UNICEF UK BABY FRIENDLY INITIATIVE
INFANT FEEDING CARE DURING COVID-19

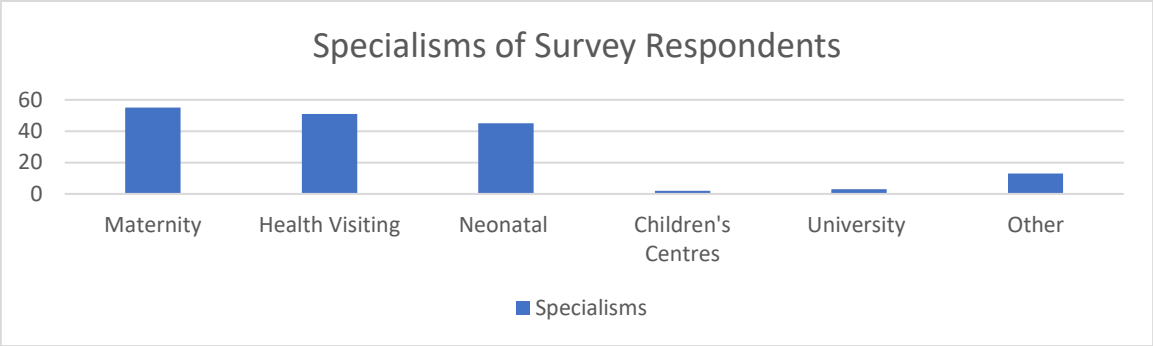
Initial findings collated November 2021

Health professionals across the UK continue to navigate challenges posed by the coronavirus pandemic and its impacts on infant feeding. The purpose of this paper is to relay initial findings from a survey conducted in November 2021 via the National Infant Feeding Network (NIFN) by the UK Committee for UNICEF (UNICEF UK) Baby Friendly Initiative in order to share insights into the changes experienced by maternity, neonatal and community services as we enter the 'recovery stages' of the pandemic.

The findings from this survey build upon two prior surveys carried out by the Baby Friendly Initiative in April and September 2020. Results from these surveys found that whilst there were both positive and negative aspects to virtual care, the introduction of remote support by telephone, video call, virtual groups and social media had enabled services to support mothers to breastfeed. Current findings concur that virtual support can be well-received and cost-effective in some areas; however data continues to reflect staffing shortages across all services which have significantly impacted care, particularly when supporting the return of face-to-face contact.

Impacts on ways of working

A total of **164 infant feeding specialists** across the UK responded to the 2021 follow-up survey, reflecting a mix of maternity, health visiting, neonatal and other specialisms. Around a third of respondents had been in their role for two years or less at the time of completing the survey, suggesting that most of their time in post had taken place during the pandemic.



An overwhelming majority of respondents (88% maternity and health visiting; 82% neonatal) reported currently operating with a **mixture of previous and new ways of working**. This was described by 67% of maternity and health visiting services as a 'hybrid model', whilst 18% reported remaining in a purely Covid-model. Only 4% indicated a full return to pre-pandemic offerings.

Respondents largely attributed this to the ongoing impacts of the pandemic (61%) and staffing levels (71%), with nearly half indicating that positive innovations had incurred permanent changes to their service. Across neonatal services, 44% believed adaptations brought about during the pandemic could offer improved support in the recovery period, with a third saying they were unsure.

Qualitative feedback provided additional insight, suggesting that the changes to ways of working have resulted in a **mixture of positive and negative outcomes**. These included a reported increase in staff empowerment and confidence which have enabled some services to re-evaluate priorities and diversify support offerings. Conversely, negative outcomes included low staff morale, Trust unwillingness to re-assess what is possible as the pandemic progresses, ongoing restrictions due to Trust precaution, high specialist referral rates, reduced time to work towards Baby Friendly accreditation and difficulty implementing family-integrated care.

