

Guidance for universities on implementing the Baby Friendly Initiative standards



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Unicef UK and the Baby Friendly Initiative

UNICEF is the world's leading organisation for children, working in over 190 countries. We do whatever it takes to make a lasting difference to children's lives. In everything we do, the most disadvantaged children are our priority. When decisions are made about children, those decisions must not be swayed by what is convenient for governments, institutions or individual adults at the expense of what is best for the child.

The Unicef UK Baby Friendly Initiative is based on a global accreditation programme of UNICEF and the World Health Organization. It is designed to support breastfeeding and parent-infant relationships by working with public services to improve standards of care. The accreditation programme rewards high standards of care in maternity and neonatal units, community health services, children's centres and universities that educate midwives and health visitors.

The Unicef UK Baby Friendly Initiative recently reviewed its standards, ensuring that each one has the best interests of babies at its very heart.

Various parts of the health service work with the Unicef UK Baby Friendly Initiative to provide information, support, training, networking, assessment and accreditation. All four UK nations (England, Northern Ireland, Scotland and Wales) and the National Institute for Health and Clinical Excellence (NICE) recommend Baby Friendly accreditation to all maternity and community health care settings as a way of improving services and outcomes.

Unicef UK Baby Friendly Initiative, Email: bfi@unicef.org.uk

Web: unicef.org.uk/babyfriendly

Unicef UK is a Registered Charity, No. 1072612 (England & Wales); SC043677 (Scotland)

Abbreviations

Continuing Professional Development – CPD

Department of Health – DH

Essential Skills Clusters – ESC

Head of Department – HOD

Health Visitor/Health Visiting – HV

Healthy Child Programme – HCP

Health Technology Association – HTA

Local Education and Training Board(s) – LETB

National Institute for Clinical Excellence – NICE

Midwife/Midwifery – MW

National Infant Feeding Network – NIFN

Nursing and Midwifery Council – NMC

Objective Structured Clinical Examination - OSCE

Specialist Community Public Health Nursing – SCPHN

The International Code of Marketing of Breastmilk Substitutes – The Code

UNICEF UK Baby Friendly Initiative – BFI

Introduction

The aim of this document is to provide guidance to universities delivering the following education programmes:

- pre-registration midwifery (MW)
- specialist community public health nursing (SCPHN)
- health visiting (HV).

Together with the Audit Tool for Universities, it supports successful implementation of the Unicef UK Baby Friendly Initiative standards (2012).

Case studies (Section 6) are used to provide examples of good practice. Links to useful resources are provided in Section 8.

The document should be read in conjunction with:

- [Guide to the Baby Friendly Initiative standards](#)
- [The evidence and rationale for the Unicef UK Baby Friendly Initiative standards](#)
- [Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK](#)
- [Audit Tool for Universities](#)

Section 1: Background

The Baby Friendly Initiative was introduced to the UK in 1994 in response to low rates of breastfeeding initiation and prevalence. The programme acted to implement evidence-based care to support more women to breastfeed their infants. To achieve this, it was recognised that there was a need to update education for health care staff to underpin minimum standards that would support breastfeeding. A natural extension of this approach was to make Baby Friendly standards part of future health professionals' formal training, ensuring these future generations incorporated Baby Friendly standards into their practice from the very start of their careers. Accreditation for universities, introduced in 2005, has seen widespread uptake, with many universities reporting great benefits (quotes from lecturers of accredited programmes are included throughout the document).

1.1 The Baby Friendly Initiative today

The Baby Friendly Initiative used a focused approach to implement significant changes to health care practice, and succeeded in gaining national recognition for the importance of breastfeeding. Through these efforts, a new 'common knowledge' has been created around breastfeeding practice within the health service and among policy makers. Once hotly debated topics such as skin-to-skin contact, rooming-in, teaching mothers how to breastfeed and avoiding supplementation are now accepted as good practice. Indeed, for many student midwives, 'normal practice' is offering all women skin-to-skin contact with their baby immediately after birth, and they do not know a time when this did not happen. While not every mother in the UK receives this level of support, overall standards have improved and most health professionals, including pre-registration midwives and health visitors, now have the knowledge and skills of what good care should be and how best to support women.

As breastfeeding rates have improved, so has the wider analysis of what works to sustain breastfeeding. Evidence regarding the importance of early care practices and the future well-being of

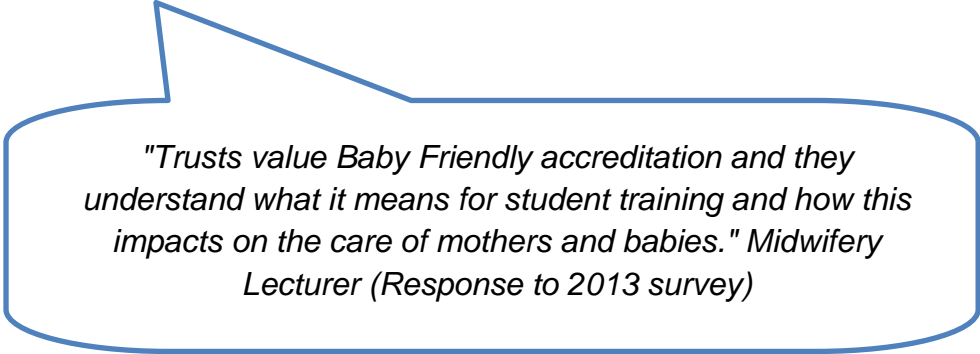
the child indicates that a broader approach to the Baby Friendly Initiative could result in better outcomes for all children, including strategies that promote a greater emphasis on early brain development, attachment and positive parenting interactions (NICE, 2012). Recognition of this resulted in Unicef UK developing a revised set of standards (2012).

The new standards incorporate the WHO/UNICEF Ten Steps to Successful Breastfeeding and the Seven Point Plan for Sustaining Breastfeeding in the Community (BFI, 2008) and fully reflect the new evidence base on delivery of the best outcomes for mothers and babies in the UK. This updated and enhanced approach encourages implementation of practice that supports relationship building between mother and baby. Breastfeeding is an essential part of the programme, and one that naturally enhances relationship building, but it is not the sole aim. The standards support mothers within maternity, neonatal, health visiting/public health nursing and children's centre services.

Importantly, the new programme reflects changes in the NHS maternity services (reduced antenatal care, shorter hospital stays and fewer community visits). It also responds to the identified need to close the gap between the outcomes of the most affluent and the poorest in society, identifying very early childhood as the optimal time to make these improvements. Midwifery, health visiting, community peer/volunteer services within the UK continue to be best placed to support individual women at the right time and within this social context. If women are nurtured and supported to care for their infants through a healthy pregnancy and in building safe, strong, emotional bonds with their baby, the baby will be given the best possible start in life, and this will be reflected in UK public health outcomes.

With a focus on communication styles and a mother-centred approach, the standards can be incorporated into course modules so that new generations of health care professionals can start their professional lives equipped with the knowledge and skills to support mothers and their families.

NB: For more information and a full list of references supporting the rationale and evidence for the Baby Friendly standards please visit the Baby Friendly website.



"Trusts value Baby Friendly accreditation and they understand what it means for student training and how this impacts on the care of mothers and babies." Midwifery Lecturer (Response to 2013 survey)

1.2 Accredited university programmes within the UK

The number of universities working towards accreditation within the UK continues to rise. This demonstrates a commitment to improving the quality of teaching and learning for students, as well as care for mothers and babies. More information about accredited universities is available on the website..

*"The Baby Friendly Initiative is a good marketing tool - something you can show off about to prospective students and to the Trusts."
Lecturer (Response to 2013 survey)*

1.3 Key points that arose from consultation with university staff

In writing this document, the Baby Friendly Initiative interviewed university staff who have been through the accreditation process and also sought feedback through an online consultation. Key points raised were:

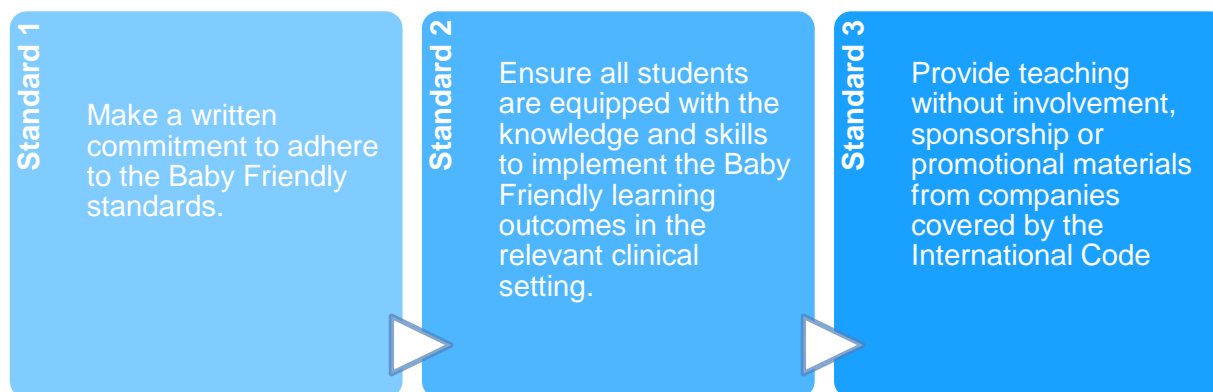
- An academic lecturer needs to take the lead and ideally this should be planned into their allocated workload.
- Once the project lead has been identified s/he will be responsible for co-ordinating the process.
- Planning for Baby Friendly accreditation needs to take into account the curriculum planning cycle.
- All lecturers who teach on accredited programmes need some education on the standards, even if teaching the standards is not their area of responsibility. This avoids inconsistent messages being taught to students.
- It is recommended that training on the basic skills for the Baby Friendly standards is introduced from the beginning of the programme before they go into clinical practice. It is popular with students as it helps them to feel more competent going into the workplace, and it also establishes the standards as an important element of the programme.
- Careful planning of student assessment related to the standards is key to success.
- It is recognised that whilst knowledge and skills required by midwifery and health visiting students overlap significantly, there are some differences. Therefore it is acknowledged that the learning outcomes need to be implemented with the appropriate emphasis to meet specific needs.
- Universities who achieve Baby Friendly Initiative accreditation achieve a 'cultural shift' in their teaching, learning and assessment of student midwives and health visitors in relation to infant feeding. It becomes everyone's responsibility and is best achieved as a shared experience.

