

Gearing to success with national breastfeeding programmes: The Becoming Breastfeeding Friendly (BBF) initiative experience

Rafael Pérez-Escamilla¹  | Fiona C. Dykes²  | Sally Kendall³ 

¹Department of Social and Behavioral Sciences, Yale School of Public Health, New Haven, Connecticut, USA

²Maternal and Infant Nutrition and Nurture Unit, School of Community Health and Midwifery, University of Central Lancashire, Preston, UK

³Centre for Health Services Studies, University of Kent, Canterbury, UK

Correspondence

Rafael Pérez-Escamilla, Department of Social and Behavioral Sciences, Yale School of Public Health, 135 College St, Suite 200, New Haven, CT 06510, USA.

Email: rafael.perez-escamilla@yale.edu

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Abstract

Evidence-based policy toolboxes are essential for decision makers to effectively invest in and scale up maternal-child health and nutrition programs, and breastfeeding is no exception. This special issue focuses on the experiences implementing the Becoming Breastfeeding Friendly (BBF) toolbox in England, Scotland, and Wales. BBF is an initiative that includes a toolbox for decision making based on the Complex Adaptive System-based Breastfeeding Gear Model. The BBF initiative experience in Great Britain presented in this special issue illustrates how versatile BBF is as it can be readily adapted to the specific application context. In this instance one country, England was trained by the Yale School of Public Health team that developed BBF. England, in turn, trained and assisted Scotland and Wales with the implementation and oversight of BBF in those countries. The positive experience implementing BBF in Great Britain is fully consistent with findings related to this initiative in other countries with contrasting economic, social, political and health care systems; including Germany, Ghana, Mexico, Myanmar, and Samoa. In all instances BBF has led to breastfeeding policy improvements with strong implications for enabling breastfeeding environments including maternity benefits, workforce development, the Baby Friendly Hospital Initiative and behavior change communication campaigns. In conclusion, BBF is a powerful tool to help guide the effective scaling up of evidence-based programmes to advance breastfeeding protection, promotion and support globally.

KEYWORDS

breastfeeding, decision-making, policy, scaling up

In spite of the constellation of benefits of breastfeeding to children, mothers, society and the planet (Li et al., 2022; Tschiederer et al., 2022; Victora et al., 2016). In low- and middle-income countries only 48% of women initiate breastfeeding within one hour after birth, 48%

breastfeed exclusively during the first 6 months of life, and less than 70% of infants in low- and middle-income countries are breastfed during their second year of life, with some regions having less than half of infants continuing breastfeeding beyond 1 year of age (UNICEF data,

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2022). In high-income countries such as the United States, only 35% of infants are still being breastfed by 12 months (CDC, 2022). In the United Kingdom, in 2010 exclusive breastfeeding rates at 6 weeks were 24% in England, 17% in Wales and 13% in Northern Ireland (McAndrew et al., 2010). In 2017, by 8–12 weeks post-partum 75% of all babies in Scotland had received infant formula (Scottish Government, 2018). One of the reasons of these suboptimal breastfeeding outcomes may be the lack of translation of knowledge into action due to the lack of effective tools to assist policymakers with effective scale up of evidence-based breastfeeding protection, promotion, and support programmes (Pérez-Escamilla et al., 2012; Pérez-Escamilla, 2020).

Evidence-based policy toolboxes are essential for decision-makers to effectively invest in and scale up maternal-child health and nutrition programmes, and breastfeeding is no exception. A clear global imperative for strengthening the environment for breastfeeding is made in many policies and academic reports including the WHO and the United Nations historical Innocenti Declaration of 2005. This special issue focuses on the experiences implementing the Becoming Breastfeeding Friendly (BBF) toolbox in England, Scotland, and Wales. BBF is an initiative that includes a toolbox for decision making based on the Complex Adaptive System-based Breastfeeding Gear Model (BFGM; Pérez-Escamilla et al., 2012). Analogous to an engine, the BFGM proposed the need to properly implement seven peripheral and one master interlocked central gears for the breastfeeding 'engine' to work effectively at the national level. Evidence from countries that have successfully scaled up breastfeeding programmes show that evidence-based advocacy is needed to generate the political will that drives the legislation that releases resources needed for workforce development, facility- and community-based programmes, behavioural or change communication campaigns, implementation research and decentralised coordination, monitoring and evaluation (Figure 1).



