

UNICEF UK BABY FRIENDLY INITIATIVE 2016 CONFERENCE POSTER PRESENTATIONS: ABSTRACTS



THE BABY
FRIENDLY
INITIATIVE



THEME 1: EDUCATION

Near-to-qualifying student midwives' experiences of their breastfeeding education and confidence in providing breastfeeding support in the clinical setting: A hermeneutic study

Name: Martina Donaghy

Organisation: Anglia Ruskin University

Poster Number : 6

Research into breastfeeding education has focused on improving qualified midwives' practices. However, recent national research has highlighted the importance of breastfeeding education within the university setting for student midwives. This study explored the views of one cohort of final year student midwives, regarding the breastfeeding education and clinical experience they gained during their pre-registration Unicef UK Baby Friendly Initiative accredited Midwifery degree course. Students' views were obtained through the application of a hermeneutic phenomenological approach, examining the students' 'lived experience' of providing breastfeeding support to women in the clinical practice setting.

Results revealed that only half of the students felt confident when helping mothers with breastfeeding. Factors that influenced their confidence included a lack of mentor supervision and positive feedback, a lack of opportunity to help women, and the complexity of women's needs. Students reported that midwives appeared to be affected by a lack of resources, time and appropriate skills. Consequently students were sent to help women unsupervised, which left them feeling frustrated, unconfident, exploited and uncertain of their skills.

These constraints appear to widen the theory-practice gap, limiting the practice opportunities for students. Higher Education Institutions need to provide alternative and additional opportunities for student learning. This could be met through student attendance at breastfeeding drop-in centres, peer support groups and one-to-one time with Infant feeding Leads.

Assessing student midwives' final year knowledge of breastfeeding: a storyboard approach

Name: Louise Walker and Sue Britt

Organisation: University of Nottingham

Poster Number : 20

The assessment of student midwives' knowledge surrounding breastfeeding poses challenges for teachers in higher education. Institutions offering a Unicef Baby Friendly Initiative accredited curriculum must meet their programme demands, alongside supporting students to achieve their competencies in practice settings. Recent changes in the Baby Friendly standards include learning outcomes on relationship-building and responsive communication.

To assess breastfeeding knowledge in year three, we devised a storyboard in the form of an A0 poster which presented three sequential scenarios following the care of a woman through her breastfeeding experience from the first feed to day 12, incorporating the needs of her baby and her partner. The assessor role-plays the mother, responding to students' comments and posing appropriate questions. The need to rethink our assessment strategy coincided with the introduction of a flipped learning pedagogy to Nottingham's midwifery curriculum. This pedagogy supports the development of critical, confident learners, able to apply theory to practice. The poster presentation will outline elements of the flipped approach and the assessment storyboard.

THEME 1: EDUCATION

Curriculum planning - working in partnership with student midwives in the development of breastfeeding education

Name: Sheila Brown

Organisation: Bangor University

Poster Number : 8

The midwifery lecturing team at Bangor University is working towards Baby Friendly Initiative University accreditation. In preparation for the Stage 1 assessment, the designated lead for infant feeding within the programme evaluated the programme from the student perspective over a two year period. Feedback from students regarding the infant feeding sessions and practical assessments assisted the team to plan how the curriculum could incorporate the Baby Friendly standards to ensure that they were met, and that the information provided supported the needs of students throughout the programme.

Real life experience of student midwives at a Baby Friendly university

Name: Rachel Evans and Eleanor Healer

Organisation: Swansea University

Poster Number : 7

Swansea is the first university in Wales to achieve stage 1 Baby Friendly accreditation and progress towards stage 2. The university has set up a breastfeeding group both to support mothers and to help students develop their experience and clinical skills. Student midwives work with a midwife educator to provide breastfeeding support for local mothers. A survey of parents who attended the group and students who took part was evaluated after six months. Students felt that they learned from mothers and that their practice improved as a result of attending. Mothers found the group friendly, welcoming and supportive, and the presence of midwives and students together was a factor encouraging them to attend.

Collecting and sharing data across Maternity, Neonatal and Community

Name: Jacqueline Mhako

Organisation: Barking, Havering and Redbridge University Hospitals (Public Health)

Poster Number : 17

High quality information is a good performance driver for multi-disciplinary clinical and community teams, helping to inform decision-making to ensure that mothers and babies receive the best possible care and support for feeding and developing strong mother-infant relationships.

