and social aspects of feeding their baby. There are a range of different professional and volunteer roles that can offer infant feeding support, and mothers may need help from different services at different times.

> *"I was a single mum with no support on breastfeeding. I was lost... I could have breastfed my baby instead of combi fed if I had received the correct support in the hospital."*
>
> – Mother

Infant feeding support can include:

- Healthcare professional support from midwives and the health visiting service
- Social support for mothers who are breastfeeding
- Additional support from a peer supporter, breastfeeding counsellor or infant feeding support worker
- Specialist support from an International Board Certified Lactation Consultant (IBCLC) or a healthcare professional with appropriate experience and training
- Mental health support
- Access to equipment, such as a breast pump

The nature of infant feeding is that it takes place over a specific period of hours, days and weeks, so support needs to be available at the right time.

In our survey, 31% of mothers who gave birth in 2022/23 had attended a baby feeding group. This varied widely by district, with over half of mothers in Sevenoaks and in Tonbridge and Malling having attended a group, compared with under 10% of those in Ashford, Dartford or Gravesham. Of those who gave birth in 2022/23 and didn't attend a group, 19% said it was because the group was too hard to get to.

> *"Once we were referred to the feeding team (over an hour from my home by car) I did feel they supported me, but it was a month after giving birth and really too late."*
>
> – Mother

The location of support matters. Constraints on a mother's ability to travel to access support may include:

- physical constraints (e.g. following a caesarean birth mothers are generally advised not to drive for six weeks)
- care commitments (e.g. needing to feed and care for their baby and any older children)
- financial constraints – especially in the context of a cost of living crisis
- whether she has someone who can drive her to appointments
- availability and accessibility of public transport

Providing a range of services at the same place and time, wherever possible, helps to reduce the amount of travel required as well as enabling mothers to access the support they need quickly. Home visits can also help when a mother is unable to travel to a clinic or group.

Where mothers are able to self-refer this minimises barriers to accessing a support service. Where this is not possible, it is important to provide rapid

> *"The breastfeeding cafe opened when baby was eight weeks old and they supported me with oversupply issues, general postnatal wellbeing and encouragement to continue breastfeeding. It made such a huge impact on me that I've trained to be a peer supporter too."*
>
> – Mother

> *"The help I got at hospital when I wasn't sure I was feeding correctly was outstanding. I was so nervous to ask being my third child but there was no judgement"*
>
> – Mother

35% of the mothers responding to our survey said they experienced difficulties with breastfeeding as a result of their baby having a tongue-tie. Research suggests that prevalence of tongue-tie is between 0.2 and 10.7%, with many tongue ties causing no problems[47].

triage to minimise waiting times and ensure urgent support needs are met in a timely way.

By ensuring mothers can access peer support and social support, and that healthcare professionals have enough time to support mothers, it is likely that the demand for specialist support – including tongue-tie procedures – will be lower and waiting times can be minimised.

We heard from staff that they would like to be able to provide support for mothers experiencing breastfeeding grief and trauma. Options for supporting these mothers to process their feelings could include specialist mental health midwives, breastfeeding counsellors, voluntary sector breastfeeding support organisations or other perinatal mental health support services.

Objective:	What we know:	Recommended actions:
2.1. Work towards healthcare professionals having sufficient time to support mothers with feeding their babies	Mothers told us they wanted health professionals to have enough time to support them with infant feeding, in hospital and at home. Mothers in the most deprived areas were significantly more likely than those in the least deprived areas to say that they needed more help with infant feeding when the health visitor visited them in the first two weeks.	Continue implementing strategies to address workforce challenges in maternity, neonatal and health-visiting services.
2.2. Enable mothers to access additional support when and where they need it	Additional infant feeding support can be provided by infant feeding support workers or peer supporters, coordinated and supervised by breastfeeding counsellors or lactation consultants. It helps mothers with basic problem solving (e.g. positioning baby at the breast, understanding what is normal, responsive feeding and self-help measures for common challenges such as blocked ducts or low milk supply/oversupply).	Each maternity and neonatal service to have an infant feeding team with sufficient time and expertise to provide additional support in hospital and at home until discharge, including with the unique challenges faced by mothers with babies on the neonatal unit. Establish an infant feeding peer support service that supports mothers in hospital, in support groups and at home. Peer supporters to offer a conversation within 48 hours of giving birth, as well as support by telephone and social media.

