UNICEF UK BABY FRIENDLY INITIATIVE 2016 CONFERENCE

POSTER PRESENTATIONS

MUMS SUPPORTING MUMS

New evidence of the impact of breastfeeding peer support

Why is breastfeeding important?

- How an infant is fed and nurtured strongly determines a child's future life chances.
- Independent, practical and evidence based breastfeeding information and support is essential for women and their families and should be available at every stage of a woman's breastfeeding journey.
- The UK has some of the lowest breastfeeding rates in the world and support for families falls short of what is needed and wanted.

Why is peer support important?

- Peer support, as part of a multifaceted approach, can help increase breastfeeding initiation and duration rates.
- Peer support can support the least likely to continue breastfeeding, and can boost social capital.
- Group peer support can help to normalise breastfeeding, allowing women to make feeding decisions for themselves.
- Peer support encourages parental confidence.

BfN provides peer support through projects, drop in groups and helplines.

In July 2015, BfN commissioned an external evaluation to gain a deeper understanding of **how peer support can help a mum** on her journey from having no or negative feelings about breastfeeding, to **being confident to make her own decisions** about how she feeds and cares for her baby.

The evaluation included online surveys, focus groups and conversations with internal and external stakeholders.

Following support from BfN, Mums told us...

98% would recommend breastfeeding to others.

97% said they felt listened to and respected.

94% said they did not feel pressured to do anything.

68% felt they were not on their own in breastfeeding.

82% felt able to pass breastfeeding info on to others.

"The help was invaluable, they built my knowledge, skills and confidence. With home visits, texts, calls and groups, I have never felt alone in this." n=203

Health professionals told us: "We couldn't do it without BfN"

Key Findings:

- Peer support plays a **critical part** in supporting breastfeeding.
- Training and supporting peer supporters grows a **stronger community base** for breastfeeding.
- Peer support **builds confidence** and encourages a **positive maternal journey**, supporting women to breastfeed for as long as they choose.
- A BfN Peer Supporter can **make the difference** between a women continuing or stopping breastfeeding.
- Peer support can support women to **breastfeed for longer.**
- **Health professionals value the contribution** and want more peer supporters.

PEER SUPPORT WORKS

www.breastfeedingnetwork.org.uk/evaluation

Imperial College Healthcare NHS Trust

Development of a Parent Support App to Implement Integrated Family Delivered Care to the Neonatal Unit

Annie Aloysius, Karen Platonos, Aniko Deierl, Jayanta Banerjee.
Neonatal Department, Imperial College Healthcare NHS Trust, London UK

Introduction

Family delivered care (FDC) is a model of neonatal care adopted in the 1980's by Dr Levin at Tallinn Children's Hospital in Estonia. Staff were unavailable to do all cares for preterm babies so parents were invited in to be the primary carers with support and training. He described this as "humane neonatal care" and a "truly baby friendly unit" and documented the positive results for mothers and their Babies.

Results in developed countries have shown decreased parental anxiety and depression; increased parent-infant bonding; higher breastfeeding rates, improved infant health and weight gain and a possible reduction in nosocomial infections (1).

(1)O'Brien K et al. (2013) A pilot cohort analytic study of Family Integrated Care in a Canadian neonatal intensive care unit. BMC Pregnancy Childbirth.

"Parents on the neonatal unit feel helpless and more of a spectator than a carer. We felt every health professionals knew our son better than us, and bonding was difficult. This planned project really puts not only babies but babies and parents at the centre together. We would like to have more options and choices around his general care. "

Veteran Parent feedback on project design

Integrated Family Delivered Neonatal Care
Expert in your baby's care
Educate Engage Empower Enabl

Our Project

Imperial Neonatal Service has funding to implement FDC on both our Neonatal Units. At Stage one our team has created a set of comprehensive educational materials to support parent competencies and we felt the best way to deliver this was by building a mobile App.

In **Integrated FDC**, parents are encouraged to be an active, equal member of the team in the care of their Baby. We believe that even the best medical care cannot replace the parents' presence and the love they can provide to their Baby.

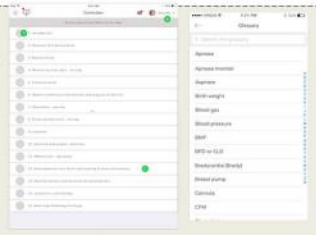
Our aim is to work in partnership with parents to create a consistent, nurturing environment where parents feel engaged, enabled, educated and empowered.
We believe parents are experts in their Baby's care.

Methods

In our Parent Focus Group sessions we:
Finalised the design's of the mobile App function and educational materials and collected feedback

"I wish this App was available when I was on the unit. Keeping a paper diary was very difficult. I have photos about her stay and her moments, but could not record my feelings and thoughts."
"The chapters are very useful to understand neonatal care. Being available on a phone or tablet means you can read it during expressing, or if you have few free minutes".
"As our baby was premature, we lost the joy of the pregnancy App reading about her development week by week as it was very different situation, this would give us a chance to know about her development"

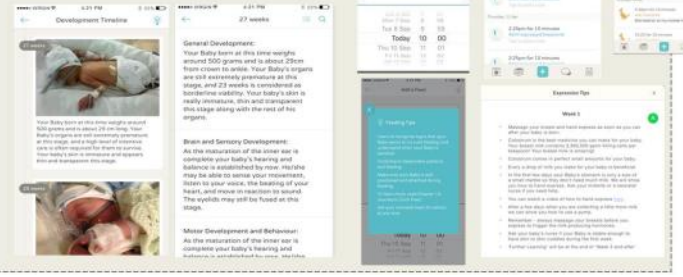
App functions:



Educational curriculum about neonatal care
- 15 Chapters
- Glossary of terms
- Resources

Personal diary with timeline of the journey
- Memories (uploading photos/ videos and text)
- Skin-to skin diary
- Expressing, feeding diary
- Growth chart

Developmental timeline



The App gives parents the opportunity to learn more about neonatal care and be actively involved.
They can chart expressing, skin-to-skin cuddles, feeding, record events, pictures and memories of their journey.

Work in progress...

