UNICEF UK BABY FRIENDLY INITIATIVE LEARNING OUTCOMES CHILDREN'S NURSING STUDENTS



INTRODUCTION

Welcome to the new Unicef UK Baby Friendly Initiative learning outcomes for children's nursing students. These learning outcomes are intended to set a standard for the level of knowledge and understanding of infant feeding that could be reasonably expected of a newly qualified children's nurse. They are designed to be incorporated into children's nursing students' undergraduate curricula.

This is part of a suite of learning outcomes setting standards for the undergraduate courses of relevant healthcare practitioners who care for new babies, their mothers and families in UK public services.

BACKGROUND TO THE BABY FRIENDLY INITIATIVE

The Baby Friendly Initiative is a World Health Organization / Unicef accreditation programme designed to improve practice within healthcare settings in relation to infant feeding and parent-infant relationship building.

It sets standards for maternity, neonatal and community services and provides internal audit and external assessment to measure progress and sustainability over time. Services meeting the standards receive the prestigious Baby Friendly accreditation award, recognising their excellent practice.

The programme's work to support breastfeeding is based on extensive and resounding evidence that breastfeeding saves lives, improves health and cuts costs in every country worldwide, rich and poor alike. However, breastfeeding is an emotive issue in the UK, because so many families have not breastfed, or have experienced the trauma of trying very hard to breastfeed and not succeeding. To ensure best outcomes for babies, their mothers and families, we



must work to remove the myriad of barriers to breastfeeding in the UK – social, cultural, economic, physical and practical – to help mothers to breastfeed for as long as they wish.

A key part of this involves improving healthcare support around infant feeding. Our work has helped support this provision in maternity and community services, requiring that all qualified health professionals in Baby Friendly accredited services are educated to provide evidence-based and effective infant feeding support.

There is strong evidence for the Baby Friendly programme as a key intervention for supporting breastfeeding.² Studies looking at the impact on UK breastfeeding rates have shown that giving birth in a Baby Friendly facility increases breastfeeding initiation.^{3,4} International studies have also shown a positive impact of Baby Friendly on breastfeeding initiation and duration, including in the US,^{5,6} Turkey,⁷ Switzerland,⁸ Belarus⁹ and in multi-country studies.^{10,11}

The Baby Friendly programme is recommended in numerous government and policy documents across all four UK nations, including National Institute for Health and Care Excellence (NICE) guidance, 12 the 2019 NHS Long Term Plan for England, 13 Scotland's Improving Maternal and Infant Nutrition: A Framework for Action, 14 Northern Ireland's Breastfeeding – A Great Start: A Strategy for Northern Ireland 2013-2023 and the All Wales Breastfeeding Action Plan 2019-2024.



EXPANSION OF THE PROGRAMME INTO UNIVERSITIES

As the Baby Friendly programme became more established in health services, it was realised that this progress could be better supported if newly qualified health professionals entered the workplace already having a strong foundation of knowledge about infant feeding.

As a result, the Baby Friendly university programme was established, initially setting standards and learning outcomes for undergraduate midwifery and health visiting/public health nursing courses. These courses can progress to full Baby Friendly accreditation by undertaking internal audit and external assessment, using a similar process as that provided for healthcare settings.

FURTHER DEVELOPMENT OF THE UNIVERSITY PROGRAMME: THE NEW LEARNING OUTCOMES

Building on this success, we have now developed a suite of learning outcomes for other courses including for medical, pharmacy, dietetic and children's nursing students.

These learning outcomes were developed by relevant clinical and academic experts to articulate the minimum knowledge and understanding it would be reasonable to expect from a health professional at the point of qualification. The aim is for students to gain an understanding of infant feeding, how to support it in practice, and how to access further learning.

Supporting materials such as slide sets are planned. While there are no plans to provide full assessment and accreditation for these courses at this time, it is hoped that the learning outcomes will provide a stimulus to universities to start to consider what should be covered in relevant curricula and then to take action to make that a reality.

We still have a long way to go before the health service as a whole, from doctors to dieticians to pharmacists, is enabled to support families effectively. However, with these new learning outcomes we hope to move in the right direction; towards an environment in which all families receive consistent infant feeding support and guidance throughout their whole journey in the health service.