Objective:	What we know:	Recommended actions:
2.3. Enable breastfeeding mothers to access social support and peer support in a group setting through the Family Hubs programme	Mothers told us they would like more support groups local to them and at convenient times throughout the week. We also heard from staff in the public and voluntary sectors that having more groups would improve the overall support available. The University of Kent reports that mothers in deprived areas value social groups although many prefer to go to groups that are not just for breastfeeding support. Those who attend breastfeeding groups appreciate meeting other breastfeeding mothers, but sometimes if they are really struggling then comparing themselves with others in the groups can exacerbate feelings of failure[48] .	Through the Family Hubs programme, establish breastfeeding groups in each district, offering social and peer support and led by a breastfeeding counsellor or lactation consultant. Where possible hold these at the same time as health visitor clinics. Work with local families to agree the number and location of groups, sufficient that all mothers are able to access this support, and consider offering additional face-to-face or online groups where a specific need is identified – e.g. for younger mothers, geographically isolated communities, faith groups, non-English language groups or mothers of twins and multiples. Identify peer supporters who can act as community ambassadors, e.g. attending parent and baby groups in their local community to offer peer support and signposting for women who may not attend the breastfeeding groups.

Objective:	What we know:	Recommended actions:
2.4 Reduce waiting times for specialist support	Mothers told us that access to specialist support in hospital and in the community would enable them to continue breastfeeding when they encounter challenges. Staff agreed this is important. Barriers to accessing specialist support included waiting times and the practicalities and cost of travelling to a clinic, especially if it is far from home.	Review availability of specialist infant feeding support in the maternity and neonatal units, aiming for this to be available for any mother who needs it throughout the week. Review input from speech and language therapists and dietitians and explore ways of closing any gaps. Review provision of neonatal outreach services that support mothers to establish breastfeeding when they take their baby home. In the community, provide specialist support with suitable out-of-hours provision, and aim for mothers and families to access support within 48 hours. Plan locations of specialist clinics with local families to minimise the distance that mothers and families need to travel, especially for those in deprived areas.
2.5. Support those mothers who have difficulty feeding as a result of their baby having a tongue-tie and enable babies who need it to access tongue-tie division without unnecessary delay	Both mothers and staff in our survey talked about needing to avoid unnecessary delays in assessing for and treating tongue-tie. Staff also emphasised the need to ensure that other possible causes of feeding difficulties are considered and addressed.	Infant feeding difficulties to be assessed quickly by a professional with appropriate training. Ongoing monitoring of accessibility to tongue tie services in order to inform and support adequate provision of tongue tie division for families.

Objective:	What we know:	Recommended actions:
2.6 Provide support for mothers who are experiencing breastfeeding grief	Mothers can experience grief and trauma as a result of having to stop breastfeeding before they are ready[49]. In our survey 25% of mothers said they didn't breastfeed for as long as they wanted to. A common reason for choosing to formula feed was that a mother had tried breastfeeding her previous child(ren) and it hadn't worked for them.	Explore options for supporting mothers who are experiencing breastfeeding grief and trauma and ensure that training for Family Hubs staff includes awareness of this issue.
2.7. Support mothers to access equipment that will support them with breastfeeding their baby	Mothers and staff talked about needing to access breast pumps quickly in circumstances where a baby cannot be fully breastfed, e.g. where the baby is in a neonatal unit or is struggling to breastfeed due to a tongue tie, so the mother can maintain her milk supply and express milk for her baby. Some other equipment, such as maternity bras, breast pads and slings, can make breastfeeding easier, and trial Family Hub sites in Kent have conducted a pilot scheme to make some of these items available for mothers on low incomes.	Maternity and neonatal services to have sufficient double electric breast pumps for every mother who needs them, and mothers at home to be able to loan a breastpump within 24 hours of a need being identified. Review existing pilot projects and consider whether to offer breastfeeding equipment for mothers on low incomes through the Family Hubs. Consider offering a sling hire service as part of the Family Hub provision.

Theme 3:
Offering seamless support from an integrated and skilled workforce

A strong theme that emerged from feedback was the importance of high quality support.

Mothers emphasised the need for staff to be well trained, both in terms of knowledge and also understanding how to listen well and provide non-judgemental support.

They talked about this not only in relation to maternity, neonatal and health visiting, but also staff in other parts of the healthcare system needing to have an understanding of infant feeding issues.

Mothers talked about the benefits of continuity and communication between different parts of the system.