Barking, Havering and Redbridge University Hospitals (Maternity) have developed an infant feeding dashboard which gives clinicians easy access to infant feeding data captured within maternity and neonatal units. Information is also added from the community setting and used to assess progress. The infant feeding dashboard is visual and accessible, and displays relevant local information alongside the Baby Friendly standards. It is successfully used to share relevant and timely information between teams so that decisions can be made based on local evidence to improve the quality of care for the mother and her baby.

THEME 1: EDUCATION

An aide memoir: Evidence of effective milk transfer - the contents of a nappy

Name: Janice Smith and Mary Huntley

Organisation: The University of Northampton

Poster Number : 23

This poster demonstrates how an aide memoir developed by third year pre-registration midwifery students can be utilised as a learning tool.

It is vital for student midwives to be able to understand the importance of effective milk transfer in the breastfed baby in order for them to promote and protect breastfeeding. One of the basic principles in recognition of effective milk transfer is the knowledge of what to expect to see in a nappy from birth to 28 days of life.

It was noted that some students were finding this difficult to remember and apply in practice. Utilising an andragogical approach to learning, in a 'flipped classroom' setting, the students were asked to design a pocket-sized aide memoir which they could easily access in clinical practice and use as their own individual learning tool. The students were directed to appropriate Baby Friendly Initiative resources and supporting texts to help them produce the tool. The designs were laminated to protect them from damage and to comply with infection control policies.

This approach motivated the students, enabled them to take ownership of their learning and was appropriate to meet their individual learning needs.

A study to explore the benefits of providing breastfeeding information to fathers in respect of breastfeeding initiation and duration

Name: Fiona Munro-Muotune

Organisation: Tameside and Glossop Integrated Care NHS Foundation Trust

Poster Number : 21

Background: Studies have shown that providing fathers with information to support breastfeeding can have a positive effect on breastfeeding initiation and duration. The purpose of this study was to evaluate how the use of a DVD in the antenatal period, and featuring other fathers, impacted on their partners' feeding choices.

Methods: 58 fathers were randomised into either the intervention or the control groups. The intervention group was given a DVD to watch at home. Pre- and post- intervention attitudes were measured using the Iowa Infant Feeding Attitude Scale.

Results: Exposure to the intervention showed a more positive attitude towards breastfeeding and almost all of the fathers had been involved in the feeding decision for their baby. There was a significant difference in the scores for pre- (M=62.80, SD=6.920) and post-DVD (M=67.23, SD=6.044) conditions; $t(29)=-4.014$, $p=0.000$. Breastfeeding rates at initiation and at 6-8 weeks were higher in the intervention group than in the control group, with more exclusive breastfeeding at 10-14 days and 6-8 weeks.

Conclusion: This study suggests that using a DVD about breastfeeding with fathers in the antenatal period may have a positive effect on breastfeeding attitudes, initiation and duration rates at 6-8 weeks.

THEME 2: SUPPORTING BREASTFEEDING

Towards an anthropological approach to breastfeeding success: A UK study

Name: Alice Carrington-Windo

Organisation: University of Oxford

Poster Number: 3

The research question addressed in this anthropological study is 'what do mothers consider to be success when they are breastfeeding, and how do they define it?' The study has four objectives: (1) to clarify what is meant by 'successful breastfeeding' within the public health framework and maternal experience, (2) to understand how breastfeeding success is shaped and constrained by structural and political factors, (3) to determine how women measure breastfeeding success, and (4) to examine how representations of breastfeeding success in the policy domain impact on maternal experiences of breastfeeding. The project follows an ethnographic method, with the intention of foregrounding maternal experiences of breastfeeding. Data were collected through participant observation in a charity-run breastfeeding support organisation as well as through in-depth interviewing of breastfeeding women. This has enabled a thorough examination of the day-to-day reality of breastfeeding in the UK, with the aim of bringing the maternal voice into policy conceptions of breastfeeding success. The project argues for an anthropological approach to breastfeeding success that acknowledges the diversity in breastfeeding practices. It is hoped that the project will have a positive impact on public health policy framing of breastfeeding, as well as contributing to academic understandings of breastfeeding.

