

Walsall Infant Feeding Strategy

2024 – 2029



Walsall Council

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Foreword

Cllr Flint

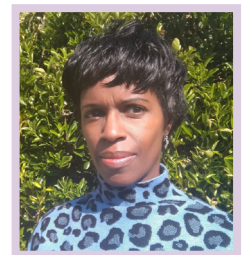
The Walsall Infant Feeding Strategy indicates Walsall's commitment to the health and well-being of the youngest in our community. The journey towards improving infant feeding practices is underpinned by the belief that every child in Walsall deserves the best possible start in life as set out in We Are Walsall 2040, and it is our shared responsibility to provide the support and guidance necessary to ensure their optimal development.



Infant feeding is not just a personal choice; it is a public health imperative. The first 1,001 days of a child's life, from conception to their second birthday, are a critical window of opportunity that shapes their future. Proper infant nutrition in this period influences growth, cognitive development, and immunity. It reduces the risk of infections and chronic diseases, fostering emotional well-being and securing a healthy foundation for adulthood¹.

UNICEF Baby Friendly Guardian (Dr Paulette Myers)

Feeding your baby is a special time when caregivers and babies get to know each other. This is partly how babies develop healthy emotional and social attachment.



Breastfeeding has many long-term benefits for parents and babies.

There is evidence that breastfed babies from low-income families are likely to have better health outcomes in early life than a child from a more affluent background fed with formula milk, so compensating for some of the disadvantages of poverty.

Weaning on to solid foods is an important milestone in babies' lives and ensuring we offer a wide variety of foods including fruits and vegetables, but avoiding foods with a lot of fat, salt or sugar will set habits and tastes throughout their lives. With the large amount of conflicting information available, families often need clear guidance on the best approaches to feeding infants.

There are some important actions for all agencies and communities to take to support families with infant feeding. This includes, ensuring the right support and advice is available at the right time, that we create an environment that supports breastfeeding across the borough and ensuring support for all parents, regardless of their choice of method of feeding.

This strategy builds on the great work already underway in Walsall and provides a direction for optimal infant feeding to ensure as set out in the Walsall Health and Wellbeing Strategy 22-25 Walsall children are provided with the best start in life so they can fulfil their potential and make positive contributions to their communities².

Executive Summary

Breastfeeding and human breastmilk promotes health, prevents disease, saves lives and contributes to reducing a broad range of inequalities. There are benefits for baby, mother, the wider family, the environment, and estimated cost savings for health services. However, breastfeeding can be hard and currently eight out of ten women stop breastfeeding earlier than they would want to³.

The Walsall Infant Feeding Strategy draws on national and local policy and guidance as well as local information to outline a series of actions to ensure local families are supported in their choices for feeding their infants, and to improve breastfeeding rates across the borough. This requires actions for organisations, and individuals, working together to achieve the best outcomes for Walsall children.

Nutrition in the initial 1,001 days from conception to a child's second birthday is critical, as sound infant feeding practices during this phase yield important benefits including optimal growth and development, reduced susceptibility to infections and chronic diseases and enhanced emotional well-being and parent-infant bonding. Breastfeeding has been shown to reduce the risk of obesity in later childhood and is associated with a decreased risk of dental decay.

The Walsall Infant Feeding Strategy is carefully aligned with global, national, and local guidelines. It emphasises the importance of exclusive breastfeeding for the initial six months of an infant's life, early initiation of breastfeeding, and the introduction of complementary foods while continuing to breastfeed. It also however recognises that some parents may choose or are unable to breastfeed and ensures support is provided for all families to provide healthy nutrition to their children.

Walsall's breastfeeding rates consistently fall below regional and national averages, and the strategy includes ambitions to improve these rates for the benefit of our children.

What is infant feeding?

This strategy is written to cover the feeding journey for families from the birth of their child to age two years, that impacts on a baby's healthy growth and development.

Breastfeeding has numerous health benefits for both parents and babies, and skin- to-skin contact is an important bonding experience. We recognise that some parents may decide that formula feeding is the correct choice for them, either as an alternative or in conjunction with breast milk. Information about the benefits of breast milk and options such as expressing, pumping, and combination feeding are essential to support more families to offer breast milk to babies.

