Breastfeeding in focus: Insights from the sector symposium

Introduction

On 5th November 2024, Impact on Urban Health (IOUH) and Bremner & Co hosted a symposium to explore the findings and implications of their newly published report, Breastfeeding in Focus: Insights from the Sector. The report provides a comprehensive overview of the policy and practice landscape, highlighting barriers to breastfeeding and identifying key levers for change. The symposium brought together a diverse group of stakeholders from the breastfeeding sector, including policymakers, practitioners and advocates. We were especially pleased to welcome a significant number of local authorities and health sector representatives, whose insights enriched the discussion.

The symposium showcased key insights from the report and provided a platform for participants to engage in thematic workshops and discussions. These sessions aimed to delve deeper into the findings, identify policy priorities, and chart actionable steps to improve access to breastfeeding support and address inequalities in breastfeeding outcomes. All the sessions were recorded and the transcripts thematically analysed. PowerPoint slides from the day are included in the appendix.

Recommendations co-designed by the sector

The participants were invited to join one of seven workshops, each focused on a specific theme from the report.

- **Workshop 1:** Local and national policy (including data)
- **Workshop 2:** Infrastructure and support
- **Workshop 3:** Culture and media
- **Workshop 4:** Racial considerations
- **Workshop 5:** Socio-economic considerations
- **Workshop 6:** Places of work or study
- **Workshop 7:** Commercial Infant Milk Formula industry

The purpose of the workshops was for the participants to reflect on the theme findings and identify three actionable and practical steps the sector could take to address the challenges highlighted. The tables below summarise the recommendations that emerged from the workshops. Duplicate suggestions have been removed and similar recommendations refined to avoid repetition.

These recommendations require coordinated effort from actors across government, local authorities and charity/NGO/campaigning sector. The attendees acknowledged the latter two groups are operating under significant financial constraints and would need government support to achieve these recommendations.

	National government should:	Local government should:	Organisations working across breastfeeding policy and practice should:
Policy	**Develop a national infant feeding strategy:** The strategy should include accountability for services at every level and be underpinned by adequate funding. **Designate breastfeeding as a clear responsibility within a specific Minister's remit:** In recognition of its importance to child health and development, breastfeeding should be a principal responsibility of a specific minister, ensuring leadership and clear accountability		**Showcase successful policy initiatives and best practices:** Case studies of effective breastfeeding initiatives and practices across local and national contexts could be shared, for example, via the Local Government Association. These examples can serve as inspiration and provide a blueprint for local authorities and policymakers aiming to enhance infant feeding support. **Build a strong economic and evidence-based case for breastfeeding support:** Develop a robust case for investing in breastfeeding support by commissioning a report that highlights the financial and societal benefits of breastfeeding initiatives. This report should complement a comprehensive evidence pack containing data on the value of optimal infant feeding support and broader systemic changes. Together, these resources can be used to advocate for and influence national and local policies, demonstrating the critical importance of investment in breastfeeding support.
Infrastructure and support	**Develop a sustainable, integrated and standardised support model for breastfeeding and parental support:** Establish a permanent, government-funded framework that provides consistent and equitable breastfeeding support across all local authorities. This model should include comprehensive services, such as peer support, drop-in clinics, and online resource, while aligning with broader Family Hub initiatives. It should also integrate related services like mental health, childcare, and parental support to ensure holistic, accessible, and	**Conduct a mapping exercise of the local services and groups to inform a system-wide infant feeding policy:** The policy should support communication and collaboration between all services and stakeholders and include a directory of key messages and signposting to ensure consistency in information provision.	

	sustainable care for families nationwide. **Secure long-term, England-wide funding for the continuation of Family Hubs:** Ensure the Family Hubs programme is rolled out nationwide and adequately funded to provide equitable support for families across the UK.		
Culture and media	**Develop a national campaign of 'what breastfeeding looks like':** Showcase diverse representations of breastfeeding families across ethnicities, socioeconomic statuses and family structures, using imagery and narratives that reflect modern Britain. Incorporate language guidelines to reduce stigma. Include images of 'fatherhood' or other caregiver bonding to move away from the narrative that feeding is the only way to bond with a baby. **Adopt a national breastfeeding friendly scheme:** The scheme should draw on Scotland's success, offering national accreditation for breastfeeding-friendly spaces and specific guidelines on warm spaces for women to feed without the purchase of a drink. **Embed breastfeeding education within the national curriculum:** Include discussions on its health benefits, challenges and practicalities so breastfeeding is normalised from an early age.		
Racial considerations	**Improve training on racial equity and unconscious bias in all roles associated with infant feeding:** Provide ongoing professional development to address implicit biases and improve care for marginalised groups. **Expand and improve data collection to better reflect**		

