

# Infant Feeding Policy

## January 2026

<b>Lead Manager:</b>	Head of Health Improvement
<b>Responsible Director:</b>	Director Women's and Children's Services Executive Director of Nursing
<b>Approved by:</b>	NHSGGC Board Clinical Governance Forum
<b>Date approved:</b>	23 <sup>rd</sup> February 2026
<b>Date for Review:</b>	February 2029
<b>Replaces previous version:</b>	2015

## Contents Page

<b>1. Introduction</b>	<b>3</b>
1.1 Aim	
1.2 Rationale	
1.3 Key Principles	
<b>2. Scope</b>	<b>4</b>
<b>3. Roles &amp; Responsibilities</b>	<b>4-5</b>
<b>4. Policy into Practice</b>	<b>5-9</b>
4.1 Policy Objectives	
4.1.1 Infant Feeding Policy Core Standards of Care	
4.2 Support for Infant Feeding	
4.2.1 Training	
4.2.2 Sources of Help for Staff, Patients and Visitors	
<b>5. Communication and Implementation Plan</b>	<b>10-11</b>
5.1 Implementation	
5.2 Communication	
<b>6. Monitoring and Review</b>	<b>11-12</b>
6.1 Monitoring	
6.2 Review	
<b>7. EQIA</b>	<b>12</b>
<b>8. Supporting Documentation</b>	
<a href="#">NHSGGC Infant Feeding Core Standards of Care</a>	
<b>Appendices</b>	<b>13-39</b>
A. NHSGGC Code of Conduct for Staff Relating to Products Covered by the World Health Organisation (WHO) International Code on Marketing of Breast Milk Substitutes	
B. Training Record	
C. EQIA	
<b>References</b>	<b>40</b>

## 1. Introduction

### 1.1 Aim

The Infant Feeding Policy is to support staff to deliver appropriate advice and intervention with parents to provide optimum infant nutrition from the antenatal period and for the first 12 months of a baby's life. It reflects the World Health Organisation (WHO) recommendation of exclusive breastfeeding for the first six months and beyond with the appropriate introduction of solid foods. By supporting optimum infant feeding practice, this policy promotes the development of close and loving relationships between parent and baby.

### 1.2 Rationale

The purpose of this policy is to ensure that all staff within NHS Greater Glasgow and Clyde (NHSGGC) understand their role and responsibilities in supporting parents to feed and care for their babies in ways which support optimum health and well-being. The Infant Feeding Policy covers the period from conception to 12 months following birth.

The standards of care provided by NHSGGC should reflect the current evidence base, guidelines and supports ongoing commitment to achieving and maintaining UNICEF UK Baby Friendly Initiative (BFI) standards for neonatal, paediatric, maternity and community settings<sup>1</sup>.

It is recognised that babies and families within Neonatal and Children's services may require additional care and support which is outlined in more detail in the [Neonatal Infant Feeding Policy](#)<sup>2</sup>.

### 1.3 Key Principles

NHSGGC is committed to:

- Providing the highest standard of care to support expectant and new mothers and their partners to feed their baby and build strong and loving parent-infant relationships.
- Ensuring that all care is person centred, non-judgemental and that their decisions are supported and respected.
- Listening to parent's experience of care through regular internal and external audit process.
- Working together across disciplines and organisational entities to improve parents' experiences of care.
- Full implementation of the WHO International Code of Marketing of Breast-milk Substitutes (WHO 1981)<sup>3</sup> throughout NHSGGC services by all staff (see appendix A).

## 2. Scope

The term 'Infant Feeding' includes all ways in which a baby can be fed – at the breast, expressed breastmilk, formula, mixed and complementary feeding. Recognising that families with babies and young children have diverse and individual circumstance we

aim to support everyone covered by the Equality Act 2010 and be inclusive of any/all relevant protected characteristics. Where the term 'parent' is used, this should be taken to include anyone who has the main responsibility or caring for a baby.

This policy applies to all employees within NHSGGC who provide care to babies and their families.

All staff caring for babies and their families are expected to provide care in line with best practice outlined in:

- [Breastfeeding and Infant Feeding: Strategic Framework for 2025-2030](#) (Scottish Government 2025)<sup>4</sup>
- [Improving Maternal and Infant Nutrition: A Framework for Action](#) (Scottish Government 2011)<sup>5</sup>
- [The Best Start: Five Year Plan for Maternity and Neonatal Care in Scotland](#) (Scottish Government 2017)<sup>6</sup>
- [Getting it Right For Every Child \(GIRFEC\)](#) (Scottish Government)<sup>7</sup>
- [The Universal Health Visiting Pathway in Scotland: Pre-birth to Pre-school](#) (Scottish Government 2015)<sup>8</sup>
- [The Evidence and Rationale for the UNICEF UK Baby Friendly Initiative](#) (UNICEF 2013)<sup>9</sup>
- [Feeding in the First Year of Life: SACN Report](#) ([www.gov.uk](http://www.gov.uk))<sup>10</sup>
- [The International Code of Marketing of Breast-milk Substitutes](#) (WHO 1981)<sup>3</sup>
- [Feeding Young Children aged 1-5 Years: SACN Report](#) ([www.gov.uk](http://www.gov.uk))<sup>11</sup>
- [Domestic Abuse: What health workers need to know about gender-based violence](#) (NHS Scotland 2009)<sup>12</sup>

As an employer NHSGGC commits to supporting infant feeding at work in line with the [NHS Scotland Workforce Breastfeeding Policy](#) (NHS Scotland 2023)<sup>13</sup>.

### 3. Roles and Responsibilities

All staff who provide care for pregnant women, infants and their families should be orientated to this policy and understand their role and responsibilities.

This includes staff within Maternity Services; Medical Paediatric Services and HSCP Children's and Family Services as well as specialist roles such as Infant Feeding Advisors; Growth and Nutrition Advisors; Dieticians and Health Improvement.

**Healthcare Staff:** are responsible for ensuring their individual practice is in line with this policy and standards of care.

**Service leads / managers** are responsible for monitoring the implementation of this policy and ensuring plans are in place to improve outcomes and experience for children and families as necessary.

**Maternal and Infant Nutrition (MIN) Group:** Representatives on MIN should maintain an overview of current evidence base and care standards to ensure policy alignment. MIN should provide multi-disciplinary and GGC-wide oversight of implementation of the policy.

**Breastfeeding public acceptability group:** HSCP partnership representatives deliver evidence-based interventions and the roll out of Breastfeeding Friendly Scheme to partners and businesses in local communities.

**Director of Women's and Children's Services:** Overall responsibility for ensuring the policy is implemented, monitored and reviewed rests with the Director of Women's and Children's Services as chair of the MIN Group.

