



Guidelines for the development of a training curriculum for the revised Unicef UK Baby Friendly Initiative standards

Contents

Introduction	2
The standards in detail and how they will be assessed.....	2
The Achieving Sustainability Standards leading to the Gold Award.....	4
Developing a curriculum.....	5
Getting started	6
The course content	7
Parents’ experiences of maternity services	8
Parents’ experiences of neonatal units.....	10
Parents’ experiences of health visiting services.....	12
Parents’ experiences of children’s centres	14
Manager education.....	15
Aims, learning outcomes and lesson plans	16
Sample lesson plan	18
Practical skills reviews.....	19
Evaluation of the education programme.....	21
Updates	22
Appendix 1 - Practical skills review form	23
Appendix 2 - Curriculum checklist for the education of staff with responsibility for implementing the maternity standards.....	25
Appendix 3 - Curriculum checklist for the education of staff with responsibility for implementing the neonatal standards	28
Appendix 4 - Curriculum checklist for the education of staff with responsibility for implementing the health visiting service standards	31
Appendix 5 - Curriculum checklist for the education of staff with responsibility for implementing the children’s centre standards	34
Appendix 6 - Curriculum checklist for the education of managers	36

Introduction

Stage 2 of the Baby Friendly standards for maternity, neonatal, health visiting¹ and children's centre² services requires that staff are educated to implement the standards according to their role and the service provided.

Achieving Sustainability standards require that the Baby Friendly leadership team including Heads of Service, other managers and Guardians receive training which will enable them to play a proportionate part in the embedding and progression of the standards, relevant to their role.

This guidance document has been developed to help you to develop training curricula to support your training programmes.

The standards in detail and how they will be assessed

The following information is taken from the document *Guide to the Baby Friendly Initiative standards*, if you would like to view these standards in context this guide is available at unicef.uk/bfistandards.

Stage 1: Building a firm foundation

Standard 2: Plan an education programme that will allow staff to implement the standards according to their role

You will know that the facility has met this standard when:

- There is a written curriculum for the staff education programme which clearly covers all the standards
- There are plans for how the staff will be allocated to attend/complete their education according to their role, including a system for recording staff attendance.

We will assess this by:

- Reviewing the written curriculum/curricula to identify where all the standards are covered and how the education is delivered
- Reviewing the plans made for ensuring staff attendance, following up non-attendees and recording that staff have attended the education programme.

¹or specialist public health nursing

²or equivalent early years' community settings

Stage 2: An educated workforce

Standard 1. Educate staff to implement the standards according to their role and the service provided

You will know that the facility has met this standard when:

- The education programme has been effectively implemented
- Staff who care for mothers and babies can describe how the standards are implemented in their area and demonstrate that they have the necessary knowledge and skills to implement the standards effectively according to their role.

We will assess this by:

- Interviewing a range of staff and asking them about:
 - The education they have received and how the standards are implemented in their area
 - The knowledge they have in order to implement the standards in their area and according to their role
 - The skills they have to support mothers to breastfeed
 - The skills they have to support mothers to formula feed as safely as possible
 - Their understanding of the International Code of Marketing of Breastmilk Substitutes.
- Interviewing managers and asking them about:
 - The systems in place for ensuring that the standards are implemented in the service
 - What is done to ensure that the International Code of Marketing of Breastmilk Substitutes is implemented
 - Audit results and outcome data.
- Interviewing the project lead and asking them about:
 - Audit and evaluation results relating to the education programme
 - How care for mothers is provided and evaluated
 - The support they give to staff to help them gain knowledge, skills and confidence
 - How they would provide care for mothers with specific difficulties (if this is part of their role).
- Interviewing any staff who provide additional support to mothers about:
 - How they would provide care for mothers with specific difficulties (if this is part of their role).
- Reviewing training records.

The Achieving Sustainability Standards leading to the Gold Award

Implementing the Achieving Sustainability standards can begin at any stage in the Baby Friendly assessment process. It may be that the earlier this happens, the more straightforward implementing and embedding the standards will be. One aspect of these standards is that a leadership team will be established and as part of that, a training programme for managers developed.

The following information is taken from the document *Achieving Sustainability: Standards and Guidance*, if you would like to view these standards in context this guide is available at unicef.uk/sustainability.

The following standard will need to be met in order to gain a Gold Award at re-assessment

Develop a leadership team that promotes the Baby Friendly standards

You will know that the service has met this standard when:

- There is a named Baby Friendly lead / team with sufficient knowledge, skills and hours to meet their objectives
- There is a mechanism for the Baby Friendly lead/team to remain up-to-date with their education and skills
- A Baby Friendly Guardian with sufficient seniority and engagement is in post
- The leadership structures support proportionate responsibility and accountability
- All relevant managers are educated to support the maintenance of the standards.

We will assess this by:

- Reviewing:
 - The job descriptions or outlines of roles and responsibilities of the Baby Friendly team
 - The education and updating of the Baby Friendly team
 - The CV and statement of the Baby Friendly Guardian
 - The organogram (or similar) of the leadership structures, including details of membership of relevant groups and terms of reference / minutes of meetings etc.
 - The written curriculum / outline for manager education
 - The attendance records for manager education
 - The process for induction and education of new managers (including the Guardian)
- Interviewing the Baby Friendly Guardian and asking them about their role and responsibilities
- Interviewing managers to ask them about:
 - The education they have received and the knowledge this has given them
 - The leadership structures and how these work in practice
 - Their role and how this supports the maintenance of the Baby Friendly standards
- Interviewing the Baby Friendly lead/team and asking them how they remain up-to-date.

Developing a curriculum

A good training programme is essential to the successful implementation of the Baby Friendly standards and the first step towards achieving this is the development of a written curriculum. This document is designed to help you write a curriculum and so plan your breastfeeding training programmes effectively. Careful planning will help make sure you cover all of the necessary topics in a way which will enable learning and uses your training time effectively.

It is strongly recommended that all those responsible for developing staff education to implement the Baby Friendly standards attend the Baby Friendly Initiative Train the Trainer course and Achieving Sustainability workshop. Details of forthcoming courses can be found at unicef.org.uk/babyfriendly/training. Materials provided as part of the programme can be used to support development of the written curriculum.

Why a curriculum is needed

A curriculum is simply an outline of the content of a particular training programme. It provides an overall view of what is taught, how it's taught, and should help to ensure that:

- the training covers all the necessary topics
- each training session delivers the right information every time
- where there is a 'training team', the same training is delivered in a consistent manner across the service.

Once developed, the curriculum should be viewed as a working document to assist the trainer(s) with the delivery and further development of the training programme.

Your Baby Friendly assessor will check your curriculum at Stage 1 assessment to make sure it meets the necessary learning outcomes.

