Breastival

Breastfeeding Advocacy Toolkit 2026

Breastival

Advocate for Breastfeeding

The Breastival Advocacy Toolkit

This Advocacy Toolkit is a resource designed to empower you to advocate for the improvements you want to see in breastfeeding protection, promotion and support.

It provides a summary of the evidence on why breastfeeding matters, current breastfeeding rates across the UK and Ireland, and the policy and practice changes needed to ensure all families are supported to achieve their feeding goals.

The toolkit includes:

- What can I do? – quick advocacy ideas to get started
- Breastfeeding – a policy background
- Why do we need to influence?
- Who should we influence?
- How can we influence?
- Additional resources
- Our policy priorities

> "The success or failure of breastfeeding should not be seen solely as the responsibility of the woman. Her ability to breastfeed is very much shaped by the support and the environment in which she lives. There is a broader responsibility of governments and society to support women through policies and programmes in the community."
>
> -Professor Amy Brown.

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About this Toolkit

This Advocacy Toolkit was developed by Claire Flynn, Board Member of Breastival, to support individuals and organisations advocating for improvements in breastfeeding protection, promotion and support.

The toolkit is owned by Breastival.

Breastfeeding – A policy background

"If communities and governments really appreciated how remarkable breastfeeding is for the lifelong health of children and mothers, they would be demanding more support, medical and nursing schools would commit more time for training and authorities would be investing proper funding to help mothers and families. Instead, there is a complacency that comes from a sense of familiarity and the effects of marketing of formula milk."

Nigel Rollins, WHO (2024)

Why is breastfeeding important

Breastfeeding is a fundamental public health issue because it promotes health, prevents disease and helps to reduce health inequalities. We could talk for days about the wonders of human milk, but here are some of the reasons it is so important for babies, mothers and society as a whole.

1. It's perfect for babies

Human milk is uniquely designed for human babies. As well as providing the ideal balance of nutrients, it is a living substance that actively supports a baby's developing immune system and helps establish a healthy gut microbiome. It contains thousands of bioactive components, including antibodies, enzymes, hormones and stem cells, which work together to support growth, development and protection from illness.

Babies who are not breastfed are at increased risk of gastrointestinal and respiratory infections. For babies born prematurely, the risk of serious conditions such as necrotising enterocolitis (NEC) is significantly higher without breastmilk. Research also shows that breastfeeding reduces the risk of Sudden Infant Death Syndrome (SIDS).
[i]

More recently, studies have demonstrated that mothers who have had illnesses such as COVID-19 can pass protective antibodies to their babies through breastmilk, helping to support their immune response.

Scientists continue to discover new aspects of the remarkable complexity of human milk. While infant formula provides a safe and important alternative when breastfeeding is not possible, human milk remains a biologically active substance whose full complexity cannot be replicated in a laboratory. It is uniquely adapted to meet the needs of human infants and support their health from the very start of life.

2. It’s great for Mum

Women who breastfeed are at lower risk of developing a range of health conditions, including type 2 diabetes, breast cancer and ovarian cancer. Research is helping us to better understand the biological mechanisms behind these benefits, and evidence suggests that they are linked to the process of producing milk itself, rather than being explained by lifestyle or socioeconomic factors alone. In other words, making milk is good for our bodies. As well as supporting a baby's health, breastfeeding can have lasting health benefits for mothers too.

3. It’s good for the environment

Breastmilk is the ultimate sustainable food. It is a naturally renewable, low-waste food source with a very small environmental footprint. Unlike formula, it requires no manufacturing, packaging, transportation or waste disposal. The more milk a baby can receive directly from the source, the lower the environmental impact.

Let's be clear, however – this is not about shaming families who choose to, or need to, use formula. Families should always be supported to feed their babies in the way that is right for them. Simply telling women to breastfeed, without investing at a societal level to make breastfeeding the easiest and most accessible choice, lets families down.

Governments have a responsibility to recognise the contribution breastfeeding can make to improving public health, reducing inequalities and supporting environmental sustainability. Investing in policies that protect, promote and support breastfeeding is one of the smartest and most cost-effective investments a country can make, delivering benefits for children, mothers, communities and the planet.

4. Most women want to breastfeed.

This sometimes gets lost in discussions about NI’s low breastfeeding rates, but the fact is that most women start breastfeeding. The challenge is not a lack of motivation – it is that too many women do not receive the support they need to achieve their feeding goals.

The last UK-wide Infant Feeding Survey, conducted in 2010, found that 80% of women who stopped breastfeeding did so before they wanted to. The recently published Infant Feeding Survey in England 2024, released in June 2026, found that 72% of mothers who had stopped breastfeeding would have liked to continue for longer.

These findings demonstrate that many women are still unable to meet their breastfeeding goals and underline the importance of providing effective support throughout a family's breastfeeding journey.

