

# 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.

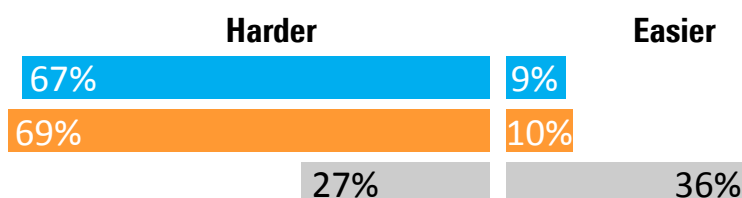
## Conversations in the antenatal period

**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

**Harder**




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## Support to start breastfeeding

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

- Less staff time
- Fewer resources

**Harder**



**Easier**



**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.”*

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## Support to express within two hours of birth on neonatal unit

**Split view:**

**Harder**

**Easier**



**Harder** because of:

- Less staff time

**Easier** because of:

- Better staff training

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## Close and loving relationships

**Split view:**

**Harder**

**Easier**



**Harder** because of:

- Less staff time

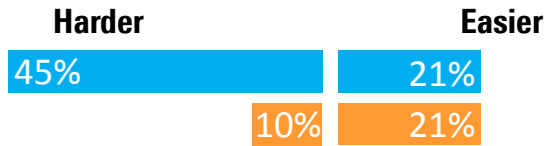
**Easier** because of:

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

## Early days breastfeeding support

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

- Less staff time

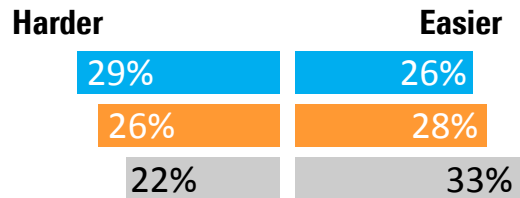


## Support for formula feeding

**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.”*

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