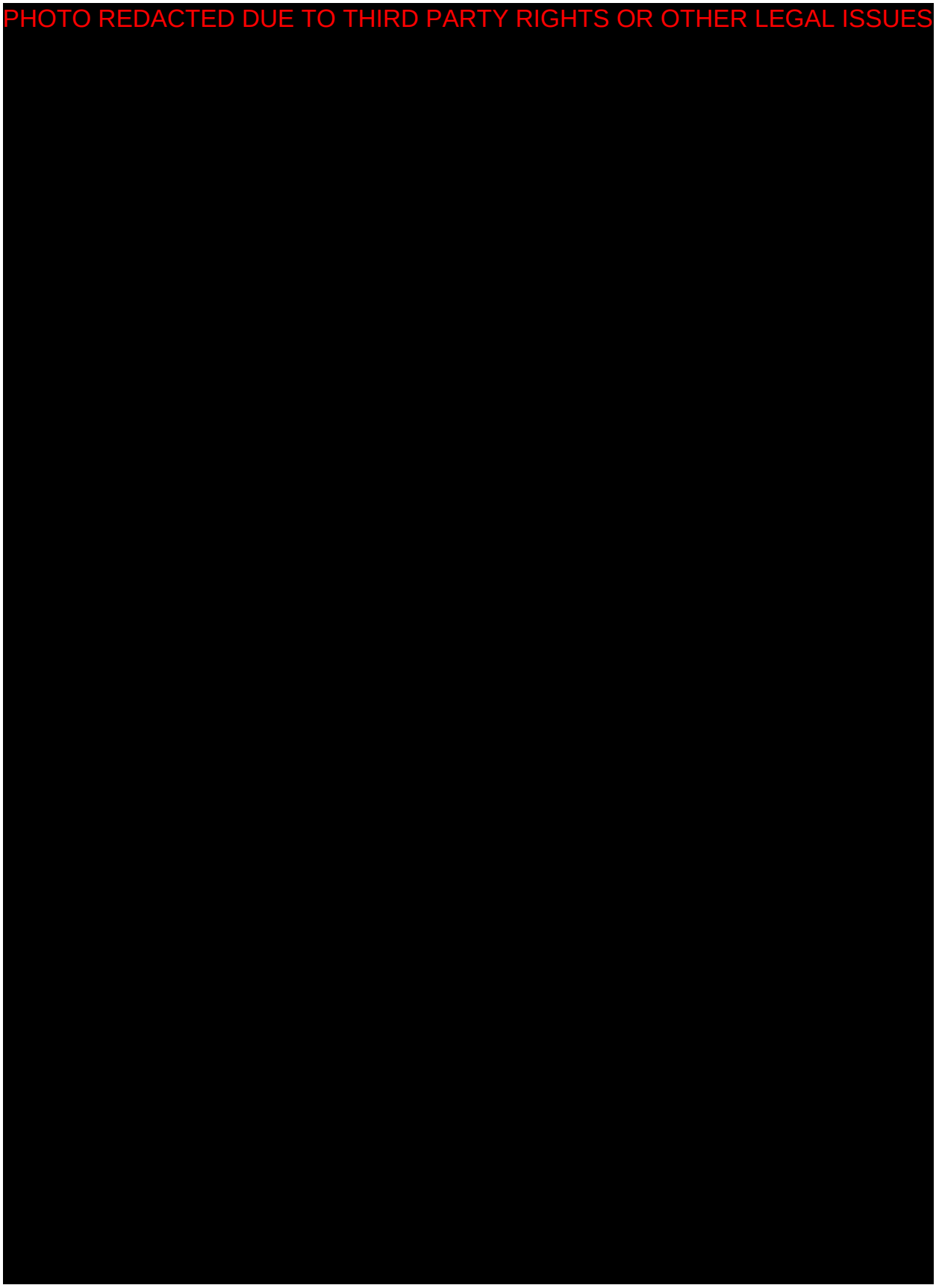
BECOMING BREASTFEEDING FRIENDLY SCOTLAND REPORT



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BECOMING BREASTFEEDING FRIENDLY SCOTLAND REPORT

bbf becoming breastfeeding friendly
A GUIDE TO GLOBAL SCALE-UP

Yale SCHOOL OF PUBLIC HEALTH

CHSS University of Kent

BBF SCOTLAND RECOMMENDATIONS

OVERVIEW

The BBF Scotland committee has prioritised a set of eight recommendations to take forward in order to scale up the protection, promotion and support of breastfeeding in Scotland.

These recommendations have been developed through the evidence-based Becoming Breastfeeding Friendly (BBF)

"The BBF process has been very useful for reviewing the Scottish Government's breastfeeding programme and policies.

"The high BBF Index score confirms that we are getting most things right but there is always room for improvement and we will focus our efforts on driving this forward.

"We would like to thank the expert group and Kent and Yale Universities for their input."

Linda Wolfson, Scottish Government Breastfeeding Programme Lead

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Background

Breastfeeding and the provision of human milk is the most accessible and cost-effective activity available to public health, which is known to prevent a range of infectious and non-communicable diseases (NCDs), specifically gastro-enteritis, childhood obesity, diabetes type 2 and maternal breast cancer[1,2]. However, global efforts to further improve exclusive breastfeeding rates have had limited success, in part because effective scaling-up frameworks and roadmaps have not been developed[3]. Breastfeeding rates in Scotland have improved in recent years, with an increase from 44% (2001/2002) to 51% (2017/2018) of babies reportedly receiving 'any breastfeeding' at first health visitor visit at 10-14 days, and the proportion of babies being breastfed at 6-8 weeks rising from 36% of babies (born in 2001/02) to 42% of babies (born in 2017/18)[4]. However, the figures remain relatively low and drop off rates high when compared to other countries and recommended targets, with breastfeeding rates lower among women in areas of higher deprivation, exacerbating health inequalities.

BBF

The Becoming Breastfeeding Friendly (BBF) toolkit was developed through highly structured technical and academic collaboration, led by Yale University and has been piloted in Mexico and Ghana. In the short term, it provides an evidence-based tool to guide countries in assessing their breastfeeding status and their readiness to scale up. In the long term, it supports countries to identify the concrete measures they can take to sustainably increase breastfeeding rates, based on data-driven recommendations.

The BBF Gear Model is made up of eight simultaneous conditions which sustain breastfeeding: the gears. This conceptual model illustrates how each gear must be sufficiently mobilised to turn the next, whilst the central Coordination gear gathers and delivers timely feedback.

Figure 1: The BBF Gear

Through the BBF process, country expert committees assess the status of each 'gear' in the BBF Gear Model to deliver a complete picture of the state of action on breastfeeding. This is done by scoring a series of benchmark questions under each gear to determine the extent to which the gear is mobilised[5]. Through assessing these 54 benchmarks within the eight gears, countries are better enabled to decide subsequent actions to be taken after their own assessment.

[1] Victora et al (2016) Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. Lancet 387 10017: 475–490.
[2] Renfrew M et al (2012) Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK, UNICEF UK
[3] Pérez-Escamilla et al (2018) Becoming Breastfeeding Friendly Index: Development and application for scaling-up breastfeeding programmes globally. Matern Child Nutr. 2018;e12596.
[4] Information Services Division Scotland (2018) Infant Feeding Statistics Scotland. Financial Year of Birth 2017/18
[5] See Annex 01 for the Benchmarks for each Gear in the BBF Model

Led by the University of Kent, breastfeeding experts from a range of statutory and non-statutory organisations across Scotland, Wales and England attended the first GB Engagement Committee in December 2017. Northern Ireland was unable to participate in the BBF process. At the meeting, participants agreed to deliver BBF separately in each country to reflect structural and cultural variation. Since then, the University of Kent has been supporting three locally developed Country Committees of experts in England, Scotland and Wales to carry out the 5 step meeting process. The BBF GB committee has continued in a 'critical friend' role across the three country committees, as appropriate.

BBF in Scotland

The BBF Scotland committee has representation from Scottish Government, diverse NHS organisations, public health, academic and third sector organisations and a royal college. Scottish Government acted as the in-country coordinator and co-chaired the Scottish BBF Committee supported by University of Kent team. They also allocated gear roles according to expertise.

Figure 2: BBF 5 meeting process

Starting the BBF 5 meeting process in May 2018, the BBF Scotland gear teams used document and (social) media searches, collaborative reviews and interviews to document existing policy, practice and gaps from the previous 12 months in response to each of the 54 benchmarks. Based on this work, the gear teams produced both a final set of scores[6] for each benchmark (from '0' to '3') and 19 initial recommendations in October 2018.

The table below shows the scores for each gear (*the total benchmark score for the gear / number of benchmarks in each gear*). Some scores, such as elements of the Legislation and Policy gear, reflect the wider UK context where powers are not devolved.

[6] See Annex 02 for the BBF Scoring Methodology

<u>The final, weighted BBF Index score for Scotland, taking all gears into consideration, was 2.4. This represents a strong scaling up environment</u>.

Figure 3: BBF Scotland Gear Scores

In October 2018, BBF Scotland and BBF GB members assessed these recommendations based on their effectiveness, affordability and feasibility through an online prioritisation survey delivered by the University of Kent. At Meeting 4 in late October 2018, the BBF Scotland committee went on to group the recommendations thematically using the feedback of the prioritisation survey received and facilitated discussion. They also formulated wording under these themes to best reflect the evidence and actions needed to deliver change, and with a view to current developments in the breastfeeding context.

This process produced eight recommendation themes focusing on mothers, babies and families – and what would need to be in place to sustainably improve their experience, care and support, and ensure whole system action on breastfeeding in Scotland. Embedded throughout the recommendations is an emphasis on using evidence and data - including the voices of women and families - to strengthen the whole system, public health approach to breastfeeding. These recommendations also acknowledge that attention must be paid to the Scottish context in terms of geographical and socio-economic variation. For some elements, this may necessitate more targeted or tailored approaches to realise these universal recommendations.

The wording of the themes and accompanying recommendations was further clarified and built into a 'BBF Scotland recommendations and briefing pack' between November 2018 and January 2019, with the draft version circulated to BBF Scotland members for feedback in March 2019. Their feedback has been integrated here in this final version.

This pack contains a set of briefings detailing the eight themes and their accompanying recommendations and actions. The eight themes are:

1. *Strengthening and coordinating breastfeeding messages across Scotland*
2. *Reinforcing political will for breastfeeding among high level decision makers*
3. *Ensuring consistent, long term government funding commitments underpin Scotland's multi-component breastfeeding strategy*
4. *Promoting a supportive return to work environment for breastfeeding women through greater awareness and application of maternity, employment and child care provisions*
5. *Strengthening, enforcing and monitoring legislation in Scotland that supports the International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions*
6. *Developing coordinated, consistent and evidence-based learning outcomes across education and training programmes, based on role-appropriate competency frameworks*
7. *Ensuring families have equitable access to evidence-based infant feeding support when and how they need it through multi-component, structured models of care*
8. *Ensuring reliable, comprehensive, explanatory and comparable data on Infant Feeding for monitoring and commissioning purposes*

Theme 1: Strengthening and coordinating breastfeeding messages across Scotland

Recommendation 1: Develop and implement a breastfeeding advocacy and promotion strategy which brings together and builds upon activity happening at local, regional and national levels, in order to build awareness of and support for breastfeeding at multiple levels from community to government.

This will include building a cohesive network of Scottish advocates and developing a coordinated events calendar building on existing activity.

Relevant BBF Scotland Gear scores: Advocacy: 2.0; Promotion: 1.7

Why is this recommendation necessary?

An international evidence review of the factors affecting breastfeeding identified a series of multiple level determinants, including socioeconomic, cultural, health system, historical and individual factors, that influence breastfeeding decisions and behaviours over time[7]. These factors were born out in the recent Scottish Maternal and Infant Nutrition Survey (2017)[8], which highlighted variation by maternal age and socio-economic status, and the influence of pre-birth feeding intention, previous feeding experience, feeding method on leaving hospital and feeding support to deal with feeding problems, concerns about milk supply and maternal wellbeing.

The successful protection, promotion and support of breastfeeding should therefore acknowledge this complexity and respond with measures that build on positive work to date to address these multiple layers. This should include: strengthening legislation and policy, developing service provision and promoting positive social attitudes and norms through strong advocacy that acknowledges the value of breastfeeding and the promotion of cohesive and consistent messages[9]. Detailing their six recommendations, Rollins et al (2016) call for the robust dissemination of evidence, not just to mothers, but at all levels, from community and healthcare providers to policy and decision makers, in order to drive political will and commitment and address the negative societal attitudes and systemic barriers that prevail.

