

# UNICEF UK INFOSHEET

## GUIDANCE ON PROVISION OF ADDITIONAL AND SPECIALIST SERVICES TO SUPPORT BREASTFEEDING MOTHERS

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### Background

The Unicef UK Baby Friendly Initiative standards were revised in 2012 with the aim of achieving the best possible outcomes for all babies in the UK. These standards are now being implemented and have been incorporated into assessments since July 2014. This information sheet provides guidance on what is required of services providing additional and specialist services to breastfeeding mothers

The standards are:

- Mothers are made aware of the support available from the midwifery/health visiting service and how to access this.
- Mothers are given details of telephone helplines and support available from voluntary organisations.
- Additional services providing social support and help with basic problem solving are available locally, and mothers are given information about how to access these.
- Specialist support, with an appropriate referral pathway, is available for mothers experiencing complex challenges with breastfeeding.

Children's centre standards

- Services are provided which meet breastfeeding mothers' needs for additional/social support (this may include peer support, telephone contact, home visits, support groups etc.).
- Staff are aware of the referral pathway for specialist help with breastfeeding challenges, available in the local area and know how to refer mothers to this

Differentiating between the different levels of support needed by mothers and what is required to meet Baby Friendly requirements can be confusing and the information below is to help provide some clarity. Please contact the Baby Friendly office if you require more help.

## **Levels of support needed**

- All mothers should be aware that support is available from the midwifery and health visiting service and know how to access this.
- All mothers should be given details of telephone helplines/support available from the voluntary organisations.
- All mothers should be given specific local information about additional services; both those providing social support and those offering support with basic problem solving (e.g. peer support, support groups, Baby Cafés, social media).
- A referral pathway leading to access to an individual/team of staff who can provide specialist support should be available for the small number of mothers with complex challenges.

## **Routine care**

The midwifery and health visiting teams should have the skills and knowledge required to answer questions and support mothers with simple breastfeeding challenges such as sore nipples and engorgement. Mothers should be given details of how to contact these services and encouraged to get help if this is required. Routine [breastfeeding assessments](#) should be carried out for all mothers and follow up care provided if this is needed. Information about additional social support and help with challenges should also be provided and mothers encouraged to access this.

## **Additional services to support continued breastfeeding**

Many mothers have concerns about feeding and caring for their baby. These may include simple breastfeeding challenges such as sore nipples or may be related to understanding their baby's behaviour and how best to meet his/her needs. Often what is needed is support with positioning and attachment and /or reassurance that what they are experiencing is normal.

Meeting other mothers who are breastfeeding can also be enormously beneficial, helping to normalise breastfeeding and provide much needed social support. Mothers are more likely to continue breastfeeding if they have people in their lives who believe they can succeed.

Addressing the need for additional and social support can be met via support groups, baby cafés, telephone support, peer supporter home visits etc. When considering what will work best in your area, it is important to think about both elements of additional services – social and help with challenges. Some services address both – e.g. a social group where trained supporters help with basic challenges. It is also important to consider who will facilitate the service and the education they need to be effective and safe. Often existing services are in place and consideration to how these can be used to best advantage is helpful.

Effective promotion of these services is crucial. They need to be made as attractive as possible to mothers so that they will engage and benefit from them. Part of making them attractive is personal recommendation.

## Specialist service

Most mothers' needs for basic help and social support can be effectively met through standard health service provision and locally developed additional services. A small number of mothers will experience complex challenges with breastfeeding, or may benefit from debriefing after a previous difficult experience which cannot be addressed via those routes. When developing or reviewing the specialist service we suggest that you should consider:

