

SPOTLIGHT ON INFANT FEEDING CARE IN ENGLAND



We asked health professionals about how changes to services were affecting their ability to implement the Baby Friendly standards. This is what **111 infant feeding leads across England** told us.

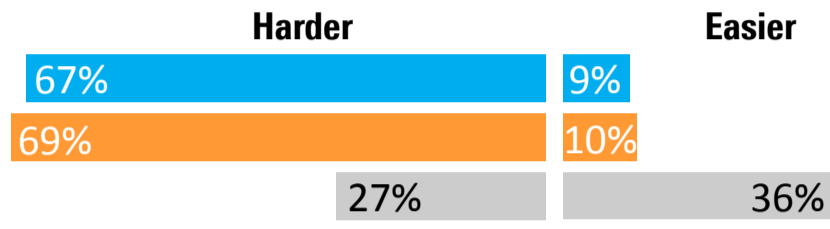
The results explained

All the Baby Friendly standards need to be implemented in order for families to receive effective care - but the results show significant variation between standards, across **maternity, community** and **neonatal** services, and across different regions. The findings highlight the need for leadership at a national level to ensure consistency of care for all women.

- Where the standards are **new**, they are **prioritised by Trusts**, making them **easier** to implement e.g. neonatal standards and specialist services.
- Where the standards are already a **part of normal care**, they are **easier** to continue e.g. skin-to-skin.
- Where the standards take **extra time** they are deprioritised due to a **lack of resources**, making them **harder** to implement e.g. antenatal conversations.
- Where there is a **lack of resources and staff time**, as well as **complex health needs**, the standards are **harder** to implement even in a Baby Friendly accredited service.

Conversations in the antenatal period

Harder in **maternity** and **community** services because of:



- Less staff time
- Fewer resources

Easier in **neonatal** services thanks to:

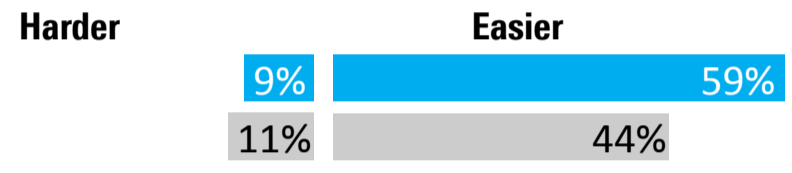
- Better staff training
- Greater prioritisation by trust
- More specialist neonatal roles

“Health visiting staff are expected to have an antenatal contact with all mums to be; however the increased workload due to staff leaving the service means that these visits are not being arranged or completed.”

Skin-to-skin after birth

Easier in **maternity** and **neonatal** services thanks to:

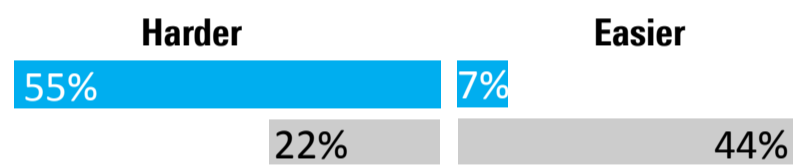
- Better staff training
- Greater prioritisation by Trust (maternity)
- More specialist neonatal roles



Support to start breastfeeding

Harder in **maternity** services because of:

- Less staff time
- Fewer resources



Easier in **neonatal** services thanks to:

- More resources
- More specialist neonatal roles
- Better staff training

“Shorter stays in hospital, midwives too busy to support breastfeeding, minimal breastfeeding support role in hospital.”

Support to express within two hours of birth on neonatal unit

Split view:

Harder because of:

- Less staff time

Easier because of:

- Better staff training



Close and loving relationships

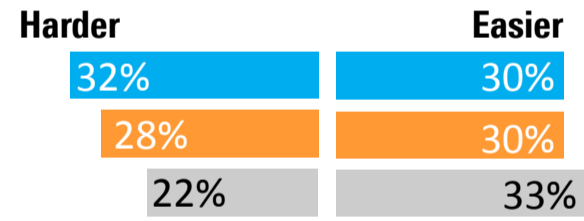
Split view:

Harder because of:

- Less staff time

Easier because of:

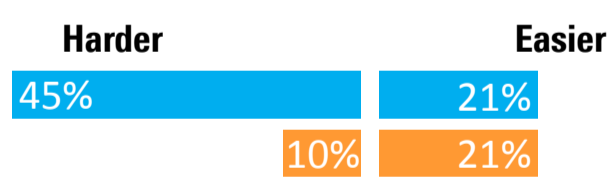
- Better staff training
- Greater prioritisation by Trust
- More specialist neonatal roles
- More resources on neonatal units



Early days breastfeeding support

Harder in **maternity** services because of:

- Less staff time



Support for formula feeding

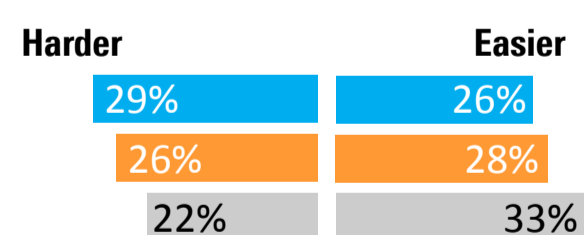
Split view:

Harder because of:

- Less staff time

Easier because of:

- Better staff training



Support for challenges with feeding

Split view:

Harder because of:

- Less specialist staff time
- Fewer specialist staff roles

Easier because of:

- More specialist staff time
- More specialist staff roles



Support to sustain breastfeeding

Harder in **maternity** and **community** services because of:

- Less funding for community services
- Fewer local support services



“The funding for peer support has been drastically cut and we are just about keeping it going by taking on more work for coordinating over and above our general maternity work.”

FIND OUT MORE: UNICEF.UK/BFICALLTOACTION

Findings collected May 2018