Northamptonshire
Infant Feeding Strategy 2025-2030

North Northamptonshire Council

West Northamptonshire Council

NHS University Hospitals of Northamptonshire NHS Group

Family Hubs North Northants

family Hub West Northamptonshire

Best Start in Life | Healthy Babies

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Foreword

We are pleased to introduce the Northamptonshire Infant Feeding Strategy 2025–2030, which sets out our shared ambition to protect, promote, support and normalise infant feeding across the county. This strategy has been shaped by the voices of parents, carers, professionals, and community partners, and reflects our joint commitment to ensuring every baby has the best possible start in life.

Infant feeding is a deeply personal journey, and families deserve access to timely, evidence-based information and compassionate support, regardless of how they choose to feed their baby. Whether breastfeeding, formula feeding, or a combination of both, responsive feeding practices help build strong emotional bonds and support healthy development. This strategy recognises the importance of supporting families in a non-judgemental and inclusive way, and of creating environments where breastfeeding is seen as both biologically and socially normal.

We know that early support, particularly in the first five days, is critical to successful breastfeeding. We also recognise that disparities exist across our communities, and that some families face greater barriers to accessing support. This strategy outlines clear priorities for improving service provision, strengthening pathways between services, and developing a skilled and confident workforce. It also highlights the importance of data, evidence and co-produced action plans to ensure we are making a meaningful difference.

Northamptonshire has already made significant progress, with increased Baby Friendly Initiative accreditation, robust data collection, and the commissioning of peer support services. Building on this foundation, we will continue to work collaboratively across North and West Northamptonshire to deliver local action plans that reflect the needs of our communities and align with national policy and the Family Hubs offer.

We are proud of the commitment shown by partners across the system and confident that, together, we can create a culture where infant feeding is supported, celebrated and understood. We look forward to seeing the positive impact it will have on families across our county.

Helene Denness
North Northamptonshire Council
Deputy Director of Public Health

David Johns
West Northamptonshire Council
Director of Public Health

Danni Burnett
University Hospitals of Northamptonshire NHS Group
Interim Director of Midwifery

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What is infant feeding and why is it important?

Infant feeding refers to how a mother/other chooses to feed their baby from birth, i.e., by providing breastmilk, infant formula, or a combination of both.

Breastfeeding is the process of feeding a mother's breast milk to her baby/infant, either directly from the breast or by expressing the milk from the breast and feeding it to the infant using a bottle.

Formula feeding is when babies and infants under 12 months are fed a breastmilk substitute as infant formula. It is usually made from cows' milk and comes in dry powder form, which is reconstituted with water before feeding or as a ready-to-feed liquid.

Breastfeeding has numerous health benefits for both the breastfeeding individual and their baby. It can play an important role in the bonding experience and building secure attachments between them, e.g., skin-to-skin contact.

Although a natural way to feed a baby, breastfeeding is a skill for both the mother and baby to establish, which requires practice and isn't without its challenges. Not everyone can breastfeed, and some parents may decide that formula feeding is the right choice for them and their families. Some families feed their babies formula milk in combination with breastmilk; others choose formula milk as an alternative. Regardless of how they choose to feed their baby, parents/carers must have access to accurate information on the benefits of giving a baby breastmilk and the different options to do so to make it a success. This will include expressing, pumping and combination feeding. It is also essential that, when required, individualised feeding support is delivered non-judgementally, and parents are supported to feed their babies successfully in a responsive way. From around six months onwards, this will also include information on introducing babies to solid foods and the importance of a healthy and nutrient-rich diet in combination with their regular milk to support their growth and development.

Responsive care involves parents and caregivers providing the emotional support, stimulation, food, and healthcare essential for a child's development it is a two-way interaction between baby and parents/caregivers, babies will show hunger or fullness cues, and the caregivers respond appropriately. Responsive feeding builds trust, supports development, and fosters a positive relationship during mealtimes.

In contrast, non-responsive feeding is where caregivers either controls feeding too rigidly, ignores or misinterpret signals which can cause stress and poor eating habits and strained relationships.

Responsive Breast Feeding

Responsive breastfeeding involves a mother responding to her baby's cues, as well as her own desire to feed her baby. Crucially, feeding responsively recognises that feeds are not just for nutrition, but also for love, comfort and reassurance between baby and mother.