FIGURE 1 The Breastfeeding Gear Model. Adapted from Pérez-Escamilla et al. (2012) with author's permission

Key messages

- Evidence-based policy toolboxes are essential for decision makers to effectively invest in and scale up breastfeeding programmes.
- Becoming Breastfeeding Friendly (BBF) is an initiative that includes a toolbox for decision making based on the Complex Adaptive System-based Breastfeeding Gear Model.
- BBF is implemented by scoring each of the gears using evidence-based indicators that have been clearly define.
- BBF scoring is done by an interdisciplinary committee with representation from diverse government entities, civil society organizations, international agencies and academics.
- BBF has been successfully implemented and is informing breastfeeding policy across eight countries with contrasting health care, economic and social systems.

BBF is implemented by scoring each of the gears using evidence-based indicators that have been clearly defined (Pérez-Escamilla et al., 2018). The scoring is done by an interdisciplinary committee that has representation from diverse government entities, civil society organisations, international agencies and academics (Hromi-Fiedler et al., 2019). The committee meets at least five times to first reach consensus on score and then on policy recommendations to strengthen the breastfeeding environment, and actionable policy recommendations are presented to decision-makers at a highly visible event (Hromi-Fiedler et al., 2019). BBF is expected to influence breastfeeding policy which, in turn, is expected to lead to improved breastfeeding outcomes (Buccini et al., 2019).

The BBF initiative experience in Great Britain presented in this special issue illustrates how versatile BBF is as it can be readily adapted to the specific application context. In this instance, one country, England was trained by the Yale School of Public Health team that developed BBF. England, in turn, trained and assisted Scotland and Wales with their implementation and oversight of BBF (Kendall et al., 2022). Furthermore, BBF showed the strong potential that it has to improve breastfeeding policy. Given the dearth of data on breastfeeding practices and programming, the BBF committee in England (co-chaired by the University of Kent and Public Health England) chose to focus on the Research and Evaluation gear and the Coordination, Goals and Monitoring gears (Merritt et al., 2022). The BBF process generated specific recommendations highlighting the need for: (a) The establishment of a national multiagency group to deliver strategic leadership and oversight for breastfeeding; and (b) More robust routine infant feeding data collection and reporting, and the necessity for strengthening leadership within existing national programmes, such as the Best Start in Life programme.

The Scottish BBF Committee was led and coordinated by the government with strong support from the BBF-England

leadership team (McFadden et al., 2022). It included 23 experts representing government, diverse National Health Service (NHS) organisations, public health, academia, third sector organisations and a professional association (Royal College of Midwives). Indeed, an important strength of the BBF process in Scotland is how effectively it brought together a multi-sectoral committee to objectively prioritise breastfeeding recommendations. Three key recommendations resulting from the BBF process in Scotland were: (1) Reinforcing political will for breastfeeding; (2) Strengthening and coordinating breastfeeding messages across Scotland and (3) Promoting a supportive return to work environment by *'empowering women to be aware of their rights regarding breastfeeding in the workplace, employment provisions and in all areas of childcare'* and *'extending and strengthening the opportunities for promoting best practice in supporting women to breastfeed when returning to the workplace and ensuring a fair deal for women going back to work'*. (Scottish Government, 2019)