Next steps....
- Launching the App in 2016.
- App will be free and available for IOS, Android
- Advertising the App nationally (with BLISS and other neonatal associations) and internationally (with FiCare in Canada).
- Built in analytics will help us to collect data about App use.
- Feedback will be collected to review and develop our materials.
- Parent competencies and education programme in development
- Recruiting our ward project co-ordination team
- Delivering this care model in 2017

Follow our developments....
- Find further information and follow us on our Facebook page:

Integrated Family Delivered Neonatal Care Project, ICHNT
We will announce the launch of the App and how to download it via our Facebook page

Pennine Care NHS
NHS Trust

Infant Feeding in Tameside: Holding the Baby in Mind.
A comprehensive approach to supporting infant feeding

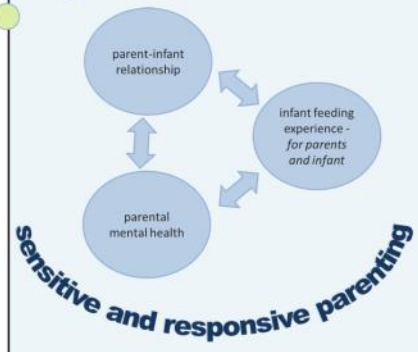
NHS
Tameside and Glossop
Integrated Care
NHS Foundation Trust

"Overall the care given by the health visitors is outstanding"
"despite being an area with significant deprivation, the resilience of women to continue breastfeeding was quite remarkable"
UNICEF Professional Officer/ Assessor

- **Tameside & Glossop Early Attachment Service leads a unique approach to promoting healthy parent-infant relationships and mental health, with a wide-ranging and robustly evaluated service model (1, 2,3).**
- **The close link between successful infant feeding and sensitive and responsive parenting is identified in the UNICEF Baby Friendly Initiative Standards, which we are implementing(4).**
- **All new parents receive 'Getting it Right from the Start' Booklet and DVD antenatally. This evidence-based resource was written and filmed in Tameside and Glossop by the Early Attachment Service. Developed to promote sensitive and responsive early parenting and infant communication, it has been demonstrated to be an effective way of reaching all parents in the perinatal period, improving parental confidence, knowledge and sensitivity(2).**
- **Feeding is part of the emotional transaction between parent and baby. The developing parent-infant relationship and parental mental health issues are closely linked with infant feeding, bringing benefits as well as challenges.**
- **A virtual infant feeding specialist team has already seen infants being kept out of hospital and some feeding issues 'de-medicalised.'**

Holding the Baby in Mind....
How does the baby feel? Hold the parent-infant relationship in mind, recognising the interdependence of baby and parent: the central focus is neither solely on the parent(s) or the baby, but on the relationship (5).

Reassured me...'Soothing your Crying Baby'...was especially helpful"
"..The DVD was very helpful.....my partner gave it to another father-to-be at work for him to see!"
"I'm learning new things about my baby, different signs they give you and how we can respond to them. Nice that it was 'real' mums and dads and not actors"
Feedback from parents



"Somehow you managed to say exactly the right thing, and instead of focusing in on the fact that my baby would not latch....you talked casually about how he was watching me, and listening to me, turning towards me when I talked. I am not sure if it was intentional, but it changed the way I felt about the situation. I saw a baby who was looking for his mum, not a baby who was turning away from the breasts every time they were offered."
(Using NBO to support breastfeeding - successful)

"It's singularly.....given me enthusiasm in 20 years plus of practice, giving me the language to discuss this with families" Health Visitor

I worked with a mum who had severe post-natal mental health problems. Amazingly she breast fed all the way through. Never forget the relationship – this was what she could offer emotionally to her baby, even when she was unwell, and I am certain this experience is helping them both during her recovery".
Attachment Clinical Psychologist

"Unsettled baby... mum anxious in the past....I completed the NBO...parents were amazed....since then mum had been attending the post-natal group and baby clinic. Every time I see mum she thanks me for the NBO and reports to be feeling more confident and the family are settling into a feeding and sleep routine. (They) have been telling everyone about their experience. It was lovely...to share in the magical moments of the family getting to know each other."
Community Nursery Nurse

"I visited a young mum with her second baby. The first baby had had reflux and mum had become depressed postnatally. This baby was formula fed like his brother, and mum was over-feeding him. She said it was the only way she knew to stop him crying. We talked about other soothing methods and I felt I contained her anxieties too. The over-feeding soon stopped and his weight gain became more healthy ... she then disclosed to me that she had been abused as a child. I'm still working with her and she is also being helped by the 'Babies Can't Wait' primary care mental health service.
I feel the future looks good for this young family and it all started with helping mum to tune in to her baby."
Health Visitor

"I have absolutely loved this course. The information I have learned will stay with me for a lifetime"
"....reflective functioning, knowing how mum feels and reflecting how baby is feeling"
"It is good to contain a baby /mum and then for my co-ordinator to contain me"
Homestart Volunteers

1.Lee, P., Foley, S., Mee, C., Getting it Right from the Start: evaluation of a DVD and booklet for new parents Community Practitioner, 2013; 86 (11): 32-36

2.Lee, P. and Mee, C. The Tameside and Glossop Early Attachment Service: meeting the emotional needs of parents and their babies Community Practitioner 2015; 88 (8): 31-35

3.Hawthorne, J. Influencing Health policy in the Antenatal and Postnatal periods: the UK Experience Zero to Three 2015; September: 21-27

4.UNICEF UK (2012) Guide to the Baby Friendly Initiative standards (http://www.unicef.org.uk/Documents/Baby_Friendly?Guidance/Baby_friendly-guidance-2012-pdf)

5.Winnicot, D.W. (1964) The child, the family and the outside world Middlesex Penguin Books

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Kirsteen O'Keeffe, Health Visitor & Practice Teacher
Tracey Daniels, Health Visitor

Near-to-qualifying student midwives' experiences of their breastfeeding education and confidence in providing breastfeeding support in the clinical setting: A hermeneutic study

Martina Donaghy (Senior Midwifery Lecturer, IBCLC) , Anglia Ruskin University

WHY

Introduction

Research into breastfeeding education has very much focused on the improvement of qualified midwives practices. However recent national research has highlighted the importance of the provision of breastfeeding education within the University setting for student midwives. Providing quality breastfeeding education for student midwives, is key to improving the breastfeeding experience for all new mothers in the UK. This study, aimed to explore the views of one cohort of final year student midwives, regarding their breastfeeding education and clinical experience, gained during completion of their pre-registration UNICEF BFI Accredited Midwifery degree course.

This research was undertaken to fulfil requirements for a MSc in Medical Health Care Education, May 2016.

HOW

Method

FOCUS GROUPS

Student's views were obtained through the application of a hermeneutic phenomenological approach, using three focus groups, across two campuses. A pilot focus group of 7 students, was undertaken at one University campus, where the researcher has direct teaching commitments. The subsequent two groups of 10 students, took place at a sister campus, where the researcher has no direct teaching contact, to decrease bias.

WHAT

Student confidence

ONLY 50% of students were confident with supporting mothers with breastfeeding.

What the students said affected their confidence:

"I found uni more helpful than placement in gaining confidence."

"Positivity, praise and recognition as well, from the mentor and the mother made me feel confident."

"I feel confident with normal breastfeeding with the positioning and attachment, but when deviations start happening, oh no way."

"I was able to help a woman hand express and position and attach her baby to the breast fine. I am a mum of three children and I was never shown those things!"

"I've got the postnatal ward next and to date I don't feel very confident. Having seen only two midwives help with breastfeeding in 2 ½ years doesn't build my confidence."

Postnatal ward culture

Time and staff constraints on the postnatal ward, negatively affected the opportunity to experience quality supervised breastfeeding support.

"In practice you're not hugely supported because of time constraints. As the girls said, you just kind of have to get on with it on your own."

"Very rarely do I get to see a midwife help and when I have seen them, it hasn't been particularly great"

"Sometimes I just answer the buzzer because I know that the midwives will just send an MCA, which might not be best for her, or the woman will just get forgotten."

