# UNICEF UK BABY FRIENDLY INITIATIVE 2019 ANNUAL CONFERENCE

# POSTERS


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8 simple interactions


Watch all the animations

More information about our campaign can be found on **www.medway.gov.uk/growmybrain**

# Grow my brain

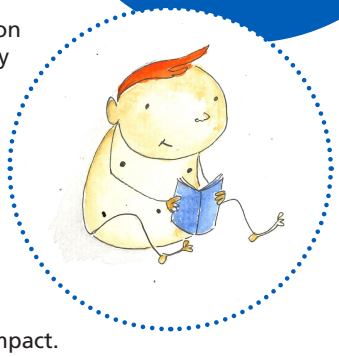
## Summary

Grow My Brain is a multimedia campaign, designed to improve the understanding around the importance of early bonding and interaction for mums and families with their babies, and the important connection with brain development, from pregnancy into early childhood. Inspired by the research supporting the first 1001 days of life, one midwife came up with the idea and another midwife joined as the illustrator, producing a campaign with **8 simple interactions** that have been brought to life in simple, yet beautiful animations. The campaign provides healthcare professionals with an easy to use platform and a good conversation-starter to engage new families.

Hear from the midwives who created the campaign in this short video

## The why

Our local UNICEF BFI audit findings showed a lack of good recollection about actions which impact on brain development. We needed a way to make lasting impressions from the conversations we were having. It was key that they were fun, inclusive and accessible.



## Science

- From birth to age 18 months, connections in the brain are created at a rate of a million per second!
- High levels of oxytocin and endorphins have a protective and stimulating effect of baby's brain development.
- Heightened levels of the stress hormone cortisol have a negative impact.
- A baby's ability to cope with many social and emotional problems throughout life is affected by their earlier experiences.

## The path to a successful launch

- Collaboration with Health Visiting and local Public Health/Council organisations boosted funding and development capacity
- Interdisciplinary working boosts exposure and local consistency
- Three communication departments involved in growing and maintaining the campaign.

## Our platforms

- Facebook
- Twitter
- YouTube
- Hospital website
- Local Council website
- Antenatal Clinic TV
- Antenatal leaflets, stickers, posters in all antenatal settings.

## Publicity opportunities

World Book Day, Valentine's Day, Father's Day, Mother's Day, Grandparents' Day, Strictly Come Dancing

## Achievements

- Improved recollection of brain development within the UNICEF BFI standard for close and loving relationships
- 92,000 reaches on social media platforms
- The most clicked campaign of 35 in Quarter 2
- Article printed in local council magazine, distributed to 120,000 households
- Distributed in 5000 copies of Hospital Magazine

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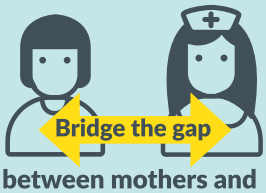
# BREASTFEEDING AND DOWN'S SYNDROME:

## How can we improve support for women who want to breastfeed their babies who have down's syndrome?

## BACKGROUND

**750** babies born each year in the UK with Down's syndrome

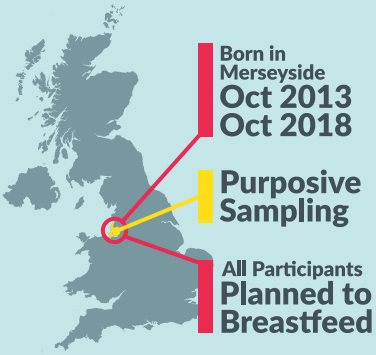

will have a congenital heart defect



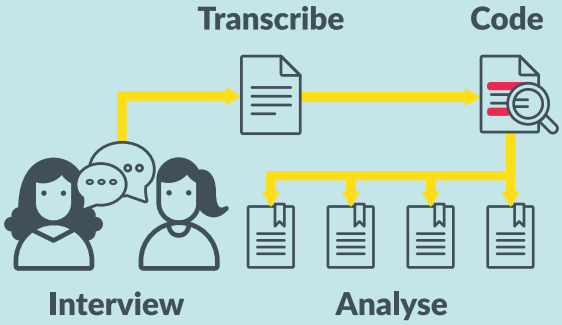

between mothers and health professionals

- Approximately 750 babies born each year in the UK with Down's syndrome (DS) [1].
- Babies born with DS can display certain phenotypic features, which could interfere with breastfeeding such as hypotonia, small, flat nose, large tongue and small mouth [2].
- These features do not necessarily preclude a baby from breastfeeding and many are able to do so successfully when appropriately supported and encouraged by midwives [3,4].
- Around half of all babies with DS will have a congenital heart defect (CHD), which is often presented as a reason for not initiating breastfeeding.
- Marino et al [5] found that cardiorespiratory effort was less for babies who were breastfeeding than it was for those who were fed with a bottle.
- Research has found that women report a feeling that health professionals are 'out of their depth' when offering support to breastfeed babies with DS.
- Appropriate early intervention from health professionals providing targeted support to women results in longer breastfeeding exclusivity for babies [6]. Support needs to be delivered in a way that addresses the emotional wellbeing of a woman whose baby has additional needs [7].
- This research was devised to bridge the gap between the experience of mothers and the support provided by health professionals with the aim of improving support for those who want to breastfeed their babies who also happen to have Down's syndrome.

## METHOD




- Ethical approval granted by LJMU Research Ethics Committee (ref: 19/PHI/028).
- Qualitative research study using semi structured interviews.
- Participants were all women who had a child born with Down's syndrome between October 2013 and October 2018 in Merseyside.
- Women were asked about their antenatal and postnatal experiences of breastfeeding and Down's syndrome, in particular, how interactions with health professionals had shaped their experiences.
- Interviews were transcribed verbatim, manually coded and analysed using an inductive thematic method. (Braun and Clarke, 2006)




## KEY THEMES

### 1 BREASTFEEDING IS NOT A PRIORITY FOR HEALTH PROFESSIONALS

All participants planned to breastfeed their babies, however, on discharge only two babies were feeding at the breast. The immediate medical needs of the baby took priority over the long-term impact of breastfeeding.

*"...it was a shame and because of everything that was going on it doesn't register till after and then obviously not being able to have that bond...it was like something else was taken away"*

### 2 WHY IS IT ALWAYS STRAIGHT TO FORMULA?

Six babies were given formula while still in hospital and three were exclusively fed formula milk on discharge. One respondent was told her baby would have to be formula fed as *'babies with Down's syndrome don't breastfeed'*.

*"...no-one talked to me about, well if she couldn't latch what about exclusively expressing, what about a supplementary nursing system... it was very much, well if she can't then just formula feed her"*

### 3 BREASTFEEDING SUPPORT WAS HARD TO FIND

All respondents felt that health professionals lack of experiential knowledge had a negative impact on how breastfeeding support was delivered.

*"I think even if they were to have someone on neonatal that knew the situation around it... as with all babies with additional needs, you need someone who's not scared of getting stuck in"*

### 4 THE EMOTIONAL IMPACT OF HAVING A BABY WITH DOWN'S SYNDROME

Participants felt the emotional impact of a diagnosis of Down's syndrome hindered their ability to breastfeed. One mother felt if this had been addressed she may have achieved her breastfeeding goal.

*"I needed more support in how I was feeling which would of had a knock on effect on how I was breastfeeding... if I'd of got more support personally I probably would of been able to do it better"*

## RECOMMENDATIONS FOR THE FUTURE

### 1 ONLINE TOOL

Accessible knowledge and skills training that provide a pathway for health professionals to support women to feed their babies. An online tool could provide information 24 hours a day, 7 days a week.

### 2 PEER SUPPORT TRAINING

Up to date information on supporting women with babies with additional needs should be incorporated in to all peer support training.

### 3 BUDDY SYSTEM

A buddy system, facilitated through local Down's syndrome support groups would give invaluable access to women who have 'walked the walk'. This could be signposted by the hospital or community midwives and health visitors.

