THE BABY FRIENDLY INITIATIVE

unicef UNITED KINGDOM

GUIDE TO THE UNICEF UK BABY FRIENDLY INITIATIVE

STANDARDS FOR HOSPITAL-BASED CHILDREN'S SERVICES

FOREWORD

We hear time and again how stressful and emotionally difficult it can be for families when their baby is admitted to hospital. Whether it is a short admission for a relatively simple intercurrent problem or a longer admission for what may turn out to be a long-term health problem, families can find themselves in nerve-wracking situations where calm and consistent support and advice from staff is crucial.

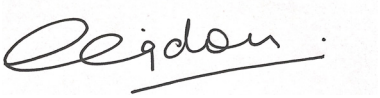
Part of the support we give families in hospital when a small baby is admitted relates to feeding. Whether the baby is on the neonatal unit, in the emergency department or admitted to the paediatric wards, parents need all staff to give sensible, evidence-based information and support about feeding and this needs to be consistent across the whole patient journey. This is necessary for all infants, but particularly important for those who are breastfed or partially breastfed so that they can continue breastfeeding and/or receiving breastmilk. There is nothing more frustrating and unnerving for parents than when inconsistencies are evident.

Hospitals are complex organisations with large numbers of staff who have varying levels of experience and confidence with regards to feeding information and support for babies and very young children. Nevertheless, there should be standards of care which carry seamlessly across the various different departments, services and job roles. The UNICEF UK Baby Friendly Initiative standards for hospital-based children's services seek to do this.

These standards are applicable to all hospital settings providing care for babies under one year of age and/or any baby or child who is breastfeeding beyond one year of age who requires hospital care outside of maternity and neonatal services.

The Baby Friendly Initiative is a global programme of UNICEF and the World Health Organization which aims to improve practice for infant feeding in healthcare settings. In the UK, it has been in operation for over 20 years and have has been very successful in bringing about positive change in the routine care of babies, their mothers, parents and families. The programme is well-established in maternity and health visiting services, neonatal units, children's centres and universities. Now it is time to expand this positive progress for more babies and young children.

As President of the Royal College of Paediatrics and Child Health, I am proud to be part of an organisation that is leading the way in children's health. Part of our work is advocating for children's health across other organisations, and I am delighted to provide support for UNICEF UK as part of the Baby Friendly Initiative standards for hospital-based children's services. By striving to embed universal standards, we can work together to promote, protect and support breastfeeding and relationship building and ensure that parents are treated as partners in the care of their infant.



Dr Camilla Kingdon
President
Royal College of Paediatrics and Child Health (RCPCH)

INTRODUCTION

OVERVIEW:

This guidance document provides support for those tasked with implementing the UNICEF UK Baby Friendly Initiative standards for hospital-based children's services. These standards are applicable to all hospital settings providing care for babies under one year of age and/or any baby or child who is breastfeeding beyond one year of age who requires hospital care outside of maternity and neonatal services.

This document also includes strategies for implementing the standards and aims to provide a 'road map' for the journey towards Baby Friendly accreditation.

BACKGROUND:

The Baby Friendly Initiative is a global programme of UNICEF and the World Health Organization which aims to improve practice for infant feeding in healthcare settings. Introduced in the UK in 1994, Baby Friendly has been very successful in bringing about positive change in the routine care of babies, their mothers and families. The programme is well-established in maternity and health visiting services, neonatal units, children's centres and universities which provide pre-registration education for relevant health professionals. Baby Friendly is also recognised and recommended in government and policy documents across all four UK nations, including the National Institute for Health and Care Excellence.

In 2012 Baby Friendly underwent a major review, resulting in the expansion of the standards to cover holistic care for all babies, their mothers and families. This included standards for babies who are not breastfed and new standards related to supporting parents to build close and loving relationships with their baby.

In response to calls from health professionals, voluntary sector workers and parents to improve infant feeding and early relationship building in all relevant UK public services, Baby Friendly has developed these standards which are available to use in all settings outlined in this document. The standards have been produced alongside an associated audit and assessment tool and have been reviewed by an expert consensus group following external consultation.

PRINCIPLES:

Children's hospitals and children's wards frequently care for babies and their families. However, these environments can often lack policies which address the Baby Friendly standards and/or staff training and education which promote breastfeeding and relationship building. This can result in a lack of understanding of how best to support families to feed and care for their baby in ways that will optimise infant health and wellbeing.

Therefore, whilst staff in these settings may have limited exposure to caring for young babies and may therefore see exclusive or partial breastfeeding infrequently, it is important that ***all*** staff who provide ***any*** care for babies, their mothers and families receive training appropriate to their role and are supported to understand the importance of infant feeding and relationship building, what good care looks like, how to support parents, and when to refer for specialist care

To enable this, relevant services should have policies and guidelines which support the hospital-based children's services standards and a robust infant feeding referral pathway in place which includes access to specialist care when this is required.

Over time, implementation of these standards will support improvements in care, with particular attention to the consistency of information and support that families experience from their healthcare providers in relation to infant feeding and relationship building.

ADDITIONAL INFORMATION:

Hospital-based children's services care for families at various stages of an infant's feeding and emotional development journey. It is therefore essential that parents are treated as partners in the care of their infant and that their wishes relating to feeding and care are fully incorporated and supported by the multi-disciplinary team.

All services are required to adhere to the World Health Assembly International Code of Marketing of Breastmilk Substitutes and subsequent resolutions (the Code) and permit no advertising for breastmilk substitutes, bottles, teats, or dummies anywhere in the service or by any of the staff.

