



CLIMATE-SMART INFANT FEEDING PART 3

**ADVOCACY FOR
CLIMATE-SMART
INFANT FEEDING**

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TERMINOLOGY USED IN THIS DOCUMENT

This document uses the word 'mother' to describe parents who are breastfeeding. We acknowledge that there are breastfeeding parents who may have a gender identity other than female and may use terms other than 'mother' to describe themselves. We also know that some parents may prefer 'chest feeding' to 'breastfeeding'. We are clear that all parents should be treated with dignity and respect when accessing support. When we are asked to use pronouns, terms, and descriptors other than those in this document we will use the preferred words as part of individualised care. We also acknowledge that breastfeeding may not be possible for all mothers and infants. We emphasise that parents should discuss different infant feeding options with a healthcare professional, who can provide advice and counselling to select the best method for both mother and infant.



INTRODUCTION

Part 1 and 2 of the series *Climate-smart infant feeding* introduced you to the connections between environment, climate change, and infant nutrition as well as ways to practically promote climate-smart infant feeding in your healthcare institution. This third resource will give you some examples of how nurses can advocate wider systemic changes.

Healthcare professionals are not only trusted sources of information for families, but also for communities and society in general. By advocating changes that support sustainable and healthy nutrition, nurses and midwives can contribute to meaningful societal and political changes. Through advocacy, nurses can help build breastfeeding-friendly communities and services that can protect both public health and the health of our planet.¹

Advocacy should be aimed at those with the power to make changes, as a wide range of historical, cultural, and socio-economic factors affect the choice to initiate and continue breastfeeding. Breastfeeding must be visible, valued, and supported through fully resourced services to positively impact sustainability and climate health.

We need to highlight what governments and organisations can do to become breastfeeding friendly and better support families in initiating and sustaining breastfeeding. Whilst more people need to be educated about the relationship between breastfeeding, sustainability, and climate change, it is essential to emphasise that this is not about making individual families feel responsible for their feeding choices - everyone has a role to play in supporting climate-smart nutrition, from governments and large organisations to local communities.

The following case study was developed by Dr Elizabeth Smith, Breastfeeding Advocacy Lead for Scotland - Scottish Government. Dr Smith is heavily involved in the planning and delivery of Scotland's Breastfeeding Plan to improve the healthy and climate-smart nutrition of infants and by sharing this case study, she hopes to support nurses who want to advocate breastfeeding.

CASE STUDY: SCOTLAND - ADVOCACY FOR BREASTFEEDING

OVERCOMING BREASTFEEDING BARRIERS THROUGH ADVOCACY

Scotland has some of the lowest breastfeeding rates in Europe.^{2,3} To change this and make Scotland a society where breastfeeding is valued and supported at all levels, the Scottish Government provided extra funding to address breastfeeding barriers and increase interventions that facilitate breastfeeding. A Breastfeeding Leadership Team (BFLT) was established and given responsibility for leading this change. The team includes the UNICEF Baby Friendly Officer for Scotland, an Education and Training Lead, Data lead, and Neonatal Lead. The Breastfeeding Advocacy and Culture Lead for Scotland led on the initiative described below. This case study demonstrates that many actions are required to enact short-, medium- and long-term change. It will show how Scotland has approached this work and which actions were prioritised.

DETERMINANTS OF BREASTFEEDING

To make any changes, we must understand which interventions support breastfeeding and can be strengthened. More importantly, we also need to understand the barriers and how we overcome them. We based some of these decisions on the 2019 *Becoming Breastfeeding Friendly* report.⁴

There are many determinants of breastfeeding at all levels, as shown in Figure 1. We took a quality improvement approach to this work. The key stages involved in such a project are explained in more detail in this video: [QI Improvement Journey](#).

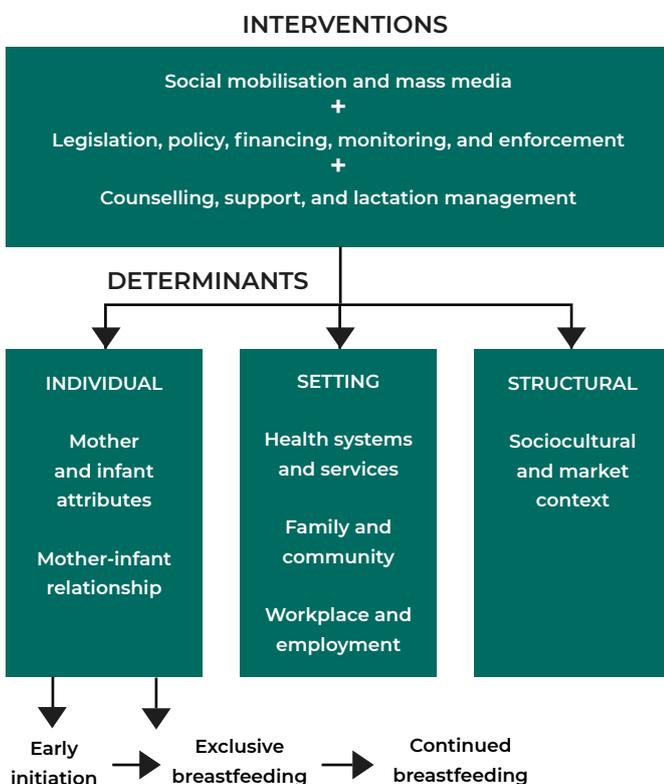


Figure 1: The components of an enabling environment for breastfeeding – A conceptual model (Rollins et al, 2016⁴).