	diverse communities: Use detailed ethnicity categories, such as the 16 ONS classifications. Expand data metrics to include ongoing feeding practices, emotional well-being and maternal goals. **Diversify support available to ensure accessibility and cultural sensitivity:** Offer flexible support options, including home visits, helplines and culturally sensitive peer support services. Reduce barriers to access by providing resources in multiple languages and formats. Ensure services respect cultural norms.		
Socio-economic considerations	**Incorporate information on breastfeeding and signposting to support services into the Healthy Start scheme:** Healthy Start should then be used by practitioners at antenatal stage as a mechanism to encourage breastfeeding.	**Offer free peer support services targeted to mothers living in deprived areas:** Services should be made up of paid positions from diverse backgrounds and languages, and draw on community resources to engage with historically excluded groups.	
Places of work and study	**Raise awareness of the benefits of supporting breastfeeding employees and students, and what is needed to accommodate breastfeeding:** Use evidence showing how breastfeeding support enhances employee/student retention, reduces absenteeism and boosts organisational loyalty. Create a downloadable template and resources on developing a breastfeeding policy for employers and course providers and offer practical support.		**Advocate for leaders to prioritise breastfeeding support in places of work and study:** Foster leadership by contacting MPs and policy influencers, drawing on learnings from advocacy activities around menopause in the workplace
The Commercial Infant Milk Formula industry	**Strengthen legislation to align fully with the World Health Assembly International Code of Marketing of Breastmilk Substitutes and all subsequent World Health**		**Conduct a comprehensive review of the current enforcement mechanisms for existing infant feeding legislation:** Identify gaps, evaluate enforcement practices and provide actionable

	Assembly resolutions: Strengthening legislation would close existing loopholes, extend regulations to cover all products related to infant feeding and help to address enforcement challenges to ensure compliance by the industry.		recommendations to improve oversight and accountability, addressing systemic issues that allow non-compliance to persist.

When asked to identify the three recommendations with the greatest potential impact, the group prioritised:

1. developing a national infant feeding strategy,
2. assigning clear ministerial responsibility for breastfeeding,
3. and integrating breastfeeding education into the national curriculum.

When asked to identify the three most achievable recommendations, the group prioritised:

1. showcasing successful policy initiatives and best practices,
2. integrating breastfeeding education into the national curriculum,
3. and improving training on racial equity and unconscious bias in all roles associated with infant feeding.

What was discussed

The following section offers a summary of the day's discussions, structured and themed to highlight the key insights from the workshops and broader conversations.

Local and national policy

There is critical need for enhanced leadership, sustainable funding and consistent policies to support breastfeeding. Participants noted the lack of a dedicated national breastfeeding strategy or cohesive approach to breastfeeding policies in England and the subsequent 'postcode lottery' in availability of breastfeeding support across local authorities. In contrast, attendees highlight there is national leadership in Wales, Scotland and Northern Ireland, emphasising the importance of collaboration with these nations to share best practices and lessons learned.

A key focus of the discussion was the development of a national breastfeeding strategy for England, with clear funding and accountability structures. However, some participants raised a thought-provoking question: "Do we want a single national breastfeeding strategy, or should breastfeeding and optimal infant feeding be integrated into all relevant strategies?"

Several participants stressed the importance of showcasing successful case studies at local and national levels to encourage policy changes. Examples of what's working help people understand the potential impact, rather than focusing solely on what's lacking, argued one attendee.

Securing long-term funding was deemed critical to protect high-quality and valuable programmes, many of which are at significant risk. The group discussed the need for a robust economic case for breastfeeding, referring to existing reports that have effectively influenced public health investment. Framing breastfeeding as an investment could help secure funding by demonstrating its preventive impact on public health issues, like obesity and mental health. For example, the 'Mother's Milk Tool' quantifies the economic value of breastfeeding, emphasising mothers' contribution to both family finances and societal health.