Although the Infant Feeding Survey was reinstated in England, Northern Ireland was not included. As a result, there remains a significant gap in our understanding of infant feeding experiences and outcomes in Northern Ireland.

5. Breastfeeding is normal.

For most of human history, breastfeeding was the normal way that babies were fed. When a mother was unable to breastfeed, it was common for other women within families and communities to help feed and care for babies.

Communities understood the importance of human milk and breastfeeding skills were passed from one generation to the next. Women grew up seeing babies being breastfed and learned from family members, friends and others around them.

Over the last century, breastfeeding rates declined significantly. A combination of factors, including the marketing of breastmilk substitutes, changing social norms, shifts in women's roles and employment, and the medicalisation of infant feeding, contributed to breastfeeding becoming less visible and less supported in many communities.

As breastfeeding rates fell, much of the collective knowledge, confidence and practical experience needed to support breastfeeding was lost. While this is gradually being rebuilt and breastfeeding rates are improving in some areas, progress remains too slow.

Without greater investment in policies and services that protect, promote and support breastfeeding, we are unlikely to meet the World Health Organisation's global target of at least 50% of infants being exclusively breastfed to six months. Breastfeeding is not simply a personal choice – it is a public health issue that requires action at a societal level.

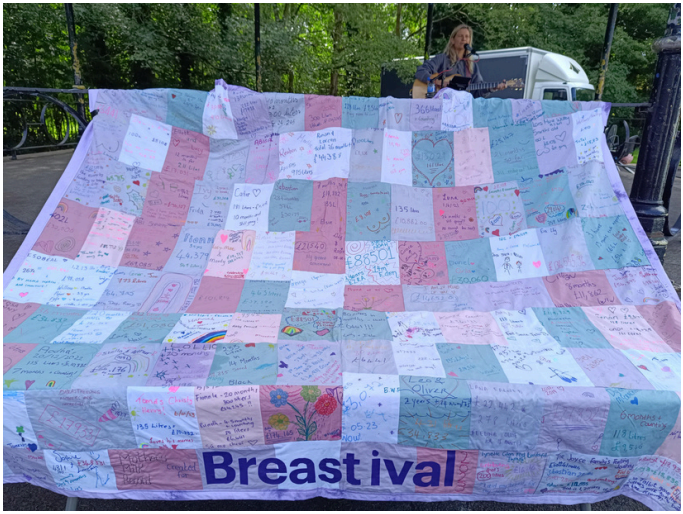
6. It's good for the economy.
Breastfeeding is good for the economy, or to flip that, not investing in supporting breastfeeding is bad for the economy. Not breastfeeding is associated with economic losses of about $302 billion annually or 0·49% of world gross national income. Yes, you read that right, $302 billion, every single year.

Breastfeeding is good for the economy – or, to put it another way, failing to invest in breastfeeding support is costly. Low breastfeeding rates are associated with significant economic losses through increased healthcare costs, reduced productivity and poorer health outcomes for mothers and babies.

Globally, not breastfeeding according to recommendations is estimated to cost the world economy around US$302 billion every year – equivalent to 0.49% of global gross national income.

Yes, you read that right: US$302 billion, every single year.

Investing in breastfeeding protection, promotion and support is therefore not only the right thing to do for families; it makes economic sense. The evidence is clear that breastfeeding support delivers a strong return on investment through improved health outcomes and reduced pressure on health services.



Breastival's 'Mothers' Milk Record' project captures the value of women's work in producing breastmilk and their contribution to the Northern Ireland economy through that work.

What's the problem?

Breastfeeding: A Public Health Priority

The World Health Organization (WHO) recommends exclusive breastfeeding for the first six months of life, followed by continued breastfeeding alongside appropriate complementary foods for up to two years and beyond.

Breastfeeding is recognised by WHO as the optimal method of infant feeding and provides a strong foundation for lifelong health. It supports healthy growth and development, protects against illness and disease, and offers important health benefits for both babies and mothers.

Despite these benefits, breastfeeding rates remain below recommended levels across many high-income countries. Northern Ireland continues to have the lowest breastfeeding initiation rate in the UK:

- Northern Ireland: 64%
- England: 83%
- Scotland: 74%
- Wales: 71%

In Northern Ireland, only around 1 in 10 babies are exclusively breastfed to six months. This has significant implications for:

- Health outcomes for babies and mothers
- Demand on health and social care services
- Health inequalities
- Environmental sustainability

While rates of any breastfeeding at discharge have improved in recent years, exclusive breastfeeding at discharge has remained relatively static. Encouragingly, rates of exclusive breastfeeding at six months have increased in recent years, demonstrating that progress is possible when families receive the support they need.