The policy context in Scotland has shown commitment to increasing breastfeeding through the Improving Maternal and infant Nutrition: A Framework for Action (MINF, 2011)[10] and Breastfeeding Programme for Government[11]. Specifically, under the 'Diet and Healthy Weight Delivery plan' (2018)[12], Scottish Government has committed to the 'stretch aim' of reducing the drop off in breastfeeding rates at six to eight weeks after birth by 10% by 2025 through collaborative work with Health Boards and the third sector to support women in ways that work best for them. There is recognition that this work must be underpinned by multiple level strategic action to strengthen commitment to breastfeeding and create an enabling environment in terms

[7] Rollins et al (2016) Why invest, and what it will take to improve breastfeeding practices? Lancet vol 387 (10017):491-504.
[8] Scottish Government (2017) Scottish maternal and infant nutrition survey 2017
[9] Rollins et al (2016) Why invest, and what it will take to improve breastfeeding practices? Lancet vol 387 (10017):491-504.
[10] Scottish Government (2011) Improving maternal and infant nutrition: a framework for action.
[11] Scottish Government. Breastfeeding Programme for Government 2018-19
[12] Scottish Government (2018) A healthier future: Scotland's diet and healthy weight delivery plan

of awareness, knowledge and evidence, leadership and resourcing. Contributing towards this, Scotland has further invested in universal Unicef UK Baby Friendly Initiative (BFI), delivering 100% coverage, and building a strong environment of knowledgeable and consistent practitioners among those most often working with mothers and babies. Infant Feeding Advisers throughout Scotland's Health Boards are connected through the Scottish Infant Feeding Adviser Network (SIFAN) and NeoSIFAN with a focus on quality improvement. A national Maternal and Infant Nutrition Coordinator has been in post from 2008 and had breastfeeding as a large part of the remit. A new role of Scottish Government Breastfeeding Programme Lead under the Breastfeeding Programme for Government will play a more direct role in policy, coordination and the development of national campaigns.

Maintenance of this investment through an evidence-based, multiple level advocacy strategy is vital to the sustainability of the advances seen[13]. This will drive the resources for workforce development, program delivery and promotion, with system feedback informing and strengthening the advocacy methodology and messages delivered. In their joint Advocacy Strategy report, Unicef and WHO (2015)[14] cite successful national case studies in a diversity of countries, realised through strategic programming, strong national leadership and adequate funding. They set out a framework for breastfeeding advocacy, which also underlines how this advocacy can further reinforce outcomes in other sectors, such as early childhood development, food security and the environment, as well as children's and women's rights. The recent development in Scotland of the Breastfeeding Advocacy Lead role, funded through Scottish Government and hosted by NHS Ayrshire and Arran, will support the development and delivery of such as strategy.

Coupled and integrated with the advocacy strategy, a long term, multi-component and evidence-based promotion strategy is required to raise awareness of breastfeeding across a range of settings[15]. This strategy should focus on 'normalising' breastfeeding, enabling it to be seen as worthwhile, normal, desirable and beneficial – but ensuring breastfeeding is described realistically and sensitively, acknowledging the difficulties and ensuring appropriate support is available.

Again, multi-component work is necessary to respond to the complexity of the breastfeeding landscape. The strong influence of the media and its shaping of breastfeeding as problematic[16] is pervasive, but constitutes just part of the environment which affects the initiation and duration of breastfeeding. Improving Maternal and Infant Nutrition: a Framework for Action (2011) notes the importance of family and community dynamics, the healthcare system and public health policies – and that information about breastfeeding needs to compete with information on a host of other issues[17]. This is reflected in a 2018 systematic review and meta-analysis of breastfeeding promotion interventions[18] which found women receiving them were 2.77 times more likely to continue exclusive breastfeeding six months after birth, with implications for return on investment and cost-benefit[19]. However, this uplift was dependent on a series of factors which determined

[13] Pérez-Escamilla et al (2012) Scaling Up of Breastfeeding Promotion Programs in Low- and Middle-Income Countries: the "Breastfeeding Gear" Model. American Society for Nutrition. Adv. Nutr. 3: 790–800, 2012

[14] Unicef and WHO (2015) Breastfeeding Advocacy Initiative. For The Best Start In Life

[15] Mangasaryan et al (2012) Breastfeeding promotion, support and protection: review of six country programmes. Nutrients. 2012;4(8):990-1014.

[16] Henderson et al (2000) Representing infant feeding: content analysis of British media portrayals of bottle feeding and breastfeeding.

[17] Scottish Government (2011) Improving Maternal and Infant Nutrition. A Framework for Action

[18] Sun Kyung Kim et al (2018) Interventions promoting exclusive breastfeeding up to six months after birth: A systematic review and meta-analysis of randomized controlled trials. Int. J. Nurs. Stud. 80 (April) (2018) 94–105

[19] Renfrew et al (2012) Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK. London: UNICEF UK, 2012; Rollins et al (2016) Why invest, and what it will take to improve breastfeeding practices? Lancet vol 387 (10017):491-504.

the effectiveness of breastfeeding promotion interventions, including: multi-component nature; professional involvement; precise protocol for provider training; intervention delivery spanning pre to post-natal periods; and action across both hospital and community settings. At present in Scotland, in addition to the structural changes delivered through Unicef UK Baby Friendly and the Infant Feeding Advisor networks, there are raft promotional activities in place through statutory and third sector organisations. The BBF Scotland committee acknowledged the advances made, noting the added value of further work to evaluate the impact of existing promotional materials, learn from the evidence base on the best way to develop promotion in a way that would suit the Scottish context, and bring this evolving multi-component promotion activity together to be guided through a cohesive and coordinated strategic plan.

What do we want to happen?

- The primary function of the strategy would be to deliver in positive, cohesive and coherent messages relating to breastfeeding, integrating advocacy and promotional actions across multiple related systems and improvement strategies, grounded in Scotland's context.
- For example, the work should support the delivery of Action 1.2 in Scotland's Diet & Healthy Weight Delivery Plan[20] to reduce the drop off in breastfeeding rates at 6-8 weeks by 10% by 2025 by supporting those women who want to breastfeed with any challenges and signposting them to relevant help/support. The work should acknowledge and incorporate its development, existing national marketing and advocacy campaigns.
- The strategy should engage, harness and promote lay and professional voices, unifying activity taking place at a local, regional and national level; and target key decision makers in government departments and other professional bodies making policy related to or impacted by infant feeding. A key output would be a single programme of events.
- The strategy should incorporate existing evidence and evidence based approaches. For example, it should align with Scottish Government's national parental audience marketing strategy; and build on existing resources, e.g.: parentclub.scot, social channels and Off to a Good Start[21] as key delivery channels that parents to be and new parents are engaging with.
- Alongside work to strengthen self-efficacy and normalise breastfeeding culturally, it should also undertake further insight research, where necessary, to inform action required, utilising behaviour change theories to drive a change in society's thinking and dismantle barriers to breastfeeding experienced by women.
- The strategy would evaluate and use learning from previous breastfeeding and wider health campaigns. For example, it should adapt the messaging in Off to a Good Start to take careful note of the MIN survey[22] results and provide key messages in a more effective way.
- Led by the evidence, the strategy should undertake nationally coordinated activity which provides a unifying approach and resonates with the target audience and key stakeholders

[20] Scottish Government (2018) A healthier future: Scotland's diet and healthy weight delivery plan
[21] NHS Health Scotland (2016) *Off to a Good Start: all you need to know about breastfeeding.* Edinburgh: NHS Health Scotland, 2016.
[22] Scottish Government (2018) Scottish maternal and infant nutrition survey 2017

including Health Boards. This could be adaptable to local settings and populations but recognisable as a nationally promoted and endorsed campaign.

- By bringing together local, regional and national advocates into a cohesive network, it will be possible to coordinate local, regional and national events into a single coherent programme of events across the year, with valued involvement of third sector organisations.

How will this be done?

- Under the Breastfeeding Programme for Government, a National Advocacy Lead post has recently been appointed, based with NHS Ayrshire and Arran: this role will contribute to a change in the breastfeeding culture in Scotland, delivering effectively-framed breastfeeding advocacy stories locally and nationally and scaling up Breastfeeding Welcome schemes, including the Breastfeeding-friendly Nursery Scheme.
- The National Advocacy lead will usefully work in conjunction with Scottish Government Policy leads and key stakeholders including Health Boards and Third Sector organisations, and the Scottish Government Marketing & Insight team on the process of insight gathering, development of an advocacy and promotional strategy and implementation of national promotional activity. The action plan and evaluation of the contribution of this post would feed into the overall advocacy strategy.
- The work would be aligned with the national parental audience marketing strategy led by the Scottish Government Marketing and Insight team in which breastfeeding is identified as a key topic.
- The strategy will be underpinned by the Improving Maternal and Infant Nutrition: a Framework for Action (2011) implementation plan which was developed under the international benchmark of the World Health Organisation's Global Strategy on Infant and Young Child Feeding[23], building on the Breastfeeding Etc. (Scotland) Act 2005[24] under which it is an offence to stop someone in a public place from feeding their child, if under two, with milk.

What is the likely impact of this recommendation?

- Breastfeeding, as the biological norm, will start to become the cultural norm and be highly visible and prioritised at a systems level.
- Local and regional advocacy and promotion actions will be strongly connected to national frameworks and overview.
- Advocacy and media activity will be coordinated with positive impact on public perceptions of both infant feeding and its advocates.

[23] WHO (2003) Global Strategy for Infant and Young Child Feeding
[24] https://www.legislation.gov.uk/asp/2005/1/contents

- Through careful messaging that incorporates women's voices, experience and advice and the systematic monitoring of impact, the strategy will promote a positive breastfeeding culture, reducing the amount of negative feedback and campaigning.

Strengthening and coordinating breastfeeding messages across Scotland

Aim: develop & implement a breastfeeding advocacy and promotion strategy at multiple levels

Working with the Scottish Government Marketing and Insight team, Policy leads and key stakeholders including Health Boards and Third Sector organisations, this recommendation sets out to deliver the following objectives

- Integrate breastfeeding advocacy and promotional actions across multiple related systems and improvement strategies
- Engage, listen to and promote lay and professional voices, developing more consistent breastfeeding messages
- Incorporate existing evidence and evidence based approaches for advocacy and promotion
- As part of bringing together advocates into a cohesive network, coordinate local, regional and national events into a single coherent programme of events
- Undertake further research and insight gathering, where necessary, to inform and deliver theory and evidence driven actions

What will success look like?

Based on best evidence, this would result in an increase in breastfeeding rates, which would mean improvements in…

Coordinated advocacy and promotional activity with positive impact on public perceptions

Local and regional actions strongly connected to national frameworks and strategy

Breastfeeding highly visible at a systems level

Theme 2: Reinforcing political will for breastfeeding among high level decision makers

Recommendation 2: To gain and maintain support from policy officials as well as other influential officials (for example, councils and the relevant Royal Colleges) in order to collaborate and formalise efforts for legislative change and advocacy for breastfeeding.

Relevant BBF Scotland Gear scores: Political Will: 3.0; Advocacy: 2.0; Legislation and Policies: 1.6

Why are these recommendations necessary?

Political will is fundamental to establish and maintain supportive environments through legislative, policy, programme and resource commitments: '*The success or failure of breastfeeding should not be seen solely as the responsibility of the woman. Her ability to breastfeed is very much shaped by the support and the environment in which she lives. There is a broader responsibility of governments and society to support women through policies and programmes in the community*.' (WHO, 2016)

Rollins et al[25] in the Lancet's Breastfeeding series (2016) make six recommendations. Among them is an emphasis on political will where politicians demonstrate that they value how breastfeeding promotion can save both lives and money, in spite of the complexity of making impact statements and opposition from industry partners. The economic gains provided by breastfeeding through increased cognitive function, reduced health-care costs, and the benefits of breastfeeding to the environment should be fully appreciated and evaluated when funding for the promotion and protection of breastfeeding is assessed. Such outcomes could be used as strong levers to promote, protect and support this political will as well as the objectives it sets out to empower. The authors emphasise that it is vital that political partners appreciate the importance of mainstreaming breastfeeding across preventative strategies and programmes and use their influence to tackle the structural and societal barriers that entrench inequalities through deterring women from breastfeeding.

Likewise, the BBF Scotland committee highlight the value of strong, expert and effective leadership to enable transformational change, acknowledging that this will continue to require dedicated time, skill and considerable effort as well as high level official and ministerial support. It is notable that in Scotland, breastfeeding is increasingly mainstreamed across the policy context: in Improving Maternal and Infant Nutrition: a Framework for Action (2011); Breastfeeding Programme for Government and A Healthier Future Scotland's Diet & Healthy Weight Delivery Plan[26], with ministerial involvement in key events. In order to maintain and extend the work streams delivered through these structures, the BBF Scotland committee advocates ongoing financial prioritisation and consistent expert support which is protected from variation in budget planning and secondment issues. Robust political understanding and commitment will underpin such developments.

