

Guidelines for the development of a training curriculum for the revised UNICEF UK Baby Friendly Initiative standards

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Introduction

A key element of implementing the Baby Friendly standards for maternity, neonatal, community¹² and hospital-based children's services is a robust education and training programme to enable all staff to implement the standards according to their role and the service provided. This education and training curriculum is evaluated at various stages as detailed below.

The Achieving Sustainability standards require that the Baby Friendly leadership team, including Heads of Service, other managers, and Guardians, receive training which will enable them to play a proportionate part in the embedding and progression of the standards, as relevant to their role.

This guidance document has been produced to help you to develop training curricula to support your training programmes.

The standards in detail and how they will be assessed

The following information is taken from the document *Guide to the Baby Friendly Initiative standards*. View these standards in context at unicef.uk/bfistandards

Stage 1: Building a firm foundation

Standard 2: Plan an education programme that will allow staff to implement the standards according to their role

You will know that the facility has met this standard when:

- There is a written curriculum* for the staff education programme which clearly covers all the standards.
- There are plans for how the staff will be allocated to attend/complete their education according to their role.
- Processes in place include a system for recording that staff have been orientated to the policy and have attended all aspects of the training programme.
- There are processes in place for assessing the outcomes of the training programme.

*See page 7

We will assess this by:

- Reviewing the written curriculum/curricula, lesson plans and other training materials to identify where all the standards are covered, that appropriate timing and weight is given to each of the topics, and how the education is delivered.
- Reviewing the plans made for ensuring staff attendance, following up with non-attendees, and recording that staff have attended the education programme.
- Reviewing the processes in place to ensure the effectiveness of the training programme.

¹ or specialist public health nursing

² includes Family Hubs, Children's Centres, Surestart and other equivalent Early Years services

Stage 2: An educated workforce

Standard 1: Educate staff to implement the standards according to their role and the service provided

You will know that the facility has met this standard when:

- The education programme has been effectively implemented.
- Processes in place enable staff to remain up-to-date, to include the Baby Friendly lead and team.
- Staff who care for babies, their mothers, parents/primary caregivers and families can describe how the standards are implemented in their area and demonstrate they have the necessary knowledge and skills to implement the standards effectively according to their role.

We will assess this by:

- Interviewing a range of staff and asking them about:
 - The education they have received and how the standards are implemented in their area.
 - The knowledge they have in order to implement the standards in their area and according to their role.
 - The skills they have to support mothers to breastfeed, or where relevant, to formula feed as safely as possible.
 - Their understanding of the International Code of Marketing of Breastmilk Substitutes.
- Interviewing managers and asking them about:
 - Their role and how they support implementation of the training and the standards in their area.
 - The systems in place for ensuring that the standards are implemented in the service.
 - What is done to ensure that the International Code of Marketing of Breastmilk Substitutes is implemented.
 - Audit results and outcome data.
- Interviewing the Baby Friendly lead and asking them about:
 - Audit and evaluation results relating to the education programme.
 - How care for mothers is provided and evaluated.
 - The support they give to staff to help them gain knowledge, skills and confidence.
 - How they would provide care for mothers with specific difficulties (if part of their role).
 - How they are supported by the senior team, including opportunities for ongoing education.
- Interviewing any staff who provide additional support to mothers about:
 - How they would provide care for mothers with specific difficulties.
- Reviewing the following:
 - Training documents, including the curriculum, lesson plans and associated training materials and how these relate to assessment findings
 - Training records.

Reassessment

All of the above will be reviewed at reassessment.

The Achieving Sustainability standards leading to the Gold Award

Implementing the Achieving Sustainability standards can begin at any stage in the Baby Friendly assessment process. It may be that the earlier this happens, the more straightforward implementing and embedding the standards will be. One aspect of these standards is that a leadership team will be established and as part of that, a training programme for managers developed.

The following information is taken from the document *Achieving Sustainability: Standards and Guidance*. View these standards in context: unicef.uk/sustainability.

The following standard will need to be met in order to gain a Gold Award at re-assessment:

Develop a leadership team that promotes the Baby Friendly standards

You will know that the service has met this standard when:

- There is a named Baby Friendly lead / team with sufficient knowledge, skills and hours to meet their objectives.
- There is a mechanism for the Baby Friendly lead / team to remain up-to-date with their education and skills.
- A Baby Friendly Guardian with sufficient seniority and engagement is in post.
- The leadership structures support proportionate responsibility and accountability.
- All relevant managers are educated to support the maintenance of the standards.

We will assess this by:

- Reviewing:
 - The job descriptions or outlines of roles and responsibilities of the Baby Friendly team.
 - The education and updating of the Baby Friendly team.
 - The CV and statement of the Baby Friendly Guardian.
 - The organogram (or similar) of the leadership structures, including details of membership of relevant groups and terms of reference / minutes of meetings, etc.
 - The written curriculum / outline for manager education.
 - The attendance records for manager education.
 - The process for induction and education of new managers (including the Guardian).
- Interviewing the Baby Friendly Guardian and asking them about their role and responsibilities.
- Interviewing managers to ask them about:
 - The education they have received and the knowledge this has given them.
 - The leadership and governance structures and how these work in practice.
 - Their role and how this supports the maintenance of the Baby Friendly standards.
- Interviewing the Baby Friendly lead / team and asking them how they remain up-to-date.

Developing a curriculum

A good training programme is essential to the successful implementation of the Baby Friendly standards and the first step towards achieving this is the development of a written curriculum. This document is designed to help you write a curriculum to plan your breastfeeding training programmes effectively. Careful planning will help ensure you cover the necessary topics in a way which enables learning and uses training time effectively.

It is strongly recommended that all those responsible for developing staff education to implement the Baby Friendly standards attend the Baby Friendly Initiative Train the Trainer course and Achieving Sustainability workshop: unicef.org.uk/babyfriendly/training. Materials provided can be used to support development of the written curriculum.

Why a curriculum is needed

A curriculum is a document that describes the content of a particular training programme. It provides an overall view of what is taught and how it is taught. It should help ensure that:

- the training covers all the necessary topics and meets the learning outcomes.
- each training session delivers the right information every time.
- where there is a 'training team', the same training is delivered in a consistent manner across the service.
- should the current post-holder no longer be available, that training can continue to be provided with the same content and consistency.

Once developed, the curriculum should be viewed as a working document to assist the trainer(s) with the delivery and further development of the training programme.

Your Baby Friendly assessor will check your curriculum at Stage 1 to ensure it meets the necessary learning outcomes. It will be further reviewed at Stage 2 and reassessment in the light of the assessment findings.

What to include

A curriculum must show how you will ensure that staff have the knowledge/skills to implement the relevant Baby Friendly standards. An effective curriculum is a package that includes:

- An overall description of the structure of the programme.
- The aims and learning outcomes for each session or part of the programme.
- A timetable.
- An outline lesson plan for each taught session which demonstrates how the session is to be delivered.
- Details of how individual sessions, such as practical skills reviews, are to be conducted.
- Details of topics which are not covered as part of formal sessions, such as via a workbook, e-learning package and how these are included in the overall package.
- A completed curriculum checklist (see Appendix).