What to include

The curriculum must show how you will ensure that your staff have the knowledge and skills to implement the relevant Baby Friendly standards.

An effective curriculum should generally include:

- An overall description of the structure of the programme
- The aims and learning outcomes for each session or part of the programme
- An outline lesson plan for each taught session, which demonstrates how the session is to be delivered
- Details of how individual sessions, such as practical skills reviews, are to be conducted.

Getting started

The first step in planning a training programme is to decide what the overall purpose of that programme is. The main purpose in this case will be that staff will have the knowledge and skills to incorporate the relevant Baby Friendly practice standards into their work.

Being familiar with the standards related to your service will help you to ensure that staff are effectively prepared to implement those standards. The revised standards are available at: [unicef.uk/bfistandards](https://www.unicef.uk/bfistandards).

You will need to consider the different types of staff you are training and what they need to know depending on their area of practice. The development of your curricula will also depend on whether or not you have a multi-disciplinary group of participants. Many services choose to provide multi-disciplinary training either because of the opportunities it provides to build a team and develop an understanding of one another's roles. Also, it may be easier logistically for the service to train more than one staff group together (i.e. when staff are spread across a wide rural area).

However, remember that joint training does take longer as more topics have to be covered, so some services are delivering training programmes for specific professional groups.

Despite the differences, what is important is that the curricula meet the needs of the staff on the course. If you have more than one course you will need a curriculum for each course.

The course content

This section is divided into four parts which relate to the separate needs of each service covered by the Baby Friendly standards. If you are providing multi-disciplinary training you will need to refer to more than one section, depending on who you are training.

The essential topics are listed under each section. If each topic is not covered effectively, this will impact on the potential for the service to succeed in meeting the standards at each stage of the assessment process.

Helpful hint

It is a good idea, as you teach these subjects, to begin to introduce their implications for practice as you go. For example, in anatomy and physiology, participants will learn the theory surrounding prolactin receptors; encouraging them to link this to practice (skin contact and an early feed) will make the theory more relevant. Similarly, encouraging participants to link practices such as mother baby closeness and responsive feeding to physiology and also to how these practice support the mother baby relationship will help them to understand both why these practices support breastfeeding and also why they are important for all mothers and babies.

You do not have to teach the topics in the order they are listed below – develop your curriculum in a way that meets the needs of your staff group and the time available.

Parents' experiences of maternity services

Why breastfeeding is important

- The evidence-based benefits of breastfeeding for physical and emotional health
- The key differences between breastmilk and formula
- The value of colostrum
- The importance of exclusive breastfeeding.

Early relationships

- The impact of positive early relationships on well-being
- The importance of the mother-baby relationship during pregnancy and how to support this
- The needs of a newborn baby (frequent touch and sensitive verbal / visual communication, keeping babies close, responsive feeding and safe sleeping practice)
- Supporting parents to understand and meet the needs of their new baby.

How breastfeeding works

- Basic anatomy of the breast, focusing on key structures relevant to breastfeeding
- The action of prolactin and oxytocin in initiating and maintaining breastfeeding
- Oxytocin and prolactin and their role in supporting mother-baby relationships
- The prolactin receptor theory
- The role of the Feedback Inhibitor of Lactation.

Skin-to-skin contact and care at birth

- Benefits of skin contact for mother, baby and breastfeeding
- The importance of an early first feed and allowing the baby time to learn
- The importance of early expression of breastmilk when mothers and babies are separated
- Supporting mothers who decide to bottle feed to offer the first feed in skin contact
- The value of skin contact throughout the newborn period.

Supporting effective breastfeeding

- How a baby feeds at the breast
- The importance of effective attachment
- How to recognise effective attachment and effective milk transfer
- Principles of positioning to enable effective attachment (including biological nurturing / laid back positions)
- The technique of hand expression
- Effective teaching and communication of these skills to mothers
- The meaning and importance of responsive feeding
- How to carry out an effective feeding assessment
- Why supplements (including water) should not be given to breastfeeding babies
- Why the use of teats should be avoided during the establishment of breastfeeding.

Supporting responsive formula feeding

- Including making up feeds as safely as possible and using first stage milks
- Responding to feeding cues, pacing feeds, recognising when the baby has had enough.

The role of health professionals / support staff

- Person centred communication skills
- Including fathers / partners
- Local referral pathways
- The role of voluntary support and other agencies e.g. children's centres (for breastfeeding and parenting) – local contacts and information
- The International Code of Marketing of Breastmilk Substitutes and how it relates to practice.

Clinical issues

- Recognition and management of the at-risk baby
- The normal, healthy, term baby's ability to adapt to extra-uterine life, and utilise alternate fuel stores
- Recognition and management of the baby who is reluctant to breastfeed
- Specific breastfeeding support for mothers of preterm babies
- Alternative feeding methods (e.g. cup)
- Supporting mixed feeding and maximising milk production where exclusive breastfeeding is not possible
- Recognition, prevention and management of common breastfeeding complications (engorgement, mastitis, thrush)
- Recognition, prevention and management of common clinical situations (insufficient milk, breast refusal, tongue tie).

Parents' experiences of neonatal units

Why breastfeeding is important

- The evidence based benefits of breastfeeding for physical and emotional health
- The importance of breastmilk for preterm / sick infants
- The key differences between breastmilk and formula
- The value of colostrum.

The major impact of early relationships on well-being including:

- The challenges faced by parents with a baby in need of neonatal care
- The importance of closeness and responsiveness for well-being and development
- Family centred care: why it matters.
- How to support close and loving relationships in the context of a neonatal unit
- The needs of a premature / sick newborn baby (including encouraging frequent touch and sensitive verbal / visual communication).

How breastfeeding works

- Basic anatomy of the breast, focusing on key structures relevant to breastfeeding
- The action of prolactin and oxytocin in initiating and maintaining breastfeeding
- Oxytocin and prolactin and their role in supporting mother-baby relationships
- The prolactin receptor theory
- The role of the Feedback Inhibitor of Lactation
- The initiation and maintenance of breastmilk supply through expression.

Kangaroo care in the neonatal unit

- The positive impact of skin contact / kangaroo care on the preterm infant and his caregivers
- How to support kangaroo care in practice.

Supporting effective feeding

- The technique of hand expression
- The technique of expression using a pump
- Supporting effective expression including the expression assessment
- Storage of breastmilk
- Using breastmilk effectively to maximise fat content
- Alternative feeding methods
- Supporting the transition to breastfeeding (how dummy use may interfere at this time)
- How a baby feeds at the breast
- The importance of effective attachment
- Assessing effective attachment and effective milk transfer
- Principles of positioning to enable effective attachment (including biological nurturing / laid back positions)
- Effective teaching and communication of these skills to mothers
- Responsive formula feeding.