The breastfeeding support service (separately commissioned) continued to provide face-to-face support throughout Covid, with support groups moving online or to a 'clinic' model alongside home visits and other support. Whilst groups are now returning, the break in service allowed the opportunity to re-evaluate service priorities. ***Going forward, fewer groups will be offered to allow for a more diversified offer. – Health Visitor***

The service has a phased return approach due to staffing capacity. This impacts infant feeding, as families are just starting to have face-to-face NBV with virtual 6wk contact & limited A/N support. We also have bank & agency staff, so infant feeding knowledge is variable. Infant feeding teams haven't re-instated drop-ins, so ***referral systems take more hours to manage.*** *In future, we aim to develop a model working closely with CC.* ***– Health Visitor***

I was redeployed initially between March & June. The Health Visitors have been ***so stretched that it's made it very difficult to conduct timely training and skills reviews****. –* ***Health Visitor***

I'm constantly being pulled from my specialist feeding role to cover clinical work on the neonatal unit, ***far more now than during the height of the pandemic due to chronic short staffing. – Neonatal Nurse***

Groups are a mix of face-to-face, appointment-only and virtual. The Health Visiting HUBS have not re-started. ***This means the specialist service referrals are quite high at times.*** *–* ***Health Visitor***

Where to start. The current situation is ***very difficult as we are pulled to work clinically for more than 50% of hours every week.*** *There is also* ***very restricted ability to provide training for new staff, and very limited tongue-tie assessment and division clinical services due to shortage of staff.*** *Shortage of staff at times leads to* ***poor and insufficient postnatal care and feeding support. – Midwife***

I feel the pandemic ***impacted the handover process into my new infant feeding lead role. I haven't been able to be fully supported*** *as it was the height of COVID. I've also been pulled from my role several times due to staffing shortages.* ***– Midwife***

There has been ***a huge increase in clinical work*** *in order to support the unit –* ***more so now than initially in the Covid-19 pandemic.*** *We talk about recovery, but* ***maternity services are definitely at the peak. – Midwife***

Service changes and Covid continue to impact on our service. ***However, we have also learned from the pandemic, and this has empowered staff to become confident in other ways of working****. For example, we still have parents who do not wish to use public transport, and therefore we can make a difference through phone and video calls.* ***– Health Visitor***

We're still offering online virtual support on a one-to-one basis for peer support; however ***the number of face-to-face groups has been cut by half. – Midwife***

Due to the impact on sickness *I have had to work on the unit* ***rather than having my hours to work towards Baby Friendly Initiative accreditation. – Neonatal Nurse***

Changes to staffing and roles

In line with previous findings, results show **a mixed picture of training and support for staff**. Most respondents (87% maternity and health visiting; 82% neonatal) said the pandemic had impacted their role, attributing this to redeployment, increased referrals and reduced training and face-to-face support.

- **Maternity and health visiting services:** Face-to-face training is currently available for half of services, with a quarter planning to roll this out soon. Three-quarters of services currently have access to online training and nearly a third plan to adopt a hybrid model.
- **Neonatal services:** Three-quarters of neonatal services currently have access to face-to-face training and online training, with two-thirds operating in a hybrid model.

Qualitative feedback highlights difficulties in relation to staffing, availability of facilities, increased workloads, impacts on morale and education, peer support turnover and increased specialist referrals and complex feeding issues. However, some respondents emphasised the value of virtual care, saying it enables them to reach more women and implement Baby Friendly care in new and innovative ways.

*The pandemic has made it **more difficult with regards to family integrated care**. There are increased workloads, difficulties with training and updating staff and reduced facilities available. **– Neonatal Nurse***

*Huge specialist referral increases are causing specialist teams to expand to meet demand. Working from home and teaching and supporting staff virtually **affect care standards and how I feel about my job. – Health Visitor***

*This has caused a positive impact. The move to virtual has **enabled us to reach out to wider networks** to support Baby Friendly care **and enables greater access to teams and working groups, allowing us to test the sustainability of Baby Friendly implementation**. It's nice seeing how staff value & support BFI across services. The biggest detrimental impact has been on providing care in family homes and thinking of innovative was to provide quality care. **– Health Visitor***

There's more support for staff supporting more complex feeding issues.** Huge impacts on our service include concerns on midwifery discharge when feeding isn't established or supported and not being back at birth weight. **There is more pressure from families** on tongue tie services which paused during lockdown. **– Health Visitor