Getting started

The first step in planning a training programme is to decide what the overall purpose of that programme is. The purpose in this case will be that staff will have the knowledge and skills to incorporate the relevant Baby Friendly practice standards into their work.

Being familiar with the standards related to your service will help you to ensure that staff are effectively prepared to implement those standards. Learn more: unicef.uk/bfistandards.

You will need to consider the types of staff you are training and what they need to know depending on their area of practice. Not all staff will need the same level of knowledge, e.g. a receptionist in an early years service will need less information and therefore less training than an early years worker who is providing support to mothers in a breastfeeding support group (see box below for specific considerations for early years services).

The development of your curricula will also depend on whether you have a multi-disciplinary group of participants. Many services choose to provide multi-disciplinary training because of the opportunities it provides to build a team and develop understanding of each other's roles. It may also be easier logistically for the service to train more than one staff group together (i.e. when staff are spread across a wide rural area, or you have a small number of staff e.g. in small neonatal units). However, joint training may take longer, as more topics are covered. Therefore, some services deliver joint training programmes for core topics and additional bolt-on sessions for specific professional groups.

Despite the differences, what is important is that the curriculum meet the needs of the staff on the course. If you have more than one course you will need a curriculum for each course.

Staff training in early years services

All staff who have any contact with parents are required to have training, the amount and content needed depending on their role. To try to clarify what is expected, we have broken down the training needed into three levels according to the role played by staff:

- **Level 1 staff:** staff who work in a role which involves greeting and signposting families, but does not involve providing specific support, e.g. reception staff.
- **Level 2 staff:** staff who in addition to the above work directly with parents at home or in the centres providing general parenting support, e.g. early years workers and family support workers. This support can be one-to-one or in groups such as baby massage, stay and play, etc.
- **Level 3 staff:** staff who in addition to the above provide support with breastfeeding, either one-to-one or in a group setting.

See Appendix 5 for course content for each group of staff.

We suggest that where possible, you work collaboratively with the local health visiting service to provide the training (particularly for staff at Level 3).

The course content

This section is divided into four parts which relate to the separate needs of each service covered by the Baby Friendly standards. If you are providing multi-disciplinary training you will need to refer to more than one section, depending on who you are training.

The essential topics are listed under each section. If each topic is not covered effectively, this will impact on the potential for the service to succeed in meeting the standards at each stage of the assessment process.

Helpful hint

As you teach these subjects, it is a good idea to begin to introduce their implications for practice as you go. For example, in anatomy and physiology, participants will learn the theory surrounding prolactin receptors; encouraging them to link this to practice (skin contact and an early feed) will make the theory more relevant. Similarly, encouraging participants to link practices such as mother baby closeness and responsive feeding to physiology and also to how these practices support the mother-baby relationship will help them to understand why these practices support breastfeeding and why they are important for all mothers and babies.

You do not have to teach the topics in the order they are listed below – as long as you ensure that you are covering all of the essential topics you can develop your curriculum in a way that meets the needs of your staff group and the time available.

Parents' experiences of maternity services

Why breastfeeding is important

- The evidence-based benefits of breastfeeding for physical and emotional health.
- The key differences between breastmilk and infant formula.
- The value of colostrum.
- The importance of exclusive breastfeeding.

Early relationships

- The impact of positive early relationships on wellbeing.
- The importance of mother-baby relationship during pregnancy and how to support this.
- The needs of a newborn baby (frequent touch and sensitive verbal / visual communication, keeping babies close, responsive feeding and safe sleeping practice).
- Supporting parents/primary caregivers to understand and meet the needs of their new baby.

How breastfeeding works

- Basic anatomy of the breast, focusing on key structures relevant to breastfeeding.
- The action of prolactin and oxytocin in initiating and maintaining breastfeeding.
- Oxytocin and prolactin and their role in supporting mother-baby relationships.
- The prolactin receptor theory.
- The role of the Feedback Inhibitor of Lactation.

Skin-to-skin contact and care at birth

- Benefits of skin contact for mother, baby and breastfeeding.
- The importance of an early first feed and allowing the baby time to learn.
- The importance of early expression of breastmilk when mothers and babies are separated.
- Supporting mothers who decide to bottle feed to offer the first feed in skin contact.
- The value of skin contact throughout the newborn period.

Supporting effective breastfeeding

- How a baby feeds at the breast.
- The importance of effective attachment.
- How to recognise effective attachment and effective milk transfer.
- Principles of positioning to enable effective attachment (including biological nurturing / laid back positions).
- The technique of hand expression.
- Effective teaching and communication of these skills to mothers.
- The meaning and importance of responsive feeding.
- How to carry out an effective feeding assessment.
- Why supplements (including water) should not be given to breastfeeding babies.
- Why the use of teats should be avoided during the establishment of breastfeeding.

Supporting responsive formula feeding

- Including making up feeds as safely as possible and using first stage milks.

- Responding to feeding cues, pacing feeds, recognising when the baby has had enough.

The role of health professionals / support staff

- Person-centred communication skills.
- *Including fathers / partners / family members.*
- Local referral pathways.
- The role of voluntary support and other agencies e.g. children's centres (for breastfeeding and parenting) – local contacts and information.
- The International Code of Marketing of Breastmilk Substitutes and how it relates to practice.

Clinical issues

- Recognition and management of the at-risk baby.
- A healthy term baby's ability to adapt to extra-uterine life and use alternate fuel stores.
- Recognition and management of the baby who is reluctant to breastfeed.
- Specific breastfeeding support for mothers of preterm babies.
- Alternative feeding methods (e.g. cup).
- Mixed feeding and supporting maximising milk production where exclusive breastfeeding is not possible.
- Recognition, prevention and management of common breastfeeding complications (engorgement, mastitis, thrush).
- Recognition, prevention and management of common clinical situations (weight loss/slow weight gain, breast refusal, tongue tie, oversupply).

Parents' experiences of neonatal units

Why breastfeeding is important

- The evidence-based benefits of breastfeeding for physical and emotional health
- The importance of breastmilk for preterm / sick infants
- The key differences between breastmilk and formula
- The value of colostrum.

The major impact of early relationships on wellbeing including:

- The challenges faced by parents/primary caregivers with a baby in need of neonatal care
- The importance of closeness and responsiveness for well-being and development
- Family-centred care: why it matters.
- How to support close and loving relationships in the context of a neonatal unit
- The needs of a premature / sick newborn baby (including encouraging frequent touch and sensitive verbal / visual communication).

How breastfeeding works

- Basic anatomy of the breast, focusing on key structures relevant to breastfeeding
- The action of prolactin and oxytocin in initiating and maintaining breastfeeding
- Oxytocin and prolactin and their role in supporting mother-baby relationships
- The prolactin receptor theory
- The role of the Feedback Inhibitor of Lactation
- The initiation and maintenance of breastmilk supply through expression.

Kangaroo care in the neonatal unit

- The positive impact of skin contact / kangaroo care on the preterm infant and caregivers.
- How to support kangaroo care in practice.

Supporting effective feeding

- The technique of hand expression
- The technique of expression using a pump
- Supporting effective expression including the expression assessment
- Storage of breastmilk
- Using breastmilk effectively to maximise fat content
- Alternative feeding methods
- Supporting the transition to breastfeeding (how dummy use may interfere at this time)
- How a baby feeds at the breast
- The importance of effective attachment
- Assessing effective attachment and effective milk transfer
- Principles of positioning to enable effective attachment (including biological nurturing / laid back positions)
- Effective teaching and communication of these skills to mothers
- Responsive formula feeding.