[25] Rollins et al (2016) Why invest, and what it will take to improve breastfeeding practices? The Lancet, 387, 491-504.
[26] Scottish Government (2018) A Healthier Future Scotland's Diet & Healthy Weight Delivery Plan

What do we want to happen?

- New Ministers to confirm ongoing support and to agree advocacy involvement aligned to the Breastfeeding Programme for Government.
- Ministers to show a good example by ensuring that they endorse breastfeeding as the norm and the International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions as the norm; Ministers do not engage or take sponsorship of any kind nor endorse products from companies covered within 'the Code.'
- High profile and influential individuals to engage with and appreciate the health and socio-economic value of breastfeeding and raise awareness in the context of Scotland.
- Cross party cooperation to deliver sustainability and commitment across portfolios (e.g.: health, employment, education, environment and business), to align with and support a whole system approach.
- To support the leadership of the Breastfeeding Programme for Government (Scottish Government Breastfeeding Programme Lead) to ensure that effective cultural and clinical change happens and is embedded through evidence based strategy.
- Key officials in policy support arenas to fully commit to supporting policy and Scottish Government.
- A cohesive network of advocates to promote breastfeeding across Scotland and to produce a national advocacy strategy and identify further Scotland based champions; this network should include all relevant sectors, i.e.: health, employment, education, environment, business, the third sector etc.

How will this be done?

- Through meetings with new Ministers and other policy officials to engage them in the work and the need to continue and extend this support and commitment more widely.
- Policy team and professional advisor will meet with Ministers and agree long-term plan under the Breastfeeding Programme for Government.
- Policy team and professional advisor will meet with other officials to gain support for the Breastfeeding Programme for Government long-term plan.
- Through exploration of good practice case studies examples of good political commitment to a long term plan[27, 28.]
- There has been progress made on this as there have been quarterly meetings set up with third sector organisations across Scotland to discuss breastfeeding and share best practice. Ongoing work with the Royal Colleges will provide additional support and insight through, for example, the Royal College of Midwives, the Royal College of General Practitioners, the Royal College of Obstetricians and Gynaecologists; also the CNO, CMO and Directors of Public Health.

[27] Global Breastfeeding Collective (2017) Nurturing the Health and Wealth of Nations: The Investment Case for Breastfeeding
[28] Carroll et al (2018) Perspective: What Will It Cost to Scale-up Breastfeeding Programs? A Comparison of Current Global Costing Methodologies.

- The new National Advocacy post, under the Breastfeeding Programme for Government and hosted by NHS Ayrshire and Arran, will be able to provide support and partnership, with leadership from the Scottish Government's Marketing and Insight team, and Breastfeeding Programme Lead.

What is the likely impact of these recommendations?

- Accessible and timely intelligence available to key decision makers.
- Political will for breastfeeding is embedded and reinforced by clear strategy.
- Enabling environment strengthened through improved action on legislation, policy, programme and funding.
- These recommendations would also inform and strengthen associated strategies and plans: eg: obesity, maternal mental health, oral health.

Reinforcing political will for breastfeeding among high level decision makers

Aim: gain and maintain support from policy officials as well as other influential officials in order to collaborate and formalise efforts for legislative change and advocacy for breastfeeding

Working with key decision makers and policy officials, this recommendation set out to deliver the following objectives

To confirm ongoing strategic support among key decision makers	To agree advocacy involvement aligned to the Breastfeeding Programme for Government	To support BPfG* leadership to deliver effective cultural, legislative and clinical change through evidence based strategy	Key officials in cross-policy support arenas fully commit to supporting Scottish Government policy on breastfeeding

What will success look like?

Based on best evidence, this would deliver…

Accessible and timely intelligence available to key decision makers

Political will for breastfeeding is embedded and reinforced by clear strategy

Enabling environment strengthened through improved cross-policy action on legislation, policy, programme and funding

** BPfG: Breastfeeding Programme for Government*

Theme 3: Ensuring consistent, long term government funding commitments underpin Scotland's multi-component breastfeeding strategy

Recommendation 3: To build on the advances in Scotland's breastfeeding rates and provision to date by ensuring ongoing and adequate funding is prioritised and protected for breastfeeding activities, coordination and maternity protections through core Scottish government funding structures.

Relevant BBF Scotland Gear scores: Funding and Resources: 3.0; Coordination, Goals and Monitoring: 3.0

Why is this recommendation necessary?

The Lancet series on breastfeeding emphasises the fundamental importance of framing breastfeeding as both a public health issue and consequently an issue that can only be addressed by a commitment to long-term, whole-system action[29]. Interventions to raise the duration and exclusivity of breastfeeding are more effective when delivered as part of multi-component structured programmes across multiple settings[30,31]. Led by Unicef and the WHO, the Breastfeeding Collective calls on governments to (1) Increase funding to raise breastfeeding rates from birth through two years; and (7) Strengthen monitoring systems that track the progress of policies, programmes, and funding towards achieving both national and global breastfeeding targets[32].

Renfrew et al (2016) and Rollins et al (2016, the Lancet's Breastfeeding series) illustrate the economic imperative for strategic funded action on breastfeeding, where investing in improving breastfeeding support was associated with rapid financial return, and higher breastfeeding rates with greater savings. The WHO states that Breastfeeding is one of the best investments in global health, citing every $1 invested in breastfeeding generates $35 in economic returns, modelling the savings based on improved cognition, reduced childhood morbidity, and the environmental cost of not breastfeeding[33]. Investment in breastfeeding has proven itself worthwhile for governments due to the potential financial return, with Cost Effectiveness and Return on Investment data being strengthened all the time, and '*investment in effective services to increase and sustain breastfeeding rates … likely to provide a return within a few years, possibly as little as one year*'[34].

Scotland has already made a sizeable financial commitment to breastfeeding with an allocation of £2.3 million under the Improving Maternal and Infant Nutrition: A Framework for Action (MINF, 2011) provided annually by Scottish Government to NHS health boards to implement a range of associated actions. Most of the NHS Boards spend a significant proportion of this allocation to support breastfeeding activities. All of the NHS Boards collaborate to fund a Scotland wide Donor Milk Bank. For the period 2018-2019, an additional £2.4 million has been allocated under a

[29] Rollins NC, Bhandari N, Hajeebhoy N et al. (2016) Why invest, and what it will take to improve breastfeeding practices? Lancet 387, 491–504.
[30] McFadden et al (2017) Support for healthy breastfeeding mothers with healthy term babies. Cochrane Database of Systematic Reviews 2017
[31] Brown, A. (2017) Breastfeeding as a public health responsibility: a review of the evidence. J Hum Nutr Diet.Dec;30(6):759-770.
[32] Global Breastfeeding Collective (2017) A Call to Action. https://www.who.int/nutrition/topics/global-breastfeeding-collective/en/
[33] Global Breastfeeding Collective (2017) Investment Case for Breastfeeding.
[34] Renfrew et al. (2012) Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK

Breastfeeding Programme for Government commitment and this funds a wide range of local and national activities which support the stretch aim contained within the 'Diet and healthy weight delivery plan' to reduce the drop off in breastfeeding rates at six to eight weeks after birth by 10% by 2025. The Scottish Government also supports a National Unicef UK Baby Friendly Initiative post, Unicef accreditation costs, associated training courses and conference places; there is now national coverage in Scotland. BBF's evidence based Breastfeeding Gear Model advocates central coordination to ensure such multi-sectoral programmes remain on track through setting and monitoring goals, facilitating the flow of information across gears and providing timely feedback on actions need to improve or sustain the quality of scaled up programmes[35]. It is critical that such long term commitment to a diversity of programme strands is maintained and coordinated at an expert level in order to sustain and enhance the positive direction of travel.

What do we want to happen?

- Ensure there is sustainable funding for protection, promotion and support for breastfeeding in Scotland.
- Strengthen monitoring systems that track funding supporting breastfeeding policy and practice.
- Ensure that multi-sectoral and multi-agency provision are both adequately resourced and monitored to ensure a clear overview and learning.
- Ensure sustained funding for expert advisory posts at Scottish government level and Unicef UK Baby Friendly initiative Scottish lead posts as critical coordinating positions.

How will this be done?

- Develop an effective and explicitly supported commitment to an implementation plan that will ensure that there is continuing improvement and effective support for breastfeeding at all levels (legislative, cultural, professional and in all settings).
- Commit to prioritising adequate and ring fenced funding for the Improving Maternal and Infant Nutrition Framework (MINF) and Breastfeeding Programme for Government implementation plans over time.
- Promote ongoing, long term support for high level breastfeeding leadership and expertise continues, through a funded strategy, permanent leadership and political commitment.
- Robust monitoring mechanisms should be integrated locally and nationally, and funded from the outset.
- Implementation and maintenance of these actions would require strategic level support from government to local level implementation.

[35] Pérez-Escamilla et al (2018) Becoming Breastfeeding Friendly Index: Development and application for scaling-up breastfeeding programmes globally. Maternal and Child Nutrition, 14, 3

What is the likely impact of this recommendation?

- Increase in the number of mothers who feel that they can breastfeed for as long as they want to.
- Improvements in infant and maternal mental and physical health outcomes.
- Return on Investment for public bodies through the outcomes stated above.
- Reduction in health inequalities through more consistent and wide-ranging provision.

Ensuring consistent, long term government funding commitment underpins Scotland's multi-component breastfeeding strategy

Aim: to ensure ongoing and adequate funding is prioritised and protected for breastfeeding activities, coordination and maternity protections through core Scottish government funding structures

Working with Scottish Government, this recommendation set out to deliver the following objectives

To ensure that a multi-component breastfeeding strategy is adequately and sustainably resourced	To maintain funding for the MINF & BPfG* implementation plans as a priority over time	To embed costs for planning and evaluation from the outset	To commit to prioritise funding for coordination of national and Unicef UK BFI programmes	To embed robust funding monitoring mechanisms, integrated locally and nationally

What will success look like?

Based on best evidence, this would result in…

More mothers are supported to breastfeed for as long as they want to

Reduction in health inequalities via improved infant and maternal mental and physical health outcomes

Return on Investment for public bodies funding breastfeeding support, promotion and protection

** BPfG: Breastfeeding Programme for Government*

Theme 4: Promoting a supportive return to work environment for breastfeeding women through greater awareness and application of maternity, employment and child care provisions

Recommendation 4.1: Extend and strengthen the opportunities for promoting best practice in supporting women to breastfeed when returning to the workplace and ensuring a fair deal for women going back to work in Scotland

Recommendation 4.2: Empower women to be aware of their rights regarding breastfeeding in the workplace, employment provisions and in all areas of child care

Relevant BBF Scotland Gear scores: Legislation and Policies: 1.6; Advocacy: 2.0; Promotion: 1.7

Why are these recommendations necessary?

Women's intention to breastfeed, influenced by cultural norms and context, is strongly associated with both initiation[36] and duration[37,38]. The fact that women's breastfeeding intentions are generally established by the third trimester[39] suggests that action on strengthening a supportive return to work environment and child care provision could generate positive breastfeeding gains. However, unsupportive return to work environments are cited as key factors in women being less likely to start or continue breastfeeding or more likely to introduce solids early. The UK as a whole has not ratified the International Labour Organisation Maternity Protection Convention C183[40] which calls for the provision of at least one breastfeeding break per day, or a reduction in working hours to allow for breastfeeding[41]. Whilst protections exist under the Employment Rights Act 1996 and the Management of Health and Safety at Work Regulations 1999, these are more strongly geared towards pregnancy and are not explicit in their support or protection of breastfeeding, through breaks at work for example.

Rollins et al (2016) note that rather than leaving the job market, women are more likely to remain in employment but stop or not start breastfeeding. From the woman's perspective, there are multi-dimensional issues including fatigue and practicality[42] emphasising the importance of work-time breaks and on-site rooms for breastfeeding and the provision of maternity leave[43,44].