Weaning on to solid foods is an important milestone in babies' lives and ensuring families offer a wide variety of foods including fruits and vegetables, but avoiding foods with high fat, salt or sugar will set habits and tastes throughout children's lives.

With the large amount of conflicting information available, families often need clear guidance on the best approaches to feeding infants.

Feeding choices should not create anxiety for new and expectant parents and for some, it may not be physically possible for the infant to receive breast milk. Parents and carers should not feel judged for the choices they make for their infants. It is therefore important that breastfeeding and other infant feeding messages are promoted in a sensitive manner.



Vision

Our vision is to create a supportive environment in Walsall that protects, promotes and supports breastfeeding. It will enable all parents to optimise the nutrition of babies and infants as they make their infant feeding choices and therefore develop healthy children and close, loving parent-infant relationships.

Aims and Objectives

This Strategy aims to support all families in Walsall by providing information and guidance to support informed choices about how they feed their infants. **The aims are:**



Protecting, supporting and promoting breastfeeding and healthy infant feeding



Creating a borough that supports and normalises breastfeeding



Supporting the introduction of solid foods to aid child development

Protecting, supporting & promoting breast-feeding and healthy infant feeding



Objectives

- **Increase** the proportion of newborns where babies are given breast milk within the first 48 hours from 51.9% (2020/2021) to 60% in 2024/25, and 70% by 2027/2028.
- **Increase** the proportion of babies who are exclusively or partially breastfed at 6-8 weeks to 45% by 2024/25 and to national levels by 2027/28.
- **Increase** the rate of exclusive breastfeeding to 6 months and continued breastfeeding with a good balance of complementary foods until 12 months or longer.
- **Uphold** The International Code of Marketing of Breastmilk Substitutes policy for the promotion and marketing of infant formula and breastmilk substitutes within Walsall through strengthening the available regulatory arrangements to cease inappropriate marketing and distribution.
- **Increase** the reach of our training programme for health, care and voluntary sector staff to enhance their knowledge and skills in breastfeeding promotion. to ensure breastfeeding mothers receive expert guidance and support. Create pathways for individuals interested in training.
- **Create** and distribute guidelines for the safe preparation, handling, and storage of infant foods. Emphasise hygiene and sanitation practices. These guidelines should be easily accessible to caregivers
- **Increase** the proportion of eligible families receiving Healthy Start vouchers

Creating a borough that supports and normalises breastfeeding



Objectives

- **Increase** year on year the number of venues implementing the UNICEF Baby Friendly Initiative to create breastfeeding-friendly environments. This will help create breastfeeding-friendly environments where mothers can comfortably initiate and continue breastfeeding
- **Establish** local breastfeeding support groups with trained infant feeding specialists to provide culturally sensitive, inclusive assistance in community locations.
- **Encourage** and facilitate the formation of peer support groups for new parents. Train and certify facilitators from diverse backgrounds to ensure inclusivity and cultural sensitivity.
- **Increase** the number of community awareness campaigns on the long-term benefits of breastfeeding and that highlights the lifelong health benefits of breastfeeding. Utilise various media channels and involve local celebrities and influencers to amplify the message.
- **Forge** partnerships with local media outlets to ensure regular coverage and promotion of breastfeeding. Keep the public informed and engaged in discussions surrounding breastfeeding and its benefits.
- **Increase** the proportion of families participating in antenatal education programmes to provide information, skills and confidence on all aspects of infant feeding. These programmes should be accessible and culturally sensitive.
- **Implement** educational programmes in all schools and community centres to inform future generations of the advantages of breastfeeding and healthy weaning. These programmes should incorporate practical knowledge and skills.
- **Develop** a comprehensive plan to address social stigma associated with breastfeeding. This includes public awareness campaigns, community dialogues, and local leader involvement. The aim is to normalise breastfeeding and promote an open dialogue about the topic.
- **Advocate** for policy changes at the local and national levels to protect the rights of breastfeeding mothers and their infants. Ensure that supportive workplace policies and lactation rooms are mandated and enforced.

