Perinatal mental health in a breastfeeding woman: Why can she not breastfeed as normal if she needs medication?

Wendy Jones PhD MRPharmS

The Breastfeeding Network Drugs in Breastmilk Service

BACKGROUND

Of calls to the Breastfeeding Network Drugs in Breastmilk Service, 15-20% are from mothers with perinatal mental health issues – predominantly anxiety and depression. Frequently they are told that they can’t be treated unless they stop breastfeeding. This adds to their distress. The evidence base shows it is not necessary.

AIM

To identify the experiences of mothers who have mental health difficulties during lactation.

OBJECTIVES

- To look at the experiences of mothers who had mental health difficulties during breastfeeding.
- To determine what advice mothers are given with respect to mental health and breastfeeding.
- To explore what advice mothers were given with respect to the use of medication for mental health during lactation.
- To evaluate whether the evidence supports the advice given.

METHODS

- A survey monkey was distributed via the Breastfeeding Network and Breastfeeding and Medication Facebook pages where on average 30 mothers a day seek support for breastfeeding whilst taking medication.
- Questions were designed to provide a mixture of qualitative and quantitative data.
- Short time scale (3 weeks) used to focus responses.

RESULTS

A total of 801 responses were received with 84.4% reporting a mental health issue whilst they were breastfeeding. Of these, 32% said they had issues but never sought help.

Of respondents, 21% said that the support received for mental health issues did not value breastfeeding and its importance for them. Although 77% said they didn’t stop breastfeeding because of medication, analysis of free text responses showed this was often because they refused medication or sought information other than that from the GP (Bfn were named as trusted source).

SUMMARY OF MOTHER’S COMMENTS

There are recurrent themes of:
- feeling that their breastfeeding is dismissed as unimportant by professionals
- concerns about passage of drug to baby
- time delay to access CBT
- difficulties with breastfeeding making depression and anxiety worse
- concerns on long term effect of medication on babies
- finding that breastfeeding is the only part of their life they feel good about
- mothers are scared about their parenting being judged

EFFECT OF BREASTFEEDING ON MENTAL HEALTH

Free text comments in this survey fell into 3 categories:
- That breastfeeding helped their mental health.
- That breastfeeding contributed to mental health issues of depression and anxiety.
- That mothers had difficulty sourcing evidence rather than anecdote and opinion.

THE EVIDENCE FROM RESEARCH

- Rates of depression are lower in breastfeeding mothers than in their non breastfeeding counterparts
- Depressive symptomatology in the postpartum period negatively influences infant-feeding outcomes
- Results underline the importance of providing expert breastfeeding support to women who want to breastfeed; but also, of providing compassionate support for women who had intended to breastfeed, but who find themselves unable to.

“I possibly breastfed for longer - it felt like one of the few things I was getting right as a mother.”

“I kept breastfeeding due to my anxieties, breastfeeding was a way to keep my little one safe in my mind or I would have failed her.”

“My mental health issues played a significant role in stopping. Once I decided to stop my mental health issues got significantly worse.”

“Actually made breastfeeding more important to me.”

“I think my inability to breastfeed caused the PND.”

“I strongly believe that breastfeeding has been a protective factor which has prevented PND.”

“Breastfeeding had a positive impact on my mental health, helping me with sleep & anxiety.”

CONCLUSION

- Mothers are:
  - being advised to stop breastfeeding
  - delaying treatment or not seeking medical help as they are concerned about the response from professionals
  - frightened of being labelled as not good mothers if they have mental health issues

- Early expert support for breastfeeding for those who choose it is important

- Healthcare professionals need training on breastfeeding, the safety of drugs in breastmilk and sensitivity to the needs of mothers around infant feeding

- It is possible to breastfeed and have effective treatment for medical issues (including depression and anxiety) but expert sources need to be consulted (NICE PH11 2008).
What are Health Visitors Perceptions of Barriers and Facilitators of Maintaining the Baby Friendly Initiative Standards in the Community?

Background
The Baby Friendly Initiative standards aim to increase the initiation and promotion of breastfeeding to mothers and to support health professionals to empower and educate mothers. No research has been carried out regarding maintaining the Baby Friendly Initiative standards in the community. This study aimed to gather the perceptions of health visitors of the barriers and facilitators of maintaining the Baby Friendly Initiative standards in the community.

Methodology
This study used descriptive phenomenology and adopted Husserl’s approach. Twelve health visitors from three different geographical areas of Surrey were interviewed. All health visitors who participated in a semi-structured interview had received UNICEF relationship and breastfeeding training and use the standards in their everyday practice.

Facilitators

<table>
<thead>
<tr>
<th>Antenatal Contact</th>
<th>Interview Findings</th>
<th>Barriers</th>
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<tbody>
<tr>
<td>&quot;every single woman should have an antenatal contact&quot;</td>
<td></td>
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<tr>
<td>Training</td>
<td></td>
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<tr>
<td>&quot;high quality training...there is no excuse for giving poor advice or support&quot;</td>
<td></td>
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<tr>
<td>Leadership</td>
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<tr>
<td>&quot;Very enthusiastic trainer here...she’s really good on the end of the phone for anything if you have something which you are not sure you can tackle she’s really good at doing extra research”</td>
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<tr>
<td>Passion</td>
<td></td>
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<tr>
<td>&quot;I just love it, I’m completely passionate about it...people behind it, very motivated people, very committed people&quot;</td>
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<tr>
<td>Confidence</td>
<td></td>
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<tr>
<td>&quot;it is easy to refer mums to a breastfeeding drop in clinic...reinforcing with that mum that you are someone who can support her...reducing the skills that you have and confidence in what we are doing”</td>
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<tr>
<td>Resources</td>
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<td>&quot;we try desperately not to breech but the thing is that goes hand in hand with possibly missing out on that vital point when that mum would need help with feeding“</td>
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<tr>
<td>Pressure on Mothers</td>
<td></td>
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<tr>
<td>&quot;I think it’s more if they haven’t been able to do it quite a lot of mums that have felt guilty when they stopped or guilty it didn’t work out for them”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conflicting Information</td>
<td></td>
<td></td>
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<tr>
<td>&quot;make sure that we are giving the same standards of service, whether or not everybody follows it quite as they should”</td>
<td></td>
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<tr>
<td>Too much Information</td>
<td></td>
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<tr>
<td>&quot;We’re bombarded with things that you’re are meant to say...breastfeeding takes up a large portion of your time...you’ve got to prioritise and think what are the important things and what can wait until next time”</td>
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</table>

Discussion & Conclusion
Many health visitors would wish to spend more time with mothers but are unable to do so. Lack of resources means that contacts are being missed that aim to provide all the required information in the BFI standards. Due to this health visitors are now finding more information into less visits, perceiving mothers to feel pressure, be overwhelmed with information and possibly forgetting the information delivered when interviewed. This study identified the need for a passionate leader of the BFI and up to date training which this organisation appears to have. Health visitors interviewed appeared passionate, empathetic and confident in their ability to support mothers.