### 4 SIGNPOSTING TO SUPPORT GROUPS

Signposting to support groups in the early days can help to address the emotional wellbeing of the mother. Health professionals need to be aware of local and national support and advice groups.

### 5 FLEXIBLE APPROACH

A flexible approach that takes into account the individual health needs without medicalising breastfeeding is required from all tasked with the care of a new baby and mother.

## REFERENCES

[1] Morris, J. and Springett, A. **The National Down Syndrome Cytogenetic Register for England and Wales:** 2012 Annual Report. Available at: http://www.binocar.org/content/annrep2012_FINAL.pdf [Last accessed 20/07/2015]

[2] Hall, M.J. **Health supervision for children with Down Syndrome.** *Paediatrics* 2011, volume 28(2).

[3] Gammons, S., Rasbash, R.D. and Hedges, S. **Support and information about Down's syndrome.** *British Journal of Midwifery* 2010, volume 18(11), 700-708.

[4] Aumonier M.E., Cunningham C.C. **Breast feeding in infants with Down's syndrome.** *Child Care Health Development*, volume 9(5), 247-255

[5] Marino, B.L., O'Brien, P. and Lolla, H. **Oxygen saturations during breast and bottle feedings in infants with congenital heart disease.** *Journal of Paediatric Nursing* 1993, volume 108(6), 360-364.

[6] Entwistle F, Kendall S, Maud M. **Breastfeeding support: the importance of self-efficacy for low-income women.** *Maternal and Child Nutrition* 2010, volume 6( 3), 228-242.

[7] Soeben RD. **Breastfeeding patterns in infants with Down's syndrome: a literature review.** *British Journal of Midwifery* 2012, volume 20(3), 187-192.

# Supporting mother-infant skin to skin contact within maternity theatres.

Marianne White (Infant feeding advisor, NHS Tayside), Prof. Alison McFadden (MIRU, University of Dundee),

Dr. Andrew Symon (MIRU, University of Dundee), Dr. Gillian Campbell (Consultant Anaesthetist, NHS Tayside)

## Introduction

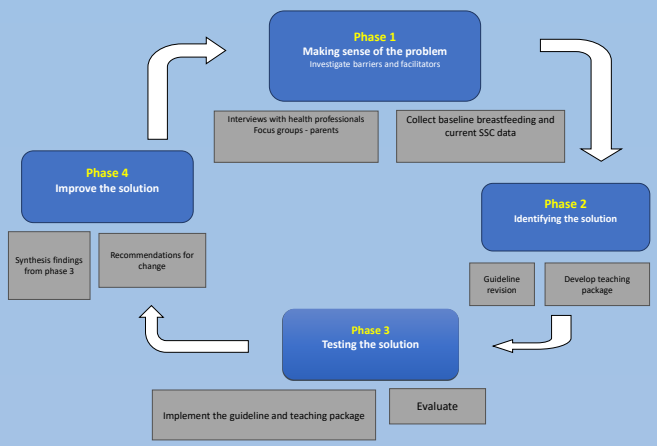
Uninterrupted skin to skin contact (SSC), where the naked baby is placed on the mother's bare chest immediately following birth, has many health benefits for mothers and babies. These include improved thermoregulation, maintenance of blood glucose levels, decreased risk of jaundice, reduction of stress for the baby; and for mothers and babies, increased breastfeeding initiation, duration and exclusivity, promotion of bonding and feelings of closeness. To optimise effectiveness, SSC should be uninterrupted for at least the first hour following birth.

### Study Aim

**To provide immediate, uninterrupted skin to skin contact between mother and infant during planned Caesarean Sections.**

## Study Design

This study has full ethical approval (18/ES/0023) and used a 4-phase action research cycle to meet the aims of this study.




## Asking the stakeholders in order to make sense of the problem and identify solutions …

**ANAESTHETISTS**
*"if the bariatric bar is a little higher, it gives the woman a bit more space"*
*"requires a little bit of a cultural change"*

**OBSTETRICIANS**
*" Need to educated all the staff, everyone needs to be onboard"*
*" updating the way we do caesarean sections"*

**THEATRE NURSES**
*"So as long as the midwife is there in a supporting role, I would feel a lot happier"*

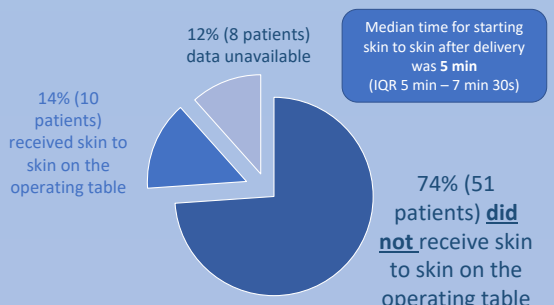
**MIDWIVES**
*"as a midwife, we're not just able to stand there and just facilitate the skin-to-skin"*
*"a strong advocate for your woman and be really for it"*

**MANAGERS**
*"But one of the biggest things for us is that women aren't missing out at all"*

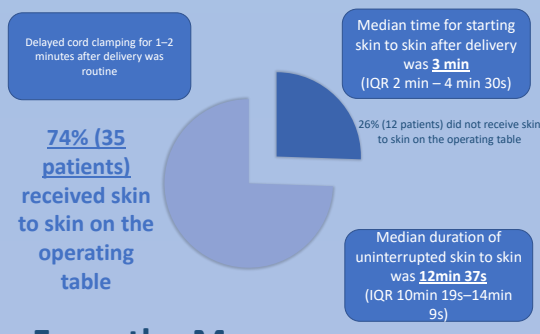
**NEONATOLOGISTS**
*"maybe if everybody was just a bit more on-board with it and comfortable with it"*

- Additional bariatric bar purchased so we now have one for every maternity theatre.
- CS1-4 Guideline was reviewed and redrafted to include provision and support for SSC.
- Additional funding for additional staff member for secured for 23 months from Scot Gov to support SSC within el LUSCS
- Future planning to focus on sustainability HCA/MCA trained to support24hr/7 day a week service
- Education increased for staff, posters, short films and chapter within training days.
- Increased information to parents, posters, films and information time for questions at section school. Leaflet redrafted.

## November 2017




## April 2019




## Breastfeeding

| | November 2017 | April 2019 |
|---|---|---|
| Rate of skin to skin in theatre | **14% (10/69)** | **74% (35/47)** |
| Initial rate of breast feeding | 68% (47/69) | 64% (30/47) |
| Maintenance of breast feeding at 10 days | 50% (16/32)* | 73% (17/23)* |

*dataset incomplete for breastfeeding at 10 days, denominator reflects only those whom data was complete

## From the Mums ….

" the baby was really calm, it was really nice, nice start to our relationship"

" I felt really safe, definitely didn't think she was going to roll away of anything"

## Discussion

Skin to skin is now performed routinely in theatre with support from both patients and staff. Initial rates of breastfeeding have remained static. There is a trend towards increase maintenance of breast feeding at 10 days although this does not reach statistical significance and there is missing data across both datasets which may introduce unintended bias. There are similar improvements in maintenance of breast feeding at 10 days in all who initiated breastfeeding regardless of whether or not they received skin to skin in theatre – this may represent an overall improvement in feeding support between 2017 and 2019. This is a useful pilot study and a further larger study is required to assess the impact of skin to skin in theatre on breast feeding rates.

# Sleepy Heads

NHS Tayside

Project leader: Lisa Young
Date project commenced:
21 January 2019

## Project Aim

To reduce breastfeeding drop off rates at 6-8 weeks by 10% by 2024/25 as part of the Scottish Programme for Government (PFG).

Early life infant nutrition and the building of close and loving relationships is crucial for the growth and wellbeing of babies, as well as programming their health status in later life. Providing women with the necessary support and information can often be challenging due to the busy, fast paced and conflicting responsibilities health care professionals are surrounded by every day. The aim of the Infant Feeding Midwife is to support health care professionals with these challenges with the hope of achieving realistic and sustainable practices.