"Breastfeeding is not free; it requires investment, but the return on investment is massive."

A recurring theme was the lack of consistent data to track breastfeeding trends and outcomes, which limits the ability to advocate for funding and improvements - "we can't make an economic case because we don't have the data that we need". The absence of reliable data also hinders accountability.

"We've seen Scotland absolutely lead the way in data, they're insisting on certain data being collected, and there's increasing consistency in that data."

Participants discussed including upcoming legislation or government plans, which may present opportunities for advocating for breastfeeding policy, such as the consultation on the NHS' ten year plan, the Children's Wellbeing Bill and the Child Poverty Strategy. They also identified the government's focus on children having the 'best start in life' as a promising focus area.

Existing advocacy platforms were also emphasised, including the National Children's Bureau's Children and Young People's Health Policy Influencing Group, The Breastfeeding Alliance, The Baby Feeding Law Group, and the All-Party Parliamentary Group (APPG) on Infant Feeding, which has recently been re-established.

The workshop for local and national policy recommended developing an economic case for breastfeeding support, showcasing successful initiatives and best practices and packaging evidence as a compelling investment case.

Infrastructure and support

Reflecting on the 'postcode lottery' in breastfeeding infrastructure and support, due to inconsistent funding, participants noted some areas have robust resources, while others face severe cuts. There was frustration from local authorities that they were unable to write an infant feeding strategy because of lack of capacity.

Participants also reflected on coordination challenges across health services. Effective infant feeding support requires the integration of services, yet teams operate with different priorities and funding. One local authority attendee raised the importance of better coordination.

"Infant feeding is always, usually the first (post) to go when the council look at budgets."

The group discussed the value of Family Hub funding for enabling local collaboration. However, they recognised the extensive implementation challenges, particularly on budgetary shortfalls, and difficulties in meeting ambitious programme expectations. Current funding, secured until 2026, was seen as a positive but limited in scope, with attendees raising concerns about continuity once this funding ends. One local authority used Family Hub funding for essential resources for vulnerable groups, such as "homeless mothers...who don't have anywhere to go." There was a call for making these services permanent.

Participants highlighted significant staffing discrepancies in infant feeding support across London boroughs, noting some areas are critically under-resourced: "it just seems mad that three London boroughs will have very different feeding support staffing. I'm the only one, and I'm part-time." The group called for the UNICEF UK Baby Friendly Initiative to establish minimum staffing levels for infant feeding support, tailored to local birth rates and community needs. They felt "guidance around expected staffing levels would make a big difference" and recommended that the government enforce standardised staffing levels alongside consistent funding.

Additionally, the group identified the need for increased and standardised infant feeding training within midwifery and health visiting programs. They suggested universities adopt uniform training standards to prepare a well-equipped workforce capable of delivering both clinical and community-based breastfeeding support.

Peer support programs were highlighted as valuable, especially for mothers from diverse backgrounds or areas with limited in-person support. However, accessibility barriers still exist, with a need for more online support and culturally tailored resources. One local authority attendee explained that they adapted the recruitment criteria for their volunteer-led breastfeeding program to be more inclusive of mothers who have breastfed for a shorter amount of time: "some may have breastfed for only a very short time but were still passionate about supporting other mothers." This change led to high retention of volunteers.

Participants underscored the need for government accountability and the development of integrated local support models. Advocacy efforts should position breastfeeding as part of larger health agendas, such as maternal mental health and childhood obesity. This integrated approach could secure greater

government support, making infant feeding a policy priority. One NGO argued, “one of the biggest issues we have with infant feeding is that it’s always deprioritised...we need to make it part of the solution.” Another emphasised the importance of connecting to mother’s and baby’s experiences using language that resonates with policymakers.

“What happens now (in government) is you have your health plans, you have child obesity plans, you have all of these different activities, and then you've got this kind of weird place where infant feeding vaguely exists and doesn't exist.”

The workshop for infrastructure and support recommended a commitment to sustainable, long-term funding, a cohesive national infant feeding plan, and the development of a robust, government-funded service model.