The recently published Infant Feeding Survey in England 2024 also highlights the gap between mothers' aspirations and their experiences. The survey found that 72% of mothers who had stopped breastfeeding would have liked to continue for longer, underlining the need for sustained investment in breastfeeding protection, promotion and support.

Within a policy context, there is strong support for action to improve breastfeeding outcomes. The long-awaited Breastfeeding Action Plan for Northern Ireland is expected to be published in summer 2026, following a delay.

Since 2017, Breastival has hosted political panel events and discussions, bringing together elected representatives, healthcare professionals and families. We have consistently secured cross-party support for measures to protect, promote and support breastfeeding.

Our advocacy has extended beyond Northern Ireland. In December 2021, Breastival presented evidence to the UK Parliament's All-Party Parliamentary Group (APPG) on Infant Feeding. We have also provided briefing and policy support to MPs ahead of Westminster Hall debates on infant feeding and breastfeeding, helping to ensure the experiences of families in Northern Ireland are represented in parliamentary discussions. Our advocacy work and evidence have been referenced in Hansard.

Breastival has worked closely with elected representatives to advance legislative change. We supported two MLAs in the development of proposals for breastfeeding legislation and have continued to advocate for legal protections for breastfeeding families.

Despite commitments from successive Health Ministers, dedicated breastfeeding legislation has yet to be enacted in Northern Ireland.

In July 2025, Linda Dillon MLA (Sinn Féin) introduced proposals for a Private Member's Bill on breastfeeding. Following a public consultation in autumn 2025, progress has been limited. With the current Assembly mandate due to end in May 2027 ahead of the next Assembly election, there is a significant risk that the legislation will not proceed within the available timeframe.

While important progress has been made, much work remains to ensure that all families receive the protection, support and services they need to achieve their infant feeding goals.

“Enabling mothers and babies to fulfil this period of vital nurture is not a favour to women; it is a contribution to the whole of society.”

Gabrielle Palmer, The Politics of Breastfeeding

Calls to Action

👉 Recognise the Benefits of Breastfeeding

We urge the Northern Ireland Executive to recognise breastfeeding as a public health, economic and environmental priority. Breastfeeding improves the health and wellbeing of mothers and babies, reduces health inequalities and gives children the best possible start in life.

👉 Support Breastfeeding Legislation

We call on the Minister for Health and all MLAs to support legislation that protects, promotes and supports breastfeeding. This includes endorsing the principles and intent of the proposed Private Member's Bill on breastfeeding and ensuring that mothers are protected when feeding in public. Strong legislation can help normalise breastfeeding and create a more supportive culture for families.

👉 Invest in Breastfeeding Support

Address the current gaps in breastfeeding support by ensuring that all families have access to high-quality, evidence-based, specialist services. Additional practical and financial support is needed for families facing disadvantage. This should include improved breastfeeding education and training for GPs, paediatricians, pharmacists and other healthcare professionals who regularly support mothers and babies.

👉 Adopt the WHO International Code

We urge the UK Government to fully implement the International Code of Marketing of Breastmilk Substitutes and subsequent World Health Assembly resolutions. While this is a reserved matter, we ask MLAs to demonstrate support by backing Assembly motions, raising the issue within their political parties and championing the Code's principles across devolved health and family policy.

👉 Introduce Paid Breastfeeding Breaks at Work

We call on the UK Government to introduce paid breastfeeding and expressing breaks for working mothers. Returning to work should not mean the end of a family's breastfeeding journey. Paid breastfeeding breaks would help mothers continue breastfeeding for as long as they choose, while supporting employee wellbeing, gender equality and improved health outcomes for families.

👉 **Support Robust Infant Feeding Data Collection**

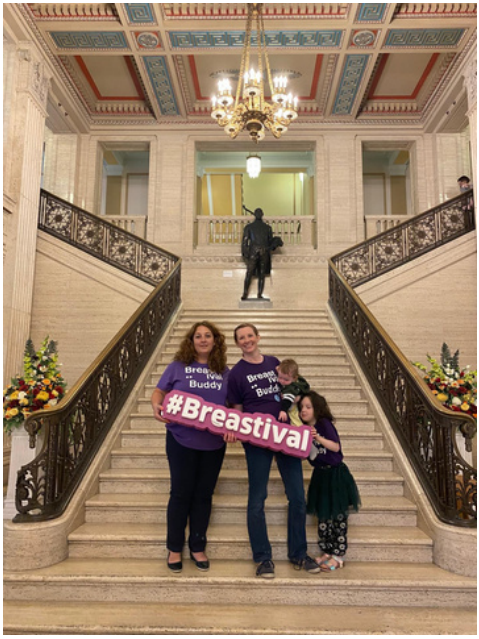
We call on the Department of Health and the Assembly Health Committee to support comprehensive infant feeding data collection, including participation in future all-island Infant Feeding Surveys. Reliable data on breastfeeding initiation, prevalence, duration and infant feeding experiences are essential for effective policymaking and service planning.

