

Breastfeeding rates in the UK have stagnated, as they have in many places around the world. We need effective action now.

Breastfeeding rates around the world have risen slowly over the last few decades, thanks to a number of significant global initiatives such as the UNICEF Baby Friendly Initiative (BFI or BFHI), the International Code of Marketing of Breast-milk Substitutes (the Code), the Innocenti Declaration, and WHO's *Global Strategy for Infant and Young Child Feeding*. We can celebrate some definite improvement, but still less than 40% of babies worldwide benefit from exclusive breastfeeding for six months. **In the UK, while breastfeeding rates have slowly increased over time, only 1% of babies are exclusively breastfed for six months.**

While the overall global rates of exclusive breastfeeding have risen only modestly since 1990, in some countries there have been marked increases. This has only been achieved in countries where a combination of **several** actions guided by the *Global Strategy* have been implemented: a combination of national legislation on the Code and maternity protection for working women; ensuring that breastfeeding is initiated in maternity facilities along Baby Friendly lines; building health worker capacity to offer skilled counselling on infant feeding to mothers; mother support groups in the community, and well planned communication strategies to promote breastfeeding.

What is the World Breastfeeding Trends Initiative (WBTi)?

In 2005, the International Baby Food Action Network (IBFAN) launched the World Breastfeeding Trends Initiative (WBTi): a collaborative initiative to assess and monitor ten key breastfeeding policies and programmes, drawn from the WHO *Global Strategy* and the Innocenti Declaration. The WBTi is not a report card by an outside agency: the assessment and strategies are developed within each country by the partner stakeholder agencies themselves, working together to highlight gaps in implementation and stimulate action to bridge them. Each country's results are clearly displayed on the WBTi website, providing further impetus to governments to act.

For breastfeeding to be successful mothers and families need the right support along the whole course of breastfeeding, from giving birth in a Baby Friendly Hospital to going home to find skilled local support from Midwives, Health Visitors, GPs, and mother support groups throughout their communities for as long as they need it, and then maternity protection and breastfeeding breaks when they return to work. It means accurate information about breastfeeding, without marketing pressure from manufacturers, throughout society, from friends, family and the media as well as health professionals, all the way to policy makers.

Mothers and babies need the full network of support that is measured by the WBTi.

WBTi Ten indicators of policy and programme

1. **National Policy, Programme and Coordination:** Countries without a comprehensive policy on infant and young child feeding, spearheaded by a national coordinator, make less progress. (See: http://www.who.int/nutrition/topics/global_strategy/en/)
2. **Baby Friendly Hospital Initiative, or Baby Friendly Initiative.** Breastfeeding rates have been shown to be higher among babies born in baby-friendly hospitals than among babies born in other hospitals.
3. **Implementation of the International Code of Marketing of Breast-milk Substitutes:** Clever slogans, striking images, giving out of free samples or supplies, and all kinds of attractive gifts have been used to persuade mothers, health professionals and workers that bottle feeding is as good as breastfeeding. The provisions of the Code and WHA resolutions need to be enacted in national legislation and fully enforced.
4. **Maternity Protection in the Workplace:** One of the commonest reasons mothers give for stopping breastfeeding is because they have to return to paid employment, women need adequate paid maternity leave and breastfeeding breaks in the workplace.
5. **Health and Nutrition Care System** (in support of breastfeeding and infant and young child feeding): health professional training in breastfeeding.
6. **Mother Support and Community Outreach:** Community-based support for the pregnant and breastfeeding mother: access to and skills of mother support groups and other community support.
7. **Information Support:** Comprehensive national information, education and communication strategy with accurate information on infant and young child feeding, at every level from national to local facility, community and family.
8. **Infant Feeding and HIV:** Policies and programmes to support HIV+ mothers in their feeding decisions supported by up to date evidence (WHO Guidelines on HIV and infant feeding 2010)
9. **Infant Feeding during Emergencies:** In disaster situations it is difficult to use formula and bottles safely. Disasters and emergencies can happen in any country; the best preparation is good breastfeeding practices.
10. **Mechanisms of Monitoring and Evaluating Systems:** Are monitoring and evaluation data regularly collected and used to improved infant and young child feeding practices?

WBTi Five indicators of practice

1. Percentage of babies breastfed within one hour of birth
2. Percentage of babies 0-6 months of age exclusively breastfed in the last 24 hours
3. Median duration of breastfeeding in months
4. Percentage of breastfed babies less than 6 months old receiving other foods or drinks from bottles
5. Percentage of breastfed babies receiving complementary foods at 6-9 months of age

For more information and updates on the UK WBTi Working Group see: www.lcgb.org/wbtiu



World Breastfeeding Trends Initiative (WBTi)

Why the UK should join WBTi

- Because we need a tool to measure UK breastfeeding policies and programmes.
- Because we can't ask the rest of the world to reach for WHO goals of 50% exclusive breastfeeding for six months while being satisfied with 1% exclusive breastfeeding for six months ourselves!
- Because the UK is a leader in the developing world; other countries look to the UK for policies and programmes.
- Because so many of the developing world's leaders in health professions, government and health policy come to the UK for training, so our infant and young child feeding education programmes have a global impact.
- Because even in developed countries, poor breastfeeding practices are costing the UK at least £40 million a year in increased health costs for both mothers and babies,

www.unicef.org.uk/Documents/Baby_Friendly/Research/Preventing_disease_saving_resources.pdf

What health professionals and their associations can do

- Follow the recommendations in the Baby Friendly Initiative and the Code.
- Develop and practise policies free from conflicts of interest.
- Organise public lectures around gaps and create awareness.
- Work within your institution to support Baby Friendly standards of best practice and education.
- In universities and health professional education institutions: strengthen pre-service education in human lactation and breastfeeding.

What public interest groups can do

Widely disseminate the findings of assessments by:

- Holding workshops or seminars nationally to share the findings with policy makers and other organisations.
- Calling for action on key indicators at a local level, eg maternity entitlement and policy action on breastfeeding as part of national policy and legislation.
- Holding media briefings.
- Informing your local and national representatives of the importance of breastfeeding and your country's performance on this.
- Organising public action like rallies and breastfeeding sit-ins to focus on the importance of the assessment.
- Holding public hearings and mock trials (against companies, businesses, professional associations or health care institutions that are violating the Code and related legislation).

What government can do

- Conduct formal assessments every 3-5 years.
- Make public commitments to enhance breastfeeding rates.
- Hold inter-sectoral and inter-departmental meetings and workshops to devise creative ways to support women to breastfeed.
- Design and launch media campaigns on services provided as a response.
- Support family friendly policy changes that promote, support and protect women to breastfeed.
- Support a system of human milk banking to support women to initiate and/or maintain exclusive breastfeeding, and to support vulnerable infants.

What you can do

In the UK a growing group of organisations are already working together to start the assessment, supported by LCGB and UNICEF Baby Friendly UK. You can help us by:

- Helping us fill in the gaps (see our newsletters/website & social media).
- Collecting data for WBTiUK on breastfeeding policies and programmes in the UK.
- Finding out and letting us know if your university, hospital or organisation is meeting the standard for infant and young child feeding policy and practice.
- Calling for action on implementation of the International Code and maternity protection including breastfeeding breaks at work.
- Raising awareness with UK policy makers and health professional leadership.
- Making donations to support our work.

Contact us at: wbtium@gmail.com
www.lcgb.org/wbtium

Currently 82 countries are participating in the WBTi; the latest report and details are available online at
www.worldbreastfeedingtrends.org