Responsive Bottle Feeding

Bottle feeding is common: over **50%** of babies receive formula by week one, and **75%** by six weeks, even breastfed babies often receive milk via bottles. True responsive feeding isn't achievable with bottles due to risk of overfeeding. The mother-baby relationship will be helped if mothers are supported to tune in to feeding cues and to hold their babies close during feeds. Offering the bottle in response to feeding cues, gently inviting the baby to take the teat, pacing the feeds and avoiding forcing the baby to finish the feed can all help to make the experience as acceptable and stress-free for the baby as possible, as well as reducing the risk of overfeeding (UNICEF UK Baby Friendly Initiative, 2017).

Our Vision

The vision is that Northamptonshire is a place that has the foundation to give every child the best start in life and where parents and families are adequately supported at all stages along their baby's/infant's feeding journey. They will have access to appropriate, timely, evidence-based information, a knowledgeable workforce and tailored local services to support them in making informed choices about feeding their children in a non-judgemental and nurturing environment. Northamptonshire's residents see breastfeeding as the socially and biologically normal way to feed.

Achieving this vision requires collaborative working across the system to develop this strategy that is aligned to the North and West Northamptonshire whole systems approach, which will include aligning to the Family Hubs offer and supporting the Start for Life offer by aligning with the assets available, such as Health Visitors, midwives and Children's Practitioners.

Policy Context

In England, infant feeding policies and guidance emphasise the importance of breastfeeding, particularly exclusive breastfeeding for the first six months, and continued breastfeeding alongside complementary foods for up to two years and beyond, in line with World Health Organisation recommendations (WHO, 2023). These recommendations are supported by various government and health organisations, including UNICEF UK's Baby Friendly Initiative, which promotes evidence-based practices in maternity and neonatal care.

However, challenges remain in achieving these goals, including low breastfeeding rates, particularly exclusive breastfeeding for the recommended duration, and the influence of commercial marketing of breast milk substitutes (Scientific Advisory Committee on Nutrition [SACN], 2018).

The National and Local policies, include:

Public Health Outcomes Framework (OHID, n.d.): Tracks breastfeeding initiation and prevalence at 6–8 weeks as key indicators of child health and wellbeing.

NHS Long Term Plan (2020) Recommends Baby Friendly accreditation for all maternity services to improve infant feeding support, especially in neonatal care

Better Births (National Maternity Review, (2016) Postnatal Care, (3.22)) Emphasises personalised postnatal care, including support for breastfeeding and responsive infant feeding.

Saving Babies Lives Care Bundle V3 (NHS England, 2023) Includes guidance on improving neonatal outcomes, with breastfeeding support as part of enhanced postnatal care.

The Best Start for Life, A vision for the 1,001 Critical Days (Leadsom, 2021) Highlights the importance of early nutrition and bonding through breastfeeding in the first 1,001 days of life.

Start for Life Programme (Department of Health and Social Care, 2024) Government investment of £50 million to enhance infant feeding services, including support through Family Hubs.

10 Year Health Plan for England: fit for the future - GOV.UK (Department of Health and Social Care, 2025) Aims to create a future-fit health system, with early years nutrition and breastfeeding support as part of prevention strategies.

New healthier food standards to give babies best start in life - GOV.UK (Department of Health and Social Care, 2025) Introduces updated nutritional standards to support healthy infant feeding in early years settings.

Early Years Foundation Stage nutrition guidance (Department for Education, 2025) Provides statutory guidance on nutrition and feeding practices in early years education settings.

Appendix A: regulatory and policy framework (Competition and Markets Authority, 2025) Summarises legal and policy requirements around infant feeding, including safeguarding and health promotion.

WBTi UK report on UK Breastfeeding (World Breastfeeding Trends Initiative UK, 2025) Urges stronger national action on infant feeding support, highlighting gaps in services and training.

Local authorities commission the Healthy Child Programme (0–19) (OHID, 2023), which includes breastfeeding support via health visitors.

UNICEF UK Baby Friendly Initiative (UNICEF, updated 2025) shares evidence-based standards for maternity and community services to support breastfeeding and infant feeding.

NICE Guidelines: (NG194) (NICE, 2021) Recommends structured support for breastfeeding, responsive feeding, and maternal wellbeing in postnatal care.

The Equality Act 2010 (NHS, n.d.) Protects breastfeeding mothers from discrimination; employers must provide suitable facilities for expressing milk.