**Primary Drivers**

- Provide evidence that supports the need for service provision.
- Funding requested and received through PFG for 6 months.
- Employ a WTE Infant Feeding Midwife.
- WTE Infant Feeding Midwife employed to work 5 days per week including night shifts and weekends.

**Secondary Drivers**

- Establishment of a working group to develop the role and set key objectives.
- Inform all relevant staff working within NHS Tayside about the role.
- Development of a report card by Scottish Government.

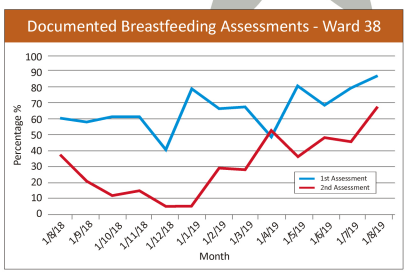
**Project Actions/Processes**

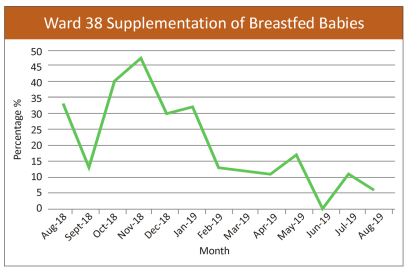
***First Steps***

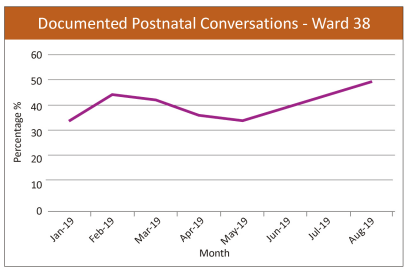
- Feedback obtained from families and staff highlighting need for additional support in hospital.
- WTE Infant Feeding Midwife employed five days per week, including night shifts and weekends.
- Role of Infant Feeding Midwife established.
- Development of a flyer detailing role and responsibilities of an Infant Feeding Midwife.
- Infant Feeding Midwife visible on ward supporting women/families with infant feeding and establishment of close/loving relationships. Providing additional support to the team around infant feeding challenges and feeding plans. Training and education for women/families and team members. Continuous review and evaluation of current practices.

***Second Steps***

- Regular meetings with working group to discuss audit results and progression.
- Feedback obtained from women and team regarding the introduction of an Infant Feeding Midwife.
- Objectives added to an on going QI project on the Ward.
- Short five-ten minute workshops with staff.
- Quarterly newsletters with updates.
- Establishment of Maternal and Infant Nutrition (MIN) champions within each area to allow interlinked working between maternity and public health.
- Supporting midwives in theatre with skin to skin contact on theatre table for el LUSCS.
- Women/partners given opportunity to discuss infant feeding following C/S school.




**Results/Evaluation**

Feedback from women has been extremely positive. Women are leaving hospital more confident and empowered to carry on with their infant feeding journey at home.

GAVE ME THE CHANCE TO DO IT MYSELF

Breastfeeding support workers have highlight a significant increase in women's knowledge and ability to obtain an effective attachment. Women report having a clearer understanding of responsive feeding and typical feeding behaviours in the first week.

LEFT THE HOSPITAL FEELING CONFIDENT WITH FEEDING

Our final feedback from the team working within the ward has revealed a more positive breastfeeding culture. The team feels well supported and more confident making feeding plans.

Results have shown a dramatic reduction in supplementation (46% to 10%). Women are extremely positive about the infant feeding support received. The number of breastfeeding assessments and postnatal conversations around breast and formula feeding are increasing. The project has been in operation since January 2019 with the hope of continued funding to allow the project to grow and develop.

APPROACHABLE AT ANY GIVEN TIME

# Partnership approach to improving breastfeeding rates in an area of low prevalence

## The issue

**Inequalities in breastfeeding rates across North Somerset**

- Action on health inequalities requires improving the lives of those with the worst health outcomes, fastest.
- The unitary authority of North Somerset has the 3rd highest inequality in England, as measured by the range in the most and least deprived LSOAs in the district. It has wards that fall within the 5% most deprived in the country, all within South and Central wards of Weston-super-Mare (WsM).
- Breastfeeding rates across WsM are the lowest in North Somerset. In 2017/18 breastfeeding prevalence at 6-8 weeks was 36% in WsM South Group Children's Centres. The area with the highest rates in North Somerset had a 62% prevalence, giving a difference of 26% between the areas of the highest and lowest prevalence.

## What we did

- We undertook a review of all services providing breastfeeding support and information to mothers living in WsM and compared against the services available in the areas where rates were higher and support services better evaluated.
- We held a design workshop with mothers, volunteer peer supporters and partner services; Midwifery, Health Visiting, Public Health and Children's Centre's.
- We agreed to launch a new locally informed offer based on a social model of breastfeeding support designed to appeal and be more accessible to the local demographic.

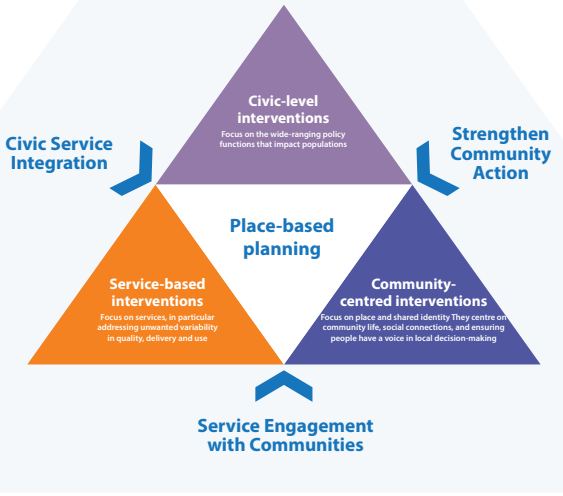
## A place based approach

- Place-based approaches, which focus on developing local community assets, have emerged as an important foundation of producing population level change in outcomes and reducing inequalities.
- Public Health England (PHE) endorse the population intervention triangle (PIT) to describe how individual interventions have the potential to make a quantifiable change to population measures.[1]
- The PIT model promotes deliberate joint working between civic, service and community sectors, making the whole more than the sum of its parts.
- We have used the triangle to summarise the interventions we initiated.

[1] Placed-based approaches for reducing health inequalities. Public Health England. 2019


### Civic-level interventions

- High-level commitment in local authority and NSCP (Community Health Service Provider). Managers pledged to support the agenda.
- Local authority strategies - breastfeeding included as a key outcome area and this commitment fed into individual service plans.
- Local authority and NSCP to 'lead by example' by ensuring all of their own public areas are 'breastfeeding welcome'. Staff maternity policies support staff to breastfeed when returning to work.


### Service-based interventions

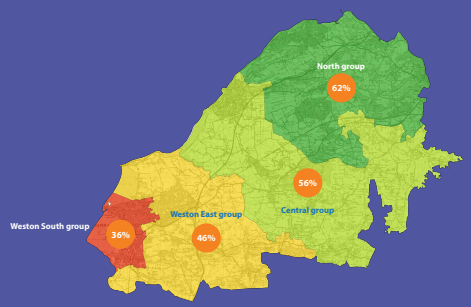
- Baby Friendly Initiative (BFI) standards were introduced in North Somerset Children's Centres alongside the already accredited Health Visiting service. The two services achieved the joint level 3 accreditation in Oct 2019. All Children's Centre, nursery and library staff have completed different levels of training.
- The Specialist Breastfeeding Clinic was relocated into the community and provided weekly by Breastfeeding Specialist Heath Visitors within a Children's Centre. The health visitor leading the clinic is undertaking training to become a lactation consultant.
- Consistent display materials and resources were agreed and used across all services to provide families with consistent and up to date information. 'Grab bags' were introduced in Children's Centres and peer support groups so materials were always on hand to use with parents.