LEARN MORE ABOUT THE CODE

- The UNICEF UK Baby Friendly Initiative's Guide for Health Professionals to Working Within the Code

WHO ARE THE STANDARDS FOR?

The hospital-based children's services standards are intended for the following settings:

- Standalone children's hospitals
- Children's wards within general or specialist hospitals
- Outpatient and accident and emergency departments.

The standards aim to support all babies up to one year of age and any baby or child who is breastfeeding beyond one year of age. For example, they will be applicable when:

- young babies are admitted with challenges related to breastfeeding, bottle feeding (expressed breastmilk or infant formula) or introduction of solid foods
- babies are admitted because of illness, e.g. infections, metabolic disorders, surgery, etc. where infant feeding may be affected
- babies are receiving care for more complex issues requiring longer-term care. This this is usually in specialist services and particularly where infant-parent relationships may be impacted.

GETTING STARTED

OVERVIEW:

Implementing the standards for hospital-based children's services is a major change management project which will bring about systemic improvements to care across your service. It is therefore important to take a whole systems approach to the project, including considering how the project will be led within individual services, what roles personnel will undertake, and how to utilise quality improvement tools and resources throughout.

Guidance is provided within this document and further information is found on the Baby Friendly website.

PROJECT STRATEGY GROUP:

It is highly recommended that a senior leadership group is established to oversee and steer implementation of the project. The group should be small enough to ensure that it is effective, whilst also including key representatives of the Trust leadership team who can provide strategic support to progress the project in the right direction.

Membership of the group will depend on the size and complexity of the service, however suggested representatives could include the Head of Service, senior nurse, consultant paediatrician, project lead, maternity or neonatal infant feeding lead(s), a member of a relevant allied profession (e.g. a dietician, speech and language therapist or psychologist), a Baby Friendly Guardian, and a user representative.

The group's purpose should be clearly stated. Terms of reference and agenda setting should take place prior to each meeting, with notes and required actions recorded. An organisational diagram demonstrating reporting structures can also be useful.

Many services already have a Baby Friendly and/or infant feeding project strategy group (or similar) in place due to their work to implement the Baby Friendly standards in other areas of the service. If this is the case, the service may consider working with the existing group to implement and maintain the Baby Friendly standards across all areas of the service.

PROJECT LEAD:

It is strongly recommended that a project lead is appointed who has sufficient project management expertise and focus to support staff through this process. This role will require protected hours, the number of which will vary considerably depending on the size and complexity of the service and the role of the project lead.

When appointing a project lead, it is important to consider whether this person will also continue to provide clinical support, and if not, how staff will continue to access regular, timely support. Additionally, the service should consider the training needs of the project lead, including support relating to updating clinical skills and knowledge, understanding and facilitating project management, providing staff education programmes, and implementing effective auditing processes.

Often an infant feeding coordinator is employed by the Trust's maternity or neonatal unit who is tasked with leading on Baby Friendly in those services. While this person can bring a wealth of knowledge to the project, experience has shown that it is very beneficial to have a dedicated project lead for each specific area seeking Baby Friendly accreditation. This provides the necessary specialist knowledge and skills and an understanding of how the area is run and how the Baby Friendly standards can best be introduced.

BABY FRIENDLY GUARDIAN:

A Baby Friendly Guardian should be identified early on who is willing to provide influence and strategic expertise to the leadership team to steer the project forward. This is usually a member of the Trust's senior leadership and/or management team who represents the project at board level, such as a chief nurse or clinical director.

Although they are not expected to have a 'hands-on' role, the Guardian should be kept informed about the implementation of the standards and should be fully conversant with the requirements of the service. A Guardian can be very helpful in identifying resources and offering support to the project lead and team.

OVERVIEW OF THE UNICEF UK BABY FRIENDLY INITIATIVE STANDARDS

Stage 1: Building a firm foundation

1. Have written policies and guidelines to support the standards.
2. Plan an education programme that will allow staff to implement the standards according to their role.
3. Have processes for implementing, auditing and evaluating the standards.
4. Ensure that there is no promotion of breastmilk substitutes, bottles, teats or dummies in any part of the facility or by any of the staff.

Stage 2: An educated workforce

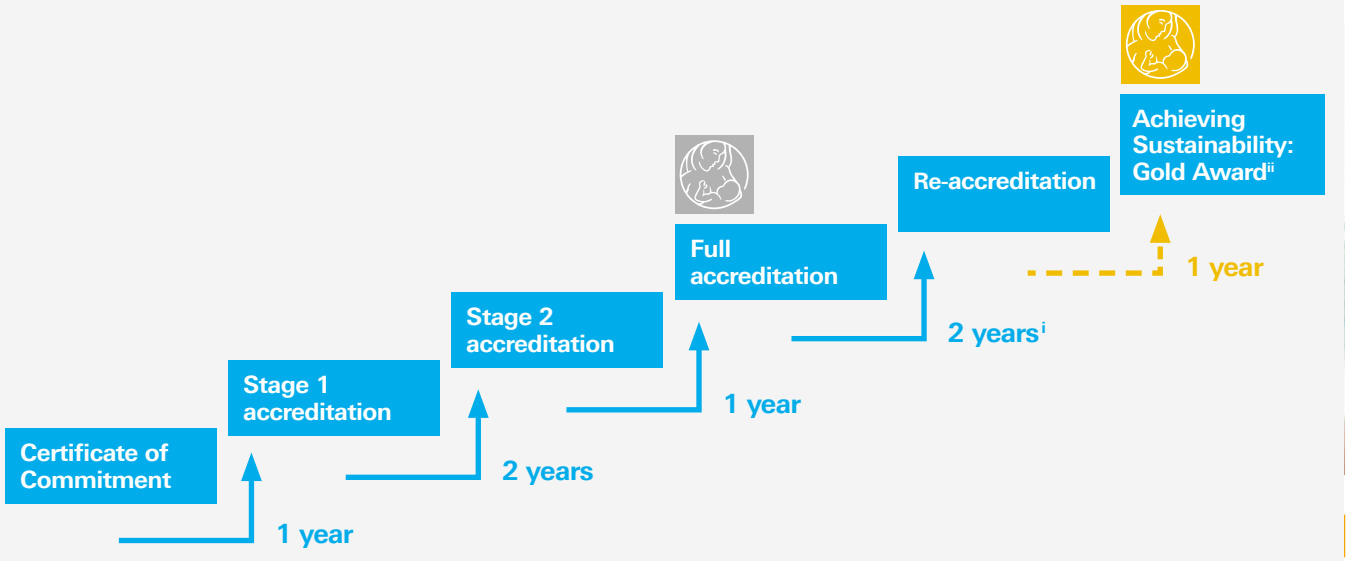
1. Educate staff to implement the standards according to their role and the service provided.