"So as a first year you were just left to go help that woman with no experience. You are just expected to know it"

"When you try and help women and you go to the staff for help, they just say we're too busy. Just get that baby on!"

Theory practice gap

Students highlighted as a consequence of the postnatal ward culture and time constraints on the midwives, difficulty with transferring theory into practice.

"In my first year the midwives were too busy to sit with their women, you get sent to help the women but because you don't get to see midwives helping with breastfeeding it's really difficult to put in practice what you've learnt in theory, without even knowing if you're doing it correctly ... we can't learn from them because they send us because they're too busy."

"It's really difficult to put in practice what you've learnt in theory, without even knowing if you're doing it correctly when the midwives don't supervise you, so I'm not very confident."

"You wouldn't ever dare to deliver a baby without being supervised but they let us help mums with breastfeeding."

"Yeah imagine perineal repair self-taught!"

Mentors attitudes and support

Students commented on the negative breastfeeding attitudes and skill deficits of mentors.

"I did ask the midwife why did she have such a negative detached attitude to breastfeeding and she said it's just so time-consuming!"

"I think they don't understand why some women want to breastfeed and don't acknowledge how long you spend with the women and just ridicule you for spending so long in a room with a woman."

"It's really poor but I've heard a midwife chatting with a colleague and she said" I just send the students because I don't know what to do" well that's really helpful isn't it. And as a student hearing that I feel I've got absolutely no chance of developing these skills."

"And if you keep delegating that skill to the MCA's you're going to loose it. I think it's more a MCAs role now than a midwives role"

SO WHAT

Conclusion

Complexities of the postnatal ward culture, staff constraints, lack of staff education, poor mentorship support and attitudes appear to widen the theory practice gap, by narrowing the practice opportunities for students, a lack of midwives skilled in breastfeeding support and hence poor role modeling. Higher Education Institutions need to make alternative and additional opportunities for student learning. This could be met through the use of breastfeeding drop in centres, peer support groups and one to one time with Infant feeding Leads.

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Anglia Ruskin University

Real life experience for student midwives at a Baby Friendly University

Swansea was the first university in Wales to achieve Stage 1 Baby Friendly accreditation for its teaching programme. In addition to classroom learning, clinical experience in this area is vital[1], but student experiences of breastfeeding support in practice vary widely . How can students gain additional experience to become competent, confident practitioners in the area of breastfeeding?

Establishing a new breastfeeding group has a dual purpose. For mothers; support and knowledgeable advice is available. For students, they are supported and supervised by a midwife educator as they gain experience in offering breastfeeding support, while hearing real women's breastfeeding stories can have a profound impact on their learning[2].


You don't feel judged or overloaded with information.
There's help on hand and it's very friendly.
I feel very supported there.
A good place to practise breastfeeding in public and get advice.
I chose the group because of the midwives and students there.
Attending the group has improved my practice in breastfeeding support.
I felt positive about being able to offer support.
It's been fantastic to be part of a service improving the support available for breastfeeding women whilst optimising students' opportunities for gaining practical skills.
Good to learn about women's individual experiences.
Improved my communication skills.
I can see how important groups are for new mums.
New Mothers
Needs: breastfeeding support from peers and professionals, social and emotional support.
Offer: opportunity to students, support to each other.
360 Cafe New Mum and Breastfeeding Group
Midwife Educators
Needs: opportunities for students to become competent and confident in breastfeeding support.
Offer: expert advice, supervision for students.
Student Midwives
Needs: experience, confidence, supervised learning.
Offer: knowledge, enthusiasm, support.

A survey of attending parents and students after six months found this group to be of great value to both. Students felt that they learned from mothers and that their practice improved as a result of attending. Mothers found the group friendly, welcoming and supportive and the presence of midwives and students was a factor encouraging them to attend. 18 months on the group remains popular and a second group is planned.

By Rachel Evans, Student Midwife, Swansea University.

PRIFYSGOL BANGOR UNIVERSITY

Curriculum planning – working in partnership with student midwives in the development of breastfeeding education

By Sheila Brown

Background:
Previously, breast feeding (BF) education for student midwives was only 2 days in year 1 and one day in year 2. Prompted by encouragement from the Welsh Government and the changes in UNICEF Baby Friendly Initiative Standards (BFI), we explored the process of implementing BFI standards within the midwifery programme. This is an overview of our journey so far. Navigation has largely been provided by student feedback.

Start December 2014

"Register of intent"
We registered our intent to work towards accreditation in December 2014. A steering group was established to develop an action plan. The group included a 3rd year student midwife.

December 2015

CERTIFICATE OF COMMITMENT
The first award in our journey was the certificate of commitment, which we received in December 2015. This is proudly displayed in the midwifery department and is the source of infectious enthusiasm amongst student midwives.

We Are Here April 2016 Stage 1

Our journey to this point involved developing BF education within the Midwifery curriculum and clearly mapping and ensuring that all BFI themes and learning outcomes were firmly embedded within the midwifery programme. Student engagement in formal and informal evaluations has been invaluable and has shaped the development of BF education within the programme.
Working in partnership with students is encouraged by UK BFI (UNICEF UK BFI 2014) and is highlighted within pedagogical literature as an effective way to develop educational programmes (Healey et al. 2014).

One of the key points for curriculum development was for the programme to be "front loaded" with information, providing students with a firm foundation before they ventured out into the world of clinical practice.

Students are key informants in the navigation of our journey towards BFI accreditation. Student ssessment in clinical practice has also been strengthened with a focus on communication and conversations with mothers.

Final Destination Stage 2

Student midwives at Bangor University are keen to reach stage 2, full accreditation before the end of this academic year (2016-17). We will continue to work in partnership with them to achieve this.

This last leg of our journey will involve preparing for a robust assessment of student and staff knowledge and skills. We will be learning an assessing together over the upcoming months and will make sure that we enjoy the process. We look forward to reaching our final goal!

References
Healey, M, Flint, A and Harrington (2014) Engagement through partnership: students as partners in learning and teaching in higher education. York: Higher Education Academy.
UNICEF UK Baby Friendly Initiative (UNICEF UK BFI) (2014) Guidance notes for implementing the UNICEF UK Baby friendly initiative standards in universities. London: UNICEF.

GPIFN

THE GP INFANT FEEDING NETWORK (UK)

Developing the General Practitioner's Role in Empowering Healthy Infant Feeding

Introduction

The GP Infant Feeding Network (GPIFN) is an independent professional network established in February 2016 with the support of infant feeding and healthcare professional colleagues. Its goal is to engage the primary care team in working towards best practice in infant feeding.