## **4. Policy Into Practice**

### **4.1 Policy Objectives**

This policy aims to support parents to provide optimum infant nutrition and develop close and loving relationships with their baby. The objectives of this policy are to:

- increase breastfeeding initiation rates
- increase breastfeeding rates at discharge from hospital
- increase breastfeeding rates at Health Visitor/Family Nurse Partnership first visit (10-14days)
- decrease attrition rate at 6-8 weeks by 10% by 2025
- increase breastfeeding rate in areas of deprivation
- increase breastfeeding rate in BME groups
- Increase the number of parents who report they were supported to formula feed their baby safely
- increase the number of parents who introduce solid food to their baby at 6 months
- increase uptake of Vitamin D distribution with breastfeeding mothers and their infants
- deliver ongoing improvements in parents' experiences of care captured in UNICEF BFI audits
- increase breastmilk/breastfeeding at discharge from the neonatal unit
- reduce the number of re-admissions to Neonatal units due to weight loss
- ensure all staff who provide care to infants and children are trained, mentored and updated
- Deliver on a programme of activities that increase awareness of and public acceptability of breastfeeding across NHS GGC. This includes delivery of the BFS award programme in community and education settings, promotion of breastfeeding through social media and other platforms and contribute to campaigns such as Scottish, world and black breastfeeding week.

#### **4.1.1 Infant Feeding Policy Core Standards of Care**

The Infant Feeding Policy and Core Standards of Care set out the care that NHS GGC are committed to providing to every expectant and new mother, parent and carer. Based on the UNICEF UK Baby Friendly Initiative (BFI) standards for hospital and community settings the care will reflect the individual needs and circumstances of each new parent and infant.

Core Standards of Care are detailed [here](#) and include:

**Antenatal Care:** All pregnant women should be supported to recognise the importance of breastfeeding and early relationships for the health and wellbeing of their baby. All pregnant women will have the opportunity to discuss feeding and caring for their baby with a health professional.

All pregnant women should have a discussion to include:

- the value of connecting with their baby in utero and skin to skin immediately following birth whenever possible
- The importance of responding to their baby's needs for comfort, closeness and feeding after birth, and their role in keeping their baby close
- An exploration of what parents already know and feel about breastfeeding as protection, comfort and food

**Maternity Care: After birth** all mothers will be offered the opportunity to have uninterrupted skin to skin contact with their baby. This contact will last for as long as they wish or at least until after the first feed regardless of preferred method of feeding. The aim is not to rush the baby to the breast but to be sensitive to the baby's instinctive process to self-attachment. If formula feeding is chosen, they will be encouraged to offer the first feed in skin contact. Those mothers who are unable (or do not wish) to have skin to skin contact immediately after birth will be encouraged to initiate skin to skin contact as soon as they wish or feel able to.

For babies admitted to the neonatal unit a labour ward cuddle or skin to skin contact should be offered where babies' condition allows-see [Neonatal Infant Feeding Policy](#)<sup>2</sup>.

**Postnatal Care:**

Mothers will have the opportunity to discuss breastfeeding in the first few hours after birth as appropriate to their own needs and those of their baby. This includes information on responsive feeding, feeding cues and positioning and attachment, hand expression and understanding signs of effective feeding.

This importance of secure parent infant attachment for the future health and wellbeing of the baby is key and ongoing skin to skin is encouraged throughout the postnatal period irrespective of feeding choice. All parents are supported to understand the newborn baby's need for food, comfort and emotional support, keeping baby's close and responsive feeding.

**Vitamin D supplementation:** All breastfeeding and mix feeding (where infants are having less than 500mls of formula/day) mothers and their babies should be discharged from maternity with a supply of Vitamin D supplements and [advice on how to obtain further supplies in the community](#)<sup>14</sup>.

**Breastfeeding assessment (midwifery care):** A formal breastfeeding assessment will be carried out using the [breastfeeding assessment tool](#)<sup>15</sup>. The feeding assessment will be carried out as often as required, with a minimum of two assessments within the first 10 days and again at health visitor first visit.

**Supplementation:** Staff are required to record any decision made to provide supplements, record of all supplements given, including the rationale for supplementation and the discussion held with parents.

**Formula Feeding:** Parents who choose to formula feed, will be supported to do so as safely as possible. Conversations, should include, how to clean equipment, how to prepare infant formula and the use of appropriate first stage formula milks. Babies who are bottle fed should be held close during feeds and fed responsively according to baby's feeding cues.

**Universal Care and Family Nurse Partnership (Health Visitor):** For mothers who are breastfeeding a formal breastfeeding assessment, using the breastfeeding assessment tool, will be carried out at health visitor first visit at approximately 10-14 days to ensure effective feeding [Breastfeeding assessment tool \(HV\)](#)<sup>16</sup>.

All parents/families are supported to make informed decisions regarding the introduction of food or fluids other than breast milk. Current guidance recommends introduction of solid foods around 6 months due to developmental readiness, gut maturity and allergic sensitisation.

Regular monitoring of growth will be undertaken as part of the universal pathway to enable additional infant feeding advice and intervention if necessary.

**Additional Care:** For those who require additional support for more complex breastfeeding challenges should be referred to specialist Infant Feeding services on completion of a feeding assessment, a feeding plan implementation and review.

- Midwives refer via Badgernet: New notes; Woman Notes; Referral (woman); Referral to Breastfeeding clinic
- *Breastfeeding and under 6 months.* Health Visitors /Family Nurse Partnerships referral form [Breastfeeding Clinic Referral Template NEW 1.docx](#) to [ggc.breastfeeding.clinic@nhs.scot](mailto:ggc.breastfeeding.clinic@nhs.scot)
- *Formula feeding or over 6 months.* Health Visitors /Family Nurse Partnerships referral form via [Referral to growth and nutrition advisory service via EMIS web.](#)

**Faltering Growth:** Children whose pattern of growth is out with anticipated trajectories may be of concern.

Faltering Growth is generally defined as:

- a fall across 1 or more weight centile spaces, if the birthweight was below the 9<sup>th</sup> centile,
- a fall across 2 or more weight centile spaces if the birth weight was between the 9<sup>th</sup> and the 91<sup>st</sup> centiles,
- a fall across 3 or more weight centile spaces if the birthweight was above the 91<sup>st</sup> centile
- when the current weight is below the 2<sup>nd</sup> centile for age, whatever the birthweight.

This is generally reviewed over a period of two weighing intervals in line with [NICE Faltering Growth Guidance](#) (NICE 2017)<sup>17</sup>.

Where Faltering Weight concerns are identified, assessment of the child should be made in line with NHSGGC guidelines. Non-urgent cases may require a referral to the Growth and Nutrition Advisory Service via [Referral to growth and nutrition advisory service via EMIS web](#)<sup>18</sup>. The growth and nutrition advisory service supports health visitors and family nurses across NHSGGC. The service currently takes referrals from health visitors and family nurses seeking advice for families regarding weight faltering, suspected non IgE CMPA and faddy eaters.

**Neonatal Care:** It is recognised that babies and families within Neonatal and Children's services may require additional care and support which is outlined in the [Neonatal Infant Feeding Policy](#)<sup>2</sup>.

**Community Support:** NHSGGC will ensure that mothers have access to social (support groups, voluntary organisations, peer supporters etc.) and specialist support if required to maintain breastfeeding.

## 4.2 Support for Infant Feeding

### 4.2.1 Training

All new staff who provide care to babies and their families should be familiarised with this policy within two weeks of employment.