Stage 3: Parents' experiences

1. Enable babies to continue to breastfeed and/or receive breastmilk when possible.
2. Implement evidence-based practices related to giving foods or fluids other than breastmilk.
3. Support close and loving relationships and value parents as partners in care.

A STAGED APPROACH TO ACCREDITATION

ACCREDITATION PROCESS



i Initial re-assessment within two years. Continued re-assessments every three to five years or at a timing decided by the Designation Committee, if not going for the Gold Award.

ii Services can discuss their readiness to go for the Gold Award with the Baby Friendly team.

REGISTER OF INTENT:

Submitting the Register of Intent form indicates that your service intends to begin work towards accreditation and enables UNICEF UK to offer you relevant support and keep you informed with important communication.

PLANNING MEETING:

Baby Friendly provides an optional planning meeting to support the project team with the development of an action plan and infant feeding policy which is suitable for local need. During this meeting, a Baby Friendly assessor will deliver an introductory presentation for the Head of Service and other key staff and will facilitate an action planning session with key workers. Following the meeting the assessor is available to provide support and guidance via phone and email as the action plan is implemented.

Services can arrange a planning meeting following submission of their Register of Intent form by contacting the Baby Friendly office.

ACCESS RESOURCES

- Baby Friendly draft action plan templates
- Guidance on assessments

CERTIFICATE OF COMMITMENT:

The Certificate of Commitment is the first award given by UNICEF UK. It recognises that a service has:

- completed an action plan and submitted this to the UNICEF UK Baby Friendly Initiative office
- adopted an infant feeding policy (or equivalent) that covers all the Baby Friendly standards
- committed to implementing the plan as demonstrated by a completed Certificate of Commitment application signed by the Chief Executive of the Trust.

PLANNING YOUR ASSESSMENTS:

When considering how and when to apply for your service to be assessed, it is recommended that you follow the standard pathway and undergo separate Stage 1, 2 and 3 assessments when internal audit results demonstrate that the standards are being met. Your service may also be eligible to undergo a combined Stage 2 and 3 assessment following a formal Stage 1. *Note: At Stages 2 and 3, audit results will form the basis on when to schedule your assessments.*

The next section of this document details Stages 1, 2 and 3 in more detail.

STAGE 1

BUILDING A FIRM FOUNDATION

1 The criteria below are required for a Stage 1 assessment

- Have written policies and guidelines to support the standards
- Plan an education programme that will allow staff to implement the standards according to their role
- Have processes for implementing, auditing and evaluating the standards, including data collection
- Ensure that there is no promotion of breastmilk substitutes, bottles, teats or dummies in any part of the facility or by any of the staff.

GUIDANCE

The purpose of a Stage 1 assessment is to ensure that all policies, systems, and paperwork are in place in order to provide a solid platform for implementation of the project. It is very important that a commitment is made to completing all the Stage 1 paperwork as this lays the foundation for the project.

Stage 1 guidance, submission documents, and sample resources are available on the Baby Friendly website and provide clear actions to put in place for the assessment process. It is recommended that you download a copy of the Stage 1 application form and guidance well in advance of a Stage 1 assessment, as this will guide you to what is required. An initial or updated action plan can be developed from the gaps identified when completing the Stage 1 application.

STAGE 2

AN EDUCATED WORKFORCE

2

The criteria below is required for a Stage 2 assessment

- Educate all staff to implement the standards according to their role and the service provided.

GUIDANCE

Staff education is key to ensuring that the standards are implemented and practice is improved. Quality training which engages and inspires participants can exert a profound influence over the culture within a service. Time is required to plan an effective training curriculum that is relevant, interesting, fun and enables key learning outcomes to be met. Participants should have an opportunity to discuss, question and unpick issues which will affect their day-to-day working environment. To support this, Baby Friendly have created guidelines for the development of a training curriculum with an outline of key topics to be covered.

PLANNING EFFECTIVE TRAINING:

Commitment from managers to support training is essential. Items such as allocation of preparation time and how staff are to be released to attend training should be agreed at the outset.

Training programmes across services will differ slightly, with each uniquely tailored to staff members' individual learning needs and available resource, including time allocated by the leadership team. Careful consideration should therefore be made to the grades and specialisms of staff (including medical teams) and how training requirements will need to cater accordingly. For example, staff who predominantly care for infants under one year of age will commonly require training which includes practical infant feeding skills, whereas staff who rarely care for infants under one year will require an awareness-type training programme.