Galvanising action on infant feeding policies and programmes in the UK: The World Breastfeeding Trends Initiative (WBTi)

Name: Clare Meynell RM (ret) IBCLC and Helen Gray MPhil IBCLC

Organisation: WBTi UK Working Group

Poster Number: 11

The World Breastfeeding Trends Initiative (WBTi) is a collaborative initiative to assess national implementation of ten key policies and programmes from the Global Strategy for Infant and Young Child Feeding. This is the first time that the assessment has been conducted in the UK, to establish a baseline of information on the status of a range of policies and programmes that cover a mother and baby's feeding journey from birth to community to back-to-work. A core group of health and public health agencies, health professional bodies and voluntary organisations involved in infant feeding have identified existing gaps and generated recommendations for action which will be shared at the conference following publication of the 'Report Card'.

Colonoscopy in a breastfeeding woman: Why can she not breastfeed as normal?

Name: Wendy Jones

Organisation: The Breastfeeding Network

Poster Number: 18

On a daily basis the Breastfeeding Network Drugs in Breastmilk Helpline is asked by mothers if they can breastfeed after a colonoscopy procedure. Most have been told that they cannot feed for 24-48 hours after the procedure and that the laxative used in the bowel cleansing prior to the procedure is contra-indicated during lactation. The instructions are based on the manufacturers' recommendations and not an evidence base. If the mothers having the procedure have inflammatory bowel disease just one bottle of formula could predispose the baby to develop the illness in turn. This poster aims to show the actual evidence, the risks of the non-evidence-based recommendations, and some of the stories of the mothers who have contacted the helpline for support.

THEME 2: SUPPORTING BREASTFEEDING

'Cherubs behind bars'

Name: Emma Evans

Organisation: Wirral Community NHS Foundation Trust

Poster Number : 10

Cherubs (Cheshire's Really Useful Breastfeeding Support) was launched in 2010, commissioned by the Local Authority to provide breastfeeding support within East Cheshire. As part of this project, the infant feeding lead delivered the Unicef UK Baby Friendly Initiative training to some of the Action for Children Staff that run the Mother and Baby Unit at the local prison. The prison sits within the catchment area and it was identified that there was a lack of support for women entering the prison who were breastfeeding their children. Working in collaboration with the unit's staff, an innovative project was launched to train three women who were serving sentences in the main prison to become peer supporters. Applications were invited and three prisoners were identified by prison staff as being suitable, having caring and compassionate qualities. After meeting with the three women and the unit staff the infant feeding lead will deliver peer support training over six weeks. Once trained, the peer supporters will be able to offer support to breastfeeding women and their babies in the unit, those separated from their children in the main prison and to pregnant women who may be thinking about breastfeeding.

The GP Infant Feeding Network: Developing the General Practitioner's role in empowering healthy infant feeding

Name: Dr Louise Santhanam and Dr Samantha Ross

Organisation: The GP Infant Feeding Network (UK) (also known as GPIFN)

Poster Number : 9

The GP Infant Feeding Network (UK), or GPIFN, is a new independent professional network established in February 2016 by General Practitioners, with the support of infant feeding and maternity colleagues. Its goal is to engage the primary care team in working towards best practice in infant feeding. GPIFN has facilitated the meeting of regional branches across the UK and has formed cooperative links with breastfeeding support organisations.

GPIFN aims to improve GPs' knowledge of normal lactation, the safety of drugs in breastmilk, the management breastfeeding problems and when to signpost for specialist assessment. The network highlights evidence-based educational materials, Baby Friendly Initiative resources, The Code, and scientific and factual information on Artificial Baby Milks. The GPIFN website in development will be a 'toolkit' for GPs to use in practice. Other activities include arranging observation for GPs at local breastfeeding support services and supporting GP Trainers to include infant feeding in training programmes.

THEME 2: SUPPORTING BREASTFEEDING

Holding the baby in mind: A comprehensive approach to infant feeding

Name: Catherine Mee, Kirsteen O'Keefe and Tracy Daniel

Organisation: Tameside and Glossop Integrated Care NHS Foundation Trust

Poster Number : 5

Tameside and Glossop Early Attachment Service leads a unique approach to promoting healthy parent-infant relationships and mental health. Based on evidence that an infant's secure attachment to the primary caregiver predicts far-reaching future outcomes, our aim is that emotional well-being and that first relationship is understood, valued and central to everyone's thinking.