In Wales, the BBF committee included stakeholders from Cardiff, Swansea and Bangor Universities, Welsh Government, Public Health Wales and Abertawe Bro Morgannwg HB (Brown et al., 2022). The Royal College of Paediatrics and Child Health and Unicef UK were consulted as well. The Wales team also received technical support from the BBF-England leadership team based at the University of Kent. The BBF process in Wales led to 31 recommendations that were mapped into six 'themes for change'. Key recommendations across themes included: (1) A National Leadership Group to oversee delivery of an adequately resourced All Wales 5-year action plan on breastfeeding; (2) Develop a successful evidence-based case for resource uplift by government in Wales to deliver a sustainable and costed Care Pathway for mothers and babies; (3) Develop a co-created All Wales messaging strategy focused on areas of low rates that is funded and supported by leaders; (4) Acknowledge concern over the cost-benefit of Unicef UK's Baby Friendly Initiative in Wales; (5) Continue to work with key partners and Local Health Boards to understand and strengthen routine data collection and analysis; (6) Lactation support training across professions and (7) Legislation around breastmilk substitute marketing, and Maternity protection legislation.

The positive experience with BBF in Great Britain is fully consistent with findings related to this initiative in other countries. In Germany, BBF followed a highly participatory and inclusive process under the leadership of the Federal Ministry of Food and Agriculture (Flothkötter et al., 2018). The BBF process indeed served as the foundation of the country's new national breastfeeding strategy that calls for funding and implementing: (1) Evidence-based guidelines; (2) Basic and advanced training and continued professional development; (3) Prevention and healthcare structures; (4) Breastfeeding promotion in municipalities; (5) Breastfeeding in the workplace; (6) Marketing of breast-milk substitutes; (7) Systematic breastfeeding monitoring and (8) Communication Strategy to Increase Relevant Breastfeeding Knowledge and Acceptance (Federal Ministry of Food and Agriculture, 2022).

In Mexico, BBF has been applied three times since 2016–2017 and the last application happened during 2020–2021, in the midst of the COVID-19 pandemic, demonstrating its adaptability to the context of a public health emergency. The BBF process in Mexico has led to three strategic recommendations: (1) Incorporate the World Health Organization Code of Marketing of Breastmilk Substitutes in the Mexican legislation; (2) Extend maternity leave to 6 months and (3) Strengthen evidence-based advocacy and hence the political will that is needed to secure stable funding and resources for a successful national strategy for the protection, promotion, and support of breastfeeding (González de Cosío et al., 2018). Furthermore, by bringing key stakeholders together BBF facilitated the development of advocacy and applied research studies needed for further understanding how to advance breastfeeding in Mexico (González de Cosío et al., 2018), including: (1) The development and publication of the first-ever position on Breastfeeding protection, promotion and support issued by the Mexican Academy of Medicine (González de Cosío Martínez & Hernández-Cordero, 2016); (2) In-depth social network analysis of key breastfeeding stakeholders in Mexico (Buccini et al., 2020); (3) In-depth analysis of breastfeeding coverage in mass media including social media before and during the COVID-19 pandemic (Ferré-Eguiluz et al., 2020; Vilar-Compte et al., 2021); (4) The costing of extending paid maternity leave for women working in the formal sector (Vilar-Compte et al., 2020) and a maternity cash transfer benefit for women employed in the informal economy (Vilar-Compte et al., 2019). The costing work has now been extended to Brazil, Ghana, Indonesia and the Philippines (Siregar et al., 2021; Ulep et al., 2021; Vilar-Compte et al., 2020). Over the past 6 years, decision-makers, civil society organisations and champion legislators have used the BBF recommendations and related studies to advance breastfeeding policies. Key stakeholders confirmed the strong potential that BBF has to advance breastfeeding in Mexico (Safon et al., 2018). Consistent with this, Mexico's exclusive breastfeeding rates increased from 15.5% in 2014 to 20.7% in 2018 (Unar-Munguía et al., 2021) which strongly overlaps with the first two waves of BBF implementation. In Ghana where BBF has been applied twice under the joint leadership of the University of Ghana and the Ministry of Health, in 2016–2017 (Aryeetey et al., 2018; Carroll et al., 2019) and in 2018 key BBF recommendations included: (1) Strengthen advocacy and empower breastfeeding champions; (2) Strengthen breastfeeding regulations, including maternity protection; (3) Strengthen capacity for providing breastfeeding services; (4) Expand and sustain breastfeeding awareness initiatives. Furthermore, it also led to an in-depth stakeholders network analysis (Aryeetey et al., 2020) and (5) The design, implementation, and evaluation of the first-ever breastfeeding social media campaign called BF4Ghana (Harding et al., 2019, 2020). As in Mexico, stakeholders found BBF to be very useful for advancing breastfeeding in Ghana. Indeed, BBF committee members reported that BBF provided an in-depth analysis of Ghana's current breastfeeding environment to help Ghana strengthen its breastfeeding governance, policies, and programmes while informing government and non-governmental organisations' breastfeeding efforts (Carroll et al., 2019).