Local Maternity and Neonatal Systems (LMNSs) play a key role in shaping local strategies, ensuring consistent support, and reducing inequalities:

LMNS 3-year delivery plan for maternity and neonatal services (NHS England, 2023) Sets out goals for improving maternity and neonatal services, including infant feeding support.

Northamptonshire Local Maternity and Neonatal System (LMNS) Equity and Equality plan (LMNS, n.d.) Focuses on reducing disparities in access to infant feeding support across communities.

Strategy Purpose

This strategy sets out how we will protect, promote, support and normalise Infant feeding/breastfeeding across Northamptonshire, improving our existing services and supporting more women to initiate and continue breastfeeding for as long as they wish. Four principles underpin the strategy:

- Protect (breastfeeding environment)
- Promote (mothers and others)
- Support
- Normalise (a breastfeeding culture)

Protect (breastfeeding environment)

Breastfeeding in public is openly welcomed anywhere, with increased visible images of babies being breastfed. Public places and workspaces should have breastfeeding policies for staff and the public and embed a breastfeeding ethos in the workforce.

Increased awareness to uphold the International Code of Marketing of Breastmilk Substitutes and ensuring formula advertising does not undermine confidence in breastfeeding.

Promote (mothers and others)

Ensure mothers and others know their right to breastfeed their babies anywhere. Parents will be given evidence-based feeding information and the help they need at the earliest point in the maternal journey to promote breastfeeding and its benefits.

Support

Mothers, others, and families should know in advance where to seek early support, as early support, within the first five days following birth, is critical to maintaining breastfeeding in the long term. Vital to this is a trained, skilled, and competent workforce that works across the system, providing support alongside local breastfeeding peer support volunteers.

There needs to be clear communication channels between professionals and voluntary services, including data collection and reporting systems that identify additional support needs to be targeted.

Normalise (a breastfeeding culture)

Strategic actions should work towards shifting social norms, including through a multi-agency commitment to collaborate in a broader societal change to normalise breastfeeding. The aim is for residents to recognise breastfeeding as the socially and biologically normal way to feed, increasing breastfeeding initiation and continuation rates at all points along the infant feeding journey.

Background and Value of Breastfeeding

Breastfeeding has numerous health benefits for both the breastfeeding individual and their baby (including pre-term infants) and their long-term health. Any amount of breast milk has a positive effect, and research studies have shown that optimum benefits are realised through more extended periods of breastfeeding, up to and beyond six months of age. The WHO recommends continuation of breastfeeding for up to two years or beyond (WHO, 2023).

Benefits to Babies

Breast milk:

- Meets all a baby's nutritional needs
- Protects baby from infections and disease
- Reduces the risk of sudden infant death syndrome (SIDS)
- It is available whenever the baby needs it
- Supports the development of strong emotional bonds with parent/mother/other
- Promotes touch, comfort, and closeness, which supports the child's growing sense of security and innate value
- Improves baby's long-term health, lasting right into adulthood

Evidence estimates suggest that if all UK infants were exclusively breastfed, the number hospitalised with diarrhoea would be halved, and the number hospitalised with a respiratory infection would drop by a quarter.

Benefits to Mothers/Others

Breastfeeding lowers a mother/other's risk of:

- Breast and ovarian cancer
- Osteoporosis (weak bones)
- Cardiovascular disease
- Diabetes and obesity

Breastfeeding/human milk has been linked to improved educational and social outcomes and can help protect the environment and health. It is a sustainable way to feed infants and helps to reduce our carbon footprint and impact on ecosystems which align to both North and West Councils Corporate priorities of promoting green, sustainable environments and building better brighter futures.

Local Context and Actions

Within Northamptonshire, giving every child the best start in life is a priority to help children grow, develop, and flourish. Improving breastfeeding initiation rates, maintaining breastfeeding to 6 months and beyond, and providing resources and support to mothers to help them breastfeed for longer will contribute to this priority.

Organisations across Northamptonshire have been working hard to achieve the aims of the previous strategy. As a result, there has been an increase in the local hospital and community health providers across Northamptonshire achieving UNICEF's Baby Friendly Initiative (BFI) accreditation, commissioning of local peer-support services, and robust data collection methods are in place to ensure we have access to breastfeeding rates and data. This is demonstrated on pages 24-27 in the 'Infant Feeding Action Plan North Northamptonshire Family Hubs' (North Northamptonshire Family Hubs and Anna Freud, 2024).

The service map for infant feeding services in North Northamptonshire in Appendix 1.