[36] Lawton et al (2012) Employing an extended Theory of Planned Behaviour to predict breastfeeding intention, initiation, and maintenance in White British and South-Asian mothers living in Bradford. Br J Health Psychol 2012; 17: 854–71.
[37] DiGirolamo et al (2005) Intention or experience? Predictors of continued breastfeeding. Health Educ Behav 2005; 32: 208–26. Cited in Rollins et al (2016)
[38] Kervin et al (2010) Types and timing of breastfeeding support and its impact on mothers' behaviours. J Paediatr Child Health 2010; 46: 85–91. Cited in Rollins et al (2016)
[39] Stein et al (1987). Social and psychiatric factors associated with the intention to breastfeed. J Reprod Infant Psychol 1987; 5: 165–71. Cited in Rollins et al (2016)
[40] ILO C183 - Maternity Protection Convention, 2000 (No. 183). Convention concerning the revision of the Maternity Protection Convention (Revised), 1952 (Entry into force: 07 Feb 2002)
[41] ILO Maternity Protection Resource Package (2012) Module 10
[42] Roe et al (1999) Is there competition between breast-feeding and maternal employment? Demography 1999; 36: 157–71. Cited in Rollins et al (2016)
[43] Visness & Kennedy (1997). Maternal employment and breast-feeding: findings from the 1988 National Maternal and Infant Health Survey. Am J Public Health 1997; 87: 945–50.
[44] International Labour Organization (2014) Maternity and paternity at work: Law and practice across the world. Geneva: International Labour Organization. Cited in Rollins et al (2016)

Recommendations include adequate maternity and workplace entitlements that enable women to continue to breastfeed on their return to work or education, noting the particular barriers for women working in informal sectors[45].

Return to work or starting work with a baby usually necessitates child care provision either through a workplace nursery, community nursery or registered child-minder if the family does not have access to parental or informal support. Such facilities should also enable a baby or toddler to be breastfed at times when mothers can be at the facility. A study of breastfeeding support conducted with the UK Millennium Cohort in 2012 found that formal or informal childcare was likely to reduce or stop breastfeeding[46].

Whilst Scotland has relatively strong maternity entitlements for families and legislation aiming to build the wider supportive environment, there are inconsistencies requiring action at a UK Government level. For example, while maternity pay is universally applied, some women receiving Statutory Maternity Pay will not be paid the 2/3 of previous earnings[47], and there is a need to ensure everyone knows what their entitlements are and how to access and realise them. A discussion of Employment Rights within UK legislation that has implications for Scotland is appended (see Appendix 01).

In Scotland, the Scottish Government has pledged to tackle discrimination against new and expectant mothers[48] under Gender Equality Policy through:

- creating a working group to produce guidelines for employers to ensure best practice in the recruitment, retention, training and development of pregnant workers
- including best practice information about managing pregnancy and maternity in the Scottish Business Pledge
- strengthening employer advice (including information on employment rights) to ensure that work environments are safe and healthy for pregnant women and new mothers
- recognising that Public bodies have a general duty (known the Public Sector Equality Duty) under the Equality Act 2010 that prohibits discrimination (direct or indirect), harassment or victimisation of anyone who shares one or more of the protected characteristics listed in the Act (including pregnancy and maternity). Scottish regulations[49] were introduced to help public authorities deliver their public sector equality duty)
- developing an industry specific communications strategy around the benefits of positive pregnancy and maternity policies

Both the Equality and Human rights Commission (EHRC)[50] and Maternity Action advocate clearer, more accessible information on maternity protections[51]. Their recommendations include employers having better information on their legal obligations and that the ACAS guidance for employers should be updated with all Government guidance on managing new parents made

[45] Rollins et al. (2016) Why invest, and what it will take to improve breastfeeding practices? Lancet 387, 491–504
[46] Pearce et al (2012) Millennium Cohort Study Child Health Group. Childcare use and inequalities in breastfeeding: findings from the UK Millennium Cohort Study. Archives of disease in childhood. 2012 Jan 1;97(1):39-42
[47] WHO (2013) Breastfeeding policy: a globally comparative analysis. *Bulletin of the World Health Organization* 2013;91:398-406
[48] Scottish Government Gender equality in the workplace. Pregnancy and maternity discrimination.
[49] The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012
[50] Equality and Human Rights Commission (2016) Pregnancy and maternity discrimination in the workplace: Recommendations for Change
[51] Maternity Action (2014) Accommodating breastfeeding

more accessible. Likewise, for women, that they are provided with appropriate information on rights at work when they need it; for example, from the first antenatal appointment. To deliver this information in a way that is tailored to the community context, Maternity Action advises women's charities are funded to deliver specialist information and advice on maternity rights at work[52] and to raise women's awareness about their entitlements.

What do we want to happen?

- Provide guidance to employers and inform mothers and families about their rights, through:
- Extending and strengthening the opportunities for promoting best practice in supporting women returning to the workplace in Scotland through robust strategic leadership.
- Improving access to accurate, consistent and supportive information and advice for both employers and employees, and child care facilities.
- Building a more supportive environment for pregnant and new mothers, highlighting and working to remove the barriers for women to raise concerns and complaints, in particular the cost and time constraints of employment tribunals.
- Quality assured processes and provisions through effective monitoring mechanisms and reporting on progress.
- Since Maternity Rights legislation sits at a UK level, build a rights-based momentum in Scotland and across UK partners, towards improving Maternity Protections: strengthening UK Statutory Maternity Payments; investigating how women are disadvantaged with low pay, in particular those who are self-employed or on zero hours contracts, and maternity benefits; providing breastfeeding breaks for women after they return to work as a part of the International Labour Organisation guidance that is not in UK law; and strengthening the law to support and value longer term breastfeeding.

How will this be done?

- Engage with existing external toolkits and actions, such as the EHRC's online toolkit[53] for employers to support them in managing pregnancy and maternity in the workplace[54].
- Review and update resources for employers, employees and child care facilities.
- Consider wider consultation with relevant organisations/campaigns such as Equate Scotland, Close the Gap, and the Family Friendly Working Scotland partnership[55] and build on programmes in place, such as the Scottish Government's support for Ensuring Fairer Workplaces for Women; the Gender Pay Gap Action Plan and addressing Pregnancy and Maternity Discrimination.

[52] Maternity Action (2018) Continuing to breastfeed when you return to work.
[53] EHRC (2017) Employer toolkits: Understanding your responsibilities if your employee is expecting a baby
[54] Scottish Business Pledge. Balanced Workforce.
[55] Scottish Government. Gender Equality policy: Ensuring fairer workplaces for women

- Review the evidence of what works, such as EHRC's Behavioural Insights team's (2017) report on Applying behavioural insights to reduce pregnancy and maternity-related discrimination and disadvantage to address the behaviours of employers and women.
- Explore Equality and Diversity levers to illustrate how action to build a supportive breastfeeding environment can support their achievement of Equality and diversity targets. For example, in the case of universities and colleges, Human Resources are required to demonstrate equality actions to meet ATHENA Swan standards[56].
- When the legal opportunity arises, legislators and policy-makers analyse and address weaknesses or gaps in their existing legislation, and act accordingly to strengthen Maternity Protections, revising regulations as appropriate.

What is the likely impact of these recommendations?

- Employers and Child Care facilities will be better informed and equipped to support employees who intend to, or who are breastfeeding.
- Women will be better supported to breastfeed and overcome barriers through the provision of accurate, supportive and consistent messages about their rights, the legislation and good practice for employers and child care facilities.
- More supportive work environments will impact on women's capacity to both continue to breastfeed and return to the workplace.

[56] Equality Challenge unit (2018) Athena SWAN is an initiative of the Equality Challenge Unit (ECU), which works to further and support equality and diversity for staff and students in higher education institutions across all four nations of the UK and in colleges in Scotland.

Promoting a supportive environment for breastfeeding through greater awareness and application of maternity, employment and child care provisions

Aim: to strengthen awareness and voluntary action to deliver a supportive return to work environment in the workplace and childcare provision for breastfeeding women

Working with the Pregnancy and Maternity Discrimination working group, and key stakeholders, these recommendations set out to deliver the following objectives

Build robust strategic leadership at governmental & organisational levels	Improve access to accurate, consistent and supportive information and advice for employers and childcare facilities	Link supportive environments to improved progress towards E&D, and H&S management	Quality assure processes & provisions through robust monitoring & reporting mechanisms	Highlight and work to remove the barriers for women to raise concerns and complaints	Work towards strengthening the law to improve Maternity Protections

What will success look like?

Based on best evidence, this would result in…

Employers better informed, equipped and motivated to support employees who intend to, or who are breastfeeding

Women better supported to breastfeed and overcome barriers via accurate, supportive and consistent messages about their rights

More supportive work environments with impact on women's capacity to both continue to breastfeed and return to the workplace

Theme 5: Strengthening, enforcing and monitoring legislation in Scotland that supports the WHO International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions

Recommendation 5: Establish a long-term plan of work to strengthen the formula and follow on milk regulations, including full adoption of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions ('The Code') into legislation by strengthening and monitoring Infant Formula and Follow-on Formula (Scotland) Regulations 2007

Relevant BBF Scotland Gear scores: Legislation and Policies: 1.6; Political Will: 3.0; Advocacy: 2.0; Promotion: 1.7

Why is this recommendation necessary?

Misleading marketing of breastmilk substitutes undermines breastfeeding and prevents families from receiving clear, evidence based information about infant feeding[57]. The International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions ('The Code') is deemed an effective mechanism for action, with robust legislation and enforcement associated with higher rates of exclusive breastfeeding[58]. Yet, despite international calls for stronger regulation of the breastmilk substitute industry through implementation of the Code on a human rights basis (for example, the International Convention on the Rights of the Child[59] advocates 'to the maximum extent possible the survival and development of the child'), progress remains slow. A 2018 joint report by WHO, IBFAN and Unicef[60] found that most countries continue to lack an effective and sustained response to the persistent marketing practices of manufacturers and distributors of breastmilk substitutes and other foods for infants and young children. To combat continued violations, the authors call for greater political commitment to deliver and enforce comprehensive legislation alongside adequate national investment to ensure implementation and accountability.

In Scotland, there are two areas of legislation relating to infant feeding derived from a European Union Directives, developed and approved by the EU Member States, including the UK. The legislation covering foodstuffs for particular nutritional uses (PARNUTS 2007[61]) covers 4 food areas: Infant and follow on formulas; Baby foods; Foods for medicinal purposes; and Total diet replacement and weight management. These are enforced under a statutory instrument, Foods for Specific Groups (Scotland) Regulations 2016[62], meaning that it is a criminal offence not to abide by the provisions of the EU regulations. The Baby Food regulations are not yet published and the Infant Formula and Follow on regulations will not come into effect until 2020-21 meaning that

[57] Save the Children (2018) Don't push it: Why the formula industry must clean up its act
[58] WHO (1981) International code of marketing of breast-milk substitutes. Geneva: World Health Organization; 1981.
[59] UNCRC: UN Convention on the Rights of the Child
[60] WHO, IBFAN and UNICEF (2018) Marketing of breast-milk substitutes: national implementation of the international code, status report 2018.
[61] The Notification of Marketing of Food for Particular Nutritional Uses (Scotland) Regulations 2007 https://www.legislation.gov.uk/ssi/2007/37/contents/made
[62] The Foods for Specific Groups (Scotland) Regulations 2016 http://www.legislation.gov.uk/ssi/2016/190/made/data.htm?wrap=true; https://www.foodstandards.gov.scot/business-and-industry/safety-and-regulation/foods-for-particular-nutritional-uses

since they are based on EU regulations, there will be potential to relegislate under Scottish jurisdiction due to the departure from the European Union.

The existing regulations incorporate some, but not all of the Code, into law[63] despite the UK having one of the biggest formula milk markets in the world. The WHO emphasise it is important to ensure there are meaningful safeguards on the marketing of all breastmilk substitutes. However, current UK regulations include marketing restrictions for infant formula, but do not restrict the marketing of infant milks for children aged 6 months and over[64]. Consequently, widespread 'regulation-compliant' advertising continues, providing misleading information for both breast and bottle-feeding parents.

The Code is implemented more fully at a maternity and community level through Scotland's 100% accreditation with the Unicef UK Baby Friendly Initiative. Only the elements that sit within the remit of Unicef UK Baby Friendly Initiative or the legislative framework can be enforced, where NHS staff can be disciplined by an employer for violation. Unicef UK Baby Friendly Initiative accredited settings should ensure that there is:

- *No advertising for infant feeding products anywhere within public service*
- *No contact between company personnel and pregnant women or mothers*
- *No items bearing company logos on public service premises or used by its staff*
- *No free samples to health professionals or mothers*
- *Only scientific and factual information, free from commercial bias, used in the care of babies and their parents.*

Violations are dealt with by the Advertising Standards Authority for advertising of formula, while marketing and promotional violations are dealt with by Local Authorities and Environmental health agencies at a local level. There are few documented cases and none noted in Scotland. In terms of enforcement, there is no Improvement Notice warning systems for companies to comply with the regulations, rather a direct move to prosecution. There are no documented cases of enforcement in Scotland.

As part of a call to address the low breastfeeding rate, Unicef UK calls on all devolved governments to adopt the International Code of Marketing of Breastmilk Substitutes and all subsequent resolutions in full. Improving Maternal and Infant Nutrition: a Framework for Action[65] also calls for action on regulation and monitoring of the Code across the NHS and Health Boards in Scotland.