This study is the first to examine health visitor’s perceptions of the barriers and facilitators of maintaining the Baby Friendly Initiative standards in the community and highlighted areas for sustaining the initiative.

Nicola Steadman  SCPHN HV  MSc
UKDILAS
UK Drugs in Lactation Advisory Service

Who are we?
• Service set up in 1976
• Provided by highly skilled pharmacists from the UK Medicines information Network (UKMi)
• Provided through the NHS
• Free to access and use for all UK healthcare professionals

What can we offer?
Enquiry answering service
Bespoke risk assessment of the safety of medicines in breastfeeding, which can include:
• Mums on multiple medicines
• Unwell infants
• Premature infants

Factsheets
Detailed evidence based summaries for common groups of medicines

Database
Guidance of the safety during breastfeeding of every UK licensed medicine

Why do people use us?
• Use as a first-line resource
• Complex patient
• Reassurance
• Available resources not sufficient

Overall rating:
5.7 / 6*

44% of enquiries answered in under 1 hour*

100% ...of users felt the question was answered
...stated practical advice was offered
...of responses contributed to patient management*

579 enquiries answered in 2016

Contact us
0116 258 6491 / 0121 424 7298
ukdilas.enquiries@nhs.net
@ukdilas
www.sps.nhs.uk/articles/ukdilas

* 45 enquirers surveyed April–May 2017
Breastfeed Happily Here: The impact of a breastfeeding welcome scheme on families and communities

Sarah Edwards and Julie Peterkin, The Breastfeeding Network
Ruth Campbell and Elizabeth Smith, NHS Ayrshire & Arran

Introduction
The evidence around the importance of breastfeeding for women, babies, families and communities is overwhelming but we still see huge differences in breastfeeding initiation and continuation rates across the UK. One of the influencing factors is anxiety about feeding in public and fear of a negative reaction from others. This can lead to social isolation and early cessation of breastfeeding. Fewer women breastfeeding in public also means that it is not seen as a normal activity in our communities.

‘Breastfeed Happily Here’ was set up to help address these issues in Ayrshire by changing the culture and improving support for breastfeeding families. Since 2015 a partnership between NHS Ayrshire & Arran and the Breastfeeding Network has seen the scheme grow and increase impact. All public transport in the area is signed up, along with over 200 other premises including dentists, GP surgeries, cafes, beauty salons and the local football clubs.

Method
We carried out evaluation of the scheme to assess impact and find out more about attitudes to breastfeeding in public in Ayrshire and Arran. We used a simple online survey to gather feedback from as wide an audience as possible. We had 205 responses.

Results
Breastfeed Happily Here Scheme
Have you seen a Breastfeed Happily Here sticker in your community?

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>82%</td>
<td>of respondents had seen a Breastfeed Happily Here sticker in their community</td>
</tr>
<tr>
<td>89%</td>
<td>of all respondents agreed/strongly agreed the scheme helps them feel their community is welcoming and supportive of breastfeeding</td>
</tr>
<tr>
<td>96%</td>
<td>of people agreed/strongly agreed that the scheme is a good way of showing that local businesses welcome breastfeeding mums in public spaces</td>
</tr>
<tr>
<td>82%</td>
<td>of breastfeeding mums agreed/strongly agreed that seeing the Breastfeed Happily Here sticker in a venue helps them feel more confident about breastfeeding in public</td>
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</tbody>
</table>

Atitudes to breastfeeding in public

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>33%</td>
<td>of breastfeeding women told us they worry or had worried about breastfeeding in public, with the most common reason given (44%) being worry about negative reactions from others</td>
</tr>
<tr>
<td>20%</td>
<td>of mums under 25 were worried about feeding in public compared to 42% of mums aged between 41-50</td>
</tr>
<tr>
<td>10%</td>
<td>of mums said they worried more about feeding in public when their babies were younger</td>
</tr>
<tr>
<td>7%</td>
<td>said they started to be more worried as their baby got older</td>
</tr>
</tbody>
</table>

Are mums worrying unnecessarily?

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>91%</td>
<td>very appropriate for mums to breastfeed their baby in a public place</td>
</tr>
</tbody>
</table>

Awareness of the Breastfeeding etc. (Scotland) Act 2005
We found awareness of the law protecting parents feeding their baby in public places was very low

Overall 25% of people did not know about the law, rising to 58% of people in some groups

How mums feel about feeding in public

Conclusions
General awareness of the Breastfeed Happily Here scheme is high and people agree it is a good way for businesses and communities to show they welcome and support breastfeeding.

There is a large group of breastfeeding women, around a third, who feel worried about breastfeeding in public, mainly due to concern about the negative perception of others. Some of the concerns were about feeding an older baby in public, possibly related to the law only protecting babies up to the age of 2 years old. On the whole, the responses showed us people feel breastfeeding in public is very appropriate so we need to focus on supporting breastfeeding women (and those who may breastfeed in the future) to feel that their decision to breastfeed will be supported by their community.

Around a quarter of people are not aware of the law protecting breastfeeding, even after 12 years. This increases to over 50% of people in some groups not being aware of the law. Increasing knowledge about the law and why it exists could help women feel more confident about breastfeeding in public and help normalise it within our communities.

For more information please contact ayrshire@breastfeedingnetwork.org.uk
BABY CLINICS – WHY AND HOW?

From reassurance to parental self-efficacy: Lay and professional perceptions of the purpose and value of health visitor-led child health clinics

Jo Webb, Infant Feeding Lead, Health Visiting, South Gloucestershire

I think for many health visitors, because of the monitoring culture we’ve created within the service, the fear of missing something and not recording it is greater than the motivation to try to provide a service that prevents it... (Health Visiting Clinical Lead)

Results

Process models

Two cyclical support processes were developed which reflect two modes of clinic provision: a surveillance model, focusing on weighing and monitoring and a primary prevention model focusing on reflection and composition.

Fig. 1: Surveillance model – a didactic approach engendering a cycle of serial reassurance

Health Visiting staff weigh their baby

Health Visiting staff put the weight on the chart in the ‘red book’

- The participants’ narratives suggest that the experience of support at traditional baby clinics was focused on weighing, monitoring and advising parents on a process whereby both mother and health visitor become involved in a cycle of serial reassurance.