👉 **Expand Access to Donor Human Milk:**

Invest in the development and sustainability of donor milk services to increase access to safe, screened donor human milk across the island of Ireland, particularly for babies who are premature, vulnerable or receiving neonatal care.

👉 **Deliver the Northern Ireland Breastfeeding Action Plan**

We call on the Department of Health and the Northern Ireland Executive to publish and fully implement the Northern Ireland Breastfeeding Action Plan. Supported by clear targets, adequate funding and robust accountability measures, the Action Plan should deliver immediate improvements while laying the groundwork for a future Infant Feeding Strategy to secure sustainable, long-term progress for families.



Why should we influence?

The decisions made by politicians and policymakers have a direct impact on the support available to breastfeeding families. From maternity services and health visiting to employment rights and public health funding, government policy shapes the environment in which families feed and care for their babies.

Politics is ultimately about people and priorities. Decision-makers need to hear from the people affected by their decisions, and breastfeeding families have valuable knowledge and experience to share.

Influencing means engaging with decision-makers, organisations and communities to encourage positive change. By raising awareness, sharing evidence and highlighting lived experience, advocates can help secure improvements in policy, services and support for families.

Advocacy and campaigning play an important role in creating change. Campaigning brings people together around a shared goal and helps build public and political support for action. It can influence legislation, improve services, secure investment and ensure that important issues remain on the political agenda.

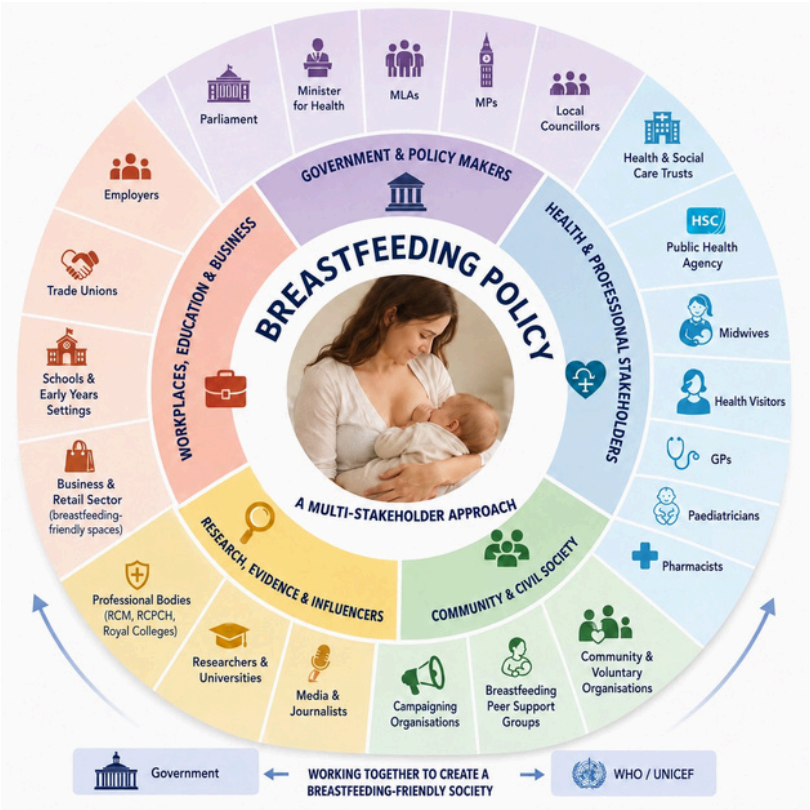
Breastfeeding rates are not simply the result of individual choices. They are shaped by the policies, services, social norms and practical support available to families. If we want better outcomes, we must work together to create an environment where breastfeeding is protected, promoted and supported.

Breastival wants to support you to be part of that change by providing tools, information and opportunities to engage with decision-makers. Together, we can help ensure that more politicians, policymakers and members of the public understand the experiences of breastfeeding families and the action needed to help all families achieve their feeding goals.

Who should we influence?

The political and policy landscape can be complex. Responsibility for policies that affect breastfeeding families is spread across different levels of government, including Westminster, the Northern Ireland Executive and Assembly, local councils, and a range of public bodies and government departments.

The most effective person to influence will depend on the issue you want to change. Understanding who has the power to make decisions is an important first step in any advocacy campaign.



Who to contact?

The Northern Ireland Executive

The Northern Ireland Executive is made up of the First Minister, deputy First Minister and departmental ministers. While the Minister for Health has primary responsibility for breastfeeding policy and services, many other departments have responsibilities that influence the health and wellbeing of breastfeeding families.