In Samoa, BBF was implemented in 2018 by a 20-member multisectoral committee under the auspices of the Ministry of Health (Soti-Ulberg et al., 2020). BBF led to six prioritised recommendations: (1) Development and implementation of a National Breastfeeding Policy and Strategic Action Plan; (2) Strengthening monitoring and evaluation of all breastfeeding activities; (3) Ratifying the International Labour Organization's Maternity Protection Convention 2000 (No 183); (4) Identifying high-level advocates to champion and serve as role models for breastfeeding; (5) Creation of a national budget line for breastfeeding activities and (6) Hiring of a national breastfeeding coordinator and trainer. Decision-makers demonstrated commitment by signing the breastfeeding policy for hospitals ahead of the BBF dissemination meeting and electing to move forward with establishing lactation rooms within government ministries (Soti-Ulberg et al., 2020).

In Myanmar, BBF was implemented in 2017 by a 14-member multisectoral committee led by the Ministry of Health and Sports (Than et al., 2019). BBF led to nine prioritised recommendations for strengthening the breastfeeding enabling environment and substantial interagency collaborations. The top priority recommendation was to form a National Infant and Young Child Feeding Alliance. Adaptations to the BBF process were made for the context in Myanmar where there were strong information technology limitations making it difficult to work online between face-to-face meetings.

In conclusion, BBF has been successfully implemented and is informing breastfeeding policy across diverse countries' socio-economic, cultural contexts as well as contrasting health care and social systems. This special issue represents a unique BBF 'training-of-trainers' application as it illustrates how one country, England in this instance, was successfully trained by the Yale BBF core team to implement BBF inside its borders and successfully disseminate it into neighbouring countries, that is, Scotland and Wales, following a capacity-building approach with reference to implementation science (Kendall et al., 2022). In three countries in Great Britain, as in five other countries across five world regions, as expected (Buccini et al., 2019), BBF has been proven to be an effective tool for policymaking that can be adapted to diverse and contrasting contexts and needs, including diverse governmental and policy contexts. Adaptations include decisions on the specific sector(s) or entity(ies) leading the BBF process, specific sectors and organisations involved, number of committee members, number of face-to-face meetings, degree of consultation with stakeholders outside committee, BBF-specific data collection efforts, and amount of work done between meetings. In four countries—England, Germany, Ghana and Mexico—BBF has already led to additional studies to inform breastfeeding policy based on the Breastfeeding Gear Model.

In conclusion, BBF is a powerful tool to help guide the effective scaling up of evidence-based programmes to advance breastfeeding protection, promotion and support globally.

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CONFLICT OF INTERESTS

The authors declare no conflict of interests.

AUTHOR CONTRIBUTIONS

RP-E wrote the first draft that was critically reviewed by FCD and SK. All authors read and approved the submitted version of the manuscript.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analysed in this study.

ORCID

Rafael Pérez-Escamilla  <https://orcid.org/0000-0001-9416-8039>

Fiona C. Dykes  <http://orcid.org/0000-0002-2728-7967>

Sally Kendall  <http://orcid.org/0000-0002-2507-0350>

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