[63] WHO, IBFAN and UNICEF (2018) Marketing of breast-milk substitutes: national implementation of the international code, status report 2018.
[64] Unicef UK (2016) A Call to Action on Breastfeeding
[65] Scottish Government (2011) Improving Maternal and infant and Nutrition: A Framework for Action

The details of cases where the Code has been fully adopted into legislation are provided below:

https://www.unicef.org.uk/babyfriendly/international-code-implementation-report/
http://www.who.int/nutrition/publications/infantfeeding/code_report2016/en/
https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/international-code-marketing-breastmilk-substitutes-resources/the-code/
https://changingmarkets.org/portfolio/milking-it/

What do we want to happen?

- Scottish Government Ministers, officials, and all public sectors employees should adopt the International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions principles within their work place and in dealings with the public and private sector through a Code of Conduct.
- When the legal opportunity arises, legislators and policy-makers analyse and address weaknesses or gaps in their existing legislation, and act accordingly to extend the legislation under the International Code of the Marketing of Breastmilk Substitutes and subsequent WHA resolutions and associated legislation, to promote and protect breastfeeding, and to eliminate inappropriate marketing practices.
- When the legal opportunity arises, revise regulation for Scotland to include all provisions of the International Code of the Marketing of Breastmilk Substitutes and subsequent WHA resolutions.
- Policy makers translate these obligations into clear statements of support, allocation of adequate budgets, and creation and application of budget-oversight mechanisms
- Robust and sustainable monitoring and enforcement mechanisms are put in place to implement national laws and regulations aimed at eliminating inappropriate marketing practices.

How will this be done?

- Leadership by Food Standards Scotland in partnership with Scottish Government and key expert stakeholders through a series of scheduled small meetings (free from commercial interests) to discuss the missing provisions and how to adopt them
- This work must involve all relevant government agencies authorized to monitor and enforce various elements of the Code and Guidance
- It is also critical that it is adequately funded and sourced with knowledgeable staff, and should allow for public engagement and scrutiny, including through the periodic release of implementation reports
- With Scottish Government leadership, a relevant Code of Conduct should be established for the above mentioned employees and organisations, in line with all provisions of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions

What is the likely impact of this recommendation?

- Families will have access to accurate information about infant feeding, free from industry influence.
- The NHS for Scotland, Health Boards and Local Authorities will deliver trusted, evidence-based information which is free from industry influence to members of the public and staff, with all appropriate staff and organisations working within the Code of Conduct.
- Violations of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions will be identified and sanctions delivered though a robust monitoring and enforcement system.
- Breastmilk substitute advertising will fall within the standards of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions.

Strengthening, enforcing and monitoring legislation in Scotland that supports the International Code of Marketing of Breastmilk Substitutes & subsequent WHA resolutions

Aim: to establish a long-term workplan to enforce and monitor the Code through a robust framework and deliver its full adoption*

Working with Scottish Government, the Food Standards Scotland and key stakeholders, this recommendation sets out to deliver the following objectives

To devise a workplan to analyse and address weaknesses or gaps in the existing legislation under the Code*, working towards full implementation	To translate these obligations into clear statements of support at a policy level	To embed a *Code of Conduct* for all Ministers, officials, and public sectors employees to adopt the Code* principles in their work and dealings with the public	To allocate adequate budget and a budget oversight mechanism	To deliver robust monitoring and enforcement mechanisms

What will success look like?

Based on best evidence, this would result in…

Women will have access to accurate infant feeding information

Breastmilk substitute advertising will fall within the Code standards

All ministers, public sector staff and organisations will work within the Code standards

Violations of 'the Code' will be identified and meaningful sanctions delivered

** The Code: International Code of Marketing of Breastmilk Substitutes & subsequent WHA resolutions Government*

Theme 6: Developing coordinated, consistent and evidence-based learning outcomes across education and training programmes, based on role-appropriate competency frameworks

Recommendation 6: There are nationally coordinated, consistent learning outcomes for all groups who care for mothers and babies, both in service and pre-registration, and also volunteers and lay supporters. These outcomes are based on a competency framework for each group and underpinned by training and mentorship, supervision and monitoring; together these will ensure consistency for each group and appropriate, quality assured and standardised provision.

Relevant BBF Scotland Gear scores: Training and Programme Delivery: 2.5; Coordination, Goals and Monitoring: 3.0

Why are these recommendations necessary?

A Unicef UK review of the evidence found that Implementing 'standalone' training for staff will not change breastfeeding initiation or prevalence rates[66]. Rather, education should be delivered as part of a multifaceted package. To be effective, training for health and social care professionals should cover a set of evidence-based breastfeeding topics, including practical skills, and be integrated within all relevant pre-registration and in-service programmes[67].

Section two of the Action Plan under Improving Maternal and Infant Nutrition: a Framework for Action (2011) incorporates Unicef UK's Baby Friendly Initiative[68] (BFI) maternity, community and university standards as an evidence-based minimum way of improving breastfeeding support for mothers. The Unicef UK's Baby Friendly Initiative, a staged accreditation programme, which requires a minimum of 80% of staff to be trained on the essential topics and demonstrate this knowledge to accreditors, has been shown to raise breastfeeding outcomes in the short, medium and long term[69,70].

Scotland has now achieved 100% accreditation at a service setting level for Unicef UK Baby Friendly Initiative; four of the largest neonatal units at full implementation of the neonatal Unicef UK Baby Friendly Initiative standards, with two further units at Stage 2 with smaller units to follow[71]. Moving beyond this, Unicef UK recommend continued action to strengthen and embed cultural change through progress to the Gold Achieving Sustainability award in order to maintain and extend these gains in breastfeeding rates[72] through a supportive culture of mentorship, supervision and monitoring. Further developing the focus on embedding supportive workplace

[66] Unicef UK (2012) The evidence and rationale for the Unicef UK Baby Friendly Initiative standards
[67] Dyson et al 2006; Renfrew et al, 2005; Renfrew et al, 2012b), cited in Unicef UK (2012)
[68] https://www.unicef.org.uk/babyfriendly/
[69] Pérez-Escamilla , Martinez and Segura-Perez (2016). Impact of the Baby-friendly Hospital Initiative on breastfeeding and child health outcomes: a systematic review. Maternal and Child Nutrition,12, 402-411
[70] Unicef UK (2012) The evidence and rationale for the Unicef UK Baby Friendly Initiative standards
[71] Scottish Government (2017) The best start: five-year plan for maternity and neonatal care
[72] Unicef UK (2012) The evidence and rationale for the Unicef UK Baby Friendly Initiative standards; Hoddinott et al (2009) Effectiveness of a policy to provide breastfeeding groups (BIG) for pregnant and breastfeeding mothers in primary care, *BMJ* 338:a3026

cultures, the work of the Regional Coordinators who will oversee training and the recent e-learning modules aimed at the whole workforce, aim to deliver ongoing skills and knowledge to the workforce; the Scottish Improvement Science Collaborating Centre's (SISCC) work could further contribute to embedding coordinated, consistent standards and progression across professions.

At a university level, Scotland has made good progress towards the Unicef UK Baby Friendly Initiative University Standards programme for midwifery and health visitor/public health nurse education, delivering standardisation and quality assurance at pre-registration university level. The focus remains on midwifery and health visiting courses. In Scotland, these courses have predominantly achieved accreditation or are in the process, but associated professions are not covered, suggesting collaborative action is needed to extend these standards to these wider courses in order to working with mothers and babies.

This BBF Scotland review therefore identified some inconsistencies in the learning outcomes of pre and post service training across the professions involved in the care of mothers and babies not covered under Unicef UK Baby Friendly Initiative, whilst noting that at a post registration level, new blended learning packages have been developed to update staff and to strengthen understanding and broaden skills and confidence.

For volunteers and peer supporters, quality training is available, generally through voluntary sector organisations but, again, it is not coordinated and learning outcomes are not consistent. Online and other learning resources are available but lack coordination and currently have no independent source of verifying how far these are evidence-based, up-to-date or free from commercial interest. There is clear evidence of the need to deliver coordinated and integrated learning outcomes at trainee, pre-registration, post-registration and for volunteers, with a clear quality assurance, governance structures and means to monitor delivery and standards.

What do we want to happen?

- National implementation of consistent and appropriate practice skills and learning outcomes for all roles who care for mothers and babies based on role appropriate competency frameworks which build on (and extend as appropriate) Unicef UK Baby Friendly Initiative core standards. This would include:
  - Students and trainee health professionals (pre-registration).
  - Health professionals, including neonatologists, obstetricians, paediatric nurses, paediatricians, dieticians and a range of support staffing roles.
  - Volunteers and lay supporters.
  - All other non-statutory practitioners working with mothers and babies.
- The competency framework for each group should be underpinned by training and mentorship as well as supervision and monitoring.
- The development and implementation should consider remote and rural working in the context of Scotland from the outset.

- Evidence based e-learning module roll out.
- Ensure GPs are encouraged and supported to undertake the new training available to them, with potential support from the GP Infant Feeding Network.
- A mechanism for ensuring coordinated and consistent quality assurance and governance of volunteers, lay supporters and other practitioners is put in place, ensuring regular updates are recorded and supervision is in place.
- To ensure that any resources developed and delivered are monitored for quality and compliance with the International Code of the Marketing of Breastmilk Substitutes and subsequent WHA resolutions with no training or sponsorship by commercial companies.

How will this be done?

- Regional Coordinator positions are in recruitment at present to support and co-deliver this process, through NHS Highland overseen by the Scottish Government Breastfeeding Lead. Working with experts, develop and consolidate role-appropriate competency frameworks for those professions supporting mothers and babies; this should include collaborative action with peer and lay support providers to coordinate and bring consistency to learning outcomes and teaching resources, supported by the evidence.
- Outputs to be disseminated through appropriate advocacy with professional bodies and universities.
- Build upon the current development of blended learning materials and learning outcomes, together with the complementary (though separate) materials in development for paediatric nursing through Unicef UK's Baby Friendly Initiative and Scottish government e-learning modules.
- Collaboration with the Unicef UK Baby Friendly Initiative and continued strategic level support from government to progress local standards towards the gold Sustainability award to embed progressive, evidence-based, multi-component policy and practice that is coordinated, consistent and in line with relevant standards.
- The work should draw on evidence from improvement science for professional behaviour change through the Scottish Improvement Science Collaborating Centre.

What is the likely impact of these recommendations?

- Women will be better supported to breastfeed and overcome barriers through the provision of consistent messages and highly skilled support across settings and staff, both professional and lay supporters.
- Education providers will be supported by an evidence-based framework to provide and maintain consistent high standards, enabling consistent, coordinated education and practice skills development in place for all health professionals and lay supporters caring for mothers and babies in their pre or post-registration capacity.
- Training standards will be integrated into a broader Unicef UK Baby Friendly framework in maternity, community, neonatal systems developing a stronger and more sustainable culture of ongoing service improvement.

Tailored, coordinated education & training for all those working with mothers and babies

*Aim: learning outcomes for **all** those supporting mothers and babies are consistent, coordinated, role appropriate and monitored within an evidence based framework*

Working with Unicef UK, Health Boards and key stakeholders, this recommendations set out to deliver the following objectives

Implement nationally consistent competency frameworks that are role appropriate and supported by mentorship and supervision	Collaborate with learning providers to standardise, deliver, maintain and monitor these learning and practice skill standards	Develop a mechanism track all those delivering care beyond statutory provision to remove the risk of unregulated care	Deliver governance and monitoring systems to ensure quality assurance for third sector provision	Support settings to embed Unicef UK BFI standards through Gold award accreditation for sustainability

What will success look like?

Based on best evidence, this would result in…

Women supported to breastfeed and overcome barriers by consistently highly skilled professionals and lay supporters

Education providers supported by an evidence-based framework to provide and maintain consistent high standards

Training standards which are integrated into the Baby Friendly framework in maternity, community, neonatal systems

Theme 7: Ensuring families have equitable access to evidence-based infant feeding support when and how they need it through multi-component, structured models of care

Recommendation 7: Women have equitable access to high quality, evidence-based models of care through sufficient coverage, spread and awareness of audited and registered core, peer and specialist support providers. Well developed and maintained referral structures are in place to ensure women receive the right information and support where and when they need it.

Relevant BBF Scotland Gear scores: Training and Programme Delivery: 2.5; Promotion: 1.7

Why is this recommendation necessary?

