Infant feeding gets more mother and baby friendly

Improvements in breastfeeding rates and better support for mothers who choose to formula feed are taking place in the NHS due to the UNICEF Baby Friendly Initiative, as revealed by Julie Clayton and Elizabeth Mayo, NCT Breastfeeding Counsellor, tutor and southwest coordinator for the National Infant Feeding Network, and through testimonies from Infant Feeding Leads and breastfeeding counsellors.

It's a familiar story – mothers in hospital struggling to establish breastfeeding with their baby, and midwives too overwhelmed with other duties or lack of training to give the help they need, or to support those who formula feed. After mothers get home, the problems can get worse without the right support.

Helena Stopes Roe knows the situation in hospitals only too well. She was an NCT antenatal practitioner, doula and breastfeeding counsellor (BFC) before becoming an Infant Feeding Lead 11 years ago. “It can sometimes be stressful as it can be difficult with staff shortages, very busy wards, no budget and..."
very little dedicated help. Feeding support can be last on the list of priorities, and breastfeeding support can be fraught with all the internal and external pressures on each individual member of staff.’

Despite such widespread pressures, real change is taking place at the heart of NHS maternity and community services in how infant feeding is managed – with hugely positive results thanks to the Baby Friendly Initiative. This worldwide initiative is led by UNICEF and promotes minimum standards of best practice in the care of mothers and babies, and includes the aim of improving breastfeeding rates. The Initiative began in 1996 with a 10-step maternity plan that encouraged, for example, skin-to-skin contact between mothers and babies immediately after birth. The standards quickly expanded to cover our health visiting services. In 2012, a revised set of BFI standards were introduced, with a more mother-centred approach that emphasised the need to build close relationships between mothers and babies, and to give more support to mothers who bottle-feed their babies. This also fits well with what mothers have always known and the NCT Message Framework – ‘Values around infant feeding’.

BFC Elena Rossi has witnessed extraordinary change with the implementation of BFI standards. In 2006 she volunteered to support breastfeeding in her local hospital maternity ward and found herself ‘alone’ in her training and enthusiasm. ‘You can understand the shock I had when I realised the amount of bottles of formula used and not much hand expressing at all. I remember once suggesting to a midwife that we could use a home-made nursing supplementer and, obviously not knowing nor understanding what I was talking about, she said, in front of many midwives and nurses, “You can’t do that. That is dangerous”! That was a big learning moment and I realised I had to be patient, do what I could, and swallow the frustration of not being able to change big things by myself.’

Elena had to reconcile her understanding of how breastfeeding works with how situations were managed on a busy ward. ‘What kept me going was seeing that I was making a difference for many mothers and babies.’

The first changes followed the appointment of an Infant Feeding Specialist Midwife in around 2010, who has led the hospital through Baby Friendly accreditation. ‘Slowly but surely going into the ward became a different experience’, says Elena. ‘Among the many other achievements, the breastfeeding policy is not a mystery any more, hand expressing and the use of feeding cups are a common practice and the breastfeeding volunteers have supervision and regular update training sessions. Elena won the NCT *Over and Above* volunteers’ award at babble Live! In September 2015.

The change that Elena has seen is being repeated around the UK, where 52% of maternity services, and 54% of health visiting services had achieved full BFI accreditation by September 2015. Scotland and Northern Ireland, in particular, are leading the way in the numbers of births taking place in fully accredited hospitals, at 84% and 92%, respectively.

In 2013, for example, Bristol became the first city to achieve consistent city-wide implementation of the BFI standards through training of health visitors, nursery nurses, Children’s Centre staff, midwives and neonatal nurses, with a significant increase in breastfeeding initiation and continuation at eight weeks postpartum.
This followed the finding that BFI implementation had led to an increase in breastfeeding initiation in hospitals, but that breastfeeding rates at six to eight weeks had remained static. Extending BFI standards to the community means that women are receiving more and better support to continue breastfeeding at home.