Supporting the introduction of solid foods to aid child development



Objectives

- **Consistent** and accessible information is available to families on introducing solid foods to infant diets.
- **Develop** and distribute clear guidelines for parents on the timely introduction of complementary foods. These guidelines should emphasise nutrient-rich and diverse food options. Ensure they are available through healthcare providers and community centres.
- **Provide** nutrition education programmes in healthcare facilities, schools, and community centres. Include workshops, cooking demonstrations, and collaborations with local nutritionists and chefs to showcase healthy complementary foods for families.
- **Optimise** infant feeding practices across the borough to increase the percentage of children starting school at a healthy weight.
- **Support** a year-on-year increase in the number of Early Years providers exceeding the national food standards.

In addition to implement a robust data collection and analysis system to track key performance indicators related to infant feeding. Regularly evaluate the impact of strategies, identify areas for improvement, and make data-driven decisions.

To achieve these objectives, a collaborative effort involving local healthcare and family support professionals, community organisations and the broader Walsall community will be essential.

Adequate resources, funding, and educational programmes is required to fulfil these objectives beyond the current lifetime of funded Family Hubs, creating a supportive environment for infant feeding in Walsall.

Introduction

The Walsall infant feeding strategy will focus on addressing the challenges and opportunities within local infant feeding practices to improve child health and contribute to public health. It is designed to serve as a roadmap for local stakeholders, policymakers, healthcare professionals, and community members in Walsall; outlining strategies and actions to optimise infant nutrition and well-being.

Infant feeding plays a pivotal role in shaping the physical, cognitive, and emotional development of children. During the early stages of life, infants are particularly vulnerable, and their nutritional needs are unique. The first 1,001 days, from conception to a child's second birthday, are critical for laying the foundation of lifelong health^{4,5}.

Infant feeding during this period is associated with:



Optimal Growth and Development:

Adequate nutrition in infancy supports healthy growth, brain development, and cognitive function. For example, research has shown that breastfeeding is linked to improved IQ and academic achievement in later life⁶.



Reduced Risk of Infections & Chronic

Diseases: Breast milk provides essential antibodies & nutrients that protect infants from infections, reduce the risk of childhood illnesses, and lower the chances of chronic diseases in adulthood.



Enhanced Bonding & Emotional Wellbeing:

Breastfeeding fosters a strong emotional connection between the infant and caregiver, promoting emotional security and well-being.








Positive Community Impact:

Beyond individual well-being, the collective effects of infant feeding can significantly impact on the public's health. Lower healthcare costs, reduced disease burden, and improved productivity are some of the benefits that result from a healthy population with a strong foundation in infant nutrition.

National and Local Policy Drivers

Healthy Infant Feeding guidance is detailed in various national & local policies, including;

<p>Better Births (The National Maternity Review 2016)</p>  <p>The NHS Outcomes Framework 2015-16</p>	<p>1001 Critical Days (2013)</p>  <p>Walsall Council</p> <p>The Public Health Outcomes Framework 2016-19:</p>	<p>The UN Sustainable Development Goals</p> <p>The Healthy Child Programme (2015)</p>	<p>The WHO Global strategy for infant and young child feeding</p> <p>The UNICEF UK Baby Friendly Initiative (BFI)</p>
	<p>Children's Healthy Weight Strategy 2017-2020</p>		<p>NICE clinical guidelines</p>
	<p>Walsall Health and Wellbeing Board</p>	<p>WE ARE WALSALL 2040</p>	

More information on each of these policies or drivers can be found [here](#)

The Royal College of Paediatrics and Child Health (RCPCH) has called on the UK Government to finally implement mandatory guidelines on the amount of sugar and salt that baby food can contain⁷. In spite of proposing guidelines in 2020, nothing has been confirmed and there are no limits or restrictions on how much sugar and salt can be in these products. This is in a situation where the UK has high levels of obesity and tooth decay in children starting school.

"All women and their partners should be provided with impartial, evidence-based information so that they can make informed decisions on how they would like to feed their new-born baby. If their choice is not to breastfeed, then they must be offered support and advice on how to use infant formula safely and correctly.

(NICE Guidance, 2008)

"There's not nearly enough information on feeding this way, it really needs to be improved as this could dramatically improve the breastfeeding numbers, we were able to wean my daughter off formula once she returned to her birth weight and now I am exclusively breastfeeding 8 weeks later!"

(Infant Feeding Survey 2022)



Infant Feeding in Walsall: Where Are We Now?