### Community-centred interventions:

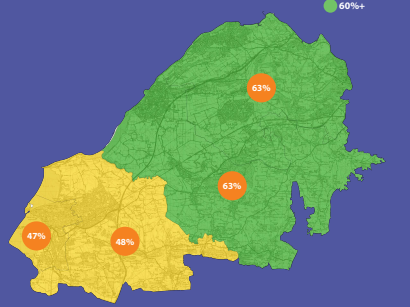
- Three weekly breastfeeding peer support groups were launched across WsM. Over 60 mothers and babies now attend the groups each quarter.
- Volunteer peer supporters are recruited from the local community and supported to complete a nine-week accredited training programme. There are currently 33 active volunteers in WsM.
- A closed Facebook support group was launched which now has over 350 members.
- Local businesses and community venues were approached to join the North Somerset Breastfeeding Welcome Scheme. Over 40 businesses in the town are now signed up, in addition to all Children's Centres, libraries and GP practices.

## The results

- Breastfeeding prevalence across the district increased between 2017/18 and 2018/19. These increases have been sustained and the rates have continued to rise in 2019/20.
- The biggest increase in prevalence was seen in Weston-South, the most deprived area of North Somerset, where rates increased by 11%.
- The difference between the areas with the lowest and highest prevalence has reduced to 16% in 2018/19 (from 26% in 2017/18).
- The joint BFI community assessment in October 2019 found "services work so closely together that it felt like one service and mothers have seamless care".
- Most importantly the feedback from local mothers has been overwhelmingly positive!




Breastfeeding prevalence at 6-8 week check 2017/18




Breastfeeding prevalence at 6-8 week check 2018/19



*"We've made it to 6 months of breastfeeding woohooo! Thankyou all for all your help & advice. I never would have got here without you all, especially you [Peer supporter]! You are the reason I managed to drop the formula so thank you thankyou thankyou. Baby led weaning begins!"*

*"We are very lucky. My friends in other areas don't have this"*

*"I think it also helps when I'm feeding in public and recognise a fellow bf face even if we've never actually spoken!"*

*"8 weeks old today, first time I've fed in public, would never have had the confidence to do it without all the support from everyone at the group, thanks ladies"*

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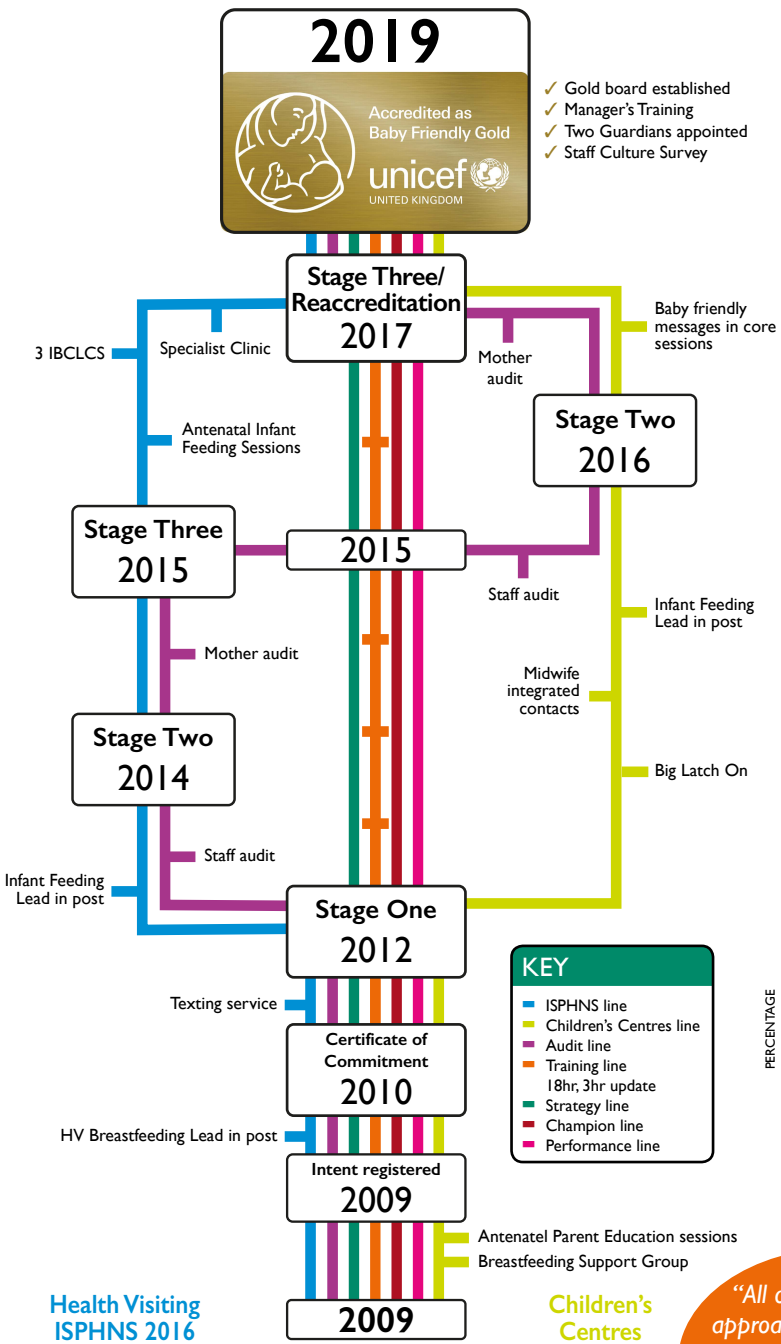
**Working in partnership**

Caring | Compassionate | Responsive

# 2009 BABY FRIENDLY JOURNEY 2019




## OUR BABY FRIENDLY JOURNEY: AN INTEGRATED APPROACH

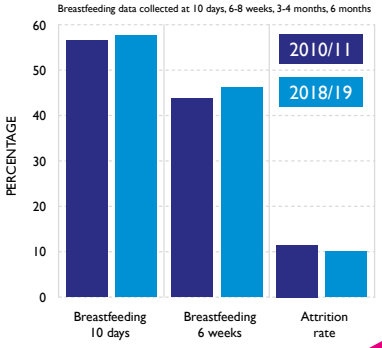
### Humber Teaching NHS Foundation Trust and East Riding of Yorkshire Council Children Centres: The First Joint Gold Baby Friendly Services

### The first 3,650 Days (10 years)

We have showcased our BFI journey as a tube map, it aims to simplify our 10 year journey, displaying the complex interconnectedness, the route, the timetable, delays, diversions and end points.

Our journey started in an integrated way gaining our Certificate of Commitment and Stage One jointly. Although our BFI journey diverted onto separate routes between 2012 and 2017 we continued to work collaboratively and our training and Infant Feeding Strategy remained integrated. Our Journeys where realigned in 2017 (Reaccreditation and Stage 3) and we successfully achieved the first Joint Service Gold award in March 2019.

Our BFI journey has been effective in improving the experience of mothers and their families however they chose to feed their babies and in increasing breastfeeding rates and duration.




*"100% of mothers reported that staff were kind and considerate"*
*Integrated Gold Assessment report, 2019*

*"All of the staff are so approachable and friendly and have made me feel confident to use the services and ask any questions"*
*Parent, 2019*

*"There is clearly a great emphasis on working together to improve outcomes for babies, mothers and families."*
*Anne Woods (Deputy Programme Director – UNICEF UK), 2019*

EAST RIDING OF YORKSHIRE COUNCIL

NHS Humber Teaching NHS Foundation Trust

# "A lifeline when no one else wants to give you an answer"
## An evaluation of the Breastfeeding Network Drugs in Breastmilk Information Service

## Background:

In July 2018 the Breastfeeding Network (BfN) commissioned Swansea University evaluate their Drugs in Breastmilk service which provides information to parents, professionals and supporters about the level of risk from taking prescribed medications or having medical procedures whilst breastfeeding. Despite the majority of medications being safe to take during breastfeeding, women often report they receive conflicting, inaccurate, or simply no advice to help them make an informed choice. This is particularly stark when it comes to GP or pharmacist guidance, compounded by little formal training on breastfeeding, breastmilk and the breast in curriculums.

