

**Joint Leeds Teaching Hospitals Trust and Leeds Primary Care Trust Breastfeeding Policy**

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## EXECUTIVE SUMMARY

Health services in Leeds promote breastfeeding as the healthiest choice for every mother and baby, and recognise the important health benefits now known to exist for both the mother and her child.

There is an overwhelming body of research evidence that breastmilk is the optimal food for newborn infants, and that there are clear benefits to the health of both mother and baby [Heinig, 1996, 1997]. The Leeds Teaching Hospitals Trust and Primary Care Trusts are committed to encourage and support mother's to breastfeed their infant.

It is the responsibility of **every** healthcare practitioner to encourage and promote breastfeeding whilst respecting the parent's right to choose how they wish to feed their infant. It is the responsibility of healthcare practitioners to ensure that this vital decision is made with as full access to information as possible, so that the decision they make is based on knowledge appropriate to their needs. In respecting choice, healthcare practitioners need to be familiar with and sensitive to cultural and religious requirements affecting decisions in relation to infant feeding. Health care staff will not discriminate against any woman in her chosen method of feeding and will fully support her when she has made that choice.

The breastfeeding policy is designed to ensure that healthcare practitioners working within Leeds health services provide accurate, consistent, evidence based information and support for parents around infant feeding.

The policy is in place to ensure that the health benefits of breastfeeding and the potential health risks of formula feeding are discussed with all women so that they can make an informed choice about how they will feed their baby.

The policy will enable health care staff to create an environment where more women choose to breastfeed their babies, confident in the knowledge that they will be given support and information to enable them to breastfeeding exclusively for six months, and then as part of their infant's diet to the end of the first year and beyond.

The policy will encourage liaison with all health care professionals to ensure a seamless delivery of care, together with the development of a breastfeeding culture throughout the local communities

In reaching these aims healthcare practitioners will not discriminate against any parent in their chosen method of infant feeding, fully assisting with the practicalities of any chosen method.

## 1 INTRODUCTION

Health services in Leeds promote breastfeeding as the healthiest choice for every mother and baby, and recognise the important health benefits now known to exist for both the mother and her child.

There is an overwhelming body of research evidence that breastmilk is the optimal food for newborn infants, and that there are clear benefits to the health of both mother and baby [Heinig, 1996, 1997]. The Leeds Teaching Hospitals Trust and Primary Care Trusts are committed to encourage and support mother's to breastfeed their infant.

It is the responsibility of **every** healthcare practitioner to encourage and promote breastfeeding whilst respecting the parent's right to choose how they wish to feed their infant. It is the responsibility of healthcare practitioners to ensure that this vital decision is made with as full access to information as possible, so that the decision they make is based on knowledge appropriate to their needs.

## 2 PURPOSE

The policy covers:

- Communication of the policy
- Training for healthcare staff
- Information for pregnant women
- Support for initiation of breastfeeding
- Support to maintain breastfeeding and lactation
- Support for exclusive breastfeeding
- Rooming in
- Baby led feeding
- Use of artificial teats and dummies and nipple shields
- Encouraging ongoing support for breastfeeding in the community
- The WHO UNICEF code of marketing of breastmilk substitutes

This policy is to ensure that the health benefits of breastfeeding and the potential health risks of formula feeding are discussed with all women so that they can make an informed choice about how they will feed their baby.

In order to avoid conflicting advice it is mandatory that all staff involved with the care of breastfeeding women adhere to this policy. Any deviation from the policy must be justified and recorded in the mothers and/or baby's health care records.

The policy should be implemented in conjunction with both the trusts breastfeeding guidelines and the mothers guide to the policy [appendix A]

It is the responsibility of all health care practitioners to liaise with the baby's medical attendants [paediatrician, general practitioner] should concerns arise about the baby's health

Parents who have made a fully informed choice on choice to artificially feed their babies should be shown how to prepare formula feeds correctly, either individually or in small groups, in the postnatal period. No routine group instruction on the preparation of artificial feeds will be given in the antenatal period as evidence suggests that information given at this time is less well retained and may serve to undermine confidence in breastfeeding.

Data on infant feeding showing the prevalence of birth exclusive and partial breastfeeding will be collected by LTHT at delivery and again on transfer to community. There is some evidence that breastfeeding rates may vary across communities and cultures, LTHT will work towards being able to collect data to reflect initiation of breastfeeding within these subgroups. This will allow LTHT to be able to identify and focus resources to ensure that women from all areas of Leeds have the same opportunity in terms of choice, support and success in breastfeeding. Leeds PCT will collect data at specified dates thereafter.