The close link between infant feeding and sensitive, responsive parenting, identified in the Unicef UK Baby Friendly Initiative standards, is key to promoting breastfeeding. Our approach recognises the impact that parent-infant relationship difficulties and parental mental health issues can have on infant feeding, as well as the challenges that feeding difficulties present to this parent-infant relationship and parental mental health.

Joint training of health visitors, midwives, early attachment specialists, adult mental health services and the voluntary sector support provides a holistic approach, and equips the team with the skills, knowledge and confidence to cross traditional professional boundaries. The outcome is that parents are able to access a comprehensive support service which meets their individual needs.

THEME 3: COMMUNITY

Mums supporting mums: How does it feel and what difference does it make? Evidence of the impact and importance of peer support

Name: Shereen Fisher and Sarah Edwards

Organisation: Breastfeeding Network

Poster Number : 1

An important element in improving breastfeeding rates is peer support, yet many areas are experiencing a decline in breastfeeding peer support schemes. We commissioned external evaluators to help better understand the impact of the Breastfeeding Network's (BfN) peer support service and the difference it makes to women's breastfeeding experience. The findings were overwhelmingly positive, including over 98% of mums positively recommending breastfeeding to others and 82% feeling equipped to share information about breastfeeding.

BfN peer support was seen to strongly influence the practical actions of breastfeeding mothers, impacting on decision-making at challenging times and supporting them to continue. BfN support was shown to help women and families reach new levels of confidence. 94% of respondents said it was important that support came from another mum who had breastfed. Breastfeeding support is complex - the difference a trained mum can make to another mum is simple, powerful and effective.

Breastfeeding peer support for all women in the Scottish Borders regardless of location or socio-economic background

Name: Kirstin Worsley, Barbara Jessop and Jill Gibson

Organisation: JHIT NHS Borders

Poster Number : 19

"Breastfeeding in the Borders Support" (BiBs) offers breastfeeding support to all women in the Scottish Borders regardless of location or socio-economic background. We have a network of 32 trained volunteer peer supporters who work to support Midwifery and Health Visiting services. Peers help mums to feel achievement and inclusion in their decisions. The peers offer a person-centred, confidential service to all.

All women are offered referral to BiBs on discharge from hospital or after a home birth. Peers contact mums within 24 hours of referral and support is always given at the pace of the woman, by text, phone and home visits. Peers are also present on the postnatal ward and Special Care Baby Unit twice a week and regularly attend our Breastfeeding Groups and Cafés. All women expecting multiples are offered a "mother of twins" peer as part of their antenatal care.

In the period February – November 2015, referrals for postnatal support nearly tripled and over the past 5 years exclusive feeding has increased by more than 5% at 10 days.

THEME 3: COMMUNITY

Working towards children's centre accreditation: Challenges and achievements so far

Name: Sarah Atkinson, Emma Wilson, Gail Hallsworth and Sue Davies

Organisation: Doncaster Metropolitan Borough Council

Poster Number : 13

In early 2015, a partnership between Doncaster Metropolitan Borough Council's (DMBC) public health and children's commissioning directorates embarked on the journey towards children's centre Baby Friendly Initiative accreditation.

To date, we have established a joint working group between public health and the children's commissioning team, identified Baby Friendly champions in each area, produced an infant feeding policy for the children's centres, established links with our hospital trust and community health services and started to embed the Baby Friendly ethos across all our centres and staff members.

This poster will map our achievements and challenges so far, as a group of children's centres working towards accreditation in their own right.

Implementing the Unicef Baby Friendly standards in Sheffield Children's Centres: Successes and challenges

Name: Nawal El Amrani

Organisation: Sheffield City Council Early Years Best Start team

Poster Number : 16

Sheffield City Council Children's Centres (CCs) were fully accredited with the new standards in 2015. The journey started in 2009 when no specific standards available for CCs. A strategic approach and action planning were put in place.

With 36 CCs and nursery link providers with most staff having 'no-clinical background', it was mainly about shifting people minds and hearts into becoming BFI 'friendly'. Considerable challenges were overcome including lack of funding, management changes and loss of staff

Sheffield became the first in Yorkshire and Humber to be fully accredited. The BFI message has been cascaded down. Reflecting back on the process we are considering: what did we achieve and how did we achieve it? What's next?