Supporting responsive formula feeding

- Making up feeds as safely as possible and use of a first stage milk (where appropriate)
- Responding to feeding cues, pacing feeds, recognising when the baby has had enough.

The role of health professionals / support staff

- Person-centred communication skills
- Effective teaching and communication of practical skills to mothers
- Including fathers / partners
- The role of voluntary support and other agencies e.g. children's centres (for breastfeeding and parenting), local contacts and information
- The International Code of Marketing of Breastmilk Substitutes and how it relates to practice.

Going home

- The needs of parents when preparing for discharge home
- The importance of continued breastfeeding and maximising breastmilk if mixed feeding
- Support for the gradual transition towards responsive feeding
- The continuing needs of baby (including encouraging frequent touch and sensitive verbal / visual communication, keeping babies close, responsive feeding)
- Safe sleeping practice.

Challenges

- Recognition, prevention and management of common breastfeeding complications (engorgement, mastitis, thrush)
- Recognition, prevention and management of common clinical situations (insufficient milk supply, breast refusal).

Note

It may be that some of the topics that are listed above are covered in other aspects of routine professional updates, for example family-centred care may have been covered as work towards the Bliss Baby Charter. If this applies to your service then you do not need to repeat this information, but you will need to make sure staff understands how it fits in with and influences the Baby Friendly standards and will need to include this information in your Stage One assessment form so that your assessor knows that it has been covered elsewhere. As with all aspects of the training programme we recommend that you audit staff knowledge and skills so you can confirm that the training delivered has been effective.

Parents' experiences of health visiting³ services

Why breastfeeding is important

- The evidence based benefits of breastfeeding for physical and emotional health
- The key differences between breastmilk and formula
- The value of colostrum
- The importance of exclusive breastfeeding.

Early relationships

- The impact of positive early relationships on well-being
- The importance of the mother baby relationship during pregnancy and how to support this
- The needs of a newborn baby (frequent touch and sensitive verbal / visual communication, keeping babies close, responsive feeding and safe sleeping practice)
- Supporting parents to understand and meet the needs of their new baby.

How breastfeeding works

- Basic anatomy of the breast, focusing on key structures relevant to breastfeeding
- The action of prolactin and oxytocin in initiating and maintaining breastfeeding
- Oxytocin and prolactin and their role in supporting mother-baby relationships
- The role of the Feedback Inhibitor of Lactation.

Skin contact

- Skin contact after birth
- Skin contact to support mothering and milk supply at any stage.

Supporting effective breastfeeding

- How a baby feeds at the breast
- The importance of effective attachment
- How to recognise effective attachment and effective milk transfer
- Principles of positioning to enable effective attachment (including biological nurturing / laid back positions)
- Effective teaching and communication of these skills to mothers
- Expressing breastmilk including, hand expression and storage of breastmilk
- How to carry out an effective feeding assessment
- Responsive feeding
- Issues around dummy use
- Why supplements (including water) should not be given to breastfeeding babies.

Supporting responsive formula feeding

Including making up feeds as safely as possible and use of first stage milks

Responding to feeding cues, pacing feeds, recognising when the baby has had enough.

³ Or public health nursing

The role of health professionals / support staff

- Person-centred communication skills
- Effective teaching and communication of practical skills to mothers
- Including fathers / partners
- Local referral pathways
- Supporting continued breastfeeding: including breastfeeding out and about, going back to work, changing feeding patterns
- The role of voluntary support and other agencies e.g. children's centres, peer support programmes (for breastfeeding and parenting), local contacts and information
- The International Code of Marketing of Breastmilk Substitutes and how it relates to practice.

Clinical issues

- Milk supply – recognising problems and support to increase supply, including how to give supplementary feeds with the least possible disruption to breastfeeding when they are clinically indicated
- Recognition, prevention and management of common breastfeeding complications (engorgement, mastitis, thrush)
- Recognition, prevention and management of common clinical situations (insufficient milk, breast refusal)
- Mixed feeding - supporting continued breastfeeding and maximising milk supply
- Longer term breastfeeding
- Introducing solid foods.

Parents' experiences of children's centres⁴

Children's centre staff require education that reflects the role they actually take in supporting mothers with breastfeeding. Some examples could be:

- A staff member who is facilitating a support group would need in-depth education to allow them to handle queries and problems appropriately.
- Staff who are running antenatal sessions need to know enough about breastfeeding and how to encourage mothers to start to build a relationship with their baby to enable them to answer the questions parents may have with confidence.
- Staff who are running baby massage sessions will need to know about the importance of building a close and loving relationship and responding to babies' needs, and how to encourage and support this.
- Staff who do not offer direct support for mothers would need a basic orientation and information about signposting appropriate support.

You may find it helpful to define what role each member of staff will have and then provide training accordingly. For audit and assessment purposes, Baby Friendly has suggested three levels of training:

- Level 1 staff are those who have contact with families, may be involved with signposting but would not be providing in-depth support, such as reception staff.
- Level 2 staff are those who work with families but would not be providing specific breastfeeding support such as family outreach workers.
- Level 3 staff provide support with breastfeeding.

Awareness training so that the whole staff team is enthusiastic about and supportive of breastfeeding can be very powerful in supporting a change of infant feeding culture in a local area.

The following list is a suggestion only – the only requirement is that staff are trained appropriately according to their role. The checklist (Appendix 5) identifies which topics are relevant for each level of staff.

Why breastfeeding is important

- The evidence based benefits of breastfeeding for physical and emotional health
- The key differences between breastmilk and formula
- The importance of exclusive breastfeeding
- Maximising breastmilk if mixed feeding.

How breastfeeding works

- Basic anatomy of the breast, focusing on key structures relevant to breastfeeding
- The action of prolactin and oxytocin in initiating and maintaining breastfeeding
- Oxytocin and prolactin and their role in supporting mother-baby relationships
- What helps breastfeeding to work: closeness, responsive feeding
- Effective feeding: what this means and where a mother can get help.

⁴ Or equivalent settings in Wales, Northern Ireland or Scotland

Getting off to a good start

- Benefits of skin contact
- Skin contact at any time
- Sources of support, welcoming breastfeeding, local referral pathways
- The International Code of Marketing of Breastmilk Substitutes
- Making up formula feeds as safely as possible, using first stage milks
- Responding to feeding cues, pacing feeds, recognising when the baby has had enough.

Early relationships

- The impact of positive early relationships on well-being
- The importance of the mother baby relationship during pregnancy and how to support this
- The needs of a newborn baby (frequent touch and sensitive verbal / visual communication, keeping babies close, responsive feeding and safe sleeping practice)
- Supporting parents to understand and meet the needs of their new baby.