The Scottish Maternal and Infant Nutrition Survey (2017)[73] indicates that 83% of women who stopped breastfeeding after 4 days reported that they would have liked to have breastfed for longer, and 87% of those who stopped between 4 days and 2 months expressing the same sentiment. The most commonly stated reasons for stopping breastfeeding/expressing milk were feeding problems (49%); thinking that the baby was not getting enough milk (45%); and finding it "too difficult" (25%). Maternal wellbeing was also cited, with only 12% of respondents saying that they stopped because they had breastfed/expressed milk for as long as they had intended. These findings underline the 2017 Cochrane review which found that parents require support in a variety of formats as part of a multi-component structured programme in a combination of settings. The review concluded that duration and exclusivity of breastfeeding is increased by breastfeeding support, noting standard support offers by trained personnel (professional, lay or combination), ongoing scheduled and predictable support, and tailoring to setting and needs were critical factors. Likewise, Trickey et al (2018) emphasise the value of integrated multi-level action to strengthen the enabling environment since community and society factors influence individual behaviours.

Renfrew et al's (2012) review of 67 studies (including 54 RCTs) covering all forms of extra breastfeeding support - individual and group (both face-to-face and via the telephone) in the antenatal and postnatal period - showed an increase in the duration of both any and exclusive breastfeeding. Extra support by both lay people and professionals had a positive impact on breastfeeding outcomes. A recent realist review of peer support interventions in developed countries emphasises the value of proactive delivery and programme integration within existing healthcare systems[74]. The 2017 Cochrane review acknowledges the heterogeneity of impact in different settings and for families in different circumstances. For example, a breastfeeding intervention providing proactive and reactive calls for breastfeeding support delivered to women leaving hospital living in more deprived settings as highly cost effective[75] with savings associated with health and life quality benefits for mother and child. Renfrew et al (2012) suggest '*investment*

[73] Scottish Government (2018) Scottish Maternal and Infant Nutrition Survey 2017
[74] Trickey et al. (2018) A realist review of one-to-one breastfeeding peer support experiments conducted in developed country settings. Maternal and Child Nutrition, 14(1)
[75] Hoddinott et al. (2012) (cited in PHE, 2018)

in effective services to increase and sustain breastfeeding rates is likely to provide a return within a few years, possibly as little as one year'[76].

The BBF Scotland committee recommends that the evidence base, including the voices of women and families, is more consistently applied. There should be an emphasis on effective care, provided to women where, when and in the formats that they need it. For example, action under this recommendation should consider the Scottish women's voices documented in the recent Scottish Maternal and Infant Nutrition Survey (2017), noting the factors which influenced their breastfeeding journeys. These multi-component quality improvements should be robustly coordinated, monitored and evaluated in order to examine, deliver and sustain quality assurance across models of care.

What do we want to happen?

- Women to have equitable access to ongoing, responsive to need and face to face support, where possible, through high quality, evidence-based models of care.
- Services meet women's needs and are delivered through a coordinated framework of professionals and trained lay/peer supporters, underpinned by the evidence: there is clarity and standardisation around the different job titles and roles among both professional staff and paid/unpaid supporters providing breastfeeding support.
- Women are able to access specialist support, firstly in maternity and neonatal units, and on returning home, in their local community as required and additional services are provided to meet local needs in a variety of formats according to the evidence.
- Coverage, spread and awareness of audited and registered core, peer and specialist support providers is sufficient and supported through strong local networks at local, regional and national level: these strands of multi-sectoral and multi-agency provision are coordinated and consistently monitored, evaluated and adequately resourced with oversight to ensure women receive consistent, seamless care wherever they live – ensuring that these core, peer and specialist support providers have consistent access to training, mentorship and monitoring.
- There is an assurance of the provision of *effective* care, rather than specifically 'more care', delivered to women where and when they need it.
- Evidence-based, whole systems strategic action must be prioritised to deliver preventative work to create a more supportive and sustainable environment for breastfeeding.

How will this be done?

- Implementation and maintenance of these actions would require strategic level support from government to local level implementation.
- This work would require collaboration with multi-sectoral partners, and could be supported through local, regional and national networks; Regional Coordinator posts and the Scottish

[76] Renfrew et al. (2012) Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK;

Government Breastfeeding Programme Lead will support partners to deliver this goal and provide oversight, as appropriate.

- It would align with and benefit from Action 1.2 of A Healthier Future: Scotland's Diet & Healthy Weight Delivery Plan[77] which aims to build on current infant feeding services and the best evidence, work with Health Boards and the third sector to develop services that meet the needs of women based on their individual circumstances.
- Monitoring mechanisms should be integrated locally and nationally to deliver data on the provision, accessibility, experience and cost of support for planning and evaluation.

What is the likely impact of this recommendation?

- Increase in the number of mothers who feel that they can breastfeed for as long as they want to.
- Improvements in infant and maternal mental and physical health outcomes.
- Return on Investment for public bodies through the outcomes stated above.
- Reduction in health inequalities through more consistent and wide-ranging accessibility.

[77] Scottish Government (2018) A Healthier Future – Scotland's Diet & Healthy Weight Delivery Plan

All families can access the range of infant feeding support options that they need

Aim: families are supported by models of support that provide the effective range of infant feeding support options they need

Working with Health Boards, the SIFAN, NeoSIFAN and key Stakeholder partners, these recommendations set out to deliver the following objectives

Ensure all families have local access to coordinated multi-component care models delivering infant feeding support services that meet their needs	Drive action on prevention in order to take action of issues affecting mothers and babies before they arise for families	Strengthen locally and nationally integrated mechanisms to provide data on the provision, accessibility, experience and cost of support for planning and evaluation	Deliver Quality Improvement to deliver more effective support options to mothers and babies, which are locally appropriate and evidence-based to meet their needs

What will success look like?

Based on best evidence, this would result in…

Structured and locally appropriate provision to suit families' lives and reduce inequalities

Increase in the number of mothers who feel that they can breastfeed for as long as they want to

Return on Investment for public bodies investing in evidence based, structured provision

Theme 8: Ensuring reliable, comprehensive, explanatory and comparable data on Infant Feeding for monitoring and commissioning purposes

Recommendation 8.1: Continue to collect and publish data on initiation and duration of breastfeeding up to two years, which includes exclusive breastfeeding and the initiation of complementary food (solids), in line with international standards

Recommendation 8.2: Establish a mechanism to monitor women's experiences which is based on a quality improvement agenda and will assess the impact of interventions

Relevant BBF Scotland Gear scores: Research and Evaluation: 2.2; Coordination, Goals and Monitoring: 3.0

Why are these recommendations necessary?

The 2017 Cochrane review of support for breastfeeding mothers[78] emphasises that robust monitoring of breastfeeding rates and the breastfeeding environment is critical to apply the most appropriate interventions locally.

Existing routine datasets in Scotland have been developed through a process of consultation, review, amendment and pilot testing to deliver improvements in response to some limitations with the structure and changes to clinical practice. High level requirements have included the capture of more detailed findings and conformance with additional guidelines and quality standards. Whilst acknowledging that routine data is both collected and being strengthened in Scotland, the BBF committee notes that some gaps and inter-organisational inconsistencies in the data collection environment remain. Where programme monitoring mechanisms and indicators vary within organisations or regions, there can be implications for tracking and evaluation which potentially undermine the capacity of data to be used in influencing policy, practice and research[79]. The committee therefore recommends funding is prioritised in order to continue to build and deliver the mainstreaming of monitoring and evaluation on a quality improvement agenda, critically supported by robust data collection at specific, internationally recognised time points for initiation and duration of breastfeeding up to two years, which includes exclusive breastfeeding and the initiation of complementary foods (solids). Routine collection of this extended data would enable a greater understanding of breastfeeding trends, breastfeeding behaviour and critical points, such as drop off and cessation; it would facilitate international comparability and contribute to longitudinal analysis. Without such action, decision makers at local, regional and national levels may struggle to access timely information about their area for use in comprehensive service monitoring and planning; there are also implications for the national level overview and omissions in international benchmarks. Examples of good practice at local authority and health board level illustrate the value of a whole system approach which includes

[78] McFadden et al (2017) Support for healthy breastfeeding mothers with healthy term babies Cochrane Database of Systematic Reviews 2017, Issue 2. Art. No.: CD001141

[79] Whitford et al (2018) Routinely collected infant feeding data: Time for global action. Maternal and Child Nutrition, 14 (4) October 2018

the collection and processing of infant feeding data as part of the wider planning and commissioning cycle[80].

This action is proposed alongside the development of a mechanism to continue to build and track understanding of the factors and conditions that influence the infant feeding environment and parents' decisions based on a quality improvement agenda. This recommendation is in accordance with the Lancet series[81] (2016) which recommends implementing evidence-based initiatives to support breastfeeding where community feedback and data inform commissioning, with an emphasis on the direct experiences of local women and their families. Likewise, SACN (2018), Unicef's Call to Action (2017), the RCPCH (2017) and the WBTi (2016) among others call for the systematic collection of comparable population level data in order to address evidence gaps and monitor trends in response to changes in policy or practice. The BBF Scotland committee recommends that this work draws on the recent Scottish Maternal and Infant Nutrition survey (2017), retaining value and comparability, but benefiting from developments in technology and a thorough review of content and application into a more streamlined and cost effective piece of work.

What do we want to happen?

- To continue to strengthen the mechanisms and robustness of the collection and quality of data on initiation and duration of breastfeeding up to two years through reducing inconsistencies, which includes exclusive breastfeeding and the initiation of complementary food (solids), in line with international standards.
- To identify and take action to reduce data losses and variation to improve consistency
- To establish a mechanism to monitor feeding issues and women's experiences which is based on a quality improvement agenda and will assess the impact of interventions from the perspective of families, in addition to the mainstream monitoring of infant feeding programmes.
- To ensure that the mainstream monitoring of programmes is systematised with oversight of local and regional data, ensuring agreement over key indicators across organisations, settings and regions – and training as appropriate.
- The Breastfeeding Programme for Government enables this opportunity to develop consistent and comprehensive systems to collect and analyse breastfeeding trends, breastfeeding behaviour and critical points, such as drop off and cessation. This data is then used alongside other relevant methodologies and evidence to track and monitor progress.

[80] Unicef UK (2013) The evidence and rationale for the UNICEF UK Baby Friendly Initiative standards.
[81] Lancet (2016) Breastfeeding series.

Recommendation 8.1	Recommendation 8.2
• To continue to strengthen and publish routine data collection beyond 6-8 weeks to include initiation and duration of breastfeeding up to two years, which includes exclusive breastfeeding and the initiation of complementary foods (solids). • To strengthen local accountability and leadership at a strategic and operational level for the early identification and reduction of data losses. • To provide a more accurate and comprehensive breastfeeding picture, ensuring all Health Boards have access to quality local data to inform strategic and operational decision making. To review and understand the barriers to facilitating a meaningful data collection mechanism. • Infant Feeding Publication to be expanded to include feeding practices at 13-15 months, and also at age 6 months, and 1 year (as data collected on the length of time infants were breastfed for). • Infant Feeding Publication to be expanded to include section on the initiation of complementary foods (solids).	• To establish a mechanism to monitor women's experiences which is based on a quality improvement agenda and will assess the impact of interventions, drawing on the strengths of the MIN survey (2017). • To deliver comparable data collection to understand more about the feeding environment and feeding choices. • To supplement the knowledge already routinely gathered through the routine Datasets.

How will this be done?

- Routine data: as owner of the routine datasets, the NHS Information Services Division (ISD), Scotland**,** would need ownership over this action.
- This would require collaboration with key stakeholders to strengthen data access points beyond 6-8 weeks considering areas which may require incentivisation and contingency.
- Experience data: extend the existing model of collaboration between Scottish Government, the Scottish Government Breastfeeding Programme Lead and NHS Information Services Division (ISD), Scotland, noting that the contextual developments with the Public Health Scotland should also be included with discussion and agreement on the most suitable lead organization to take this work forward.
- This work would require collaboration with partners and political advocates.

What is the likely impact of these recommendations?

- There would be an analysis of trends that could be used both nationally and beyond to monitor infant feeding rates and inform communication, promotion and breastfeeding service delivery.

- Local place based planning would have improved data to act on vulnerable population and to make return on investment cases for such health inequalities work.
- These recommendations would also inform and strengthen existing strategies and plans.