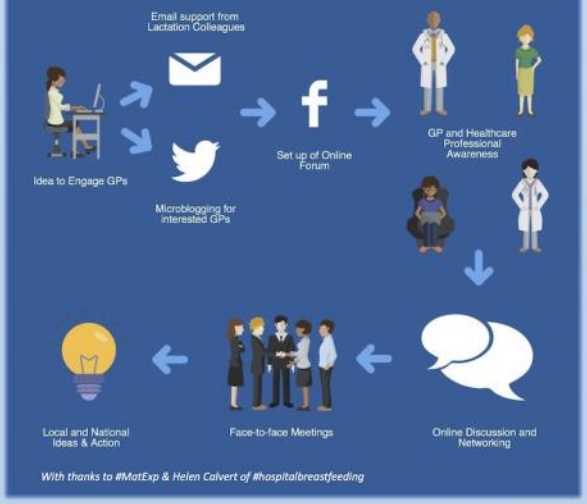
Infant feeding and normal lactation are not covered in depth in medical education. *The Lancet* Breastfeeding Series[1] and subsequent Open Letter to the UK Government on the crisis in breastfeeding support[2] highlighted the need for improvement. GPs can support breastfeeding mothers through encouragement, good management of breastfeeding problems and signposting to lactation colleagues . Increasing UK breastfeeding rates would benefit the health of mothers and babies, provide economic savings to the NHS and reduce GP workload[3].

Aims of GPIFN

- Empowering Informed Decision-Making
- Compassionately Supporting Families
- Enabling Healthy Infant Feeding
- Collaborating with Colleagues

Through an online forum, meetings and project work, GPIFN facilitates primary care staff to learn from expert colleagues, develop their interest and promote best practice in infant and young child feeding.

Development of GPIFN



With thanks to #MotExp & Helen Calvert of #hospitalbreastfeeding

Breastfeeding Essentials Guide

Developed by a team of GPIFN members as a resource to support GPs in consultation, this PDF will be accessible from the GPIFN Website and has already been shared successfully with GP networks online.

With thanks for co-ordination of the project to Emma Pickett IBCLC
Graphics with thanks to Andy Hood

Member Activities

Education

- Simulated case discussions in online forum
- GP Trainers include infant feeding in tutorials
- GPs observe breastfeeding support drop-in

Clinical Impact

- GP Surgeries sign up to become 'breastfeeding friendly' environments
- IBCLCs providing local GPs with care plans
- Practical changes to clinical practice (eg swab taking for thrush)

Networking

- Regional group meetings
- GPs join local Infant Feeding Strategy groups
- Links with breastfeeding support organisations
- GP input to Public Health GP education drive

Collaboration

- 'Friendship' of the Breastfeeding Network Drugs in Breastmilk Information Helpline and educational links with Dr Wendy Jones
- Research project into the impact of hormonal contraception on milk supply
- Contribution to the WBTi report on infant feeding in medical education

Campaigning

- Supporting the 'Call for Action'
- Contribution at national and regional parliamentary meetings
- Raising awareness of The Code with GP education providers

> Opportunity to improve support for breastfeeding women and improve infant health and nutrition through my work in primary care, when previously this has felt like it wasn't really part of what GPs do

> Knowing you have support of like-minded health professionals

> Encourages one to examine one's local infant feeding service and to network within it. Up until now, I would not have made these useful connections

GP Feedback

Members explain how being part of GPIFN has benefited their clinical practice and provided peer support to develop their interest in infant feeding

Future Direction

GPIFN Website - a 'Toolkit' for GP consultations
Relationship-building with medical organisations
Ongoing collaboration and campaigning
Engagement of further GPs nationwide

References

1. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect (30th January 2016) Victora C.G. et al, *The Lancet*, Volume 387, Issue 10017, 475-490
2. Open letter on the current crisis in breastfeeding in the UK – UK mothers are being let down (9th February 2016)
3. Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK (October 2012) Renfrew M. et al, Unicef UK

contact@gpifn.org.uk
@GP_IFN
www.facebook.com/groups/gpifn/

www.gpifn.org.uk launching soon…..

Summary of key gaps

- England has no national infant feeding strategy and there is no formal route to communicate or share best practice across the four home nations.
- The Unicef UK Baby Friendly Initiative is not mandatory in all relevant healthcare settings.
- The International Code of Marketing of Breastmilk Substitutes and subsequent Resolutions are not fully implemented or enforced.
- No legal requirement for breaks at work for breastfeeding/expressing milk.
- Insufficient training of all health professionals in essential infant feeding knowledge and skills.
- Mothers in some areas lack access to skilled breastfeeding support.
- Data collection is inadequate.

Total UK score

81/150

Summary of key recommendations

- UK Government to set up a permanent multi-sectoral infant feeding body in England to develop national strategy, and the home nations to have a formal arrangement to share best practice.
- All governments to achieve and maintain full implementation, with funding, of the Unicef UK Baby Friendly Initiative in all relevant healthcare settings.
- All governments to fully implement and robustly enforce the International Code of Marketing of Breastmilk Substitutes and subsequent Resolutions.
- All governments to update legislation to include breaks for breastfeeding/expressing milk and associated facilities in the workplace.
- All health professional training bodies to set standards for health professionals that meet World Health Organization/Baby Friendly Initiative guidelines.
- Commissioners throughout the UK to ensure full access to skilled breastfeeding support.
- All national infant feeding strategies to include the collection of quality data built into health systems.

Full report available from ukbreastfeeding.org/wbtiuk2016

Early formula milk supplementation;
midwives' perceptions and experiences

Biggs KV[1], Matthews E[2], Munblit D[2], Boyle R[2].
[1]Brighton and Sussex Medical School, Brighton, East Sussex, United Kingdom, [2]Imperial College Healthcare NHS Trust, London, United Kingdom

Aim

To explore the associations between post-natal (PN) midwives' non-clinical supplementation **behaviour** and their **perceived impact** of introducing **artificial formula** to breast-fed infants, alongside their personal and professional experiences

Background

- Early formula milk supplementation has detrimental effects on breastfeeding (BF) outcomes.
- Midwives are highly influential figures in early post-natal feeding decisions, in terms of their perceived attitudes and level of support.
- UK midwives with poor BF attitudes and lack of training were not offering mothers the support they needed to succeed.
- The perceptions of introducing formula supplementation has not been explored in relation to midwives' behaviour

Methods

40 post-natal staff members
- 31 midwives + 9 maternal support workers
- 100% staff received **extensive BF training**

↓

Surveyed on personal and professional experiences on infant feeding (3 weeks)

↓

Formula supplementation details collected **from 400 mother-infant dyads** (7 weeks)

↓

Hourly **non-clinical supplementation rates** calculated for each midwife
(Non-clinical supplementation frequency/total hours worked)

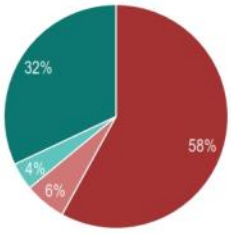
↓

Midwife **study numbers** used to associate rate and survey responses

Results

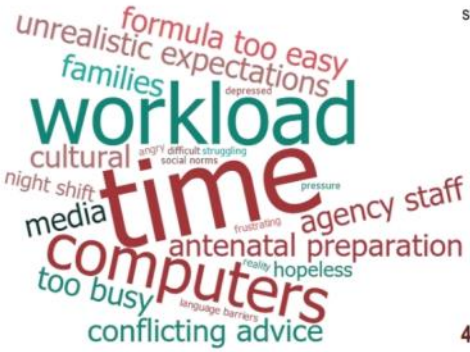
1) Infant feeding behaviour on PN ward

Infant feeding behaviour of 400 infants during seven week study period



90% Supplementation: Non-clinical

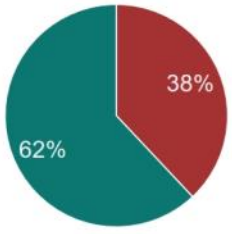
2) Perceived barriers to supporting BF



"You cave in sometimes due to the workload, giving the bottle is so easy and that is why it is so sad"

3) Midwives' supplementation behaviour

Percentage(%) of described scenarios where midwives supplemented for appropriate reasons according to ABM criteria



4) Midwives' non-clinical supplementation rates

Variables (Multivariate analysis)	p=
Ability to correctly provide three scenarios	0.11
Perceived impact of formula (1-10)	**0.01**
Time satisfaction (1-10)	0.56

*Univariate analysis used to determine the variables for model.