"Baby Friendly makes it easier for the lecturers to ensure that the students are fit for practice" Lecturer (Response to 2013 survey)

Section 2: How the university assessment process works

2.1 Overview: Standards, themes and learning outcomes

In order to ensure the highest level of education in support of the Baby Friendly standards, all appropriate departments in universities should provide education to student midwives/health visitors/public health nurses to achieve three standards.



- **Standard 1:** The Head of Department (HOD) (or equivalent) should provide written confirmation that the standards will be implemented.
- **Standard 2:** The Baby Friendly Initiative themes and learning outcomes should be included within the core curriculum so that, by the end of the programme, the students will be equipped with the knowledge and skills to help mothers build a strong loving relationship with their baby, based on the best available evidence to protect, promote, and support breastfeeding. Support for these relationships is important for all babies, not only those who are breastfed.
- **Standard 3:** Materials provided by the bottle feeding industry should not be used in the department, except as necessary examples for teaching purposes. The departmental head (or equivalent) should provide written confirmation that no sponsorship or similar funding from such companies will be accepted and that no teaching in the department will be delivered by staff employed by such companies.

For more information on working within the International Code of Marketing of Breastmilk Substitutes see: [the Code section of the website](#) and Chapter 7 of 'The evidence and rationale for the Unicef UK Baby Friendly Initiative standards'.

Themes and learning outcomes to be met by the university programmes

By the end of their training students will:

Theme 1: Have an understanding of breastfeeding

- Have sufficient knowledge of anatomy of the breast and physiology of lactation to enable them to support mothers to successfully establish and maintain breastfeeding.
- Appreciate the importance of breastmilk and breastfeeding on the health and well-being of mothers and babies.

Theme 2: Enable mothers to breastfeed

- Have an understanding of infant feeding culture within the UK and the various influences and constraints on women's infant feeding decisions.
- Be able to apply their knowledge and understanding of the physiology of lactation to support women to get breastfeeding off to a good start.
- Be able to apply their knowledge of physiology and the principle of reciprocity to support mothers to keep their babies close and respond to their cues for feeding and comfort.
- Have the knowledge and skills to support mothers and babies to continue to breastfeed for as long as they want to.

Theme 3: Support close and loving relationships

- Develop an understanding of the importance of secure mother infant attachment and the impact this has on their health and emotional well-being.
- Be able to apply their knowledge of attachment theory to promote and encourage close and loving relationships between mothers and babies.

Theme 4: Be able to manage the challenges

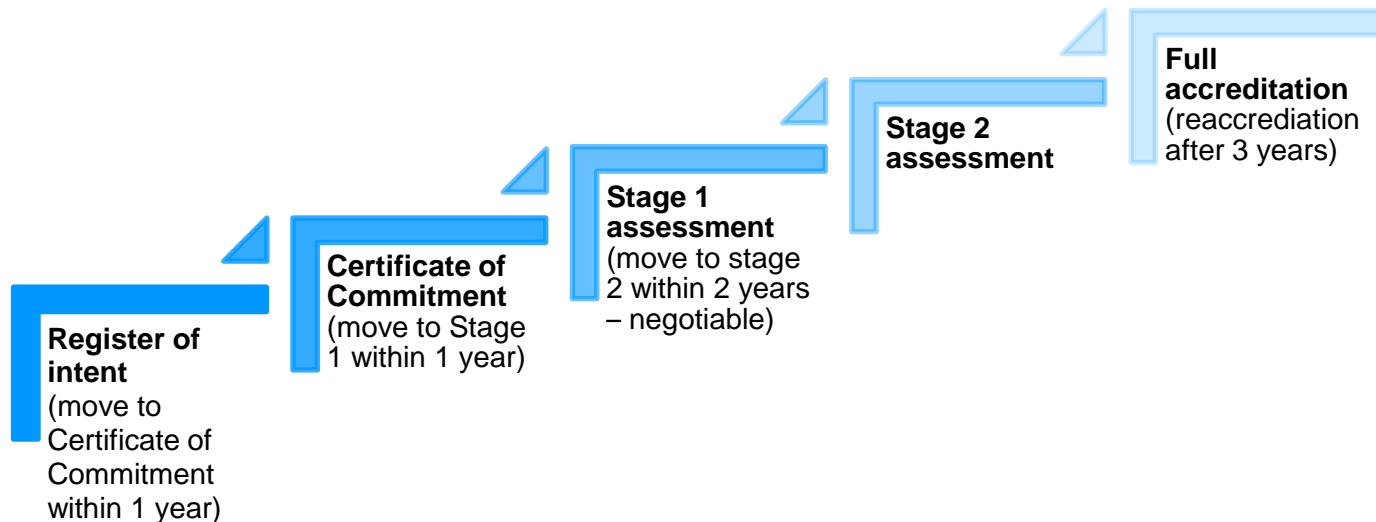
- Be able to apply their knowledge of the physiology of lactation and infant feeding to support effective management of challenges which may arise at any time during breastfeeding.
- Have an understanding of the special circumstances which can affect lactation and breastfeeding (e.g. prematurity, at risk babies) and be able to support mothers to overcome the challenges.
- Draw on their knowledge and understanding of the wider social, cultural and political influences which undermine breastfeeding, to promote, support and protect breastfeeding within their sphere of practice.

Theme 5: Promote positive communication

- Have an understanding of the principles of effective communication and current thinking around public health promotion strategies and approaches.
- Be able to apply their knowledge of effective communication to initiate sensitive, mother centred conversations with pregnant women and new mothers.
- Have the knowledge and skills to access the evidence that underpins infant feeding practice and know how to keep up to date (e.g. e-alerts, research summaries etc).

2.2 The assessment process: Overview

The assessment process takes place in stages, with the aim of supporting universities to work towards accreditation strategically, within a set time period, recognising the needs of both universities and practice. Students will be expected to demonstrate the knowledge and skills to implement the Baby Friendly standards around the point of qualification.



- **Register of intent:** The university registers with Unicef UK to establish its intention to work towards accreditation.
- **Certificate of Commitment:** The first award, given when the requirements for standards 1 and 3 are met; signed documentation from HOD, compliance with the Code and an action plan developed (within one year of registering intent).
- **Stage 1 assessment:** Assesses the curriculum and supporting documents to ensure that all the learning outcomes are addressed (within one year of attaining the Certificate of Commitment).
- **Stage 2 assessment:** Skills and knowledge assessed for both students and staff (usually within two years of Stage 1).
- **Full accreditation:** This lasts for three years, after which a reassessment of all standards is carried out.

Further details are given in Section 4: The Baby Friendly assessment process.

2.2.1 The Audit Tool for Universities

The audit tool has been designed to support universities to establish whether their programme/s meet the standards for Baby Friendly accreditation. It will enable the university to establish whether the five key themes have been incorporated effectively into the programme/s in order that the learning outcomes can be met. In addition, it will inform as to whether the lecturers involved in the delivery of the programme/s have been effectively prepared. As such, it includes questionnaire templates for use with students. The questions reflect the knowledge and skills required for staff in Baby Friendly facilities which employ midwives and health visitors. The tool can be used to inform curriculum development/amendment and also to help establish whether the university is ready for external assessment by Baby Friendly assessors.

Section 3: Guidance for going Baby Friendly

3.1 Getting started

3.1.1 The project lead

Experience has shown that introducing Baby Friendly standards is significantly easier if a key person has time allocated to lead the process. Although this person does not necessarily have to implement all the changes required, they can oversee the process, monitor and update the action plan, and act as the liaison with the Baby Friendly Initiative.

3.1.2 Achieving buy-in

English Local Education and Training Boards (LETBs) and their equivalents in Scotland, Wales and Northern Ireland are required to commission education programmes to deliver a workforce that reflects the needs of families, carers and local communities. Public Health England (2013) supports education to bridge the ‘theory-practice’ gap by promoting programmes that translate knowledge into action, build health intelligence, assure quality, are cost effective and support behaviour change that impacts on the public’s health.

A key driver for the introduction of the Baby Friendly Initiative university programme was complaints from trusts that, when seeking Baby Friendly accreditation, it is necessary to provide top up education to newly qualified staff who have not had this education as part of their pre-registration programme. Eliciting support from heads of service in the student’s placement areas and from local NHS commissioners can help make the argument that this is an efficient, cost effective use of resources.

“It is very impressive when visiting the maternity wards to see how the standards that you had set meant a great deal to the staff providing care, and the extent to which your training programme provided an opportunity for care providers to take stock of their practice”

Jamie Rentoul, Director of Workforce Strategy, DH, 2013

3.1.3 Cost benefit to the university

Cost benefit to the university can be difficult to quantify, but includes increased student satisfaction (with the potential to improve the National Student Survey results), recruitment and retention.

Working in partnership with local trusts and service users, universities can demonstrate, once accredited, that their students have had the training to enable them to support mothers in their infant feeding and relationship building with their babies.

3.1.4 Cost benefit to the NHS

There is much evidence to show the financial benefits of improving the health and well-being of mothers and babies through supporting women to breastfeed within the UK. Renfrew et al (2012) demonstrated that for just five illnesses, moderate increases in breastfeeding would translate into cost savings for the NHS of £40 million and tens of thousands of fewer hospital admissions and GP consultations.

In addition, analyses on three conditions – cognitive ability, childhood obesity and Sudden Infant Death Syndrome (SIDS) – indicate that modest improvements in breastfeeding rates could save millions of pounds and, in the case of SIDS, children's lives.

"Achieving Baby Friendly leads to greater employability for students – Trusts like employing staff they don't have to train again." Lecturer (Response to 2013 survey)

3.1.5 Cost to the university of the accreditation process

The Register of Intent and Certificate of Commitment incur only modest costs for Unicef UK and therefore no charge is made to the university. For Stages 1 and 2 there is an assessment cost.

Baby Friendly works on a cost recovery basis and is a programme of Unicef UK, a not-for-profit organisation. Therefore, going Baby Friendly has some cost implications which will need to be factored into the project early on and discussed with the departmental budget holder. This may cross budget holders if midwifery and health visiting sit in different departments.

Stage 1: Midwifery and health visiting programmes will usually need to be assessed independently. For example, it is unlikely that one programme will cover the particular needs of health visitor students in a one-year programme and the student midwives over three years.