Supporting responsive formula feeding

- Making up feeds as safely as possible and use of a first stage milk (where appropriate)
- Responding to feeding cues, pacing feeds, recognising when the baby has had enough.

The role of health professionals / support staff

- Person-centred communication skills
- Effective teaching and communication of practical skills to mothers
- *Including fathers / partners / family members*
- The role of voluntary support and other agencies e.g. children's centres (for breastfeeding and parenting), local contacts and information
- The International Code of Marketing of Breastmilk Substitutes and how it relates to practice.

Going home

- The needs of parents/primary caregivers when preparing for discharge home
- The importance of continued breastfeeding and maximising breastmilk if mixed feeding
- Support for the gradual transition towards responsive feeding
- The continuing needs of baby (including encouraging frequent touch and sensitive verbal / visual communication, keeping babies close, responsive feeding)
- Safe sleeping practice.

Challenges

- Recognition, prevention and management of common breastfeeding complications (engorgement, mastitis, thrush)
- Recognition, prevention and management of common clinical situations (weight loss, poor weight gain, breast refusal, oversupply).

Note

It may be that some of the topics listed above are covered in other aspects of routine professional updates, for example family-centred care may have been covered as work towards the Bliss Baby Charter. You will not necessarily need to repeat this information, but you will need to make sure staff understand how it fits in with and influences the Baby Friendly standards. You should discuss with the facilitators of the other sessions to understand that it reflects the Baby Friendly principles, and auditing of these sessions and those delivered as part of the Baby Friendly training programme will be essential to ensure effectiveness. This information will need to be included at assessment so that your assessor knows that it has been covered elsewhere.

Parents' experiences of community services

We suggest that you assume that staff within the Health Visiting team will need all aspects of this training. For early years staff, defining the role of each member of staff will enable appropriate training to be provided. See the checklist for a detailed suggestion of what each level of staff member will need.

Why breastfeeding is important

- The evidence-based benefits of breastfeeding for physical and emotional health
- The key differences between breastmilk and infant formula
- The value of colostrum
- The importance of exclusive breastfeeding.

Early relationships

- The impact of positive early relationships on well-being
- The importance of the mother-baby relationship during pregnancy and how to support this
- The needs of a newborn baby (frequent touch and sensitive verbal / visual communication, keeping babies close, responsive feeding and safe sleeping practice)
- Supporting parents/primary caregivers to understand and meet the needs of their new baby
- The relationship between infant feeding and emotional wellbeing
- The impact of breastfeeding challenges on maternal and infant mental health.

How breastfeeding works

- Basic anatomy of the breast, focusing on key structures relevant to breastfeeding
- The action of prolactin and oxytocin in initiating and maintaining breastfeeding
- Oxytocin and prolactin and their role in supporting mother-baby relationships
- The role of the Feedback Inhibitor of Lactation.

Skin contact

- Skin contact after birth
- Skin contact to support mothering and milk supply at any stage.

Supporting effective breastfeeding

- How a baby feeds at the breast
- The importance of effective attachment
- How to recognise effective attachment and effective milk transfer
- Principles of positioning to enable effective attachment (including biological nurturing / laid back positions)
- Effective teaching and communication of these skills to mothers
- Expressing breastmilk including, hand expression and storage of breastmilk
- How to carry out an effective feeding assessment
- Responsive feeding
- Issues around dummy use
- Why supplements (including water) should not be given to breastfeeding babies.

Supporting responsive formula feeding

- Including making up feeds as safely as possible and use of first stage milks
- Responding to feeding cues, pacing feeds, recognising when the baby has had enough.

³ Or public health nursing

The role of health professionals / support staff

- Person-centred communication skills
- Effective teaching and communication of practical skills to mothers
- *Including fathers / partners / family members*
- Creating a welcoming environment for breastfeeding families
- Local referral pathways
- Supporting continued breastfeeding: including breastfeeding out and about, going back to work, changing feeding patterns
- The role of voluntary support and other agencies e.g. children's centres, peer support programmes (for breastfeeding and parenting), local contacts and information
- The International Code of Marketing of Breastmilk Substitutes and how it relates to practice.

Clinical issues

- Milk supply – recognising problems and support to increase supply, including how to give supplementary feeds with the least possible disruption to breastfeeding when they are clinically indicated
- Recognition, prevention and management of common breastfeeding complications (engorgement, mastitis, thrush)
- Recognition, prevention and management of common clinical situations (weight loss, poor weight gain, breast refusal, oversupply)
- Mixed feeding – enabling continued breastfeeding and maximising milk supply
- Longer term breastfeeding
- Introducing solid foods.

Manager education

- The Baby Friendly Initiative standards and their impact on practice
- How breastmilk and breastfeeding improve the immediate and long-term health and wellbeing of babies and their mothers
- The role of infant feeding on wellbeing and relationship building for mothers and babies
- The role and responsibility of the Infant Feeding Lead and ways to support them
- The International Code of Marketing of Breastmilk Substitutes
- The wider culture of infant feeding in the UK and why breastfeeding is particularly vulnerable
- The Achieving Sustainability standards and how these can be incorporated into service specification
- The importance of strong leadership in protecting the Baby Friendly standards.

Aims, learning outcomes and lesson plans

These will need to be written as you develop your curriculum.

Aims

Aims are broad statements which outline the overall purpose of the training. They could be seen as the 'point' or 'purpose' of the session. There are normally only 1-2 aims for a session (a full study day is often made up of around 6-8 sessions). If they are used effectively, aims should be the first thing written. They can be referred to as the content of the session is being developed to ensure the content is not getting away from the 'point' of the session. It should be noted that, when planning training for the achievement of Baby Friendly accreditation, the aim of each session should be related to improving practice.

Learning outcomes

If the aim is viewed as the overall purpose or point of a teaching session, the learning outcomes are the stepping stones which enable the aims to be met. Learning outcomes break the aims down into smaller chunks and outline what it is you want the people who will attend the session to be able to do at the end of it. While each session will have only one or two aims, it may have several learning outcomes.

There is no need to be overly concerned with the precise wording of aims and learning outcomes. Keeping it simple will help ensure that the meaning is clear. The important thing is to focus on why you are teaching the session and what you want the participants to have achieved, in terms of learning, by the end. For example if you are planning a training session on meaningful conversations in the antenatal period, the aim and learning outcomes might look something like the table below.

Title of session	Meaningful conversations in pregnancy
Aim	To enable participants to have meaningful conversations with those who are pregnant (and their partners) around feeding and caring for their new baby.
Learning outcomes	At the end of this session, the participants will be aware of: <ul style="list-style-type: none"><input type="checkbox"/> What influences decisions on feeding and caring for babies.<input type="checkbox"/> Barriers to meaningful conversations and how to overcome these<input type="checkbox"/> Key features of effective communication.

Tips for writing aims and learning outcomes

- When you have developed an aim(s) for a session, check that it relates to the Baby Friendly standards and will help staff to improve practice.
- Check that the learning outcomes will meet the aim you have set for the session.