Culture and media

Participants highlighted the need for systemic change to challenge societal norms and to ensure equitable breastfeeding advocacy and representation across the UK. Breastfeeding mothers face numerous challenges due to societal perceptions. For example, breastfeeding beyond six months is often stigmatised as abnormal in the UK, influenced by cultural and media representations. Extended breastfeeding and public breastfeeding remain uncommon due to societal discomfort and a lack of awareness about laws protecting breastfeeding in public. Additionally, there is a misconception that partners, “will not be able to bond with their children if they're not involved in the feeding journey. That is an absolute fallacy.”

Participants found the media shape societal attitudes through coverage that often sensationalises or stigmatises breastfeeding, focusing on extreme narratives rather than normalising it. They felt breastfeeding in media lacks diversity, frequently portraying privileged, heteronormative families. Additionally, editorial and advertising standards do not currently support consistent, positive representations of breastfeeding. One participant commented on the framing of ‘choice’ as “flippant”

and “demeaning” because breastfeeding is “not a choice in the sense that [a mother’s] history, their experience, their situation is what has put them in that position.”

The group highlighted that education about breastfeeding remains insufficient, whether that be maternal preparation during pregnancy or public understanding. School curriculums do not incorporate breastfeeding education, missing a vital opportunity to normalise it from an early age.

“Maternal education about breastfeeding is lacking. When I attended an antenatal class at my local hospital, there was a woman with a knitted boob and a knitted baby showing how to latch, it made me think that this was going to be an absolute breeze.”

Creating safe, free spaces for breastfeeding in public was identified as crucial, particularly to support mothers facing socioeconomic challenges. Existing local initiatives to support breastfeeding mothers, like ‘welcome schemes’ in cafes, were praised but noted to lack uniformity across the UK. Scotland's national breastfeeding scheme was highlighted as a model that England could adopt.

The group discussed the need for public campaigns to be inclusive and represent a broad cross-section of society, situations and experiences. The group debated the effectiveness of campaigns on the health benefits of breastfeeding: whether this resonates with people or “comes across as a pressure”, potentially alienating mothers who struggle to breastfeed.

The workshop for culture and media recommended breastfeeding education be embedded within the national curriculum, the adoption of a national scheme of breastfeeding friendly spaces and a national campaign showcasing diverse representations of breastfeeding families, including guidelines on language.

Racial considerations

Attendees explored cultural and language barriers, representation and systemic inequities within maternal healthcare. For example, breastfeeding support materials and practitioners predominantly cater to white mothers, with instructional content often overlooking physiological differences in non-White mothers and excluding diverse cultural experiences. Mothers with limited English proficiency often lack adequate support, including translated materials or interpreter services, impacting their ability to care for their babies safely.

“What really struck a chord with me was they’re saying they’re handed formula but can't even read the instructions properly, and so to have that in their own language or translated is crucial for the health of their baby as well.”

Discussions highlighted that Black mothers often distrust healthcare systems due to systemic racism, including misconceptions like higher pain tolerance for black women. One participant noted: “Black mothers are more likely to turn to family than a qualified practitioner because there's a huge distrust.” The group discussed how the experience of mothers from minority ethnic groups could be improved, with suggestions made around making education and training more culturally informed, improving representation across staff recruitment and using continuity of care to build trust.

The group also discussed the value of offering different support models to ensure their services are accessible to marginalised groups. Traditional group models may be culturally unsuitable for some

mothers, for example due to privacy concerns. On the other hand, home visits, phone support and video calls provide more inclusive and flexible support options.

“Sometimes just having someone that listens to you is all women need. The person that was supported yesterday just needed someone that could speak her language and could listen to her.”

However, several of the participants noted that inadequate funding acts as a major barrier to improving services in this way. Peer support services, particularly those offering culturally relevant care, have proven effective but face chronic underfunding.

“This is one of the obvious disparities amongst different boroughs. It really depends where you live, and we all try our best, but at the end of the day, it depends on capacity, depends on funding. We would like to offer the best service possible but sometimes that's beyond us.”

Inadequate data collection on racial and cultural dimensions exacerbate these challenges. Existing data collection frameworks often categorise ethnicities broadly, masking specific needs and disparities among groups.