> *"The midwife and feeding team member were supportive and non judgemental in relation to how I fed my baby"*
>
> – Mother

The University of Kent found that mothers in deprived areas:

- felt that all midwives and healthcare professionals should be able to support with infant feeding, not only a specialist team
- reported receiving conflicting advice from different professionals
- emphasised the need for non-judgemental support
- wanted professionals to be willing to support with bottle feeding and mixed feeding as well as breastfeeding
- felt "unsafe" and "did not trust" their midwife due to a lack of continuity and seeing different midwives for different appointments[50]

> *"For future pandemics, please consider breastfeeding support and tongue-tie clinic a frontline service which is really needed."*
>
> – Mother

> *"I would like Health to partner better with third sector organisations and truly work in partnership with them and help grow that sector. Be able to have service level agreements with them and solve the issue of data sharing, making a more seamless service."*
>
> – Community Lactation Consultant

We heard from staff that many of the issues raised by mothers in our survey would be addressed by working towards achieving the UNICEF UK Baby Friendly Initiative's Gold Award[51].

Staff also told us they want to work in partnership across organisational boundaries and across the public and voluntary sectors, and to have accurate and up-to-date information about the range of services available for mothers and families.

Opportunities to strengthen communication and partnership working include:

- the Kent Infant Feeding Steering Group which brings together staff responsible for commissioning and providing infant feeding support in hospital and community settings along with voluntary sector breastfeeding support groups
- the establishment of Family Hubs, which aim to give families access to a broad and integrated range of services in local support centres
- the establishment of the Integrated Care System for Kent and Medway, which brings together partners including local authorities, NHS trusts and voluntary sector organisations to join up and improve local services

Kent is a large area with diverse local communities that may have different needs when it comes to infant feeding support. By working with local families, we can develop a better understanding of what will work best in different areas.

"My health visitor was fantastic and always able to answer my questions about feeding and be there when I needed her."

-Mother

"The healthcare professionals involved in my care were very knowledgeable and supportive in my breastfeeding journey."

- Mother

Objective:	What we know:	Recommended actions:
3.1. Continue to implement recognised quality standards for infant feeding	UNICEF UK Baby Friendly accreditation provides a framework through which hospital and community services can improve standards of infant feeding support. Other quality standards that include recommendations aimed at improving infant feeding support include: • Bliss Baby Charter Scheme, which aims to standardise high-quality family-centred care in neonatal units • PREM 7 which aims to improve outcomes for babies born prematurely in the South East region	Work towards Gold UNICEF UK Baby Friendly accreditation for all maternity, neonatal and community services and towards Platinum accreditation under the Bliss Baby Charter Scheme for all neonatal units. Implement the PREM 7 recommendation for all babies born under 34 weeks to receive breastmilk within 24 hours.
3.2. Expand availability of donor milk to all babies who would benefit from it	Currently babies born under 32 weeks' gestation can access donor milk. There is variation among the hospital Trusts around offering donor milk to babies born after 32 weeks.	Review access to donor breastmilk, aiming for this to be available for all babies who would benefit from it.

Objective:	What we know:	Recommended actions:
3.3. Establish ways of working for the peer support service relating to recruitment, training, supervision and integration	Peer support services work best when there is a clear set of responsibilities for paid and voluntary roles. The peer support roles will need to be accessible for mothers from a range of backgrounds, with training and volunteering accessible for those with babies and young children. Enabling career progression from voluntary to paid roles will help to support mothers into work and to retain those who have developed valuable skills. Breastfeeding counsellors are mothers who have breastfed their children but have more extensive training than most peer supporters. They are able to facilitate group learning sessions and lead peer support groups. They may also have additional expertise in taking the lead on training of peer supporters.	Recruit peer supporters from diverse backgrounds, including those demographics who are less likely to breastfeed and mothers who speak a range of community languages, ensuring that training is accessible for those with young children. Review competencies and responsibilities across the infant feeding workforce and within the Family Hubs programme to ensure consistency of remuneration between different roles. Provide clear pathways for existing breastfeeding counsellors, peer supporters or volunteers to transition into the new service and provide career progression from voluntary to paid roles.