Main finding:
Midwives with a **lower perceived impact** of formula milk supplementation had **greater rates** of non-clinical supplementation **(p=0.01)**

eBF; exclusive breastfeeding, AF; artificial feeding, total clinical; breastfed infants supplemented for clinical reasons, ABM; Academy of Breastfeeding Medicine

Conclusions

- Non-clinical supplementation is commonplace on the postnatal ward of the study hospital.
- There are inconsistencies between midwives' supplementation behaviour on the ward and their knowledge acquired through training.
- Midwives' perceived impact of formula correlated with their non-clinical formula supplementation rates in multivariate analysis.
- Future efforts need to focus on changing midwives attitudes and perceptions about early formula supplementation.

WORKING TOWARDS CHILDREN'S CENTRE ACCREDITATION

- Challenges and achievements so far

Sarah Atkinson - Public Health Improvement Officer
Emma Wilson - Public Health Improvement Officer

Gail Hallsworth - Children's Centre Manager
Sue Davies - Deputy Locality Manager

SETTING THE SCENE

- **Why: Increasing breastfeeding rates, building strong relationships and resilience in families, empowering children's centre staff**
- **What's already happening: Breast start support groups, breastfeeding peer supporters programme, breastfeeding welcome scheme**
- **Shared outcomes: Improving outcomes for young children and their families and reducing inequalities between families in greatest need**
- **A joint venture between children's centres and public health**
- **Our hospital trust and community health services already have stage 3 accreditation**

REDUCING OBESITY
MATERNAL MENTAL HEALTH
SENIOR LEADERSHIP SUPPORT
6-8 WEEKS - 28.1% (NATIONALLY 47.2%)
PARENTS
BREASTFEEDING RATES
FORMING STRONG RELATIONSHIPS
'1001 CRITICAL DAYS' REPORT
BONDING
DONCASTER
PEER SUPPORTERS
INITIATION - 65.2% (NATIONALLY 73.9%)
NORTH, SOUTH, EAST AND CENTRAL
PARTNERSHIP WORKING IS IMPORTANT
ENTHUSIASM AND PASSION
ATTACHMENT

WHAT WE HAVE DONE SO FAR

- **Registered intent in March 2015**
- **Set up BFI implementation group to drive the accreditation process, representation from children's centres, public health and the BFI champions**
- **One member of children's centre staff per area was identified to act as a champion to help embed BFI across the centres**
- **Jointly funded through children's centres and public health**
- **Developed our infant feeding policy and plan to produce a 'mother's guide'**
- **Developed our BFI action plan**
- **Carried out an initial baseline of centres to get a feel for current setup, work happening and previous staff training received**
- **Implementation visit in November 2015 – children's centre managers, public health staff, health colleagues – a very positive day!**
- **All centre managers signed up to the BFI process and received a breastfeeding resource folder**
- **Initial 'breastfeeding and relationships building' training for key staff, BFI audit tool training**
- **Received our certificate of commitment in May 2016**

CHALLENGES

- **Restructures and management changes: Our children's centres undergoing restructures throughout the process, and an asset review of centre buildings**
- **Time: No dedicated Infant Feeding Lead, we are all doing this alongside busy 'day-jobs'!**
- **Training for all staff: Utilising the 'train the trainer' approach to ensure training provided is value for money**

WHAT COMES NEXT?

- **Carrying out some initial staff audits to establish a baseline of knowledge and understanding before we put together our training curriculum**
- **Four children's centre staff will be 'train the trainers'**
- **Training curriculum will be developed in partnership with the implementation team, our 'train the trainers' and health colleagues**
- **We are aiming to submit our stage 1 application in March 2017**
- **Training roll out will start once we have completed our stage 1 application**

Doncaster Children's Centres

For further information please email: **PublicHealthEnquiries@doncaster.gov.uk**

Doncaster

#hospitalbreastfeeding

UNICEF UK CALLS ON THE UK AND ALL DEVOLVED GOVERNMENTS TO:

1. Develop a **National Infant Feeding Strategy Board** in each of the four nations, which includes members from across all relevant government departments. Task the board with developing a comprehensive **National Infant Feeding Strategy** and implementation plan.[8]
2. Include actions to **promote, protect and support breastfeeding in all policy areas** where breastfeeding has an impact. This includes: obesity, diabetes and cancer reduction; emotional attachment and subsequent school readiness; improved maternal and child mental health; wellbeing in the workplace; and environmental sustainability.[9]
3. Implement evidence-based initiatives that support breastfeeding, including the **Unicef UK Baby Friendly Initiative**, across all maternity, health visiting, neonatal and children's centre services.[10, 11, 12, 13]
4. Protect the public from harmful commercial interests by **adopting, in full, the International Code of Marketing of Breastmilk Substitutes and subsequent resolutions** ("the Code").[14]

Q: What's missing?

A: Paediatrics

Breastfed babies are on ***paediatric wards*** due to concerns over ***weight gain***

Breastfed babies are on ***paediatric wards*** due to congenital ***heart defects*** and other ***serious conditions***

Breastfeeding can continue for 2, 3, 4 or more years.