The learning and development needs of all staff should be routinely assessed and staff should attend within six months of commencing employment to enable them to implement the policy as appropriate to their role.

Staff will undertake supervised mentored practice to ensure competence of clinical skills.

All staff will attend ongoing training updates and utilise other learning and education opportunities including TURAS breastfeeding modules 1-5 and the Scottish Government Clinical skills workbook<sup>19</sup>.

- Module 1 Breastfeeding basics
- Module 2 Breastfeeding challenges for mothers
- Module 3 Babies with breastfeeding challenges
- Module 4 Infant formula milk feeding
- Module 5 Setting the table-enabling infant and your children to eat well

A detailed training programme for Infant Feeding is available [GGC - Infant Nutrition Resources - Home](#) and in appendix B and includes:

- TURAS modules covering basics of breastfeeding, breastfeeding challenges, safe formula feeding and introducing solids
- Infant feeding training covering maternity, neonatal and community specific knowledge and skills
- Height and Weight Measurement
- Introducing Solids

- Child Healthy Weight - HENRY (Healthy Eating in the Really Young)

Training record to be completed by all staff (see appendix B).

#### 4.2.1 Sources of Help for Staff, Patients and Visitors

There are several additional breastfeeding supports offered by 3<sup>rd</sup> sector organisations which offer a wide variety of options, these include in person support, online groups and/or one-to-one sessions, telephone support and organised buggy walks. Please see the relevant organisation website or social media pages for up-to-date information.

##### **National Breastfeeding Helpline**

Telephone Number: 0300 100 0212 Open 0930hrs to 2130hrs every day including bank holidays

##### **Breastfeeding Network (BfN)**

[Linktree](#) to BfN support

Website: [Home - The Breastfeeding Network](#)

Facebook: [The Breastfeeding Network \(UK\) - Home | Facebook](#)

Facebook Local Group: <https://www.facebook.com/BfNGGC/>

Twitter: [The Breastfeeding Network UK \(@BfN UK\) / Twitter](#)

Instagram: [Breastfeeding Network](#)

##### **La Leche League Glasgow**

Facebook: <https://m.facebook.com/LaLecheGlasgow/>

Email: [LaLecheGlasgow@gmail.com](mailto:LaLecheGlasgow@gmail.com)

Ensure staff are aware of the **Breastfeeding Friendly Scotland Scheme** and that parents are informed of their rights.

To find out more information on the **Breastfeeding Friendly Scotland** scheme and the benefits of accreditation please contact below:

- For North East Glasgow, contact:  
E-mail - [NEHIT.Admin@ggc.scot.nhs.uk](mailto:NEHIT.Admin@ggc.scot.nhs.uk)
- For North West Glasgow, contact:  
E-mail - [northwest.hiadministrator@ggc.scot.nhs.uk](mailto:northwest.hiadministrator@ggc.scot.nhs.uk)
- For South Glasgow, contact:  
E-mail: [Pollock.HIAdmin@ggc.scot.nhs.uk](mailto:Pollock.HIAdmin@ggc.scot.nhs.uk)
- For Inverclyde, contact:  
E-mail: [Inverclydebreastfeeding@ggc.scot.nhs.uk](mailto:Inverclydebreastfeeding@ggc.scot.nhs.uk)
- Scottish Government website:- <https://www.mygov.scot/breastfeeding-and-your-business/>

## 5. Communication and Implementation Plan

### 5.1 Implementation

**NHSGGC Maternal and Infant Feeding Steering Group (MIN):** Oversight and co-ordination of the Board-wide Infant Feeding Policy is provided by the multi-disciplinary MIN Group. Membership is drawn from Maternity, Neonatal, Community Child and Family Services, Public Health/ Health Improvement as well as specialist clinical teams. The remit for the group, chaired by the Director of Womens and Childrens (GGC Baby Friendly Guardian) includes strategic implementation of the MIN framework across NHSGGC including delivery of key national policies, initiatives and guidelines as well as monitoring of Board-wide performance against National KPIs. The MIN group engages with local governance systems to support the achievement of MIN / BFI standards and provides where appropriate Board-wide initiatives to support implementation e.g. Review of Growth and Nutrition clinical pathways; standardised training programmes etc. The Public Acceptability sub-group of the MIN has been established to ensure promotion of the Breastfeeding at a population level including delivery of Breastfeeding Friendly Scotland scheme and wider initiatives to reduce barriers to breastfeeding.

**Maternity/Neonatal:** Within Maternity and neonatal services, implementation of the NHSGGC Infant Feeding Policy including BFI compliance and achieving Sustainability is supported by the Achieving Sustainability Strategic Group. The group membership reflects senior leadership teams across maternity and neonatal services and is chaired by the maternity/neonatal infant feeding team leads. It will undertake ongoing monitoring of the Infant Feeding Policy and BFI Standards going forward.

Within each maternity/neonatal unit a multi-disciplinary BFI Group led by a designated senior charge midwife over-see the local operational implementation across Maternity, Neonatal and Community Midwifery services. The group monitors local compliance and co-ordinates actions such as auditing, mentoring and training to support best practice and service improvement.

Specialist infant feeding support is provided alongside ward based clinical teams in maternity and neonatal.

**Community:** Within each HSCP a local MIN group is established. The group membership comprises Child and Families teams, Community Midwifery, Health Improvement and TSOs including BF support organisations. The Local MIN Groups are responsible for overseeing communication and co-ordinating local implementation of NHSGGC Infant Feeding Policy including local monitoring and maintaining BFI achieving sustainability. The group maintain a focus on breastfeeding support in community, UNICEF BFI standards for safe infant feeding (audit results), local maintenance of WHO code compliance and practice development needs including common feeding problems, faltering growth and the introduction of solids at 6 months. Local Groups will co-ordinate activity in relation to breastfeeding public acceptability activities such as Scottish Government BFS scheme in community and education settings, Vitamin D supply, starting solids and links to food insecurity initiatives.

## 5.1 Communication

The Infant Feeding Policy is available on the NHSGGC website. Internal communication is supported by the MIN sharepoint site which details workstreams and local reporting updates.

In addition, the following workstreams are under development:

- Development of IF Communication Plan
- Key Stakeholders mapping to support information cascades
- GGC Networking Events to promote learning from local innovation
- Refresh and promotion of the IF training programme

## 6. Monitoring and Review

### 6.1 Monitoring

As a Board-wide policy, overall governance is provided by the NHSGGC Corporate Management Team through existing governance arrangements for individual HSCPs and Maternity Services.

The board wide implementation of the Infant Feeding Policy will be overseen by the Maternal and Infant Nutrition Group. Progress against the Infant Feeding Policy objectives and KPIs as well as BFI Audit results will be reviewed on a GGC basis by MIN Group. The group engages with local governance systems to support local monitoring and achievement of MIN / UNICEF standards.

NHS GGC require that compliance with this policy is audited at least annually using the UNICEF UK BFI audit tools for maternity/neonatal and community.