The Baby Friendly Train the Trainer programme covers how to develop aims and learning outcomes.

The next step is to use the learning outcomes as the basis for your lesson plans.

Writing lesson plans

There are many ways of writing effective lesson plans. The most important thing is that the plan should provide an overall outline of the lesson so that another trainer would be able to pick it up and use it to deliver a lesson of similar quality in your absence. Effective lesson plans assist new members of the training team and help with consistency.

A good lesson plan should include the following:

- Title of the session
- Length of the session
- Aim(s) of the session
- Learning outcomes
- Overall content
- The Baby Friendly standards to which the lesson relates
- Timings within the session
- Teaching and learning activities and resources to be used.

Having developed the aims and learning outcomes for a session on the importance of breastfeeding, your subsequent lesson plan might look something like the grid on the next page. You do not have to use this format – this is just to give you an idea of what information you need to include.

When you have developed the plan for the session then check again that the plan you have made will enable you to meet the learning outcomes. This is worthwhile because it is easy to get off track, especially when you are enthusiastic and knowledgeable about your subject.

When you have developed all your lesson plans, use the checklist in Appendices 2-6 to confirm that your course will address all the knowledge and skills required of staff practising in a Baby Friendly-accredited service.

Sample lesson plan

Title: Meaningful conversations in pregnancy (45 minutes)				
Aim of session: To enable participants to have meaningful conversations with those who are pregnant (and their partners) around feeding and caring for their new baby				
Lesson relates to: Stage 3, Standard 1 'Support those who are pregnant to recognise the importance of breastfeeding and early relationships for the health and well-being of their baby'				
Learning outcomes for session: At the end of this session, the participants will be aware of: <ul style="list-style-type: none"> <input type="checkbox"/> What influences decisions on feeding and caring for babies; <input type="checkbox"/> Barriers to meaningful conversations and how to overcome these; <input type="checkbox"/> Key features of effective communication. 				
Time	Length	Content	Method	Resources
11.30	5mins	Introduce session	Tutor(s) give a brief overview of what you'll be covering	
11.35	10mins	What influences feeding decisions	Work in threes to discuss influences followed by larger group discussion. Tutor can write key findings on flipchart.	Flipchart
11.45	10mins	Barriers to communication	Tutors to role play scenario demonstrating insensitive communication. A DVD could be used if suitable one available. Expect to cover: body language, ignoring questions, asking closed questions, lack of empathy, 'tick list' approach	Prepared scenario or DVD clip
12.00	15mins	Effective communication	Using previous exercise, list key factors of effective communication. Use simple 'listening' exercise working in pairs to stress importance of listening as a communication tool. Tutor then uses PowerPoint slides to outline key features of effective communication and how these relate to the antenatal guidance sheets.	PowerPoint slides
12.15	5mins	Changing practice	Hand out Baby Friendly Initiative guidance sheets summarising how these sheets aim to replace the current antenatal checklist.	Key points and guidance sheets

Practical skills reviews

What do we mean by practical skills in relation to breastfeeding? We use this term to refer to:

- How a mother will hold the baby for breastfeeding
- How a mother will help the baby attach to the breast
- How a mother will know that the baby is attached and feeding effectively
- How a mother will hand express milk.

Experience shows us that while some mothers are very intuitive and respond instinctively to their baby's needs, many mothers, particularly if they have had no or little exposure to breastfeeding, need support from health professionals, support staff or peer supporters to become confident with breastfeeding. Ensuring that the relevant staff have the knowledge and ability to assist mothers is crucial to the successful implementation of the Baby Friendly best practice standards.

Some services have included additional practical skills as part of their training curriculum for example responsive bottle feeding.

Who needs these skills?

It is expected that the vast majority of midwives, health visitors, neonatal nurses, and support staff who are responsible for supporting breastfeeding mothers will be competent to teach a mother these practical skills. Very occasionally a member of staff will work in a role that does not bring any contact with breastfeeding mothers e.g. a midwife who works as an ultra-sonographer, in which case they do not need practical skills but must understand the importance of breastfeeding and what helps mothers to get off to a good start. Early years staff who do not normally take responsibility for supporting mothers with feeding, for example as part of a breastfeeding group, do not need to be able to support mothers with this. The training requirements and questions that staff will be asked at assessment will relate to their role and responsibilities.

Teaching practical skills

Relying on classroom teaching alone is not enough for the majority of staff to gain the skill and confidence in teaching practical skills; they also need the opportunity to practice in a safe environment and receive individual feedback. Practical skills review sessions are a valuable way to review classroom learning. They provide the learner with an opportunity to consolidate knowledge and relate theory to practice.

Practical skills reviews are most effective when they are carried out on a one-to-one basis. It is recommended that learners be asked to demonstrate how they would teach positioning and attachment and hand expressing using a doll and breast model. This allows the supervisor to address learning needs without undermining the trainee's confidence or exposing mothers and babies to poor practice. If possible this could be followed up with learners being supervised, teaching these skills to breastfeeding mothers.

Content of practical skills reviews

It is essential that practical skills review sessions cover not only the practical skills of positioning and attachment and hand expression of breastmilk but also the communication skills needed to teach these to mothers. Staff who take responsibility for teaching mothers

these skills must have a sound understanding of the underlying physiology and the 'mechanics' of the process, together with the ability to explain these effectively to mothers.

Managing the implementation of practical skills reviews

Practical skills reviews are a key part of the overall training programme. It is therefore essential that all staff who require these skills (it will be the majority) complete them. A mechanism should be developed to ensure full attendance and records need to be maintained. The lead person responsible for training provision will have overall responsibility for the implementation of practical skills reviews and, unless the workforce is very small, it is recommended that they select key workers to support them in this role. These key workers will require additional training; acceptable standards should be agreed and guidelines produced to ensure ongoing competency and consistency.

Facilitating individual supervised practical skills reviews

Once the key workers have been identified and trained as practical skills review facilitators, staff could be allocated to a named facilitator. Adequate time should be set aside to conduct each practical skills review and management support may be required to enable this.

On completion of the practical skills review the facilitator should provide feedback, verbal and written, to the staff member. A form may be devised for this purpose (see sample practical skills review form, Appendix 1). As part of this feedback it is important to provide positive reinforcement of good practice as well as to identify areas which require improvement. A review date should be agreed with the learner to enable skills to be revisited where areas that require improvement have been identified.

When the facilitator is confident that the staff member has demonstrated adequate skills and knowledge in relation to positioning, attachment and hand expressing, that staff member can be signed off as competent. However, it is recommended that practical skills reviews be repeated at varying intervals according to the staff member's level of skill and their work role. This is particularly important for staff that may not have an opportunity regularly to consolidate practical skills.

Helpful hint

It is not uncommon for practical skills reviews not to be completed within the required time frame after a training session has been completed. Clinical priorities can take over and staff can often forget that it is a required element of the training programme. Booking the reviews at the time of booking the training, making appointments with staff before they leave the training room or using ward coordinators or senior leaders to support clinical duties whilst staff are released can support a higher level of completion. Where they are completed in a timely and effective way, they can be helpful and enable some individual opportunities to review knowledge.