There will be many ***breastfed children*** admitted to ***UK paediatric wards***

There is no Baby Friendly pathway for Children's Hospitals

Many of these hospitals do not have a maternity unit on site

Children's wards and hospitals need to have the same breastfeeding knowledge and focus as postnatal wards and NNUs

Breastfeeding & breastmilk provide

- **Comfort**
- **Pain Relief**
- **Infection Control**
- **Immune Factors**

to sick children

Breastmilk can be consumed closer to a general anaesthetic than other milks can

More information:
https://heartmummy.co.uk/2016/03/29/hospitalbreastfeeding/

https://www.facebook.com/hospitalbreastfeeding

Posters and resources for healthcare professionals:
http://resources.heartmummy.co.uk/

#hospitalbreastfeeding @heartmummy

Accredited as Baby Friendly by unicef

Implementing Unicef Baby Friendly in Sheffield's Children's Centres

There will be many CHALLENGES,

"I'm not sure why all staff need to come onto the training, breastfeeding is not relevant for all of them." "I don't think it's appropriate for a male member of staff to come to a breastfeeding training?" "I'm here because my manager told me to come onto the training; I think breastfeeding is lots of rubbish, bottle-feeding mums are made to feel bad." There are lots of other training on parenting and feeding with conflicting messages such as baby routines!" "There is no single staff database for the centres (9) you need to do it yourself." "I don't get the rationale why do we have to take photos of dummies and bottles out it will upset parents not to take their children's photos." "When we want to do the dump the dummy campaign how you going to put the message on if we don't have photos?" "I'm not sure I would have the confidence how can I am I going to train all staff and do the audit?" "Steering group meetings to get the project moving, but they don't see why we need to meet up and this delays it all!" "Some Centres are closing and staff leaving, what will happen then for all staff trained and who will be running the groups? There will be lots of parents volunteers too" "We find it difficult to get antenatal details, the midwife I work with says she doesn't have time to give me the details and getting details shared can be a challenge!" "I'm sorry I'm not free for the interview/audit, I don't really have time!" "I've just done some audit on the new standards, it's not very good for now!"

Just

PERSEVERE,

"I need to be resilient and patient, the culture change will happen it will trickle down." "I spoke to the manager about the importance for all staff to attend the training, it was nice to get to see her, listen to her and answer her questions, we talked about accommodating all staff and she will send them onto the training." "The best way would be to talk to the midwife for antenatal women, get to know her and do some joint work in clinics with her. We need to have an antenatal mechanism in place." "I met with the parenting team to see their learning outcomes and then [illegible] so that we all talk the same language. I contacted the national HENRY team [illegible] will produce new material." "I'm going to [illegible] staff [illegible] prevention workers and so on even external [illegible] know what we do. It's good to have a full [illegible] that [illegible] staff is stretched and some male staff don't see why they need to come but I'm happy to come to your team and talk to them and answer their questions" "The audit results and feedback seemed to make sense to staff and managers, we can now put strategies to improve some areas." "The Baby Friendly Citywide meeting is good to hear everybody's progress and get to talk about challenges. It's also important when we train together across organizations, midwives, health visitors and infant feeding workers all together. It promotes partnership working"

Keep

Talking

"The evaluation of the training and its learning outcomes are good, some managers are recommending the training to partners" "We work with vulnerable women from the antenatal to the postnatal period, we actually do assessments for social workers, we felt that the training was really useful, we know where to sign post and we gained some knowledge to improve our practice!" "I think training together got me to understand that who are the other staff and their role, I can put a name on a face now!" Mums like it when they see that we (staff) work together and know each other" "I work as a receptionist at the Children's Centre, I've learned [illegible] listening to the infant feeding workers while they talk to mums don't mind you interrupting me auditing, it is always a way to reinforce my knowledge and a good refresher" "Many [illegible] work" "Last time a receptionist in a Children's Centre [illegible] said that they [illegible] selling 'Emma's diaries', she said that she [illegible] she said they might conflict with [illegible] about responsive feeding and about services provided, the audit results are good!" "I am new to the area and I love going to the Children's Centres, they always make me feel welcome and support I got when I had my daughter was great! I don't think I would've carried on if it wasn't for the support" "When I went to have my baby I saw that they had nice posters with information, it's great that you have them in the Children's Centres too, also the breastfeeding support there passed the details of the support in community in my Children's Center, it's really good." "I got a phone call after I had my baby, that was such help!" "The groups are such a life line to me!" "We need to get some data and evaluation for sustainability"

SUCCESS will come.

Sheffield City Council

Communicating risk of colonoscopy during breastfeeding

Wendy Jones PhD MRPharmS The Breastfeeding Network Drugs in Breastmilk Helpline

The recommendations made to breastfeeding mothers requiring a colonoscopy are varied between hospitals ranging from 24 hours to 4 days. Interruption of breastfeeding has implications for the mother and infant which cannot be discounted . Sharing decision-making is about being honest about the limits of knowledge and not just about avoiding risk. To make an informed decision mothers need an unbiased explanation of options with benefits and risks about what is known about the medicine and its passage into breastmilk. This should be clearly explained using supplementary sources of evidence rather than relying only on the BNF/ BNF for children (NICE PH11).

BACKGROUND

On a regular basis the Breastfeeding Network Drugs in Breastmilk if colonoscopy procedure. Most have been told that they cannot feed for 24-48 hours after the procedure and that the laxative used in the bowel cleansing prior to the procedure is contra-indicated during lactation. They panic. Often the babies of these mothers are exclusively breastfed, will not take a bottle and in any case the other does not have enough stored expressed breastmilk. The research evidence behind the instructions is based on the manufacturers recommendations and not an evidence base. If the mothers having the procedure have inflammatory bowel disease just one bottle of formula could predispose the baby to develop the illness in turn.

AIM

To show the risks of the non evidence based recommendations made by healthcare professionals, the evidence base and to share some of the stories of the mothers who have contacted the Drugs in Breastmilk helpline for support

OBJECTIVES

To look at the experiences of mothers who need colonoscopies during breastfeeding.

a) To determine what advice mothers are given with respect to bowel preparation and breastfeeding
b) To explore what advice mothers were given with respect to the procedure and the use of contrast media
c) To evaluate whether the evidence supports the advice given

METHODS

- 19 emails to the Drugs in Breastmilk helpline over a 6 month period February – August 2016 were analysed
- 19 mothers already diagnosed with Inflammatory Bowel Disease (Ulcerative Colitis or Crohns Disease) asked about colonoscopy on a dedicated Facebook page
- Details of the duration advised by healthcare professionals to interrupt breastfeeding were **noted together with comments made by the mothers about their care**

MANUFACTURER RECOMMENDATIONS

Midazolam passes in low quantities into breast milk. Nursing mothers should be advised to discontinue breast-feeding for 24 hours following administration of midazolam although they quote the half life as 1.5 -2.5 hours (maximum time to remove from the body 12.5 hours) (REF SPC Hypnovel)

RECOMMENDATIONS

Guidelines appear to rely solely on Qureshi WA et al, American Soc for Gastrointestinal Endoscopy: Guidelines for endoscopy in pregnant and lactating women. Gastrointest Endosc. 2005 Mar;61(3):357-62. (www.asge.org/assets/0/71542/71544/5c7150fd-910a-4181-89bf-bc697b369103.pdf)

Midazolam excreted in breast milk. However, a study of 12 women receiving midazolam 15 mg orally found no measurable concentrations (<10 nmol/L) in milk samples 7 hours after ingestion. Additional investigation of two women showed that midazolam and its metabolite were undetectable after 4 hours. (n a study of 5 lactating women undergoing premedication with 2 mg of intravenous midazolam prior to induction of general anesthesia, exposure of nursing infants within 24 hours was 0.004% of the maternal dose of midazolam, and no interruption of breastfeeding was recommended. However, based on the paucity of data, it is advisable to recommend withholding nursing of the infant for at least 4 hours following administration of midazolam

Fentanyl :The American Academy of Pediatrics considers fentanyl to be compatible with breastfeeding.