As part of existing performance management arrangements all relevant Organisational Entities (Maternity/Neonatal / HSCPs) will regularly monitor their own performance against the agreed policy outcomes and develop appropriate actions to support implementation. This will include ongoing compliance with UNICEF Standards as detailed in BFI audit programme outlined below:

- **Audit tools:** Compliance is monitored using UNICEF BFI audit tools (2024 edition). Staff involved in carrying out audit will require training on the use of the tool. Audit should be completed at least annually and the results reported to the head of service and local MINF/BFI group. An action plan will be agreed to address any areas of non-compliance.
- **Monitoring outcome indicators:** a core suite of breastfeeding outcome data; service data (e.g. clinic attendance, readmission rates) and patient experience data (e.g. complaints data, patient satisfaction surveys) will be available to maternity / HSCP service leads for review.
- **Managing performance issues:** Arrangements should be made by service leads to develop action plans and interventions to improve the standards of care when issues are identified at audit or in outcomes.

## **6.2 Review**

This policy will be reviewed annually for accuracy in accordance with any national policy changes. It will be fully reviewed by key stakeholders every three years or sooner if there is a specific legislative or service requirement or change in guidance, law or practice.

## **7. Equality Impact Assessment (EQIA)**

An (EQIA) has been completed to ensure policy:

- Eliminates unlawful discrimination, harassment and victimisation.
- Advances equality of opportunity between groups of people with different protected characteristics.
- Fosters good relations between different groups with protected characteristics.

EQIA completed July 2024 and updated July 2025, key actions and EQIA are appended in appendix C.

# Appendix A: NHSGGC Code of Conduct For Staff Relating to Products Covered by the World Health Organisation (Who) International Code on Marketing of Breast Milk Substitutes

## 1. Introduction

**Rationale:** Formula milk feeding is associated with risk to maternal and child health. Staff who support pregnant women, partners and new parents should ensure that only unbiased factual, evidence-based information is provided. This will enable parents to make informed decisions with regard to their feeding choice and formula milk use. Staff should avoid being used as a conduit to relay formula company messages to parents. It is inappropriate for staff to be seen to promote particular formula milk brands or associated products (bottles, teat or dummies). Parents can be signposted to [First Steps Nutrition Trust](#)<sup>20</sup> for unbiased information.

**The WHO Code:** [The World Health Organisation International Code of Marketing of Breastmilk Substitutes](#) (WHO 1981)<sup>3</sup> was adopted by a Resolution (WHA34.22) of the World Health Assembly to ensure the proper use of breast-milk substitutes. It regulates the promotion of bottle feeding and information on infant feeding. The UNICEF UK Baby Friendly Initiative advocates the complete separation of health professionals from companies at an organisational level and has provided guidance [Health Professionals Guide to the Code](#) (UNICEF 2020)<sup>21</sup>.

The UK regulates the marketing of breast milk substitutes through the Infant Formula and Follow-on Formula Regulations. The Scottish Government's Improving Maternal and Infant Nutrition: A Framework for Action and NHS GGC fully endorses and supports the WHO Code and this operates in addition to the existing NHS GGC code of conduct of business matters. Professional codes of practice should also be considered by staff in the context of formula milk marketing.

## Appendix B: Training Record

### Maternity Mandatory Training

- All staff to attend maternal and infant nutrition training relevant to their role within 6 months of new employment with annual/ 3 yearly updates depending on their role.
- All staff to complete supervised mentored clinical practice – Using the NHS Scotland: Facilitating Learning of Clinical Skills Workbook<sup>16</sup> complete the 3 practical skills review sections. In practical skill set 2 complete the section relevant to your practice are [Infant feeding practical skills workbook for HCSW | Turas | Learn](#)

Learning Mode	Title	NMC Registered Staff	Maternity Care Assistant staff	Health Care Support Worker
<a href="#">Breastfeeding Modules and Resources   Turas   Learn</a>	Module 1 Module 2 Module 3 Module 4			
<a href="#">Breastfeeding Modules and Resources   Turas   Learn</a>	Module 1 Module 4			

### Neonatal Mandatory Training

- All staff to attend maternal and infant nutrition training relevant to their role within 6 months of new employment with three yearly updates
- All staff to complete supervised mentored clinical practice – Using the NHS Scotland: Facilitating Learning of Clinical Skills Workbook complete the 3 practical skills review sections. In practical skill set 2 complete the section relevant to your practice are [Infant feeding practical skills workbook for HCSW | Turas | Learn](#)

Learning Mode	Title	NMC Registered Staff	Non Registered Staff
<a href="#">Breastfeeding Modules and Resources   Turas   Learn</a>	Module 1 Module 2 Module 3 Module 4		
<a href="#">Breastfeeding Modules and Resources   Turas   Learn</a>	Module 1 Module 4		

## Community Mandatory Training

- All staff to attend Maternal and Infant Nutrition training relevant to their role within 6 months of new employment and ongoing 3 yearly updates. [GGC - Infant Nutrition Resources - Home](#)
- Staff to complete the NES TURAS Breastfeeding Modules relevant to their roles before their initial training and to repeat these modules 18 months after last update
- To comply with UNICEF BFI request for annual training, staff to attend 2 online infant feeding sessions per year. E.g. Share and Learn; NES webinars or NHSGGC infant feeding videos
- All staff to complete supervised mentored clinical practice – Using the NHS Scotland: Facilitating Learning of Clinical Skills Workbook<sup>15</sup> complete the 3 practical skills review sections. In practical skill set 2 complete the section relevant to your practice area. [Infant feeding practical skills workbook for HCSW | Turas | Learn](#)
- All staff to follow the weight faltering pathway: NHSGGC Preschool Weight Faltering Pathway [scottish.sharepoint.com/sites/GGC-InfantNutritionResources/](http://scottish.sharepoint.com/sites/GGC-InfantNutritionResources/)
- All health visitors to complete modules 08.07 Weighing and measuring infants and children and 08.08 Growth charts and their interpretation [Healthy Child Programme - elearning for healthcare \(e-lfh.org.uk\)](http://Healthy Child Programme - elearning for healthcare (e-lfh.org.uk))
- All clinical, children and family staff to attend a one-day session which covers weighing and measuring, plotting and weight faltering training

Learning mode	Title	NMC Registered staff	Non Registered Staff
<a href="#">Breastfeeding Modules and Resources   Turas   Learn</a>	Module 1 Module 2 Module 3 Module 4 Module 5		
<a href="#">Breastfeeding Modules and Resources   Turas   Learn</a>	Module 1 Module 4 Module 5		

Name		
Workplace		
Date of commencing		
Date of infant feeding training		
	Date and signature of mentor	Date and signature of staff
Has read infant feeding policy		
Signed copy of code of conduct and sent to manager		
Attendance at mandatory training including TURAS modules		
Mentored practice completed		

I have read this code of conduct and understand that its content is mandatory for staff working within, in contract with or affiliated with NHS Greater Glasgow and Clyde.

Name of staff member	Designation	Signature	Date
Name of line manager			

**This should be completed and then retained by the line manager in the employee's folder**

## Appendix C: EQIA



### ✓NHS Greater Glasgow and Clyde Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties)(Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues. Evidence returned should also align to Specific Outcomes as stated in your local Equality Outcomes Report. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process. Please contact Equality@ggc.scot.nhs.uk for further details or call 0141 2014560.