Manager education

- The Baby Friendly Initiative standards and their impact on practice
- How breastmilk and breastfeeding improves the immediate and long term health and wellbeing of babies and their mothers
- The role of infant feeding on wellbeing and relationship building for mothers and babies
- The role and responsibility of the Infant Feeding Lead and ways to support them
- The International Code of Marketing of Breastmilk Substitutes
- The wider culture of infant feeding in the UK and why breastfeeding is particularly vulnerable
- The Achieving Sustainability standards and how these can be incorporated into service specification
- The importance of strong leadership in protecting the Baby Friendly standards.

Aims, learning outcomes and lesson plans

These will need to be written as you develop your curriculum.

Aims

Aims are broad statements which outline the overall purpose of the training. They could be seen as the 'point' of the session. There are normally only one or two aims for a session (a study day is usually made up of 6-8 sessions). If they are to be used effectively, aims should be the first thing to be written. They can then be referred back to as the content of the session is being developed to ensure that the content is not getting away from the 'point' of the session. It should be noted, when planning training for the achievement of Baby Friendly accreditation, that the aim of each session should be related to improving practice.

Learning outcomes

If the aim is viewed as the overall purpose or point of a teaching session, the learning outcomes are the stepping stones which enable the aims to be met. Learning outcomes break the aims down into smaller chunks and outline what it is you want the people who will attend the session to be able to do at the end of it. While each session will have only one or two aims, it may have several learning outcomes.

There is no need to be overly concerned with the precise wording of aims and learning outcomes. Keeping it simple will help ensure that the meaning is clear. The important thing is to focus on why you are teaching the session and what you want the participants to have achieved, in terms of learning, by the end.

For example if you are planning a training session on meaningful conversations in the antenatal period, the aim and learning outcomes might look something like the table below.

Title of session	Meaningful conversations in pregnancy
Aim	To enable participants to have meaningful conversations with pregnant women (and their partners) around feeding and caring for their new baby.
Learning outcomes	At the end of this session, the participants will be aware of: <ul style="list-style-type: none"><input type="checkbox"/> What influences decisions on feeding and caring for babies.<input type="checkbox"/> Barriers to meaningful conversations and how to overcome these<input type="checkbox"/> Key features of effective communication.

Tips for writing aims and learning outcomes

- When you have developed an aim(s) for a session, check that it relates to the Baby Friendly standards and will help staff to improve practice.
- Check that the learning outcomes will meet the aim you have set for the session.

The next step is to use the learning outcomes as the basis for your lesson plans.

Writing lesson plans

There are many ways of writing effective lesson plans but the most important thing is that the plan should provide an overall outline of the lesson so that another trainer would be able to pick it up and use it to deliver a lesson of similar quality in your absence.

A good lesson plan should include the following:

- Title of the session
- Length of the session
- Aim(s) of the session
- Learning outcomes
- Overall content
- The Baby Friendly standards to which the lesson relates
- Timings within the session
- Teaching method(s) and resources to be used.

Having developed the aims and learning outcomes for a session on the importance of breastfeeding, your subsequent lesson plan might look something like the grid on the next page. You do not have to use this format – this is just to give you an idea of what information you need to include.

When you have developed the plan for the session then check again this time that the plan you have made will enable you to meet the learning outcomes. This is worthwhile because it is easy to get off track, especially when you are enthusiastic and knowledgeable about your subject.

When you have developed all your lesson plans, use the checklist in Appendices 2-6 to confirm that your course will address all the knowledge and skills required of staff practising in a Baby Friendly-accredited service.

Sample lesson plan

Title: Meaningful conversations in pregnancy (45 minutes)				
Aim of session: To enable participants to have meaningful conversations with pregnant women (and their partners) around feeding and caring for their new baby				
Lesson relates to: Stage 3, Standard 1 'Support pregnant women to recognise the importance of breastfeeding and early relationships for the health and well-being of their baby'				
Learning outcomes for session: At the end of this session, the participants will be aware of:				
<input type="checkbox"/> What influences decisions on feeding and caring for babies; <input type="checkbox"/> Barriers to meaningful conversations and how to overcome these; <input type="checkbox"/> Key features of effective communication.				
Time	Length	Content	Method	Resources
11.30	5mins	Introduce session	Tutor(s) give a brief overview of what you'll be covering	
11.35	10mins	What influences feeding decisions	Work in threes to discuss influences followed by larger group discussion. Tutor can write key findings on flipchart.	Flipchart
11.45	10mins	Barriers to communication	Tutors to role play scenario demonstrating insensitive communication. A DVD could be used if suitable one available. Expect to cover: body language, ignoring questions, asking closed questions, lack of empathy, 'tick list' approach	Prepared scenario or DVD clip
12.00	15mins	Effective communication	Using previous exercise, list key factors of effective communication. Use simple 'listening' exercise working in pairs to stress importance of listening as a communication tool. Tutor then uses PowerPoint slides to outline key features of effective communication and how these relate to the antenatal guidance sheets.	PowerPoint slides
12.15	5mins	Changing practice	Hand out Baby Friendly Initiative guidance sheets summarising how these sheets aim to replace the current antenatal checklist.	Key points and guidance sheets

Practical skills reviews

What do we mean by practical skills in relation to breastfeeding?

We use this term to refer to:

- How a mother will hold her baby for breastfeeding
- How a mother will help her baby attach to the breast
- How a mother will know that her baby is well attached and feeding effectively
- How a mother will hand express her milk.

Experience shows us that while some mothers are very intuitive and respond instinctively to their baby's needs, many mothers, particularly if they have had no or little exposure to breastfeeding, need support from health professionals, support staff or peer supporters to become confident with breastfeeding.

Ensuring that the relevant staff have the knowledge and ability to assist mothers is crucial to the successful implementation of the Baby Friendly best practice standards.

Who needs these skills?

It is expected that the vast majority of midwives, health visitors, neonatal nurses and their support staff who are responsible for supporting breastfeeding mothers will be competent to teach a mother these practical skills. Very occasionally a member of staff will work in a role that does not bring her into any contact with breastfeeding mothers e.g. a midwife who works as an ultra-sonographer, in which case she does not need practical skills but still needs to understand the importance of breastfeeding and what helps mothers to get off to a good start.

Children's centre staff would not normally be responsible for teaching the practical skills of breastfeeding, unless a children's centre staff member was responsible for running a support group. The questions that staff will be asked at Stage 2 assessment will relate to their role and responsibilities.

Teaching practical skills

Relying on classroom teaching alone is not enough for the majority of staff to gain the skill and confidence in teaching practical skills; they also need the opportunity to practice in a safe environment and receive individual feedback. Practical skills review sessions are a valuable way to review classroom learning. They provide the learner with an opportunity to consolidate knowledge and relate theory to practice.

Practical skills reviews are most effective when they are carried out on a one-to-one basis. Initially it is recommended that learners be asked to demonstrate how they would teach positioning and attachment and hand expressing using a doll and breast model. This allows the supervisor to address learning needs without undermining the trainee's confidence or exposing mothers and babies to poor practice. Whenever possible this should be followed up where trainees will be supervised teaching these skills to breastfeeding mothers.