Pethidine: The American Academy of Pediatrics classified meperidine as compatible with breastfeeding in their 1983 statement. However it may be reasonable to use an alternative such as fentanyl whenever possible, especially when the patient is nursing a newborn or preterm infant

THE EVIDENCE FROM RESEARCH

"The amount of midazolam, propofol, and fentanyl excreted into milk within 24 hours of induction of anesthesia provides insufficient justification for interrupting breast-feeding".

Nitsun M, et al. Pharmacokinetics of midazolam, propofol, and fentanyl transfer to human breast milk. Clin Pharmacol Ther. 2006

If the baby of a mother receiving midazolam sedation is more than 2 months of age breastfeeding can continue as normal. If the baby is less than 2 months waiting 4 hours may be justified but in view of the way the drug is handled in the body the risk of continuing to breastfeed as normal is low especially if the baby is exclusively breastfed.

- Shergill AK, Ben-Menachem T, Chandrasekhara V et al. Guidelines for endoscopy in pregnant and lactating women. Gastrointest Endosc. 012;76:18-24
- Lee JI, Rubin AP. Breast feeding and anaesthesia. Anaesthesia. 1993;48:616-25.
- Spigset O. Anaesthetic agents and excretion in breast milk.Acta Anaesthesiol. 1994;38:94-103. 5.

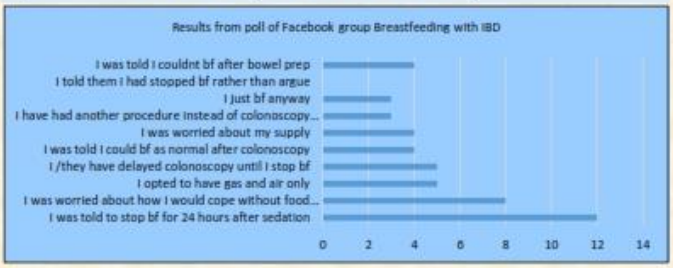
QUOTES FROM MOTHERS

My daughter won't take anything from a bottle or cup at the moment
I'm very worried that if I don't feed him for 2 days that my already tenuous supply will dwindle. (Baby 20 weeks)
Their imaging department have been quite adamant that I can't breastfeed for at least 24 hours but can't explain to me why
I also co-sleep with my baby at night and am concerned to only do this safely, this is currently the only way my baby will sleep at night.
I'm not sure I want to express that much as I don't want to mess with my supply
The consultant I see isn't very sympathetic to me wanting to continue breastfeeding and just told me I need to choose between feeding my baby or being well.
I will proceed without any pain relief but wondered if there might be an alternative?
I'm worried I should try and cancel the procedure
It has been suggested maybe I delay it until not breastfeeding but I want to continue
I had a colonoscopy today after switching hospital. It was wonderful to be treated with care and respect. I feel so much happier. I would recommend asking your GP for a referral for a different hospital if you are not happy with your care.
It took us 8 weeks to latch and now at 15 weeks I'm not going to go back to pumping all day when it's not essential.
I know I can breast feed but not keen to starve myself for 24 hours and dehydrate myself. She then said as my little girl has turned one it's probably me feeding her that's caused this
Starting to doubt myself as some family members not happy
Worried about my supply drying up when u can't eat for 24+ hours and then worried about not feeding
I was due for my 10 year colonoscopy in summer 2015. It was delayed because I was pregnant then delayed until baby would be older and feeding less.

SUMMARY OF MOTHER'S COMMENTS

There are recurrent themes of:

a) feeling that their breastfeeding is dismissed as unimportant by the specialist team
b) concerns about supply or impact on risk of engorgement/mastitis
c) Worries about how they will cope on liquid diet only when breastfeeding and caring for a baby
d) That the mothers will endure pain and discomfort by coping without pain relief or just with gas and air rather than interrupt breastfeeding
e) Concern from other family members about risk to the baby



CONCLUSION:

Mothers are being advised to:

- interrupt breastfeeding
- Delay investigations
- Undergo procedures without sedation – using gas and air only

Where there is no evidence to support risk and in addition may have their breastfeeding belittled and dismissed as unimportant whilst there is a link between formula feeding and IBD (Whorwell PJ et al Bottle feeding, early gastroenteritis and inflammatory bowel disease. BMJ 1979:1382)

The University of Nottingham
UNITED KINGDOM · CHINA · MALAYSIA

Assessing student midwives' final year knowledge of breastfeeding: A storyboard approach

Louise Walker & Sue Britt
University of Nottingham

The assessment of student midwives' knowledge surrounding breastfeeding can be challenging for teachers in higher education (HE). Institutions offering a Unicef Baby Friendly Initiative (BFI) accredited curriculum must meet their programme demands, alongside supporting students to achieve competencies within the practice setting. The new Unicef BFI standards (UNICEF, 2012) emphasise a move away from a prescriptive, purely skills-based approach to breastfeeding knowledge towards a philosophy based on relationship building and responsive communication. Within this context, it is important to explore the experience of breastfeeding in realistic situations.

To assess breastfeeding knowledge in the final year of the current programme, we devised a storyboard presenting three sequential scenarios following the care of a woman through her breastfeeding experience from the first feed to day 12, incorporating the needs of her baby and her partner. The assessor role-plays the woman, responding to students' comments and posing appropriate questions. Story telling is thought to enhance learning in healthcare settings by supporting insight and compassionate care (Tevendale and Armstrong, 2015).

- Students like the collaborative nature of the workshops. It feels rooted in practice.
- Lecturers enjoy the flexibility to explore broad underpinning knowledge. It feels less like a tick-box exercise.
- Both students and staff are able to focus clearly on the needs of the woman and family.

Future plans aim to incorporate similar role-play opportunities throughout the BFI curriculum, to encourage group learning and group assessment throughout the programme and reflect the overarching principles of learning within the Division of Midwifery.

References
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A study to explore the benefits of providing breastfeeding information to fathers in respect of breastfeeding initiation and duration.

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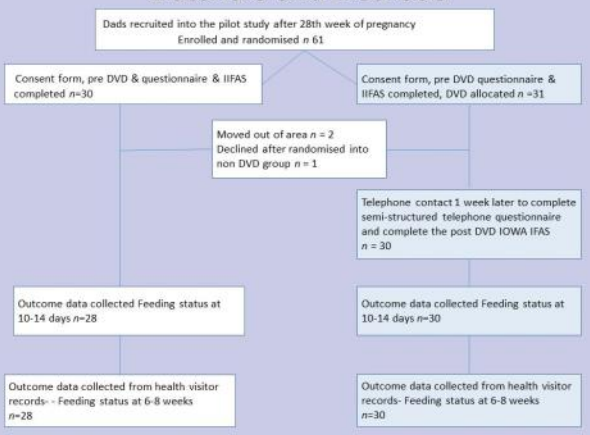
Introduction

Studies have shown that providing fathers with information to support breastfeeding, can have a positive effect on breastfeeding initiation and duration.