Objective:	What we know:	Recommended actions:
3.4. Enable all staff and volunteers to access training and develop the competencies they need to support mothers and families with infant feeding	Mothers told us they would like staff to: • have the opportunity to debrief their own experiences of infant feeding • be able to support with establishing breastfeeding and identifying common problems • adopt a "hands off" approach to infant feeding support • be able to support with bottle feeding and mixed feeding • provide non-judgemental support and offer information without pressure • know the limits of their own knowledge and when to signpost to further support	Develop a Kent-wide competency framework[52] that sets out for all staff and volunteers the training and competencies they need to support mothers and families with infant feeding, including debriefing personal experiences. Enable staff to access training on how to support mothers of twins and multiples. Enable paediatricians and GPs to access infant feeding training. Review training needs for staff not covered under Baby Friendly Initiative accreditation, such as dietitians, pharmacists, obstetricians, radiologists, breast surgeons, dentists, physiotherapists, perinatal mental health staff, early help staff and Family Partnership Programme staff. Continue promoting the importance of responsive feeding with all those who work in early years.

Objective:	What we know:	Recommended actions:
3.5. Facilitate integration between organisations and across the multidisciplinary team so mothers experience a seamless service	We heard from staff that they would like to understand more about the service delivered by other parts of the system, that they would like to work in an integrated way with other teams, and that they would find multidisciplinary training helpful.	Aim for every child to have an infant feeding record that parents or carers can access at any time and that can be viewed and updated by professionals supporting them. Establish a community of practice for infant feeding support, including multidisciplinary training sessions for staff and volunteerss. Every hospital trust to have a hospital-wide infant feeding policy. Continue developing our Faltering Growth pathway. Ensure that mothers in geographical boundary areas experience a seamless service. Explore opportunities for partnership working and integration including with voluntary sector breastfeeding support organisations, social prescribing partners, the family partnership programme and Family Hub coaches.
3.6. Engage with mothers, families and staff to co-create and continually improve infant feeding support services	Mothers told us that the quality of the hospital environment can affect their ability to get started with breastfeeding. Options could include provision of sidecar cribs which allow mothers easier access to their baby[53], enabling fathers to stay on the ward overnight and room decor that helps mothers feel more relaxed and at home. Maternity and Neonatal Voices Partnerships (MNVPs) bring together mothers and families with staff who commission and provide maternity and neonatal services to review services and co-produce service developments.	Work with MNVPs to support continuous improvement of infant feeding support including reviewing aspects of the hospital environment that could help mothers to establish breastfeeding. Work with local communities, especially in areas with lower breastfeeding rates, to plan the provision of groups and clinics and to understand what support would be most valuable to local mothers and families.

Objective:	What we know:	Recommended actions:
3.7. Plan support for those in isolated and vulnerable communities	Mothers and families living in rural areas with poor transport links may need additional support to access infant feeding support, especially if they have a low household income.	Identify areas that are remote with poor transport links, especially if they are also deprived areas, and support mothers there to access services. Include infant feeding support in planning the Family Hubs outreach work to isolated and/or vulnerable communities.
3.8. Develop a plan for providing infant feeding support in emergencies	Mothers told us that in an emergency, such as during the COVID pandemic, infant feeding support should be seen as an essential service. Many families are experiencing ongoing food insecurity due to the rising cost of living. The Kent Resilience Forum (KRF) is a partnership of organisations and agencies who work together to improve the resilience of Kent and Medway and to ensure a coordinated response to emergencies that may impact on communities.	Develop a plan for enabling mothers and families to access infant feeding support services in emergencies, and ask the Kent Resilience Forum to consider the needs of babies and young children in planning for emergencies. Take account of UNICEF UK Baby Friendly Initiative guidance on supporting families with babies under 12 months experiencing food insecurity. Support food banks to know how and where to refer families who are experiencing hardship to obtain infant formula or access infant feeding support and to register for the Healthy Start payment card and vitamins[54].

Theme 4:
Involving the wider community

The whole community has a role to play in making it easier for mothers to breastfeed for as long as they want to and ensuring that all mothers and families feel supported in feeding their babies.

> *"If you have a family who are supportive, and not try to put you off when things get a bit tricky, it makes the world of difference. It is important for your family and friends to respect your wishes and, although it gets tricky at times, understand why you want this for your child and for yourself."*
>
> – Mother

One fifth of mothers in our survey said they felt uncomfortable or very uncomfortable to breastfeed their baby in public places in their neighbourhood. This was higher among younger mothers, with 47% of mothers aged 18–24 saying they felt uncomfortable or very uncomfortable.

Among mothers who decided to continue breastfeeding after they returned to work, 30% said they felt mostly unsupported or not at all supported to do so by their employer. This number was 63% among mothers living in the 20% most deprived areas.