I've been redeployed twice so far**, both with no job cover. **The pandemic has had a huge impact on staff wellbeing, staffing levels & morale.** This impacted my role as it is **more difficult to motivate staff to learn and improve care related to feeding.** It's hard to find staff with time to be audited. I'm working clinically more to cover staff gaps. **– Midwife

*Due to restricted visits, **women were keen to get home to their partners, often leaving before they would have prior to the pandemic.** Whilst not having visitors made women comfortable in their initial breastfeeding journey, we've seen some choose to formula feed, as home visits were restricted & they didn't want to remain in hospital away from families for the extra support. **– Midwife***

*There's a **higher than usual peer support turnover.** Many peer supporters left during Covid and we couldn't train new ones, so there's a shortage at present. **– Health Visitor***

*Our **IT and communications departments have suffered** staffing issues and are not well resourced. **This has big impact on what we have been able to achieve. – Health Visitor***

*This is not what we want. **We want to go back to pre-Covid. – Midwife***

Effects on care provision and family support

Survey results indicate that there is currently a variation in the availability of support to women and families across the country. Maternity and health visiting services reported experiencing **reduced opportunities for offering education** to families, which they attributed to reduced staff capacity (87%), new Covid regulations (72%), challenges with finding suitable or appropriately sized venues (60%), staff redeployment (40%) and lack of management support (31%). More than half (61%) said that most or all mothers were also likely to be affected by **venue restrictions and the effects of limited places,** with just 7% saying that this would not be a significant barrier to any mothers.

Conversely, services also suggested that new **innovations had enabled them to better support families,** indicating that whilst face-to-face support is preferred, virtual support can help reach a wider audience. Innovations on the neonatal unit included the installation of iPads at each cot space for virtual visiting, face-to-face support by child psychotherapists and increased visiting hours.

The table below provides a comparison between a few select results from the 2020 and 2021 surveys in relation to maternity and health visiting services:

Face-to-face support	August 2020	November 2021
Traditional antenatal face-to-face appointments for mothers/parents, including infant feeding information	Not available to any mothers in **25%** of services	Not available to any mothers in **13%** of services
Face-to-face antenatal infant feeding courses	Not available to any mothers in **90%** of services	Not available to any mothers in **78%** of services
Face-to-face postnatal support for mothers in their own homes	Available to all mothers in **35%** of services and to some mothers in **nearly half** of services	Available to all mothers in **50%** of services and available to some mothers in **36%** of services

Virtual support	August 2020	November 2021
Virtual antenatal infant feeding courses	Provided to some or all mothers in around **66%** of services	Provided to some or all mothers in **66%** of services
Pre-arranged video/telephone appointments as required postnatally	Available to some or all mothers in **nearly all** services	Available to some or all mothers in **73%** of services

Peer support	August 2020	November 2021
Virtual one-to-one peer support	Available virtually to some or all mothers in **61%** of services	Available virtually to some or all mothers in **57%** of services

Signposting to resources	August 2020	November 2021
Signposting women to social media for infant feeding support	Available in **88%** of services	Available in **81%** of services
Signposting to online resources.	Available in **96%** of services	Available in **94%** of services

Helplines	August 2020	November 2021
Telephone or online helplines	Available in 89% of services	Available in 80% of services.

Open-ended feedback indicated that healthcare professionals are experiencing a range of feelings in relation to their current abilities to offer support to mothers and families:

Some mothers haven't liked virtual support as they feel face-to-face is better for them. *Where possible, we have tried to offer face-to-face appointments if required.* ***Other mothers find virtual an excellent resource due to it being very accessible in their homes. – Health Visitor***

Early discharge before breastfeeding has been established has been a ***concern raised by a number of mothers using our service. – Health Visitor***

Poor and negative levels of support on the postnatal ward *have been our biggest impact on stopping breastfeeding before leaving hospital.* ***– Health Visitor***