Name of Policy/Service Review/Service Development/Service Redesign/New Service:

Infant Feeding Policy 2024

Is this a: Current Service  Service Development  Service Redesign  New Service  New Policy  Policy Review

Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally driven).

*What does the service or policy do/aim to achieve? Please give as much information as you can, remembering that this document will be published in the public domain and should promote transparency.*

The Infant Feeding Policy directs NHSGGC staff in the provision of information and support to parents/ care givers about optimum infant nutrition from the antenatal period and for the first 12 months of a baby's life. It reflects the World Health Organisation (WHO) recommendation of exclusive breastfeeding for the first six months and beyond with the appropriate introduction of solid foods. By supporting optimal infant feeding practices for all babies, this policy supports the development of safe infant feeding practices and promotes close and loving relationships.

*Why was this service or policy selected for EQIA? Where does it link to organisational priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.). Consider any locally identified Specific Outcomes noted in your Equality Outcomes Report.*

Outlines the importance of the best possible start and recognises where staff need to be aware of any possible barriers to this that are patterned by protected characteristics.

Current breastfeeding trends suggest that groups less likely to breastfeed and therefore require additional support include:

- younger mums (<20yrs) are less likely to breastfeed;

- mums from more deprived communities /lower socio economic status are less likely to breastfeed;
- Breastfeeding rates within South Asian mums are improving in relation to initiation but less likely to continue to feed exclusively.
- Groups including Black African and Polish mums who have settled in GGC from other countries may delay initiation and maintain breastfeeding less over time/ subsequent pregnancies as cultural norms change.

Data and evidence suggest that groups who are less likely to exclusively breast babies until 6 months prior to the introduction of solids are:

- Parents/ care givers from more deprived communities /lower socio-economic status
- younger mums (<20yrs)

The role of parents/ care givers in providing breast milk are considered within the policy including occasions where mum is unable to directly feed E.g. Express milk practice; donar milk bank; colostrum harvesting approaches

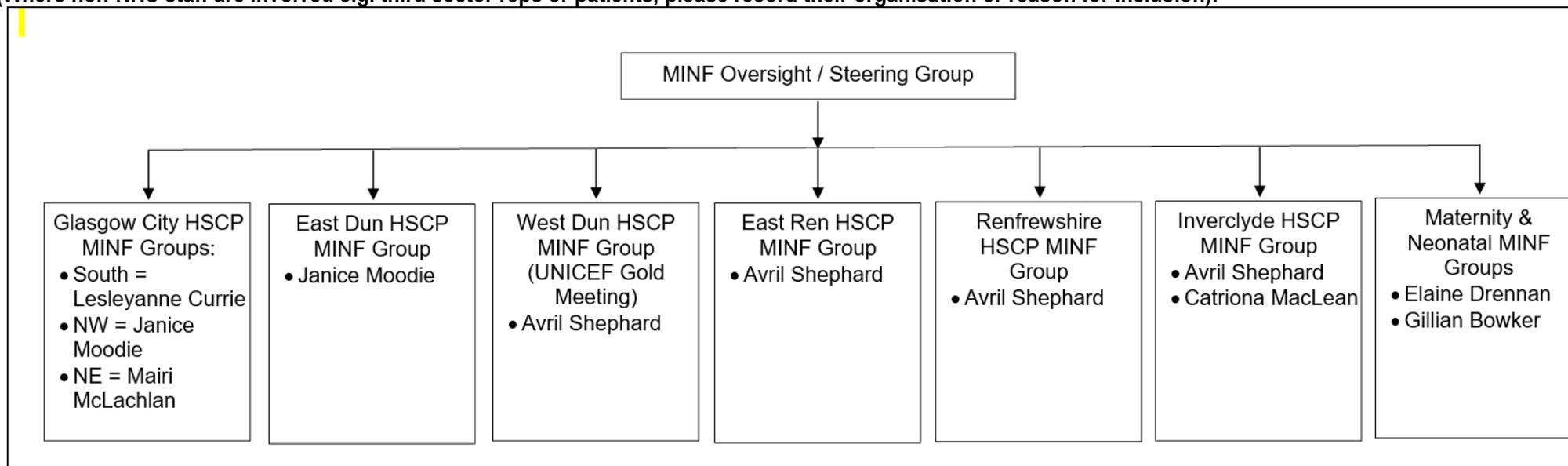
The wider role that 'others' can play in promoting infant feeding is also described such as the reduction of individual barriers experienced by mums in line with the UNICEF Baby Friendly Initiative Standards. Work to create supportive culture and environments and the role of others includes Breast Feeding Friendly Scotland awards.

**Who is the lead reviewer and when did they attend Lead reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)**

Name: Anna Baxendale	Date of Lead Reviewer Training: 28/05/24
----------------------	------------------------------------------

Please list the staff involved in carrying out this EQIA

(Where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):



	<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
<p>What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.</p>	<p><i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i></p>	<p>Badgernet (mums record) routinely records SIMD / Ethnicity/ Age/ Gender / Learning Disabilities and physical disabilities (individual cases) / additional financial concerns.</p> <p>EMIS (child record) routinely records SIMD / Ethnicity/ Age/ Gender / Adult 'concerns' where additional support may required to be tailored (individual codes including LD / Physical disability of parent) / financial concerns coded.</p> <p>Badgernet / EMIS are separate data systems and</p>	<p>Explore whether detailed reports can be drawn from cornerstone systems to routinely inform service development.</p> <p>Engage with TSOs to improve data collection.</p>

			<p>there is not universal access. Completeness of data may be of concern.</p> <p>Additional data relating to is collected in Trak care for Breastfeeding clinics SIMD / Age of child / Gender but not routinely reported to inform service planning.</p> <p>Directly funded TSOs / Partner agencies collect partial data.</p>	
		<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
2.	<p>Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected <input type="checkbox"/></p>	<p><i>A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake.</i></p> <p><i>(Due regard promoting equality of opportunity)</i></p>	<p>Analysis of trends associated with Ethnicity; SIMD; Age to inform the support provided / target finite resource to greatest need. Specific individual information used to tailor care plan and support</p> <p>Key groups include:</p> <ul style="list-style-type: none"> <li>• younger mums (&lt;20yrs)</li> <li>• mums from more deprived communities /lower socio economic status</li> <li>• South Asian mums and Black and African mums less likely to continue to feed</li> </ul> <p>In place:</p> <ul style="list-style-type: none"> <li>• Targeted support groups in Deprived communities.</li> <li>• Breastfeeding support provided through FNP including training.</li> <li>• Locality specific initiatives e.g. Inverclyde</li> </ul>	<p>Standards of Care to be strengthened in relation to best practice for key groups</p> <p>Develop peer support networks in conjunction with partners such as Breastfeeding Network.</p>

	characteristics. 4) Not applicable <input type="checkbox"/>			
	<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>	
3.	<p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i></p>	<p>Lancet series evidence briefings supports best practice in targeting of deprived communities and is included in staff training.</p> <p>Additional local research undertaken identified key issues relating to BME feeding practices and additional support requirements GCPH. Additional local research and evaluation has previously informed support provision.</p> <p>Additional national research underway to look at experience of women with LTC and disability in relation infant feeding (2024).</p> <p>Additional guidance in development for frontline practitioners who provide infant feeding support to women with ongoing health conditions and medication.</p> <p>Community based research – Ama / local advocacy groups researched experience into infant feeding experience of mums English not first language.</p> <p>Local Audit data includes regular maternity audits would not include additional protected characteristic info as standard/ HV audits reflect opt out participation.</p>	<p>Improvement in the monitoring BME mothers / inclusion of non-English speaking mothers in Audits through the promotion of use of interpreters to achieve a representative demographic sample (~10%).</p>