FURTHER READING

- Guide to the Baby Friendly standards in health services: unicef.uk/babyfriendly-standards
- Guide to the Baby Friendly standards in preregistration midwifery and health visiting university courses:
 - unicef.uk/babyfriendly-university-standards
- About Baby Friendly: unicef.org.uk/babyfriendly/about/
- Evidence for the Baby Friendly standards: unicef.uk/babyfriendlyevidence

THE LEARNING OUTCOMES

The learning outcomes are grouped into three broad themes that cover the essentials of infant feeding.

1. THE VALUE OF HUMAN MILK AND BREASTFEEDING

The value of human milk and breastfeeding for the short and long term health outcomes of babies and their mothers is well established. 1,17,18,19,20 It protects children from a vast range of illnesses including infection, diabetes, asthma, heart disease and Sudden Infant Death Syndrome (SIDS), as well as obesity, a major public health priority. 21,22,23,24 For mothers, breastfeeding protects against breast and ovarian cancers and heart disease. 1,25,26,27 In addition, it supports the mother-baby relationship and the mental health of both baby and mother. 28,29

2. SUPPORTING INFANT FEEDING

Whilst the Baby Friendly Initiative has made strong progress in improving care in maternity

and community services, there are gaps in support provision beyond these services, and rates remain lower than in many other high income countries.³⁰ In the UK, most women want to breastfeed but many face difficulties early on and eight out of ten stop before they want to.³¹ It is vital that all relevant health professionals understand how breastfeeding works and how to support the initiation and continuation of breastfeeding effectively. It is also important that they have the knowledge and skills to offer evidenced-based and practical support when babies are not breastfed.

3. INFANT FEEDING IN CONTEXT

Infant feeding in the UK is a highly contentious and controversial issue, influenced by commercial, social, cultural and political factors. Understanding the context in which babies are fed supports health professionals to be empathic and realistic in their communication and support.

THEME 1: THE VALUE OF HUMAN MILK AND BREASTFEEDING

- 1 Be aware of the main constituents of human milk and their function
- 2 Appreciate the importance of human milk and breastfeeding to health and wellbeing outcomes for infants, their mothers and the wider family.

THEME 2: SUPPORTING INFANT FEEDING

- 3 Understand the anatomy and physiology of lactation
- Be able to describe the key practices that facilitate the initiation and maintenance of breastfeeding
- 5 Have the knowledge and skills to support mothers and babies to maximise breastmilk and breastfeeding, to continue to breastfeed for as long as they wish and to introduce solid foods appropriately
- 6 Be able to apply their knowledge of physiology and the principle of reciprocity to support all mothers to keep their babies close and to respond to their cues for feeding and comfort
- Understand the circumstances which can affect lactation and breastfeeding, and be able to support mothers to overcome the challenges and make appropriate referrals when necessary
- Be able to support parents who formula feed to do so responsively and as safely as possible.

THEME 3: INFANT FEEDING IN CONTEXT

- Oevelop an understanding of the importance of secure mother-infant attachment and the impact this has on health and emotional wellbeing, irrespective of feeding method
- Be able to apply their knowledge of effective communication to initiate sensitive, mother-centred conversations with new mothers and their families
- Appreciate the wider social, cultural and political influences on infant feeding
- Understand the importance of the WHO International Code of Marketing of Breastmilk Substitutes and subsequent WHA Resolutions (the Code) and how it impacts on practice.

CURRICULUM DEVELOPMENT

Below are the key topic areas to be included in order to cover each theme and enable the students to meet the learning outcomes. A mapping exercise can help the university to assess how far the topics are already covered and assessed in the curriculum, and to identify and plan for any additions to modules or design alternations needed.

It is important to ensure that the learning outcomes are covered in sufficient detail to enable the students to effectively implement the Baby Friendly standards in practice. Formal or informal assessment of the students' learning against the learning outcomes is highly recommended in order to ensure that the teaching content and methods have been effective.

In the future we will be making teaching materials available to assist lecturers to enable students to meet these learning outcomes, including a slide pack to help lecturers deliver the content to students.



THEME 1: THE VALUE OF HUMAN MILK AND BREASTFEEDING

LEARNING OUTCOMES

- Be aware of the main constituents of human milk and their function
- Appreciate the importance of human milk and breastfeeding to health and wellbeing outcomes for infants, their mothers and the wider family.

TOPICS

- Constituents of human milk including colostrum and mature breastmilk
- Protective and developmental functions including the effect on the immune system, microbiome, developmental programming and growth
- The role of human milk and breastfeeding in improving the health and wellbeing outcomes of infants, their mothers and the wider family and in promoting and protecting public health.