Minister for Health

Leads on public health policy, health services and maternity care, and plays a central role in advancing breastfeeding legislation, strategy, services and support.

Minister for Communities

Oversees the Voluntary, Community and Social Enterprise (VCSE) sector, which delivers a range of community-based services and peer support programmes for families. The department also has responsibilities relating to tackling poverty and social exclusion, both of which can impact breastfeeding outcomes.

Minister for Education

Responsible for Sure Start programmes, early years education and family support services, all of which provide important opportunities to promote and support breastfeeding.

Minister of Agriculture, Environment and Rural Affairs

Leads on environmental sustainability and sustainable development. As a natural, low-waste and low-carbon food source, breastfeeding contributes to wider environmental and climate objectives.

Minister for the Economy

Responsible for employment policy, skills and economic development. This includes workplace practices that influence breastfeeding, such as maternity rights, flexible working, parental leave and breastfeeding-friendly workplaces.

Minister of Finance

Responsible for budget setting and resource allocation across government. Investment decisions made by the Department of Finance can have a significant impact on the funding available for breastfeeding services and support.

The Executive Office

Led by the First Minister and deputy First Minister, The Executive Office has a key role in coordinating cross-departmental priorities and tackling inequalities. Breastfeeding contributes to a range of strategic objectives relating to public health, child development and reducing health inequalities.

Breastfeeding is not solely a health issue. It affects public health, education, early childhood development, social inclusion, poverty, women's rights, economic productivity and environmental sustainability.

For this reason, all ministers should understand the importance of protecting, promoting and supporting breastfeeding and the role they can play in improving outcomes for children and families across Northern Ireland.

Northern Ireland Assembly and MLAs

Many of the policies that affect breastfeeding families, including health, education, childcare, public health and community support, are devolved to the Northern Ireland Assembly.

MLAs play an important role in shaping policy, scrutinising Ministers and holding government departments to account. They do this through debates in the Assembly Chamber, questions to Ministers, legislative scrutiny and their work on Assembly Committees.

Relevant Committees include:

- Health Committee – scrutinises the Department of Health and considers matters relating to maternity services, public health and infant feeding.
- Education Committee – scrutinises the Department of Education and issues relating to early years services and Sure Start programmes.
- Communities Committee – considers issues relating to poverty, social inclusion and the community and voluntary sector.

MLAs can also:

- Introduce or support legislation.
- Table Assembly motions and debates.
- Ask written and oral questions of ministers.
- Raise constituency concerns directly with ministers and departments.
- Champion breastfeeding-friendly policies within their political parties.
- Support campaigns to protect, promote and support breastfeeding.

Building relationships with local MLAs is an effective way to raise awareness of the issues facing breastfeeding families and encourage action at both a local and regional level. MLAs are elected to represent their constituents and can be powerful advocates for change when they understand the evidence, challenges and opportunities surrounding breastfeeding.

Tip: Contacting your own constituency MLAs is often the best place to start. They have a responsibility to represent your views and may be more willing to raise issues on your behalf.

Westminster, MPs and Members of the House of Lords

Northern Ireland elects 18 MPs to represent constituencies in the UK Parliament at Westminster, giving Northern Ireland a voice in UK-wide policy and legislation.

Some of the most important issues affecting breastfeeding families are reserved to Westminster rather than devolved to the Northern Ireland Assembly. These include employment law, maternity rights, advertising regulation and the implementation of the International Code of Marketing of Breastmilk Substitutes.

The UK Government has not yet fully implemented the WHO International Code of Marketing of Breastmilk Substitutes and subsequent World Health Assembly resolutions. As this is a reserved matter, meaningful legislative change can only be achieved through action at Westminster.

MPs can influence policy by:

- Speaking in debates and Westminster Hall discussions.
- Tabling parliamentary questions.
- Supporting Early Day Motions and campaigns.
- Influencing government policy through parliamentary committees.
- Working with ministers and government departments.
- Joining and supporting All-Party Parliamentary Groups (APPGs).

The All-Party Parliamentary Group (APPG) on Infant Feeding provides an important forum for parliamentarians, experts and advocacy organisations to discuss infant feeding issues and promote evidence-based policy solutions. Ensuring Northern Ireland voices and experiences are represented within the APPG is essential if our unique challenges and opportunities are to be reflected in UK policy discussions.

Members of the House of Lords can also play an influential role by scrutinising legislation, raising awareness of issues affecting families and advocating for policy change within Parliament.

By engaging with MPs and Peers, advocates can help ensure that breastfeeding remains on the wider policy agenda and that families across Northern Ireland are represented in decisions taken at Westminster.

Top tip: Ask your local MP whether they are aware of, or involved in, the All-Party Parliamentary Group (APPG) on Infant Feeding. Encouraging MPs to attend meetings, engage with the group's work, and champion infant feeding issues can help raise the profile of breastfeeding within UK Parliament and ensure Northern Ireland's voice is heard in UK-wide policy discussions.

