

# GPIFN (UK)

A National Network of Primary Care Professionals  
and Supportive Colleagues  
Advocating for Improvements in Infant Feeding Practice

Empowering Informed Decision-Making

Compassionately Supporting Families

Enabling Healthy Infant Feeding

Collaborating with Colleagues

## Aims of GPIFN (UK)

- To prioritise the physical and mental health of mother and baby and safe infant feeding in associated consultations
- To promote healthy infant feeding practices
- To compassionately support families to make their own personal decision about feeding method for their child based on evaluation of robust evidence, unbiased by commercial interest
- To support the rights of the mother-baby dyad to breastfeed
- To support mothers who wish to breastfeed to achieve their personal breastfeeding goals
- To increase GP and primary care staff awareness and medical knowledge of issues relating to infant feeding
- To foster links between primary care professionals, professionals working in the field of infant feeding and community support groups
- To share knowledge with the above mentioned colleagues, with the goal of improving health outcomes for all mothers and infants, public health, and each family's perinatal experience
- To promote the work of not-for-profit organisations which share our aims
- To contribute to producing a society in which breastfeeding is normalised, protected and well supported by the healthcare system and its staff

### References

- 1) Breastfeeding series: *The Lancet*, January 29th 2016
- 2) Open Letter on the Current Crisis in Breastfeeding in the UK: February 9th 2016
- 3) Unicef: *Preventing Disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK*, October 2012
- 4) UK Department of Health: *Nutrition for Pregnancy and the Early Years - Breastfeeding* June 2011
- 5) WHO: *Infant and Young Child Feeding Fact Sheet No 342* Updated January 2016
- 6) Borra C et al. New Evidence on Breastfeeding and Postpartum Depression: The Importance of Understanding Women's Intentions Intentions, *Maternal and Child Health Journal*, Volume 19 (4) p897-907 April 2015
- 7) Brown A et al. Understanding the relationship between breastfeeding and postnatal depression: the role of pain and physical difficulties, *Journal of Advanced Nursing*, Volume 72(2) p273-282, February 2016
- 8) Unicef: *Working Within the International Code of Marketing of Breastmilk Substitutes- A Guide for Health Workers*, November 2015

## GPIFN (UK) Infant Feeding Statement

- Healthcare professionals should strive to ensure that every baby is safely fed. GPIFN will signpost GPs to information on breastfeeding, safe feeding of expressed breastmilk and safe feeding of artificial baby milk (formula)
- Breastfeeding is the biological norm and should be promoted, protected and supported as such
- An increase in UK breastfeeding rates has the potential to decrease health inequalities that occur due to socio-economic differences<sup>3</sup>. As such, breastfeeding and breastfeeding support are important public health matters and the collective responsibility of society
- Mothers who wish to breastfeed should be supported to achieve their personal breastfeeding goals and to reduce the likelihood of breastfeeding problems
- The WHO recommends exclusive breastfeeding for the first six months of a baby's life, followed by breastfeeding alongside the introduction of complementary solid food, continuing to two years of age and beyond if desired by mother and baby<sup>5</sup>
- Not breastfeeding and a short duration of breastfeeding are associated with comparatively poorer health outcomes for mother and baby in both developed world and developing world settings<sup>1,3</sup>. Such risks should be explained to expectant parents
- Information given to expectant parents should be free of influence from commercial interest and should not imply a judgment about their decision-making. When parents make an informed decision on infant feeding, this should be respected and support given to feed their baby as safely as possible
- Mothers who plan to but are unable to breastfeed are at higher risk of postnatal depression<sup>6</sup>. Mothers who experience physical difficulty and ongoing pain while breastfeeding are also at risk<sup>7</sup>. GPs should be alert to such complications and offer sensitive aftercare when necessary
- GP Practice staff should strive to protect the breastfeeding relationship by considering breastfeeding when prescribing, arranging investigations and making referrals
- GP Practice staff and the Practice environment should be supportive of breastfeeding
- GP Practice staff should signpost to breastfeeding specialists and peer support services where appropriate
- Breastfeeding mothers, including those returning to work, should be supported to continue breastfeeding after the introduction of complementary solid foods or advised how to safely reduce or cease breastfeeding if they decide to do so.
- Healthcare professionals should abide by the principles of the International Code of Marketing of Breastmilk Substitutes<sup>8</sup>