> *"My work have supported me greatly and my breastfeeding journey continues 22 months on."*
>
> – Mother

> *"I would love a list of places where mothers and babies are welcomed. I found that I felt so self-conscious when breastfeeding in certain places that it put me off of going out."*
>
> – Mother

Objective:	What we know:	Recommended actions:
4.1. Encourage early years settings to facilitate breastfeeding and the healthy introduction of solid foods	Early Years settings have a role in helping children to establish healthy eating habits and supporting mothers who wish to express breastmilk for their baby when they return to work.	Raise awareness of the *Eat Better Start Better* guide and Public Health England example menus[55] for early years settings with private nurseries and childcare providers[56]
4.2. Ensure that all NHS and local authority services supporting families are compliant with the WHO Code of Marketing of Breastmilk Substitutes	The International Code of Marketing of Breastmilk Substitutes (the Code) is an international health policy framework published by the World Health Organisation in order to protect breastfeeding. It aims to ensure that parental decisions about feeding babies are made based on full and impartial information rather than misleading, inaccurate or biased marketing claims[57]. It is particularly important that health professionals advising parents are not influenced by commercial interests.	Ensure that healthcare workers supporting families in Kent comply with the WHO Code and do not attend training sponsored by formula companies.
4.3. Encourage and support businesses and employers to adopt policies and practices that reduce barriers to breastfeeding	Businesses have responsibilities towards breastfeeding employees, and public sector employers can act as exemplars to other local employers[58]. Kent County Council has launched a Breastfeeding Friendly scheme aimed at encouraging businesses such as cafes and restaurants to make their spaces welcoming for breastfeeding mothers.	Develop model policies for supporting local authority and NHS staff who are breastfeeding and returning to work and share these with local employers. Continue to promote the Breastfeeding Friendly scheme to local businesses and with pregnant women and mothers.

Objective:	What we know:	Recommended actions:
4.4. Work with local communities to change attitudes towards breastfeeding	It can be challenging for mothers to maintain breastfeeding in communities where bottle feeding is the social norm. To generate a shift in attitudes, the Family Hubs and Start for Life programme guide[59] suggests involving local people in identifying community assets, and NICE *Quality Standard QS148 Community engagement: improving health and wellbeing* describes how this can create a positive basis for working with local communities[60]. Kent County Council is working with the University of Kent to develop a communications plan to normalise breastfeeding in communities with the lowest breastfeeding rates.	In communities with the lowest breastfeeding rates, work with local people to identify community assets, such as buildings, facilities, skills, knowledge, social networks and relationships. Work with local people to create positive initiatives, using these assets, that can help to create a more breastfeeding friendly environment for mothers and babies.

Theme 5:
Continuously improving our service as we learn over time

Implementation of this strategy will require partnership working between all the organisations involved in commissioning and providing infant feeding support services, working with mothers and families, local communities, the voluntary sector and other stakeholders.

It will require effective systems and resources to ensure that the actions are taken forward over the next five years, and that we continually evaluate our progress and adapt our approach as we learn over time.

In implementing the strategy, we will identify the actions that require system-wide coordination through Kent and Medway Integrated Care System and those which are the responsibility of Kent County Council through the Start for Life and Family Hubs programme.

The following data is currently monitored by Kent County Council:

- Breastmilk at first feed
- Infants fully breastfed at 10-14 days
- Infants partially breastfed at 10-14 days
- Infants receiving any breastmilk at 6-8 weeks

Some additional data is collected by the hospital trusts, such as breastfeeding at discharge, and data for babies in the neonatal units.

Objective:	What we know:	Recommended actions:
5.1. Provide effective oversight for the implementation of the strategy through the Family Hubs Programme and the Infant Feeding Steering Group	The development of this strategy has been overseen by the Kent Infant Feeding Steering Group. This will also oversee the implementation of the strategy.	Monitor and review the infant feeding strategy for Kent through the governance processes agreed by Kent County Council and the Local Maternity and Neonatal System of the Kent and Medway Integrated Care Board.
5.2. With engagement through the Kent and Medway Integrated Care Board, ensure resources are in place to support the implementation of the infant feeding strategy	Implementation of the strategy will require staff time for coordination and funding for implementing service changes. We expect that, across the Integrated Care System, this expenditure will be more than offset by cost savings resulting from increasing breastfeeding rates.	Allocate sufficient staff resource to coordinate implementation of the strategy. To support decisions about expenditure, aim to understand both the costs of implementation and the potential cost savings across the system from investing in infant feeding support . Where appropriate, consider joint commissioning of services between Kent and Medway ICB and Kent County Council.
5.3. Conduct a health equity audit to inform the implementation of the strategy	A health equity audit examines how health determinants, access to relevant health services, and related outcomes are distributed across the population. Health determinants encompass a range of factors including, but not limited to, individual characteristics, individual behaviours, the environment we live in, and broader social and economic factors.	Conduct a health equity audit to understand the social determinants of infant feeding methods in Kent. We will take account of this in the way that we implement the infant feeding strategy.