The workshop on racial considerations recommended improving training across all roles on racial inequity, unconscious bias, racial stereotypes and microaggressions, standardising and expanding data collection to better represent different communities and diversifying support models.

Socio-economic considerations

A critical theme throughout the discussion on socio-economic considerations was the need for consistent, sufficient funding for maternal and infant support services, with a particular focus on long-term availability, not just temporary grants or one-off funding. There was frustration that support is often not reaching those who need it most due to insufficient and unevenly distributed funding, with some areas struggling to meet minimum support requirements.

The group felt peer support services are extremely valuable but don't represent diverse populations. They can be alienating for lower-income mothers because they are often run by volunteers, who tend to be from more affluent backgrounds. Participants agreed adequate funding is needed to support paid positions from diverse backgrounds and to allow free services targeting mothers in deprived areas. One participant flagged that funding streams need to be flexible enough to allow support to be tailored to the unique needs of different areas and communities.

“If those services were properly funded, there could be paid positions for people from a diverse background. The services would be free of charge for all women wanting to access, regardless of their financial status, and they could target more mothers living in deprived areas.”

“It's about funding at the top level being made available on a consistent basis, so it's not just a year here, a year there. It's funding being made available with fairly wide parameters for use, so areas can tailor what they need because not everywhere is the same.”

Linked to funding, the group reflected on the high drop-off rates in breastfeeding within the first week postpartum due to the midwife and health visiting workforce being overstretched. They felt the challenges in recruiting and retaining midwives and health visitors need to be addressed to allow sufficient resources and targeted support in the first couple of weeks.

“The job of health visiting is not really what it used to be, it's become very much more about safeguarding.”

One health-based participant suggested that all services need to be better connected so that midwives and health visitors are linked in with peer support groups, where “families are meeting people like themselves, people they can identify with, people they easily have a rapport with.” Another participant from local government agreed, adding that midwives and health visitors need to be trained on the same key messages, including where to find further support, to avoid misinformation and confusion for families.

“It's about the NHS, the health visitors, the midwives, being prepared to share information on where all the groups are, so connecting up with a lot of the voluntary organisations that are also offering peer support.”

The group agreed a mapping exercise would be necessary to create a directory of the services and groups operating in a local area and understand where the skillset lies. This mapping exercise would inform a local infant feeding policy on the key messages and referrals that all professionals need to be trained in.

The group discussed strategies for making sure marginalised and underserved communities receive the necessary support, especially people who are less likely to attend traditional services like children and family centres. A strong focus was placed on combating social isolation. The conversation explored culturally sensitive methods of reaching out, including using local community groups and religious institutions, like mosques, paired with resources in local languages to reduce isolation and improve engagement. The group also discussed the value of offering free antenatal courses to help women build a network of support and reduce feelings of loneliness.

Finally, the group explored whether the Healthy Start scheme could be used to offer information on breastfeeding and signposting to support services, such as the National Breastfeeding Helpline. One participant countered that “promoting breastfeeding doesn't lead to better breastfeeding rates”, arguing that conversations with mothers antenatally and at the point of referral would be key. Another participant flagged that many eligible people would need help with the application process, requiring practical support, such as drop-ins clinics offering in-person application support.

“Is there a way to use Healthy Start as a hook to encourage breastfeeding, which, of course, would be wonderful because it would also save money for people who are living with food insecurity.”

The workshop on socio-economic considerations recommended local mapping exercises to understand and connect local services, free support services targeted at deprived areas and information on breastfeeding integrated into the Healthy Start scheme.

Places of work or study

Attendees discussed the many barriers faced by employees and students who want to continue breastfeeding when they return to work or study. The group reflected on the limited legal protection for breastfeeding employees and students, lack of comprehensive, enforceable policies and the impact of inadequate facilities, such as private expressing rooms and dedicated fridges.

The group discussed the need for leadership at both national and local levels to advance support for breastfeeding parents in the workplace or in places of study. One participant suggested advocates reach out to MPs who are sympathetic to breastfeeding-related issues, as well as other policy influencers who can amplify their efforts. Timing was noted as a crucial factor in advocacy efforts. For example, the forthcoming results of the UK Infant Feeding Survey present a unique opportunity to draw attention to the current state of breastfeeding support and to make a compelling case for action.