Sheffield later joined the roll-call of Baby Friendly cities, and in 2012 Cornwall became the UK’s first Baby Friendly county. There are now five types of award pathways, covering maternity services, health visiting, Children’s Centres, neonatal units and universities.

See the [Baby Friendly Initiative website](https://www.baby-friendly.co.uk) for full details of the Baby Friendly Awards.

### Neonatal units

The BFI maternity standards included hospital neonatal units but with limited scope, focusing on how mothers were helped with expressing milk for their babies. The new 2012 Neonatal Unit Award encourages a whole new philosophy of care whereby parents are partners in care rather than just visitors. It focuses on the mother-baby relationship and the baby’s brain development. Babies may be hooked up to drips and may be recovering from surgery, but they still need cuddles and skin contact from mum. In some units this just means pulling together innovations in neonatal care that were already taking place. But elsewhere, parents are still reporting that they feel this is not their baby and that it is the experts who are looking after their baby.

Great interest has been shown and one unit in the South West has progressed quickly to nearly being fully accredited.

### Key features of the Baby Friendly Initiative revised standards

- Mother-centred discussions rather than a checklist approach
- Talking about responsive breastfeeding as a whole new concept – putting your baby to your breast whenever you want. It’s not possible to overfeed or spoil your baby!
- Maximising breastmilk – exclusive breastfeeding gives the optimal health outcomes. Value all breastmilk that a baby receives
- Enhancing the mother-baby relationship – the new BFI standards are the bridge between feeding and relationship building
- Responsive bottle-feeding with closeness: pacing the feed, watching the baby’s cues for finishing the feed, limiting the number of people who feed him in the early weeks.

### Formula feeding

Support for mothers who are formula feeding their babies is also a key part of the 2012 revised standards. Previously, some mothers would report feeling that they weren’t able to ask questions about bottle-feeding with formula milk and that some health professionals just wanted to talk about breastfeeding.

The 2012 revised BFI standards recommend starting the conversation with mothers antenatally in a very mother-centred way, accepting and respecting her decision. When her decision is to bottle-feed with formula then staff can discuss the importance of bottle-feeding responsively, so as to help promote close loving and consistent relationships with primary carers.
‘With the introduction of the new standards, I feel I can stay longer with mothers and have a conversation about the needs of the baby and how important it is to make bottle-feeding also a positive experience for both mother and baby,’ says Elena.

For mothers who choose to breastfeed, again responsive feeding means reassuring mothers that they can breastfeed whenever they want to, in response to the baby’s cues, that they cannot overfeed or spoil their breastfed baby. Typical quotes from mothers gathered at assessment include: ‘They said it’s not just about food. That makes the frequent feeds easier to deal with.’

### Responsive bottle-feeding

- Rather than putting the teat into the baby’s mouth, offer the teat to allow the baby to have some control.
- Pace the feed by offering the bottle steadily with lots of pauses.
- Do not overfeed — to help reduce the risk of obesity — instead allow the baby to finish when he wants.
- Hold the baby close to enable eye contact.
- Limit the number of people who feed the baby to allow him/her to get used to their main carers.

### Investment in training

BFI implementation has required huge investment in staff training, usually coordinated by an infant feeding lead whose responsibility is to drive the overall change process. The revised 2012 standards also specify the responsibility of hospital managers in helping to ensure that implementation takes place.

The infant feeding lead will organise seminars and training sessions, practical skills reviews and audits to determine how effective the training is. Audits will include interviews with both staff and mothers to find out whether practice is changing and if standards are being maintained. They devise action plans to tackle weaker areas and determine when the service is ready for external assessment.

The whole process can take five years or more, to enable new policies and plans to be established, new knowledge and skills to be developed, and final accreditation by an external BFI team of assessors. The accreditation is repeated every few years.

A key to success often seen is the nurturing of a more collaborative culture in which health professionals and the voluntary sector including breastfeeding counsellors and peer supporters work together, sharing their knowledge and experience and providing a continuum of social and specialist support for mothers.