- Health visitors became task focused, processing individual mothers through a stylised weighing procedure and then offering their expertise to help prevent anxieties.

- The process supports the reassurance needs of both the mother and health visitor with the one-to-one services focused on monitoring, recording and secondary surveillance.

- I think the scales are always just placed up prominently and publicly... they’re like a we are all after your offering a judgement. It would be much nicer if they were just in a corner somewhere and the emphasis was on something else (more)

Fig. 2: Primary prevention model – an heuristic approach promoting parental self-efficacy

Mothers share their experiences with Health visitors and/or other mothers

Health Visiting staff actively solicit sensitive and supportive parental feedback

- The participants who had experienced a social model of clinic where scales were available, but not the primary focus of any interaction and parents were encouraged to stay and talk to each other provided narratives which suggested that a heuristic learning process was taking place.

- In this qualitatively different model, parenting is conceptualised as an ‘informed process’ requiring self-reflection, flexibility and resilience to navigate cultural and familial norms and cultivate a loving relationship with your infant. The primary purpose of the clinic is therefore not to monitor families and provide reassurance through the metric of weight, but to facilitate self-reflection, self-composition and self-efficacy to support new, non-judgmental, sensitive and responsive parenting styles.

- Prominently, you are trying to help mothers make sense of their experiences in the moment and that’s a delicate balance of giving confidence and guiding building. People are right there in the thick of the emotional learning bit... they are having the experience, that’s why it’s so valuable to have a model which allows you to sit and be with parents as they feed their baby or play...

Discussion

Health Visiting services focus on preventative work within a model of primary universal intervention (Coley et al., 2019). Working from a strengths-based, solution-focused approach with a sociocultural and relational orientation to practice, it is therefore suggested that health visiting services are structured and organised to facilitate and support relational-based interventions (Coley et al., 2019).

The community level of service provision within the four prospective levels of service use (Coley et al., 2019) encourages health visitors to engage in practice which builds community capacity and ownership, empowering clients to improve health outcomes (Coley et al., 2013). A relational and sociocultural oriented clinic model therefore provides an opportunity to explore the contribution of community based support to building both individual and community resilience with parents.

Increasing budgetary cuts to public health and early years services in recent years has engendered a collective drive both within the health visiting profession and from local authority commissioners to identify and adopt integrated evidence based approaches that both maximise the efficiency of the service and contribute to cost effectiveness, and are able to be collimated, sustainable and effective (MH, 2010).

The delivery of health visiting clinics, which consume a substantial amount of health visiting time (Coley et al., 2007) can therefore be an area of practice which requires an innovative and qualitatively different approach in order to explore their potential contribution to preventative work as universal, public health interventions.

Implications for practice

It is suggested that organisations providing a health visiting service centred on universal primary prevention, who seek to enhance the efficacy of support offered to parents and children at clinics should aim to restructure clinics to deliver a psychologically informed, heuristic model which encourages social interaction between parents.

Weighing

Weighing is a highly culturally embedded biologicat transaction at clinics but it is a simple fact that in the context of the picture of wellbeing for young babies. It is therefore suggested that quantifying is not removed from baby clinics and, where possible, be re-visited as an area of practice where the focus is on the quality of interaction and the well-being of the child.

Cohesion

Clean, warm, welcoming and relaxing environments are key to engendering wellbeing and social interaction at clinics and parents participating in the research expressed a desire for cohesive environments. For participants, feeling relaxed within a social model of clinic also meant knowing how to engage the child’s attention during the transaction and knowing how to speak individually to a health visitor if they would like to.

Health Visiting skills

A more structured approach to group facilitation and interaction requires health visiting staff to be confident in the underpinning theory and philosophy of the model, the process of delivery and the anticipated outcomes. Health Visitors should therefore be supported to develop their facilitation skills and their understanding of heuristic and experiential learning and group dynamics with such skills being highly valued by clinical leaders.

Conclusion

This study sought to illuminate the experiences of both health professionals and the clients attending the clinic and the grounded theory outline provides conceptual insight into the processes of support sought and offered at baby clinics.

Implications for practice are considered in relation to existing research, and to inform national or professional guidelines. The study challenges baby clinics to better understand the delivery of health visiting services, and encourages stakeholders to adopt a model of service delivery with an emphasis on the development of a patient and family-centred approach by a psychologically informed process model.

Where process models underpinning clinic delivery are clear and familiar to both the model and effective implementation can be established, research and the use of a qualitative narrative approach which provides a psychological grounded process model should be considered to continue to progress this service element to an evidence base.

Methods

Informal semi-structured interviews were conducted with 24 participants, including health visiting staff and mothers across two local authority areas in the South West of England. A constructed grounded theory methodology was used to analyse the data.

References


Health Visiting Specialist

Not everything about our work needs to be serious public health messages…. if we want parents to interact joyfully with their babies then we need to try to create an environment where that feels possible (Health Visitor)
The pragmatic use of evidence to support breast milk feeding in neonatal units in Scotland

Kate Woodman, Public Health Intelligence Adviser, NHS Health Scotland.

Background
To inform The Best Start: A Five-Year Forward Plan for Maternity and Neonatal Care in Scotland (Scottish Government, 2017) and the ongoing revision of Improving Maternal and Infant Nutrition: A Framework for Action (Scottish Government, 2017) we summarised the evidence about effective interventions to support breast milk feeding in NNUs and described the infant feeding experiences of parents and staff.

Methods
- With the agreement of policy makers, health professionals, and voluntary sector agencies, we searched Medline, Embase, Web of Science and Cochrane databases to identify systematic reviews published in English, between November 2010 and April 2014, using the keywords neonatal/ intensive care, KMC, low birth weight, premature, breastfeeding and breast milk. Cinahl and Midirs were searched to identify qualitative papers that explored the infant feeding experiences of parents and NNU staff.
- We identified eight systematic reviews about effective interventions to support breast milk feeding in NNUs.
- Thematic analysis of 17 qualitative publications highlighted the infant feeding experiences of parents and staff.
- We provided an overview of relevant national and international policies.
- As evidence gaps remained about the delivery of support to parents and staff, we considered 10 ethical principles:

1. do good 6. sustainability
2. do no harm 7. social responsibility
3. equity 8. participation
4. respect 9. openness
5. empowerment 10. accountability

This approach helped guide decision-making about changes/improvements to NNU practice. See below.