Infant Feeding

In 2020/21 **59.1% of babies born** in Walsall had a first feed of breastmilk. This figure is **significantly below** the West Midlands regional rate of 68.3% and the national rate of 71.7%, and has been the trend for several years⁸.



Breastfeeding has been found to generally reduce a child's current and future risk of overweight and obesity¹¹. In Walsall, around a **quarter of children** are overweight or obese in Reception year of primary school, which is significantly higher than the national rate for England¹¹.

Although the breastfeeding rate in Walsall as a whole is low, it is however higher in some areas of our borough than others¹². Research indicates that there are many cultural, demographic and socioeconomic differences in attitudes and behaviours to breastfeeding.



In addition, in Walsall, only around **1 in 3 babies** are still totally or partially breastfed at 6-8 weeks⁹, which is also significantly lower than the national rate.

Skin-to-skin contact soon after birth has been shown to increase successful breastfeeding¹⁰. It has varied and multiple benefits including stimulating the release of hormones to support breastfeeding in the mother and stimulating digestion and an interest in feeding in the infant.



On average, around **65%² of babies** born in Walsall in 2022 and 2023 had skin to skin contact with their mother within 1 hour of birth, which is the similar to the national rate for England.

Infant feeding behaviours & perceptions in Walsall

In 2023, Walsall Council conducted a small project which aimed to apply behavioural insights to understand infant feeding behaviours, attitudes and experiences of Walsall mothers. The project involved conducting a literature review, a small survey with local mothers and the application of behavioural science frameworks to analyse the findings and generate some recommendations.

Walsall mothers were invited to take part in the survey either face-to-face in Walsall Family Hubs and infant feeding support groups, or to complete an online survey that was shared through various social media and online communication channels by the Council and partners.



52 responses were received as part of the survey, and of those:

- **44% of mothers** reported breastfeeding their child, while 29% used formula and 27% chose a mix of both.
- The main reasons for choosing to breastfeed were personal choice, past experiences and convenience, while the main reasons for choosing formula were difficulties with attachment at the breast, being unable to breastfeed for various reasons and early return to work or time constraints.
- **58% of mothers** felt they had enough information to make a fully informed decision about their choice of feeding, and the main sources of information were friends and family, independent research and private classes, midwives and support teams, and social media.

- **53% of mothers** who used formula said that if advice and support were offered differently, they may have considered breastfeeding. Support they suggested included resolving physical issues (like tongue-tie, difficulty with attachment at breast, milk supply and expressing), better visibility and access to support services, fewer social pressures or guilt and better support with returning to work and partner involvement.
- **67% of mothers** surveyed reported that they did not receive any help in making their feeding decisions (it was their own decision and determined by personal choice), while majority of those who did receive advice received this from healthcare professionals, with not all advice supportive or helpful.
- **Mothers had generally positive experiences** with their chosen method of feeding, but also faced some challenges such as pain, low milk supply, tongue tie, lack of support, guilt, and social stigma.
- **Some mothers expressed a need for more information**, advice or support on topics such as attachment at breast, milk allergies, weaning, tongue tie, preparing for feeding challenges, and early-stage support.

Summary of key recommendations:

The key recommendations generated from this work utilised behaviour change frameworks and are summarised in the diagrams below. These include insights from the COM-B model of behaviour change (Michie et al., 2011) and EAST framework (Behavioural Insights Team, 2012).

Key recommendations based on behavioural insight



- Strategy to improve access to specialist support in a timely manner to resolve issues such as attachment at the breast, tongue-tie etc.
- Helping mothers easily access information when they need it. Knowledge of apps and other information available should be promoted & reviewed to determine effectiveness.

- Increasing awareness of the social support offers that are available and thinking about how we can make infant feeding events more accessible, convenient and fun for mums to attend.
- Considering ways to make the infant feeding journey more social (especially for vulnerable mothers), such as suggesting peer groups or "buddy" systems.
- Working with local employers and businesses to establish more "breastfeeding friendly" options and offers for working mums.
- Focusing on staff training on how to create a more friendly and supportive atmosphere for mums and use key contact points to offer support.
- Using the existing opportunities of contact with mums and families to signpost them to other areas they might need support with (such as housing or debt).
- Involving partners and families in the conversations and promoting the support offers available to them.

- Campaigns on infant feeding that are targeted and tailored, using the right messages.