OUR FIRST STEPS

In order to enact this cultural change, we developed an *Advocacy Advisory group*, comprising 50 members from across the National Health Service, the Third sector, and partner organisations, which was divided into five subgroups: marketing and social media, education, policy, inequalities, and perinatal mental health.

As a first step, the group identified the main aim of the project and developed a theory of change. This led to the development of a driver diagram (Figure 2), which led to a plan for monitoring improvement. The aim was to reduce breastfeeding attrition rates through advocacy and culture change. A number of activities were initiated to mainstream breastfeeding throughout Scotland.

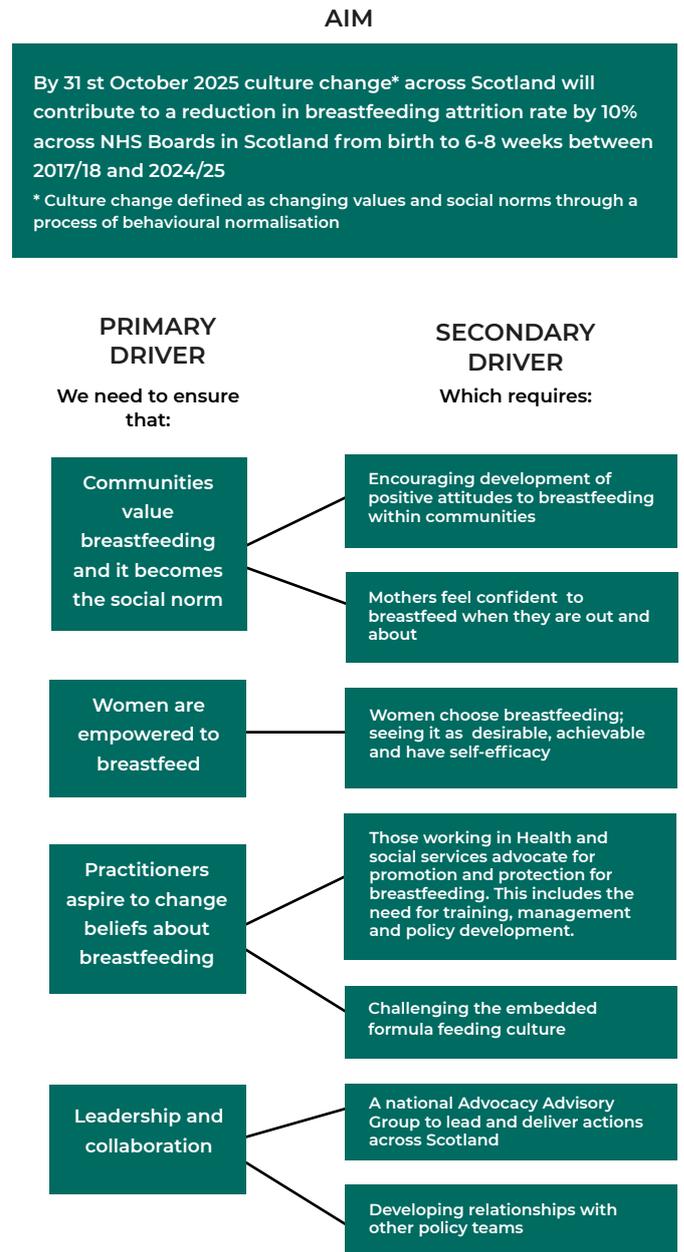


Figure 2: A driver diagram to reduce breastfeeding attrition rates through advocacy and culture change (Source: Breastfeeding Advocacy Advisory Group).

BREASTFEEDING BECOMES THE SOCIAL NORM

MOTHERS FEEL CONFIDENT TO BREASTFEED IN PUBLIC

In Scotland, the *Breastfeeding etc. (Scotland) Act 2005* makes it an offence to stop someone in a public place from feeding their child under two with breastmilk.

The *Equality Act 2010* provides protection for breastfeeding children over the age of two. We developed Breastfeeding Friendly Scotland (BFS), a Scottish Government-backed national breastfeeding scheme that enables mothers to have community support for breastfeeding and allowing them to feel confident to breastfeed in public.

Businesses and organisations sign up for the scheme and **display the BFS badge** so that families can feel confident that it is a safe and welcoming environment to breastfeed. We monitor uptake and mothers' experiences through the marketing and social media subgroup.