In 2021, two new unitary authorities were established in Northamptonshire, North Northamptonshire Council and West Northamptonshire Council, and as a result, breastfeeding data is presented by these geographies to reflect this. The infant feeding strategy is countywide and will include two local delivery plans for, both North and West, that will prioritise achieving 'best start in life' outcomes through multi-agency responses.

Whilst baby's first-feed breastmilk (initiation) rates have remained constant, data for 2023-24 shows an increased rates of continuation of breastfeeding at 6-8 weeks across north Northamptonshire post the pandemic which is positive progress but remains below the English average. Whereas, West Northamptonshire data for 2023-24 remains above the English average (Department of Health and Social Care, 2025).

Partners in Northamptonshire are committed to actions that will:

- Supporting the normalisation of breastfeeding
- Increase the rates of exclusive breastfeeding to at least six months
- To improve practices associated with formula feeding and the use of suitable milk
- Decrease the number of infants introduced to complementary solid foods early until around six months of age

And achieve the following outcomes:

- Improvements in maternal and child health in Northamptonshire
- An increase in the number of prevention strategies for infant feeding to improve health
- Improvements in the targeted interventions to reduce inequalities in breastfeeding rates across local communities (monitored under LMNS)
- Ensure that every family is fully aware of the benefits of breastfeeding and, therefore, can make an informed decision about how to feed their baby
- Access to evidenced-based feeding information and support is accessible to families when they need

Breastfeeding Data

Data Definitions

Baby's first feed breastmilk - Percentage of babies whose first feed is breastmilk, including expressed and donor milk.

Discharge rate - Breastfeeding prevalence at discharge (from hospital).

Breastfeeding drop-off rate calculations:

1. Drop off between baby's first feed breastmilk and discharge from hospital.
2. Drop off between discharge from hospital and **10-14** days.
3. Drop off between **10-14** days and **6-8** weeks.

Breastfeeding prevalence at 10-14 days

This is the percentage of infants that are totally or partially breastfed at age **10 to 14** days.

Totally breastfed is defined as infants who are exclusively receiving breast milk at **10 to 14** days of age - that is, they are not receiving formula milk, any other liquids or food. Partially breastfed is defined as infants who are currently receiving breast milk at **10 to 14** days of age and who are also receiving formula milk or any other liquids or food.

Breastfeeding prevalence at 6-8 weeks

This is the percentage of infants that are totally or partially breastfed at age **6 to 8** weeks.

As above, totally breastfed is defined as infants who are exclusively receiving breast milk at **6 to 8** weeks of age - that is, they are not receiving formula milk, any other liquids or food. Partially breastfed is defined as infants who are currently receiving breast milk at **6 to 8** weeks of age and who are also receiving formula milk or any other liquids or food.

Local Data

North Northamptonshire Data

A baby's first feed breastmilk (previously initiation) is an indicator that measures the percentage of newborns who received breastmilk as their first feed after birth. It is a key metric used to assess early breastfeeding support and uptake. In North Northamptonshire **66.7%** of babies received breastmilk as their first feed (2023-24). This is below the national and regional averages with England's average of **71.9%** (2023-24) and East Midlands Region of **68.3%** (2023-24).

Breastfeeding at **6-8** weeks data shows the percentage of infants that are totally or partially breastfed at age **6 to 8 weeks**. In North Northamptonshire, this was at **49.1%** (2023-24) which is lower than that of England **52.7%** (2023-24) and the East Midlands Region **51.1%** (2023-24).

West Northamptonshire Data

A baby's first feed breastmilk (previously initiation) is an indicator that measures the percentage of newborns who received breastmilk as their first feed after birth. It is a key metric used to assess early breastfeeding support and uptake. In West Northamptonshire, **75.7%** of babies received breastmilk as their first feed (2023-24) which is above that of England, **71.9%** (2023-24), and the East Midlands Region, **68.3%** (23-24).

Breastfeeding at **6-8** weeks data shows the percentage of infants that are totally or partially breastfed at **6 to 8 weeks**. In West Northamptonshire, this was at **56.2%** (2023-24) in comparison to **52.7%** average in England (23-24) and **51.1%** in the East Midlands Region (23-24).

This new strategy aims to build on the good practice and work that has already taken place by addressing some of the gaps in the previous strategy and working towards Northamptonshire becoming a place where breastfeeding is seen as the social norm.