Evaluation of the education programme

It is vital that the trainer or training team is able to effectively evaluate how well the training programme has worked to identify the strengths of the programme and any areas that need improvement. If a training programme with weaknesses is delivered across a whole staff group without evaluation, there will need to be further training to ensure the weaker topics

are revisited. This is time consuming and costly. Ensuring that early audits and practical skills reviews are completed and acted upon will save time and resource in the long term.

For an education programme to be deemed effective it is essential that the aims and learning outcomes are met. Therefore, the first step in evaluating the programme is to assess the amount of learning that has taken place. This can be done informally and formally, both during the training sessions and afterwards. For example, learning can be informally assessed through question and answer sessions and ad hoc feedback as the session progresses, while quizzes and written tests, administered before the course and then repeated afterwards, can provide a more formal assessment.

The most effective way to assess the overall effectiveness of the training programme is through audit. Frequent audit of staff knowledge and skills and of the care mothers and babies receive will inform the facilitator of strengths and weaknesses within the education programme. This information can then be used as a basis for further training updates and for the development of future courses. The Baby Friendly Initiative audit tools are strongly recommended for this purpose: [unicef.uk/audit](https://www.unicef.uk/audit).

If staff did not learn as expected, thinking about the way the programme was delivered as well as course content may give you ideas of what you need to change.

Points to consider (most common mistakes underlined) include:

- Was the content clear?
- Was it relevant to the roles of the course participants?
- Was the information delivered at the right level – not too basic or patronising but avoiding making assumptions about basic/foundation knowledge too?
- Were the sessions varied and interactive?
- Did you engage the participants and make use of their experience and knowledge?
- Was the atmosphere created during the training day one that was safe, non- judgemental and supportive of learning?
- Was too much information covered with the result that some was forgotten?

It is common to find that overall the programme is working well, but there are a couple of areas where staff are not quite so confident. You will need to make adjustments to the programme, perhaps making the learning more interactive, or adding in some basic information which seems to be missing or break the sessions up into smaller chunks to aid recall.

Delivering effective training for staff is the backbone of the Baby Friendly Initiative and is the key to improving standards of care for mothers, babies and families. Taking time to plan will greatly increase your chances of delivering effective training.

Updates

Maintaining Baby Friendly standards has always relied upon effective updates. These should be based on the findings of audit and evaluation of the programme and should be frequent enough to enable staff to maintain and where appropriate build on their knowledge. The assessment process has not formally reviewed the content of updates because we have relied upon the staff and mother interviews and internal audit results to inform about how effectively staff have been kept up to date. Moving forward, when a service is assessed for

the Achieving Sustainability standards, we will formally review the content and outcome of updates as part of the Culture standard.

Appendix 1 - Practical skills review form

Name: Name of facilitator: Date:

The practical skills review is part of your mandatory infant feeding training and needs to be carried out before your training is complete. The purpose of the practical skills review is to give you the opportunity to practice discussing and demonstrating the practical skills of infant feeding in a safe environment and receive individual feedback. It also provides you with an opportunity to discuss any concerns or questions you may have about any aspects of your practice related to infant feeding on a one-to-one basis. It is designed to be a supportive learning experience.

Your practical skills facilitator will give you verbal feedback on positive aspects as well as any areas for improvement that you may identify together, they will use the form to give you written feedback for your records. To start the discussion you will either be asked to describe a recent situation in which you supported a mother with learning to attach baby to the breast or given a scenario that is related to your role to discuss. The facilitator will have a doll and breast model and leaflets in use in your facility for you to use.

Supporting a mother and baby to achieve a successful feed		
<i>Is the practitioner able to</i>	<i>or X</i>	<i>Comments</i>
Describe an approach to teaching the practical skills of breastfeeding which demonstrates a mother centred approach <input type="checkbox"/> Observing and listening <input type="checkbox"/> Hands off approach <input type="checkbox"/> Clear relevant information shared <input type="checkbox"/> Use of leaflets, analogies, props.		
Identify signs of instinctive behaviour in baby (rooting, head bobbing, mouthing the nipple) and help mother to recognise them.		
Identify areas where additional information is needed and explain appropriately.		
To include :		
Principles of positioning		
<input type="checkbox"/> Baby held close		
<input type="checkbox"/> Baby held / supported with head and body in line.		
<input type="checkbox"/> Baby's head free to tilt back		
<input type="checkbox"/> Baby held with nose opposite nipple Or could use CHIN acronym.		
<input type="checkbox"/> Or mother supports baby in a way that allows self-attachment (laid back, biological nurturing).		
The process of attachment		
<input type="checkbox"/> Watch for baby to have a wide-open mouth		
<input type="checkbox"/> Mother may assist baby towards breast, with baby's head tilted back and chin.		

<input type="checkbox"/> Bottom lip touches breast well away from base of the nipple. Nipple aimed towards rear of the roof of the baby's mouth.		
Observe signs of effective feeding		
<input type="checkbox"/> Mother comfortable during feed – suckling does not cause pain		
<input type="checkbox"/> Baby's mouth is wide open		
<input type="checkbox"/> Baby's chin indents the breast		
<input type="checkbox"/> Baby's cheeks are full and round		
<input type="checkbox"/> Suckling is appropriate to age of baby* (usually rapid initially, then deep and rhythmic with pauses and audible swallows).		
<input type="checkbox"/> Areola – if any is visible then more will be visible above the baby's top lip.		
<input type="checkbox"/> Baby is content and stays on the breast.		
Show a mother how to hand express		
Explain why hand expressing might be useful and describe when skill is used in current role.		
Describe an approach to teaching the practical skills of hand expressing which demonstrates a mother-centred approach		
Describe or show using a diagram or model of the relevant anatomy.		
Explain the importance of stimulating oxytocin to flow and suggest things that will help this process e.g. Having baby near / Gentle breast massage / Use of something to remind mother of baby.		
Explain to mothers how they will find the right spot for them to put their fingers and express milk <input type="checkbox"/> Place fingers 2-3 cm back from the base of the nipple (<i>understands the importance for the mother of having a go at shifting fingers a little until they find what works</i>).		
Explain the technique of expressing <input type="checkbox"/> Place finger(s) and thumb in a C shape, opposite each other <input type="checkbox"/> Compress and release in a steady rhythm <input type="checkbox"/> (+/-pressing back first) <input type="checkbox"/> Avoid sliding fingers on skin <input type="checkbox"/> Move round breast once flow slows <input type="checkbox"/> Once flow slows / ceases move to other breast.		

Appendix 2 - Curriculum checklist for the education of staff with responsibility for implementing the maternity standards

The curriculum should ensure that staff are able to implement the breastfeeding policy and thus practise in line with the Baby Friendly standards. Check your curriculum against the list below to ensure that it fulfils this requirement. It may be helpful to identify which element(s) of the training deal with each topic or skill, i.e. formal (classroom) teaching (FT), practical skills reviews (PSR), ad hoc teaching such as lunchtime workshops (AHT), or some other means, for example a memo to staff (Other).