EAST – overarching principles to consider when designing strategies and interventions



Make it **EASY**

Breastfeeding isn't easy. But we should try to make accessing information and support as easy as possible.

- Target support to vulnerable mothers.
- Promote existing support available and how to access them.



Make it **ATTRACTIVE**

Communications around breastfeeding can be made more attractive

- Use personalised messages
- Setting realistic expectations of breastfeeding
- Emphasise freedom of personal choice



Make it **SOCIAL**

There is a need to promote the social support offers around infant feeding

- Increase uptake of peer groups and other events
- Share experiences of real women
 - Consider breastfeeding buddy pairings especially for vulnerable mums



Make it **TIMELY**

Taking timely action to help mums initiate and establish breastfeeding in the first few days after birth.

- Prioritise support in hospital and first few days after birth.
- Utilise antenatal health visit to provide information on infant feeding.



Formula Feeding

The percentage of Walsall babies exclusively formula fed is known and there is anecdotal evidence that some families feel this allows more sharing of responsibilities and facilitates early return to work for mothers. Local support services should ensure guidance is given around best practice on making up formula milk, hygienic preparation and storage and issues to monitor e.g. constipation, which is more common in formula fed infants. Including guidance on responsive feeding for formula fed babies is essential for parent training forums. This will help with parent-infant cues on stopping and starting feeding.

Infants with specific feeding needs

There are a range of situations where babies have problems with feeding (including prematurity, tongue-tie, milk intolerances). Data is not available on the number of children with these difficulties, but all who advise and support families with infant feeding have been trained to be flexible and responsive to the range of issues.

Weaning

Solid foods are recommended to be introduced to infants from 6 months of age. There is useful national guidance available, which if used, would help with consistent messages being provided and accessed for all families¹³. Unfortunately, there is very limited data on what children are being fed aside from breast milk at this age and no local data are collected. It would be useful to start collecting this data across the borough.

We do know, however, that there needs to be important changes made to the baby food industry. This is a crucial period for forming dietary habits and food preferences and it is therefore disappointing to see that the baby food industry is failing in several areas to align their products to national infant feeding advice. Currently there are no restrictions on permitted amounts of salt and sugar in baby food, and some baby foods are highly processed.

According to the British Dental Association, many baby food pouches intended for infants under 12 months old may have more sugar by volume than Coca-Cola. Excess sugar is one of the leading causes of tooth decay, which is the most common oral disease in children, affecting nearly a quarter of five year olds. It is the most common reason for hospital admission for 5-9 year olds¹⁴.

A recent independent review found clear inconsistencies between national infant feeding advice and how some commercial baby food and drink products are presented¹⁵. It found that:

- some foods marketed as healthy snacks are amongst those with the highest sugar content
- sweet snacking is being encouraged
- misleading product labelling and marketing encourages the introduction of solid food before official advice recommends
- some product names don't reflect the balance of ingredients
- products do not always provide clear feeding instructions
- Clearly, this makes it difficult for parents and carers to make informed choices about healthy nutrition for their young children.

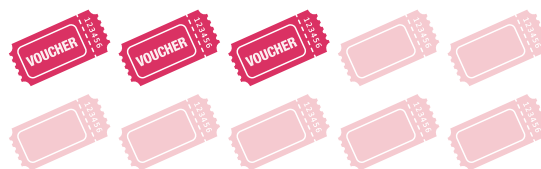
There is a responsibility for us all (individuals, communities and organisations) in Walsall to join together to lobby for mandatory limits on the sugar and salt content of baby food.

We should all be encouraging families to “make their own” baby food, highlighting the reduced cost and the reassurance of knowing the content of their children’s food. This would give benefits in terms of better infant nutrition, longer term health, exposure to a wider variety of foods, less packaging, and lower cost to families.



Healthy Start Scheme

Healthy Start is an NHS scheme which provides milk, fruit, vegetables and vitamins for all pregnant women and families on low incomes or who receive specific benefits, and with at least one child under 4 years old. Children aged between six months and four years are entitled to vouchers for free vitamin drops. The vitamins contain the recommended amount of vitamin A, C and D for young children, and folic acid and vitamin C and D. However, in Walsall 3 in every 10 eligible families are missing out on their entitlement and each month 1400 local households do not claim the vouchers. This equates to over £23,000 worth of vouchers being missed.