Content of practical skills reviews

It is essential that practical skills review sessions cover not only the practical skills of positioning and attachment and hand expression of breastmilk but also the communication skills needed to teach these to mothers. Staff who take responsibility for teaching mothers these skills must have a sound understanding of the underlying physiology and the 'mechanics' of the process, together with the ability to explain these effectively to mothers.

Managing the implementation of practical skills reviews

Practical skills reviews should be viewed as a key part of the overall training programme. It is therefore essential that all staff who require these skills (it will be the majority) complete them. A mechanism should be developed to ensure full attendance and records need to be maintained. The lead person responsible for training provision will have overall responsibility for the implementation of practical skills reviews and, unless the workforce is very small, it is recommended that s/he select key workers to support her / him in this role. These key workers will require additional training; acceptable standards should be agreed and guidelines produced to ensure ongoing competency and consistency.

Facilitating individual supervised practical skills reviews

Once the key workers have been identified and trained as practical skills review facilitators, all remaining staff should be allocated to a named facilitator. Adequate time should be set aside to conduct each practical skills review and management support may be required to enable this to happen.

On completion of the practical skills review the facilitator should provide feedback, verbal and written, to the staff member. A form may be devised for this purpose (see sample practical skills review form, Appendix 1). As part of this feedback it is important to provide positive reinforcement of good practice as well as to identify areas which require improvement. A review date should be agreed with the learner to enable skills to be revisited where areas that require improvement have been identified.

When the facilitator is confident that the staff member has demonstrated adequate skills and knowledge in relation to positioning, attachment and hand expressing, that staff member can be signed off as competent. However, it is recommended that practical skills reviews be repeated at varying intervals according to the staff member's level of skill and their work role. This is particularly important for staff that may not have an opportunity regularly to consolidate practical skills.

Helpful hint

It is not uncommon for infant feeding co-ordinators to put off implementing practical skills reviews as they are not confident in what is a new role. Experienced infant feeding coordinators consistently report that they wish they had started practical skills reviews sooner as they provide helpful feedback on the training curricula and delivery. In general, staff find the experience of the practical skills review helpful and affirming and they soon become used to them as part of training and update sessions.

Evaluation of the education programme

It is vital that the trainer or training team is able to evaluate how well the training programme has worked and to identify the strengths of the programme and any areas that need improvement. If a training programme with weaknesses is delivered across a whole staff group, then those topics will need to be repeated. This is very disheartening, not to mention time consuming and costly. Avoiding the temptation to just keep going and deliver the training without doing some early audits will save a lot of time and hassle in the long run.

For an education programme to be deemed effective it is essential that the aims and learning outcomes are met. Therefore, the first step in evaluating the programme is to assess the amount of learning that has taken place. This can be done informally and formally, both during the training sessions and afterwards. For example, learning can be informally assessed through question and answer sessions and ad hoc feedback as the session progresses, while quizzes and written tests, administered before the course and then repeated afterwards, can provide a more formal assessment.

The most effective way to assess the overall effectiveness of the training programme is through audit. Frequent audit of staff knowledge and skills and of the care mothers and babies receive will inform the facilitator of strengths and weaknesses within the education programme. This information can then be used as a basis for further training updates and for the development of future courses. The Baby Friendly Initiative audit tools are strongly recommended for this purpose: unicef.uk/audit.

If staff did not learn as expected, thinking about the way the programme was delivered as well as course content may give you ideas of what you need to change.

Points to consider (most common mistakes underlined) include:

- Was the content clear?
- Was it relevant to the roles of the course participants?
- Was the information delivered at the right level – not too basic or patronising but avoiding making assumptions about basic/foundation knowledge too?
- Where the sessions varied and interactive?
- Did you engage the participants and make use of their experience and knowledge?
- Was the atmosphere created during the training day one that was safe, non-judgemental and supportive of learning?
- Was too much information covered with the result that some was forgotten?

It is common to find that overall the programme is working well but there are a couple of areas where staff are not quite so confident. You will need to make adjustments to the programme, perhaps making the learning more interactive, or adding in some basic information which seems to be missing, or break the sessions up into smaller chunks to aid recall.

Delivering effective training for staff is the backbone of the Baby Friendly Initiative and is the key to improving standards of care for mothers and babies. Taking time to plan will greatly increase your chances of delivering effective training.

Updates

Maintaining Baby Friendly standards has always relied upon effective updates. These should be based on the findings of audit and evaluation of the programme and should be frequent enough to enable staff to maintain and where appropriate build on their knowledge. Whilst the assessment process has not formally reviewed the content of updates because we have relied upon the staff and mothers interviews and internal audit results to inform about how effectively staff have been kept up to date, moving forward, when a service is assessed for the Achieving Sustainability standards, we will formally review the content and outcome of updates as part of the Culture standard.

Appendix 1 - Practical skills review form

Name: Name of facilitator: Date:

The practical skills review is part of your mandatory infant feeding training and needs to be done before your training is complete. The purpose of the practical skills review is to give you the opportunity to practice discussing and demonstrating the practical skills of infant feeding in a safe environment and receive individual feedback. It also provides you with an opportunity to discuss any concerns or questions you may have about any aspects of your practice related to infant feeding on a one to one basis with a member of the infant feeding team. It is designed to be a supportive learning experience.

Your practical skills facilitator will give you verbal feedback on positive aspects as well as any areas for improvement that you may identify together, s/he will use the form to give you written feedback for your records. To start the discussion you will either be asked to describe a recent situation in which you supported a mother with learning to attach her baby to the breast or given a scenario that is related to your role to discuss. The facilitator will have a doll and breast model and leaflets in use in your facility for you to use.