In response to this need, BfN set up the drugs in breastmilk information service. It now offers over 50 web based factsheets as well as one to one contact with a specialist pharmacist (Dr Wendy Jones MBE) via email and Facebook. Over 10,000 people make contact with the service annually and this number is increasing. It is currently funded from BfN reserves, supported by fundraising appeals.

Anecdotally, and from previous published small-scale evaluation with users of the service, it is highly valued by those who use it.

This evaluation sought to explore who uses the service, why they access it, what information they receive and their views of the service. It also explored the impact of the service upon maternal wellbeing, professional practice and decisions to continue breastfeeding.

## Methodology:

The methodology for the evaluation consisted of:

- An interview with Dr Wendy Jones who leads the service
- Interviews with 16 UK based leads of breastfeeding organisations
- Survey of 339 mothers, professionals & mother supporters' views of the 121 service
- Survey of 227 mothers, professionals & mother supporters' views of the factsheets
- Three case study stories of mothers who used the service

> "My GP said I must take antidepressants but that they wouldn't be safe to take while breastfeeding. When I queried this and said how important it was to me to continue breastfeeding, he said it didn't matter... I was distraught as I believed I must take the antidepressants and wanted to feel better but didn't want to stop breastfeeding. My HV suggested I contact Wendy. She was amazing and told me what I had been prescribed were safe to take and told me to look at one of the info sheets on the website. I cannot describe the relief I felt".

## Key Findings:

The service was held in high esteem by organisation leads, mothers, health professionals, and mother supporters.

It was used by a wide variety of individuals, for a wide variety of reasons; most commonly for information regarding antibiotics, antidepressants, antihistamines, anaesthetics and surgical procedures. Most common queries for the factsheets tended to be for milder illnesses or enquiries such as cold remedies and decongestants, while those accessing the one to one contact tended to often be for more complex cases, suggesting each arm of the service is meeting a different kind of need.

## Impact on mothers

### Before contacting the service

Mothers said they:
- were told they could not continue to breastfeed
- felt confused and not able to make an informed choice.
- were dismissive of their own health needs – many would choose not to take medication rather than stop breastfeeding

### After contacting the service

Mothers said they:
- felt listened to and cared for
- felt able to breastfeed for longer directly because of this service

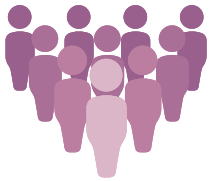
Significant improvements were seen across all aspects of mums' emotions & wellbeing.

- Being able to continue breastfeeding was protective for maternal mental health. Many mothers described the service as a lifeline.
- For mothers who could not continue breastfeeding, evaluation of the service was also positive. Mothers grieved their breastfeeding relationship but were grateful to the service for its information.

## Impact on professional practice

Health professionals said the service:
- filled a knowledge gap
- enabled them to be better practitioners
- enabled them to refer the knowledge and service to others

## Impact on mother supporters



Mother supporters felt:
- supported by the resource
- empowered to offer support more effectively

## Conclusions:

The gap in service that was identified in 2007 remains. BfN continues to fill this gap by providing the drugs in breastmilk information service. The service is highly valued by breastfeeding organisations, mothers, professionals, and mother supporters as giving accurate, reassuring, evidence-based information. It enables mothers to make an informed choice about continuing to breastfeed, and also look after their own health and that of their baby, as if forced to choose many women would prioritise their baby and breastfeeding rather than take prescribed medication. As well as protecting physical health, the service has an invaluable impact on maternal wellbeing.

In its present format the service is not sustainable. Further long-term funding is necessary to secure and expand the service so that more mothers can benefit.

**For more information or to read the full report, visit: bit.ly/BFNDIBM**

the Breastfeeding network
Drugs in Breastmilk Information

ROBERT GORDON UNIVERSITY ABERDEEN

# Embedding Infant Feeding and Relationship Building Education

## Within Nursing & Midwifery Curriculums

**Baby Friendly Steering Group** School of Nursing & Midwifery

Emma Hay-Higgins, Natalie McDonald, Debbie Wilson, Natalie Scott, Fiona Gibb, Dan Warrender, Fiona Baguely, Lauren Kydd

**RGU is committed to a process of embedding the Baby Friendly principles across the undergraduate and postgraduate Nursing and Midwifery curriculums.**

We recognise the important influencing role all practitioners have in supporting infant feeding and relationship building. Developing the knowledge, skills and understanding of our students and staff is key to better supporting families to feed responsively and develop close, loving relationships to enable babies to get the best possible start in life.

## SUCCESS SNAPSHOTS

- Creation of a 'Baby Friendly Group' with representatives from across the Nursing and Midwifery Portfolio
- Midwifery Programme received re-accreditation in 2018
- Health Visiting course achieved Stage 1 accreditation
- Liaision with wider university to enhance good practice for students, staff and the public in a 'Family Friendly' environment
- 3 staff successfully completed UNICEF UK Baby Friendly Initiative 'Train the Trainer' course
- Joint working with NHS practice partners to support teaching and assessing of students
- Integration into current undergraduate nursing modules and curriculum

## AREAS WE ARE DEVELOPING

- Health Visiting course working towards Stage 2 Assessment
- Cross mapping of Baby Friendly Themes with the "Future Nurse: Standards for Proficiency for registered nurses" as part of new curriculum development for all fields
- Cascade training - Supporting wider teaching staff to develop knowledge and skills in supporting infant feeding and relationship building education
- Ongoing liaision with wider university to enhance employee and student support and promote public and community engagement

**CONNECT WITH US**

| | |
|---|---|
| RGU Nursing & Midwifery | **@RGUNandM** |
| RGU MSc Advancing Nursing Practice | **@RGUMScANP** |
| RGU Midwifery | **@MidwivesRGU** |
| RGU Mental Health Nursing | **@MHN_RGU** |

# Blackburn with Darwen
# A Breastfeeding-Friendly Borough

Sue Henry and Donna Butler

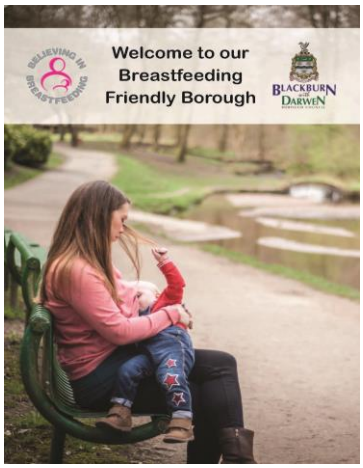
**Aims:** Blackburn with Darwen council, working collaboratively with East Lancashire Hospitals NHS Trust, would like breastfeeding mothers to feel welcomed and confident to feed their babies anywhere and at anytime within the Borough and recognise that all public spaces should feel welcoming to breastfeeding

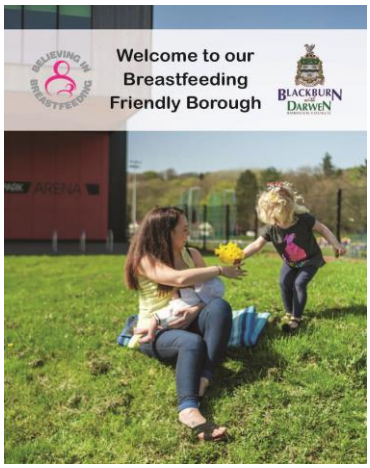
**Process:** The Baby Friendly Team facilitated the project aims, including:

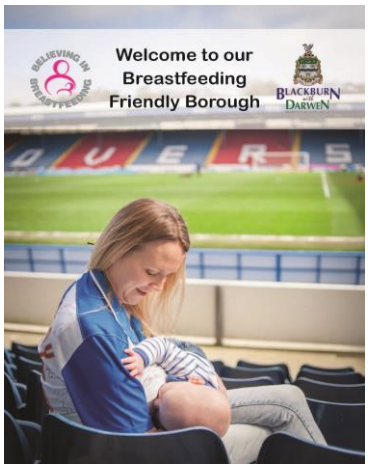
- Education and awareness raising within the community with 'breastfeeding welcome stickers'—including lifeguards and leisure centres, pharmacies, GP surgeries, schools, childcare providers, nurseries, children's centres, cafes, hairdressers, museums and libraries, local media and more.
- Posters (nine images, 450 posters) and billboards (four) were developed and displayed around the town

**Local mothers took part in a photoshoot. The aim was to display images of local mothers in easily recognisable places across the Borough**





**"Very welcoming, encouraging, empowering, confidence building, progressive, proud of our town, normalises breastfeeding"**

# Development and impact of Bristol breastfeeding and tongue-tie assessment tools

**Authors:** Dr Jenny Ingram[1], Marion Copeland[2], Debbie Johnson[1], Prof. Alan Emond[1]

[1] Centre for Academic Child Health, University of Bristol, Bristol Medical School, Bristol BS8 1NU. [2] Southmead Hospital, North Bristol NHS Trust, Bristol BS10 5NB.

