

UNICEF UK BABY FRIENDLY INITIATIVE

INFANT FEEDING CARE DURING COVID-19

Initial findings from Survey #1, collated May 2020

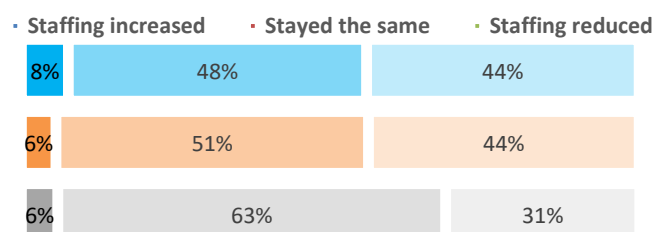
The coronavirus (Covid-19) crisis has created new challenges for health professionals to navigate, from reduced staffing and redeployment to the replacement of face-to-face consultations with virtual care. As the effects of the crisis continued to unfold, the Unicef UK Baby Friendly Initiative aimed to better understand how infant feeding provision across maternity, neonatal and community services was affected by conducting a survey via the National Infant Feeding Network (NIFN) in April 2020, of which a total of **274** infant feeding specialists responded. This paper sets out the initial findings of this first survey. A follow-up survey is in place to examine the impact of these changes going forward.

Summary of results

- During the pandemic, many services have been operating with **reduced staff numbers**.
- Most services have **adopted social distancing measures** and provided virtual support via video and/or telephone. At times, this virtual method of support provided new, additional advantages for some mothers compared to before the pandemic. However, **policy and technology barriers** prevented some services from offering any/limited virtual support.
- Services who had not yet established a specialist breastfeeding pathway and/or a Baby Friendly team found it hardest to maintain the progress made. Where trust leads were **already prioritising breastfeeding** and Baby Friendly support services, staff were retained and better able to continue to deliver infant feeding support.
- The reduction in breastfeeding support and tongue-tie services and the **reduced opportunity for parents to build a relationship** with their baby on the neonatal unit and postnatal ward may impact mother-infant attachment and breastfeeding rates over this period. Some services noted that having **more contact with mothers** through virtual communications seemed to be impacting breastfeeding initiation rates positively.
- Future research** will be required to understand the true impact of the pandemic on breastfeeding rates, access and visiting policies for parents and families, the availability and delivery of support and the effects of mothers and their partners being at home more throughout lockdown.

Staffing

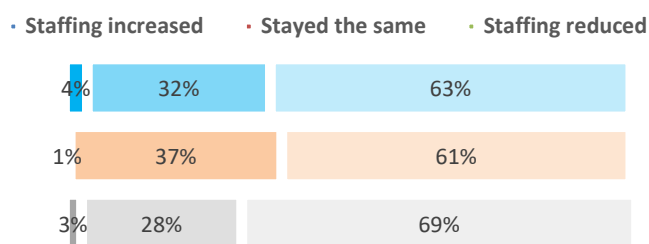
Nearly half of **maternity** and **health visiting** services and nearly a third of **neonatal** services had seen reductions in infant feeding staff due to redeployment and shielding. Staff numbers were protected where breastfeeding was recognised as a priority by managers.



“The whole team has been redeployed to community nursing or a community hospital to work as a health visitor on the telephone single point of access.” – Health Visiting

Peer support staff

Around two-thirds of peer support services in respondents' local areas had seen a reduction in staff. Face-to-face peer support had typically stopped, but some services had found creative ways to provide support online or over the phone. Others were unable to overcome governance, technical or capacity barriers.

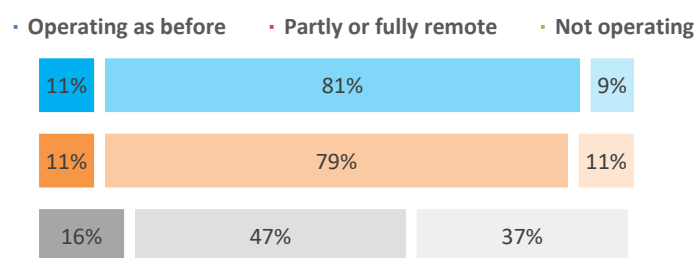


“One of our team has created a Zoom peer support group in lieu of her weekly support group in a local playgroup. La Leche League have offered their support and have well-established virtual peer support running each week.” – Maternity

“We have suspended the service as groups and clinics have stopped. As the volunteers are...supervised by a midwife or health visitor [whilst] supporting families, we have no governance [to] offer support [such as] calls or social media.” – Health Visiting

Specialist breastfeeding pathway

One in ten **maternity** and **health visiting** services and a third of **neonatal** services suspended their specialist breastfeeding pathway, while four in ten services stopped referrals for tongue-tie since the start of the pandemic. The majority of services have adapted their pathway to operate remotely while retaining face-to-face support for mothers and babies with more complex needs.



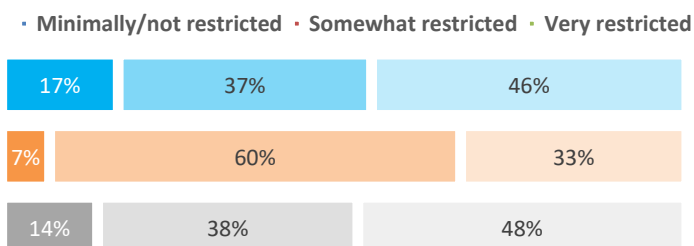
Comments suggest that some services have found some positives in having this dual approach.

“In addition to our specialist breastfeeding pathway, we opened an infant feeding advice line. We found that while some GPs are using the usual specialist team, others ask mothers [with complex problems] to self-refer via the advice line.” – Health Visiting

“We are seeing clients virtually via WhatsApp or web calling. We can see face-to-face at new maternity hubs, however here the mum is alone. When we call virtually, we can speak with partners. A mixture of the two works best.” – Maternity

Parental access to wards

More than eight in ten respondents said that parental access to wards had been somewhat or very restricted. Restrictions typically included allowing one parent at a time, no siblings or wider family and reduced visiting hours. Concerns were raised about the effects on bonding, establishing breastfeeding and parents' ability to support each other, particularly on neonatal units.



“Women may visit for two hours a day but must wear PPE and cannot hold their babies unless they are in a cot and they can lift themselves. Fathers are not permitted to visit.” – Neonatal