Supporting a mother and baby to achieve a successful feed		
<i>Is the practitioner able to</i>	<i>or X</i>	<i>Comments</i>
Describe an approach to teaching the practical skills of breastfeeding which demonstrates a mother centred approach* <input type="checkbox"/> Observing and listening <input type="checkbox"/> Hands off approach <input type="checkbox"/> Clear relevant information shared <input type="checkbox"/> Use of leaflets, analogies, props		
Identify signs of instinctive behaviour in baby (rooting, head bobbing, mouthing the nipple) and help mother to recognise them		
Identify areas where additional information is needed and explain appropriately		
To include :		
Principles of positioning		
<input type="checkbox"/> Baby held close		
<input type="checkbox"/> Baby held / supported with head and body in line		
<input type="checkbox"/> Baby's head free to tilt back		
<input type="checkbox"/> Baby held with nose opposite nipple Or could use CHIN acronym		
<input type="checkbox"/> Or, mother supports her baby in a way that allows self-attachment (laid back, biological nurturing)		
The process of attachment		
<input type="checkbox"/> Watch for baby to have a wide open mouth		
<input type="checkbox"/> Mother assists her baby towards her breast, with his head tilted back and chin leading		

<input type="checkbox"/> Bottom lip touches breast well away from base of the nipple. Nipple aimed towards rear of the roof of the baby's mouth		
Observe signs of effective feeding		
<input type="checkbox"/> Mother comfortable during feed – suckling does not cause pain		
<input type="checkbox"/> Baby's mouth is wide open		
<input type="checkbox"/> Baby's chin indents the breast		
<input type="checkbox"/> Baby's cheeks are full and round		
<input type="checkbox"/> Suckling is appropriate to age of baby* (usually rapid initially, then deep and rhythmic with pauses and audible swallows)		
<input type="checkbox"/> Areola – if any is visible then more will be visible above the baby's top lip		
<input type="checkbox"/> The baby is contented and stays on the breast		
Show a mother how to hand express		
Explain why hand expressing might be useful and describe when she uses this skill in her current role		
Describe an approach to teaching the practical skills of hand expressing which demonstrates a mother centred approach (see above*)		
Describe or show using a diagram or model of the relevant anatomy		
Explain the importance of stimulating oxytocin to flow and suggest things that will help this process e.g. Having baby near / Gentle breast massage / Use of something to remind mother of baby		
Explain to a mother how she will find the right spot for her to put her fingers and express milk <input type="checkbox"/> Place fingers 2-3 cm back from the base of the nipple (<i>understands the importance for the mother of having a go and shifting her fingers a little until she finds what works for her</i>)		
Explain the technique of expressing <input type="checkbox"/> Place finger(s) and thumb in a C shape, opposite each other <input type="checkbox"/> Compress and release in a steady rhythm <input type="checkbox"/> (+/-pressing back first) <input type="checkbox"/> Avoid sliding fingers on skin <input type="checkbox"/> Move round breast once flow slows <input type="checkbox"/> Once flow slows / ceases move to other breast		

Appendix 2 - Curriculum checklist for the education of staff with responsibility for implementing the maternity standards

The curriculum should ensure that staff are able to implement the breastfeeding policy and thus practise in line with the Baby Friendly standards. Check your curriculum against the list below to ensure that it fulfils this requirement.

It may be helpful to identify which element(s) of the training deal with each topic or skill, i.e. formal (classroom) teaching (FT), practical skills reviews (PSR), ad hoc teaching such as lunchtime workshops (AHT), or some other means, for example a memo to staff (Other).

The training will enable staff to understand	Formal teaching⁵	Practical skills review	Ad hoc teaching⁶	Other
<p>Why breastfeeding is important</p> <ul style="list-style-type: none"> <input type="checkbox"/> The evidence based benefits of breastfeeding for physical and emotional health <input type="checkbox"/> The key differences between breastmilk and formula <input type="checkbox"/> The value of colostrum <input type="checkbox"/> The importance of exclusive breastfeeding <p>Early relationships</p> <ul style="list-style-type: none"> <input type="checkbox"/> The impact of positive early relationships on well-being <input type="checkbox"/> The importance of the mother-baby relationship during pregnancy and how to support this <input type="checkbox"/> The needs of a newborn baby (frequent touch and sensitive verbal / visual communication, keeping babies close, responsive feeding and safe sleeping practice) <input type="checkbox"/> Supporting parents to understand and meet the needs of their new baby 				

⁵ We suggest that you add the session and learning outcome here as it is easy to think 'yes I cover x y z in the course', and you probably do, but not have it written anywhere, this causes problems at Stage 1 assessment as we cannot see where you cover these topics.

⁶ Add name of session and number of learning outcome

<p>How breastfeeding works</p> <ul style="list-style-type: none"> <input type="checkbox"/> Basic anatomy of the breast, focusing on key structures relevant to breastfeeding <input type="checkbox"/> The action of prolactin and oxytocin in initiating and maintaining breastfeeding and their role in supporting mother-baby relationships <input type="checkbox"/> The prolactin receptor theory <input type="checkbox"/> The role of the Feedback Inhibitor of Lactation <p>Skin-to-skin contact and care at birth</p> <ul style="list-style-type: none"> <input type="checkbox"/> Benefits of skin contact for mother, baby and breastfeeding <input type="checkbox"/> The importance of an early first feed <input type="checkbox"/> The importance of early expression of breastmilk when mothers and babies are separated <input type="checkbox"/> The value of skin contact throughout the newborn period <p>Supporting effective breastfeeding</p> <ul style="list-style-type: none"> <input type="checkbox"/> The importance of effective attachment <input type="checkbox"/> How a baby feeds at the breast <input type="checkbox"/> How to recognise effective attachment and effective milk transfer <input type="checkbox"/> Principles of positioning to enable effective attachment (including biological nurturing/ laid back positions) <input type="checkbox"/> The technique of hand expression <input type="checkbox"/> Effective teaching and communication of these skills to mothers <input type="checkbox"/> The meaning and importance of responsive feeding <input type="checkbox"/> How to carry out an effective feeding assessment <input type="checkbox"/> Why supplements (including water) should not be given to breastfeeding babies <input type="checkbox"/> The potential impact of teats and dummies during the establishment of breastfeeding 				
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<p>Supporting responsive formula feeding</p> <ul style="list-style-type: none"> <input type="checkbox"/> Making up feeds as safely as possible and use of a first stage milk <input type="checkbox"/> Responding to feeding cues, pacing feeds, recognising when the baby has had enough <p>The role of health professionals / support staff</p> <ul style="list-style-type: none"> <input type="checkbox"/> Person centred communication skills <input type="checkbox"/> Including fathers / partners <input type="checkbox"/> Local referral pathways <input type="checkbox"/> The role of voluntary support and other agencies e.g. children’s centres (for breastfeeding and parenting) – local contacts and information <input type="checkbox"/> The International Code of Marketing of Breastmilk Substitutes and how it relates to practice <p>Clinical issues</p> <ul style="list-style-type: none"> <input type="checkbox"/> Recognition and management of the at-risk baby <input type="checkbox"/> The normal, healthy, term baby’s ability to adapt to extra-uterine life, feed infrequently and utilise alternate fuel stores <input type="checkbox"/> Recognition and management of the baby who is reluctant to breastfeed <input type="checkbox"/> Specific breastfeeding support for mothers of preterm babies <input type="checkbox"/> Alternative feeding methods (e.g. cup,) <input type="checkbox"/> Supporting mixed feeding and maximising milk production <input type="checkbox"/> Recognition, prevention and management of common breastfeeding complications (engorgement, mastitis, thrush) <input type="checkbox"/> Recognition, prevention and management of common clinical situations (insufficient milk, jaundice, breast refusal, tongue tie) 				
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Appendix 3 - Curriculum checklist for the education of staff with responsibility for implementing the neonatal standards

The curriculum should ensure that staff are able to implement the breastfeeding policy and thus practise in line with the Baby Friendly standards. Check your curriculum against the list below to ensure that it fulfils this requirement. It may be helpful to identify which element(s) of the training deal with each topic or skill, i.e. formal (classroom) teaching (FT), practical skills reviews (PSR), ad hoc teaching such as lunchtime workshops (AHT), or some other means, for example a memo to staff (Other).