Compliance with this policy will be audited within midwifery and neonatal units on a regular basis [at least 6 monthly] Results will be circulated as part of the process to achieve Baby Friendly accreditation

**Failure to follow this policy could result in the instigation of disciplinary procedures.**

### **3 DEFINITIONS**

Exclusive breastfeeding is defined as when the baby is receiving no other food or drinks apart from breastmilk

### **4 DUTIES WITHIN THE ORGANISATION**

It is the duty of all members of the midwifery and neonatal teams to adhere to this policy

It is the duty of the infant feeding advisor to monitor compliance with the policy

### **5 POLICY EFFECT**

This policy brings the trust in line with the requirements for UNICEF Baby Friendly Initiative best practice standards and is a requirement in terms of working towards accreditation to be a Baby Friendly Trust.

The NICE Postnatal Care Guideline (Routine Postnatal Care of Women and their Babies, CG37), identified, as a key priority, the need for all maternity care providers to implement an externally evaluated programme to encourage breastfeeding, using the UNICEF Baby Friendly Initiative as a minimum

standard. The recommendation is based on substantial evidence that this is both clinically and cost effective.

The Baby Friendly Initiative is a joint UNICEF / World Health Organisation programme designed to assist health care providers to improve practice for breastfeeding. Units implement best practice standards, undergo an external assessment and, if successful, receive the coveted Baby Friendly award. Evidence suggests that achieving Baby Friendly status significantly increases breastfeeding rates

The healthcare commission gathers information on implementation of the Baby Friendly Initiative as well as other aspects of the NICE Postnatal Care guidance, including training and competency of staff in this important aspect of healthcare.

The Priorities and planning framework 2003 set targets for trusts to increase breastfeeding initiation rates by 2% year on year. Implementing the best practice standards contained in this policy will help the trust to achieve this.

## **6 PRIORITISATION OF WORK**

This policy is adapted from a sample policy written by UNICEF Baby Friendly Initiative.

There is currently no national breastfeeding policy but all trusts who are Baby Friendly accredited or working towards accreditation must implement and monitor a policy containing all best practice standards

This is a joint policy with Leeds PCT to ensure a seamless service and reduce conflicting advice between healthcare professionals

## **7 RESPONSIBILITY FOR DOCUMENT DEVELOPMENT**

The policy was written by Susan Wallis Infant feeding advisor midwifery and amended where appropriate after wide consultation

## **8 EQUALITY IMPACT ASSESSMENT**

The Leeds Teaching Hospitals Trust is committed to ensuring that the way that we provide services and the way we recruit and treat staff reflect individual needs, promote equality and does not discriminate unfairly against any particular individual or group.

<b>1. Screening</b>
How relevant is this policy and its associated procedures to promoting equality and

human rights and to eliminating discrimination? (indicate in boxes below)			
	Not relevant	Partly relevant (say which parts)	Very relevant
Race/ethnic group:			✓
Disability <sup>1</sup> :			✓
Gender including transsexuals:	✓		
Age:	✓		
Sexual Orientation:	✓		
Religion:			✓
Human Rights <sup>2</sup>			✓
Carers or other group (please state)	✓		
<b>2. Assessing Impact</b> ( To be completed where the policy and associated procedures has been determined as relevant in the screening process)			
Please specify, in the rows below, anything that you have included in this policy and its			

<sup>1</sup> To comply with human rights legislation a policy or function must, where possible, promote (in addition to equality), dignity, respect, fairness and autonomy

<sup>2</sup> How relevant is this policy and its associated procedures to promoting equality and human rights and to eliminating discrimination? (indicate in boxes below)

associated procedures to ensure that equality is promoted and that no one will be unlawfully disadvantaged (discriminated against) as a result of this policy	
Race/ethnic group:	<p>Sensitive to cultural &amp; religious needs, and respects choices. Reference made to this in executive summary.</p> <p>Ensuring this was part of the consultation program</p> <p>Written information will be made available in appropriate languages</p> <p>Section 3 of the policy advises the need for information in an appropriate format for the woman's needs and alerts staff to use specialist groups and aids available.</p>
Disability:	<p>Reference made to need for sensitivity in executive summary. Information will be made available in appropriate format [policy point 3] and alert staff to use specialist groups and aids available.</p> <p>3.5 encourages a risk assessment for woman with disability e.g. HIV, sensory impairment, and informs where to seek further advice and support</p>
Gender:	
Age:	
Sexual Orientation:	
Religion:	Reference made to sensitivity in executive summary.
Human Rights	Policy emphasises the right of women to choose a feeding method once good quality information has been shared with the woman. [principle of autonomy]
Carers or other group (please state):	