University of BRISTOL

To improve the assessment of breastfeeding difficulties associated with tongue-tie, we have developed and evaluated three tools for clinicians to use: 1 **The Bristol Breastfeeding Assessment Tool** (BBAT), 2 **Bristol Tongue Assessment Tool** (BTAT) and 3 **TABBY** (tongue-tie and breastfed babies) tool. They were developed during a randomised trial of frenotomy in breastfed infants with tongue-tie run in Bristol[1].

## 1 Bristol Breastfeeding Assessment Tool (BBAT)[2]

This tool aimed to facilitate improved targeting of optimum breastfeeding positioning and attachment advice to mothers acquiring early breastfeeding skills or for those experiencing problems with an older baby. It was evaluated with 160 mother-baby dyads over 218 breastfeeds using 7 midwife assessors. There is no threshold score, but the items are used to indicate where improvements can be made to target advice and support. It can be used both clinically and in research to target advice to improve breastfeeding efficacy.

| | 0 - Poor | 1 - Moderate | 2 - Good | Score |
|---|---|---|---|---|
| **POSITIONING** Baby well supported; Tucked against mother's body; Lying on side / neck not twisted; Nose to nipple; Mother confident handling baby | - No or few elements being achieved<br>- **Needs to be talked through positioning** | - Achieving some elements<br>- **Some positioning advice still needed** | - Achieving all elements<br>- **No positioning advice needed** | |
| **ATTACHMENT** Positive rooting; Wide open mouth; Baby achieving quick latch with a good amount of breast tissue in mouth; Baby stays attached with a good latch throughout feel | - Baby unable to latch onto breast or achieves poor latch<br>- No or few elements achieved<br>- **Needs to be talked through attachment** | - Achieving some elements<br>- **Some advice on attachment still needed** | - Achieving all elements<br>- **No advice on attachment needed** | |
| **SUCKING** Able to establish effective sucking pattern on both breasts (initial rapid sucks then slower sucks with pauses). Baby ends feed | - No effective sucking pattern | - Some effective sucking; no satisfactory sucking pattern; on and off the breast | - Effective sucking pattern achieved | |
| **SWALLOWING** Audible, regular soft swallowing- no clicking | - No swallowing heard; clicking noises | - Occasional swallowing heard; some swallowing noisy or clicking | - Regular, audible, quiet swallowing | |



Midwives were able to score a breastfeed consistently using the BBAT and felt that it helped them with advice to mothers about improving positioning and attachment to make breastfeeding less painful, particularly with a tongue-tied baby. The tool showed strong correlation with breastfeeding self-efficacy, indicating that more efficient breastfeeding technique is associated with increased confidence in breastfeeding a baby.

### IMPACT

It is used in 11 countries including Turkey, Brazil, Australia, Philippines, Taiwan, India, Thailand, China, Canada, Spain and USA as well as other cities in the UK. Many centres are using it in their clinical practice to assess breastfeeding and help women feed more efficiently. It has been translated into Thai, Turkish, Spanish and Chinese.

## 2 Bristol Tongue Assessment Tool (BTAT)[3]

The BTAT is a simple tool that provides an objective, clear and simple measure of the severity of a tongue-tie, to inform selection of infants for frenotomy (tongue-tie division) and to monitor the effect of the procedure.

It was developed through based on clinical practice and evaluated with 224 tongue assessments. Eight midwives who used it showed good correlation in the consistency of its use and that it could be used in place of more detailed assessment tools to score the extent of a tongue-tie. Midwives found it quick and easy to use and felt that it would be easy to teach to others.

| | 0 | 1 | 2 | Score |
|---|---|---|---|---|
| **Tongue tip appearance** | Heart shaped | Slight cleft / notched | Rounded | |
| **Attachment of frenulum to lower gum ridge** | Attachment at top of gum ridge | Attached to inner aspect of gum | Attached to floor of mouth | |
| **Lift of tongue with mouth wide (crying)** | Minimal tongue lift | Edges only to mid-mouth | Full tongue lift to mid-mouth | |
| **Extension of tongue** | Tip stays behind gum | Tip over gum | Tip can extend over lower lip | |



### IMPACT

It is being used in New Zealand, USA, Finland, Brazil and several centres in the UK. All are using it in clinical practice to identify and assess tongue-tie for frenotomy. It has also been integrated into protocol-driven care pathways for local hospitals. It has been translated into Finnish and Portuguese for use throughout Finland and Brazil.

## 3 TABBY (Tongue-tie and Breastfed Babies) Assessment tool

There has been worldwide interest in the BTAT tool with requests to translate it into other languages. Consequently, we produced a simple picture version of the BTAT to aid and enhance consistent assessment of infants with tongue-tie.

| | 0 | 1 | 2 | SCORE |
|---|---|---|---|---|
| **What does the tongue-tip look like?** |  |  |  | |
| **Where it is fixed to the gum?** |  |  |  | |
| **How high can it lift (wide mouth)?** |  |  |  | |
| **How far can it stick out?** |  |  |  | |



The TABBY Assessment Tool was developed by a graphic designer and iterative discussion with four practicing NHS midwives. Two audits of the TABBY were undertaken at a busy tongue-tie clinic in one UK secondary care NHS Trust.

a It was evaluated by five midwives assessing 262 babies with tongue-ties at a busy tongue-tie clinic using both BTAT and TABBY; each pair of scores was recorded by one midwife at a time.

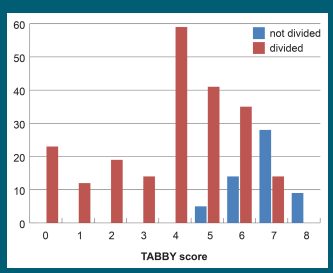
b A further training audit with 37 babies involved different assessors using BTAT and TABBY on each baby.

All midwives found the TABBY easy to use, and both audits showed 97.7% agreement (overall weighted kappa 0.923) between the scores. It is a clear and simple addition to the assessment of tongue-tie in infants to score the severity of a tongue-tie, inform selection of infants for frenotomy, monitor the effect of the procedure, facilitate translation into other languages for use in other countries and be used as a training tool.

## Recommendations for scoring BTAT and TABBY

The collective experience of midwives and breastfeeding experts using the BTAT or TABBY to assess over 2000 babies since 2014 suggests that a score of:

- 8 indicates normal tongue function;
- 6 or 7 are considered as borderline; [suggest a 'wait and see' approach with support for breastfeeding positioning & attachment]
- 5 or below suggests that there is impairment of tongue function; [which may or may not be having an effect on breastfeeding].




### SELECTION OF INFANTS FOR FRENOTOMY

Assessment of tongue function is only one part of the feeding assessment and so the decision to divide a tongue-tie should be based on:

- **assessment of breastfeeding using BBAT:** is there a feeding problem?
- **assessment of tongue function using BTAT/TABBY:** is the tongue movement restricted?
- **clinical judgement:** is the feeding problem caused by the tongue-tie?
- **discussion with parents:** not all parents want the tongue-tie to be divided

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# Online Discourses of Public Breastfeeding:

## "most natural thing ever and very easy to do with discretion in public.....no big deal!"


Dr Alexandra Kent*
*Keele University*

Dr Jo Meredith
*University of Wolverhampton*

Dr Kirsty Budds
*Leeds Beckett University*


## Background

Embarrassment and negative opinions towards breastfeeding in public contribute to earlier discontinuation of breastfeeding (Morris et al 2016; Mulready-Ward & Hackett, 2014; Scott et al, 2015).