What Good Looks Like and Evidence-Based Interventions

A summary of effective infant feeding services can be found in the UNICEF and Public Health infographic (2016) available here: Commissioning_infant_feeding_services_infographics__Part_1_.pdf

Intervention	Specifics
Raise awareness - during the antenatal period through public campaigns and consistent evidence-based messaging, targeting both policymakers and the general public.	• Profound benefits of breastmilk • UK Law • Responsive infant feeding & challenges • Responsive parenting (attachment & positive emotional relationships) • Returning to work • Neonatal/paediatrics/ twin births
Provide effective evidence-based professional support - antenatal and postnatal at the right time.	BFI as gold standard in health and community (well-trained health professionals)
Ensure that mothers (and partners) have access to support, encouragement and understanding in their community.	• Well-coordinated • At scale • Multi-level and component support - 'one size does not fit all': - Individual counselling or group education - Immediate breastfeeding support at delivery - Lactation management - Including evidence-based peer support/ evidence-based breastfeeding counselling. - Methods include face-to-face, phone, digital technologies or combinations. - Multi-level - aimed at different levels of the socioecological model. • Inclusion of fathers/partners (and others) in breastfeeding interventions • Evaluated interventions
Restrict the promotion of formula milks and baby foods.	• UNICEF UK Baby Friendly standards • Prohibit advertising in local authority facilities • Support trading standards teams by reporting violations of the UK law in your local area
Create and enable an environment that promotes, protects and supports breastfeeding – normalises breastfeeding.	• Supportive, comfortable and inclusive environments including healthcare facilities, workplaces and public places • Provide access to skilled support, information and advice. This includes peer support and digital resources. • Address social stigma through education and local policies/ practices.
Political commitment and financial investments are needed.	• Demonstrate a commitment to national legislation and ensuring its effective implementation and monitoring • Integrate breastfeeding support into broader strategies related to health, nutrition, and social welfare, demonstrating a commitment to prioritising breastfeeding • Invest in community-based support services and programmes that increase access to support for mothers • Support research into the effectiveness of infant feeding interventions and monitoring breastfeeding trends to help identify areas for improvement and ensure resources are used effectively
Intersectoral policies - not just health	Build partnerships across a number of sectors, including health, local authority and VCSE to develop, implement and sustain effective breastfeeding initiatives

Priorities for Northamptonshire

To achieve the vision for infant feeding across Northamptonshire identified in this strategy, each council will have an action plan in place.

The North Northamptonshire action plan can be found in Appendix 2.

5 priority areas for development have been identified:

There are **9** co-produced actions to address these areas outlined in the action plan.

The West Northamptonshire action plan is currently under development and will align with the roll out of the Family Hub offer across the county.

How Will We Know That We Are Making a Difference?

The success of the strategy and local action plans will be demonstrated through breastfeeding rates increasing for all the four metrics/ indicators (baby's first feed of breastmilk, discharge from hospital, **10-14** days and **6-8** weeks) and mothers and others will report exclusive breastfeeding for longer periods. There will also be reduction in geographical disparities in breastfeeding across Northamptonshire. An action log will ensure timely delivery against the objectives, promote, protect, support and normalise, and highlight areas where improvements have been made. Feedback from local infant feeding support services and the public will also be vital to understanding behavioural changes and the themes families share regarding available support. A continual focus will be on increasing good communication and engagement with the public.

Governance

Governance for local infant feeding action plans for both North and West Northamptonshire Councils are as follows:

- North Northants – Family Hub Partnership Board
- West Northants – Family Help Partnership Board

Accountability for this strategy lies within the early help and family hubs boards in North and West and Northamptonshire Local Maternity and Neonatal System. The Infant Feeding Strategy group will coordinate the delivery of the key priorities identified in this strategy, which will be reported to the LMNS via the appropriate workstream.

Successful delivery of this strategy depends on partners, including maternity services, Northamptonshire Councils, NHS community providers, the ICS/ICB, and the voluntary sector, who work collaboratively together.