A full training programme should also include practical skills reviews (PSR) which include hand expressing, positioning and attachment for breastfeeding and responsive bottle feeding.

Delivery of training will depend on the size and configuration of the service. Larger services may be able to release larger numbers of staff at a time for block training, whereas smaller services may only release small numbers. In some areas, a collaborative training programme may exist with neonatal or midwifery colleagues, and so shorter bolt-on sessions may be all that are required. Some services may lack any training, and so larger amounts of time will need to be allocated to ensure effective learning.

Online virtual training has proven successful in many areas and can be a practical solution when faced with difficulties booking venues or enabling staff to gather together. Regularly updated workbooks, e-learning and other innovative approaches can further support formal training.

A mechanism for keeping accurate and up-to-date records of each staff member's completion of all parts of the training is required. The effectiveness of the training should be monitored through regular audit and any actions noted and followed up in a timely manner.

Once the staff training programme is complete and internal staff audits indicate that at least 80% of staff have developed the necessary skills and knowledge according to their role, a Stage 2 assessment can be undertaken This involves an assessment team interviewing a proportion of your staff to ascertain their skills and knowledge.

STAGE 3

PARENTS' EXPERIENCES OF CHILDREN'S HOSPITAL SERVICES

3 The criteria below are required for a Stage 3 assessment

- Enable babies to continue to breastfeed and/or to receive breastmilk when possible
- Implement evidence-based practices related to giving foods or fluids other than breastmilk
- Support close and loving relationships and value parents as partners in care.

GUIDANCE

A Stage 3 assessment can be carried out when internal parent audits indicate that the standards are being implemented and families are experiencing Baby Friendly care. This requires an assessment team to speak to families who have received/are currently receiving care in your service.

Stage 2 and 3 assessments can be carried out at the same time or can be built into the plans for a reassessment of an already accredited maternity and/or neonatal unit in the same service or building. This will often be decided on an individual basis following discussion with the Baby Friendly team.

MONITORING PROGRESS:

Monitoring implementation of the standards is an ongoing process. The Baby Friendly hospital-based children's services audit tool has been designed for use by those with the knowledge and skills in the Baby Friendly standards to keep staff informed on progress and to support with making decisions relating to timing for external assessments. The tool contains interviews to ascertain staff knowledge and skills which should be completed with families who have received care. Agreed audit processes should be developed to ascertain effectiveness of training packages being implemented locally so that any gaps or weaknesses can be identified and addressed in a timely manner.

It is strongly recommended that a baseline audit of the standards is carried out both at the beginning of the project and intermittently throughout to identify areas which are working well, where progress has been made, and where there is more work to do. This is important as it provides evidence of improvements in outcomes for all the work and investment that is taking place.

Regular audit of staff knowledge and skills is also recommended both during and after the training programme, as this will help to ensure that any adaptations or additional training which may be required can be implemented in a timely manner. As more staff complete the training package, practice in the service should begin to change. Ongoing audit will identify these changes in practice in the longer term.

The Baby Friendly audit tool helps to provide insight into the care experienced by parents and primary caregivers. When selecting families to interview, it is important to avoid bias and choose families with a range of experiences of the hospital-based children's services, e.g. babies of different ages, different lengths of stays in different parts of the service, etc. This will give a rounded picture of how well the standards are being implemented across all the relevant areas.

The following section explains the three standards assessed at Stage 3 in detail, including what they mean for practice and what the Baby Friendly assessment team will be looking for at assessment.

ENABLE BABIES TO CONTINUE TO BREASTFEED AND/OR TO RECEIVE EXPRESSED BREASTMILK WHEN POSSIBLE

For babies requiring care and support from hospital-based children's services, the importance of human milk cannot be overestimated. Human milk supports growth, provides protection from infection and is linked to reductions in mortality and morbidity. Breastfeeding also supports the mother-baby relationship, providing comfort, love, and security during what is often a very difficult time. It is therefore important that mothers, their partners and families feel unambiguously supported to continue to breastfeed when possible, and when it is not, to express breastmilk and return to full breastfeeding as soon as they are able.

1. A breastfeeding/infant feeding history is taken on admission to the facility and a plan created with the mother to enable continued and effective breastfeeding

When a baby is unwell or is admitted to hospital, the breastfeeding relationship between the mother and baby can become vulnerable. The purpose of this criteria is therefore to ensure that a robust plan is in place to protect and support breastfeeding during the hospital stay. Whenever a family with a breastfeeding infant is reviewed/admitted, a full breastfeeding/infant feeding history should be taken, including an assessment of any issues relating to effective positioning and attachment and milk transfer.

A care plan should be developed that is co-created with the mother and family which details how best to support continued breastfeeding based on individual circumstances and any plans the mother and family have in relation to infant feeding. This plan should be supported by all relevant staff and the provision of appropriate guidance, equipment and support should be provided to enable the plan to be fulfilled. This care plan should be reviewed frequently with the family as the condition of the baby or child changes or care is transitioned to a different service.

Steps towards making this happen include:

- Developing a mechanism for ensuring that effective conversations about feeding and birth history are included in the admissions procedure for every baby under one year. This could be a prompt in the notes or on the electronic admissions procedure.
- Ensuring that the staff responsible for conducting these conversations have the information and communication skills to do so effectively.
- Ensuring that staff have the relevant skills to assess positioning and attachment, or methods of referral to support positioning and attachment, as relevant, in a timely manner.
- Having a written care plan that describes the support the mother/family need which is reviewed frequently. This should include the practical support needed to allow the mother/primary caregiver to be with the baby at all times and any needs related to expressing, positioning and attachment and storing breastmilk.
- For families who are having a planned admission, conversations about how the admission may impact on feeding and what support the family can expect during this time should be explored and relevant information provided.