Karen Fell is a BFC and Baby Friendly support worker in a community health setting, working in a small team alongside health visitors and a strategic Baby Friendly Coordinator. She is involved the training of other team members and Children’s Centre staff, plus staff and mothers’ audits, managing drop-ins and peer supporters and conducting home visits. ‘We all support each other. I can sometimes bring new ideas to our ways of working which we hear about as BFCs before they filter through to health. As a BFC, we sometimes only hear the bad things about health professionals, and working with them has opened my eyes to the fact that there are really positive and dynamic members of staff out there. On the whole, I feel that staff respect and value my BFC experience.’
Sharing breastfeeding knowledge and skills
In some instances, the role of Infant Feeding Lead has gone to breastfeeding counsellors; elsewhere it may be midwives or health visitors who are appointed. Through their feedback, we are seeing how compatible the new BFI standards have become with the NCT’s approach to infant feeding. Amanda Chapman, for example, began as a breastfeeding peer supporter and NCT breastfeeding counsellor, and is now a Health Improvement Practitioner with a focus on Early Years, in a public health team. She conducts staff training and management of breastfeeding support for hospital and community staff, incorporating the BFI standards. ‘The BFI standards work very well in both NHS and NCT roles and the emphasis on close responsive relationships also works from a public health and Children’s Centre viewpoint, and for midwives and health visitors. The implementation has been relatively straightforward. The BFI standards naturally carry over into my NCT sessions and the consistency of message hopefully helps the parents in their journey through the different services.’

Helena Stopes Roe found that her training as an NCT breastfeeding counsellor proved enormously useful at Birmingham Women’s Hospital, which achieved full BFI accreditation in April 2013. ‘As an NCT practitioner, my background is one of providing women with information, listening as they explore their options and then supporting them in their decisions. Had I simply been providing antenatal education or direct support for mothers with feeding, I would have had less influence. In my role as Infant Feeding Coordinator, however, I had a level of input – attending meetings, teaching all staff, creating protocols, writing policies/guidelines/leaflets, rewriting the postnatal notes – which meant that the mother-centred language I automatically use had an impact both subtle and powerful. It has also proved invaluable when working with BFI standards as the holistic, mother/baby relationship-centred approach is at their core.’

Liz Ginty was also able to draw upon her insights as a health visitor, BFC and later, Infant Feeding Lead for Greenwich health visiting service. ‘The biggest challenge for me has always been managing situations where mothers have not had the best possible care, information or support. I really do feel very lucky that having experience of both perspectives – and being a mother on the receiving end – helps me try to manage this constructively and keep the mothers in mind. Yes, we do need to know when and how things can be improved but also, as an Infant Feeding Lead, I know that positive stories from mothers make a huge impact on health professionals’ practice. A major part of achieving Baby Friendly has been feeding back to staff how their new knowledge and skills and care have made a difference to mothers and babies.’

Rapid implementation in health visiting
Health visiting services have embraced the revised Baby Friendly standards as part of their core remit. As Liz Ginty comments, ‘When I started in my infant feeding post in 2006, supporting breastfeeding definitely felt like a minority sport in health visiting; now health visitors are really engaging with new Baby Friendly standards.’

This enthusiastic uptake may be due to the focus that health visitors already have on early mother-infant relationships. It can require a newer change
in practice for midwives and neonatal nurses, whose postnatal work has traditionally been focused more on the mother’s postnatal emotional health and postnatal depression, and not on the baby’s brain development.

However, many midwives are welcoming the new emphasis on the mother-baby relationship and communication with parents. Ruth Oscroft began her career as an NHS midwife in 1977 before becoming an Infant Feeding Advisor, first in hospital and now within a health visiting team, and has been involved with BFI implementation across a whole county. She also qualified as a BFC over 20 years ago. She notes, ‘Implementation of Baby Friendly principles, practice and standards has been part of my working life for many years. Something positive is how the new BFI standards highlight a mother-centred approach which ‘backs-up’ what I feel I have been saying to colleagues for years! I have been pleased to see the emphasis on a non-directive approach, while recognising that there will always be the natural desire for health professionals to help and support breastfeeding mothers in a more directive way.’