Objective:	What we know:	Recommended actions:
5.4. Develop information sharing agreements to centrally gather data from providers to inform the implementation of the strategy and to evaluate progress	Drawing on data collected by Kent County Council and hospital trusts, it will be important for us to evaluate the impact of the strategy during the implementation phase and at the end of the five-year implementation period.	Develop a set of indicators to support monitoring of the progress of this strategy and collect relevant data consistently and reliably.
5.5. Keep the strategy relevant and up to date	Over the course of five years, we expect that new information will emerge and that we will learn over time as a result of monitoring the impact of our work. To make optimal use of our resources we will need to adapt our approach and the strategy will need to be amended to reflect this.	Review the infant feeding strategy for Kent annually, considering any emerging issues and agreeing any amendments to the strategy or implementation plan.

References

1 Kent and Medway Interim Integrated Care Strategy (November 2022) Kent and Medway Integrated Care System https://www.kmhealthandcare.uk/about-us/vision-and-priorities/kent-and-medway-integrated-care-strategy

2 Family Hubs and Start for Life programme guide (August 2022) Department for Education and Department of Health & Social Care https://www.gov.uk/government/publications/family-hubs-and-start-for-life-programme-local-authority-guide

3 Equity and equality action plan (November 2022) Kent and Medway Local Maternity and Neonatal System https://www.kentandmedway.icb.nhs.uk/get-involved/engagement-projects/current-engagement-projects/perinatal-equity-and-equality

4 Three year delivery plan for maternity and neonatal services (March 2023) NHS England https://www.england.nhs.uk/publication/three-year-delivery-plan-for-maternity-and-neonatal-services/

5 NHS Maternity Statistics, England, 2022-23 (December 2023) https://digital.nhs.uk/data-and-information/publications/statistical/nhs-maternity-statistics/2022-23

6 Data collected by Kent Community Health Foundation Trust

7 UNICEF UK Baby Friendly Initiative research collection https://www.UNICEF.org.uk/babyfriendly/news-and-research/baby-friendly-research/infant-health-research/infant-health-research-obesity/

8 Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect (January 30 2016) Victora et al https://doi.org/10.1016/S0140-6736(15)01024-7

9 Lactation Duration and Progression to Diabetes in Women Across the Childbearing Years: The 30-Year CARDIA Study, Gunderson et al, JAMA Intern Med. 2018;178(3):328-337. https://doi.org/10.1001/jamainternmed.2017.7978

10 Duration of lactation and incidence of the metabolic syndrome in women of reproductive age according to gestational diabetes mellitus status: a 20-Year prospective study in CARDIA (Coronary Artery Risk Development in Young Adults), Gunderson et al, Diabetes 2010 Feb;59(2):495-504. https://doi.org/10.2337/db09-1197

11 Infant Feeding and Risk of Type 1 Diabetes in Two Large Scandinavian Birth Cohorts, Lund-Blix et al, Diabetes Care May 2017 40(7): 920–927 https://doi.org/10.2337/dc17-0016

12 Dietary factors and risk of islet autoimmunity and type 1 diabetes: a systematic review and meta-analysis, Lampousi et al, Lancet eBiomedicine Oct 2021 Vol 72, 103633 https://doi.org/10.1016/j.ebiom.2021.103633

13 Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK (2012) Renfrew et al, UNICEF UK https://www.UNICEF.org.uk/babyfriendly/wp-content/uploads/sites/2/2012/11/Preventing__disease__saving__resources.pdf

14 Breast milk and neonatal necrotising enterocolitis, Lucas and Cole, Lancet 336: 1519-1522 1990 Dec 22-29;336(8730):1519-23. https://doi.org/10.1016/0140-6736(90)93304-8

15 UNICEF UK Baby Friendly Initiative research collection https://www.UNICEF.org.uk/babyfriendly/news-and-research/baby-friendly-research/infant-health-research/infant-health-research-bed-sharing-infant-sleep-and-sids/