2. Mothers who are exclusively breastfeeding their baby under six months of age are supported and enabled to continue to do so

Exclusive breastfeeding leads to optimal health and wellbeing outcomes for babies, including protecting them from infection and serious illness. It is therefore important that everything possible is done to protect exclusive breastfeeding when a baby is admitted to hospital, and that staff, hospital routines and/or practices do not discourage exclusive breastfeeding unless clinically indicated.

Steps towards making this happen include:

- Educating staff on how the breastfeeding relationship between a mother and baby works and how to protect this in a hospital environment.
- Ensuring all relevant policies and procedures include reference to protecting exclusive breastfeeding when possible.
- Breastfeeding is supported throughout all areas where babies are cared for, and that support is offered on positioning and attachment, as relevant, in a timely manner.

3. All breastfeeding mothers are enabled to continue breastfeeding when possible and are supported to maximise breastmilk use

For a responsive breastfeeding relationship to be effective, mothers need to be with their baby most of the time and should be supported to understand the importance of breastfeeding and human milk for their baby, especially when their baby is ill.

Steps towards making this happen include:

- Enabling mothers to be with their baby at all times and to have access to comfortable beds, chairs, washing facilities and food and drink.
- Supporting mothers to use human milk for their baby's mouth care if baby is unable to have oral feeds.
- Providing education for staff to enable understanding of the value of and how to protect the breastfeeding relationship, including during treatment and procedures.

4. Mothers are never discouraged from breastfeeding based on the age of their child

Breastfeeding beyond the first few months of a baby's life is still considered 'unusual' in the UK and health professionals can sometimes feel uneasy when faced with an older baby who is breastfeeding, as they are often unaware of the continued benefits of long-term breastfeeding. This can lead to conversations which discourage continued breastfeeding. To avoid this, it is important that all staff who have contact with mothers and babies throughout the service are provided with training to understand the value of breastfeeding at any age.

Steps towards making this happen include:

- Educating staff of all grades and roles (including support staff, reception staff, etc.) to the value of breastfeeding for the older baby. This can be via the Baby Friendly education programme and/or via short updates, written information, email reminders, etc.
- Ensuring that breastfeeding mothers are not discriminated against when feeding within the service. There should be a philosophy of care that supports breastfeeding and enables an appropriate environment in which mothers are supported to feed comfortably, including places to feed in privacy if requested by the mother.

5. When breastfeeding is not possible, mothers are supported to express their milk effectively

When breastfeeding is not possible, the mother should be provided with appropriate support to enable continued provision of milk for the baby in order to protect ongoing lactation and support future breastfeeding according to individual need.

Steps towards making this happen include:

- Facilities should provide mothers with access to an effective breast pump, a suitable space to express near the baby, and containers for the safe storage of the milk. Mothers with very young babies often need support with learning how to hand express and using a breast pump, as well as information on frequency and duration of expressing.
- Ensuring that all mothers have an initial feeding assessment and/or expressing assessment carried out by a qualified member of staff.
- Co-creating care plans with mothers and using tools and resources effectively (e.g. checklists) to provide support at time of admission and throughout the stay as needed.
- Providing pathways to further support if mothers/families are experiencing difficulties or their milk supply is reducing. Staff should be aware of how to access this support in a timely manner.
- Developing parent-facing resources, e.g. in written or electronic formats.
- Regularly carrying out expressing assessments in order to monitor progress and provide ongoing support. Note: individualised care plans will be essential. An initial assessment will support the development of this.

6. Mothers' own milk is the first choice for babies

Feeding at the breast will often bring the greatest benefit to babies. If this is not possible, then giving mothers' own fresh breastmilk or frozen breastmilk should be the next option, with donor milk considered when mothers' own milk is not available. Infant formula should only be given when clinically necessary in the absence of human milk.

Steps towards making this happen include:

- Ensuring that all staff understand the value of breastfeeding, mothers' own milk, and human milk for the health and wellbeing of all babies and particularly for those who are vulnerable.
- Ensuring that hospital facilities, routines and procedures enable effective support for breastfeeding and the use of human milk when possible.
- Providing mothers with access to effective expressing equipment, including hospital grade breast pumps, different size funnels and double pumping equipment.
- Ensuring that there are adequate and accessible storage facilities that comply with NICE guidance so that milk is stored safely and used appropriately.
- Exploring and developing strategies to enable the use of donor human milk when mothers' own milk is not available.

7. Mothers have access to effective breast pump equipment and a suitable environment conducive to effective expressing

Hospital wards and departments can often offer little privacy, and it can be daunting and stressful for mothers to have to express their breastmilk in places they don't feel safe. Providing comfortable, private, and safe spaces with effective, hospital-grade equipment is therefore essential to enable mothers to express as effectively as possible.

Steps towards making this happen include:

- Ensuring equitable access to hospital-grade breast pumps for all mothers who need them. Having a sufficient supply of breast pumps and equipment to prevent delays in expressing is essential.
- Providing access to breast pump equipment including appropriate size funnels, storage bottles, labels and safe storage facilities.
- Supporting mothers to access adequate equipment if they need to express when not in the hospital, including referrals to breast pump loan schemes when required.
- Encouraging mothers to express near their baby and suggesting strategies which support privacy and comfort such as a single room or screens/curtains.
- Ensuring rooms provided for mothers to express are comfortable and contain appropriate hand washing facilities and comfortable seating, and are pleasant enough to spend significant amounts of time in.

8. Mothers/families are given information on the availability of national and local support for breastfeeding

This is an essential step in ensuring parents and primary caregivers are given the support they require.