Stage 2: Generally midwifery and health visiting programmes are assessed independently due to the different structures and length of the programmes. However, on occasions it may be possible to undertake joint Stage 2 assessments. This may be cheaper as the Baby Friendly assessment team only needs to visit the university on one occasion.

For details of full Baby Friendly Initiative costings go to the [website costs page](#).

Other internal costs include project leadership and staff time, training and development.

"Our students are much more confident when discussing and supporting women to breastfeed." Lecturer (2013 response to survey)

3.2 The steering group

Early on it is recommended that the project lead brings together a stakeholder group to scope out the project and develop an action plan. Effective leadership and collaborative working will enhance the process and it is important to recognise from the start that the project lead cannot be expected to achieve accreditation alone. Understanding the complexities of how to implement a programme that will equip the students with the knowledge and skills to improve mothers and babies' health and well-being requires a multifaceted approach, involving other agencies and disciplines.

The purpose of the steering group is to monitor and support implementation of the process and be a 'critical friend' when required.

The steering group needs to be knowledgeable, visible, sustainable and collaborative.

3.2.1 Membership

- Project lead
- Lecturer representative from each programme working towards Baby Friendly accreditation e.g. Health Visiting, Midwifery (18 months), Midwifery (Three years)
- Infant feeding leads from the practice sites where students have placements
- Lay representatives; NCT, BfN, service users etc.
- Student representative from each programme
- Local national infant feeding network lead (as appropriate – see Section 8)
- Practice development co-ordinator/field teacher if available
- Commissioner responsible for midwifery and health visiting training who informs LETB or equivalent.

3.2.2 Planning

It is useful for the project lead to set the scene in relation to the education programmes and the Baby Friendly Initiative.

Sub-groups may be formulated to develop specific action points and bring these back to the steering group for review e.g. to develop the HV programme and the MW programmes or the practice documents/assessments etc.

Terms of reference should be agreed. A basic action plan which outlines the actions required, timeline and key staff responsible for implementation of the Baby Friendly standards is recommended.

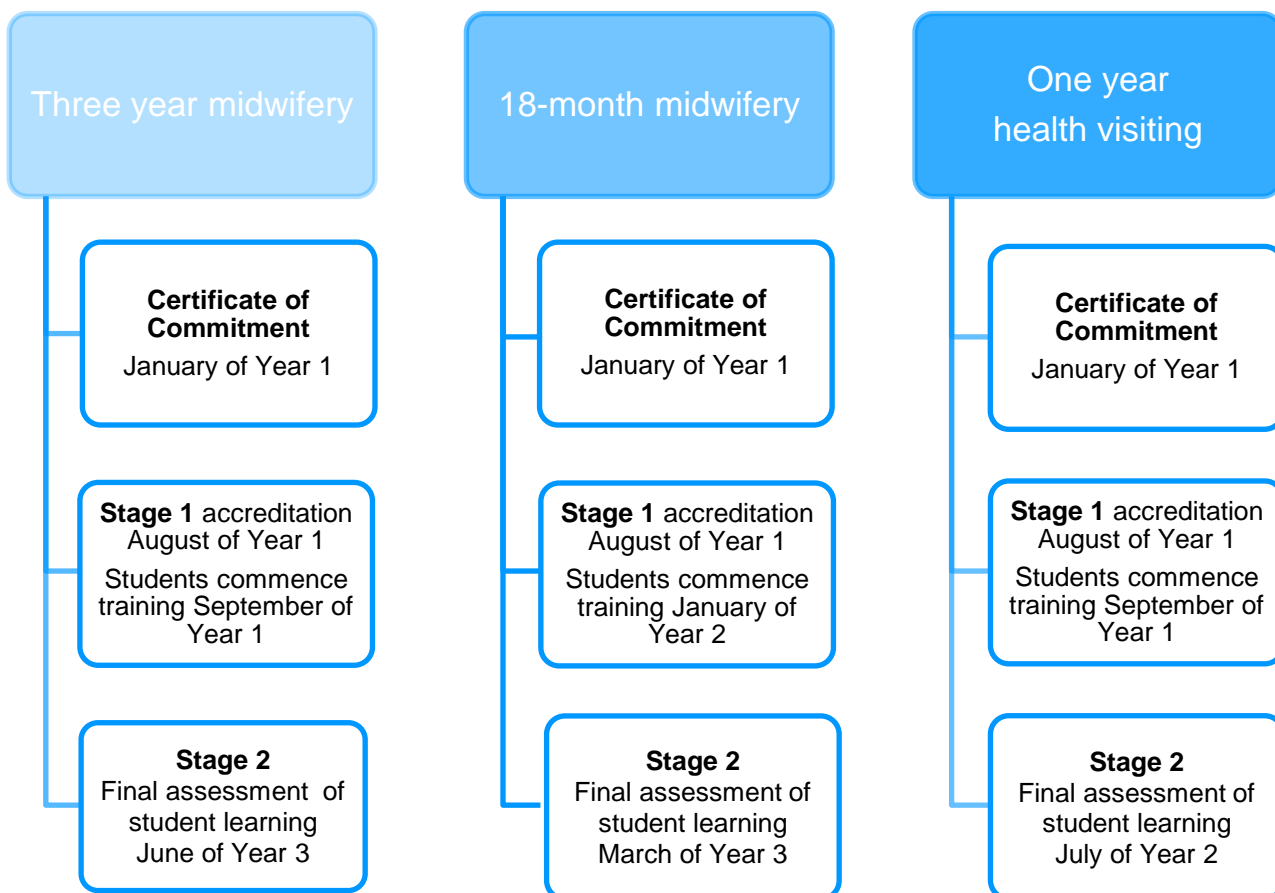
3.3 Curriculum development

3.3.1 Periodic review and validation

The cycle of re-validation of programmes may inform the action plans to achieve Baby Friendly accreditation. Once the themes and learning outcomes to be achieved are mapped against the university's programme learning outcomes, it may be decided that this is best met through course design alterations and/or additions to modules within the university/NMC periodic review cycle. For others, the themes may already be met within the core curriculum and meeting the learning outcomes may be achievable within the current teaching, learning and assessment strategy.

Once there is a clear idea of what needs to be achieved it may be useful to develop a tailored timeline. This can help the steering group and planning processes e.g. the time and resources required to achieve accreditation.

Baby Friendly accreditation: Timeline examples



Please note, this timeline is an example only. Actual dates for assessments will need to be booked with the Baby Friendly Initiative office.

Confirmation that all learning outcomes are adequately covered within the curriculum is a requirement for Stage 1 of the assessment process. It is important to ensure that they are covered in sufficient detail to enable the students to effectively implement the Baby Friendly standards in practice. The Audit Tool for Universities can be used to help inform programme development, ensuring any additions/amendments do not impact negatively on student learning. It will help identify whether the programme as a whole is successful or whether individual sessions work. It should be used in conjunction with other means of student assessment, for example written assignments, practical skills reviews and OSCEs in order to provide an overall picture.

Where any omissions are identified, actions will be needed to ensure that these are addressed. It is possible that in some instances a more effective approach may be to wait until the curriculum is due for review/re-validation to ensure that all the learning outcomes are included.

3.3.2 Mapping the learning outcomes to the curriculum content

Feedback from universities is that a mapping exercise helps both the university and the Baby Friendly Initiative assessment team understand needs and aims, and explains how these have been addressed. It is

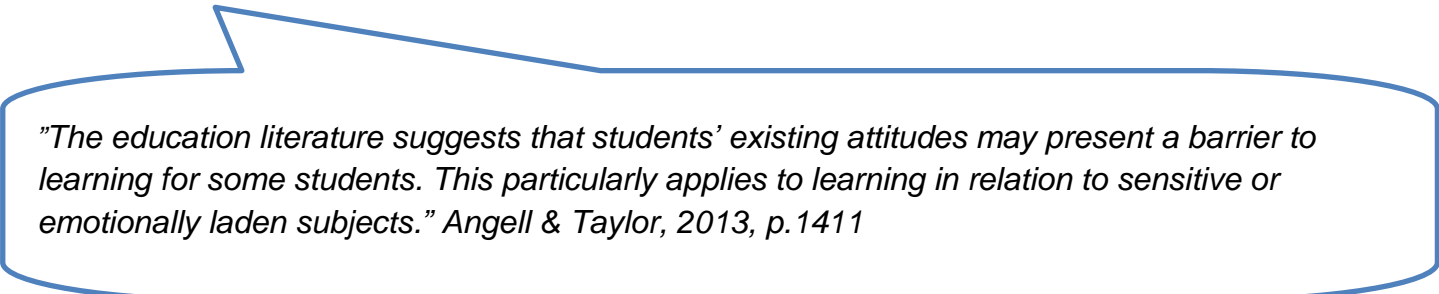
useful for the Baby Friendly assessment team if the learning outcomes and topic areas are mapped across the programme of study and to individual modules. An overall 'MAP' can guide the assessor and articulate how the learning outcomes are being met across the curriculum.

3.3.3 What the content should look like

Accredited universities have demonstrated that 'front-loading' the curriculum with an introduction to the Baby Friendly standards, infant feeding and relationship building, before students ever go into clinical practice, builds a good foundation for their future learning. In some areas local infant feeding co-ordinators have been invited to help students with core knowledge and skills and to introduce them to the clinical skills documentation. If students have had teaching sessions to help them learn how to support mothers to position and attach their baby at the breast and how to hand express her milk, then they can begin to use these skills as soon as they go into the practice environment and are less likely to feel lost and/or learn skills that maybe out of date.

To ensure that learning is embedded, topics should be threaded through the curriculum (Appendix 1), building on previous learning and drawing on clinical experience to help the student move from 'novice to expert' (Benner, 1984). There will be variation between the needs of a MW and HV student which will inform when best to deliver the content.

For all students, facilitating a discussion and implementing careful teaching strategies to explore their own experience and existing knowledge of infant feeding will enable them to overcome prejudices and help them move to a position where, based on the best available evidence, they can support mothers in a non-judgmental, facilitative way (Angell & Taylor, 2013).



"The education literature suggests that students' existing attitudes may present a barrier to learning for some students. This particularly applies to learning in relation to sensitive or emotionally laden subjects." Angell & Taylor, 2013, p.1411

3.3.4 Lesson plans

While lesson plans are not part of the requirement of the Baby Friendly university standards, their development will enable consistency of standards between cohorts and lecturers, and ensure that the teaching is aligned to the intended outcomes, the assessments and practice (Biggs, 2003, Clouston et al, 2010).