## 9 IDENTIFICATION OF STAKEHOLDERS

Head of Midwifery

Lead Clinician  
Obstetricians  
Paediatricians [LTHT and PCT]  
Midwifery Matrons  
Paediatric Matrons  
Accident & emergency matrons  
Midwifery Team Leaders  
Senior Midwives  
Supervisors of midwives  
Public health Leads PCT's  
Health Visitor Leads PCT's  
Practice and Professional development Lead PCT  
Lead for peer support training PCT  
Haamla

## **10 CONSULTATION AND COMMUNICATION WITH STAKEHOLDERS**

This policy is a revision of the 2003 policy. Consultation took place via email. There were no suggestions to change the content of the policy. The UNICEF best practise standards are internationally recognised and implemented widely on a national basis.

The finalised policy will be emailed to all those involved in the consultation process, it will be posted on the intranet, and sent as a hard copy to each midwifery area and neonatal unit for easy access by practitioners.

The policy will also be cascaded during mandatory training for midwifery, paediatric, obstetric and neonatal unit staff

## **11 POLICY APPROVAL AND RATIFICATION**

## **12 PROCESS FOR REVIEW/REVISION**

This policy will be reviewed in September 2010. Should there be any significant research published in the interim the infant feeding advisor would suggest that the revision process be implemented.

## **13 COMMUNICATION AND DISSEMINATION**

The policy will be disseminated via email to all midwifery and neonatal unit leads.

Each area will be required to return signed sheets to ensure that all midwifery staff and neonatal unit staff have read and understand the policy

The policy will be available via the intranet and as a hard copy in each midwifery area and neonatal unit.

Mandatory training for all staff in midwifery and neonatal unit teams, obstetricians and paediatricians includes orientation to the policy

New staff within midwifery and neonatal units will be orientated to the policy as part of the induction program

Policy evaluation will be conducted on a regular basis as part of the audit cycle necessary to implement UNICEF best practice standards

#### **14 IMPLEMENTATION**

Once ratified staff will be alerted to the policy within 2 months, and data sheets collated to ensure all midwifery and neonatal unit staff have read and understood the policy.

Training for implementation of the policy is ongoing, and evaluated regularly to ensure staff are equipped to implement the policy.

Training has been made mandatory to ensure all staff attend

#### **15 MONITORING COMPLIANCE AND EFFECTIVENESS**

Monitoring will take place as part of the audit cycle necessary to work toward UNICEF baby Friendly accreditation. The infant feeding advisor will be the named person to conduct monitoring. All best practice standards are monitored on a 3 monthly basis, which ensures compliance with the policy is monitored on a continuous cycle

Monitoring includes audit of notes and care plans, and discussion with pregnant and breastfeeding women for feedback on care.

Audit results are disseminated widely

#### **16 STANDARDS/KEY PERFORMANCE INDICATORS**

See point 5

#### **17 REFERENCES/ASSOCIATED DOCUMENTATION**

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UNICEF Baby Friendly Initiative Sample Community Policy available from [www.babyfriendly.org.uk/pdfs/sample\\_community\\_policy.pdf](http://www.babyfriendly.org.uk/pdfs/sample_community_policy.pdf)

## **Breastfeeding policy**

### **1. Communicating the Infant Feeding Policy**

- 1.1 The policy is to be communicated to all healthcare practitioners who have contact with pregnant women and their families.
- 1.2 All new staff will be made aware of the policy as soon as their employment begins.
- 1.3 The policy and guidelines are accessible in all areas of the Trusts.

### **2 Training Health Care Staff**

- 2.1 Midwives, health visitors and medical staff have the primary responsibility for supporting breastfeeding women and for helping them to overcome related problems.
- 2.2 All professional and support staff who have contact with pregnant women and mothers will receive training in breastfeeding management at a level appropriate to their professional group. New staff will receive training within six months of taking up their posts.
- 2.3 All clerical and ancillary staff will be orientated to the policy and receive training to enable them to refer breastfeeding queries appropriately.
- 2.4 The responsibility for providing training lies with the lead professional for infant feeding, who will ensure that all staff receive appropriate training. She will also audit uptake and efficacy of the training and publish results on an annual basis.
- 2.5 Written curricula which clearly cover all of the Ten Steps to Successful Breastfeeding and the Seven Point Plan for the Protection, Promotion and Support of Breastfeeding in Community Health Care Settings will be available for staff training.