<table>
<thead>
<tr>
<th>Principle</th>
<th>Parents</th>
<th>Staff</th>
</tr>
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<tbody>
<tr>
<td>Equity</td>
<td>Consideration of how all parents can be supported to breast milk feed, awareness of sensitivities about breast milk/feeding/prescribing on wards. Provision of advocacy to ensure parents are supported by employers while their baby remains in the NNU. Need for easily accessed funding to be immediately available to families to cover additional costs associated with their baby's NNU stay, such as public transport, car parking, food, mobile use, laundry etc. Consideration of need for a national breast pump loan scheme. Equal and fair access to DHM through the Scottish Donor Milk Bank Service.</td>
<td>Consideration of how all staff can be supported to attend regular training updates about the benefits of breast milk and how best to support a family in the NNU. Consideration of how all staff can have equal access to delivering counseling support.</td>
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</tbody>
</table>

Findings
- We printed key messages that presented the evidence in an accessible document for distribution to NNU staff.
- We published the full evidence review on the NHS Health Scotland website, www.healthscotland.scot
- In partnership with academic units we hosted regional dissemination events during which participants reached consensus about the impact and feasibility of taking the evidence into practice.
- We identified barriers and enablers to changing practice in NNUs in Scotland.

Conclusion
Adopting a pragmatic approach to presenting the evidence in support of breast milk feeding in neonatal units in Scotland has enabled meaningful engagement that takes account of the Scottish context and professional experience.

References

Acknowledgements
NHS Health Scotland wishes to acknowledge the support of Linda Woffson, National Maternal and Infant Nutrition Coordinator (Improving Health and Wellbeing, Scottish Government); the Neonatal Breast Milk Feeding Advisory group; members of the Scottish Infant Feeding Advisors Network (SIFAN); and staff at the Scottish Improvement Science Collaborating Centre (SISCC) for their collaborative support and guidance throughout this project.

Notes
1 See www.gov.scot/Publications/2017/01/7728
2 See www.gov.scot/Publications/2017/01/13095228
3 Kangaroo mother (KMC) or skin-to-skin care is a technique practised with newly born (usually preterm) infants, during which the infant is held, skin to skin, with an adult. KMC is usually with the mother and encourages breastfeeding/ breast milk feeding.

www.healthscotland.scot
Tied Again: Recurrent ankyloglossia and impact on breastfeeding

Department of Paediatric Surgery, King’s College Hospital, London

BACKGROUND:
- Ankyloglossia is a common condition with a significant impact on breastfeeding.
- Frenulectomy has proven benefit.
- There is very little data in the literature on risk of recurrence.
- A 0% recurrence rate has previously been reported.

AIMS:
- We evaluated recurrence of ankyloglossia following frenulectomy and its impact on breastfeeding.

METHOD:
- A single centre, single surgeon, prospective study between May 2013 and October 2015.
- Data were collected from breast-feeding dyads with recurrence by:
  - questionnaire on initial attendance
  - telephone/postal follow up at 6 weeks.
- Questionnaire included:
  - impact on breastfeeding
  - symptoms, ease and comfort of breastfeeding
  - use of supplementation.
- Examination included:
  - severity of ankyloglossia (mild, moderate and severe)
  - tongue mobility (protrusion, lateralisation and elevation)
- Our protocol involves:
  - Teaching all parents active wound management techniques.
  - Advice to have wound and breastfeeding review within a week.
- Data presented as means, analysed using Fisher’s Exact Test, (p < 0.05 significant), with Freeman-Halton extension where indicated. Wilcoxon Rank-Sum test used to analyse independent variables.

RESULTS:

Fig. 1: Recurrent tongue-tie
Fig. 2: Scar division

Fig. 3: Breathing symptoms reported by mothers, (n=48)

Fig. 4: Timing of frenuloplasty for babies initially seen at:
- Our Institution
- Other Institutions

Fig. 5: Assessment of tongue mobility amongst recurrence patients.

Fig. 6: Severity of recurrence, (n=48)

Fig. 7: Supplementary data used in feeding, as reported by mothers, (n=23)

Fig. 8: Pain, Trauma, Poor Latch, Noisy Feeding, Head Bobbing, Unsatisfied Baby

Fig. 9: Incidence of recurrence.

Fig. 10: Level of stress during feeding reported by mothers, (n=23)

80%
70%
60%
50%
40%
30%
20%
10%
0%
Recipient Neutral Stressed

73% of all dyads presenting with recurrent ankyloglossia opted for revision frenulectomy.

DISCUSSION:
- Recurrent ankyloglossia presents as much of an impact on breastfeeding as the initial tongue-tie.
- Difficulties can persist after recurrence, poor latch is the most significant (p = 0.009).
- Although there was a higher use of supplemental feeding in recurrence (p = 0.005), mothers reported a lower degree of stress associated with breastfeeding (p = 0.036) in recurrence.
- Restricted tongue mobility results in inadequate cushioning of the lower gum leading to continuous shallow latch, resulting in poor milk transfer.

CONCLUSION:
- Our institution reports a recurrence rate of 2% after tongue-tie division.
- Recurrence can have significant impact on breastfeeding.
- Parents should be fully informed of the risks and sequelae of recurrent ankyloglossia.
- Babies who have undergone frenulectomy should be carefully followed up.
- Earlier recognition of recurrence would allow for more prompt treatment.
- Further investigation into the impact of revision frenulectomy on breastfeeding is required.

References:
Introduction
The GPIFN website launched in April 2017, seeking to provide a reliable resource for GPs supporting families with infant feeding issues. Developed by GPs with assistance from colleagues in related fields, the website collates respected material on maternal and infant health, infant feeding, drugs in lactation and the role of the GP. The website launch was promoted primarily through social media and also via a BMJ online opinion piece which was subsequently published in print.

Website Statistics
As of mid-November 2017, less than 7 months since launch, gpifn.org.uk has had over 20,000 visitors and over 50,000 total views. Figure 1 summarises the data in terms of both unique visitors and views by calendar month.

As anticipated, there was a high volume of traffic upon launch with this quickly settling to around 1,500 to 2,000 unique visitors and 3,500 to 4,000 views per month. The website has been viewed in over 100 countries and users on average visit 2.12 times.

Website User Survey
Impact was assessed through a survey via the main website. To date 83 responses have been received.

80% of respondents said the site was likely / very likely to influence their practice; 90% were likely to recommend it to others.