Attachment of sample lesson plans with the application form for Stage 1 also makes the assessment process more transparent and easier for the Baby Friendly team to carry out.

Everyone involved in delivering the topic areas needs to be familiar with them. Aligning the learning outcomes to the lesson plans and in all relevant documents such as module plans, session plans, information for mentors, student handbooks etc. will help them to be known and understood by all stakeholders, including the students.

Lesson plans are particularly important for relevant taught sessions where the majority of the content is related to addressing the Baby Friendly learning outcomes. The learning outcomes will be touched on in many of the students' taught sessions. However, for the purposes of the Stage 1 assessment, only those where the majority of the content is addressing Baby Friendly themes/learning outcomes need be included. This is where the mapping exercise helps to identify what is required early on.

The teaching team will decide how much to include, ensuring that the Baby Friendly team understands how the learning outcomes have been met. The more signposting and examples provided the better.

The project lead may collate all the lesson plans to ensure that the outcomes have been met and then selectively decide which ones to submit.

The project lead will be asked to complete the following example table at Stage 1:

Taught session title	Year/module	Content	Methods	Duration	Theme	Learning outcomes
Positioning and attachment of the baby at the breast	Year 1 Module – Women and reproduction (number)	Revision of anatomy and physiology of breast based on student workbooks (see below). Practice skills workshop supporting mothers to position and attach the baby at the breast.	Practice skills workshop Quiz Group discussion Scenario based skills	2 hours	1 & 2	1 & 2 3 & 4
Self- directed learning	Year/module	Description	Expected learning time	Baby Friendly learning outcomes covered		Assessed
Baby Friendly Initiative workbook	Year 1, 2 and 3	Three workbooks for each year of programme containing activities, quizzes, reading list and practice scenarios linking theory to practice. Enables students to consolidate and apply learning to practice.	20 hours per year	All		Reviewed by practice lecturer and mentor with student at the end of each year

3.3.5 Preparation of practice documents

Experience from accredited universities has shown that the acquisition of practice skills cannot be covered by classroom teaching or practice alone and, for mothers, what works to support breastfeeding is 'face to face', 'predictable', 'practical' support (Renfrew et al, 2012).

All students are therefore required to complete practice skills to demonstrate that they have met the NMC standards and for midwifery the Essential Skills Clusters. In midwifery these skills are signed off in practice by a 'sign off' mentor, in health visiting by the 'practice teacher'.

Unlike the EC directives, which clearly state the number of normal births required for student midwives, the Baby Friendly Initiative does not dictate how many demonstrations of each skill students should complete. However, helping the student to achieve their competencies (positioning and attachment of the baby at the breast, skin-to-skin contact, hand expression etc.) in clinical practice by deciding on a minimum number that the students have to achieve is strongly recommended.

This will ensure that the student has the relevant practice experience planned into his/her allocation and if s/he is struggling to achieve their competence, further allocation of the appropriate practice placement area can be arranged to enable them to meet the requirements of the programme.

For example:

- It will be harder for a student midwife to gain the skills to support a mother with mastitis or introducing other foods, so it may be helpful to include a visit in his/her skills book to a breastfeeding clinic in the community where she will be able to talk to mothers with older babies and to the practitioners supporting them.
- For health visitor students working in areas of very low breastfeeding prevalence, gaining the skills to support positioning and attachment may be very difficult and a placement with the infant feeding lead may be required.

The students' practice-based assessment documentation and skills records need to demonstrate how the student moves through the levels of learning from 'helper' at the beginning of their training to 'competent practitioner' at the point of qualification and clearly identify how this has been verified by the mentor.

For example:

- The student may observe a designated number of breastfeeds with a mentor and then be supervised on a designated number. S/he can then be assessed by their mentor and move on to build on their experience, gaining confidence in their practice on a further pre-agreed number of occasions.

The Baby Friendly Initiative has produced resources to help practitioners in their support of mothers in their infant feeding and conversations with mothers to help them respond to their babies' needs. These are available on the Baby Friendly website, for example:

- Having meaningful conversations with mothers: A guide to using the Baby Friendly signature sheets
- Building a happy baby leaflet
- Breastfeeding assessment form
- Practical skills review form
- Guidance on hand expression

- Caring for your baby at night leaflet

The practice document should be designed to ensure that students are aware of what is expected of them and also act as an aide memoire for mentors to inform them of the range and amount of experience that the student needs. Lecturers in midwifery and health visiting will decide what is the most appropriate format for individual programmes/students.

Suggested topics for inclusion in the clinical practice documentation

That the student will be able to facilitate:

- antenatal and postnatal conversations in relation to infant feeding and relationship building
- positioning and attachment of the baby at the breast
- hand expression of breastmilk
- responsive bottle feeding.

Additional topics that may be included are:

- skin-to-skin contact
- helping mothers to overcome breastfeeding challenges
- appropriate use of foods other than breastmilk
- the needs of 'at risk' babies
- timely introduction of solid foods.

The Baby Friendly Initiative assessment team will interview the students to evaluate competence. As mentioned above, this is to assess the effectiveness of the education programme rather than student skills in and of themselves. At least 80% of the students interviewed at Stage 2 will be required to give answers which meet each criterion in order for the midwifery/health visitor programme to be accredited. Using the Baby Friendly Audit Tool for Universities will help inform whether the cohort of students has gained adequate knowledge and skills and is ready for Stage 2 assessment.

For further information on training and Baby Friendly standards, see *Guidelines for the development of a training curriculum for the revised Unicef UK Baby Friendly Initiative standards* document for clinicians on the website.

3.3.6 Lecturers – skills and knowledge

It is essential that university staff have the knowledge and skills to implement the learning outcomes to achieve the Baby Friendly standards.

The Baby Friendly standards relate to many areas of the curriculum including antenatal care, birth, postnatal and neonatal care, perinatal mental health, public health and child health and well-being. The project lead and other key members of the team will be involved in teaching the majority of the content but all staff will need to be familiar with the standards to ensure that they are providing consistent, evidence-based education for all the students across the curriculum and as 'link lecturers' in clinical practice (NMC, 2010).

Experience has shown that universities achieve better if at least one of the core members of the team attends a Baby Friendly Initiative 'Breastfeeding and relationship building' course and a 'Train the Trainer' course – details of current courses can be found on the Baby Friendly Initiative website (

At Stage 1, leads are required to describe briefly how the lecturers are educated to help them to teach, support and assess the Baby Friendly standards according to their role and responsibility. Using the lecturer self-assessment section of the Baby Friendly Audit Tool for Universities will help lecturers to identify any learning needs they may have so that these can be addressed.

When the Baby Friendly team comes to the university for the Stage 2 assessment they will interview the core teaching team delivering the programme.

3.3.7 Mentors – skills and knowledge

University students will gain clinical experience in a variety of settings across a landscape that may vary considerably in its competence in facilitating student learning in relation to the Baby Friendly standards. It is not the university's responsibility to provide qualified clinical staff with the training to implement the standards. However, universities are required to demonstrate how they will ensure that the students receive adequate support during their practice placements. Where deficits are identified, strategies need to be put in place to address these e.g. where students practice in an area where the Baby Friendly standards have not been implemented in the practice environment.

The university is responsible for the orientation of the practice-based mentor to explain how the education standards are being delivered through the curriculum. This may be facilitated at mentor update days, service and education meetings, within the link lecturer/practice teacher role and through documentation etc.

Where a service is not accredited to Baby Friendly standards, it is suggested that the project lead meets with the professional lead for midwifery/health visiting within the NHS hospital and/or community to discuss a way forward. It is also essential that the students are prepared for encountering practice that is at variance with what they have been taught in the university, thereby narrowing the theory-practice gap. Equipping the students to deal with such situations sensitively can have a positive impact on clinical care.

Lecturers should ensure mentors are able to:

- understand the education standards, including limitations of their own knowledge and skills
- enable students to access appropriate practice experience to gain the required knowledge and skills
- support students to apply theory to practice which is underpinned by the evidence base
- supervise students as they gain the confidence to support mothers and their families
- provide feedback to students on their progress
- ensure that all elements identified within the clinical practice document are completed.

Evidence of how mentors are to be orientated to the education standards is required at the Stage 1 assessment. Consideration should be given to the orientation of the mentor at the action planning stage.

3.3.8 Assessment for learning

Feedback from accredited universities suggests that thorough formative and summative assessment of student's ability to implement the standards is **key** to achieving Baby Friendly accreditation. Using the Baby Friendly Audit Tool for Universities can contribute to this assessment process.

Reflection on the pedagogy

Students come to the university at different stages of their learning development and with their own individual needs. Their programme, their motivation and interests all impact on how they will learn and their expectations of the assessment process.

In order to provide all students with opportunities to demonstrate their learning, the profile of assessments within a programme should include a range of assessment formats, for example practice-based assessments, OSCE, reflective assignments, written examinations. Assessment methods and procedures should anticipate the needs of a diverse student body, and in particular must take into account the QAA Code of Practice on Students with Disabilities, and the current equalities legislation (i.e. the Equality Act 2010).

Key points for assessment

- Good assessments create a good educational experience, set out high expectations, foster appropriate study behaviours and stimulate students' inquisitiveness, motivation and interest for learning.
- Good assessments provide opportunities for students to engage in a dialogue about their learning.

A good learning environment considers the individual student whilst also recognising the importance of a learning community. Furthermore, learning is enhanced if students are able to share their conceptions and misconceptions.

Regular assessment activities built in throughout the module will provide feedback to the lecturer and student on areas of strength and weakness to focus on for future teaching sessions.

Timely, meaningful assessments develop the students' interests and motivations, and encourage them to engage in their study to meet the learning outcomes.

Feedback is an essential aspect of the assessment activity. For feedback to be effective it needs to be prompt and make sense to the students so that they can develop their learning and feed this into their future practice.

"What influenced students most was not the teaching but the assessment" (Gibbs & Simpson, 2004, p.4)

"Assessment is the senior partner – get it wrong and the rest collapses" (Biggs, 2003, p.165)

"The methods we use to assess students are one of the most critical of all influences on their learning" (Ramsden, 1993)

"If you want to change student learning then change the methods of assessment" (Brown, Bull & Pendlebury, 1997)

Choosing the most appropriate assessment

The team will need to plan how best to assess the learning outcomes. Within midwifery the NMC requires that clinical skills (e.g. the NMC clusters) are assessed by a 'sign off' mentor and within health visiting by a qualified 'practice teacher'.