Local Councils

Local councils can play an important role in creating breastfeeding-friendly communities. Many councils support the Public Health Agency's Breastfeeding Welcome Here scheme, which encourages businesses and public venues to provide a welcoming environment for breastfeeding mothers.

While mothers have a legal right to breastfeed in public, the Breastfeeding Welcome Here initiative helps make it easier—particularly for new mothers—to identify places where they can feel confident and supported when feeding their baby.

Councils can also influence local health and wellbeing priorities, support community initiatives, provide welcoming public spaces for families, and champion breastfeeding as part of wider efforts to improve public health and reduce inequalities.

By encouraging local businesses, leisure facilities, community centres and council-owned venues to participate in breastfeeding-friendly schemes, councils can help normalise breastfeeding and support families to continue breastfeeding for longer.

Top Tip: Contact your local councillors and ask what they are doing to support breastfeeding in your community. Encourage them to promote the Breastfeeding Welcome Here scheme and ensure council buildings and facilities are visibly breastfeeding friendly.

Campaigning Groups

Working with others is one of the most effective ways to create change. Why not join Breastival as a volunteer, or get involved with one of the many organisations working to protect, promote and support breastfeeding across Northern Ireland, Ireland and the UK?

Organisations and Networks:

- Breastival – www.breastival.co.uk
- Code Monitoring NI – Facebook
- North West BAPS - Facebook
- La Leche League of Ireland– www.lalecheleagueireland.com
- NCT – www.nct.org.uk
- TinyLife – www.tinylife.org.uk
- Bainne Beatha – Facebook
- Baby Feeding Law Group UK – www.bflg-uk.org
- Baby Feeding Law Group Ireland – https://bflgireland.ie

Top Tip: Campaigning is often most effective when organisations work together. Follow groups on social media, sign up for newsletters, respond to consultations and support campaigns that align with your interests.

How to influence

Know Your Audience

Before you start campaigning, think about who has the power to make the change you want to see. Use www.theyworkforyou.com to identify your local elected representatives at Westminster, Northern Ireland Assembly and local council level. Remember, different issues sit with different decision-makers. An MP, MLA or councillor may all have a role to play depending on your ask (see Who should we influence? above).

Top Tip: Research whether your elected representative has previously spoken about breastfeeding, maternity services, public health or family support. This can help you tailor your message.

Identify Your Ask

Be clear about what you want to achieve. Ask yourself:

- What change do I want to see?
- What action do I want this person to take?
- Can they actually make that change?
- Am I supporting one of Breastival's policy priorities or raising a separate issue?
- The more specific your ask, the more likely you are to receive a meaningful response.

Back It Up With Evidence

Evidence helps strengthen your case. Use the statistics, research and policy information included in this toolkit, or gather evidence from other reputable sources. Facts and evidence help demonstrate why your issue matters and why action is needed. Where possible, combine evidence with real-life experience. Both are powerful forms of advocacy.

Make It Personal

Personal stories can be incredibly influential. If an issue has affected you, your family or your community, explain why it matters. Decision-makers hear statistics every day, but personal experiences help bring those statistics to life. If you are contacting an elected representative, remember to mention that you live in their constituency, as they have a responsibility to represent your views. As the saying goes, all politics is local. Every conversation, every email and every voice has the potential to make a difference.

Make It Public

If you feel comfortable doing so, share your advocacy publicly. You could:

- Post about the issue on social media.
- Tag your local MP, MLA or councillor.
- Share letters or responses from elected representatives.
- Highlight campaigns, consultations or events.
- Encourage friends, family and community groups to get involved.
- Public engagement can help raise awareness, demonstrate support for an issue and encourage decision-makers to take action.

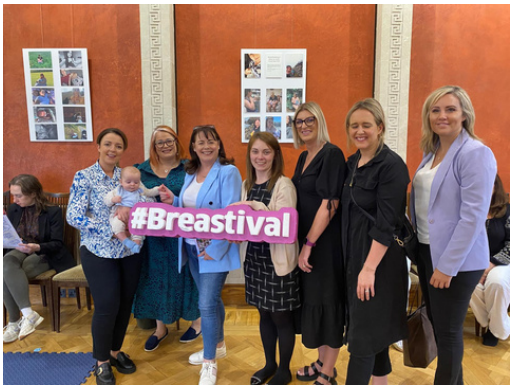
Work Together

Advocacy is often most effective when people work collectively.
Join a local group, support an existing campaign, attend events and share information with others who care about breastfeeding. Decision-makers are more likely to take notice when they hear the same message from multiple voices.