16 Does Breastfeeding Reduce the Risk of Sudden Infant Death Syndrome? (2009) Vennemann et al, Pediatrics https://doi.org/10.1542/peds.2008-2145

17 Breastfeeding and Reduced Risk of Sudden Infant Death Syndrome: A Meta-analysis (2011) Hauck et al, Pediatrics https://doi.org/10.1542/peds.2010-3000

18 Breastfeeding and maternal health outcomes: a systematic review and meta-analysis (14 July 2015) Chowdhury et al, Acta Paediatrica https://doi.org/10.1111/apa.13102

19 The fraction of cancer attributable to modifiable risk factors in England, Wales, Scotland, Northern Ireland, and the United Kingdom in 2015 (2018) Brown et al, British Journal of Cancer volume 118, pp1130–1141 https://doi.org/10.1038/s41416-018-0029-6

20 Breastfeeding Associated with Reduced Mortality in Women with Breast Cancer (19 Jul 2016) Lööf-Johanson et al, Breastfeeding Medicine https://doi.org/10.1089/bfm.2015.0094

21 Breastfeeding and Childhood Leukaemia Incidence: A Meta-analysis and Systematic Review (June 1, 2015) Amitay et al, JAMA Pediatr. 2015;169(6):e151025 https://doi.org/10.1001/jamapediatrics.2015.1025

22 New Evidence on Breastfeeding and Postpartum Depression: The Importance of Understanding Women's Intentions (2015) Borra et al, Maternal and Child Health Journal volume 19, pp897–907 https://doi.org/10.1007/s10995-014-1591-z

23 Understanding the relationship between breastfeeding and postnatal depression: the role of pain and physical difficulties (23 October 2015) Brown et al, Journal of Advanced Nursing https://doi.org/10.1111/jan.12832

24 Breastfeeding difficulties and supports and risk of postpartum depression in a cohort of women who have given birth in Calgary: a prospective cohort study (March 21, 2016) Chaput et al, CMAI Open, vol. 4 no. 1 E103-E109 https://doi.org/10.9778/cmajo.20150009

25 Mental Health and Emotional Development, Infant Health Research, UNICEF https://www.UNICEF.org.uk/babyfriendly/news-and-research/baby-friendly-research/infant-health-research/infant-health-research-mental-health-and-emotional-development/

26 Breastfeeding and the Risk of Maternal Cardiovascular Disease: A Prospective Study of 300 000 Chinese Women (21 Jun 2017) Peters et al, Journal of the American Heart Association https://doi.org/10.1161/JAHA.117.006081

27 Breastfeeding and Cardiovascular Disease Hospitalization and Mortality in Parous Women: Evidence From a Large Australian Cohort Study (15 Mar 2019) Nguyen et al, Journal of the American Heart Association https://doi.org/10.1161/JAHA.118.011056

28 Breast Milk Consumption in Preterm Neonates and Cardiac Shape in Adulthood (July 2016) Lewandowski et al, Pediatrics, 138 (1) e20160050 https://doi.org/10.1542/peds.2016-0050

29 Human Milk and Infants With Congenital Heart Disease: A Summary of Current Literature Supporting the Provision of Human Milk and Breastfeeding (2019) Davis & Spatz, Advances in Neonatal Care, 19 (3): 212-218 https://doi.org/10.1097/anc.0000000000000582

30 Breastfeeding and the risk of dental caries: a systematic review and meta-analysis (24 July 2015) Tham et al, Acta Paediatrica https://doi.org/10.1111/apa.13118

31 Exclusive Breastfeeding and Risk of Dental Malocclusion (June 2015) Peres et al, Pediatrics https://doi.org/10.1542/peds.2014-3276

32 Breastfeeding and dental health (30 January 2019) Public Health England https://www.gov.uk/government/publications/breastfeeding-and-dental-health/breastfeeding-and-dental-health

33 Asthma: Infant Health Research, UNICEF https://www.UNICEF.org.uk/babyfriendly/news-and-research/baby-friendly-research/infant-health-research/infant-health-research-asthma/

34 CYP 0-4 Years: Engagement Workshop Attendee Pack (29 November 2023) Kent County Council

35 Brain and Cognitive Development, UNICEF https://www.UNICEF.org.uk/babyfriendly/news-and-research/baby-friendly-research/infant-health-research/infant-health-research-brain-and-cognitive-development/