In reality almost all the Baby Friendly accredited universities have found that assessing the students practical skills in the university environment is necessary. This is because students' and mentors' experiences and motivation vary, even when the NHS hospital/community trusts have achieved Baby Friendly accreditation. Providing the consistency of a university assessment therefore ensures that all the students are supported to achieve the necessary level of competence. Over-reliance on mentors to support students to achieve the necessary skills is one of the most common reasons that universities do not meet the required standards at Stage 2.

All of the learning outcomes need to be assessed through some form of formative or summative assessment method. For example, an understanding of the Code may be assessed through summative/formative online packages, classroom debate, workbooks or written assignments. Other learning outcomes may be assessed through multiple choice exams, written exams, assignments and practice simulation.

Objective Structured Clinical Examinations (OSCE)

The OSCE is an examination used by most accredited universities to test clinical performance and competence in skills such as positioning and attachment, hand expression and antenatal/postnatal communication with the mother.

The aim of the assessment is to enable the student midwife/health visitor to integrate the knowledge, understanding, skills and attributes necessary to demonstrate effective care in practice.

Students consistently give positive feedback on this method of assessment. It is very effective in assessing ability and provides immediate feedback to the tutors on the students' knowledge and skills in a safe environment, where students have the opportunity to develop their learning if required.

It also prepares the student for the Stage 2 assessment when the Baby Friendly Initiative assessment team will interview the students on their knowledge of the learning outcomes.

Section 4: The Baby Friendly assessment process

4.1 Register of intent

The process to full accreditation begins when the university department registers intent with the Baby Friendly Initiative. This is a simple process requiring the completion of a register of intent form which is then returned to the Baby Friendly office.

Once intent is registered, the Baby Friendly Initiative will make a record of the application, and will be in contact with a nominated individual regarding assessments and give guidance throughout the process of implementation as required. The register of intent will also be recorded on the awards tables on the Baby Friendly Initiative's website so that the university's progress toward accreditation is available to any interested parties.

4.2 Certificate of Commitment

A Certificate of Commitment is awarded when the university has met the requirements for standards 1 and 3, and developed an action plan for how the requirements for Stage 1 and Stage 2 are to be met. A Certificate of Commitment must be attained within one year of obtaining the register of intent.

An action plan will support the team to complete the process in a logical and timely fashion. It will also ensure that information is communicated across the whole team and throughout the curriculum. It is recommended that the action plan covers all the changes required, and allocates tasks to appropriate members of staff.

In order to apply for a Certificate of Commitment the university is required to submit:

- A Certificate of Commitment application form.
- Confirmation from the HOD that the standards will be implemented.
- Confirmation that no sponsorship or similar funding from the bottle feeding industry will be accepted, including sponsorship of students' tuition costs, and that no teaching in the department will be delivered by staff employed by such companies.
- An action plan which includes:
 - all the actions required to implement the standards
 - a realistic and relevant timeline
 - identification of key staff responsible for implementing the listed actions.

"Achieving Baby Friendly accreditation makes our programmes more attractive to students applying to the University" Lecturer (Response to 2013 survey)

The Certificate of Commitment will then be awarded and recorded on the Baby Friendly Initiative's website's university league table. This can be a useful opportunity to generate some positive publicity for the university.

4.3 Stage 1

4.3.1 Submission of documents for assessment

Pre-registration education programmes must ensure that students who have completed the programme are equipped with the necessary knowledge and skills to be able to practice in accordance with Baby Friendly standards as newly qualified health professionals. Stage 1 ensures that the planned curriculum enables appropriate learning to take place.

Within one year of obtaining the Certificate of Commitment the university is required to submit the completed Stage 1 application form, together with supporting documents, to the Baby Friendly Initiative office for the assessment to take place.

Documents to be submitted

The information provided in each section of the application form needs to be supported by the appropriate evidence.

This may include:

- The document that best explains the overall programme structure e.g. an adapted programme specification and guide to how individual modules map across the curriculum.
- A sample of relevant lesson plans, slides and teaching aids that explain the teaching methods used and content covered in relation to the learning outcomes.
- Examples of how the learning outcomes are assessed e.g. examination papers, OSCE or viva scenarios, practice-based assessments etc.
- Examples of the documentation used to record the students clinical practices/competence.
- Evidence of how the practice mentors are orientated to the Baby Friendly standards.
- Evidence of the education of lecturers to Baby Friendly standards, for example, showing attendance at a relevant Unicef UK course or attending in-house training that equips staff with the knowledge and skills to consider the Baby Friendly Initiative learning outcomes across the curriculum.

When the university is ready for Stage 1 assessment, the project lead should contact the Baby Friendly Initiative office to discuss a suitable date. This will then be booked and the project lead will be given the name and contact details of the assessor.

The Stage 1 application form should be completed and sent with the relevant supporting documentation (via email/web) at least two weeks before the agreed assessment date. On the assessment date the project lead should be available via telephone in case the assessor has any queries or issues to discuss. Contact details need to be submitted with the Stage 1 documentation.

On completion of the assessment, the assessor will write a report outlining the findings as well as any requirements and recommendations.

- **Requirements** are made when there is insufficient evidence for the assessor to confirm that a learning outcome is adequately covered within the programme.
- **Recommendations** are made when there are suggestions for improvement to the way the learning outcomes are covered or to the materials submitted.

Where requirements are made, the university will be expected to submit further evidence before Stage 1 can be considered passed.

The report will be sent to the university and to the Baby Friendly Initiative's National Designation Committee for comment and approval. Once all the requirements are met, Stage 1 will be considered passed and this will be recorded on the Baby Friendly Initiative's website.

The university will then have a maximum of two years before having its' Stage 2 assessment.

4.4 Stage 2

When the department is satisfied that a cohort of students has completed all the infant feeding elements of the programme they can apply for these students' knowledge and skills to be assessed. An application form should be completed to include the results of a recent audit of the students' knowledge and skills. At least three months' notice is needed for the Baby Friendly office to arrange a Stage 2 assessment.

4.4.1 Preparation of students

It is important to note that although individual students will be interviewed to assess their skills and knowledge, the assessment is designed to assess the strengths and weaknesses of the education programme, rather than individual's attainment levels. The programme will be accredited when 80% of students are able to demonstrate sufficient knowledge and skills. This will be assessed via face-to-face interviews with a selected sample of students.

The students within the cohort being assessed need to understand the process and feel that it is of benefit to them. It is recommended that they are well informed about the significance of the standards and the award and how this will impact on them.

Leads may wish to develop a certificate for them to keep in their portfolios, and to schedule the Stage 2 assessment date into their programme early so that they know what to expect.

4.4.2 The student assessment

The timing of the Stage 2 student assessment should be planned into the academic year. Ideally, the assessment will take place no more than three to six months prior to registration to ensure that the students are fit for practice at the point of entering the NMC register. The optimal timing of the assessment will obviously be different for health visitors on a one-year programme to midwives on a three-year programme.

Planning for this should help make the most of the time the Baby Friendly assessors spend at the university to ensure the lowest cost. This is particularly important when co-ordinating assessment of more than one programme e.g. three-year and 18-month MW programmes and a one-year HV programme.

The assessment will consist of face-to-face interviews with a selected sample of students to assess their knowledge and skills in relation to infant feeding and relationship building.

The interview (about 20 minutes) is based on the clinical assessment tool for health care staff and will include a demonstration of how the student would teach a mother to position and attach her baby for breastfeeding and hand expression of breast milk, along with a range of questions about supporting the mother to build a relationship with her baby, basic breastfeeding management and problem solving.

As with any assessment, it is important the students and staff are aware of the assessment criteria and enabled to achieve to the best of their ability.

The interview uses questions derived from the themes and learning outcomes to ascertain:

- the level of training in, and knowledge of, infant feeding and relationship building
- knowledge of attachment and positioning, as demonstrated by their ability to teach a mother
- ability to teach a mother how to express their breastmilk by hand
- knowledge of practices which are known to support a mother initiate and continue to breastfeed
- knowledge of the prevention and treatment of common breastfeeding complications
- knowledge of how to support a mother to bottle feed
- knowledge of how to support all mothers to be responsive to their babies needs and build a close and loving relationship.

One cohort of students from each programme will be chosen by the university for assessment, with a random sample of students selected by the Baby Friendly assessors for interview. The size of the sample will depend on the number of students in the cohort. Universities will be advised on an individual basis prior to Stage 2 assessment.

4.4.3 The lecturer assessment

The project lead, HOD and core members of the teaching team that deliver the majority of the content will be invited to individual, face-to-face professional discussions about the standards, how they are delivered within the curriculum, what support is available for the project lead to implement the standards and plans for sustainability and maintaining the standards following accreditation.

4.4.4 Planning for the visit

It is important that preparation for Stage 2 assessment is built into the planning of the programme as the full cohort of students will be expected to be available to be present at the university on the day of the assessment.

All the assessments will take place over one day and involve a visit by two assessors. Two rooms will be required for the assessment.

The university is responsible for deciding which cohort of students is assessed although the Baby Friendly assessment team will be responsible for selecting a random sample of students for interview from the chosen cohort on the day.

4.4.5 The Baby Friendly assessors

The Baby Friendly Initiative assessment teams are senior staff supported by a group of practitioners who have previously taken a trust or organisation through the Baby Friendly assessment process. They teach on the courses and attend CPD sessions to maintain their skills and registration. Many of them are lead infant feeding co-ordinators in their specialist area.

4.4.6 Feedback

The students' answers are fed into a central scoring system and the university is given results based on each of the topic areas.

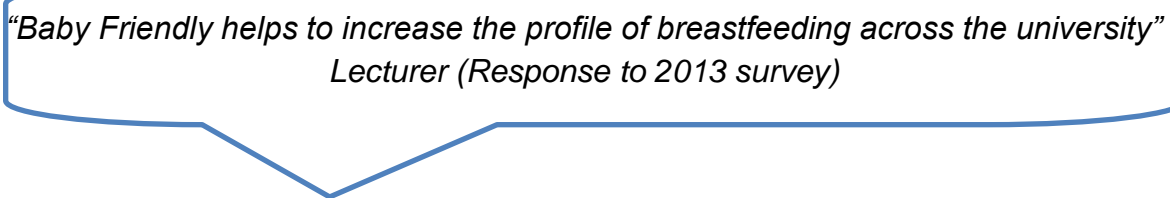
The results at Stage 2 will be deemed to be representative of the standard achieved for all students completing that programme. This means that, assuming that the standards are achieved, no further students will be interviewed from subsequent cohorts until the time of re-assessment, which will take place three years later.