Don't Give Up

Change can take time. Many policy changes happen because individuals and communities consistently raised the same issue over months or even years. If you don't receive a response straight away, follow up, keep the conversation going and continue building support for your cause.

Remember: You do not need to be a policy expert to influence change. Your experiences, ideas and voice matter. By speaking up, you can help create a society where all families are supported to achieve their infant feeding goals.



Remember

Be Polite
Political conversations can easily become heated, but it is important to remain respectful. There is little to gain from being rude or confrontational. Focus on the issue rather than party politics and encourage constructive dialogue.

Be Realistic
Think carefully about what you are asking for. Effective advocacy is often about securing practical and achievable changes. While major investment would be welcome, decision-makers are more likely to respond positively to realistic and deliverable proposals.

Follow Up
If you have not received a response, don't be afraid to follow up politely. Remember that elected representatives receive a large volume of correspondence and may take time to reply.
If you receive a helpful response or positive support, take the time to say thank you. Building positive relationships with elected representatives can help strengthen your advocacy over the longer term.

Be Persistent
Change rarely happens overnight. Many improvements in breastfeeding policy and support have taken years of campaigning and advocacy. Don't be discouraged if progress feels slow—every conversation, email, meeting and social media post helps build momentum for change.

Celebrate Success
When positive changes happen, share them. Celebrating progress helps maintain momentum, encourages others to get involved and shows decision-makers that their support is valued.
Remember: politicians and policymakers are people too. Building positive relationships and making a clear, evidence-based case for change is often the most effective way to influence decision-making.

What Can I do?

IInfluencing ideas to get you started

⏱️ 5 Minutes
- Register to vote
- Share a feeding photo
- Start a conversation about breastfeeding
- Follow Breastival on social media

⏱️ 15 Minutes
- Share your feeding story online
- Tag your elected representatives
- Submit a photo to #MoreThanMilk
- Share a Breastival Thank You card

⏱️ 30 Minutes
- Write to your MLA, MP or councillor
- Ask your MP to join the APPG on Infant Feeding
- Report a WHO Code violation
- Share your experience through Care Opinion

⏱️ More Time
- Volunteer with Breastival
- Join a campaigning group
- Respond to consultations
- Attend political events
- Organise a local awareness activity

🫶 Remember: You do not need to be an expert to make a difference.

If You Have 5–15 Minutes

Small Actions, Big Difference

🗳️ **Register to Vote**
It only takes a few minutes online. Make sure you, your family and your friends are registered to vote.

📸 **Share Your Feeding Moments**
Help normalise breastfeeding by sharing positive images and stories. Tag @breastivalni.

💬 **Start the Conversation**
Talk to friends and family about why breastfeeding matters and how they can support parents.

🌟 **Share Your Story**
Breastfeeding is more than milk—it's connection, comfort and community. Personal stories can be powerful.

💌 **Send a Breastival Thank You Card** (visit www.breastival.co.uk website to order your cards). Show your support for breastfeeding families and the people who support them.

📣 **Tag Your Representatives**
Keep the conversation going by tagging local councillors, MLAs and MPs alongside @breastivalni.

If You Have 30 Minutes or More

Make Your Voice Heard

✉️ **Contact Your Elected Representatives**
Write to your MLA, MP or councillor explaining why breastfeeding matters to you.

Include:

- Your personal experience
- The issue you want addressed
- One or two specific asks

🏛️ Support the APPG on Infant Feeding
Ask your local MP to join or engage with the Westminster All-Party Parliamentary Group on Infant Feeding.

🗳️ Make Breastfeeding a Political Priority
With local and NI Assembly elections taking place in 2027, ask candidates where they stand on breastfeeding support.

Report a WHO Code Violation

Why It Matters: The International Code of Marketing of Breast-milk Substitutes was created to protect and promote breastfeeding by restricting inappropriate marketing of infant formula and related products.

Common Violations
🚫 Advertising breastmilk substitutes directly to parents
🚫 Free samples provided to families
🚫 Promotion through healthcare settings
🚫 Marketing through healthcare professionals
🚫 Health or nutrition claims on products
🚫 Labelling that idealises formula feeding

How to Report
1. Report to Code Monitoring NI
2. Report to Baby Milk Action
3. Contact your local Environmental Health Officer if relevant
4. Contact the Advertising Standards Authority (ASA) for advertising concerns
5. Contact Ofcom regarding broadcasting concerns
6. Report online content directly to the platform

Join the Movement

Got More Time?
Why not become a Breastival volunteer? Breastival volunteers help with:
- Events
- Campaigns
- Advocacy
- Social media
- Community engagement

🌐 Visit www.breastival.co.uk to find out more.