Table 1: number of respondents by role (multiple selection permitted)

<table>
<thead>
<tr>
<th>Role</th>
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<tbody>
<tr>
<td>GP</td>
<td>28</td>
</tr>
<tr>
<td>GP Trainee</td>
<td>6</td>
</tr>
<tr>
<td>Doctor other than GP</td>
<td>11</td>
</tr>
<tr>
<td>Health Visitor</td>
<td>9</td>
</tr>
<tr>
<td>Midwife</td>
<td>6</td>
</tr>
<tr>
<td>Infant Feeding Co-Ordinator</td>
<td>9</td>
</tr>
<tr>
<td>Nurse</td>
<td>7</td>
</tr>
<tr>
<td>IBCLC</td>
<td>10</td>
</tr>
<tr>
<td>Breastfeeding counsellor / peer supporter</td>
<td>15</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>1</td>
</tr>
<tr>
<td>Parent</td>
<td>12</td>
</tr>
<tr>
<td>Other</td>
<td>12</td>
</tr>
</tbody>
</table>

Figure 1: website visitors & views by calendar month

Figure 2: areas of website visited (no. of respondents)

“A newly found wealth of info on a field that I wasn’t aware that I had very limited knowledge about” GP

“Very glad to see you are conflicts of interest free and great to see GPs get on board with infant feeding” Dietitian

“I was supporting a mum who had a breast abscess. The doctors treating her... kept telling her she should stop breastfeeding. I went on the GPIFN website... it was so good to have easily accessible, evidence-based info to share with her.” Breastfeeding Counsellor

Next steps
- Rolling programme reviewing and updating webpage content
- Addition of new topic areas including in response to user feedback
- Explore potential future funding streams to ensure continued viability of resource
- Ongoing evaluation of website statistics and feedback
The Breastfeeding Companion
“IBCLC expertise in the hands of breastfeeding mothers”

Video-based free resource

- Mobile-friendly website
- 85+ supportive videos
- Evidence based & IBCLC peer reviewed
- Helps pregnant women prepare to breastfeed
- Equips breastfeeding women at every stage
- Helps prevent unnecessary hurdles
- Undergoing NHS Information Standard certification

“...The Breastfeeding Companion aims to empower women at every stage of their breastfeeding journey...”

www.thebreastfeedingcompanion.com
Building Family Relationships on the Neonatal Unit

Baljit Wilkhu, Infant Feeding & Developmental Care Lead; Dr Ambalika Das, Consultant Neonatologist

At BHRUT Neonatal Unit, we have been capturing the Family Interaction since 2010. The Family Interactive Sheet has been developed over time taking into account changes in Neonatal Family Centered Care. Since 2016 family interaction can be entered on the Badgernet System used by most Neonatal Units in UK. This is listed under Parental Cares and enables Units to produce a Family Interaction Dashboard.

![Image of a baby with text]

Looking at the image, it displays various interactions and care practices in the Neonatal Unit, emphasizing the importance of family interaction and support. The image includes diagrams and charts illustrating data capture and promoting breastfeeding and education for parental involvement. It highlights the significance of interaction between parents and their infants, ensuring a supportive environment for both the baby and the family.

- **Look, I am talking to Mummy!**
- **My Mummy sings me to sleep**
- **Having a cuddle with my Mum is the best part of my day!**
- **When I am gently touched and held my heart rate, breathing and temperature all stay stable**
- **I love it when my Daddy & Mummy feed me**
- **It’s so snuggly having skin-to-skin with my Mummy**

**Data capture – parent interaction**

- **Parents declined Interaction**
- **Babies with no Interaction**
- **Other Interaction**
- **Babies being cuddled**
- **Babies receiving still touch**
- **Recieving containment holding**
- **Babies receiving skin-to-skin**
- **Total No. of babies**

**Encouraging parental involvement through education**

**Promoting breastmilk and breastfeeding**

**References**


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NCEL, Queen’s Hospital, Romford, Essex Tel: 01703 838133
A holistic approach to increasing breastfeeding rates by focusing on establishment of secure attachments

Breastfeeding rates in East Ayrshire are critically low with only 18.1% of babies exclusively breastfeeding at 6-8 weeks compared to the Scottish national figure of 31.4%.

As a result we developed BabyChat groups which are underpinned by a ‘triangular model’ aiming to increase breastfeeding rates and demonstrate that breastfeeding is supported by babywearing and baby massage as these promote the establishment of a secure attachment between the mother and her baby and encourage responsive parenting, which leads to increased awareness of feeding cues resulting in effective breastfeeding.

Normalising breastfeeding and challenging the embedded formula feeding culture

“Very friendly class, bookbug and baby massage, my baby loves going”

“we love BabyChat, really relaxed atmosphere in a friendly group”

Babywearing

Baby Massage

Elizabeth Smith, Community Infant Feeding Nurse, Frances Gunn, Health Visitor
Email: BabyChat@apct.scot.nhs.uk

NHS Ayrshire & Arran

East Ayrshire Council
#KINGSBRELFIE

USING SOCIAL MEDIA AS A TOOL TO
CELEBRATE BREASTFEEDING MOTHERS AND BABIES IN THE UK

#KINGSBRELFIE WAS INITIATED BY A GROUP OF MIDWIVES AT KING’S COLLEGE HOSPITAL IN LONDON, AND WAS BASED AROUND THE SOCIAL MEDIA PHENOMENON OF THE ‘BRELFIE’ — A BREASTFEEDING SELFIE. IT WAS DESIGNED TO CHANGE ATTITUDES, SUPPORT MOTHERS AND ASSERT THE RIGHT TO BREASTFEED WHEREVER AND WHENEVER WOMEN WANT OR NEED TO. IT WAS LAUNCHED DURING WORLD BREASTFEEDING WEEK (1-7 AUGUST, 2017) AND WAS AN INVITATION TO ALL WOMEN TO POST A BRELFIE ON SOCIAL MEDIA DURING THE WEEK AND BEYOND WE HAD OVER 100 PICTURES SUBMITTED, AND THOUSANDS OF TWEETS & FACEBOOK MENTIONS.

AUTHORS: LAURA GODFREY-ISAACS, MAXINE SPENCER, WENDY KUHARSKA, JOANNE JOSEPH, HERMIONE JACKSON AND OCTAVIA WISEMAN

@KINGSMATERNITY
UNICEF BFI GOLD AWARD
1st Service Accredited

East Lancashire Hospitals NHS Trust, Maternity Services, have been UNICEF BFI accredited since 1998 and have seen breastfeeding rates rise from 27% to 78%.

Our Baby Friendly Team work across hospital and community services providing BFI / infant feeding leadership for four services including Health Visiting, Childress Centres and the NICU.

With strong partnerships across Lancashire and the North West we are able to share together progress and leadership strategies.

The UNICEF BFI GOLD Award has led us to an even stronger place and has helped secure our standards for the future with a culture that respects kindness, education and progression.