A detailed report will then be produced and submitted to the Baby Friendly Initiative National Designation Committee which makes the final decision as to whether Baby Friendly accreditation can be awarded.

The university will receive a copy of the report. Once accreditation is confirmed, each programme will be listed on the Baby Friendly Initiative's website as having been accredited as Baby Friendly.

4.5 Celebration

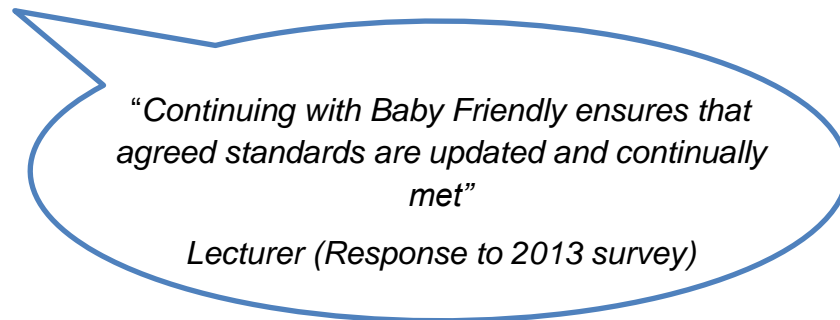
The Baby Friendly Initiative team is always happy to support a celebration and present the achievement certificate at a media event where possible. Please contact the office for further information.



"Baby Friendly helps to increase the profile of breastfeeding across the university"
Lecturer (Response to 2013 survey)

Section 5: Re-assessment

The first re-assessment will take place after three years. Re-assessment consists of a repeat of the Stage 2 assessment with the latest cohort of students. Any changes to the curriculum, particularly re-validation, will also be examined at that time. It is therefore recommended that the application form for Stage 1 assessment be updated as changes are made, so that it reflects the way the learning outcomes are currently addressed and can be reviewed immediately prior to the assessment. To help keep costs down, re-assessments are usually undertaken by a single assessor who interviews a smaller sample of students than at the Stage 2 assessment.



6.1 Health Visiting programme, University of Bolton

Background

Health Visitors that train at the University of Bolton practice in the northern part of Greater Manchester in one of four NHS trusts. The area has large areas of deprivation and is ethnically diverse with a large indigenous white population, and large Polish and Asian communities.

Three lecturers currently facilitate two intakes of 38 and 33 students a year in January and September respectively. The team works closely with the infant feeding leads from the trusts, where the community services are either working towards Baby Friendly accreditation or are fully accredited.

The new Baby Friendly standards support the philosophy of care

Facilitating and enhancing relationships within families is a core component of the programme in Bolton and developing the theoretical knowledge and practical skills of the students learning is a key goal.

Recruitment of students

Recruitment of students is taken very seriously in Bolton and the in-depth approach to selection is thought to have contributed to their success with achieving Baby Friendly accreditation.

The university provides potential candidates with information about the additional skills that they will acquire through the programme, including what it means to be a Baby Friendly-accredited programme.

At the interview stage candidates are required to engage in an activity with local service users who have received training. Students have a 'meet and greet' area where they can relax before the interview and where the service users can get to know them. The process is observed by a member of staff (from the university or employing trust).

The service user assesses the students on five set criteria based on the NHS Trusts core values, these include:

- 1. Patient/Customer Focus**

Putting the patient at the centre of everything the Trust does. Students are assessed on their relationship skills, friendliness, having a caring, approachable attitude, real life practical tips and listening skills.

- 2. Continuous improvement**

Students are assessed on how they appreciate different backgrounds and perspectives, how skilled they are at drawing information and how good a listener they are.

- 3. Accountability**

Students are assessed on how they would respond to a mother's concerns, what they do when they don't know what to do (and do they admit this), how do they find out the correct information and if they give information clearly.

- 4. Respect**

Students are assessed on friendliness, listening, open-mindedness, leadership and communication.

- 5. Communication**

Students are assessed on their non-verbal communication.

The candidates are scored by the service users. This score is used as a crucial component of the overall selection process.

The service users involved in the recruitment process have emerged from links with the infant feeding leads, and from breastfeeding support groups. Service users are involved with shaping the service on how they would like to see it.

The Baby Friendly steering group

The academic team at the university meets regularly with the infant feeding leads from the partner Trusts where students practice. This forum provides an opportunity to plan the learning calendar for the year. It helps to maintain a collaborative approach and ensures that theory relates to contemporary practice.

The curriculum

The programme runs over one year and is divided into blocks of seven weeks in university and seven weeks in placement. In Semester 1 there are four modules where the Baby Friendly content is threaded through. The Baby Friendly training is delivered in the first module as this provides the students with the necessary knowledge and skills required before they begin their first practice placement. This training is delivered by the Trust infant feeding leads with the support of the academic staff.

Semester 1 Curriculum

Curriculum	How the Baby Friendly learning outcomes are met
Module 1: The principles of health visiting*	<ul style="list-style-type: none"> • Students explore the concepts of relationship building and communication skills. • This learning is set within the context of current understanding of neuroscience. • The importance of early reciprocal and nurturing environments are embedded in the module. • Infant feeding leads deliver training on measuring growth and growth patterns in relation to breastfeeding.
<p><i>Students enter the practice area with an understanding of the importance of early social and emotional development. Infant feeding is an integral part of this.</i></p>	
Module 2: Public health	<ul style="list-style-type: none"> • Students are required to seek out the health needs of the populations they serve. • From this they develop an activity that will enable them to address some of the inequalities that they have identified e.g. identifying women least likely to breastfeed in their community.
<p><i>Through this module students get to know their populations so that they can identify their needs.</i></p>	
Module 3: Non-medical prescribing	<ul style="list-style-type: none"> • This module is taught by a Health Visitor and set in the context of practice. • Examples of treatments associated with breastfeeding are used by the students to develop their expertise, for example, medication for the treatment of thrush and mastitis.
<p><i>The advantage of the students incorporating their infant feeding knowledge is that they are able to provide a more holistic approach to the families that they support. They have the skills to comprehensively assess and support a range of potential difficulties.</i></p>	
Module 4: Critical evaluation of evidence and practice	<ul style="list-style-type: none"> • Students have the opportunity to critically analyse the available literature on a range of relevant topics, including breastfeeding and relationship building.
<p><i>The students begin to embed their knowledge in their first practice placement experience and then return to university for the second block of learning. Staff in partner NHS trusts have begun to implement the new Baby Friendly standards within their practice.</i></p>	
<p><i>*NB During Module 1, all students attend a two-day course on understanding and supporting breastfeeding.</i></p>	

In Semester 2 there are three modules and 'weekly workshops' are provided to support learning in:

- safeguarding children
- principles for leadership
- developing child and family.

For example, perinatal mental health, domestic abuse and the Solihull training (see here for more details: <http://communityservices.heartofengland.nhs.uk/default.asp?page=376>) is delivered within the weekly workshops. This builds upon the knowledge gained in the first semester and from the students practice experience.

Attachment theory, child development, infant feeding and social and emotional development are incorporated into the *Developing Child and Family* module and then intertwined further through the programme.

Assessment

The students on the HV programme undergo a series of practical and theoretical assessments to demonstrate that they have met the Baby Friendly Initiative standards.

Assessment schedule

Timing of the assessment	Topic area	Assessments
Assessment of practice: Portfolio development		
Timing of the assessment	Topic area	Assessments
Start of the programme	Personal reflection for the students to explore their own experiences in relation to infant feeding and how they feel about these e.g. development of their own time line and within their own social context.	Portfolio development: reflection
Throughout the programme	Students are required to submit at least five reflections on their experiences of supporting breastfeeding in practice. These include an experience of teaching positioning and attachment, hand expression and an experience of supporting a formula feed.	Portfolio development: five practice based reflections
Throughout the programme	Students are required to gather testimonials from service users who have had experiences of being supported by the student.	Portfolio: The completed portfolio is submitted week 39 of the programme and receives a pass/fail award.
Summative Assessment of practice skills		
Module 1: The principles of health visiting	Students practice skills, e.g. positioning and attachment, hand expression, managing the challenges of infant feeding and conversations about emotional attachment are assessed through an OSCE.	OSCE summative assessment within the University environment with lecturers and infant feeding leads
At least one of their theoretical summative assignments will be focused on the topic of infant feeding. <i>Students have the opportunity to do this in several ways.</i>		
Module 1: The principles of health visiting	To develop the students' communication skills scenarios are used e.g. supporting a breastfeeding mother and /or building close and loving relationship for all mothers and babies.	Summative reflection
Module 3: Non-medical prescribing	Students may choose an infant feeding topic area e.g. supporting a prescription for a breastfeeding mother or baby.	Summative reflection
Module 4: Critical evaluation of evidence in practice	Often students will choose this module to review the evidence on a topic relevant to their practice around infant feeding and or relationship building.	Summative critical analysis of the literature

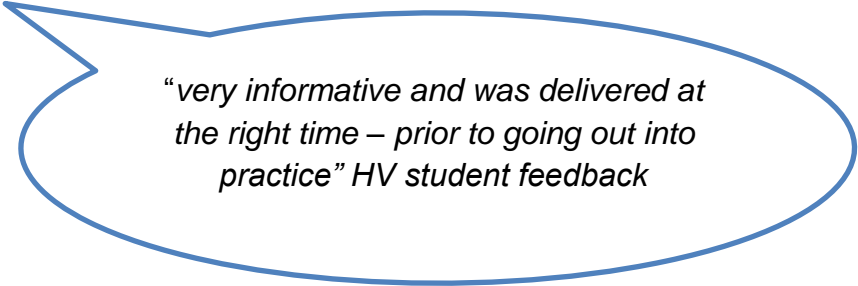
Teacher training

University lecturers are trained by the local infant feeding leads. The project lead within the university maintains his/her competence through working with the infant feeding leads and attending the NIFN leads meeting within the North West. Practice teachers, together with students, are offered regular update sessions at the university four times a year. Joint infant feeding update sessions are facilitated by the infant feeding leads from the trusts with a specific focus based on need e.g. updates on the new Baby Friendly standards, updates on formula milks, updates on complementary feeding etc.