The training will enable staff to understand	Formal teaching ⁵	Practical skills review	Ad hoc teaching ⁶	Other
Why breastfeeding is important <ul style="list-style-type: none"> <input type="checkbox"/> The evidence-based benefits of breastfeeding for physical and emotional health <input type="checkbox"/> The key differences between breastmilk and infant formula <input type="checkbox"/> The value of colostrum <input type="checkbox"/> The importance of exclusive breastfeeding Early relationships <ul style="list-style-type: none"> <input type="checkbox"/> The impact of positive early relationships on well-being <input type="checkbox"/> The importance of the mother-baby relationship during pregnancy / how to support this <input type="checkbox"/> The needs of a newborn baby (frequent touch and sensitive verbal / visual communication, keeping babies close, responsive feeding and safe sleeping practice) <input type="checkbox"/> Supporting parents/primary caregivers to understand and meet the needs of their new baby. 				

⁵ We suggest that you add the session and learning outcome here as it is easy to think 'yes I cover x y z in the course', and you probably do, but not have it written anywhere, this causes problems at Stage 1 assessment as we cannot see where you cover these topics.

⁶ Add name of session and number of learning outcome

<p>How breastfeeding works</p> <ul style="list-style-type: none"> <input type="checkbox"/> Basic anatomy of the breast, focusing on key structures relevant to breastfeeding <input type="checkbox"/> The action of prolactin and oxytocin in initiating and maintaining breastfeeding and their role in supporting mother-baby relationships <input type="checkbox"/> The prolactin receptor theory <input type="checkbox"/> The role of the Feedback Inhibitor of Lactation. <p>Skin-to-skin contact and care at birth</p> <ul style="list-style-type: none"> <input type="checkbox"/> Benefits of skin contact for mother, baby and breastfeeding <input type="checkbox"/> The importance of an early first feed <input type="checkbox"/> The importance of early expression of breastmilk when mothers and babies are separated <input type="checkbox"/> The value of skin contact throughout the newborn period. <p>Supporting effective breastfeeding</p> <ul style="list-style-type: none"> <input type="checkbox"/> The importance of effective attachment <input type="checkbox"/> How a baby feeds at the breast <input type="checkbox"/> How to recognise effective attachment and effective milk transfer <input type="checkbox"/> Principles of positioning to enable effective attachment (including biological nurturing/ laid back positions) <input type="checkbox"/> Expressing breastmilk including, hand expression and storage of breastmilk <input type="checkbox"/> Effective teaching and communication of these skills to mothers <input type="checkbox"/> The meaning and importance of responsive feeding <input type="checkbox"/> How to carry out an effective feeding assessment <input type="checkbox"/> Why supplements (including water) should not be given to breastfeeding babies <input type="checkbox"/> Issues around dummy use. 				
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<p>Supporting responsive formula feeding</p> <ul style="list-style-type: none"> <input type="checkbox"/> Making up feeds as safely as possible and use of a first stage milk <input type="checkbox"/> Responding to feeding cues, pacing feeds, recognising when the baby has had enough. <p>The role of health professionals / support staff</p> <ul style="list-style-type: none"> <input type="checkbox"/> Person-centred communication skills <input type="checkbox"/> Including fathers / partners / primary caregivers <input type="checkbox"/> Local referral pathways <input type="checkbox"/> Creating a welcoming environment for breastfeeding families <input type="checkbox"/> The role of voluntary support and other agencies e.g. children's centres (for breastfeeding and parenting) – local contacts and information <input type="checkbox"/> The International Code of Marketing of Breastmilk Substitutes and how it relates to practice. <p>Clinical issues</p> <ul style="list-style-type: none"> <input type="checkbox"/> Recognition and management of the at-risk baby <input type="checkbox"/> The normal, healthy, term baby's ability to adapt to extra-uterine life, feed infrequently and utilise alternate fuel stores <input type="checkbox"/> Recognition and management of the baby who is reluctant to breastfeed <input type="checkbox"/> Specific breastfeeding support for mothers of preterm babies <input type="checkbox"/> Alternative feeding methods (e.g. cup) <input type="checkbox"/> Mixed feeding – enabling continued breastfeeding and maximising milk production <input type="checkbox"/> Recognition, prevention and management of common breastfeeding complications (engorgement, mastitis, thrush) <input type="checkbox"/> Recognition, prevention and management of common clinical situations (weight loss, poor weight gain, breast refusal, tongue tie, oversupply). 				
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Appendix 3 - Curriculum checklist for the education of staff with responsibility for implementing the neonatal standards

The curriculum should ensure that staff are able to implement the breastfeeding policy and thus practise in line with the Baby Friendly standards. Check your curriculum against the list below to ensure that it fulfils this requirement. It may be helpful to identify which element(s) of the training deal with each topic or skill, i.e. formal (classroom) teaching (FT), practical skills reviews (PSR), ad hoc teaching such as lunchtime workshops (AHT), or some other means, for example a memo to staff (Other).

The training will enable staff to understand	Formal teaching ⁷	Practical skills review	Ad hoc teaching ⁸	Other
<p>The impact of early relationships on wellbeing, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The challenges faced by parents/primary caregivers with a baby in need of neonatal care and the impact of these on relationship building <input type="checkbox"/> The importance of closeness and responsiveness for wellbeing / development of the baby <input type="checkbox"/> How to support close and loving relationships within the context of the neonatal unit <input type="checkbox"/> The importance of developmental care practices <input type="checkbox"/> The continuing needs of babies as they grow older and at discharge (including encouraging frequent touch and sensitive verbal / visual communication, keeping babies close, responsive feeding). <p>Kangaroo care in the neonatal unit</p> <ul style="list-style-type: none"> <input type="checkbox"/> Positive impact of skin contact/kangaroo care on the preterm infant and their caregiver <input type="checkbox"/> How to support skin-to-skin contact in practice. 				

⁷ We suggest that you add the session and learning outcome here as it is easy to think 'yes I cover x y z in the course', and you probably do, but not have it written anywhere, this causes problems at Stage 1 assessment as we cannot see where you cover these topics.