Between 11% (McAndrew et al, 2012) and 49% (Boyer, 2018) of UK mothers report experiencing a negative reaction to breastfeeding in public.

Previous work has identified discourses of maternal responsibility for maintaining the comfort of public space users through discretion when breastfeeding (Boyer, 2012; Callaghan & Lazard, 2011; Sheehan et al, 2019). Not being discreet was associated with exhibitionism, sexualised behaviour, and poor mothering (Grant, 2016)

## Research Aim

To identify publicly salient discourses of public breastfeeding in the UK and explore how such discourses are mobilised in relation to each other in online newspaper comments.

## Method

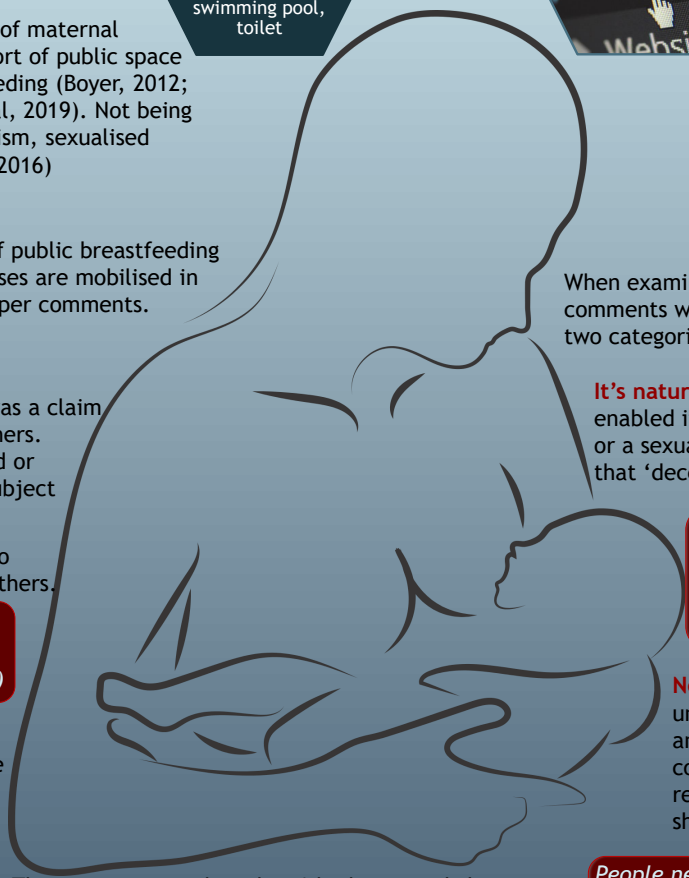

1. Proquest and Advanced Google Searches for relevant British newspaper articles between 01/07/18 - 31/12/18

Our search terms included infant/ baby / breast feeding + public, restaurant, plane, carpark, swimming pool, toilet

2. We collected the first 100 public comments per article with free online access.

We generated a total corpus of 44 newspaper items from 11 newspapers (both regional and national)


3. We analysed the data using Discourse Analysis within a Discursive Psychology framework



When examining the discursive organisation of the comments we found recurrent patterns in how the two categories of women were constructed.

## Findings

"The most natural thing ever" (D015) was a claim shared by both supporters and complainers. However, it was typically contextualised or qualified in ways that reinforced two subject positions for breastfeeding mothers:

**Good mothers** are discreet, attentive to their baby's needs and considerate of others.

*When a Lady breastfeeds all you can see is a baby head you see more hanging out the top of a t-shirt (D010)*

**Bad women** are disorganised exhibitionists who seek attention at the expense of their baby's needs.

*it is well established that lots of ordinary, decent people feel embarassed by this event taking place in public, surely this young Mother could have timed the babys feeding to avoid doing it in a very public restaurant? You see this type of thing time and time again, statement making is a hobby for some! (D011)*

**It's natural:** The 'naturalness' of breastfeeding enabled it to be constructed as a bodily function or a sexual act, which positioned it as something that 'decent' people would keep private.

*Ok its getting boring now , by all means breastfeed discreatly in public but if you flaunt your baps in public I Will crap at your feet, hows that for a natural bodily function? (D024)*

**No problem:** Supporters claimed to not understand why 'immature' people had an issue with a natural act. This contrasted with denials that negative reactions happened and that women should stop "going on about [it]" (D004).

*People need to grow up, babies need feeding, it's natural, there's nothing to see, it's not salacious, get over it! (D011)*

The pervasive *good mother / bad woman* dichotomy was oriented to by almost all commenters, including self-identified breastfeeding mothers.

*You moaning people should stop looking if you're so bothered, it's as though you think do it to flash you, most of us are very careful to not show any skin and only feed when our babies need it (D015)*

**Discretion:** the tipping point between *good mothers* and *bad women* seems to be discretion, which places responsibility for managing the baby's needs and the publics sensibilities on the shoulders of new mums.

*the problem starts when there is no discretion, I have too often seen the exhibitionist breastfeeding mum who wants to show everyone around how good a mum she is by breastfeeding. Please be discreet, I know you have rights but so do other people. (D015)*

## Key points

'Natural' doesn't sanction breast feeding in public

'Discreet' does seem to warrant breast feeding in public

'Discretion' focuses on mothers' behaviour

Public feeding implicates women's moral standing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Sheehan A., Gribble K., & Schmied V., (2019) It's okay to breastfeed in public but... *International Breastfeeding Journal*, 14:24 1-11



* Contact details: a.kent@keele.ac.uk

# The importance of person centred support on the National Breastfeeding Helpline

Open 9.30am-9.30pm every single day of the year since 2008. The National Breastfeeding Helpline offers a consistent service, at low cost and with equal access for all – it doesn't matter where you are in the country, what day of the week it is or how old you, your baby or child is – the helpline is there for you.

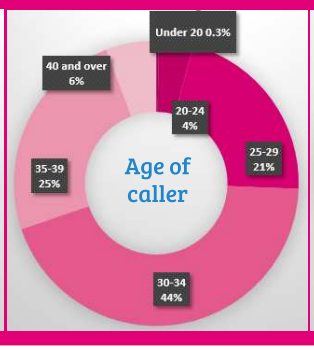
**Non-judgmental, evidence based, unbiased, independent, one to one, friendly breastfeeding support, information and reassurance for everyone.**

## A BRIEF HISTORY OF THE NATIONAL BREASTFEEDING HELPLINE

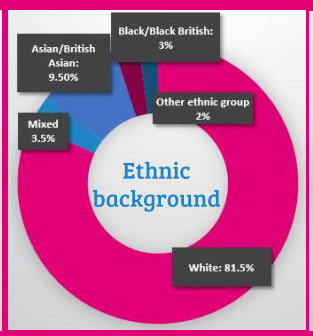
1979 Association of Breastfeeding Mothers (ABM) founded.
1997 The Breastfeeding Network (BfN) founded.
2008 BfN awarded funding from Dept of Health to establish a National Breastfeeding Helpline, to be run in partnership with ABM. Welsh language support also offered. BfN & ABM train, support & supervise volunteers to answer calls 12 hours a day, 365 days a year.
2011 Evaluation by University of Central Lancashire found high levels of satisfaction with the helpline (bit.ly/NBH2011).
2012 New NBH branding and strapline 'talk to a mum who knows about breastfeeding' launched.
2013 Cochrane Database of Systematic Reviews research finds phone support could increase duration of breastfeeding. Women say they value accessibility, convenience & non-judgmental delivery, felt reassured, confident, more determined to breastfeed (bit.ly/NBH2013).
2014 NBH volunteer awards launched. Now offer awards for 50, 100, 250, 500, 750, 1000 and 2000 calls answered!
2015 Webchat service launched with the aim of enabling wider range of callers to be able to access support.
2016 Scottish Government begin funding the National Breastfeeding Helpline - huge increase in numbers of Scottish volunteers trained and active on the line. BSL users in Scotland can access the Helpline via ContactScotland BSL service.
2017 Polish language line opened after feedback showed that Polish was the second most common language spoken by callers. Evaluation study of impact of the helpline in Scotland shows high levels of satisfaction (bit.ly/NBHScot).
2019 Phone support more in demand than ever with over 45,000 calls received annually. Numbers of calls answered and talk time also increasing. A trial of social media one to one peer support via online messenger proves popular.