### **3 Informing Pregnant Women of the Benefits and Management of Breastfeeding**

- 3.1 It is the responsibility of professional staff employed by the facility to ensure that all pregnant women are aware of the benefits of breastfeeding and of the potential health risks of formula feeding.
- 3.2 All pregnant women should be given an opportunity to discuss infant feeding on a one-to-one basis with a midwife and/or health visitor. Such discussion should not solely be attempted during a group parentcraft class.
- 3.3 The physiological basis of breastfeeding should be clearly and simply explained to all pregnant women, together with good management practices which have been proven to protect breastfeeding and reduce common problems. The aim should be to give women confidence in their ability to breastfeed.

- 3.4 All pregnant women will be given the DoH UNICEF leaflet 'Off to the best start' [appendix B] as early in pregnancy as possible. Leaflets are available in a range of languages and these will be made available to all midwifery, paediatric and neonatal units. They should be used in conjunction with an interpreter to ensure discussion can take place. Where there are issues with disability and communication appropriate aids and services should be sought.
- 3.5 In a very limited number of cases it may be necessary to perform a risk assessment when giving information regarding breastfeeding, such as to those mothers who are HIV positive or have physical or sensory impairment. In such cases further advice should be sought from relevant specialist groups and the infant feeding advisor.

#### **4 Initiation of Breastfeeding**

- 4.1 All mothers should be encouraged to hold their babies in skin-to-skin contact as soon as possible after delivery in an unhurried environment, regardless of their feeding method.
- 4.2 Skin-to-skin contact should never be interrupted at staff's instigation to carry out routine procedures.
- 4.3 If skin-to-skin contact is interrupted for clinical indication or maternal choice it should be re-instigated as soon as mother and baby are able.
- 4.4 All mothers should be encouraged to offer the first breastfeed when mother and baby are ready. Help must be available from a midwife if needed.
- 4.5 Skin-to-skin contact should be promoted at any stage within the community setting to support breastfeeding, comfort unsettled babies and resolve difficulties with attachment and breast refusal.

#### **5 Showing women how to breastfeed and how to maintain lactation**

- 5.1 All breastfeeding mothers should be offered further help with breastfeeding within 6 hours of delivery. A midwife should be available to assist a mother at all breastfeeds during her hospital stay.
- 5.2 Midwives should ensure that mothers are offered the support necessary to acquire the skills of positioning and attachment. They should be able to explain the necessary techniques to a mother, thereby helping her to acquire this skill for herself.
- 5.3 All breastfeeding mothers should be shown how to hand express their milk. A leaflet should be provided for women to use for reference.
- 5.4 When a mother and her baby are separated for medical reasons, it is the responsibility of all health professionals caring for both mother and baby to ensure that the mother is given help and encouragement to express her milk and maintain her lactation during periods of separation.

- 5.5 Mothers who are separated from their babies should be encouraged to begin expressing as soon as possible after delivery as early initiation has long-term benefits for milk production.
- 5.6 Mothers who are separated from their babies should be encouraged to express milk at least six to eight times in a 24 hour period. They should be shown how to express breastmilk both by hand and by pump.
- 5.7 Handover of care from midwife to health visitor will follow standard procedure in the form of written communication to ensure a seamless transition of care for mothers.
- 5.8 Community health professionals should ask about and where possible observe the progress of breastfeeding at each contact with a breastfeeding mother. This will enable early identification of any potential complications and allow appropriate information to be given to prevent or remedy them.
- 5.9 All breastfeeding mothers returning to work should be given information which will support them to continue breastfeeding and maintain lactation at this time.