THEME 3: COMMUNITY

"How am I going to tackle that?": The early breastfeeding experiences of four women attending an inner city children's centre

Name: Rachel Simpson

Organisation: The University of the West of England/Bristol City Council

Poster Number : 22

Using an inner city children's centre as a sampling frame, this practitioner research study seeks to explore the sharp drop in breastfeeding rates at 6 weeks by examining the early breastfeeding experiences of four women from different cultural and socio-economic backgrounds. A qualitative, phenomenological approach was employed, with emphasis on the feminist epistemological values of collaboration, power and voice; therefore the women who collaborated are represented in their own words. Their reflections on their lived experiences provide an insight into the supportive and inhibiting factors to early breastfeeding. Participants were found to be strongly motivated by the 'breast is best'/'natural' discourse but, despite this, all of their early breastfeeding experiences were characterised by perceived discomfort associated with breastfeeding and embarrassment at breastfeeding in public. The influence and attitudes of partners, family and health professionals were also found to significantly shape early breastfeeding experiences. The UK's public health onus on exclusive breastfeeding urges women to breastfeed but arguably fails to acknowledge the commonly associated experiences of pain and shame. Tangible support can begin to redress these inhibitors to breastfeeding continuation.

Development of the B-Skills smartphone app for supporting sustained breastfeeding

Name: Naomi Bartle, Louise Wallace, Susan Law and Sally Inch

Organisation: Coventry University

Poster Number : 15

Breastfeeding duration in the UK is short, with the majority of mothers stopping earlier than they intended. Smartphones are becoming more popular and may provide an accessible, 24-hour tool for providing self-management information and emotional support.

A needs analysis was conducted to establish the support needs of mothers and the potential of a smartphone app to deliver a suitable intervention. This included a literature review and consultations with mothers and health professionals. Breastfeeding problems such as insufficient milk and nipple pain are reported by over 30% of mothers in the first 4 weeks and contribute to maternal distress, loss of confidence and breastfeeding cessation. Self-efficacy is associated with initiation and duration of breastfeeding, and an intervention to support self-efficacy could be delivered via smartphones. Mothers (n=18) wanted realistic information, reassurance and the ability to record feeds. Health professionals (n=25) wanted reliable information and signposting to services. The developed app includes advice on the self-management of common breastfeeding difficulties and for increasing maternal breastfeeding self-efficacy including modelling of breastfeeding technique, goal setting and relaxation techniques. This is currently being tested for acceptability with users prior to an effectiveness trial.

THEME 4: HOSPITALS

The Infant Feeding Team: Additional support with breastfeeding within the maternity services

Name: Kathryn Ashton

Organisation: Wrightington Wigan and Leigh NHS Foundation Trust

Poster Number : 2

The Infant Feeding Team was set up at Royal Albert Edward Infirmary in August 2010 and consists of an Infant Feeding Coordinator, two midwives based on the Maternity Unit and a community-based midwife. The aim of the team is to provide enhanced support to women (in addition to support by their named midwife) who have chosen to breastfeed and to provide follow-up support for women who may be experiencing breastfeeding problems in their own homes. The team was developed after it was identified that maintenance rates of women who had initiated breastfeeding at birth were only 40-45% at ten days. There were also a significant number of women stopping breastfeeding prior to discharge. The team offers intense early breastfeeding support on the maternity ward with a focus on initiating early feeds and correct positioning and attachment. This helps to prevent the breastfeeding problems that can lead to mothers stopping breastfeeding earlier than they wished. The Infant Feeding Team are also able to spend quality time with mothers who have babies on the neonatal unit, enabling early initiation of expressing breast milk and support with feeding at this difficult time.

