

UNICEF UK BABY FRIENDLY INITIATIVE

AN EVALUATION OF THE BURDETT PROJECT: SUPPORTING SIX NEONATAL UNITS ACROSS THE UK TO IMPLEMENT THE UNICEF UK BABY FRIENDLY NEONATAL STANDARDS - SUMMARY



INTRODUCTION

In 2016, the Baby Friendly Initiative received a small grant from the Burdett Trust for Nursing to support a number of neonatal units to work towards Baby Friendly accreditation. Through a competitive process, involving 37% of all neonatal units in England and Wales, six units were selected and provided with support to work towards implementing a new Unicef UK Baby Friendly accreditation programme

aimed at supporting infant feeding and parent-infant relationships for babies who receive neonatal care. This document summarises an evaluation of the project, including the changes achieved and learning going forward. Results have exceeded expectations, with all units achieving Stage 1 and 2 of the Baby Friendly programme, and one unit achieving full accreditation, an exceptional outcome in just three years.

THE NEED FOR CHANGE

One in seven babies born alive in the UK receives specialist neonatal care and this number is increasing.¹ Premature and sick babies are inherently some of the most vulnerable, and in addition often come from more disadvantaged families. When a baby is born prematurely or sick, the distress caused can have a long-term impact on the entire family. The environment within a neonatal unit can create physical and emotional barriers for parents who may be unable to touch, hold and care for their child, leaving feelings of disempowerment and lack of control. This may result in longer-term issues including anxiety and difficulties within family relationships.²

In addition, the provision of breastmilk and breastfeeding can be lifesaving for this vulnerable group, particularly reducing the risk and severity of infections, encouraging appropriate growth and development and reducing the risk of the potentially fatal condition Necrotising Enterocolitis (NEC).³

BACKGROUND

The Baby Friendly Initiative in the UK is based on a global accreditation programme of Unicef and the World Health Organization (WHO). It is designed to support best practice in infant feeding and parent-infant relationships by working with public services to improve standards of care. The programme is well-established in maternity and health visiting services and in 2015 was expanded to include bespoke standards for neonatal units.⁴

The Baby Friendly neonatal programme is designed to support neonatal units to change practice and optimise care that will help parents to build close and loving relationships



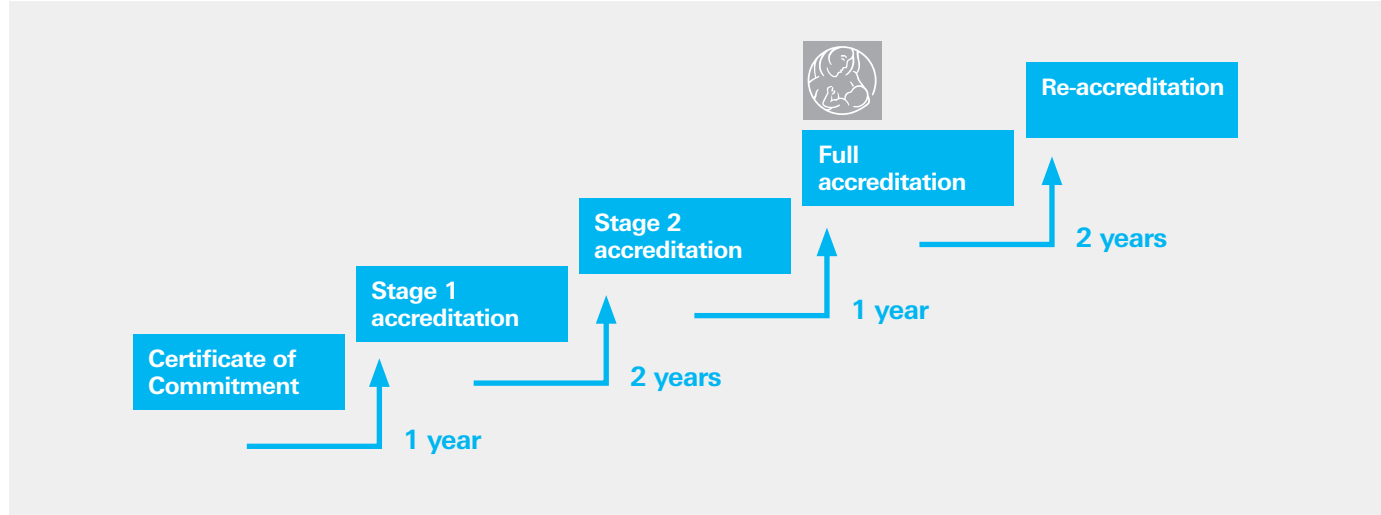
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with their baby, promote, protect and support breastfeeding, and create an environment where parents are enabled to be partners in their baby's care.^{5,6}

Services achieve Baby Friendly accreditation via a three-staged approach. Each stage

is internally audited and then externally assessed by Unicef UK. Stage 1 includes action planning and developing policies, guidelines and procedures, Stage 2 educating staff and Stage 3 changing routine practice and care.

THE BABY FRIENDLY ASSESSMENT PROCESS



THE BURDETT PROJECT

Unicef UK supported six neonatal units to work towards achieving Baby Friendly accreditation. The six units were:

- Neonatal Unit, Royal Cornwall Hospitals NHS Trust, Truro
- Dyson Centre for Neonatal Care, Royal United Hospital Bath NHS Trust
- Neonatal Unit, St George's Hospital NHS Trust, London
- Neonatal Care Unit, Royal Victoria Infirmary, Newcastle upon Tyne
- Neonatal Unit, Bradford Royal Infirmary
- Abertawe Bro Morgannwg University Health Board; Singleton Hospital, Neonatal Intensive Care Unit and Princess of Wales, Local Neonatal Unit

The units were provided with a package of support that included:

- **Education and training:** Two members of staff from each unit attended a bespoke 5-day training course covering audit, project management and train the trainer.
- **Bi-annual meetings:** Two members of staff from each unit (project lead



and senior member of staff) attended meetings at Unicef UK to share knowledge and experiences and provide peer support.