Celebration

At the University of Bolton celebration is a core part of the commitment to infant feeding throughout the student's progress. Students are involved in an annual event called the 'Health Mela' where the team run a stall and provide information about the Baby Friendly Initiative. This gives the students a good opportunity to engage in a public health activity which meets the SCPHN NMC requirements.

Students enter practice with certification that their training has met the Baby Friendly standards.



“very informative and was delivered at the right time – prior to going out into practice” HV student feedback

6.2 Three year pre-registration midwifery programme, Bournemouth University



Background

BSc (Hons) Midwifery is delivered as a three year pre-registration programme at Bournemouth University (BU) across two campuses, and nine hospital Trusts, four of which are fully Baby Friendly accredited. The population is very diverse, breastfeeding prevalence is equally mixed and reflects the national profile. Approximately 85 students start each September, supported by 20 lecturers.

Certificate of Commitment

From the outset, it was important that the entire team understood and believed in the advantages to the university, students, maternity services and most importantly mother-infant pairs and their families of the programme becoming Baby Friendly.

Project leadership and staff training

Two members of the midwifery team (one from each campus) who had expertise in infant feeding were identified to lead the team. They both attended the Baby Friendly Initiative's *Breastfeeding Management* and *Train the Trainer* courses and one later attended *Breastfeeding and Lactation Management for Neonatal Staff*. They also attended an open meeting for universities which was facilitated by the Baby Friendly Initiative, in order to gain an enhanced understanding of what was required. The initial idea was proposed and discussed at programme management meetings and then followed up with a two-day breastfeeding management training course which was mandatory for all of the midwifery team to attend.

Leads identified the importance of achieving 'buy-in' from the entire team, and worked to explain the importance of the project. Working towards Baby Friendly accreditation also received endorsement by the Lead Midwife in Education and Dean of School.

Recruitment

When recruiting students to study midwifery at BU, a presentation at open days is used to showcase the programme including Baby Friendly accreditation. Students attending interview are asked to prepare an essay on one of three topic areas, one of which may be infant feeding.

The curriculum

Curriculum review was seen as the optimum time for the development to ensure that all Baby Friendly learning outcomes could be integrated into the programme. A decision was made not to include a discrete unit of education dedicated to infant feeding as it was believed that the standards impact on all aspects of the childbirth continuum. All the learning outcomes were threaded throughout the curriculum.

To ensure they are ready to enter clinical practice, students attend education and practical skills workshops facilitated by lead lecturers and breastfeeding champions. This enables them to gain the skills to be able to support mothers in their first placements. Breastfeeding champions are students who have previously excelled in assessments and who volunteer to work alongside their junior peers to enhance their learning experience and to prepare them for upcoming assessments. This has added value for senior students as they hone their teaching and mentoring skills ready for qualification.

All students are expected to bring their own doll and knitted breast to every infant feeding session and essential skills needed to support effective infant feeding are reviewed throughout the programme.

To enhance the curriculum further and for use with practitioners in local Trusts, Bournemouth University Resource Package (BURP) for Infant Feeding has been developed. It is an online resource that contains a variety of multimedia materials to enhance students' knowledge and understanding of the theory of infant feeding and how it is applied to practice. Using video clips, podcasts, links to websites and interactive quizzes with instant feedback, students learn new concepts, consolidate learning from the classroom, reflect on practice and think of new ways to support breastfeeding women more effectively by applying the Baby Friendly standards to everyday practice. This flexible educational resource enables students to have choice and control over the place, time and pace of learning suiting diverse learning styles. It is updated regularly as new evidence becomes available. Another online package with a workbook, using video clips of women's experience of breastfeeding on HealthTalkOnline is used by the third year students to critically reflect on their own clinical practice.

The core teaching required to meet the learning outcomes is facilitated by lead lecturers for infant feeding. Following lecturer training, all staff are able to integrate and apply the learning outcomes into their teaching across the curriculum e.g. management of the third stage of labour and immediate postnatal care at birth. To ensure consistency across the programme, educational resources have been developed including detailed lesson plans, PowerPoint presentations, activity sheets and assignment briefs, in hard copy and online. These are available for any member of staff to access for their own teaching.

Student assessment within the university

Robust assessments have been developed and include an OSCE in the first year to assess essential communication skills to support mothers with attachment and positioning of their baby at the breast, to recognise effective feeding, to hand express and to manage common breastfeeding problems. Two examiners are involved and include one university lecturer and one infant feeding practitioner from the local Trusts. Involving practice partners helps to close the theory practice gap and develops strong networks across the region. The OSCE helps the student prepare for the Baby Friendly assessment.

A mandatory examination question is included in the pathophysiology exam in the second year and a case history to discuss in a viva in the third year.

Mentor updates

To ensure consistency across the trusts, an information leaflet was developed to ensure all mentors understood how to support students in their learning and assessment according to Baby Friendly practice standards. Each hospital Trust has a link lecturer who supports and updates mentors about the learning and assessment process. It is paramount that students gain the best possible practice-based experience to learn how to support the mother and her baby, particularly in areas where the trust is not Baby Friendly.

Student assessment in clinical practice

The practice assessment document contains the NMC essential skills clusters and competencies that must be signed and graded by the sign off mentor. These include standards that align with the Baby Friendly standards.

In order to ensure students gain the relevant and necessary experience, the 'clinical skills log' required for the European Union Standards for Nursing and Midwifery (WHO 2009) was expanded. Students at Bournemouth are required to record:

- the timing related to skin-to-skin contact and the first feed after birth
- 100 postnatal examinations of mother-infant pairs including information given about infant feeding
- 30 complete breastfeeding observations
- a minimum of 10 demonstrations of hand expression and
- the support given to 10 women with breastfeeding problems.

The Baby Friendly assessment

Stage 1: Following curriculum review, documentation was submitted to the Baby Friendly Initiative for the Stage 1 assessment. Starting on this new curriculum, students at the end of the second year of training were ready to be assessed by the Baby Friendly assessment team. At this stage all the learning outcomes had been delivered and students had acquired sufficient knowledge and practice experience to be adequately assessed.

Stage 2: All students in the cohort were informed and attended the mandatory assessment day. Students understood that by assessing them, the Baby Friendly Initiative was assessing whether the programme was fit for purpose. While assessments were carried out, students had the opportunity to hear a variety of international speakers at a special conference, enhancing the students' experience on the assessment day.

A number of students were selected by the Baby Friendly team to be assessed and the majority found it an empowering experience where they felt confident to answer the assessors' questions. All students graduating receive a certificate for their portfolios demonstrating that they have been trained to Baby Friendly standards.

Celebration

A member of the Baby Friendly Initiative team went to the university to present the certificate, attended by the Vice Chancellor, infant feeding leads from the local trusts, lecturers, students, service users and the media.

Section 7: References

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Welsh Government (2012) A vision for health visiting in Wales (<http://wales.gov.uk/topics/health/publications/health/reports/healthvisiting/?lang=en>)

Section 8: Useful information

8.1 Peer to Peer tutor support

Feedback from accredited universities is that it would be helpful when going Baby Friendly to talk to another university who has been through the process. The Baby Friendly Initiative will be able to 'buddy' universities together for support. For further information on this support, please email bfi@unicef.org.uk.

Sharing resources between accredited universities is a useful way to help each other explore what works and then applying it to individual needs.

8.2 Baby Friendly resources

- Unicef UK provides various resources and training materials for practitioners to support the development of their knowledge and skills, including practical skills review forms, breastfeeding assessment forms, curriculum guidance, leaflets for parents, sample policies and many more.
- *Preventing Disease and Saving Resources* looks at how raising breastfeeding rates could save the NHS money through improving health outcomes. The report was commissioned by Unicef UK and written by a multi-university academic team. The authors' calculations show that moderate increases in breastfeeding could see millions in potential annual savings to the NHS – and that figure might only be the tip of the iceberg. The report findings show that for just five illnesses, moderate increases in breastfeeding would translate into cost savings for the NHS of £40 million and tens of thousands of fewer hospital admissions and GP consultations.

In addition, analyses on three conditions - cognitive ability, childhood obesity and Sudden Infant Death Syndrome (SIDS) – indicate that modest improvements in breastfeeding rates could save millions of pounds and, in the case of SIDS, children's lives. The report makes a strong financial case for investing in better support services for women, to enable them to start breastfeeding and continue for as long as they want to.
- *The evidence and rationale for the UNICEF UK Baby Friendly Initiative standards* brings together all the evidence behind Baby Friendly's new standards around breastfeeding and relationship-building. The book collates the considerable body of knowledge and skills, research, practice and policy into one place. The work critically analyses the available evidence and highlights both good practice and gaps in the current information.
- Unicef UK has also developed a workbook that leads may be interested in asking the students to purchase as indicative reading before they start the programme. It includes information on the importance of establishing early mother-baby relationships, as well as on how breastfeeding works and how best to support mothers and babies to breastfeed successfully for as long as they wish.

8.3 National Infant Feeding Network (NIFN)



Northern Ireland, Scotland and Wales all have co-ordinators leading on infant feeding and reporting to their devolved government offices to deliver on breastfeeding outcomes, health and well-being and workforce development.

England currently has nine infant feeding co-ordinators representing London, East of England, North West, North East, South West, South East, East Midlands and Yorkshire and Humber. Their remit is to facilitate the

regional networks, provide representation of their member's views at national strategic level and disseminate information to the national network, collectively known as the National Infant Feeding Network (NIFN).

With funding from the Department of Health and supported by Unicef UK, the network shares and promotes evidence-based practice around infant feeding and very early childhood development to deliver optimum health and well-being outcomes for mothers and babies (and their families).

The networks welcome attendance by lecturers responsible for taking their programmes through Baby Friendly accreditation. The environment provides an opportunity for support, sharing knowledge and skills and exploring ways of working together to narrow the theory practice gap.

For details of local network leads, see dates of the next meetings, agendas and notes from previous meetings please visit the website: unicef.org.uk/babyfriendly/NIFN

The networks are an opportunity to share with students an experience of how practice and education work together for the best outcomes for women. Arrangements for student attendance should be negotiated locally as the meetings are very busy.