Ellen Simon, BFC and Infant Feeding Lead reports, ‘The health professionals loved the sense it gave them of being more respected and able to make their own judgements... Some midwives and support workers really felt they were coming home – that what they had been doing over time was at last being respected and made available. In the hospital where I work, they and student midwives from Bournemouth University are well versed in the BFI.’

**Challenges**

While implementation of the revised BFI standards seems to be going well, there remain some challenges to full accreditation in all settings, including staff time constraints. Ruth Oscroft says, ‘I have concerns that time constraints compromise service delivery and how current re-structuring within the NHS and Local Authority impacts on the efficiency of implementing the new standards.’

Another obstacle is the cost of accreditation. In Scotland, Wales and Northern Ireland there is government financial assistance available, whereas in England each service has to fund its own assessment process which can cost £10,000. Negative attitudes also persist, and in some settings health professionals can be reluctant to change.

According to Karen Fell, ‘The most difficult aspect is those members of staff who might not be so positive and dynamic. In health, staff have many other pressures on their time apart from infant feeding. Indeed, a few really don’t have it high on their list of priorities. Negativity is something that I do find challenging. I hope that by remaining professional and helping staff to see what’s in it for them, we will gradually change those mindsets!’

Mutual wariness can also pose a barrier, as explained by Kerry Radden, Infant Feeding Coordinator and Baby Friendly Lead, health visiting service, and NCT BFC: ‘I regularly have to listen to midwives or health visitors or even Children’s Centre staff telling me how NCT is at fault for raising the expectations of parents around breastfeeding, for telling them it’s easy or for telling them that formula is poison. I have to balance the relationship and make a careful decision about whether to disclose my NCT role and whether – and how – to challenge their viewpoint, especially when I’m pretty sure it has no factual basis. Likewise, I often have to listen to NCT practitioners criticising health
professionals or constantly feeding back negative stories and not looking for the positives. It can be hard being in the middle.’

Helena Stopes Roe too has had mixed responses from staff who learn that she is not a midwife. ‘For some it makes no difference, for others it visibly reduces my status and credibility in their eyes. Occasionally – mostly when they work with me – respect increases. Some have deeply entrenched and outdated practices, having been ‘doing the breastfeeding – I can get any baby on’ for many years. Even midwives newly qualified from a BFI-accredited university may be influenced by the poor practice of their mentors.’

How can breastfeeding counsellors and peer supporters help with the change process?

• Support local Infant Feeding Leads (and so help improve services)
• Take (or create) opportunities to build relationships with infant leads and health professionals including midwives and health visitors
• Tell them what is happening for local families – they may not know what BFCs do or how they and NCT can support them to achieve BFI accreditation.
• Not all health visiting services have an Infant Feeding Lead. If you haven’t got one, badger your local MSLC and ask why not?
• Apply for roles such as Peer Support Coordinators, Breastfeeding Support Workers or Infant Feeding Coordinators, especially if you have transferrable skills from other roles. Much of the NHS is starting to recognise that breastfeeding ‘expertise’ can come from non-health professional sources.
• Proactively approach public health teams about peer support, breastfeeding support services or building relationships.
• Join your local MSLC or equivalent, and think about how to operate in their world. We can alienate ourselves if we speak a different language.
• BFI requires engagement with the voluntary sector. What can you offer?
• Share your expertise – work within your local strategy team or MSLC and put together resource packs for GPs or health visitors, or share information gleaned from conferences. Create a professionals’ newsletter with new breastfeeding research findings and disseminate it to your local community health team.
• Embody the core conditions – health professionals need caring for too.
• Recognise that culture change takes a long time and celebrate every step of progress.
References


Further resources


Interview with NCT breastfeeding counsellor Jane Watson-Davis who won the Association of Breastfeeding Mothers Pam’s Prize 2015. Available from: http://abm.me.uk/pams-prize-2015-winner/. Accessed 30/9/15