However, it was noted that policy changes are often slow to implement so, as one participant from academia argued, employers and course providers have an opportunity to take proactive steps ahead of legislation by supporting breastfeeding parents via their own policies and initiatives. The group felt that raising awareness around the benefits to employers and course providers would encourage action, particularly for large organisations that can more easily absorb the cost of implementing workplace initiatives. Menopause in the workplace was offered as an example of a topic recently receiving attention, leading to awareness-raising around how menopausal staff can be better supported. Some participants felt awareness campaigns, while valuable, often fail to translate into action.

“What employers can do is build their own support into maternity policy, so that when a staff member says they're expecting, the maternity policy comes with the breastfeeding aspect of it, and that should hopefully help with conversations.”

“Employers are always very interested in their employee satisfaction, retention, job turnover and all these things. So, actually, there's a lot of benefit for employers to put in measures to support mothers. It's not like we are cajoling them – it's the fact that among happy employees, the productivity is high.”

The group explored the cultural context in which many work- or study-based barriers are set, identifying a need for broader cultural shifts to support breastfeeding as a societal norm. Breastfeeding remains

taboo in many workplaces and educational institutions. Often there is a lack of awareness among line managers and HR departments about breastfeeding needs and only those who already value breastfeeding are likely to engage in advocacy or change efforts. The group discussed whether trade unions could play a role, but the participants felt that cultural resistance and a lack of widespread buy-in would make it difficult to galvanise action at scale.

The workshop of places of work and study recommended advocacy around raising awareness among employers and course providers of the benefits of supporting breastfeeding mothers, the development of practical templates and resources to assist places of work and study, and advocacy for stronger leadership from government in this area.

The Commercial Infant Milk Formula Industry

Looking at the role and influence of the commercial infant formula industry (CIMF), the group discussed a number of potential advocacy areas, which, it was suggested, could be actioned through the APPG or the Baby Feeding Law Group. Several participants agreed a stronger legal framework, such a full implementation of the World Health Assembly International Code of Marketing of Breastmilk Substitutes (the Code), and all subsequent World Health Assembly resolutions, would improve outcomes. The group also discussed the significant gaps in the enforcement of legislation.

"There seems to be this idea that here in the UK, with the lowest breastfeeding rates in the world and real concerns about infant health, we can't do the Code. I want to know why we can't do the Code, and if we can't do the Code fully, can we just do it within all NHS and public health settings?"

The group reflected on the importance of appointing a national infant feeding lead to strengthen accountability, referring to the successes of Scotland, which used to have an infant feeding lead. One participant countered that Scotland has not appointed a new infant feeding lead since the previous one

stepped down. Instead, breastfeeding has been integrated into the government's broader programme, demonstrating how political will and a supportive governmental framework can lead to tangible change.

“It's not so much about having one person – you could have an infant feeding lead and there's no political will and no investment, and they’re just banging their head against the wall. We've discovered that in the Scottish model, it isn't the person who's the lead that is making a difference, it’s the political will backing it up.”

One participant suggested introducing a price cap on infant formula to combat rising costs and improve accessibility for food-insecure families. Another participant suggested introducing controls on the influence of the CIMF industry on government to prevent conflicts of interest in policy.
"It's clear that the formula milk manufacturers have their influence. They shouldn't have the government's ear in any way."

Some points of discussion related to practice. For example, the group discussed the need for better information provision on using infant formula and more accurate data collection around the use of formula in hospitals. Some highlighted a gap between formal guidance, such as UNICEF UK Baby Friendly Initiative, and real-world practice. One participant felt “staff don't feel confident giving that information.” Another participant felt there may be some misunderstanding around what is and isn’t permissible under the standard. Another highlighted that some healthcare professionals are not required to complete the training at all.

The conversation underscored the need for comprehensive and independent training on infant formula and bottle feeding to be consistently enforced across the NHS. The group emphasised that adequate funding is needed, commenting on the impact of cuts to funding on progress made towards full accreditation. They argued for the initiative to be mandated and adequately enforce.