⁸ Add name of session and number of learning outcome

<p>Why breastfeeding is important</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evidence-based benefits for physical and emotional health <input type="checkbox"/> Importance of breastmilk for preterm / sick infants <input type="checkbox"/> The value of colostrum <input type="checkbox"/> Key differences between breastmilk and infant formula <input type="checkbox"/> Donor breastmilk <input type="checkbox"/> The International Code of Marketing of Breastmilk Substitutes (the Code) and how it relates to practice. <p>How breastfeeding works</p> <ul style="list-style-type: none"> <input type="checkbox"/> Basic anatomy of the breast <input type="checkbox"/> Action of prolactin and oxytocin in initiating and maintaining lactation and mother-baby relationships <input type="checkbox"/> Prolactin receptor theory <input type="checkbox"/> The role of the Feedback Inhibitor of Lactation. <p>Supporting effective expressing</p> <ul style="list-style-type: none"> <input type="checkbox"/> Technique of hand expression <input type="checkbox"/> Effective pump expressing (double pumping, funnel sizes, etc.) <input type="checkbox"/> Supporting effective long-term expression (including expressing assessments) <input type="checkbox"/> Storage of breastmilk <input type="checkbox"/> Strategies to overcome expressing challenges (cluster expressing, double pumping, relaxation, domperidone) <p>Supporting optimal nutrition</p> <ul style="list-style-type: none"> <input type="checkbox"/> Using breastmilk effectively to maximise fat content <input type="checkbox"/> Fortifier. 				
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<p>Supporting effective breastfeeding</p> <ul style="list-style-type: none"> <input type="checkbox"/> Supporting transition to breastfeeding (including laid back positions/skin contact) <input type="checkbox"/> Principles of positioning (CHIN) <input type="checkbox"/> How a baby latches to the breast <input type="checkbox"/> Signs of effective attachment <input type="checkbox"/> The importance of effective attachment <input type="checkbox"/> Assessing effective attachment and effective milk transfer <input type="checkbox"/> Support for the gradual transition towards responsive feeding and modified responsive breastfeeding. <p>Alternative feeding methods</p> <ul style="list-style-type: none"> <input type="checkbox"/> Responsive bottle feeding <input type="checkbox"/> Preparation of infant formula (first milks) <input type="checkbox"/> Supportive measures to enable safe bottle feeding (e.g. elevated side lying feeding, pacing) <input type="checkbox"/> The importance of continued breastfeeding and maximising breastmilk if mixed feeding. <p>Challenges</p> <ul style="list-style-type: none"> <input type="checkbox"/> Recognition, prevention and management of common breastfeeding complications (engorgement, mastitis, thrush) <input type="checkbox"/> Recognition, prevention and management of common clinical situations (weight loss, poor weight gain, breast refusal, tongue tie oversupply). 				
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<p>Parents as partners in care</p> <ul style="list-style-type: none"> <input type="checkbox"/> Importance of parents/primary caregivers as partners in care <input type="checkbox"/> Strategies that support parents/primary caregivers to be with their baby as much as possible (e.g. access 24/7, comfort, parent facilities) <input type="checkbox"/> Strategies that support effective communication <input type="checkbox"/> Needs of parents/primary caregivers when preparing for discharge home <input type="checkbox"/> Importance of fathers/partners/caregivers/siblings/significant others <input type="checkbox"/> Local strategies for discharge, including safe sleeping guidance. <p>Communication</p> <ul style="list-style-type: none"> <input type="checkbox"/> Person-centred, compassionate communication skills <input type="checkbox"/> Effective teaching and communication of practical skills to mothers <input type="checkbox"/> <i>The role of voluntary support and other agencies, e.g. children's centres (for breastfeeding and parenting) – local contacts and information (items in italics recommended.)</i> 				
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Appendix 4 - Curriculum checklist for education of staff with responsibility for implementing the community standards

The curriculum should ensure that staff are able to implement the infant feeding policy and thus practise in line with the Baby Friendly standards. Check your curriculum against the list below to ensure that it fulfils this requirement. It may be helpful to identify which element(s) of the training deal with each topic or skill, i.e. formal (classroom) teaching (FT), practical skills reviews (PSR), ad hoc teaching such as lunchtime workshops (AHT), or some other means, for example a memo to staff (Other).

The training will enable staff to understand	Formal teaching ⁹	Practical skills review	Ad hoc teaching ¹⁰	Other
Why breastfeeding is important <ul style="list-style-type: none"> <input type="checkbox"/> The evidence-based benefits of breastfeeding for physical and emotional health (HV,3,2,1) <input type="checkbox"/> The key differences between breastmilk and infant formula (HV,3,2,1) <input type="checkbox"/> The value of colostrum (HV,3,2,1) <input type="checkbox"/> The importance of exclusive breastfeeding. (HV,3,2,1) Early relationships <ul style="list-style-type: none"> <input type="checkbox"/> The impact of positive early relationships on well-being (HV,3,2,1) <input type="checkbox"/> The importance of the mother baby relationship during pregnancy and how to support this (HV,3,2,1) <input type="checkbox"/> The needs of a newborn baby (frequent touch and sensitive verbal / visual communication, keeping babies close, responsive feeding and safe sleeping practice) (HV,3,2,1) <input type="checkbox"/> Supporting parents to understand and meet the needs of their new baby (HV,3,2,1) <input type="checkbox"/> Understanding the relationship between infant feeding and emotional wellbeing, including when challenges in feeding occur (HV,3) 				

⁹ We suggest that you add the session and learning outcome here as it is easy to think 'yes I cover x y z in the course', and you probably do, but not have it written anywhere, this causes problems at Stage 1 assessment as we cannot see where you cover these topics.

¹⁰ Add name of session and number of learning outcome

<p>How breastfeeding works</p> <ul style="list-style-type: none"> <input type="checkbox"/> Basic anatomy of the breast, focusing on key structures relevant to breastfeeding (HV,3) <input type="checkbox"/> The action of prolactin and oxytocin in initiating and maintaining breastfeeding (HV,3) <input type="checkbox"/> Oxytocin and prolactin and their role in supporting mother / baby relationships (HV,3) <input type="checkbox"/> The role of the Feedback Inhibitor of Lactation. (HV,3) <p>Skin contact</p> <ul style="list-style-type: none"> <input type="checkbox"/> Skin contact after birth (HV,3,2) <input type="checkbox"/> Skin contact to support mothering and milk supply at any stage. (HV,3,2) <p>Supporting effective breastfeeding (HV,3)</p> ¹ <ul style="list-style-type: none"> <input type="checkbox"/> Conversations about breastfeeding in pregnancy (HV,3) <input type="checkbox"/> How a baby feeds at the breast (HV,3) <input type="checkbox"/> The importance of effective attachment (HV,3) <input type="checkbox"/> How to recognise effective attachment and effective milk transfer (HV,3) <input type="checkbox"/> Principles of positioning to enable effective attachment (including biological nurturing / laid back positions) (HV,3) <input type="checkbox"/> Effective teaching and communication of these skills to mothers (HV,3) <input type="checkbox"/> Expressing breastmilk including hand expression and storage of breastmilk (HV,3) <input type="checkbox"/> How to carry out an effective feeding assessment (HV,3) <input type="checkbox"/> Responsive feeding (HV,3,2) <input type="checkbox"/> Issues around dummy use (HV,3) <input type="checkbox"/> Why supplements (including water) should not be given to breastfed babies (HV,3) <p>Supporting responsive formula feeding</p> <ul style="list-style-type: none"> <input type="checkbox"/> Including making up feeds as safely as possible and use of a first stage milk (HV,3,2) <input type="checkbox"/> Responding to feeding cues, pacing feeds, recognising when the baby has had enough. (HV,3,2) 				
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<p>The role of health professionals / support staff</p> <ul style="list-style-type: none"> <input type="checkbox"/> Person-centred communication skills (HV,3) <input type="checkbox"/> Effective teaching and communication of practical skills to mothers (HV,3) <input type="checkbox"/> <i>Including fathers / partners</i> <input type="checkbox"/> Local referral pathways (HV,3,2,1) <input type="checkbox"/> Creating a welcoming environment for breastfeeding families (HV,3,2,1) <input type="checkbox"/> Supporting continued breastfeeding: including breastfeeding out and about, going back to work, changing feeding patterns (HV,3) <input type="checkbox"/> <i>The role of voluntary support/other agencies e.g. children's centres, peer support programmes (for breastfeeding and parenting) – local contacts/information</i> <input type="checkbox"/> The International Code of Marketing of Breastmilk Substitutes and how it relates to practice. (HV,3,2,1) <p>Clinical issues</p> <ul style="list-style-type: none"> <input type="checkbox"/> Milk supply – recognising problems and support to increase supply, including how to give supplementary feeds with the least possible disruption to breastfeeding when they are clinically indicated (HV,3) <input type="checkbox"/> Recognition, prevention and management of common breastfeeding complications (engorgement, mastitis, thrush) (HV,3) <input type="checkbox"/> Recognition, (weight loss, poor weight gain, breast refusal, tongue tie, oversupply,) (HV,3) <input type="checkbox"/> Mixed feeding: supporting continued breastfeeding and maximising milk supply (HV,3,2) <input type="checkbox"/> Longer-term breastfeeding (HV,3) <input type="checkbox"/> Introducing solid foods. (HV,3,2) 				
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Appendix 6 - Curriculum checklist for the education of staff with responsibility for implementing the standards in hospital-based children's services