			Recognition of Trauma Informed Practice in relation to impact infant feeding. Staff training included Trauma Informed modules.	
		<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
4.	<p>Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used? The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p>	<p><i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.</i></p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>	<p>The routine UNICEF standards require engagement with Mums who have experienced NHSGGC care used to inform policy. Current audit process requires development to reflect further inclusion of protected groups</p> <p>A recent report published by a Third sector advocacy agency is being used to support feedback and service improvement. Support for Breastfeeding in Maternity wards was highlighted as a key issue for BME mothers. Infant feeding is now covered in the Step by Step Guide to GGC maternity services provided at booking in hard copy in 40 community languages, easy read and BSL covering 97% of GGC maternity demographic profile.</p> <p>The postnatal ward volunteers also have infant feeding as a topic in their portfolio providing support to new mothers. Further feedback from BME mothers/ service users will continue to be encouraged.</p> <p>NHSGGC are leading National Disability survey currently underway. women. The guide is Amma report. .</p>	<p>User engagement to identify avoidable service-side barriers to infant feeding to be scoped.</p> <p>Ongoing monitoring of the issues raised in the Amma report in place within Maternity Services.</p>

	<p>2) Promote equality of opportunity ✓</p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>			
	<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>	
5.	<p>Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation ✓</p> <p>2) Promote equality of opportunity ✓</p>	<p><i>An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</i></p>	<p>The policy and associated Standards of Care enable assisted feeding options to be considered these include:</p> <ul style="list-style-type: none"> <li>• Physical adjustments to support Skin:Skin contact can be made.</li> <li>• Breastfeeding in mothers with physical disability can be supported by alternative feeding positions</li> <li>• Disabilities / Clinical concerns of babies e.g. in Neo-natal care can be supported by additional feeding equipment (breast pumps) to enable breast milk feeding.</li> </ul> <p>Infant feeding clinics delivered within NHSGGC estate and therefore subject to wider disability audits /risk assessment checklists etc</p>	SoC to reflect best practice

	<p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>			
	<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>	
6.	<p>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.</i></p> <p><i>Written materials were offered in other languages and formats.</i></p> <p><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></p>	<p>The IF policy is aligned with current service pathways principally Maternity care pathway and Universal Pathway led by Childrens and Families teams. The policy reflects the key elements of practice within the pathways necessary to promote best practice in relation to infant feeding.</p> <p>The principal audience for the policy are NHSGGC staff and students.</p> <p>The Policy builds on UNICEF Guidelines and reflects compliance with internationally recognised standards of practice. All public facing UNICEF materials require to be reviewed to ensure compliance with NHSGGC Clear to All Policy.</p> <p>Additional evidence relating to best practice within key target groups who are less likely to breastfeed or require additional support to safely provide infant formula and weaning advice has been applied to the Standards of Care supporting the policy.</p> <p>All aspects of the policy that direct the provision of information to parents/care givers (either verbal</p>	<p>All public facing external (UNICEF) materials have been reviewed to ensure compliance with NHSGGC Clear to All Policy including alternative languages.</p> <p>Revise standards of Care to strengthen additional support for target groups less likely to breast feed or require additional support to feed safely.</p>

	<p><b>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.</b></p>		<p>instruction or written) will be delivered in line with relevant NHSGGC communication support policies. This will include but will not be limited to face to face and telephone interpreting for people who don't have English as a first language and will include comprehensive use of BSL interpreting support (face to face and via screens).</p>	
7	<b>Protected Characteristic</b>		<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(a)	<p><b>Age</b></p> <p><b>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		<p>Younger mums who wish to breastfeed may benefit from access to information on Infant Feeding through a range of formats including social media/ apps. Additional support from FNP could be actively supported within the policy content.</p>	<p>Inclusion of IF with wider service networks targeting younger mums such as FNP.</p> <p>Communication strategies referenced within the policy should include tailored information formats for range of target groups.</p>

<p>(b )</p>	<p><b>Disability</b></p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Adjustments to support Skin:Skin contact can be made for mothers with physical disability/ learning disability.</p> <p>Breastfeeding in mothers with physical disability can be supported by alternative feeding positions.</p> <p>Increased awareness of additional needs of mothers and potential adjustments to be highlighted including:</p> <ul style="list-style-type: none"> <li>• BSL interpreting</li> <li>• Narrated resources / advice for non-readers</li> <li>• Visibility challenges may require additional home-based assessment</li> </ul> <p>Where disabilities / clinical concerns for babies e.g. in Neo-natal care can be supported by additional feeding equipment (breast pumps) to enable breast milk feeding.</p> <p>NHSGGC estate is fully accessible e.g. DDA etc.</p> <p>Where the policy makes reference to support services available that people can be signposted to within community venues. Services operate under SG funding / NHSGGC funding or independently. An accessibility review of all NHSGGC funded venues is required to identify any physical access barriers in community venues. In partnership context enquiries should be made to seek confirmation Risk assessments have been completed.</p> <p>LD resources require updated - <a href="#">Supporting women</a></p>	<p>Review Risk Assessment of physical access barriers in community venues of GGC funded BF support activities.</p> <p>Engagement with community support provided by other organisations and consideration of accessibility requirements.</p> <p>LD support materials identified as a gap require to be updated.</p>
-------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

		<a href="#">with learning disabilities in infant feeding decisions: UK health care professionals' experiences - Dowling - 2023 - Maternal &amp; Child Nutrition - Wiley Online Library</a>	
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(c)	<p><b>Gender Reassignment</b></p> <p><b>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The term 'Infant Feeding' includes all ways in which a baby can be fed – at the breast, expressed breastmilk, formula, mixed and complementary feeding. Recognising that families with babies and young children have diverse and individual circumstance we aim to support everyone covered by the Equality Act 2010 and be inclusive of any/all relevant protected characteristics. Where the term 'parent' is used, this should be taken to include anyone who has the main responsibility or caring for a baby.</p> <p>Discussions with staff suggest an increase in awareness of trans and non-binary parents accessing the service. The key principles of person-centred care will underpin all interactions with anyone with a disclosed gender reassignment history – where questions will be structured on the principles of 'what matters to you?'.  Staff Awareness that gender reassignment may impact on the additional requirements of care provided and the adjustments that can be made to support infant feeding. Clinical escalation of additional support needs would be made through existing management arrangements.</p>	<p>Amendment of the policy to reflect a form of words to reflect inclusive statement.</p> <p>Birthing person / parents reflected in role of supportive others.</p>