Enhanced routine, programme and experience data for quality improvement

Aim: robust monitoring mechanisms ensure consistent and comprehensive routine data collection on the amount and duration of infant feeding, programme delivery and women's experiences under a quality improvement agenda

Working with ISD, Health Boards and key stakeholder partners, these recommendations set out to deliver the following objectives

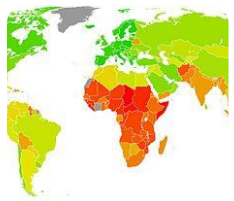
Continue to strengthen routine data collection mechanisms and reporting beyond 6-8 weeks and up to 2 years	Ensure routine collection of initiation & duration of breastfeeding up to two years, exclusive breastfeeding and the initiation of solids	Review and advance the learning of previous population level surveys into an improved mechanism to monitor women's experiences	Agree and deliver consistent monitoring indicators and mechanisms as standard for infant feeding programmes across organisations and settings via the Scottish Report Card	Publish data to ensure national and local access to quality routine & experience data to inform strategic and operational decision making

What will success look like?

Based on best evidence, this would deliver…

Comprehensive, robust, timely infant feeding data and intelligence available to decision makers

Infant feeding programmes better tailored to local needs in line with national priorities



Improvements in breastfeeding rates in line with international goals

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Appendices

Appendix 01: Maternity Protections in the UK

The UK as a whole has not ratified the ILO Maternity Protection Convention C183[82] and whilst protections exist under the Employment Rights Act 1996 and the Management of Health and Safety at Work Regulations 1999, these are more strongly geared towards pregnancy and are not explicit in their support or protection of breastfeeding, through breaks at work for example. There is, however, some legal protection under Health and Safety protection and sex discrimination laws, offering health and safety protection, including assessment of risks; employers are also required to provide somewhere for a breastfeeding employee to rest and this includes being able to lie down (The Workplace (Health, Safety and Welfare) Regulations 1992) but not alternative work at same wage. The Equality Act 2010[83] also qualifies a failure to assess or take action on health and safety risks for a breastfeeding woman where the work could have risks with series consequences for mother or child as sex discrimination. Indirectly, an employer could also be discriminating on the basis of sex if they refuse a request for flexible working from a breastfeeding mother without good business reasons which subsequently results in her stopping breastfeeding.

Despite this, there is evidence of employers refusing to make reasonable adjustments to ensure women's and babies' health is not placed at risk, and high rates of redundancies among new mothers in the workplace during pregnancy, maternity leave or return to work[84]. A successful case was brought against EasyJet in 2016[85]: EasyJet had initially stated that they were unable to provide ground duties for two cabin crew members who were breastfeeding despite providing such adjustments for other employees due to health conditions. The case focused on the health implications of this refusal with the tribunal finding on behalf of the two cabin crew employees, and stating "if breastfeeding mothers are not given the opportunity to express breast milk this can lead to an increased instance of mastitis, milk stasis and engorgement". Such cases suggest a fundamental disconnect between the spirit of the welfare regulations and their interpretation.

[82] ILO C183 - Maternity Protection Convention, 2000 (No. 183). Convention concerning the revision of the Maternity Protection Convention (Revised), 1952 (Entry into force: 07 Feb 2002)
[83] Citizens Advice Scotland. Equality Act 2010. Sex discrimination.
[84] Equality and Human Rights Commission (2015) Pregnancy and Maternity-Related Discrimination and Disadvantage First findings: Surveys of Employers and Mothers.
[85] Maternity Action (2016). Breastfeeding at work. EasyJet case

Appendix 02: BBF Scoring for Scotland

2.1 Scoring rationale for the BBF index

BBF Scoring Algorithm

The Becoming Breastfeeding Friendly Index (BBFI) score provides both gear scores and a total index score.

The eight gear scores show the strength of a country's current environment within each gear for scaling up breastfeeding protection, promotion and support programs and initiatives. The eight gear scores are required to calculate the final BBFI score, which shows the strength of the country's current national enabling environment as a whole to scale up breastfeeding programs and initiatives.

Three steps were taken to determine the final BBFI score:

1. Scoring the benchmarks
2. Calculating each of the eight gears scores using the benchmarks' scores
3. Calculating the total BBFI score using the gear scores

Step 1: Scoring the benchmarks

The first step to scoring the BBFI was to score each of the 54 benchmarks. In general, each benchmark was scored 0 (not progress), 1 (minimal progress), 2 (partial progress) or 3 (major progress) to describe the level of current progress for that benchmark. Each benchmark had to meet certain criteria to obtain a specific score from 0 to 3, with the BBF gear team reaching consensus on each score before it was recorded.

For example. Within the Advocacy Gear, the first benchmark is: *There have been major events that have drawn media attention to breastfeeding issues.* To determine the score for this benchmark, the gear team examined the available data and determined which criteria had been met in the preceding 12 month period:

- A score of 0 (no progress) was assigned to the benchmark if there had not been any major events that had drawn media attention to breastfeeding issues.
- A score of 1 (minimal progress) was assigned to the benchmark if one major event had drawn national media coverage to breastfeeding issues.
- A score of 2 (partial progress) was assigned to this benchmark if there had been two major events that had drawn national media coverage to breastfeeding issues at different times during the year.

- A score of 3 (major progress) was assigned to this benchmark if there had been three or more major event that had drawn national media coverage to breastfeeding issues at different times during the year.

Step 2: Scoring the gears: Calculating the Gear Total Score (GTS)

Each gear was measured by a different number of benchmarks:

1. Advocacy Gear: 4 benchmarks
2. Political Will Gear: 3 benchmarks
3. Legislation & Policies Gear: 10 benchmarks
4. Funding & Resources Gear: 4 benchmarks
5. Training & Program Delivery Gear: 17 benchmarks
6. Promotion Gear: 3 benchmarks
7. Research & Evaluation Gear: 10 benchmarks
8. Coordination, Goals & Monitoring Gear: 3 benchmarks

Once scores were assigned to all 54 benchmarks, the scores for each of the eight gears were determined. This score, called the Gear Total Score (GTS), was calculated for each of the gears using the benchmark scores within each gear. To account for the different number of benchmarks for each gear, the average score for each gear was calculated as follows:

- *GTS Advocacy* = Sum of all benchmark scores for that gear /4
- *GTS Political Will* = Sum of all benchmark scores for that gear /3
- *GTS Legislation & Policies* = Sum of all benchmark scores for that gear /10
- *GTS Funding & Resources* = Sum of all benchmark scores for that gear /4
- *GTS Training & Program Delivery* = Sum of all benchmark scores for that gear /17
- *GTS Promotion* = Sum of all benchmark scores for that gear /3
- *GTS Research & Evaluation* = Sum of all benchmark scores for that gear /10
- *GTS Coordination, Goals & Monitoring* = Sum of all benchmark scores for that gear /3

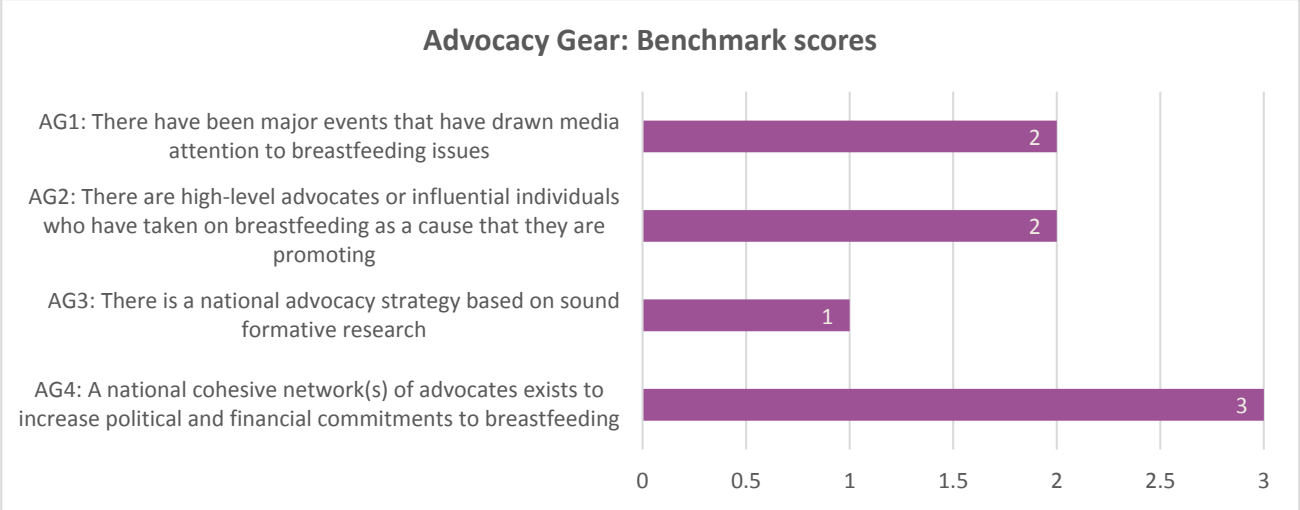
The table below illustrates the interpretation of the Gear Total score. The Gear Total Score identifies which gear(s) are working better than others within a country in order to prioritise and focus investment accordingly.

Gear Total Score	Interpretation
0	Gear not present
0.1 to 1.0	Weak Gear Strength
1.1 to 2.0	Moderate Gear Strength
2.1 to 3.0	Strong Gear Strength