ENCOURAGING DEVELOPMENT OF POSITIVE ATTITUDES TO BREASTFEEDING WITHIN COMMUNITIES

We are currently testing the implementation of the Breastfeeding Friendly Scotland Early Learning Scheme. This will introduce the concept of breastfeeding to children aged 2-5 years in Early Learning and Childcare Centres. These children can start learning before negative breastfeeding attitudes are formed and understand how breastfeeding is food, comfort, protection from illness, and also the climate-smart choice. This will be followed in 2022 by a Breastfeeding Friendly Scotland Schools Scheme. The Education subgroup of the Advocacy Advisory Group develops and delivers these actions.

WOMEN ARE EMPOWERED TO BREASTFEED

WOMEN CHOOSE BREASTFEEDING

The work of the Marketing subgroup includes advocacy and communication planning, marketing campaigns, and the use of social media. It will portray breastfeeding as desirable and achievable by sharing family stories and offering role models to mothers who are living within an embedded formula feeding culture. These stories from mothers, often in the form of short films or printed media, were positively received and we will continue to develop more. We have a special effort to increase output during national and international breastfeeding weeks, but continue this work throughout the year as we gain momentum for change.

PRACTITIONERS ASPIRE TO CHANGE BELIEFS ABOUT BREASTFEEDING

HEALTH AND SOCIAL SERVICES ADVOCATE BREASTFEEDING PROMOTION AND PROTECTION

The Policy subgroup develops policies that are tested and implemented across Scotland. This includes a policy for mothers admitted to critical care areas and a policy for breastfeeding babies removed from the care of their mother and placed in foster care. This policy will support continued breastfeeding until decisions are made about returning the baby to their family or permanent removal.

Returning to work can be a concern for breastfeeding mothers.⁵ The policy group is working on policy development and monitoring. Through this, they ensure that mothers know their rights and their employers' responsibilities to support continued breastfeeding.



Reporting, recording, investigating, and monitoring violations of the International Code of Marketing of Breastmilk Substitutes⁶ in the NHS and communities is another area of our work which is felt to be important. The group has developed a pathway that will be used nationally and enable robust data collection and a response to these. Training to implement this is provided through the UNICEF Baby Friendly curriculum.

The Perinatal mental health subgroup of the Advocacy Advisory Group is reviewing breastfeeding training for perinatal mental health teams with the aim of increasing knowledge and skills to support continued breastfeeding. They are also making connections to the managed clinical networks to ensure that breastfeeding messaging and medication prescribed are supportive of mothers' informed decisions about feeding their baby.

CHALLENGING THE EMBEDDED FORMULA FEEDING CULTURE

Currently, there is a steep social gradient in breastfeeding rates (older mothers and those from the least deprived areas are more likely to breastfeed), and we aim to change this. Higher levels of support are needed in areas with an embedded formula feeding culture. We are investigating ways to increase self-efficacy and increase family education: this forms the work of the Inequalities subgroup. We are working with colleagues from the local councils to develop a Breastfeeding Friendly Scotland Local Authority Scheme to deliver multiple actions across communities, focusing on inequalities.

LEADERSHIP AND COLLABORATION

The Advocacy Advisory Group has been a key element of the breastfeeding programme. It has generated many ideas that were implemented or currently being tested. The increase in membership and development of subgroups has been key to increasing the capacity, reach, and speed of our actions.

The group built positive relationships with other policy areas and will continue to prioritise collaboration.⁷



A Peer Support Advisory Group, led by the Breastfeeding Advocacy Lead, was established. The main organisations contributing to the development of breastfeeding peer support groups are the **NCT** (the national charity for pregnancy, birth, and early parenthood), **The Breastfeeding Network**, and **La Leche League**. This group developed *the Breastfeeding peer support core principles for volunteering in Scotland guidance*, providing a minimum standard for recruiting, training, mentoring, and supporting volunteers in Scotland. The group is now meeting to implement the guidance on a national level. Funding has been provided to increase peer support, availability, and collaboration between health professionals and peer supporters, which has led to positive relationships and increased understanding of roles and responsibilities.⁷ Our guiding principles are: Partnership, Collaboration, and Connection.

CONCLUSION

Healthcare professionals, especially midwives and nurses, are trusted by communities, families, and patients. They can use this trust to advocate greater support for the most sustainable solutions for infant feeding, including breastfeeding-friendly policy, implementing local breastfeeding support, and reducing the travel distances for mothers to access the care they need. Advocacy can also mean supporting a mother to have the right conditions for continuing to hand express or breastfeed even when returning to work.

You can speak to your local infant feeding team and create referral networks by liaising across systems and protecting breastfeeding mothers.

Where there are breastfeeding mothers in any part of the health system, it is important to keep mothers and babies together and develop guidelines in support of this.

In situations that are not supportive of continued breastfeeding, escalate to senior management and lobby their support for policy and care of breastfeeding mothers or babies who are readmitted to the health system for any reason.

To support climate-smart infant feeding in your day-to-day practice, please consult What individual nurses can do to support climate-smart infant feeding.

AUTHORS

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