THEME 2: SUPPORTING INFANT FEEDING

LEARNING OUTCOMES

- Understand the anatomy and physiology of lactation
- Be able to describe the key practices that facilitate the initiation and maintenance of breastfeeding
- Have the knowledge and skills to support mothers and babies to maximise breastmilk and breastfeeding, to continue to breastfeed for as long as they wish and to introduce solid foods appropriately
- Be able to apply their knowledge of physiology and the principle of reciprocity to support all mothers to keep their babies close and to respond to their cues for feeding and comfort
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- Be able to support parents who formula feed to do so responsively and as safely as possible.

TOPICS

- Functional anatomy of the breast
- Physiology of lactation and hormonal influences on milk production and mothering and the role of the Feedback Inhibitor of Lactation (FIL)

- Importance of skin-to-skin contact to support breastfeeding and mothering (for all mothers irrespective of feeding type) and how to facilitate this within practice
- Responsive breastfeeding and how mothers and babies develop a reciprocal relationship when they remain close
- How a baby breastfeeds understanding principles and mechanisms of attachment and positioning for effective feeding
- Recognising effective breastfeeding; assessing milk production and milk transfer
- Supporting breastfeeding mothers to maximise the amount of breastmilk their baby receives and protecting breastfeeding should supplementation be required
- How hospitalisation can impact on maternal confidence in her ability to feed and care for her baby
- Overview of common breastfeeding challenges including appropriate referral
- Expression and storage of breastmilk to include hand and pump expression technique
- Responsive bottle feeding, including how to hold a baby during a bottle feed and how to pace the feeds
- Supporting parents who are bottle feeding to minimise the risks, to make up feeds safely and understand how to sterilise equipment
- For mothers who are formula feeding, know how and where to access independent information on infant formula
- Continued breastfeeding and the timely and appropriate introduction of other foods into the diet.

THEME 3: INFANT FEEDING IN CONTEXT

LEARNING OUTCOMES

- Develop an understanding of the importance of secure mother-infant attachment and the impact this has on health and emotional wellbeing, irrespective of feeding method
- Be able to apply their knowledge of effective communication to initiate sensitive, mother-centred conversations with new mothers and their families
- Appreciate the wider social, cultural and political influences on infant feeding
- Understand the importance of the WHO International Code of Marketing of Breastmilk Substitutes and subsequent WHA Resolutions (the Code) and how it impacts on practice.

TOPICS

- Overview of attachment theories and the importance of love and nurture on infant brain development
- Importance of compassionate, sensitive and effective communication. To include theory and practice
- Working with others in a multidisciplinary environment to support infant feeding, including appropriate referral
- Overview of infant feeding culture in the UK, social patterns and what has influenced changing breastfeeding rates in the UK and worldwide – including relevant data and the effect on health inequalities
- The WHO International Code of Marketing of Breastmilk Substitutes and subsequent resolutions and how they impact all infant feeding practices and their own sphere of practice
- Where to access evidence-based resources, applying theory to practice and implications for current children's nursing practice.

REFERENCES

- 1 Victora C., et al (2016). Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. The Lancet, 387, 475–490
- 2 Unicef UK (2012) The evidence and rationale for the Unicef UK Baby Friendly Initiative standards, unicef.uk/babyfriendlyevidence.
- 3 Bartington, S., et al. (2006). Are breastfeeding rates higher among mothers delivering in Baby Friendly accredited maternity units in the UK. Int. J. Epidemiol 35.
- 4 Broadfoot, M., et al. (2005). The Baby Friendly Hospital Initiative and breast feeding rates in Scotland. ADC Fetal and Neonatal Edition, 90, F114-F116
- 5 Merewood, A., et al. (2007). Breastfeeding duration rates and factors affecting continued breastfeeding among infants born at an inner-city US Baby-friendly hospital. JHL, 23, 157-164.
- 6 Philipp, B., et al. (2001). Baby-Friendly Hospital Initiative improves breastfeeding initiation rates in a US hospital setting. Pediatrics, 108(3), 677-681
- 7 Duyan Camurdan, A., et al. (2007). The effect of the babyfriendly hospital initiative on long-term breast feeding. Int. J. Clin. Pract., 61(8), 1251-1255.
- 8 Merten, S., et al. (2005). Do Baby-Friendly Hospitals influence breastfeeding duration on a national level? Pediatrics, 116, e702-e708.
- 9 Kramer, M., et al. (2001). Promotion of Breastfeeding Intervention Trial (PROBIT): A randomized trial in the Republic of Belarus. J. Am. Med. Assoc., 285(4), 413-420.
- 10 Abrahams, S., & Labbock, M. (2009). Exploring the impact of the Baby-Friendly hospital initiative on trends in exclusive breastfeeding. Int. Breastfeed. J., 4(11).
- 11 Perez-Escamilla, et al. (2016). Impact of the Baby-friendly Hospital Initiative on breastfeeding and child health outcomes: a systematic review. Matern. Child Nutr., 12, 402-417.
- 12 Unicef UK Baby Friendly Initiative, Breastfeeding in England unicef. org.uk/babyfriendly/about/breastfeeding-in-the-uk/breastfeeding-in-england/
- 13 The NHS Long Term Plan (2019) longtermplan.nhs.uk/publication/nhs-long-term-plan/
- 14 Unicef UK Baby Friendly Initiative, Breastfeeding in Scotland unicef. org.uk/babyfriendly/about/breastfeeding-in-the-uk/breastfeeding-in-scotland/
- 15 Unicef UK Baby Friendly Initiative, Breastfeeding in Northern Ireland unicef.org.uk/babyfriendly/about/breastfeeding-in-the-uk/ breastfeeding-in-northern-ireland/
- 16 All Wales Five Year Action Plan 2019 gov.wales/breastfeedingplan-2019-2024