- When and how this will be provided - for example, should it be via a clinic and if so, how often will this be held? Or will the specialist be available to see individual mothers as and when required?
- An appropriate referral pathway. This is most likely to be via health professionals or the additional service. We recommend a referral pathway, with a written referral form to enable access to the specialist service. We recommend that the referral pathway should include guidance for how the mother can be referred back to their health professional once the specialist input is no longer required.
- Who should provide the specialist service? In some instances, the cause of the problem could be related to an underlying medical condition. We would therefore strongly recommend that the specialist role is held by a health professional. This health professional (or her designated team) should take professional accountability for the provision of the service as they have the relevant training to assess a baby's wellbeing and will have insurance cover from their employing organisation.
- An alternative model may be one which includes collaborative working whereby the designated health professional clinically assesses the baby and works with a trained breastfeeding counsellor/supporter etc. who then provides ongoing breastfeeding support for the mother. This model can work well, particularly if the health professional has not yet gained the necessary level of expertise with breastfeeding challenges. Where this collaborative model is in place, we suggest that the employing NHS/Local Authority body has confirmed that safe governance and supportive mechanisms are in place e.g. clear definition of who the breastfeeding counsellor/supporter/etc. is accountable to in the employing NHS body, what her responsibilities/role boundaries are, her training needs, how her clinical supervision needs will be met.
- Training needs of the specialist related to breastfeeding. Qualifications such as IBCLC may be helpful in ensuring a quality standard, however, in many instances broad ranging experience can be equally important. Consideration should be given to how the needs of mothers with younger and older babies can be met. For example, is it appropriate for a midwife without additional training to be providing a specialist service for mothers with older babies?

Some facilities already have a system of open access to the specialist service in place for all mothers. Careful monitoring of this system is recommended. In some cases, the service provided is excellent, well received by mothers and very effective in solving issues. However, where mothers automatically refer to the specialist, this can result in

de-skilling of other staff, mean that there is a gap in service when that individual is not available and can result in an overwhelming amount of work for the specialist, who is often also the Infant Feeding Lead, diverting them from other necessary activities such as training and audit.

In addition, we would expect to see that provision has been made locally, or via a formal contract with a neighbouring service to meet the needs of mothers and babies where a tongue tie has been identified and is causing problems with breastfeeding.

## **Evaluation**

Evaluation of the support services is crucial in order to ensure that mothers' needs are met and services are utilised effectively. Key issues for evaluation include:

- Are mothers satisfied with the service? How many mothers access it? Does it meet their needs in terms of accessibility, waiting times, parking, transport? Do they feel welcomed? Does it help overcome the presenting problem?
- How will the evaluation be conducted? This could be by questionnaire or telephone follow-up.
- How well does the referral pathway work? Are mothers who need to be referred gaining access to the specialist in a timely manner? Are referrals appropriate or should the issue have been dealt with by the midwife or health visitor?
- What is the impact on breastfeeding? Is it supporting mothers to continue?

## **Other considerations**

- Service provision will differ depending on local need, culture, geography, etc. and so it is unlikely that any single model will suit all services. Baby Friendly assessments will concentrate on the effectiveness as experienced by mothers.
- Additional and specialist services can be provided collaboratively within a local area, there is no need for each service to develop its own provision.
- When developing provision, planning will be helped by considering the mother's journey through the services during her pregnancy, birth and beyond.
- How services are planned and funded will need to be considered in order to ensure sustainability.

<b>Service</b>	<b>Stage</b>	<b>Assessment</b>
Additional services	Stage 1	Plans for service provision will be considered to include: <ul style="list-style-type: none"> <li>• availability for mothers,</li> <li>• how they will be made aware</li> <li>• plans for evaluation.</li> </ul>
	Stage 3	Mothers feedback via interview Review of mother evaluations Review of attendance/numbers accessing the service.
	Reassessment	All of the above Progress with the services based on feedback at previous assessment.
Specialist service	Stage 1	Plans for service provision will be considered to include: <ul style="list-style-type: none"> <li>• who will provide the service, including confirmation of their skills/knowledge relevant to the age of the babies seen</li> <li>• confirmation regarding which organisation takes accountability for the service</li> <li>• the referral pathway</li> <li>• how the service will be evaluated, to include outcomes.</li> </ul>
	Stage 3	Mothers feedback via interview Review of mother evaluations Review of outcomes.
	Reassessment	All of the above Progress with the services based on feedback at previous assessment.