The training will enable staff to understand	Formal teaching ⁷	Practical skills review	Ad hoc teaching ⁸	Other
<p>Why breastfeeding is important</p> <ul style="list-style-type: none"> <input type="checkbox"/> The evidence based benefits of breastfeeding for physical and emotional health <input type="checkbox"/> The importance of breastmilk for preterm / sick infants <input type="checkbox"/> The key differences between breastmilk and formula <input type="checkbox"/> The value of colostrum <p>The major impact of early relationships on well-being including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The challenges faced by parents with a baby in need of neonatal care <input type="checkbox"/> The importance of closeness and responsiveness for well-being and development <input type="checkbox"/> Family-centred care: why it matters. <input type="checkbox"/> How to support close and loving relationships in the context of a neonatal unit <input type="checkbox"/> The needs of a premature / sick newborn baby (including encouraging frequent touch and sensitive verbal/visual communication) 				

⁷ We suggest that you add the session and learning outcome here as it is easy to think 'yes I cover x y z in the course', and you probably do, but not have it written anywhere, this causes problems at Stage 1 assessment as we cannot see where you cover these topics.

⁸ Add name of session and number of learning outcome

<p>How breastfeeding works</p> <ul style="list-style-type: none"> <input type="checkbox"/> Basic anatomy of the breast, focusing on key structures relevant to breastfeeding <input type="checkbox"/> The action of prolactin and oxytocin in initiating and maintaining breastfeeding <input type="checkbox"/> Oxytocin and prolactin and their role in supporting mother-baby relationships <input type="checkbox"/> The prolactin receptor theory <input type="checkbox"/> The role of the Feedback Inhibitor of Lactation <input type="checkbox"/> The initiation and maintenance of breastmilk supply through expression <p>Kangaroo care in the neonatal unit</p> <ul style="list-style-type: none"> <input type="checkbox"/> The positive impact of skin contact/kangaroo care on the preterm infant and caregivers <input type="checkbox"/> How to support kangaroo care in practice <p>Supporting effective feeding</p> <ul style="list-style-type: none"> <input type="checkbox"/> The technique of hand expression <input type="checkbox"/> The technique of expression using a pump <input type="checkbox"/> Supporting effective expression including the expression assessment <input type="checkbox"/> Storage of breastmilk <input type="checkbox"/> Using breastmilk effectively to maximise fat content <input type="checkbox"/> Alternative feeding methods <input type="checkbox"/> Supporting the transition to breastfeeding (how dummy use may interfere at this time) <input type="checkbox"/> How a baby feeds at the breast <input type="checkbox"/> The importance of effective attachment <input type="checkbox"/> Assessing effective attachment and effective milk transfer <input type="checkbox"/> Principles of positioning to enable effective attachment (including biological nurturing /laid back positions) <input type="checkbox"/> Effective teaching and communication of these skills to mothers 				
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<p>Supporting responsive formula feeding</p> <ul style="list-style-type: none"> <input type="checkbox"/> Making up feeds as safely as possible and use of a first stage milk (where appropriate) <input type="checkbox"/> Responding to feeding cues, pacing feeds, recognising when the baby has had enough <p>The role of health professionals / support staff</p> <ul style="list-style-type: none"> <input type="checkbox"/> Person-centred communication skills <input type="checkbox"/> Effective teaching and communication of practical skills to mothers <input type="checkbox"/> Including fathers / partners <input type="checkbox"/> The role of voluntary support and other agencies e.g. children’s centres (for breastfeeding and parenting) – local contacts and information <input type="checkbox"/> The International Code of Marketing of Breastmilk Substitutes and how it relates to practice <p>Going home</p> <ul style="list-style-type: none"> <input type="checkbox"/> The needs of parents when preparing for discharge home <input type="checkbox"/> The importance of continued breastfeeding and maximising breastmilk if mixed feeding <input type="checkbox"/> Support for the gradual transition towards responsive feeding <input type="checkbox"/> The continuing needs of baby (including encouraging frequent touch and sensitive verbal / visual communication, keeping babies close, responsive feeding) <input type="checkbox"/> Safe sleeping practice <p>Challenges</p> <ul style="list-style-type: none"> <input type="checkbox"/> Recognition, prevention and management of common breastfeeding complications (engorgement, mastitis, thrush) <input type="checkbox"/> Recognition, prevention and management of common clinical situations (insufficient milk supply, breast refusal) 				
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Appendix 4 - Curriculum checklist for the education of staff with responsibility for implementing the health visiting service standards

The curriculum should ensure that staff are able to implement the breastfeeding policy and thus practise in line with the Baby Friendly standards. Check your curriculum against the list below to ensure that it fulfils this requirement. It may be helpful to identify which element(s) of the training deal with each topic or skill, i.e. formal (classroom) teaching (FT), practical skills reviews (PSR), ad hoc teaching such as lunchtime workshops (AHT), or some other means, for example a memo to staff (Other).

The training will enable staff to understand	Formal teaching ⁹	Practical skills review	Ad hoc teaching ¹⁰	Other
<p>Why breastfeeding is important</p> <ul style="list-style-type: none"> <input type="checkbox"/> The evidence based benefits of breastfeeding for physical and emotional health <input type="checkbox"/> The key differences between breastmilk and formula <input type="checkbox"/> The value of colostrum <input type="checkbox"/> The importance of exclusive breastfeeding <p>Early relationships</p> <ul style="list-style-type: none"> <input type="checkbox"/> The impact of positive early relationships on well-being <input type="checkbox"/> The importance of the mother baby relationship during pregnancy and how to support this <input type="checkbox"/> The needs of a newborn baby (frequent touch and sensitive verbal / visual communication, keeping babies close, responsive feeding and safe sleeping practice) <input type="checkbox"/> Supporting parents to understand and meet the needs of their new baby 				

⁹ We suggest that you add the session and learning outcome here as it is easy to think 'yes I cover x y z in the course', and you probably do, but not have it written anywhere, this causes problems at Stage 1 assessment as we cannot see where you cover these topics.