In spite of national and local promotion, knowledge and uptake of Healthy Start could be improved. There are still around **3 in every 10 eligible families** missing out, especially with vitamins.



Up to **1400 Walsall households** are missing out every month; that's at least £23,800 worth of Healthy Start vouchers not being claimed each month, which could benefit the health of Walsall's mothers and young children. The economic crisis affecting families in Walsall, makes the task to improve this situation even more pressing.



Are you pregnant or have children under the age of 4?

You could get help to buy:

- Plain cow's milk
- Fresh, frozen or tinned fruit and vegetables
- Fresh, dried, and tinned pulses
- Infant formula milk

You can also get free Healthy Start vitamins.

www.healthystart.nhs.uk
@NHSHealthyStart

Walsall Public health worked with Aston University on research with local families to explore the reasons why people were not taking up the healthy start scheme. The findings were:

- Complicated eligibility and application processes
- Lack of awareness of scheme
- Lack of understanding of what is included in Healthy Start Scheme
- Some vulnerable groups ineligible
- Lack of outlets accepting vouchers
- Stigma and social unacceptability of taking up free vouchers

A series of actions are needed to optimise local access and uptake to this scheme. All organisations in Walsall should prioritise actions to improve the processes for access, distribution and uptake of Healthy Start Vouchers.



What works to support breastfeeding?

The World Health Organisation has developed detailed guidance and policies in it's Ten Steps to Successful Breastfeeding package¹⁶:



Research^{17,18,19,20} has shown that interventions that increase successful breastfeeding involve:

- **Targeted, personalised support** to overcome breastfeeding difficulties, and rewarding mothers for their efforts
- Receiving sufficient **help with breastfeeding** in hospital and being provided with contact details for breastfeeding support groups
- Timely and **parent-centred** breastfeeding support, particularly in the immediate postnatal weeks
- Providing **realistic** rather than idealistic antenatal preparation and expectations around breastfeeding
- **Knowledge** from seeing breastfeeding in action rather than theoretical information
- **Effective social support** combined with reassurance and guidance from skilled practitioners

Local services which support infant feeding

A range of organisations provide training, advice and support for families around infant feeding. This includes midwives, health visitors and infant feeding teams in healthcare and family hub settings. General practitioners, dieticians and paediatric teams support families of children with additional needs or challenges. There is a local formulary which details the various milks and preparations for tackling issues such as reflux, milk intolerances and allergies. Even in these instances, it is usually possible for mothers to still breastfeed their babies by following a strict milk - free diet themselves.



A range of online applications are also available for families to access. The **Walsall Baby Buddy** and Dadpad apps are designed to support mums, dads, and carers, to build their confidence and parenting knowledge from conception up to their child's early birthdays covering topics such as feeding, talk and play, mental health, and local support services in Walsall.



A number of venues welcome breastfeeding and it is an objective of this strategy to increase this number across Walsall.

There are voluntary and community organisations providing teaching on essential cooking skills across Walsall. Walsall is looking to expand this provision to support families with infants. We do not know how supportive our local businesses are of mothers who return to work and wish to continue breastfeeding, but work is underway to ensure that agencies, organisations and workplaces in Walsall are contributing to making the borough a welcoming one for breastfeeding.

