

UNICEF UK BABY FRIENDLY INITIATIVE REQUIRED BREASTFEEDING DATA FOR NEONATAL UNITS

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BACKGROUND

The UK Committee for UNICEF (UNICEF UK) Baby Friendly Initiative programme for neonatal units was launched in 2015 in order to support infant feeding practice and parent-infant relationships and to improve outcomes for some of the UK's most vulnerable babies.

This document outlines the minimum required data to support Baby Friendly assessments of neonatal units and guidance on how to collect this data.¹

The Baby Friendly standards require the ongoing monitoring of breastfeeding and breastmilk feeding data to inform action planning and to support units to improve care for breastfeeding mothers.

Most neonatal units in the UK currently capture data using the *BadgerNet* database. UNICEF UK has worked with *BadgerNet* to allow the relevant data to meet the standards* for Baby Friendly accreditation to be collected via both clinical summary and electronic patient record systems. A full report is also available.

Neonatal units across the UK are very different and direct comparisons between units do not provide an accurate picture of progress against Baby Friendly standards. However, tracking data over time *within* a unit allows them to monitor progress and identify areas for improvement.

THE UNICEF UK BABY FRIENDLY INITIATIVE NEONATAL STANDARDS

- 1. Supporting parents to have a close and loving relationship with their baby
- 2. *Enabling babies to receive breastmilk and to breastfeed when possible
- 3. Valuing parents as partners in their baby's care.

Baby Friendly Initiative guidance for neonatal units: unicef.uk/neonatalguidance

¹ The minimum data requirements were developed with neonatal expertise and piloted in eight neonatal units across the UK providing different levels of care. Further details of this pilot are available on request.

GUIDANCE FOR NEONATAL UNITS

Aim: The minimum data requirements for Baby Friendly standards are intended to ensure that units can effectively monitor their own progress towards Baby Friendly accreditation and demonstrate this at assessment.

Context: In setting the minimum data requirements, we recognise that neonatal units across the UK face challenges in attributing outcomes for babies in their care, particularly where babies move between units. Data is therefore only intended for tracking outcomes within the unit over time. Consistency in recording is essential to make this tracking useful.

Inclusions: The minimum data requirement should include *all* babies admitted to a neonatal unit, regardless of gestation, condition, or length of stay. The data collection fields are designed to be applicable to all levels of a neonatal unit, including those offering neonatal surgery. Definitions are deliberately broad to capture:

- any breastmilk expression
- any use of human milk
- any breastfeeding.

MINIMUM DATA REQUIREMENTS:

DATA COLLECTION ON ADMISSION TO THE UNIT:

- Percentage of mothers expressing breastmilk during the first 24 hours following their baby's **admission** to the neonatal unit
- Percentage of babies who receive human milk in the first 24 hours following **admission** to the neonatal unit

Calculation

Number of mothers expressing divided by total number of mothers on the unit, multiplied by 100

Number of babies receiving any human milk, divided by total number of babies on the unit, multiplied by 100

DATA COLLECTION ON DISCHARGE FROM THE UNIT:

- Percentage of babies receiving human milk when they leave the unit
- Percentage of mothers expressing breastmilk when their baby **leaves** the unit*
- Percentage of mothers breastfeeding their baby when they leave the unit*

Calculation

Number of babies receiving any human milk, divided by total number of babies leaving the unit, multiplied by 100

Number of mothers expressing breastmilk, divided by total number of mothers leaving the unit, multiplied by 100

Number of mothers breastfeeding, divided by total number of mothers leaving the unit, multiplied by 100

*Mothers may be counted in both these categories if they are both breastfeeding and expressing.

DESCRIPTORS

Admission: Any baby admitted to the unit for any episode of care, including babies born in the hospital, those transferred in from other units and those re-admitted, even if they have been admitted previously.

24 hours following admission: The first 24 hours from time of most recent admission.

Breastfeeding: Putting baby to breast, regardless of quality of breastfeed.

Expression: Mother expressing her breastmilk by hand or pump, any frequency or volume of milk.

Human milk: Mother's own fresh or frozen colostrum, mother's own fresh or frozen breastmilk, or donor milk.

Neonatal unit: One neonatal unit of any level and any size. Transitional care should only be included if this is entirely managed and staffed by the neonatal unit.

Leave the unit: Discharge into the community **or** transfer to another unit, even if expected to return (this would be counted as a new admission).

SUBMITTING THE DATA

Neonatal units who are working towards Baby Friendly accreditation will be asked to submit data as detailed above.

This data is available through *BadgerNet* for both clinical summary and electronic patient record systems. A full report is also available.

Neonatal units seeking accreditation must submit the relevant data with applications for assessment. The data will be included in the UNICEF UK Baby Friendly Initiative assessment reports and associated documentation.



FREQUENTLY ASKED QUESTIONS BY STAFF TAKING PART IN THE PILOT STUDY

Question	Answer
Some mothers are not successful at expressing initially. If they are attempting but obtaining no colostrum, would this be included?	Yes, this would be included in required data point 1.
Babies may be nil-by-mouth but may be receiving buccal colostrum. Would this be included in point 2?	Yes, the baby is receiving breastmilk.
Should babies who are admitted to the unit, but who are not well enough to be breastfeeding, be opted out of point 1?	These babies would be listed as No on point 1. If this number became significant, this should be detailed in the additional information.
There are some babies who are ward attenders, not admissions. Should they be recorded?	No, if babies are attending for review and are not admitted for care under the neonatal unit in the hospital's admission system, they should not be included in the data collection.
Could babies who are nil-by-mouth skew the data?	In each unit there will be similar numbers of babies admitted who are nil-by-mouth each year. As long as this data is consistently recorded, this will not affect the validity of this data for tracking over time.
We do not routinely document when the mother starts expressing?	This is an important aspect of initiating lactation and therefore should be monitored and recorded under points 1 and 4. The support provided for mothers who are expressing is an important element of care that will enable mothers to maximise their milk production. Therefore, this data should be collected.
Should babies who are cared for in transitional care be included?	Transitional care should be included only if this is entirely managed and staffed by the neonatal unit.
The collection of data is from 24 hours after admission, not birth?	Only the data after admission to your unit should be recorded, as this is what is affected by the care offered in the unit. These criteria were designed to enable all units to record care which has happened within 24 hours of the family coming into their care, recognising that babies do not always come into a unit straight after birth.
Regarding points 4 and 5, there will be many mothers who only fit in one category or the other. Should there be a rephrasing of the questions to ensure less 'no' answers?	No, the data should be recorded accurately for both, even if this includes a lot of 'no' answers. The data collected is to monitor care improvements in both these categories over time, within the unit.

FIND OUT MORE: UNICEF.ORG.UK/BABYFRIENDLY