- 17 Sankar, M., et al. (2015). Optimal breastfeeding practices and infant and child mortality: a systematic review and meta-analysis. Acta Paed., 104(S467), 3-13.
- 18 Horta, B., & Victora, C. (2013). Long-term effects of breastfeeding. Geneva: WHO.
- 19 Rollins, N., et al. (2016). Why invest, and what it will take to improve breastfeeding practices? The Lancet, 387, 491-504.
- 20 Binns, C., et al. (2016). The Long-term public health benefits of breastfeeding. Asia-Pacific Journal of Public Health, 28(1), 7-14.
- 21 Ajetunmobi OM, Whyte B, Chalmers J et al (2014) Breastfeeding is Associated with Reduced Childhood Hospitalization: Evidence from a Scottish Birth Cohort (1997-2009) The Journal of Pediatrics. jpeds. com/article/S00223476(14)01065-8/fulltext
- 22 NICE (2014) Public Health Guidance 11: Improving the nutrition of pregnant and breastfeeding women and children in low-income households, Quick Reference Guide: Maternal and child nutrition. Issued March 2008 (updated September 2014).
- 23 Vennemann, MM, Bajanowski, T, Brinkmann, B, Jorch, G, Yücesan, K, Sauerland, C, & Mitchell, EA (2009), "Does breastfeeding reduce the risk of sudden infant death syndrome?" Pediatrics, 123(3), e406–10. pediatrics.aappublications.org/content/123/3/e406
- 24 Rito A.I.a · Buoncristiano M.b · Spinelli A.c · Salanave B et al (2019) Association between characteristics at birth, breastfeeding and obestity in 22 countries: The WHO European childhood obesity surveillance Initiative – COSI 2015/2017. Obes Facts 2019; 12:226– 243 doi.org/10.1159/000500425
- 25 Luan NN, Wu QJ, Gong TT, Vogtmann E et al. Breastfeeding and ovarian cancer risk: a meta-analysis of epidemiologic studies. American Journal of Clinical Nutrition 2013; 98 (4): 1020–31.
- 26 WCRF/AICR (2009) Policy and Action for Cancer Prevention: Food, Nutrition, and Physical Activity: a Global Perspective, Washington DC, AICR.
- 27 Acta Paediatrica (2015) Special Issue: Impact of Breastfeeding on Maternal and Child Health, December, Volume 104, Issue Supplement S467, Pages 1–134.
- 28 Del Bono, E, & Rabe, B (2012) Breastfeeding and child cognitive outcomes: Evidence from a hospital-based breastfeeding support policy. ISER Working Paper Series: 2012-29 iser.essex.ac.uk/research/publications/working-papers/iser/2012-29
- 29 Brown, A, et al (2015) Understanding the relationship between breastfeeding and postnatal depression: the role of pain and physical difficulties. Journal of Advanced Nursing, DOI: 10.1111/jan.12832
- 30 World Breastfeeding Trends Initiative. (2016). WBTi UK 2016 Report.
- 31 McAndrew, F., et al. (2012). Infant Feeding Survey 2010. London: HSCIC.

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