Development of a parent support app to implement integrated family-delivered care to the neonatal unit

Name: Annie Aloysius, Karen Platonos, Aniko Deierl and Jay Banerjee

Organisation: Imperial College Healthcare NHS Trust

Poster Number : 4

Family-delivered care (FDC) is a model of neonatal care of increasing interest in the UK. The model was introduced in a low resource setting in Estonia when staff, unavailable to provide all the care needed for preterm babies, invited parents to be the primary carers with support and training. Results demonstrated better outcomes in infection rates, co-morbidities, breastfeeding, weight gain and parental mental health. Results have been replicated in larger RCT studies in developed countries. Imperial College Healthcare NHS Trust Neonatal Service now has a funded project to implement FDC. Stage one has developed an app for parents consisting of 15 chapters with expert information to support parent education on a range of topics including: the neonatal unit environment, routine cares, monitoring, medical conditions, ventilation, nutrition, medication, developmental care, coping, making milk, journey to suck feeding and discharge home. The free to download app will enable families to be their baby's main caregiver. It also has interactive features such as a developmental timeline, expressing, feeding, and skin-to-skin diaries.

Breastfeeding support on paediatric wards and in children's hospitals

Name: Helen Calvert

Organisation: Hospital Breastfeeding Campaign

Poster Number : 14

The Hospital Breastfeeding campaign was started due to my own experiences of breastfeeding my son who was born with a congenital heart defect. He was transferred from NICU to a general paediatric cardiac ward at a children's hospital at one day old, and was there for the first 3 weeks of his life. I began working with the hospital to improve the breastfeeding support they offer, but soon discovered that lack of breastfeeding knowledge amongst paediatricians and children's nurses is an issue across the country. I would like to highlight the need for good quality training in this area, and have developed some simple posters demonstrating why health care professionals should see breastmilk as a crucial part of medical care.

THEME 4: HOSPITALS

Formula milk supplementation on the postnatal ward: A cross-sectional analytical study of midwives' perceptions and behaviour

Name: Kirsty Biggs, Dr Robert Boyle, Dr Daniel Munblit and Ellie Matthews

Organisation: Imperial College London

Poster Number : 12

Background: Formula supplementation for non-medical reasons negatively impacts breastfeeding. Midwives play important roles in supporting early breastfeeding. We explored the association between midwives' non-clinical supplementation rates and their experience, knowledge and attitudes towards supplementation.

Methods: Feeding records from 400 infants over seven weeks were reviewed and 40 maternity staff were interviewed on a London maternity hospital postnatal unit. Midwives' non-clinical supplementation rates were calculated using the total hours worked during the 7-week period. Generalised linear model assessed the relationship between midwives' supplementation rate and their experience, knowledge and attitude.

Results: 148 of 400 infants (37%) received formula supplements postnatally, in 90% of cases for non-medical reasons. All staff received breastfeeding training, however two-thirds reported incorrect knowledge regarding supplementation indications. Midwives reported time constraints and workload as key barriers to supporting breastfeeding. Analysis showed that midwife attitudes toward formula supplementation were independently associated with non-clinical supplementation rate, with midwives regarding supplementation to matter most, supplementing least ($p=0.01$).

Conclusions: In a busy postnatal unit with high non-clinical supplementation rates, we found that midwife attitude to exclusive breastfeeding was associated with supplementation behaviour. Supplementation rates were higher in midwives who underestimated the risks, suggesting important targets for developing interventions to promote exclusive breastfeeding in maternity units.

Risk factors for in-hospital formula milk supplementation: a case-control study

Name: Katherine Hurrell

Organisation: Imperial College London

Poster Number : 24

Background: A major cause of early breastfeeding cessation is in-hospital formula supplementation. This study aimed to identify risk factors for this postnatal supplementation, with a particular focus on whether maternal anxiety is associated with supplementation.

Methods: Mothers at three different post-natal wards at a maternity and women's hospital were interviewed in February/March 2016. Cases were mothers who supplemented with formula milk at any time during the postnatal stay; controls were mothers who exclusively breastfed (eBF). The Generalised Anxiety Disorder-7 (GAD-7) screening tool was used to measure maternal anxiety. Logistic regression was used for analysis.

Results: 102 mothers were interviewed, 46% (47) supplemented with formula prior to discharge. Median infant age at interview was 1 day (1, 2). Logistic regression analysis did not find GAD-7 scores were independently associated with supplementation ($p=0.07$), but did identify significant associations between early postnatal skin-to-skin contact ($p<0.01$) and antenatal breastfeeding education ($p=0.03$), and higher eBF.

Conclusions: These findings support current advice to offer skin-to-skin care for the first hour after birth, and antenatal breastfeeding preparation. We did not find evidence to support a relationship between maternal anxiety and risk of infant formula supplementation.