## **6 Supporting Exclusive Breastfeeding**

- 6.1 For the first six months, breastfed babies should receive no water or artificial feed except in cases of clinical indication or fully informed parental choice. In hospital, no water or artificial feed should be given to a breastfed baby unless prescribed by a midwife or paediatrician who has been appropriately trained. Once home, no water or artificial feed is to be recommended for a breastfed baby by a member of staff unless s/he is trained in lactation management.
- 6.2 Prior to introducing artificial milk to breastfed babies, every effort should be made to encourage the mother to express breastmilk which can be given to the baby as an alternative.
- 6.3 Parents should always be consulted if supplementary feeds are recommended and the reasons discussed with them in full. Any supplements which are prescribed or recommended should be recorded in the baby's hospital notes or health record along with the reason for supplementation.
- 6.4 Parents who request supplementation should be made aware of the possible health implications and the harmful impact such action may have on breastfeeding to enable them to make a fully informed choice. A record of this discussion should be recorded in the baby's notes.
- 6.5 All mothers should be encouraged to breastfeed exclusively for 6 months and to continue breastfeeding for at least the first year of life. All weaning information should reflect this ideal.
- 6.6 Data on infant feeding showing the prevalence of both exclusive and partial breastfeeding will be collected at the following ages: delivery, transfer home

- 6.7 Breastmilk substitutes will not be sold by facility staff or on health care premises. (Formula milk may be exchanged for welfare tokens if there is no other local outlet providing this facility.)

## **7 Rooming in**

- 7.1 Mothers will normally assume primary responsibility for the care of their babies.
- 7.2 Separation of mother and baby will normally only occur where the health of either mother or baby prevents care being offered in the postnatal areas.
- 7.3 There is no designated nursery space in the hospital postnatal areas.
- 7.4 Babies should not be routinely separated from their mothers at night. This applies to babies who are being bottle fed as well as those being breastfed. Mothers recovering from Caesarean section should be given appropriate care, but the policy of keeping mothers and babies together should normally apply.
- 7.5 Mothers will be encouraged to continue to keep their babies near them when they are at home so that they can learn to interpret their babies needs and feeding cues.
- 7.6 All mothers will be given appropriate information about the benefits of and contraindications to bed-sharing.

## **8 Baby Led Feeding**

- 8.1 Demand feeding should be encouraged for all babies unless clinically indicated. Hospital procedures should not interfere with this principle.
- 8.2 Staff should ensure that mothers understand what is meant by demand feeding. Mothers should be informed that it is acceptable to wake their baby for feeding if their breasts become overfull. The importance of night-time feeding for milk production should be explained.
- 8.3 Mothers should be encouraged to continue to practise baby-led feeding throughout the time they are breastfeeding.

## **9 Use of Artificial Teats, Dummies and Nipple Shields**

- 9.1 Health care staff should not recommend the use of artificial teats or dummies during the establishment of breastfeeding. Parents wishing to use them should be advised of the possible detrimental effects such use may have on breastfeeding to enable them to make a fully informed choice. The information given and the parents' decision should be recorded in the appropriate health record.

- 9.2 Nipple shields will not be recommended except in extreme circumstances and then only for as short a time as possible. Any mother considering the use of a nipple shield must have the disadvantages fully explained to her prior to commencing use. She should remain under the care of a skilled practitioner whilst using the shield and should be helped to discontinue its use as soon as possible.

## **10 Encouraging ongoing community support for breastfeeding**

- 10.1 This Trust supports co-operation between health care professionals and voluntary support groups whilst recognising that health care facilities have their own responsibility to promote breastfeeding.
- 10.2 Telephone numbers of midwives, health visitors, infant feeding advisors and other professional support should be given to all breastfeeding mothers in the postnatal period.
- 10.3 Contact details for voluntary breastfeeding counsellors, baby cafes and support groups will be issued to all mothers and be routinely displayed in all areas relevant to maternity and child health.
- 10.4 Contact details of professional and voluntary support should be regularly updated to ensure correct information is given to mothers.
- 10.5 Breastfeeding support groups will be invited to contribute to further development of the breastfeeding policy through involvement in appropriate meetings.

## **11 A Welcome for Breastfeeding Families**

- 11.1 Breastfeeding will be regarded as the normal way to feed babies and young children.
- 11.2 Mothers will be enabled and supported to feed their infants in all public areas of Trust premises/the health centre.
- 11.3 Comfortable facilities will be made available for mothers who prefer privacy.
- 11.4 Signs in all public areas of the facility will inform users of this policy.

## **12 Compliance with the code of marketing of breastmilk substitutes**

- 12.1 No advertising of breastmilk substitutes, feeding bottles, teats or dummies is permissible in any part of this trust. The display of manufacturers' logos on items such as calendars and stationary is also prohibited
- 12.2 No literature provided by infant formula manufacturers is permitted. Educational material for distribution to women or their families must be approved by the midwifery infant feeding advisor [LTHT] or community lead for Baby Friendly implementation [PCT]