## Key gaps and recommendations

### Indicator 1 National policy, programme and coordination
Is there a national infant and young child feeding strategy, a national coordinating committee and a national coordinator, as recommended in the Global Strategy?

- **a.** No previous WBTi Report for Scottish government to consider.  
- **b.** No established UK-wide infant feeding (IF) group for sharing good practice.

**Key recommendations**
- **a.** Scottish government to ensure that its own strategic breastfeeding groups consider all aspects of the WBTi Report within its action plans  
- **b.** Government to support establishing a high-level, sustainable UK-wide IF group for policy leads and special advisors to share good practice.

**Score:** 10

### Indicator 2 Baby Friendly Initiative
Do all mothers have access to accredited Baby Friendly maternity care?

- **No significant gaps.**

**Score:** 9.5

### Indicator 3 International Code of Marketing of Breastmilk Substitutes
Are the provisions of the International Code and subsequent World Health Assembly Resolutions enacted in national legislation and fully enforced?

**The Code is not fully implemented in Scotland and enforcement of the existing Regulations is uncertain (Food Standards Scotland (FSS) monitors violations).**

**Key recommendations**
- Government and FSS to support improvements to the current EU Commission Directive and strengthening of the UK Infant Formula and Follow-on Formula Regulations. The responsible policy areas and authorities to take coordinated action to enforce the Regulations.

**Score:** 6

### Indicator 4 Maternity protection
Do women have adequate paid maternity leave and breastfeeding breaks?

- **a.** No legally required provision for breastfeeding breaks or suitable facilities in workplaces, educational institutions and the judicial system  
- **b.** Access to employment tribunals limited by high fees.

**Key recommendations**
- **a.** Government to legislate for reasonable breastfeeding breaks and suitable facilities for breastfeeding/expressing in workplaces, educational institutions and the judicial system.  
- **b.** Government to ensure that tribunal access is available to women from all income brackets.

**Score:** 6.5

### Indicator 5 Health professional training
Are all health professionals who work with mothers and babies adequately trained to support breastfeeding?

- **a.** Most pre-registration training for healthcare practitioners (HCPs) who work with mothers, infants and young children has many gaps in the high-level standards and curricula, unless it is accredited by the Unicef UK Baby Friendly Initiative (BFI).  
- **c.** There is low uptake of the short BFI online training for paediatricians and GPs and no consistent training for obstetricians.  
- **d.** IF leads often do not have an IF qualification.

**Key recommendations**
- **a.** Institutions responsible for relevant pre-registration training standards and curricula to amend the MINF to ensure they set mandatory minimum standards for core knowledge on breastfeeding and young child feeding for HCPs who work with mothers, infants and young children. These to align with World Health Organization (WHO)/BFI standards.  
- **b.** All relevant bodies to continue to implement the MINF action plan and identify remaining gaps.  
- **c.** Government to amend the current MINF to ensure training standards, curricula and access to training enable doctors (paediatricians, obstetricians, GPs) to meet basic standards of knowledge in infant and young child feeding (IYCF), pre- and post-registration.  
- **d.** Health boards to require IF leads to have an IF qualification.

**Score:** 6

### Indicator 6 Community-based support
Do all mothers have access to skilled breastfeeding support from health professionals and others in the community?

- **No gaps.**

### Indicator 7 Information support
Is there a comprehensive national information, education and communication strategy, with accurate information on infant and young child feeding at every level?

- **No significant gaps.**

### Indicator 8 Infant feeding and HIV
Are national policies and programmes to support HIV+ mothers in their feeding decisions supported by up-to-date evidence?

- **MINF does not cover HIV and breastfeeding.**  
- **Misinformation on HIV and IF is widespread, and HCPs/community workers do not all receive relevant up-to-date training on HIV and IF.**

**Key recommendations**
- Government to extend the MINF to include HIV and breastfeeding, and train all HCPs/community workers on up-to-date WHO and British HIV Association recommendations on HIV and IF.

**Score:** 4.5

### Indicator 9 Infant and young child feeding during emergencies
Are guidelines in place to provide protection to infants and young children in case of emergency?

- **No national strategy addressing IYCF in emergencies.**

**Key recommendations**
- Government to develop a national strategy for IYCF in emergencies that is integrated into existing emergency-preparedness plans.

**Score:** 1

### Indicator 10 Monitoring and evaluation
Are monitoring and evaluation data regularly collected and used to improve infant and young child feeding practices?

- **There is no routine data collection beyond 6–8 weeks.**

**Key recommendations**
- Government to set up additional routine data collection beyond 6–8 weeks, to include 4 months, 6 months, introduction of solids, 12 months and duration of breastfeeding, including qualitative data.

**Scores are out of 10:** 0–3.5 | 4–6.5 | 7–9 | ➔

**Subtotal:** 71.5/100

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Full report available from ukbreastfeeding.org/wbtiuk2016
What is the WBTi?

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

### WBTi UK Core Group members

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

### Feeding practices: Indicators 11–15

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
<th>Subtotal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator 11</td>
<td>Early initiation of breastfeeding within 1 hour of birth</td>
<td>9</td>
</tr>
<tr>
<td>Indicator 12</td>
<td>Mean percentage of babies 0–&lt;6 months exclusively breastfed</td>
<td>6</td>
</tr>
<tr>
<td>Indicator 13</td>
<td>Median duration of breastfeeding</td>
<td>3</td>
</tr>
<tr>
<td>Indicator 14</td>
<td>Bottle feeding: percentage of babies of 0–12 months fed with bottle</td>
<td>3</td>
</tr>
<tr>
<td>Indicator 15</td>
<td>Complementary feeding: percentage of babies receiving solids by 8 months</td>
<td>10</td>
</tr>
</tbody>
</table>

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

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

**Total score 102.5/150**

### Committee on the Rights of the Child recommendations

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

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