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	<p><b>Marriage and Civil Partnership</b></p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Not applicable – employment linked only.</p>	
(e)	<p><b>Pregnancy and Maternity</b></p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p>	<p>Recognition that no detriment for a woman should occur as a result of breastfeeding. Policy to include reference to support statement relating to employment.</p>	<p>Support statement relating to employment rights to be included in Policy.</p>

	<p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>		
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(f)	<p><b>Race</b></p> <p><b>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Communication support for BME people includes both verbal / written formats:</p> <ul style="list-style-type: none"> <li>• Routine translation of GGC Infant Feeding materials to reflect most common languages including PHS resources and UNICEF. <ul style="list-style-type: none"> <li>○ Off to Good Start (PHS)</li> <li>○ Fun First Foods (PHS)</li> <li>○ Formula Feeding - How to feed your baby safely (PHS)</li> <li>○ Building a Happy Baby (UNICEF)</li> <li>○ Infant Formula and Responsive feeding (UNICEF)</li> <li>○ Positioning and attachment (UNICEF)</li> <li>○ Making a bottle-feed (UNICEF)</li> <li>○ Love and nurture - in Neo-natal (UNICEF)</li> <li>○ Expressing Breast milk in Neo-natal (UNICEF)</li> <li>○ Breastfeeding out and about and returning to work (NHSGGC)</li> <li>○ Vit D (NHSGGC)</li> </ul> </li> </ul>	<p>Additional promotion of Interpreting service options within maternity / child and family services.</p> <p>Access to female interpreter as part of interpreter booking arrangement. Female telephone alternatives.</p> <p>Resources from non GGC sources reviewed and alternative formats identified including provision of any external materials routinely used.</p> <p>Policy communication plan to include access to interpreting and translation to reinforce good practice.</p>

		<ul style="list-style-type: none"> <li>• Availability of materials on request for other languages as part of provision of care. Requests via Clear for All</li> <li>• Audio / Video materials available as preferred formats &amp; languages – Global Health Media</li> </ul> <p>Resources from non GGC sources to be reviewed as part of the Public Health Resource Directory and alternative formats identified.</p> <p>Routine access to interpreting services available within maternity / HV pathway and Infant feeding clinics for non-English speakers via <a href="http://www.nhsggc.scot/staff-recruitment/hrconnect/staff-banks/interpreting-services">www.nhsggc.scot/staff-recruitment/hrconnect/staff-banks/interpreting-services</a></p> <p>Where additional support needs are identified, including social isolation, peer support options should be considered for signposting to religious / faith-based community organisations as well as community infant feeding support groups.</p>	
(g )	<p><b>Religion and Belief</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b> <input type="checkbox"/></p>	<p>A number of religious beliefs or cultural beliefs may impact on infant feeding practices. Barriers include:</p> <p>Faith issues relating to modesty may present specific requirements for <u>female</u> interpreting services.</p> <p>Suitability of Infant milks to meet dietary requirements (halal) should be advised in line with First Steps Nutrition. <a href="http://www.firststepsnutrition.org">www.firststepsnutrition.org</a></p>	<p>Breastfeeding guidance in line cultural beliefs to be strengthened including with Ramadan within SoC.</p>

	<p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Recognition that beliefs may limit mothers leaving house for a period after pregnancy. Adaptions can be provided by Attend Anywhere alternative support /care models.</p> <p>Recognition of Ramadan fasting may impact on breastfeeding mothers. BF mothers can be exempt but may choose not to and messages/ support should be tailored to the individual.</p> <p>Work underway in Donar milk bank in relation to kinship donor milk within Muslim community.</p>	
	<p><b>Protected Characteristic</b></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>
<p>(h )</p>	<p><b>Sex</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Inclusion of care givers inclusive language within narrative of policy and resources will reflect male partners and carers.</p> <p>Increased levels of GBV during pregnancy period may also reflect increased risk and potential to impact on breastfeeding. <a href="https://www.unicef.org.uk/media/123456789/file/Breastfeeding-and-Trauma-Dr-Kathy-Kendall-Tackett.pdf">Breastfeeding-and-Trauma-Dr-Kathy-Kendall-Tackett.pdf (unicef.org.uk)</a></p> <p>Staff training includes Trauma Informed Practice.</p> <p>Routine sensitive enquiry included within Maternity / Universal Pathway may support identification of risk.</p>	<p>Additional literature relating to GBV and breastfeeding to be incorporated into Policy / SoC.</p> <p>Promotion of Trauma Informed practice training</p>

<p>(i)</p>	<p><b>Sexual Orientation</b></p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Strengthened recognition of use of heteronormative assumptions language with staff through inclusive statement within policy.</p> <p>Inclusion of care givers inclusive language within narrative of policy and resources.</p> <p>Female couples antenatal workshop provided as part of Solihull parenting project – SG funded.  <a href="http://solihullapproachparenting.com">LGBT: Conventional unconventional parenting - Solihull Approach   Parenting (solihullapproachparenting.com)</a></p>	
	<p><b>Protected Characteristic</b></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>
<p>(j)</p>	<p><b>Socio – Economic Status &amp; Social Class</b></p> <p>Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?</p> <p>In addition to the above, if this constitutes a ‘strategic decision’ you should evidence due regard to meeting the requirements of the Fairer Scotland Duty (2018). Public bodies in Scotland must actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making <u>strategic</u> decisions and</p>	<p>Compliance with infant feeding best practice is patterned by experience of poverty. Immediate impacts include:</p> <ul style="list-style-type: none"> <li>• Cultural barriers to breastfeeding within many deprived communities resulting in preference for formula feeding.</li> <li>• Affordability of formula resulting in emergency access issues or sub-optimal dilution</li> <li>• Experiences of malnutrition / weight faltering</li> <li>• Early weaning onto solid foods</li> </ul>	<p>Continued development of targeted work in deprived communities.</p>

	<p><b>complete a separate assessment. Additional information available here: <a href="https://www.gov.scot/publications/fairer-scotland-duty-guidance-for-public-bodies-2019-01-20/pages/1-100.aspx">Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</a></b></p>	<p>Targeted approaches to support breastfeeding within deprived communities include:</p> <ul style="list-style-type: none"> <li>• Antenatal intervention / support being piloted in NE Glasgow; RAH and Inverclyde.</li> <li>• Targeted Breastfeeding support groups in deprived areas</li> <li>• Mapping of Weaning Interventions indicates support directed to deprived communities (Starting Solids)</li> <li>• Vit D targeted pilots linked to SMID 1</li> </ul> <p>Role of FNP to support young mothers with infant feeding practices.</p> <p>Emergency access to infant formula available in HSCP arrangements mapped with pathways in all areas.</p>	
(k)	<p><b>Other marginalised groups</b></p> <p><b>How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers &amp; refugees and travellers?</b></p>	<p>N/A</p> <p>Asylum seekers &amp; Refugees considered within BME approaches. Additional equipment provided to HV teams with associated caseloads (hand pumps / milk storage bags). Targeted Vit D distribution in place.</p>	
8.	<p><b>Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?</b></p> <p><b>Your evidence should show which of the 3 parts of the</b></p>	<p>N/A</p>	

	<p><b>General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>		
	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>	
9.	<p><b>What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.</b></p>	<p>Review training of staff in relation to equality-based knowledge. Maintain focus within updates.</p> <p>Inclusion of equality considerations within the Standards of Care where appropriate.</p>	<p>Strengthened Standards of Care to reflect best practice in relation to equality considerations.</p>

10. In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

The Human Rights Act sets out rights in a series of articles – right to Life, right to freedom from torture and inhumane and degrading treatment, freedom from slavery and forced labour, right to liberty and security, right to a fair trial, no punishment without law, right to respect for private and family life, right to freedom of thought, belief and religion, right to freedom of expression, right to freedom of assembly and association, right to marry, right to protection from discrimination.