Appendix 1: Breastfeeding/infant feeding support services in North Northamptonshire

Figure 4: Service map for infant feeding services in North Northamptonshire

Specialist

Specialist Perinatal Mental Health Service (includes a Breastfeeding Champion and nursery nurses receive infant feeding training)

Health visiting: NHFT Infant Feeding Team
(comprising lactation consultants, an infant feeding health visitor, infant feeding advisors and a helpline).
Referrals: self or professional via email, phone, Referral Management Centre (RMC)

Reasons for referral include:
- persistent and unresolved breast or nipple pain
- infant not gaining weight
- initiation of Step 2 infant feeding growth pathway
- breast refusal
- transgender and non-binary families seeking advice or information
- tongue tie assessment
- managing significant reflux

Midwifery
- Infant feeding team at Kettering General Hospital (KGH) comprising midwife, support worker and infant feeding specialist.
- We also accept referrals from other professionals.
- Infant Feeding Team, including neonatal infant feeding specialist at Northampton General Hospital (NGH).

KGH Ears, Nose and Throat (ENT): Tongue tie clinic.

Targeted

Family Nurse Partnership and Tiny Steps (services to support young mothers in pregnancy and the first years of life, including feeding support)

Health visiting: Brief and short-term interventions for targeted families
- responsive feeding
- attachment and infant positioning
- sleep safety
- Step 2 infant feeding growth pathway

Strong Start (early years services):
- responsive feeding advice
- infant formula (available to purchase)
- advice on safe sleep and oral health

Universal

Midwifery:
- routine antenatal appointments
- antenatal parent education classes

Health visiting: Mandated health visiting contact at 28–32 weeks.

Health visiting: Mandated health visiting contact including feeding assessment. New birth visit, 6–8 week contact.

GP: 6–8 week check, includes questions on feeding.

Midwifery:
- routine skin-to-skin at birth
- routine postnatal contact including feeding assessment

Health visiting: 0–19 online hub including live chat function and helpline.

Midwifery: Local Maternity and Neonatal System (LMNS) website

Responsive feeding animation in universal settings.

Strong Start (early years professionals, providing short-term support). Referrals: self or professional
- 4 week groups – Bumps and babies, Babies and me
- 1–1 support via phone, email and WhatsApp
- online offer and video library

Milk and You (peer support service for infant feeding). Referrals: self or professional
- stay and play, buggy walks, support groups
- parent befriending, home visits, phone and messaging support
- breast pump loan
- antenatal worker connected to midwifery and health visiting

ANYA, DADPAD and **Baby Buddy** apps for parents and carers include support with infant feeding.

NHS Start for Life online feeding advice

La Leche League, the **Breastfeeding Network** and **National Breastfeeding Helpline**

Antenatal → Postnatal

Appendix 2: North Northamptonshire Family Hubs Action Plan.

Action plan - The nine co-produced actions to address the areas for development in North Northamptonshire's infant feeding services and support are:

Leadership and join up

1. Cultivate local ownership of the action plan and connectivity with national and local guidance on addressing the social determinants of health

Includes engaging key strategic leaders, identifying local leads for each action in the plan, improved communication about family hubs, and developing targeted initiatives to address social determinants of health.

Services

2. Increase access to tongue tie support

Includes development of community tongue tie clinic pilot and consideration of additional improvements to the pathway of support, focusing on the limited provision of tongue tie division.

3. Increase infant feeding support in the antenatal period and between birth and 10–14 days

Includes engaging strategic leadership to explore the feasibility and capacity for increased support, and consideration of options for increased antenatal infant feeding support, increased peer support and improved offer by statutory services.

Pathways

4. Improve the integration of infant feeding services, focusing on roles and responsibilities, referral pathways and eligibility criteria

Includes identifying key stakeholders to develop the service map in line with the infant feeding vision and principles, referral pathways and eligibility criteria, and improved integration of services.

Accessibility

5. Co-produce support via Family Hub Connector role

Includes building on the existing Family Hub Connector role to strengthen relationships with community groups and voluntary sector, and co-production of the delivery and commissioning of infant feeding services.

6. Increase access to support through joint public health campaign

Includes promoting infant feeding services via the Family Hubs 'Hungry Little Minds' campaign, in collaboration with partner organisations' communications leads and Family Hub Connectors.

Workforce

7. Develop and deliver an infant feeding workforce training programme

Includes the further development and delivery of the Family Hubs infant feeding training programme (led by NHFT infant feeding team), based on a tiered competency framework.

8. Engage a wider group of professionals in strategic planning for infant feeding

Includes engagement of key senior stakeholders from general practice, paediatrics, dietetics and pharmacology.

Data

9. Co-develop and implement a shared data and outcomes framework

Includes development of shared data and outcomes framework to inform infant feeding service development and commissioning decisions, and to enable Family Hub Connectors to provide guidance to families on how outcome data benefits them.

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