Walsall Infant Feeding Strategy Recommendations

1. *Enhance Early Initiation: Prioritise efforts to increase the percentage of infants in Walsall who receive breastmilk as their first feed. Achieving this should be a central goal of the strategy.*
2. *Promote Antenatal Education: Develop and implement comprehensive antenatal education programmes to raise awareness among expectant mothers and their families about the importance of breastfeeding. These programmes should be accessible and culturally sensitive.*
3. *Recruit Infant Feeding Specialists: Invest in the training and certification of more infant feeding expertise to ensure breastfeeding mothers receive expert guidance and support. Create pathways for individuals interested in training.*
4. *Baby-Friendly Healthcare and Family Hubs: Collaborate with healthcare and family hubs to implement and maintain the UNICEF Baby Friendly Initiative accreditation. This will help create breastfeeding-friendly environments where mothers can comfortably initiate and continue breastfeeding.*
5. *Community Awareness Campaign: Launch a powerful and sustained public awareness campaign that highlights the lifelong health benefits of breastfeeding. Utilise various media channels and involve local celebrities and influencers to amplify the message. Utilise evidence and input from behavioural science to inform campaign messaging and effective targeting to different groups.*
6. *Educational Initiatives: Implement age-appropriate educational programmes in schools and community centres to inform young mothers and future generations about the advantages of breastfeeding. These programmes should incorporate practical knowledge and skills.*
7. *Local Media Engagement: Forge partnerships with local media outlets to ensure regular coverage and promotion of breastfeeding. Keep the public informed and engaged in discussions surrounding breastfeeding and its benefits.*
8. *Integration of Complementary Feeding Guidelines: Develop and distribute clear guidelines for parents on the timely introduction of complementary foods. These guidelines should emphasise nutrient-rich and diverse food options. Ensure they are available through healthcare providers and community centres.*
9. *Nutrition Education Programmes: Continue to provide nutrition education programmes in healthcare facilities, schools, and community centres. Include workshops, cooking demonstrations, and collaborations with local nutritionists and chefs to showcase healthy complementary foods for families.*
10. *Addressing Stigma: Develop a comprehensive plan to address social stigma associated with breastfeeding. This includes public awareness campaigns, community dialogues, and local leader involvement. The aim is to normalise breastfeeding and promote an open dialogue about the topic.*
11. *Policy Advocacy: Advocate for policy changes at the local and national levels to protect the rights of breastfeeding mothers and their infants. Ensure that supportive workplace policies and lactation rooms are mandated and enforced.*
12. *Food Safety Guidelines: Create and distribute guidelines for the safe preparation, handling, and storage of infant foods. Emphasise hygiene and sanitation practices. These guidelines should be easily accessible to caregivers.*
13. *Peer Support Groups: Encourage and facilitate the formation of peer support groups for new parents. Train and certify facilitators from diverse backgrounds to ensure inclusivity and cultural sensitivity.*
14. *Data Collection and Analysis: Implement a robust data collection and analysis system to track key performance indicators related to infant feeding. Regularly evaluate the impact of strategies, identify areas for improvement, and make data-driven decisions.*

We recognise the journey ahead is not without its challenges, and it will demand a collaborative effort from local stakeholders working with the wider community.

The recommendations span from the promotion of antenatal education to enhancing early initiation of breastfeeding to supporting continued breastfeeding. It requires all partners to ensure baby friendly, breastfeeding welcoming facilities while addressing social stigma and advocating for policy changes that protect the rights of breastfeeding mothers. We are committed to disseminating guidelines for the safe introduction, preparation and storage of infant foods, as well as encouraging the formation of peer support groups and providing support for further training at all levels. Robust data collection and analysis will track our progress and allow for data-driven decision-making.

We believe that, together, we can create a Walsall where every child receives the best possible start in life through supportive infant feeding practices. With the collective will, dedication, and resources of our community, we will secure the health, well-being, and future success of the next generation.

The Walsall Infant Feeding Strategy is not merely a document; it is a pact with our community and a promise to our children. Together, we will provide them with the nurturing environment and support they need to thrive and grow, laying the foundation for a healthier, happier, and more prosperous future.

Acknowledgements

We would like to acknowledge and thank Barnet and Bradford City Council for the sharing of their infant feeding strategy which supported the development of Walsall's Infant Feeding Strategy

Useful resources

The Healthier Together initiative aims to support parents when worried about their child's health and provides information about what can be done and where support can be sought. It also provides information to healthcare professionals to ensure that the child receives the same quality of care irrespective of where they are seen. www.what0-18.nhs.uk

Wants to ensure that everyone working to support mums-to-be and young families has access to independent, expert and practical 'eating well' resources. Provides up-to-date information on infant milks for sale in the UK and promote better regulation and marketing of breastmilk substitutes.

www.firststepsnutrition.org

Healthy Start is a UK-wide government scheme to improve the health of low-income pregnant women and families on benefits and tax credits. www.healthystart.nhs.uk

We are committed to enabling women to make informed choices for their baby; we want all mums to feel supported and have the confidence to achieve their infant feeding goals.

www.walsallhealthcare.nhs.uk/our-services/maternity/infant-feeding

www.unicef.org.uk/babyfriendly/