East Lancashire Hospitals NHS Trust - Maternity Services is highly commended for the quality of the evidence submitted and the thorough way in which the necessary processes to embed and further develop care related to the Baby Friendly standards have been planned and implemented. A significant amount of thought, planning and activity has occurred related to each of the four Achieving Sustainability standards. The Baby Friendly leads have a strong vision of how they can make sure standards of care are maintained and clearly have the backing of a strong and engaged leadership team. There are mechanisms in place to make sure staff feel valued and listened to, and this was confirmed by a solid response to the staff culture audit and reflected in very high ratings from mothers about the care received and the kindness of the staff. Monitoring processes are robust with clear evidence of action planning and indications that even good results do not cause complacency, with continued striving to improve and progress being evident.

Anne Woods, UNICEF BFI, 27 June 2017

LEADERSHIP

“The manager training has been very well received with positive evaluations from everyone”

CULTURE

Do you feel that there is a culture of kindness between staff of all grades?

- 91% of mothers reported staff were kind and compassionate ‘all of the time’, 9% said ‘most of the time’.

MONITORING

Our BFI ‘Dashboard’

PROGRESSION

‘Over and above core BFI standards’

- Withdrawal of formula milk to > breastfeeding rates
- Provision of frenotomy service to > duration of breastfeeding
- Reducing readmission for excessive weight loss
- Antenatal harvesting of colostrum for diabetic ladies
- Expansion of peer support service to > duration of breastfeeding

Developing:

- Trust breastfeeding champions — supporting colleagues returning to work / breastfeeding
- Postnatal ward BFI clinical experts

It is essential that the leadership team work closely together with well defined roles and responsibilities for the Head of Service, Project Guardian and Project Lead Team, and reporting / monitoring pathways are robust — then progressive interventions can be identified.

“It is clear that the Baby Friendly team have supported and enabled the service to achieve a level of excellence which is outstanding. The team is highly skilled and very able to provide the leadership and vision needed to maintain and progress the standards”

Sue Henry, June 2017

Safe | Personal | Effective

“The UNICEF BFI GOLD standards demonstrate excellence and are essential to ensure evidence based practice is firmly embedded long term. In UK services to ensure optimal care provision and outcomes for babies, mothers and families.

Our BFI GOLD journey has strengthened our foundations, our team and secured our future.”

Sue Henry, June 2017
Updating the evidence on supporting women to breastfeed

Alison McFadden, Anna Gavine, Steve MacGillivray, Mary J Renfrew, School of Nursing and Health Sciences, Dundee, DD1 4HJ
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Introduction

Women who breastfeed need skilled support to build their confidence and to prevent and treat physical problems. Health workers often lack essential skills to help women to breastfeed, and additional support from professional or lay workers with knowledge and skills in breastfeeding is often needed.

We conducted three systematic reviews to contribute to the WHO global guideline: Protecting, promoting and supporting BREASTFEEDING IN FACILITIES providing maternity and newborn services.

Methods

- 2 reviews were updates of existing Cochrane reviews
- We used the Cochrane methods to conduct all three reviews
- Systematic searches using the Cochrane Pregnancy and Childbirth Group’s Trials Register were conducted in 2016
- Individual or cluster randomised controlled trials were eligible for inclusion
- Meta-analysis was performed for the Cochrane reviews

Objectives

To assess the effectiveness of breastfeeding promotion activities on number of women who initiate breastfeeding, and number of women who initiate breastfeeding within one hour after birth.

Results

Study settings and participants

28 trials involving 107,362 women in 7 countries - 20 trials were conducted in USA

Effect of interventions

1. Breastfeeding education
   a) delivered by healthcare professionals improved breastfeeding initiation rates: 5 trials, 564 women
   b) delivered by non-healthcare professionals e.g. peer support, doulas, improved breastfeeding initiation rates: 8 trials, 5712 women
   c) No evidence of effect on early initiation
   d) No evidence of effect of:
      a) Breastfeeding education delivered by healthcare professionals with peer support
      b) Breastfeeding education delivered by multi-media self-help manual, video
      c) Early mother-infant contact
      d) Community-based support groups

2. Breastfeeding support reduced the number of women stopping any or exclusive breastfeeding before 6 months: 40 trials, 54,227 women

Sub-group analyses

1. Lay support may be more effective than professional or mixed support (exclusive breastfeeding)
2. Face-to-face support may be more effective than other types of support
3. Greater effect on exclusive breastfeeding in settings with breastfeeding initiation rate >90%

Conclusions

- Breastfeeding support extends the length of any and exclusive breastfeeding (moderate quality evidence)
- Professional-led breastfeeding education and lay counselling and peer support can promote initiation of breastfeeding (low quality evidence)
- Lack of evidence on whether breastfeeding training and education for healthcare staff improves breastfeeding knowledge and attitudes – further good quality research urgently needed

References

Lactation After Perinatal Loss: Supporting Women’s Choice

Judith Kennedy, Anna Matthews, Laura Abbott, Jackie Dent, Gillian Weaver, Dr Natalie Shenker

University of Hertfordshire

Objective

Current research describes a diverse population of milk donors in the UK, for whom key motivators to donate were the encouragement of health professionals and the sense of altruism gained from the experience (Thomaz et al. 2008). For bereaved parents, with appropriate support, milk donation may aid the grieving process, however, this population is often overlooked (Carroll et al. 2014). Evidence for milk donation following perinatal loss has not been extensively examined previously; this study aimed to systematically review current evidence and establish recommendations for practice and future research.

Methodology

A literature review was conducted examining evidence regarding lactation options following perinatal loss, including milk donation. A limited number of published articles were found. Seventeen articles were reviewed alongside NICE clinical guidelines.

Available anecdotal evidence was researched using keywords such as ‘milk donation’, ‘lactation’ and ‘bereavement’, avoiding words suggesting a positive or negative association. Results from this search included blogs, charities, news articles and milk bank sites.

National Health Service (NHS) Trust bereavement care policies from hospitals local to the authors were examined, and professionals approached to identify current practices. Finally, bereavement charities were contacted to discuss what information they provide regarding lactation options.

Conclusions

The authors acknowledge the possibility for bias within the published studies; therefore, evidence available from milk banks alongside the recorded experience of milk bank staff was excluded. Furthermore, as existing studies only include women who choose to donate their milk, the opinions of those women who do not are not documented within current research.

This review highlights that lactation following bereavement is an overlooked issue. The option of milk donation may offer catharsis and aid the grieving process, and should be a visible option to women following perinatal loss. Individuality and choice are vital for woman-centred care; women should be aware of and supported in making informed choices regarding their lactation options. To empower health professionals to discuss all lactation options sensitively and confidently, further high-quality bereavement training is required. Such a training programme is being developed for launch in 2018 by a collaborative approach that will bring together all stakeholders, including the Heart’s Milk Bank, Sands, and Jake’s Charity.