Steps towards making this happen include:

- Ensuring that all mothers/families have both written and verbal information about where/how to access help and support both in hospital and before discharge home.

9. Effective referral pathways and appropriate interventions are put in place to support mothers with breastfeeding and/or expressing difficulties

Mothers and babies may be admitted to hospital at any stage of the breastfeeding journey, and so their needs for support can vary considerably. It is important that staff are available who can offer support with basic breastfeeding challenges such as positioning and attachment, expressing and breastfeeding a baby who is unwell in accordance with the care plan co-created with the mother. It is also important that mothers have access to additional skilled support from the infant feeding lead or breastfeeding specialist staff when faced with other more specific challenges.

Steps towards making this happen include:

- Identifying staff with a particular interest in infant feeding and enabling them to access training to gain skills in supporting mothers. This could be in the form of 'infant feeding champions' whereby members of staff receive training over and above the standard Baby Friendly education programme and can be called upon to support mothers when required. A sufficient number of champions are required to provide a reasonable level of availability.
- Designating an infant feeding specialist who can support mothers with more complex difficulties. This could be the project lead or additional staff member who has received appropriate training/education and is given dedicated hours to support infant feeding. Services should work collaboratively with the maternity, neonatal and health visiting services to create a specialist service that is comprehensive enough to meet the needs of parents and babies.
- Creating a robust referral pathway for the specialist service and communicating this to all staff.
- Monitoring and evaluating the specialist service, including numbers referred and reasons for the referrals, to ensure that the service is being used appropriately and that mothers are receiving the support they need.

IMPLEMENT EVIDENCE-BASED PRACTICES RELATED TO GIVING FOODS OR FLUIDS OTHER THAN HUMAN MILK

When mothers are unable or choose not to exclusively breastfeed, it is important that they are provided with effective support and that any breastfeeding or breastmilk is valued so that the baby can benefit as much as possible from this. When parents are bottle feeding (expressed breastmilk or infant formula), they should be supported to feed responsively and in a way that supports the infant's development. Parents who are feeding their baby with infant formula should be supported to engage in effective conversations with a health professional about the type being used (usually a first infant formula milk for the first year) and safe preparation of the product. Families who are feeding their baby solid food should be supported to do so safely.

1. Families who give other foods or fluids in conjunction with breastfeeding are enabled to do so as safely as possible with the least possible disruption to breastfeeding

Whether due to personal choice or clinical reason, some families may give their baby foods or fluids other than breastmilk. While it is recognised that in some circumstances nutritional needs may need to be carefully regulated and monitored, the aim should be to prioritise breastmilk and protect breastfeeding as much as possible.

Steps towards making this happen include:

- Listening to the views of the mother/family on infant feeding and co-creating a care plan to maximise breastfeeding and the amount of human milk their baby receives, taking into account individual circumstances.
- Ensuring that parents can give other foods or fluids with the least disruption to breastfeeding and responsively and as safely as possible.

2. Parents/primary care givers who bottle feed are enabled to do so responsively and as safely as possible

Feeding is a time for babies to be close to their parents/carers and to receive comfort and communication. It is recognised that there can be challenges to feeding an unwell baby, however it is important that every effort is made to ensure that feeding is as a safe and pleasurable experience where their needs for closeness and comfort are met.

Steps towards making this happen include:

- Having a conversation with parents at point of admission to determine how their baby has been fed to date, including the type of infant formula they use, how effective the feeding has been, and any challenges they have faced. A plan can then be co-created with the parents to ensure that their baby receives the safest and most optimal feeding possible whilst in hospital, depending on individual circumstances.
- Supporting parents to feed responsively, including providing information on holding the baby, maintaining eye contact, pacing feeds, recognising behaviour and stress cues, and not forcing baby to take the teat or finish feeds.
- Supporting staff to feel confident with responsive bottle feeding through effective training programmes and to understand the importance of these positive interaction opportunities.
- Ensuring that formula feeding families are supported to understand how to prepare formula and bottle feeds correctly, what infant formula to use, and are provided with guidance on cleaning and sterilising feeding equipment, prior to discharge from the hospital.

3. Parents/primary caregivers are supported to avoid giving food or fluids other than breastmilk or infant formula to babies under six months of age, unless clinically indicated

Introducing solid food before the recommended age of around six months is common in the UK. Reasons for this vary, but often stem from assumptions that the baby is hungry or from guidance from family and friends. Services should cultivate an understanding among staff and parents that waiting until six months will result in optimal health outcomes.

Steps towards making this happen include:

- Educating staff to have a greater understanding of why introducing solid food at around six months provides optimal outcomes for babies and how to discuss this sensitively with parents.
- Supporting staff and parents to recognise the signs that babies are ready for solid food.

- Having conversations upon admission with parents of babies under six months to determine how they have been feeding their baby, including whether the baby has been given any solid food. If babies under six months are being given solid food, explore the reasons for this, and discuss the benefits of waiting until six months. Co-create a care plan with parents to maximise the amount of milk given and minimise or eliminate solid food if possible and appropriate.

4. Parents/primary caregivers are enabled to give their baby who is over six months other foods and drinks in ways that optimise their baby's health and wellbeing

Most babies over six months of age will require solid food alongside breastfeeding/human milk or infant formula, although this will depend on their clinical condition and developmental readiness. How and what babies are fed can have consequences for their current and future health and wellbeing, and so it is important that the hospital provides the necessary support for parents to allow them to feed their baby healthy and age-appropriate food in ways that optimise the baby's development and enjoyment of eating. The service is expected to have a system in place to ensure that babies over six months are offered appropriate foods according to their age and condition and that parents are supported to offer this in a way that enhances their baby's health and development. When appropriate, parents should be offered support and information on starting solid food.