## About GPIFN

In early 2016 *The Lancet* Breastfeeding Series reported the UK as having the lowest percentage of infants breastfed at 12 months of age in the world<sup>1</sup>. A subsequent Open Letter to the UK Government, signed by organisations including the Royal College of General Practitioners (RCGP), illustrated the case for better breastfeeding support for women<sup>2</sup>. Recognising the significance of this and aiming to improve General Practitioners' advocacy for healthy infant feeding, the GP Infant Feeding Network (UK), or GPIFN, was founded.

General Practitioner (GP) and primary care staff can play a significant role in supporting breastfeeding mothers by providing accurate evidence-based advice and up to date management of breastfeeding problems. An increase in breastfeeding rates in the UK would benefit the health of mothers and babies, provide economic savings and lead to a reduction in GP workload<sup>3</sup>.

When women do not breastfeed, GPs can provide support for safe feeding of expressed breastmilk or give evidence-based information on the choice of artificial baby milk, its preparation and how it may be used as safely as possible.

Through an on-line forum, meetings and project work, GPIFN facilitates primary care staff and lactation specialists to collaborate, learn from each other and promote best practice in infant and young child feeding.

## Explanation of Key Terms

**Exclusive breastfeeding-** The UK Department of Health and the World Health Organisation (WHO) recommend exclusive breastfeeding for the first six months of a baby's life<sup>4, 5</sup>, followed by breastfeeding alongside the introduction of complementary solid food, continuing to two years of age and beyond if desired by mother and baby<sup>5</sup>. Definitions of 'exclusive breastfeeding' vary in the literature, but when used by GPIFN the intended definition is 'no supplement of any kind including water while breastfeeding, excepting essential medicines'.

**Mother-baby dyad-** The term dyad can refer to two individuals regarded as a pair, involved in an ongoing interaction or relationship. When used by GPIFN the term mother-baby dyad is intended to illustrate the breastfeeding relationship and the unity between the two individuals, essential to both lives.

## GPIFN (UK) Statement on Educational Materials

- GPIFN will provide easily accessible links to reliable evidence (where possible critically appraised) to support GPs, primary care staff and GP commissioners in caring for infants and families
- Educational materials signposted to must be considered reliable and robust by the infant feeding specialist community and interpreted as such by the GP members of GPIFN
- GPIFN will signpost to information produced by respected not-for-profit organisations in the field of infant feeding
- GPIFN will not knowingly signpost to educational materials or courses which have been directly produced by or sponsored by the artificial baby milk industry or associated infant feeding industries (producers of bottles, teats, etc)
- GPIFN reminds GPs and healthcare professionals to be conscious of the possibility of industry bias within research and CPD materials and will aim to signpost to impartial evidence-based information wherever possible
- GPIFN will produce resources to accommodate the specific educational and quality improvement needs of GPs when the topic is not otherwise covered by other respected materials. These resources will be in keeping with the GPIFN Aims and Statement on Infant Feeding

## GPIFN (UK) Statement on Advertising

- Members are asked not to advertise private paid-for clinical services or non-educational products via GPIFN
- Advertising educational resources and courses which are in keeping with the Aims and Statements of GPIFN is acceptable, where the item advertised is of potential benefit to primary care staff in treating patients, or for CPD
- Advertising of educational resources and courses should be proportionate and should not dominate the forum. Pages for the advertising of educational resources and courses will be available on the GPIFN website in due course
- Materials which deviate from the GPIFN Aims and Statements may be removed

## GPIFN (UK) Political Statement

- GPIFN is an independent network and is not affiliated with any political party or political movement
- GPIFN may co-operate with relevant organisations or public bodies which share its aims when there are no ethical conflicts of interest regarding such co-operation

# The GP Infant Feeding Network (UK) Aims and Statements 2016



GP Infant Feeding Network (UK)

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