The purpose of this study was to evaluate a health intervention, using a DVD featuring other fathers, to provide information directly to fathers in the antenatal period, and to assess this interventions effect on feeding choices.

Materials and Methods



- A randomised controlled trial was carried out with fathers during the antenatal period.
- A total of 58 fathers were randomised into either the intervention or the control groups.
- The intervention consisted of a seven minute DVD provided to fathers to watch at home.
- Pre and post DVD attitudes were measured using the Iowa Infant Feeding Attitude Scale (IIFAS).
- Breastfeeding rates were recorded at birth, 10-14 days and 6-8 weeks

Results

- Exposure to the intervention showed a more positive attitude towards breastfeeding and almost all of the fathers had been involved in the feeding decision for their baby.
- There was a significant difference in the scores for Pre (M=62.80, SD=6.920) and Post DVD (M=67.23, SD=6.044) conditions; t(29)=-4.014, p= 0.000.
- Breastfeeding rates at initiation and at 6-8 were also higher in the intervention group, than in the control group, with more exclusive breastfeeding at 10-14 days and 6-8 weeks.

Feeding Method	Non DVD Sample			DVD Sample		
Data Collected	% Birth	% 10-14 days	% 6-8 weeks	% Birth	% 10-14 days	% 6-8 weeks
Breastfeeding	86.0 (*n*=24)	64.0 (*n*=18	39.0 (*n*=11)	100.0 *n*=30)	83.0 (*n*=25)	47.0 (*n*=14)
Mixed Feeding (Breast & Formula)	0.0 (*n*=0)	29.0 (*n*=8)	32.0 (*n*=9)	0.0 (*n*=0)	0.0 (*n*=0)	16.0 (*n*=5)
Formula Feeding	14.0 (*n*=4)	7.0 (*n*=2)	29.0 (*n*=8)	0.0 (*n*=0)	17.0 (*n*=5)	37.0 (*n*=11)
TOTAL	100.00 (*n*=28)	100.0 (*n*=28)	100.00 (*n*=28)	100.00 (*n*=30)	100.00 (*n*=30)	100.00 (*n*=30)

Conclusions & Implications for practice

- This study suggests that using a DVD with fathers in the antenatal period, may have a positive effect on breastfeeding attitudes, breastfeeding initiation and duration rates at 6-8 weeks.
- Increasing breastfeeding initiation and prevalence amongst all social groups can be a challenge for health professionals working within budget and resource constraints, however if we are to ensure that every child gets the healthiest start in life(1), we have to be continually looking for strategies to increase breastfeeding rates.
- This research project agrees with previous studies that suggest that rather than overlook fathers, we should engage with them, as they may indeed turn out to be the most cost effective resource we could invest in (2-7).

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Acknowledgments

The Florence Nightingale Foundation & NHS Professionals

"How am I going to tackle that?"

Practitioner research based on the **feminist principles** of ***Collaboration, Power and Voice***

The ***Early Breastfeeding Experiences*** of ***Four Women*** *Attending an Inner City Children's Centre*

Pain

"the pain was there so I couldn't sleep..."

"that pain is enough to make me want to give up"

"the most excruciating time of my life"

"you've got two new boulders strapped to your chest... it gets easier the longer you do it"

"Mum was like just give him a bottle. You are suffering too much…"

In their own words…

Support *(vs Pressure)*

"I had loads of pressure... he [partner] was like... "keep on doing it, he needs you, he needs you, he needs you so much, do it, do it"

"He found breastfeeding… a turn off... he found other partners"

"My Mum and Dad weren't supportive of it... [I] couldn't feed them downstairs"

"no, no, no, you just keep breastfeeding... every night I'd just hate the midwife…"

"I wasn't lucky, like she didn't just latch on straightaway... I needed... help"

"[the midwife] came… to double check I was doing it right.... its their food… you need to know that it's working"

Shame

"the community was like get back behind closed doors... can't she go to the toilet and do that?"

"I was like how the hell am I going to tackle that?... I didn't ever really like doing it on my own... I timed going out… I would never go out for that long"

"for my own... sense of discretion… I look to see where the most discreet seat would be"

"women also can be quite "ew"... you're exposing yourself in public"

"I did it in public places once he could do it... when I could cover everything…"

"You know people think its natural but for me its something between you and your baby... really private... kissing is natural and still you don't do it front of other people"

"Its uncomfortable… some people... didn't know where to look"

Nature

"it makes your uterus contract... it really, really hurt…"

"I was thinking, I'm going to be slim... it's when everything is going back into place...You can feel it"

"You do get closer to them… a very much stronger bond with them"

"you are giving him so much vitamins... he is not going to get ill..."

"it's just the most healthy thing…

"the immunisation… they're not immune to anything"

Rachel Simpson rachel.simpson@bristol-schools.uk

University of the West of England, BRISTOL

Mary Huntley (Senior Lecturer Midwifery), **Janice Smith** (Senior Lecturer Midwifery)
Students of the October 2013 Cohort

An Aide Memoir
Evidence of effective milk transfer:
The contents of a nappy

It is vital for student midwives to understand the importance of effective milk transfer in order to promote and protect breastfeeding

To understand your baby stools
Then please follow this simple tool

We're on Day 1, has your baby been today?
If so and more than 1 then hip hip hooray

Let's talk about day two, and all about babies nappy,
If baby stools are 1-2 then everyone is happy

Day 3 is the day for colour change, so keep a close eye,
Make sure that you inspect the poo, do this you'll be a spy

From brown to green to yellow, we'll be happy if this is seen
If the amount is at least 2, we'll be more than happy with the poo.

So here we are with wee, trust me it's really easy,
It's Day 1 to 2, is up to 2
Day 3 to 4 up to 4
Day 5-6 you get the score

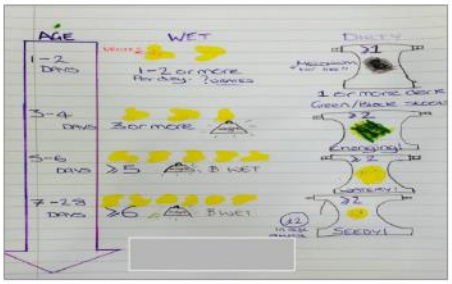
A heavy nappy makes everyone happy,
If it's nice and clear that's what we want to hear,

There can be times when that's not the case,
Because it can have.....urates.

Urates are like a bricky dust, to tell us about it is a must.

So here is our poem tool.
Follow it, don't be a fool.

Chloe, Rachael, Laura, Elisha and TJ



Jasmine

Utilising an andragogical model of adult learning students designed their individual learning tools.

Baby's Age	Wet Nappies	Dirty Nappies
Day 1-2	or (urates may be present)	(meconium)
Day 3-4	(feel heavier)	(looser stool)
Day 5-6	(Heavy wet)	(watery)
Day 7-28	(Heavy wet)	(watery/seedy)

Charley, Gemma and Suzanna

- ✓Pocket sized
- ✓Laminated
- ✓User Friendly in Practice
- ✓Identifies what the student should expect to see from birth to 28 days
- ✓Reinforces the students individual learning style