2.2 BBF Scotland Scores

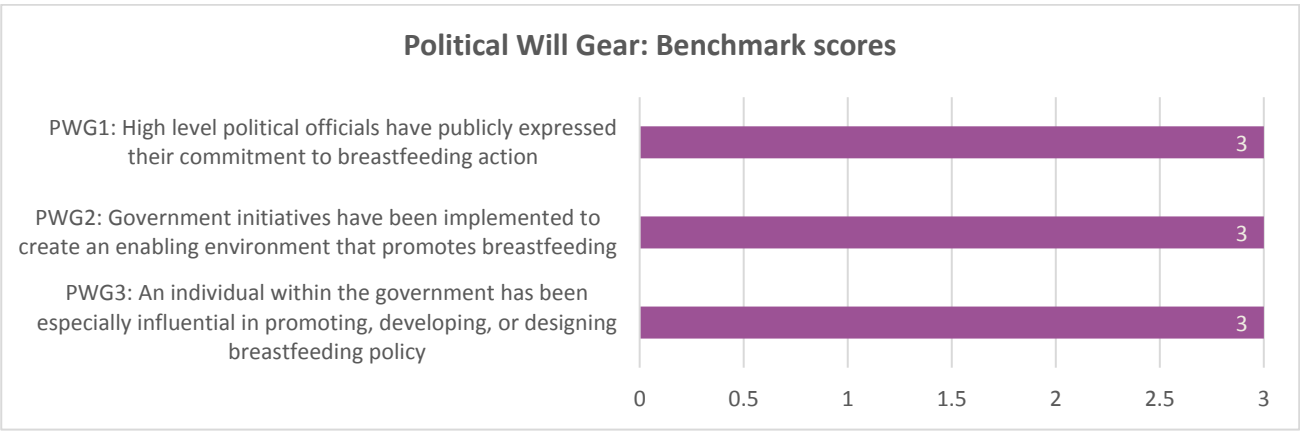
Advocacy

Overall AG Score: 2.0



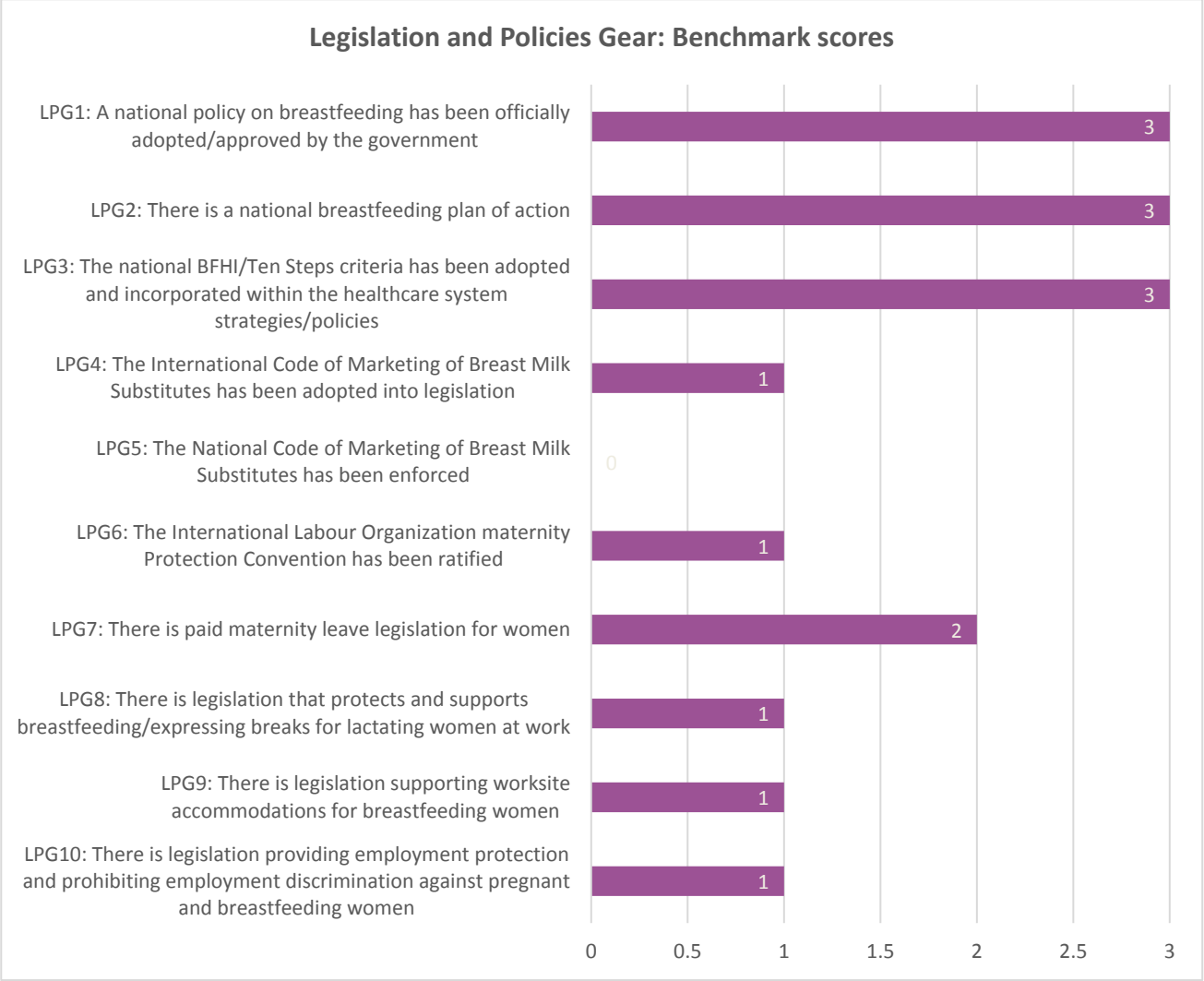
Political Will

Overall PWG Score: 3.0



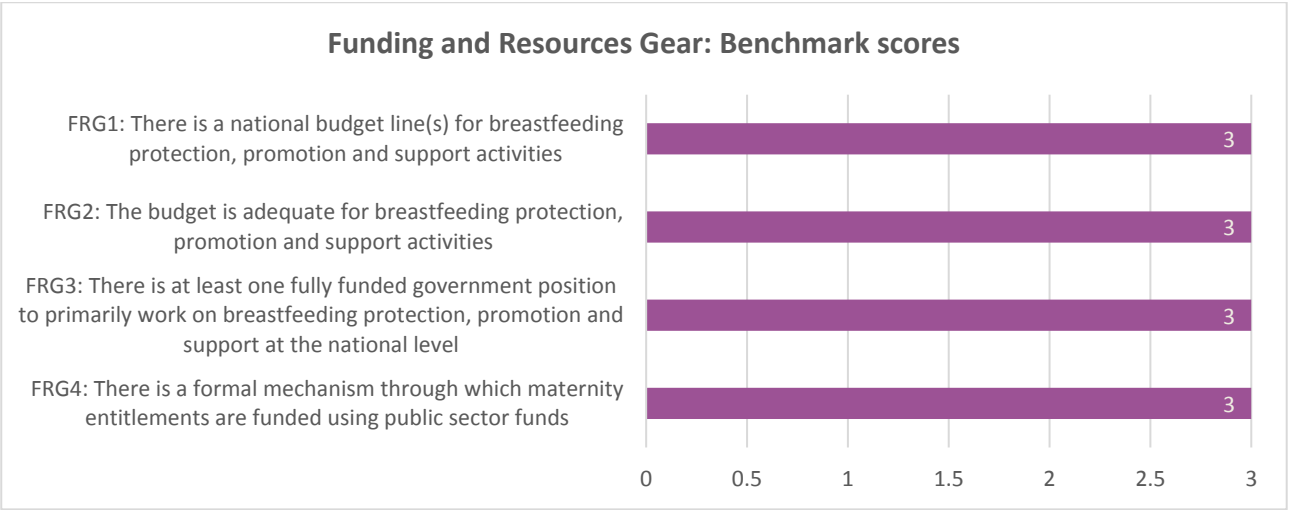
Legislation and Policies

Overall LPG Score: 1.6

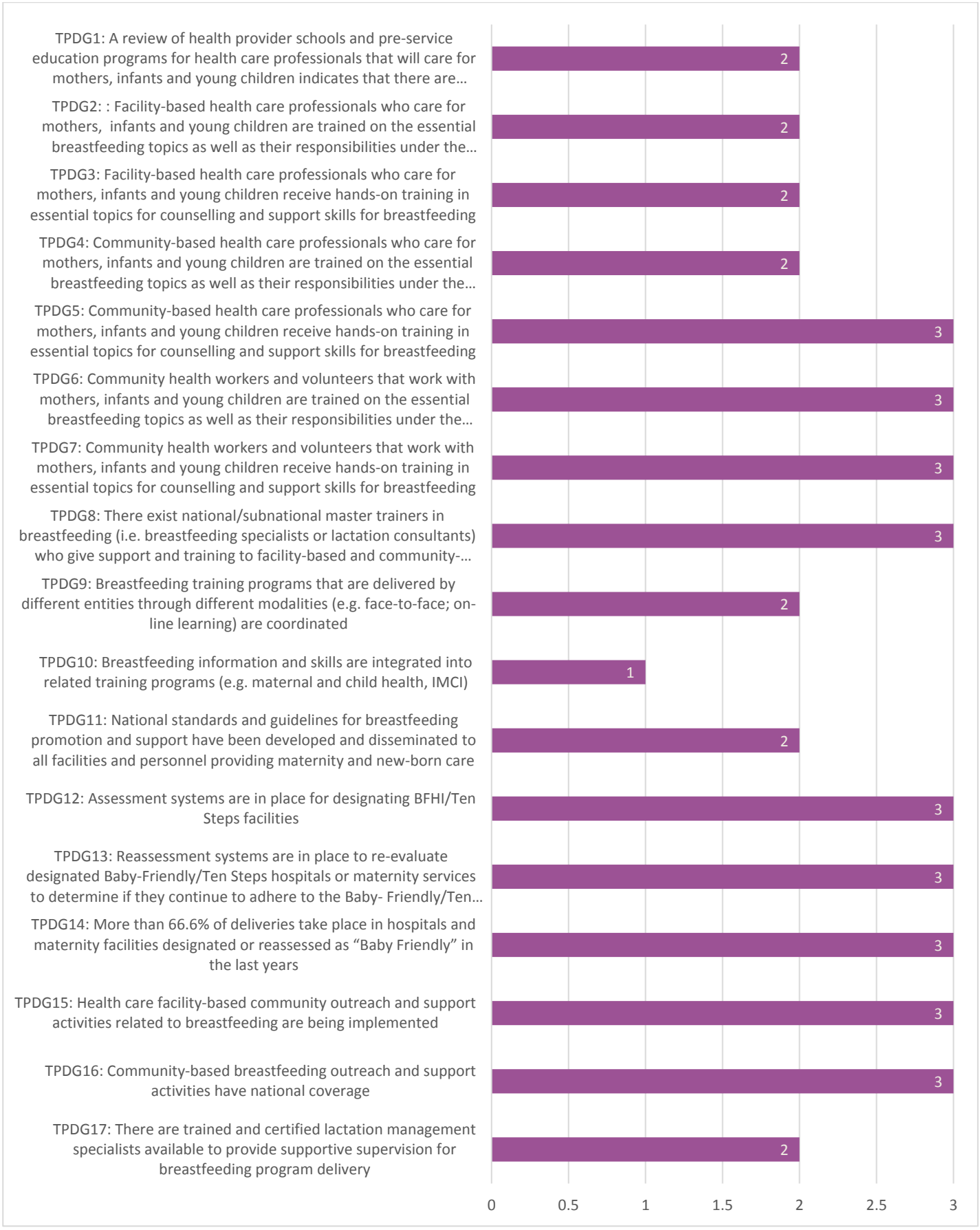


Funding and Resources

Overall FRG Score: 3.0



Training and Programme Delivery: Benchmark Scores. **Overall TPDG Score: 2.5**



Trimmed wording in full:

TPDG1: A review of health provider schools and pre-service education programs for health care professionals that will care for mothers, infants and young children indicates that there are curricula that cover essential topics of breastfeeding

TPDG2: : Facility-based health care professionals who care for mothers, infants and young children are trained on the essential breastfeeding topics as well as their responsibilities under the Code implementation

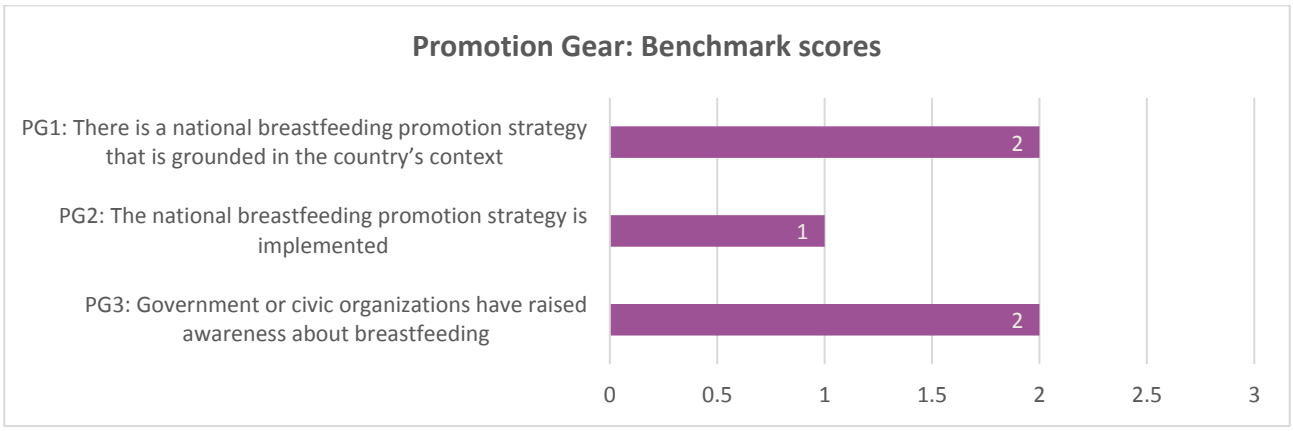
TPDG4: Community-based health care professionals who care for mothers, infants and young children are trained on the essential breastfeeding topics as well as their responsibilities under the Code implementation

TPDG6: Community health workers and volunteers that work with mothers, infants and young children are trained on the essential breastfeeding topics as well as their responsibilities under the Code implementation

TPDG8: There exist national/subnational master trainers in breastfeeding (i.e. breastfeeding specialists or lactation consultants) who give support and training to facility-based and community-based health care professionals as well as community health workers

Promotion

Overall PG Score: 1.7

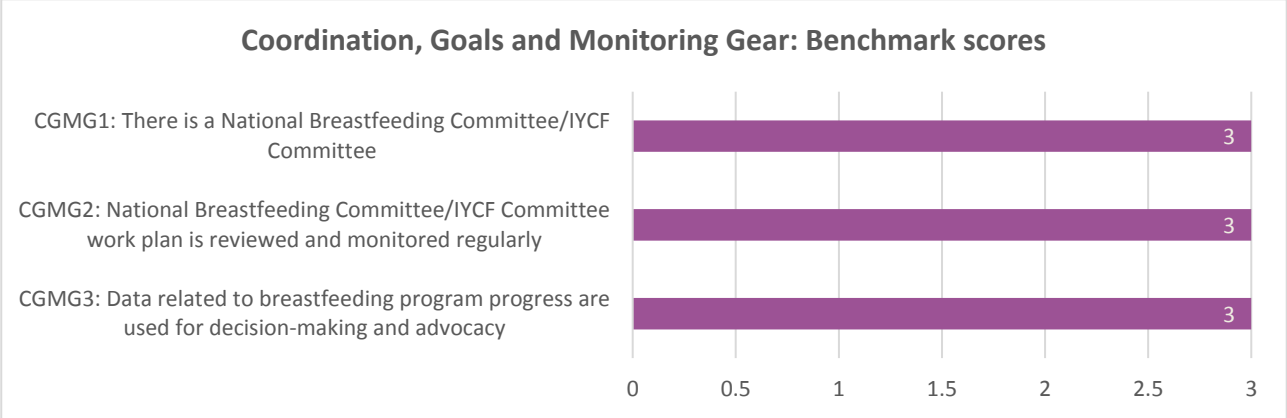


Research and Evaluation

Overall REG Score: 2.2

Coordination, goals and monitoring

Overall CGMG: 3.0



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