Due to change of Health Visiting provider, many parents didn't know how to reach the service. The duty line also had reduced hours due to capacity. ***Many mothers don't realise how breastfeeding support can make a difference until they meet the Health Visiting*** *team and therefore drop-in groups for social support are a* ***great way to explore feeding and for mothers and partners to be empowered during peer support opportunities. – Health Visitor***

In our area, telephone or online peer support instead of face-to-face peer support has worked both ways. ***The support is better face-to-face,*** *however during Covid with a referral system in place,* ***we've reached a wider diversity of parents who wouldn't have attended groups. – Health Visitor***

It has been confusing for families hearing the news/social media telling them different things that are/aren't available across the UK. ***Despite being told what is available locally and promoting on local social media, the families still think some services are not running when they are. – Health Visitor***

Effects on breastfeeding services and breastfeeding rates

More than three-quarters of maternity and health visiting services and half of neonatal units have been **collecting data on breastfeeding rates** which allow them to assess whether there have been changes since the coronavirus outbreak. Of these, a quarter of maternity and health visiting services reported an increase in breastfeeding rates and 22% reported a decrease. Over half (54%) said rates had remained consistent. Across neonatal units, 62% of services indicated rates had remained the same and 23% reported a decrease.

Over half of maternity and health visiting services reported the following to be key factors which probably **reduced** breastfeeding rates:

- Telephone or online support from staff instead of face-to-face support (64%)
- Telephone or online peer support instead of face-to-face peer support (55%)
- Earlier transfer home from the postnatal ward (68%)

The following were described as factors which probably **increased** breastfeeding rates:

- Telephone or online support as well as face-to-face support (44%)
- Telephone or online peer support as well as face-to-face support (38%)
- Access to an online telephone helpline for mothers to call (34%)

A quarter of neonatal services indicated that **breastfeeding rates were likely to be impacted** by restricted opportunities for mothers to be with their babies on the unit and reduced opportunities for

breastfeeding. A third of services said that restricted opportunities for parents to access the neonatal unit together likely had an impact.

Similarly, nearly three-quarters responded that reduced opportunities for grandparents and siblings to access the neonatal unit and reduced social interaction/peer-to-peer family support likely impacted parents' abilities to be **partners in the care of their baby and to build close and loving relationships**. Half of services said this was due to reduced opportunities to implement the Baby Friendly standards due to ongoing restrictions and 80% indicated it was a result of reduced staffing.

Respondents reported that staff shortages, reduced functioning of reporting departments, data reliability and manual methods of collection and lack of time had prevented collection of data:

Rates of breastfeeding at 6wks have increased slightly. I feel our mix of telephone contact & targeted face-to-face ***is a positive balance.*** ***– Health Visitor***

In our experience, breastfeeding rates ***initially increased by a lot.*** *Following this they settled, however at a* ***higher rate than before coronavirus pandemic.*** *–* ***Infant Feeding Lead, paediatric unit***

A few months during the pandemic we had our ***best rates ever*** *– surprising, however* ***we only allowed access to parents (no restrictions on them).*** *We felt* ***perhaps not being distracted by visitors and more time at cot space*** *(as they were not able to be out and about) may have contributed to this?* ***– Neonatal Nurse***

Breastfeeding initiation rates remained the same, ***however for those mothers who initiated breastfeeding, they fed for longer. – Midwife***

Initiation rates have increased, but ***many women are having to stop breastfeeding due to a lack of available support. – Midwife***

Conclusion

Overall, our findings suggest that the changes brought on by the coronavirus pandemic continue, with virtual support and ongoing restrictions to in-person care both still in place. The biggest change compared to the 2020 surveys is the qualitative feedback from infant feeding leads which suggests that shortages and re-deployment of staff continue to severely impact care and that this is affecting staff morale and their ability to implement the Baby Friendly standards.

Our findings show that in some areas, virtual support can be delivered in a way that is well received, cost-effective and promotes breastfeeding. It has also enabled some services to reach more families than before. However, in line with the results from the 2020 surveys, it is also clear that virtual support is not always an adequate substitute for face-to-face support. Many services have adopted a hybrid model and there is now an indication that some of the changes implemented because of the pandemic will become permanent.