Further studies are needed to examine the lactation needs of women following perinatal loss, to increase the visibility of milk banks, and ultimately broaden the evidence base. It should be emphasised that the authors do not intend for rigorous recruitment of bereaved parents, but rather the option of milk donation is offered in a compassionate and informed manner.

References


Website: www.sands.org.uk

Milk bank: mylactation.co.uk
Antenatal Colostrum Harvesting Project

Proposed change to practice to reduce the need for early supplementation

Marie Rivett - Student midwife, University of Worcester

Background

Students play an important role in promoting and supporting early breastfeeding. My experiences in practice identified that breastfeeding initiation for women experiencing complex childbearing can be challenging. RfI standards require students to demonstrate commitment to promoting successful breastfeeding initiatives. To illustrate this, I have transferred evidence-based information into practice to help to improve the breastfeeding experiences of mothers experiencing high risk pregnancy.

Studies have shown that women who experience labour intervention are at increased risk of suboptimal breastfeeding initiation.

Findings suggest that synthetic oxytocin infusion can inhibit the pulsatile pattern of endogenous oxytocin release. This can compromise milk synthesis and release.

Intravenous fluid administration often causes breast, nipple and areola oedema, inducing milk stasis as a result of ineffective milk transfer.

Assisted vaginal delivery can be a reason for impaired suckling ability at birth due to biomechanical difficulties caused by neonatal cranial asymmetry and nerve damage.

Results have shown that there is an association between regional anaesthesia drugs and low neonatal neurological scores at birth.

References: Rivett M. MIDIRS Midwifery Digest, December 2017
Rivett M. MIDIRS Midwifery Digest, December 2017

Stage

1. The evidence has identified that labour intervention is a risk factor for early postnatal breast milk supplementation.

2. We developed a project to promote antenatal colostrum harvesting for women experiencing labour induction at term because this group of women can be vulnerable to multiple labour interventions.

3. Support for the project has been gained from the trust’s pediatric doctors, obstetric doctors and the antenatal ward manager.

Our Aim

We aim to modify practice by promoting antenatal colostrum harvesting for women who have been admitted to hospital for labour induction at term and have had antenatal intervention. We will improve the chances of providing exclusive breast milk for the infant and protect against early supplementation should breastfeeding behaviour appear compromised at birth. It is also hoped that antenatal colostrum harvesting will help to increase women’s confidence in breast milk and breastfeeding before they birth their baby.

The project demonstrates the trust’s commitment to maintaining our RfI accreditation. It also supports Public Health recommendations that infants should receive breast milk for at least the first six months of life.

Work in progress

Amend trust guidelines to include colostrum harvesting for women admitted to antenatal ward for term induction of labour.

Design and produce information packs to guide informed decision making around colostrum harvesting for this group of women.

Communicate modifications to practice to staff via mandatory training.

Launch of antenatal colostrum harvesting.

Women will receive skilled support with hand expression and colostrum storage on the ward.

Project evaluation and audit.

Final thought

Women are not informed about potential consequences of labour intervention on breastfeeding initiation and outcome. Providers of antenatal education must be aware of this. Preparing women for the fact that early breastfeeding may be challenging may help to inform their decision-making around antenatal colostrum harvesting.

For further information on the research used to inform our project please email:

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Kangaroo Care in the Community: A Novel Innovation to Facilitate Ongoing Skin to Skin Contact

Roisin Bailey  
Supervised by:  
Dr. Helen McIntyre DHSci.  
Prof. Merryl Harvey PhD.  
Birmingham City University  

Key Features of Kangaroo Care
• Early, continuous, and prolonged skin to skin contact
• Ideally exclusive breastfeeding
• Support and follow-up in the community

Kangaroo Care Research
Kangaroo care has been shown to reduce neonatal morbidity and mortality in low birth weight and premature babies. Research with healthy term babies has shown skin to skin contact supports bonding, breastfeeding, and thermoregulation. Despite this, there is a lack of research to inform midwives on how best to support mothers to have ongoing plentiful skin to skin contact with their babies.

The Innovation: Skin to Skin Garment
A garment has been developed at Birmingham City University to support babies in a kangaroo care position on the mother’s chest for extended periods of time as a skin to skin contact facilitation strategy.

Recruitment and Study Criteria: Healthy Population
Eleven mother-baby dyads were recruited from a single NHS trust in the West Midlands. Women with singleton high or low risk pregnancies were introduced to the study, excluding those planning a cesarean section. Postnatally, women and babies meeting eligibility criteria of having a term, vaginal birth of a baby weighing over 2.5kg were invited to participate.

Research Methodology: Mixed Method
The woman-centred mixed methodology was designed to promote maternal autonomy and decision making, with participating mothers choosing when and where to trial the garment. Data collection relied upon the mothers to interpret their own baby’s behaviour, setting the mother as the expert in her baby’s care. Following faculty and NHS ethical approval, data was collected in a single episode at the mother’s home in the first 4 postnatal weeks. Maternal participants took and recorded their baby’s axilla temperature and assessed their behaviour prior to, and following 30 minutes of skin to skin contact using the facilitating garment. Direct observation by the researcher generated field notes on maternal nurturing behaviours and infant feeding practices, and recorded verbatim comments on the garment’s appearance, fit, and usefulness. Simple word repetition was used to analyse participant comments, and key themes were extracted.

Findings: Safe, Enjoyable, Supports Responsive Feeding
• Safe neonatal positioning was maintained by all dyads, including avoidance of Developmental Dysplasia of the Hip-associated positions.
• All neonatal temperatures remained in normal parameters. Mothers reported positively on using the garment, with ‘safe’, ‘secure’, and ‘comfortable’ as the most frequently used descriptors.
• All eleven mothers increased verbalisations towards their baby on commencement of skin to skin contact, including empathetic questioning and infant-directed speech.
• 8/11 babies exhibited feeding cues during skin to skin contact; 7/11 dyads went on to breastfeed within the garment, and one dyad formula fed, then recommenced skin to skin contact.
• Maternal assessment of neonatal behaviour found the majority of babies (7/11) to be hungry or unsettled prior to skin to skin contact, and 4/11 babies to be settled or asleep. Following 30 minutes of garment facilitated skin to skin contact, all mothers found their babies to be settled or asleep.