¹⁰ Add name of session and number of learning outcome

<p>How breastfeeding works</p> <ul style="list-style-type: none"> <input type="checkbox"/> Basic anatomy of the breast, focusing on key structures relevant to breastfeeding <input type="checkbox"/> The action of prolactin and oxytocin in initiating and maintaining breastfeeding <input type="checkbox"/> Oxytocin and prolactin and their role in supporting mother / baby relationships <input type="checkbox"/> The role of the Feedback Inhibitor of Lactation <p>Skin contact</p> <ul style="list-style-type: none"> <input type="checkbox"/> Skin contact after birth <input type="checkbox"/> Skin contact to support mothering and milk supply at any stage <p>Supporting effective breastfeeding</p> <ul style="list-style-type: none"> <input type="checkbox"/> How a baby feeds at the breast <input type="checkbox"/> The importance of effective attachment <input type="checkbox"/> How to recognise effective attachment and effective milk transfer <input type="checkbox"/> Principles of positioning to enable effective attachment (including biological nurturing / laid back positions) <input type="checkbox"/> Effective teaching and communication of these skills to mothers <input type="checkbox"/> Expressing breastmilk including , hand expression and storage of breastmilk <input type="checkbox"/> How to carry out an effective feeding assessment <input type="checkbox"/> Responsive feeding <input type="checkbox"/> Issues around dummy use <input type="checkbox"/> Why supplements (including water) should not be given to breastfeeding babies <p>Supporting responsive formula feeding</p> <ul style="list-style-type: none"> <input type="checkbox"/> Including making up feeds as safely as possible and use of a first stage milk <input type="checkbox"/> Responding to feeding cues, pacing feeds, recognising when the baby has had enough 				
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<p>The role of health professionals / support staff</p> <ul style="list-style-type: none"> <input type="checkbox"/> Person centred communication skills <input type="checkbox"/> Effective teaching and communication of practical skills to mothers <input type="checkbox"/> Including fathers / partners <input type="checkbox"/> Local referral pathways <input type="checkbox"/> Supporting continued breastfeeding: including breastfeeding out and about, going back to work, changing feeding patterns <input type="checkbox"/> The role of voluntary support/other agencies e.g. children’s centres, peer support programmes (for breastfeeding and parenting) – local contacts/information <input type="checkbox"/> The International Code of Marketing of Breastmilk Substitutes and how it relates to practice <p>Clinical issues</p> <ul style="list-style-type: none"> <input type="checkbox"/> Milk supply – recognising problems and support to increase supply, including how to give supplementary feeds with the least possible disruption to breastfeeding when they are clinically indicated <input type="checkbox"/> Recognition, prevention and management of common breastfeeding complications (engorgement, mastitis, thrush) <input type="checkbox"/> Recognition, prevention and management of common clinical situations (insufficient milk, breast refusal) <input type="checkbox"/> Mixed feeding - supporting continued breastfeeding and maximising milk supply <input type="checkbox"/> Longer term breastfeeding <input type="checkbox"/> Introducing solid foods 				
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Appendix 5 - Curriculum checklist for the education of staff with responsibility for implementing the children’s centre standards

The curriculum should ensure that staff are able to implement the breastfeeding policy and thus practise in line with the Baby Friendly standards. Check your curriculum against the list below to ensure that it fulfils this requirement.

It may be helpful to identify which element(s) of the training deal with each topic or skill, i.e. formal (classroom) teaching (FT), practical skills reviews (PSR), ad hoc teaching such as lunchtime workshops (AHT), or some other means, for example a memo to staff (Other).

The following list is a suggestion only – the only requirement is that staff are trained appropriately according to their role.

The training will enable staff to understand (according to role – Level 1,2 and 3)	Formal teaching ¹¹	Practical skills review	Ad hoc teaching ¹²	Other
<p>Why breastfeeding is important</p> <ul style="list-style-type: none"> <input type="checkbox"/> The evidence based benefits of breastfeeding for physical and emotional health (1,2,3) <input type="checkbox"/> The key differences between breastmilk and formula (1,2,3) <input type="checkbox"/> The importance of exclusive breastfeeding until around six months (1,2,3) <p>How breastfeeding works</p> <ul style="list-style-type: none"> <input type="checkbox"/> Basic anatomy of the breast focusing on key structures relevant to breastfeeding (3) <input type="checkbox"/> The action of prolactin and oxytocin in initiating and maintaining breastfeeding and their role in supporting mother / baby relationships (2,3) <input type="checkbox"/> What helps breastfeeding to work: closeness, responsive feeding (3) <input type="checkbox"/> Effective feeding: what this means and where a mother can get help (3) 				

¹¹ We suggest that you add the session and learning outcome here as it is easy to think ‘yes I cover x y z in the course’, and you probably do, but not have it written anywhere, this causes problems at Stage 1 assessment as we cannot see where you cover these topics.

¹² Add name of session and number of learning outcome

<p>Getting off to a good start</p> <ul style="list-style-type: none"> <input type="checkbox"/> Benefits of skin contact (2,3) <input type="checkbox"/> Skin contact at any time to support mothering and making milk (2,3) <input type="checkbox"/> Sources of support, welcoming breastfeeding, referral pathway (1,2,3) <input type="checkbox"/> The International Code of Marketing of Breastmilk Substitutes (1,2,3) <input type="checkbox"/> Making up formula feeds as safely as possible. Using first milks, appropriate age for introduction of solid foods (2,3) <input type="checkbox"/> Responding to feeding cues, pacing feeds, recognising when the baby has had enough (2,3) <p>Early relationships</p> <ul style="list-style-type: none"> <input type="checkbox"/> The impact of positive early relationships on well-being (2,3) <input type="checkbox"/> The importance of the mother baby relationship during pregnancy and how to support this (2,3) <input type="checkbox"/> The needs of a newborn baby (frequent touch and sensitive verbal / visual communication, keeping babies close, responsive feeding and safe sleeping practice) (2,3) <input type="checkbox"/> Supporting parents to understand and meet the needs of their new baby (2,3) 				
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Appendix 6 - Curriculum checklist for the education of managers

The curriculum should ensure that managers are effectively prepared so that the Achieving Sustainability standards can be met. Check your curriculum against the list below to ensure that it fulfils this requirement.

The training will enable the leadership team to understand	Formal teaching	Ad hoc teaching	Other
<ul style="list-style-type: none"> <input type="checkbox"/> The Baby Friendly Initiative standards and their impact on practice <input type="checkbox"/> How breastmilk and breastfeeding improves the immediate and long term health and wellbeing of babies and their mothers <input type="checkbox"/> The role of infant feeding on wellbeing and relationship building for mothers and babies <input type="checkbox"/> The role and responsibility of the Infant Feeding Lead and ways to support them <input type="checkbox"/> The International Code of Marketing of Breastmilk Substitutes <input type="checkbox"/> The wider culture of infant feeding in the UK and why breastfeeding is particularly vulnerable <input type="checkbox"/> The Achieving Sustainability standards and how these can be incorporated into service specification 			