36 Inquiry into the cost of infant formula in the United Kingdom (November 2018) All-Party Parliamentary Group on Infant Feeding and Inequalities http://www.infantfeedingappg.uk/inquiry-report/

37 What the cost of living crisis means for the diets of infants and young children and recommended actions (May 2023) First Steps Nutrition https://www.firststepsnutrition.org/publications

38 Finances are a struggle and I feel like a failure: the cost of infant feeding choices today (Dec 2023) British Pregnancy Advisory Service https://www.bpas.org/about-bpas/press-office/press-releases/bpas-report-calls-for-bold-measures-to-tackle-surge-in-formula-costs/

39 Why invest, and what it will take to improve breastfeeding practices? (January 30, 2016) Rollins et al, The Lancet https://doi.org/10.1016/S0140-6736(15)01044-2

40 Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK (2012) Renfrew et al, UNICEF UK https://www.UNICEF.org.uk/babyfriendly/wp-content/uploads/sites/2/2012/11/Preventing_disease_saving_resources.pdf

41 Infant milks marketed as foods for special medical purposes (FSMP): The case for regulatory reform to protect infant health (2022) Baby Feeding Law Group https://www.bflg-uk.org/our-work#reports

42 Climate Change, Food Supply and Dietary Guidelines (2021) Binns. C. et al, Annual Review of Public Health, Vol. 42:233-255 https://doi.org/10.1146/annurev-publhealth-012420-105044

43 Support for breastfeeding is an environmental imperative (2019) Joffe et al, BMJ https://doi.org/10.1136/bmj.l5646

44 Benefits of Breastfeeding, UNICEF https://www.unicef.org.uk/babyfriendly/about/benefits-of-breastfeeding/

45 Interim Report, Breastfeeding Insights Study (September 2023) University of Kent

46 Equity and equality action plan, Kent and Medway Local Maternity and Neonatal System (November 2022) https://www.kentandmedway.icb.nhs.uk/get-involved/engagement-projects/current-engagement-projects/perinatal-equity-and-equality

47 Tongue-tie and frenotomy in infants with breastfeeding difficulties: achieving a balance (2014) Power, RF and Murphy, JF, Archives of Disease in Childhood https://pubmed.ncbi.nlm.nih.gov/25381293/

48 Interim Report, Breastfeeding Insights Study (September 2023) University of Kent

49 Supporting breastfeeding grief – a collection of resources, Professor Amy Brown https://professoramybrown.co.uk/articles/f/supporting-breastfeeding-grief---a-collection-of-resources

50 Interim Report, Breastfeeding Insights Study (September 2023) University of Kent

51 About the Baby Friendly Initiative, UNICEF https://www.unicef.org.uk/babyfriendly/about/

52 Infant Feeding Support Competencies Framework (March 2023) https://ukbreastfeeding.org/infant-feeding-support-competencies/

53 Side-Car Cribs & Bedside Cots, Basis https://www.basisonline.org.uk/hcp-side-car-cribs-bedside-cots

54 Supporting families with children under 12 months experiencing food insecurity: a guide for local authorities and health boards, UNICEF https://www.unicef.org.uk/babyfriendly/local-authorities-guide

55 Example menus for early years settings in England (November 2017) Public Health England https://www.gov.uk/government/publications/example-menus-for-early-years-settings-in-england

56 Eat Better Start Better: a practical guide (2017) Action for Children https://foundationyears.org.uk/eat-better-start-better/

57 The international code of marketing of breastmilk substitutes, UNICEF, https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/international-code-marketing-breastmilk-substitutes-resources/the-code/

58 Commissioning infant feeding services: a toolkit for local authorities (June 2016) Public Health England https://www.gov.uk/government/publications/infant-feeding-commissioning-services

59 Family Hubs and Start for Life programme guide (August 2022) Department for Education and Department of Health & Social Care https://www.gov.uk/government/publications/family-hubs-and-start-for-life-programme-local- authority-guide

60 Community engagement: improving health and wellbeing: Quality Standard QS148 (March 2017) NICE https://www.nice.org.uk/guidance/qs148

Further information

For further information about any aspect of this strategy please contact:
startforlife@kent.gov.uk

Kent County Council

Alternative formats

If you require this strategy in an alternative format or language please email alternativeformats@kent.gov.uk or call 03000 421553 (text relay service number: 18001 03000 421553). This number goes to an answering machine, which is monitored during office hours.