The curriculum should ensure that staff are able to implement the breastfeeding policy and thus practise in line with the Baby Friendly standards. Check your curriculum against the list below to ensure that it fulfils this requirement. It may be helpful to identify which element(s) of the training deal with each topic or skill, i.e. formal (classroom) teaching (FT), practical skills reviews (PSR), ad hoc teaching such as lunchtime workshops (AHT), or some other means, for example a memo to staff (Other).

Level 1 training – for staff who DO NOT work predominantly with babies/infants under 2 years of age

Level 2 training – for staff who DO work predominantly with babies/infants under 2 years of age

The following list is a suggestion only – the only requirement is that staff are trained appropriately according to their role.

Subject areas	Level 1	Level 2	Formal teaching ⁹	Practical skills review	Ad hoc teaching ¹⁰	Other
Baby Friendly Initiative						
<input type="checkbox"/> UNICEF UK Baby Friendly Initiative standards for Hospital Based Children's Services.	✓	✓				
<input type="checkbox"/> How the standards promote the importance of improving physical and emotional outcomes for babies through a child rights approach.	✓	✓				
Why breastfeeding is important						
<input type="checkbox"/> The role breastfeeding plays in improving health with specific emphasis on the sick infant or hospitalised child no matter their age.	✓	✓				

<input type="checkbox"/> How the natural microbiome is supported through birth and breastfeeding. <input type="checkbox"/> The key differences between human milk, donor breastmilk and artificial milk, and their significance for human health. <input type="checkbox"/> How human milk can be used when not orally feeding (such as mouth care). <input type="checkbox"/> The importance and value of breastfeeding for the older child and mother, including nutrition comfort and protection	✓	✓				
How breastfeeding works						
<input type="checkbox"/> The anatomy of the breast and the physiology of lactation and their relevance to help you support optimal lactation. <input type="checkbox"/> The impact of hormones (oxytocin & prolactin) and process of local control (feedback inhibitor of lactation) in relation to lactation. <input type="checkbox"/> The instinctive baby behaviours when supporting effective breastfeeding.	✓	✓				
Skin contact						
<input type="checkbox"/> The positive impact of skin-to-skin for the sick baby/child and their caregivers, consider how to support this in your clinical environment.	✓	✓				
Supporting effective breastfeeding						
<input type="checkbox"/> The potential challenges to breastfeeding faced by mothers and babies when admitted to hospital services and how breastfeeding can be used to support baby during stressful events.	✓	✓				

<input type="checkbox"/> The challenges to breastfeeding when a baby/child is admitted to the hospital service. <input type="checkbox"/> How to support responsive breastfeeding for all families. <input type="checkbox"/> Effective breastfeeding and explore ways to enable mothers to get breastfeeding off to a good start. <input type="checkbox"/> Effective positioning and attachment and teach mothers the skills necessary for them to breastfeed successfully.	✓	✓				
Supporting effective expressing						
<input type="checkbox"/> How to maintain lactation when baby is not feeding directly from the breast including skills and knowledge around expressing.		✓				
Supporting responsive formula feeding						
<input type="checkbox"/> How to support responsive feeding for all families. <input type="checkbox"/> International Code of Marketing of Breastmilk Substitutes (the Code). <input type="checkbox"/> How to support responsive and safe feeding for mothers who are bottle feeding.	✓ ✓	✓ ✓ ✓				
Close and loving relationships						
<input type="checkbox"/> The importance of keeping babies close to their mother/primary care giver in the weeks and months after birth. <input type="checkbox"/> How parents can be supported to build and maintain a close and loving relationship with their baby whilst in hospital.	✓ ✓	✓ ✓				

<input type="checkbox"/> How close and loving relationships are impacted by admission to hospital services. <input type="checkbox"/> The hormonal responses (oxytocin & prolactin) related to close and loving relationships. <input type="checkbox"/> Safer sleeping practices (Hospital policy and at home) <input type="checkbox"/> Describe the mental and emotional impact of having a child in hospital on the family and how breastfeeding and giving human milk can support.	✓	✓				
Clinical aspects/challenges/possible risks						
<input type="checkbox"/> The challenges to breastfeeding when a baby/child is admitted to the hospital service and describe ways to prevent and address these. <input type="checkbox"/> How to protect breastfeeding where supplementation (including donor milk), mixed or complimentary feeding are required. <input type="checkbox"/> The evidence for the impact of early life experiences on epigenetic processes. <input type="checkbox"/> How to protect breastfeeding where supplementation, mixed or complimentary feeding are required. <input type="checkbox"/> Demonstrate an understanding of ways to support families when experiencing feeding challenges when admitted to hospital services	✓	✓				
Parents as partners in care						

<input type="checkbox"/> Ways in which parents/care giver can be supported and enabled to be the primary care giver.	✓	✓				
<input type="checkbox"/> Ways in which parents/primary care giver can be supported and enables to be partners in their baby's care.	✓	✓				
Introducing solid foods.						
<input type="checkbox"/> How to introduce solid foods in a way that optimises baby's health and well-being.		✓				
The role of health professionals / support staff						
<input type="checkbox"/> The information and support required to prepare parents for discharge home including where to access ongoing support.	✓	✓				
<input type="checkbox"/> The importance of sensitive and compassionate communication to support positive interactions and empowered decision making with families in the service.	✓	✓				
<input type="checkbox"/> Awareness of the local referral pathways for breastfeeding support	✓					
<input type="checkbox"/> Describe and know how to use referral pathways, including specialist support for feeding following an assessment and escalation to additional support if required		✓				

Appendix 7 - Curriculum checklist for the education of service leaders

The curriculum should ensure that service leaders are effectively prepared so that the Achieving Sustainability standards can be met. Check your curriculum against the list below to ensure that it fulfils this requirement.

The training will enable the leadership team to understand	Formal teaching	Ad hoc teaching	Other
<ul style="list-style-type: none"> <input type="checkbox"/> The Baby Friendly Initiative standards and their impact on practice <input type="checkbox"/> How breastmilk and breastfeeding improves the immediate and long-term health and wellbeing of babies and their mothers <input type="checkbox"/> The role of infant feeding on wellbeing and relationship building for mothers and babies <input type="checkbox"/> The role and responsibility of the Infant Feeding Lead and ways to support them <input type="checkbox"/> The International Code of Marketing of Breastmilk Substitutes <input type="checkbox"/> The wider culture of infant feeding in the UK/why breastfeeding is particularly vulnerable <input type="checkbox"/> The Achieving Sustainability standards and how these can be incorporated into service specification 			