Steps towards making this happen include:

- Having a conversation with parents upon admission to determine how their baby has been taking solid food, types of solid foods they are eating, and how they consume it (e.g. spoon feeding, self-feeding, finger food, purees, etc.)
- Co-creating a care plan with the parents on how their baby will be fed during their hospital stay.
- Educating staff and informing parents on the value of baby-led feeding and how to do this safely.
- Ensuring that parents and staff understand that human milk or infant formula remain the most important part of the baby's diet from six to twelve months, with solid food intake gradually increasing over this period.
- Ensuring that suitable, healthy food is available in the hospital environment. Note that this does not mean only providing jars of commercially produced 'baby foods'. Babies over six months can eat the same food as that given to older children, if it is mashed or cut up appropriately.
- Providing suitable equipment for feeding, such as highchairs, spoons, dishes, bibs, etc. for all that need them.

5. There is no advertising of breastmilk substitutes, bottles, teats or dummies anywhere in the service or by any staff

All facilities working to implement the Baby Friendly standards are required to adhere to the World Health Assembly International Code of Marketing of Breastmilk Substitutes (the Code) and subsequent resolutions. This standard does not restrict the provision of accurate and impartial information about infant formula feeding or introducing solid food, but rather is designed to protect parents from commercial influences at this most vulnerable time. This means that there should be no display or distribution of any materials produced by the manufacturers of breastmilk substitutes, nor bottle teats or dummies in any part of the health facility, including gifts intended for health professionals or parents and written materials intended for parents. Additionally, there should be no sale of breastmilk substitutes on the premises. The facility should not accept free or subsidised supplies of breastmilk substitutes. This requirement does not restrict the provision of accurate and impartial information about formula feeding for parents who require it.

Steps towards making this happen include:

- Providing staff education, including for medical staff, on the principles of the Code and what this means for practice, including where to access unbiased, evidence-based information on infant formula and introducing solid food.
- Ensuring that systems are put in place to protect staff and parents from any marketing practices that come under the scope of the International Code of Marketing of Breastmilk Substitutes (the Code).
- Ensuring that parents who are feeding their baby with infant formula are given clear verbal and written information on safe preparation of infant formula. Parents should also be provided with sources of evidence-based, unbiased information about the types and brands of infant infant formula and solid foods are available for babies
- For more information see the Health Professional's Guide to Working Within the Code at unicef.uk/code .
- For accurate and impartial information on infant formula in the UK please see First Steps Nutrition Trust.

SUPPORTING CLOSE AND LOVING RELATIONSHIPS AND VALUING PARENTS AS PARTNERS IN CARE

This standard aims to ensure that a positive parent-baby relationship is recognised as being crucial to the baby's wellbeing and development. To achieve this, parents/primary caregivers should be supported to be with their baby for as long as and as often as they wish and to hold, comfort and communicate with their baby as much as possible. Hospital routines and clinical procedures should not be deemed as justifiable reasons for separating parents/primary caregivers and babies, except if clearly in the baby's best interest, e.g. in safeguarding situations.

1. All parents/primary caregivers have unrestricted access to their baby unless individual restrictions can be justified in the baby's best interest

Legislation in the UK supports parents as being the key carers and advocates for their children and supports the concept that children in hospital should always have a parent or parent substitute with them. In the absence of safeguarding issues, it is expected that this principle be respected.

Steps towards making this happen include:

- Educating staff to take a child rights approach to care, including considering what is in the best interest of the child and putting the child at the heart of care.
- Ensuring that parents/primary caregivers are able to be with their baby at all times and have access to comfortable beds and chairs, washing facilities and food and drink.
- Ensuring relevant policies/guidelines reflect a child rights approach and uphold parents' rights to be with their child.
- Identifying when access could be denied due to hospital-led routines or policies and agreeing alternative working practices to ensure that parents can be with their child.
- Auditing parents' experiences to identify the barriers they face to being with their child by using the Baby Friendly audit tool and then developing action plans and collaborative working across disciplines to find solutions.

2. The facility makes being with their baby as comfortable as possible for parents/caregivers

It may not be possible to address every barrier parents face to being with their child. However, some can be alleviated by taking the time to 'walk in the parents' shoes' and considering what could make life comfortable when spending long hours in the hospital, both at day and during the night. Having a baby in hospital can be extremely stressful for the whole family and staff should keep this in mind and take time to discuss how this may be impacting on their lives.

Steps towards making this happen include:

- Developing comfortable spaces for parents/primary caregivers such as chairs and beds, places to leave personal belongings, adequate facilities for the number of parents on the ward including bathrooms, access to food and drink, storage spaces for food brought from home, and spaces for reflection separate from the clinical area.
- Developing strategies to support families with transport, car parking, access to food, and sibling/family access.
- Gathering feedback from families on their experiences and daily routines on a practical level, including what could make the experience more comfortable. Action planning with the leadership team can then be put into place.

3. Staff enable parents/primary care givers to be fully involved in their baby's care, including supporting joint decision making

Babies and children requiring medical care are highly dependent on their parents/primary caregivers and the multi-disciplinary clinical team. Additionally, parents/primary caregivers have their baby's best interest at heart and are often the most vigilant when it comes to picking up on subtle changes in their baby's condition. It is therefore essential that they are respected, listened to, and valued as partners in care, and information is shared and decisions made jointly.