8.4 Local infant feeding leads

Local practice environments in hospitals (maternity and neonatal), community settings and children's centres may have infant feeding leads with experience of working towards Baby Friendly accreditation, and trained to Baby Friendly standards. Making links with them will help to build capacity and a body of expertise able to support achieving the learning outcomes to meet the Baby Friendly standards. This could include: forming part of the steering group, informing and/or helping teach on the programmes within the university or supporting and assessing students in practice.

8.5 Peer supporters, lay groups

Service user involvement helps to deliver a service that meets local needs. There are many peer support programmes, innovations and support mechanisms working at a local level led

by the women in the community. The maternity services liaison committee and local infant feeding lead will help to access women who may be interested in helping implement Baby Friendly standards within the programmes, adding valuable insights into the knowledge and skills future midwives and health visitors require supporting the local population.

See Appendix 8 p149 of 'The evidence and rationale for the Baby Friendly standards' for further guidance and links to useful organisations.

8.6 Policy update

Through the quality assurance processes, the NMC has the responsibility to ensure that Midwifery, Specialist Community Public Health Nurses and Health Visiting education programmes are validated, through approval, self-assessment and reviews.

Unicef UK Baby Friendly has developed a guide for commissioners to support local infant feeding services which may be useful.

NICE recommends the UNICEF UK Baby Friendly Initiative as an evidence-based initiative that supports quality of care and improved health and well-being outcomes for mothers, babies and their families (NICE (2006) Postnatal Care (CG 37); NICE (2008) Maternal and Child Nutrition (PH11); NICE (2012) Social and emotional wellbeing – early years (PH40); NICE (2013) Quality standard, Postnatal care. (QS 37).

See also: NMC Essential Skills Clusters (2009) for pre-registration midwifery education 1. 'Communication' & 4. 'Initiation and continuation of breastfeeding' (<http://bit.ly/VqNYIN>); NMC Essential Skills Clusters (2010) for pre-registration nursing (G7.1.5b) 'Care, compassion and communication' (<http://bit.ly/1sHOwC1>).

For more information on the NMC quality assurance of education go to: <http://bit.ly/1jmZp2Y>

8.7 Useful resources for assessment development

ASKe resources on feedback: <http://www.brookes.ac.uk/aske/resources/index.html>

Barefoot H & Russell M (2012) The University of Hertfordshire's Curriculum Design Toolkit. Blended Learning in Practice. May. pp 33-43:

<http://uhra.herts.ac.uk/bitstream/handle/2299/8824/904715.pdf?sequence=5>

Good practice in assessment:

http://www.heacademy.ac.uk/resources/detail/heinfe/An_Introduction_to_Assessment

National Union of Students (2010) Feedback: What can you expect:

<http://www.nus.org.uk/en/advice/course-reps/feedback/feedback-what-you-can-expect/>

SEEC Credit Level Descriptors for FE & HE:

<http://www.seec.org.uk/docs/creditleveldescriptors2003.pdf>

8.8 Universities

The National Health and Public Health services in all four UK nations are committed to providing effective and high quality education and training for staff and students, which is responsive to public need. Health Education England has the primary responsibility for health care education in England and is working with the devolved administrations to deliver education and training that impacts and improves health services across the UK (DH, 2013). The Baby Friendly Initiative has developed a structural 'map' to understand the relationships between NIFN, NHS England, Public Health England and Health Education England

The focus of this guidance is to provide support to MW and SCPH/HV programmes. Universities providing education and training for other health related subjects may also find this useful e.g. Paediatric and neonatal nurses, public health practitioners and doctors.

8.9 The Nursing and Midwifery Council (NMC)

The NMC exists to safeguard the health and well-being of the public. They do this by maintaining a register of nurses and midwives, setting standards for education and practice, and giving guidance to professionals.

Midwifery

Standard 17 for pre-registration midwifery education (NMC, 2009) outlines the competencies required by student midwives to achieve the NMC standards and are divided into four domains:

- effective midwifery practice
- professional and ethical practice
- developing the individual midwife and others
- achieving quality care through evaluation and research.

Each domain is supported by relevant Essential Skills Clusters (ESCs), including communication and supporting the initiation and continuance of breastfeeding.

Implementing Baby Friendly standards supports pre-registration midwifery students to achieve the ESCs to meet the NMC standards and be fit for practice at the point of qualification.

Specialist community public health nurses/Health visitors

Standard 9 identifies that education programmes should be designed to provide opportunities for students to gain the contemporary knowledge and skills underpinning practice within the context of community public health (NMC, 2004). Health visitors across the UK work to support health and well-being outcomes for mothers and babies. For example, in England the Health Visitor Implementation Action Plan 2011-15 (DH, 2011) identifies that practitioners are required to implement the Healthy Child Programme (HCP) which includes support for breastfeeding and emotional development. In Scotland this is supported by The Early Years: Good Health for Every Child (NHS Scotland, 2011), in Wales – A Vision for Health Visiting in Wales (Welsh Government, 2012) and in Northern Ireland – Healthy Futures (DHSSPS, 2010)

Implementing the Baby Friendly Initiative supports SCPHN/HV students to deliver the NMC standards, implement government policy which focuses on early years development and be fit for practice at the point of qualification.

Appendix: Learning outcomes and topic areas

Theme 1	Understanding breastfeeding
Learning outcomes	<p>By the end of the programme students will:</p> <ol style="list-style-type: none"> 1. Have sufficient knowledge of anatomy of the breast and physiology of lactation to enable them to support mothers to successfully establish and maintain breastfeeding. 2. Appreciate the importance of breastmilk and breastfeeding on the health and well-being of mothers and babies.
Topics to include	<ul style="list-style-type: none"> • Anatomy of the breast and changes in pregnancy • Physiology of lactation and hormonal influences on both milk production and instinctive mothering behaviour • The role of the feedback inhibitor of lactation (FIL) • Fetal glucose homeostasis and counter-regulation • Breastfeeding and public health; for the mother, the baby and wider society • Constituents of colostrum and breastmilk, including protective and developmental factors • Constituent differences between breastmilk and infant formula • Applying theory to practice; implications for current midwifery/health visiting practice

Theme 2	Enabling mothers to breastfeed
Learning outcomes	<p>By the end of the programme students will:</p> <ol style="list-style-type: none"> 3. Have an understanding of infant feeding culture within the UK and the various influences and constraints on women's infant feeding decisions. 4. Be able to apply their knowledge and understanding of the physiology of lactation to support women to get breastfeeding off to a good start. 5. Be able to apply their knowledge of physiology and the principle of reciprocity to support mothers to keep their babies close and respond to their cues for feeding and comfort. 6. Have the knowledge and skills to support mothers and babies to continue to breastfeed for as long as they want to.
Topics to include	<ul style="list-style-type: none"> • Overview of breastfeeding and what has influenced changing breastfeeding rates in the UK and worldwide. • Importance of skin-to-skin contact to support a good start to breastfeeding and mothering (for all mothers irrespective of feeding type) and how to facilitate this within practice. • Responsive feeding and how mothers and babies develop a reciprocal relationship when they remain close (to include feeding and comfort cues). • How a baby breastfeeds – understanding principles and mechanisms of attachment and positioning for effective feeding. • How to support mothers and babies as they 'learn' to breastfeed including an understanding of instinctive behaviour. • Recognising effective breastfeeding; assessing milk production and milk transfer. • Supporting breastfeeding mothers to maximise the amount of breastmilk their baby receives when they choose to partially breastfeed.

Theme 3	Close and loving relationships
Learning outcomes	<p>By the end of the programme students will:</p> <ol style="list-style-type: none"> 7. Develop an understanding of the importance of secure mother-infant attachment and the impact this has on their health and emotional well-being. 8. Be able to apply their knowledge of attachment theory to promote and encourage close and loving relationships between mothers and babies.
Topics to include	<ul style="list-style-type: none"> • Overview of infant brain development and importance of love and nurture to ensure optimal outcomes. • Role of oxytocin in supporting healthy brain development. • Building a mother's self confidence in her ability to feed and care for her infant. • Supporting mothers to bottle feed responsively (in cases where bottle feeding is being undertaken).
Theme 4	Managing the challenges
Learning outcomes	<p>By the end of the programme students will:</p> <ol style="list-style-type: none"> 9. Be able to apply their knowledge of the physiology of lactation and infant feeding to support effective management of challenges which may arise at any time during breastfeeding. 10. Have an understanding of the special circumstances which can affect lactation and breastfeeding (e.g. prematurity, at risk babies) and be able to support mothers to overcome the challenges. 11. Draw on their knowledge and understanding of the wider social, cultural and political influences which undermine breastfeeding, to promote, support and protect breastfeeding within their sphere of practice.
Topics to include	<ul style="list-style-type: none"> • Overview of common breastfeeding challenges for mother and baby: sore nipples, engorgement, mastitis, thrush, insufficient milk supply. • Expression of breastmilk to include hand and pump expression technique. • Initiating and sustaining lactation when mother and baby are separated including preterm and sick baby. • Supporting breastfeeding when the mother is diabetic. • Role of support groups/voluntary organisations. • Situations when breastfeeding is not recommended. • The International Code of Marketing of Breast-milk Substitutes and how it impacts on the university's own sphere of practice. • Protecting breastfeeding; exploring the politics of breastfeeding that impact on practice and care of women. • Maximising breastmilk where breastfeeding may be compromised.

Theme 5	Communication
Learning Outcomes	<p>By the end of the programme students will:</p> <p>12. Have an understanding of the principles of effective communication and current thinking around public health promotion strategies and approaches.</p> <p>13. Be able to apply their knowledge of effective communication to initiate sensitive, mother centred conversations with pregnant women and new mothers.</p> <p>14. Have the knowledge and skills to access the evidence that underpins infant feeding practice and know how to keep up to date (e.g. e-alerts, research summaries etc).</p>
Topics to include	<ul style="list-style-type: none"> • Debrief of their own personal breastfeeding stories. • Effective communication skills; theory and practice. • Importance of listening for effective communication. • Public health theory and practice; supporting women to make informed decisions, creating an environment when behaviour change is possible. • Mother centred care; theory and practice. • Communicating with care and compassion. • Skills development to support midwives/health visitors to facilitate conversations with pregnant women and new mothers. • Skills to support families where English is not the first language. • Particular skills required for providing 'telephone' support. • Working with others in a multidisciplinary environment to support infant feeding.