Conclusion: Suitable For a Randomised Controlled Trial
A novel facilitation method to support kangaroo care was well evaluated by women in the postnatal period, and safely maintained neonatal position and thermoregulation. Women were able to facilitate their infant feeding choice whilst using the garment, and displayed positive nurturing behaviour towards their baby. A mixed method randomised controlled trial is currently being undertaken to assess the garment’s effect on breastfeeding uptake, exclusivity, and continuation, as well as the mothers’ experiences of skin to skin contact in the postnatal period. This further research has scope to inform postnatal care and breastfeeding support, as well as strategies to promote responsive feeding for both breastfeeding and formula feeding dyads.
E-cigarette use amongst UK breastfeeding mothers – an analysis of online forum data

E. Johnston, S. Cooper, T. Coleman, S. Lewis, K. Campbell & S. Orton
University of Nottingham, School of Medicine

Background & aims

Increasing breastfeeding rates and decreasing postpartum delay to smoking are major public health goals. Research suggests early cessation of breastfeeding is linked to postpartum relapse, even though women are recommended to continue to breastfeed even if they smoke.

E-cigarettes have grown in popularity in recent years as a potential harm reduction tool for current smokers, as they contain significantly lower levels of carcinogens and toxins than cigarettes. This may mean e-cigarettes are a suitable and safer alternative to smoking whilst breastfeeding. However, little is known about their use in the postpartum period.

The overall aim of this research is to explore breastfeeding mothers' current opinions, usage, and understanding of e-cigarettes, particularly:

- Are women using e-cigarettes during the postpartum period, and how?
- Mothers' views and knowledge regarding e-cigarette safety
- What evidence is there of women using e-cigarettes?
- The social acceptability of vaping whilst breastfeeding
- Are mothers concerned about the health effects of vaping?
- How is vaping viewed in comparison to smoking?

Data Collection

- Google search of parenting sites was conducted, using the following search operators:
  - Site: (parenting website) use AND breastfeeding
  - Sites requiring sign-up to read messages were excluded.
  - Generic parenting forum sites, i.e., not affiliated with vaping or tobacco companies, were included.
  - Discussions with four or more unique contributors were included.
  - Posts in the discussions were screened to ensure they could contribute to study aims.
  - 10 discussion threads were used in the analysis

Analysis

- NVivo11 was used to organise data
- A template approach to thematic analysis was used to analyse the data, outlined by King*.
  - A coding template of a priori codes was designed
  - The initial template was modified and adapted as each transcript was coded
  - A final version of the template was then applied to all transcripts
  - A second coder was employed to code sections of transcripts to improve the reliability of results

Results

Theme

Evidence
- Professional
- Non-Professional
- Personal opinions
- Mistrust & uncertainty
- Lack of evidence

Breastfeeding
- Breastfeeding
- Breastfeeding & smoking
- Breastfeeding & vapping

Perceived risks (of vaping)
- Experiencing the risk
- Managing the risk
- Other risks

Social support
- Advice giving
- Advice seeking
- Self-judgement
- Translation
- Quitting
- Prevention
- Alternatives
- Motivation for use

Use
- Mothers health
- Infant health
- Benefits or detriments (of vaping)

Health

"They say it's better for a smoker to smoke and breastfeed than not to breastfeed at all, so it should be the same applies to e-cigs." (Breastfeeding - Breastfeeding & vapping)

Discussion & conclusions

- Women are using e-cigarettes postpartum but concerns regarding their health effects are acting as a barrier to use.
- Women hold mixed views on acceptability of vaping as a breast feeding mother; some women find the idea of vaping wholly unacceptable whereas others are very much in agreement with their use.
- Women are motivated to use e-cigarettes after identifying context-specific triggers that make them feel they are likely to return to smoking.

References


School for Primary Care Research

The National Institute for Health Research School for Primary Care Research (NIHR SPCR) is a partnership between the Universities of Bristol, Cambridge, Keele, Manchester, Newcastle, Nottingham, Oxford, Southampton and University College London.

This poster summarises independent research funded by the National Institute for Health Research School for Primary Care Research. The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health. Grant No.
A literature review was carried out to explore breastfeeding support and through this two dominant themes emerged regarding the attitudes of health professionals and influencing factors.

**Attitudes of health professionals**

Health professionals in Ireland (Larsen et al, 2011) reported some health professionals were neutral or disagreed that breastfeeding is the most suitable form of nutrition for the baby's first 6 months. Similarly, Rolins et al (2016) raised concerns regarding professional attitudes to be influencing the health benefits of breastfeeding. An American study conducted by Cross-Barnet et al (2012) found that mothers experienced: hostility; negative attitudes; and inconsistent advice. Rolins et al (2016) valued the support from professionals who were non-judgemental and helped them reach their own decisions.

**Influencing factors**

Breastfeeding can be considered a natural and cultural norm in communities where it is expected. (Larsen and Kronborg, 2012). Conversely, in communities where breastfeeding is low, breastfeeding can be considered 'abnormal' (Brown, Raynor and Lee, 2011). Women who have to give up breastfeeding can feel disempowered and guilty (Larsen and Kronborg, 2012; Brown, Raynor and Lee, 2011). Influence from family and friends is recognised as a key factor in deciding to breastfeed and its continuation (Hoddinott et al, 2012).

**Summary**

Current evidence is inconclusive about which interventions to support breastfeeding are most effective (Sinha et al, 2015; Renfrew et al, 2015). This could be attributed to the wide variance in: health care internationally; professional and peer support available; cultural norms; and the heterogeneity of interventions used (Hoddinott et al, 2016). There is however evidence to suggest that women who are supported by those who receive Baby friendly education, are more likely to breastfeed for longer (Sinha et al, 2015). The following recommendations are specifically for health visitors, recognising their crucial role in supporting women to breastfeed (Cowley et al, 2013) and the recommendations detail ways in which health visitors can work at individual, community and strategic levels to promote, support and breastfeed (UNICEF, 2015).

**References**


Newburn, D. (2015) ‘Valued the support from professionals who wine, face to face contact is likely to be more successful (Renfrew et al, 2012), which is supported by many other studies (Fox, McMullen and Newburn, 2015).’

**Conclusion**

Breastfeeding has benefits for infants, mothers and society (UNICEF, 2015). Literature suggests that the attitudes of health professionals alongside the women’s own beliefs can influence breastfeeding initiation and continuation (Brown, Raynor and Lee, 2011; Whelan et al, 2011). Rolins et al (2016), however, over the last decade breastfeeding rates in Scotland have not increased (Information Services Division Scotland (ISD), 2016). There is a crucial role in supporting women to breastfeed (Cowley et al, 2013) and the recommendations detail ways in which health visitors can work at individual, community and strategic levels to promote, support and breastfeed (UNICEF, 2015).