Please explain in the field below if any risks in relation to the service design or policy were identified which could impact on the human rights of patients, service users or staff.

UNCRC position on breastfeeding supportive position to be referenced in Policy.

Please explain in the field below any human rights based approaches undertaken to better understand rights and responsibilities resulting from the service or policy development and what measures have been taken as a result e.g. applying the PANEL Principles to maximise Participation, Accountability, Non-discrimination and Equality, Empowerment and Legality or FAIR\*.

\*

- **Facts:** What is the experience of the individuals involved and what are the important facts to understand?
- **Analyse rights:** Develop an analysis of the human rights at stake
- **Identify responsibilities:** Identify what needs to be done and who is responsible for doing it
- **Review actions:** Make recommendations for action and later recall and evaluate what has happened as a result.

Having completed the EQIA template, please tick which option you (Lead Reviewer) perceive best reflects the findings of the assessment. This can be cross-checked via the Quality Assurance process:

- Option 1: No major change (where no impact or potential for improvement is found, no action is required)
- Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)
- Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)

- Option 4: Full mitigation of identified risk not made, decision to continue without objective justification (Lead Reviewer to provide explanatory note here):
- Option 5: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

**11. If you believe your service is doing something that ‘stands out’ as an example of good practice - for instance you are routinely collecting patient data on sexual orientation, faith etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.**

Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.

Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.	Date for completion	Who is responsible?(initials)
1. Action for policy and standards of care to be updated to reflect additional support needs of targets groups.	October 2025	GB/AB
2. Explore whether detailed data reports can be routinely provided from Trak for BF clinics	-	
3. Engage with TSOs to improve data collection (for equalities) and confirm venue risk assessments	Dec 2025	JM/LAC/CM
4. Continue to develop peer support networks in conjunction with partners for target groups –MINF	2025/26 workplan	MINF
5. Improve representation of non- English speakers in audit activity	April 2026	UNICEF leads
6. Identify whether action required in relation to Maternity Services in relation to AMMA report with regard to any outcomes for infant feeding to be addressed	October 2025	AB
7. Review all Patient communication materials to ensure in line with Clear for All	Completed	LH
8. LD infant feeding support materials Gap.	April 2026	LH/ LAC

9. Describe Additional infant feeding support available in context of gender reassignment	April 2025	ED
10. Update Policy in line with trauma Informed Training and Practice	October 2025	GB/AB

**Ongoing 6 Monthly Review** please write your 6 monthly EQIA review date:

**Lead Reviewer:  
EQIA Sign Off:**

**Name  
Job Title  
Signature  
Date**

**Quality Assurance Sign Off:  
(NHSGFC Assessments)**

**Name  
Job Title  
Signature  
Date**

**Where unmitigated risk has been identified in this assessment, responsibility for appropriate follow-up actions sits with the Lead Reviewer and the associated delivery partner.**

**NHS GREATER GLASGOW AND CLYDE EQUALITY IMPACT ASSESSMENT TOOL  
MEETING THE NEEDS OF DIVERSE COMMUNITIES  
6 MONTHLY REVIEW SHEET**

Name of Policy/Current Service/Service Development/Service Redesign:

--

Please detail activity undertaken with regard to actions highlighted in the original EQIA for this Service/Policy

		Completed	
		Date	Initials
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			

Please detail any outstanding activity with regard to required actions highlighted in the original EQIA process for this Service/Policy and reason for non-completion

		To be Completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any new actions required since completing the original EQIA and reasons:

		To be completed by	
		Date	Initials

Action:			
Reason:			
Action:			
Reason:			

Please detail any discontinued actions that were originally planned and reasons:

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

--

Name of completing officer:

Date submitted:

If you would like to have your 6 month report reviewed by a Quality Assuror please e-mail to: [alastair.low@ggc.scot.nhs.uk](mailto:alastair.low@ggc.scot.nhs.uk)

## References

---

- 1 UNICEF 2016. [Implementing the UNICEF UK Baby Friendly Standards for Maternity Services: Neonatal Unit Guidance](#)
- 2 Perinatal Network Scotland 2024. [Neonatal Infant Feeding Policy](#)
- 3 World Health Organisation WHO 1981. [The International Code of Marketing of Breast-Milk Substitutes](#)
- 4 [Breastfeeding and Infant Feeding: Strategic Framework for 2025-2030](#) (Scottish Government 2025)
- 5 Scottish Government 2011. [Improving Maternal and Infant Nutrition: A Framework for Action](#)
- 6 Scottish Government 2017. [The Best Start: Five Year Plan for Maternity and Neonatal Care in Scotland](#)
- 7 Scottish Government. [Getting it Right For Every Child \(GIRFEC\)](#)
- 8 Scottish Government 2015. [The Universal Health Visiting Pathway in Scotland: Pre-birth to Pre-school](#)
- 9 UNICEF 2013. [The Evidence and Rationale for the UNICEF UK Baby Friendly Initiative Standards](#)
- 10 [Feeding in the First Year of Life: SACN Report](#) (www.gov.uk)
- 11 [Feeding Young Children aged 1-5 Years: SACN Report](#) (www.gov.uk)
- 12 [Domestic Abuse: What health workers need to know about gender-based violence](#) (NHS Scotland 2009)
- 13 [NHS Scotland Workforce Breastfeeding Policy](#) (NHS Scotland 2023)
- 14 NHSGGC. [Vitamin D Free Supplements Advice](#)
- 15 UNICEF UK Baby Friendly Initiative. [Breastfeeding Assessment Tools](#)
- 16 UNICEF UK Baby Friendly Initiative. [Breastfeeding assessment tool \(HV\)](#)
- 17 National Institute for Health and Care Excellence (NICE) 2017. [Faltering Growth: Recognition and Management of Faltering Growth in Children](#)
- 18 NHSGGC EMIS Web Guidance. [Community Childrens Services Referral Process](#)
- 19 NHS Scotland 2021. Facilitating Learning of Clinical Skills Workbook (2021)
- 20 [First Steps Nutrition Trust](#)
- 21 UNICEF UK Baby Friendly Initiative 2020. [Working Within The International Code of Marketing of Breastmilk Substitutes: A Guide for Health Workers](#)