BBF Scotland: Becoming Breastfeeding Friendly

Breastfeeding and the BBF process

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^{1,2}. However, global efforts to further improve exclusive breastfeeding rates have had limited success, in part due to a lack of effective scaling-up frameworks³.

The Becoming Breastfeeding Friendly toolkit was developed through highly structured technical and academic collaboration, led by Yale University. It helps countries identify gaps in their own breastfeeding programmes, thus enabling focused resource allocation, ultimately leading to improved breastfeeding results.





Fig 1. BBF 5 meeting process

Breastfeeding and BBF in Scotland

Breastfeeding rates in Scotland have improved in recent years, with an increase from 44% (2001/02) to 51% (2017/18) of babies reportedly receiving 'any breastfeeding' at first health visitor visit, and the proportion of babies being breastfed at 6-8 weeks rising from 36% of babies (born in 2001/02) to 42% (born in 2017/18)⁴. However, the figures remain relatively low and drop off rates high, with breastfeeding rates lower among women in areas of higher deprivation, exacerbating health inequalities.

Supported by the University of Kent and facilitated by Scottish Government, a Scottish Committee of experts has worked since May 2018 to carry out the 5 step meeting process,

- a) To measure the current breastfeeding environment
- b) To develop a plan to implement recommendations to guide the scaling up of national breastfeeding protection, promotion and support efforts

BBF Scotland: Breastfeeding Network, Infant Feeding Network, La Leche League, NHS Ayrshire & Arran, NHS Health Scotland, NHS Glasgow and Greater Clyde, NHS Highland, NHS Lanarkshire, NHS National Services Scotland, NHS Tayside, National Childbirth Trust, Queen Elizabeth University Hospital, Royal College of Midwives, Scottish Government, Unicef UK BFI, University of Dundee

Assessing the Breastfeeding Environment



The BBF Scotland committee assessed the series of 54 benchmarks contained within the 8-item 'BBF Gear Model' using document and policy searches, collaborative reviews and interviews. They allocated scores from 0 to 3 based on their findings for the period of May 2017 – May 2018 (Fig 2). Overall, this process delivered a BBF Index score for Scotland of 2.4, representing a 'Strong scaling up environment'.

Informed by the evidence, the gear teams then developed and agreed a set of recommendations to address the gaps identified in order to further scale up the breastfeeding environment in Scotland.

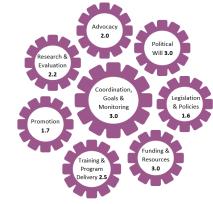


Fig 2. BBF Scotland Gear scores

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References

- 1. Victora~et~al~(2016)~Breastfeeding~in~the~21st~century:~epidemiology,~mechanisms,~and~lifelong~effect.~Lancet~387~10017:~475-490.
- 2.Renfrew 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





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Key Recommendation Themes from the 2018 Assessment



Develop and implement a breastfeeding advocacy and promotion strategy, to strengthen and coordinate breastfeeding messages across Scotland



Reinforce political will for breastfeeding among high level decision makers in order to collaborate and formalise efforts for legislative change and advocacy for breastfeeding



Ensure consistent, long term government funding commitments underpin Scotland's multi-component breastfeeding strategy



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



Strengthen, enforce and monitor legislation in Scotland that supports the WHO International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions



Develop coordinated, consistent and evidence-based learning outcomes across education and training programmes, based on role-appropriate competency frameworks



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



Ensure reliable, comprehensive, explanatory and comparable data on Infant Feeding for monitoring and commissioning purposes

"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."

Linda Wolfson, Scottish Government Breastfeeding Programme Lead