- **Mentorship:** Site visits, ongoing telephone support and a named mentor from within the Baby Friendly team were offered to each unit.
- **Financial support:** For the 5-day training course, all assessment costs for Stage 1 and 2 assessments and 50% of costs for Stage 3 assessment.

In return, the selected units were required to release all staff for training, provide some training materials and provide the necessary leadership and direction.

METHODOLOGY

The evaluation draws on bi-annual activity reports submitted by the units to Unicef including audit data, innovations, training updates and external Unicef UK Baby Friendly assessment. End of project interviews provided qualitative data.

MAIN FINDINGS

Capacity building

A key achievement of the project was the extensive range of capacity building activities (training, audit, resources, collaborative support) which enabled the project leads to take the Baby Friendly standards forward and to achieve change. These activities included:

- A **Train the Trainer course** (providing a full package of training materials designed to enable participants to start a staff education programme in their unit)
- **Audit and project management training** to support project leads to implement and monitor the Baby Friendly process
- **Collaboration between the units**, through the bi-annual meetings and a Facebook group, which provided peer support and a safe, enabling environment in which units could share ideas and experiences and gain courage to innovate.

The cascade effect was that by the end of the programme over 80% of staff members in each unit had been trained.



“The bi-annual meetings, Facebook group and peer support helped the group to share experiences and become more confident and innovative. The environment was one of trust which grew and developed, the group bonded – at first they were reticent to share challenges but as they developed so did their knowledge, skills and openness which each other. This was inspiring to witness.”

[National representative]



Implementation of the Baby Friendly standards

Each unit was at a different stage of the Baby Friendly process when the project started, including different physical and cultural environments. However, all units achieved Stage 1 and 2 of Baby Friendly and one unit achieved full accreditation by the end of the project, exceeding expectations.

- Each unit faced different enablers and barriers to success which affected what, how and when they chose to implement change.
- Being involved in the Burdett project model increased the pace of change.
- Adequate funding, senior leadership support and having a project lead were seen to be key to success.

“When we started, we thought we’d never get [Baby Friendly], our environment was rubbish, tiny... [But] it is about state of mind more than environment. [Once] the state of mind is there, you can make the geography work for you even if it is sub optimal. We can make this Baby Friendly with the resources we have.”

[Unit representative]

Changes to culture

Culture was found to be at the heart of the Baby Friendly journey and pivotal to success. Units described the important changes that took place throughout the process. They noted that:

- A culture shift can be transformative for both staff and parents
- Culture change takes time. Receptiveness to change was influenced by enablers such as complementary initiatives (e.g. Family Integrated Care [FIC]). Barriers to change included staff turnover and resource pressures
- The project leads needed support and involvement from others working in the unit to enable a culture shift; this was particularly valuable when there was resistance from particular staff members.

“The major change for me is the fact we really do try for a more inclusive culture and vibe. Parents are welcome at all times. We used to think of parents as visitors and now we think about parents as carers.”
[Unit representative]

Changes in care

Units developed and utilised a wide range of innovations to implement the standards and improve their practice and environment.

- Some changes appeared small but made a considerable difference to parents and babies and acted as a catalyst for further change (e.g. kneeling pads, colostrum mouth care).
- Other changes were large and difficult to implement - such as open access for parents at all times - but were seen as crucial steps to fully enabling parents to be partners in care.
- Changes led to improved care for babies, their parents and families; for example: reports of increased time in skin-to-skin contact, increased use of breastmilk and parents having hands-on involvement in care, feeling welcomed and at home in the unit.

“Before [camp beds], parents could sleep in the reclining chair but it’s not comfortable. Camp beds mean that some parents haven’t left their preterm baby and have taken them home exclusively breastfed. We’ve had twins go home exclusively breastfed.”
[Unit representative]

“There’s much more skin-to-skin ... all the time there’s someone doing it. On the ward rounds, babies are examined in skin-to-skin. There are blood tests when babies are in skin-to-skin.”
[Unit representative]

LEARNING

1. Having senior support, commitment and a project leadership group in place is imperative for achieving change.
2. Ensuring the project delivery lead has the knowledge and skills and sufficient dedicated hours to plan, implement and audit the initiative is crucial.
3. Changing the cultural environment is key to success and this includes:
 - Believing that being Baby Friendly is possible even if the physical environment of the unit is difficult
 - Having a commitment from staff, time and financial resources to enable ongoing training (particularly when staff turnover is high).
4. Involving parents in the process and using parents’ feedback and testimony is a powerful way of shaping service improvements.
5. Data collection is complex but highly valuable. As a direct result of the project, a robust tool that allows individual units to monitor core outcomes related to the standards against themselves has been developed.
6. If the unit already implements complementary initiatives (e.g. FIC and Bliss), the ethos they engender will help full implementation of the Unicef UK Baby Friendly standards.

CONCLUSION AND NEXT STEPS

In summary, it is evident that the Burdett project has led to wide-ranging, innovative and transformative changes across the six neonatal units. Beyond this, the project model, with a strong focus on collaborative working and capacity building, provides learning that is already supporting new regional neonatal networks⁷ in the South West, West Midlands and Scotland as they roll out the Baby Friendly standards in new

areas. As a result of the project success, Unicef UK is employing a new Neonatal Project Lead within the Baby Friendly team. This new role will work to ensure that more services are supported to optimise care that will help promote breastfeeding and relationship building, and to create an environment where parents are empowered as partners in their baby's care.

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