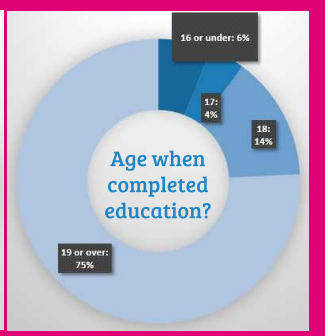
## Who calls us?

20% of all callers are asked to provide demographic information, including the following:






### How do callers find out about the helpline?

52% of callers find out about us from a HCP, hospital discharge pack or other NHS resource (NHS website, leaflets). 30% find us via online search or social media and 18% from peer supporters, friends, books, newpapers & magazines.

### Callers tell us:

"I loved that it was a 'real person' on the end of the phone. Also the fact that the volunteer asked how I was, and not just my baby, made a massive difference to my day"

"I couldn't have done it without your support. You all are amazing. Thank you for being there for me in this very challenging but rewarding journey."

"I've just got off the phone and I honestly feel so much better"

"I really needed that support at that particular time. I was so grateful for it."

51% of all calls are about babies under 6 weeks old (15% about babies under one week)

### Top 5 most common issues:

1. Positioning & Attachment
2. Expressing
3. Milk Supply - too little
4. Blocked ducts/Mastitis
5. Frequent Feeding

### WHAT NEXT FOR THE NATIONAL BREASTFEEDING HELPLINE?

- There is a commitment to maintain the National Breastfeeding Helpline as part of Becoming Breastfeeding Friendly Study England recommendations.
- Develop social media peer support offer further, subject to funding.
- Continue to establish links with other evidence based organisations in order to raise awareness of the helpline amongst under represented groups, particularly younger parents, those in isolated areas, those less likely to access breastfeeding support.
- Aim to recruit & support more volunteers from those groups.
- Develop minority languages support options.

A huge thank you to our wonderful volunteers from the Breastfeeding Network and the Association of Breastfeeding Mothers who give up their time to support families through calls, webchats and social media messages every single day of the year.

the Breastfeeding network

abm Association of Breastfeeding Mothers

national breastfeeding helpline
0300 100 0212

# The Goldilocks' Scenario

## The use of Hormonal Supplementation to facilitate Breastfeeding


The Newcastle upon Tyne Hospitals NHS Foundation Trust

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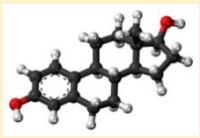
### Introduction

This poster will outline three case studies where low Oestradiol levels impacted on Galactopoiesis and breastfeeding was enabled through multidisciplinary parent centred care.

### Background



In females of reproductive age 17, beta-estradiol (Oestradiol or $E_2$) is the dominant Oestrogen, secreted by ovaries in response to Follicle Stimulating Hormone (FSH)[2].

During pregnancy, $E_2$ levels increase due to FSH- secretion by the placenta and (to lesser extent) the ovaries[3].

These stimulate epithelial proliferation and ductal sprouting in breast tissue and promote secretion of prolactin by the pituitary gland[4].

Following delivery of placenta, the ovaries secrete $E_2$ at low levels, due to circulating prolactin inhibiting pituitary FSH secretion [2].

The synthetic Oestrogen-analog Ethinylestradiol (contained in most combined oral contraceptives) can impair Galactopoiesis; hence guidance to avoid Oestrogens in lactation [5, 6, 7].

In a small percentage of the lactating population, primary health factors can inhibit lactation[2].

Hypogonadal women having undetectable $E_2$ levels postnatally commonly report difficulty breast-feeding. If insufficient $E_2$ is produced by the ovaries after delivery (*e.g.* in a hypogonadal or underweight woman), milk production can be inhibited due to the inability to maintain delivery duct integrity[2].

Suckling at the breast does not appear to impact on $E_2$ levels[8].

**Three cases will examine how measuring estradiol levels and thereby provide titrated postnatal $E_2$ replacement was able to support breastfeeding.**

### Case Study One

**Age 34**

- First pregnancy
- History of anorexia and low BMI
- Hypothalamic Amenorrhea
- Gonatropin-ovulation-induction to achieve pregnancy
- HRT at birth, moving to $E_2$-only HRT at 4 weeks post-partum
- Domperidone at 10 days post-partum until cessation of breastfeeding
- Exclusive breastfed
- Faltered baby weight gain- indicated supplements from 6 weeks until around six months of age
- Breastfeeding alongside other foods until 18 months of age
- Early onset Galactocele required frequent drainage
- Galactocele resolution when optimum milk production achieved/hormone $E_2$ assays demonstrated optimum levels.

*"This has been a team effort and it has helped so much that I have had the BF clinic to support me. It has helped so much that all of the specialists were able to work together so I did not have to tell my story repeatedly"*

### Case Study Two

**Age 32**

- Rhabdomysacoma diagnosis
- Total abdominal hysterectomy as a child
- HRT at puberty
- Motherhood via a surrogate
- Combination of HRT and Domperidone to induce lactation; three months before birth[8]
- Commenced hand and mechanical expressing six weeks before birth
- Exclusive breast feeding for 5 days then combined breastfeeding with expressed breast milk
- Breastfeeding, breast and formula milk from two months
- Breastfeeding alongside other foods at 6 months.

*"For all it isn't an easy process I'm very much enjoying this preparation and it is encouraging that I'm at least getting something, I'm so please my body is playing ball, somewhat! My daughter is very interested in the whole process and its increasing her understanding of the preparations for baby arriving.....the bond with my baby is so special and something I will always cherish".*

### Case Study Three

**Age 24**

- First pregnancy
- Premature Ovarian Insufficiency diagnosis age 23 (premature menopause)
- egg-donation-IVF to achieve pregnancy
- Restarted ($E_2$-only) HRT at birth
- Excellent breastfeeding management
- Copious milk production not evident on day 7
- Review of $E_2$ levels demonstrated high levels
- Reduction in HRT resulted in increase in milk supply
- Domperidone commenced after copious milk production and confirmation of reduced supply
- Weaned off Domperidone by 8 weeks post-partum
- Exclusive breastfeeding achieved 4 weeks post-partum.

*"I felt such a failure and never thought I would be able to have a baby never mind breastfeed. I have felt so supported to achieve my dreams after my body failed me. It has helped that the whole team were able to talk to each other which cut down on my appointments and everyone knew what was happening"*

### Findings

All three cases demonstrated Galactopoiesis sensitivity to serum $E_2$ levels. Regular blood tests enabled titration of HRT to achieve optimum breast milk supply. All three cases demonstrated variation in levels which required careful monitoring with optimum lactation achieved at around 100 *pmol/* [2]. The early onset galactocele in case study one suggests that the integrity of the ducts was affected due to low $E_2$ levels resulting in milk leaking out of the lactiferous tissue. This resolved with active management through drainage although resolution also coincided with optimum $E_2$ levels.

### Conclusion

All the cases demonstrated continuation of breastfeeding with support from the multi- disciplinary team. Coordinating care with Endocrinology ensured the mother and baby remained at heart of care delivery in order to facilitate the mothers wishes and dreams. The review of these case studies demonstrated that $E_2$levels are finely balanced in order to facilitate breastfeeding. Too little or too much impairs Galactopoiesis:

**"The Goldilocks' Scenario"**

### References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