Additional Resources

Suggested reading

- The Politics of Breastfeeding: When Breasts are Bad for Business by Gabrielle Palmer
- Breastfeeding Uncovered by Amy Brown.
- Informed is Best, by Amy Brown
- Practical Breastfeeding - an illustrated guide for parents, by Caoimhe Whelan.

Data

- World Breastfeeding Trends Initiative UK Report Card (2024)
- World Breastfeeding Trends Initiative - NI report Card (2024)
- Mothers' Milk Tool - Mothers' economic contribution to the family and society through breastfeeding.

Breastfeeding advocacy -

- Global Breastfeeding Collective
- Code Monitoring NI
- Baby Milk Action

NI Assembly

- The Northern Ireland Assembly

Westminster

- UK Parliament - House of Commons and House of Lords
- All Party Group (APPG) Infant Feeding

Local Government

- Check out your local council
  Local councils in Northern Ireland | nidirect

For further information about anything in this Advocacy Toolkit, please contact hello@breastival.co.uk.

To sign up for our email updates click here

References

Read the evidence we used to create this guide

- Breastfeeding – A great start – A Strategy for Northern Ireland https://www.health-ni.gov.uk/publications/breastfeeding-strategy
- Brown, A & Shenker, N Breastfeeding can help tackle climate crisis but it's on governments, not mums to save the world (2019) https://theconversation.com/breastfeeding-can-help-tackle-climate-crisis-but-its-on-governments-not-mums-to-save-the-world-124676
- Christian, P., Smith, E. R., Lee, S. E., Vargas, A. J., Bremer, A. A., & Raiten, D. J. (2021). The need to study human milk as a biological system. The American journal of clinical nutrition, 113(5), 1063–1072. https://doi.org/10.1093/ajcn/nqab075
- Code Monitoring NI https://www.facebook.com/groups/1696772830568534
- COVID vaccines and breastfeeding: what the data say https://www.nature.com/articles/d41586-021-01680-x
- DeMarco, G. "Minority Rules: Scientists Discover Tipping Point for the Spread of Ideas. Rensselaer Polytechnic Institute (RPI)." (2011).
- Global Breastfeeding Collective https://www.globalbreastfeedingcollective.org/breastfeeding-advocacy-toolkit
- Hansen, K. (2016). Breastfeeding: a smart investment in people and in economies. The Lancet, 387(10017), 416.
- Infant Feeding Survey (IFS) (2024) The recently published Infant Feeding Survey in England 2024 (published June 2026) https://www.gov.uk/government/statistics/infant-feeding-survey-in-england-2024/infant-feeding-survey-2024-full-report.
- Infant Feeding Survey (2019) (UK wide) https://ckan.publishing.service.gov.uk/dataset/infant-feeding-survey-2010.
- Pace, R. M., Williams, J. E., Järvinen, K. M., Belfort, M. B., Pace, C., Lackey, K. A., Gogel, A. C., Nguyen-Contant, P., Kanagaiah, P., Fitzgerald, T., Ferri, R., Young, B., Rosen-Carole, C., Diaz, N., Meehan, C. L., Caffé, B., Sangster, M. Y., Topham, D., McGuire, M. A., Seppo, A., ... McGuire, M. K. (2021). Characterization of SARS-CoV-2 RNA, Antibodies, and Neutralizing Capacity in Milk Produced by Women with COVID-19. mBio, 12(1), e03192-20. https://doi.org/10.1128/mBio.03192-20
- PHA, (Feb 2020) Health Intelligence Briefing, Breastfeeding in Northern Ireland (includes data up to 2018) https://www.publichealth.hscni.net/sites/default/files/2020-05/Hi%20Brief%20Breastfeeding%20February%202020%20FINAL_0.pdf
- Rollins, N. C., Bhandari, N., Hajeebhoy, N., Horton, S., Lutter, C. K., Martines, J. C., ... & Group, T. L. B. S. (2016). Why invest, and what it will take to improve breastfeeding practices?. The lancet, 387(10017), 491-504.
- The Lancet (Jan 2016) - The Lancet (Jan 2016) - http://www.unicef.org.uk/BabyFriendly/News-and-Research/News/The-Lancet-Increasing-breastfeeding-worldwide-could-prevent-over-800000-child-deaths-every-year/
- Unravelling the mysteries of microRNA in breast milk https://www.nature.com/articles/d41586-020-01768-w
- Victora, C. G., Bahl, R., Barros, A. J., França, G. V., Horton, S., Krasevec, J., ... & Group, T. L. B. S. (2016). Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. The Lancet, 387(10017), 475-490.
- WHO - http://www.who.int/nutrition/topics/exclusive_breastfeeding/en/

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About this Toolkit (4th edition 2026)

This Advocacy Toolkit was developed by Claire Flynn, Board Member of Breastival, to support individuals and organisations advocating for improvements in breastfeeding protection, promotion and support.

4th Edition 2026