Steps towards making this happen include:

- Involving parents/primary caregivers in all discussions about their child and providing them with information so that they understand the treatment and care that is being suggested.
- Enabling parents/primary caregivers to take the lead on their child's care as much as possible to support the retention of parental responsibility.
- Co-producing care plans with parents/primary caregivers to support joint decision making.
- Developing a culture where staff could be encouraged to ask permission from parents/primary caregivers to carry out procedures (apart from emergency situations).
- Auditing the experiences of parents/primary caregivers over time to ascertain parental opinion relating to feeling valued and involvement in decision making.

4. Every effort is made to ensure effective communication between the family and the health care team

For parents/primary caregivers to be partners in care, they should be supported to feel equal to the staff in importance and relevance for their child's wellbeing. They should feel confident that they will be listened to and that their opinions are valued, and should be informed about their child's care in ways that are accessible and relevant. Good communication is essential, and staff should provide regular updates to support this.

Steps towards making this happen include:

- Keeping parents/primary caregivers informed at all times, e.g. by enabling access to records, co-producing care plans, providing a notice board with updates, and providing time for effective, reciprocal conversations with staff.
- Developing staff training programmes on communication skills so that staff feel confident to listen, tailor information and help parents' voices to be heard. Power and control are nuanced issues and staff should be provided with a framework in which to consider these issues and how best to build productive relationships.
- Cultivating a philosophy which assumes parents/primary caregivers are primarily responsible for their child in order to support the development of the equally balanced relationship between parents/primary caregivers and staff.
- Ensuring staff introduce themselves, record when parents will be available, and plan updates around this.
- Addressing parents as they wish to be known. Calling parents 'mum' and 'dad' can feel patronising within a professional relationship.

5. Parents/primary caregivers are supported to understand the importance of close, loving and responsive relationships for their baby's health and development

Parents/primary caregivers should be supported to understand the importance of developing a close and loving relationship with their baby and the general principles of the science that underpins this standard. Sensitivity is required with this standard, as this may conflict with family views on parenting babies and young children. Staff should be gentle and sensitive in their approach and help parents to take steps towards understanding the theory that then leads to them applying this to their own situation, in a way that is right for them and their family.

Steps towards making this happen include:

- Providing high-quality training to enable all staff to understand the basic neuroscience that underpins this standard.
- Considering ways to revisit the key messages using posters, leaflets and links to good quality information on websites that are provided for families.

6. Parents/primary caregivers are actively encouraged to provide comfort and emotional support for their baby, including prolonged skin contact, comforting touch, and responsiveness to baby's behavioural cues

Typical parent-infant interactions can be disrupted in hospital where parents can feel uncertain on how best to support their baby in an unfamiliar and often frightening environment. Behavioural cues in unwell babies may also differ from those exhibited in a well-baby. Understanding these cues and feeling able to interact with their baby is a vital part of offering appropriate close and loving care.

Steps towards making this happen include:

- Providing training for all staff to understand the importance of skin contact, touch, comfort and emotional support for a baby's health and wellbeing, as well as how to identify behavioural cues.
- Supporting all parents/primary caregivers to understand baby's cues and how they may respond to them.
- Providing tools which support positive interactions between parents and babies, such as privacy screens, reading books and age-appropriate toys. Staff with expertise in developmental care or play therapy can offer additional support. Written material, posters and so on can help support staff and parent understanding, conversations and information sharing.

ADDITIONAL RESOURCES

- Acta Paediatrica (2015) Special Issue: Impact of Breastfeeding on Maternal and Child Health, December, Volume 104, Issue Supplement S467, Pages 1–134
- Baby Friendly research pages: unicef.org.uk/babyfriendly/news-and-research/baby-friendly-research/
- Bartick et al (2021) ABM Clinical Protocol #35: Supporting Breastfeeding During Maternal or Child Hospitalisation Breastfeeding Medicine 16(9)
- Children's Rights Alliance for England's report: State of Children's Rights in England 2018
- CMO report (2012) 'Our children deserve better
- Healthy Child programme: rapid evidence review (2015)
- Heilbronner C, Roy E, Hadchouel A, et al. Breastfeeding disruption during hospitalisation for bronchiolitis in children: a telephone survey. BMJ Paediatrics Open 2017;1:e000158. doi:10.1136/bmjpo-2017-000158
- Hospital Infant Feeding Network: hifn.org/
- Hookway. L; Lewis, J and Brown, A. The challenges of medically complex breastfed children and their families: a systematic review (2020) Maternal and Child Nutrition DOI: 10.1111/mcn.1318
- International comparisons of health and wellbeing in early childhood (2018) Nuffield Trust & RCPCH
- GIRFT Paediatric Critical Care (2022) NHS England and NHS Improvement
- GIRFT Paediatric General Surgery and Urology (2021) NHS England and NHS Improvement
- GIRFT Paediatric Trauma and Orthopaedic Surgery (2022) NHS England and NHS Improvement
- International comparisons of health and wellbeing in early childhood (2018) Nuffield Trust & RCPCH
- Payne, S and Quigley, M.A. Breastfeeding and infant hospitalisation: analysis of the UK 2010 Infant Feeding Survey (2017) Maternal and Child Nutrition 13, e12263
- NHS England and NHS Improvement. Implementing the Recommendations of the Neonatal Critical care Review (2019)
- NHS England and NHS Improvement. Neonatology GIRFT National Programme Speciality Report (2022)
- NHS England and NHS Improvement. Paediatric General Surgery and Urology. GIRFT Programme National Speciality Report (2021) note – facilities for families, getting parental feedback, improving breastfeeding (NEC related)
- Quality Standard [QS197] NICE Faltering Growth https://www.nice.org.uk/guidance/qs

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