“We’ve got pediatricians and GPs who are seen as high up the pecking order to be trusted, compared to a volunteer breastfeeding counselor who has done extensive training. We just don't have clout. We need the NHS hierarchy at our back to support us.”

“There's a big chunk of hospitals that are not fully accredited or going backwards. I'm sure it’s down to the funding issues. Maternity is never going to make any savings out of investing more in breastfeeding – the savings on breastfeeding are realised in other parts of the hospital and society. It's all very short sighted. And we're not necessarily getting the support from our senior leaders. It feels like a tick box exercise for senior leadership.”

The group discussed the option of plain infant formula labelling to combat the influence of exploitative and effective marketing, as well as a public health social media campaign informing parents that all formulas are made up of the same nutritional composition. The group also discussed the need for legislation regulating the bottle and teat industry, which are currently “getting a ‘Get Out of Jail Free’ card.”

“Nobody understands that all the formulas have to meet the same nutritional composition and people will pay the extra to have the golden crown or the golden shield or the symbol of DNA, or whatever. I think this business about the composition is allowing the companies to really exploit it.”

Participants for the workshop on the CIMF industry discussed the difficulty in prioritising actionable goals, given the complexity of the issues. They recommended the appointment of a national infant feeding lead, legislation be upgraded in line with the Code and its resolutions and a review of current marketing regulation enforcement mechanisms.

Wider discussion

There was widespread frustration over the lack of prioritisation for infant feeding within the political sphere. Participants highlighted the ongoing challenges in gaining consistent political and institutional support, citing years of repeated advocacy that have yet to result in meaningful policy changes.

The participants recognised that new policy priorities under the Labour government provide a strategic opening to advocate for an infant feeding agenda. However, a disconnect was noted between governmental rhetoric on public health priorities and actual policies, evidenced, for example, by inadequate government responses to parliamentary questions. This perceived lack of commitment has led to concerns about long-term outcomes for children's health and nutrition.

Participants also raised concerns about how media portrayals impact public perception and policy support for infant health and nutrition. Sensationalised media coverage was criticised for misrepresenting policies and creating stigma, particularly around infant feeding choices. Discussions touched on the need for accurate media framing and some suggested that targeted media strategies could help mitigate backlash and reduce misinformation.

"There's been a huge issue with the media reporting on the legislation related to marketing and how they have chosen to explain what it is for and what it does. I think that is very damaging because it's very one-sided. And even when we have made formal complaints to newspapers, we have received not very helpful responses."

Participants voiced a need to adapt advocacy approaches to resonate with the current political climate, especially in the context of upcoming reviews and spending decisions. The dialogue conveyed a sense of urgency to mobilise advocacy efforts and leverage political appointments to secure support for breastfeeding priorities. Panellists also discussed the evolving role of the APPG in promoting consistent engagement with breastfeeding issues. Strengthening data collection was identified as a crucial, with Scotland's evidence-based approach cited as vital to driving policy change and budgetary support.

"We've called for the same things over and over again. I wonder if there's an opportunity to take a step back and think about how change happens. It's easy to look from the outside at Scotland and Wales and think, 'oh, well, they've got a national infant feeding need. They can wave a magic wand and it all happens.' It's not at all like that, there's a huge number of other things in play. It's worth really looking at the different ingredients in that recipe for change and making sure we learn from that."

Conclusion

The symposium brought together a wealth of expertise and passion, with discussions highlighting both the complexity and urgency of the issues identified in the report. Participants shared innovative ideas, compelling evidence and actionable, sector-led recommendations aimed at addressing the challenges raised.

Participants emphasised the need for systemic change, including measures to ensure equitable access to breastfeeding support, underpinned by adequate and consistent funding, and stronger enforcement of marketing regulations. A recurring theme throughout the event was the importance of political will and consistent leadership to sustain meaningful progress. The conversations underscored the value of learning from existing frameworks, such as those in Scotland and Wales, and adapting strategies to the context of England. Participants also emphasised the need for cross-sector collaboration and stronger advocacy to harness opportunities arising from the recent change in leadership, ensuring infant health and breastfeeding priorities are firmly embedded in future public health agendas.

This report captures the discussions and recommendations shared during the symposium, as well as the collective determination to turn dialogue into action.