Caring for Everyone

Effective and Inclusive Communication around infant feeding

Matthew J. Cull[1], Jules Holroyd[2] and Fiona Woollard[3]

1. The University of Edinburgh; 2. University of Sheffield; 3. University of Southampton

Contact
Mcull@ed.ac.uk;
J.d.holroyd@sheffield.ac.uk;
F.Woollard@soton.ac.uk

Research Questions

How do we make the language of perinatal care welcoming and inclusive of everyone?

How do we make sure that trans and nonbinary parents feel comfortable accessing perinatal care?

How do we ensure that gay, lesbian, bisexual and other parents feel included in the language we use?

Key Takeaways

Defaulting to "sexed" language does not maximise inclusion or meet other language goals.

Existing Inclusive language Approaches: Gender-Neutral, Gender-Additive, Second-person, and Multiple Targeted Messages

None of these work in all contexts.

We need a pluralist strategy!

Consider which language approach works best in the specific context.

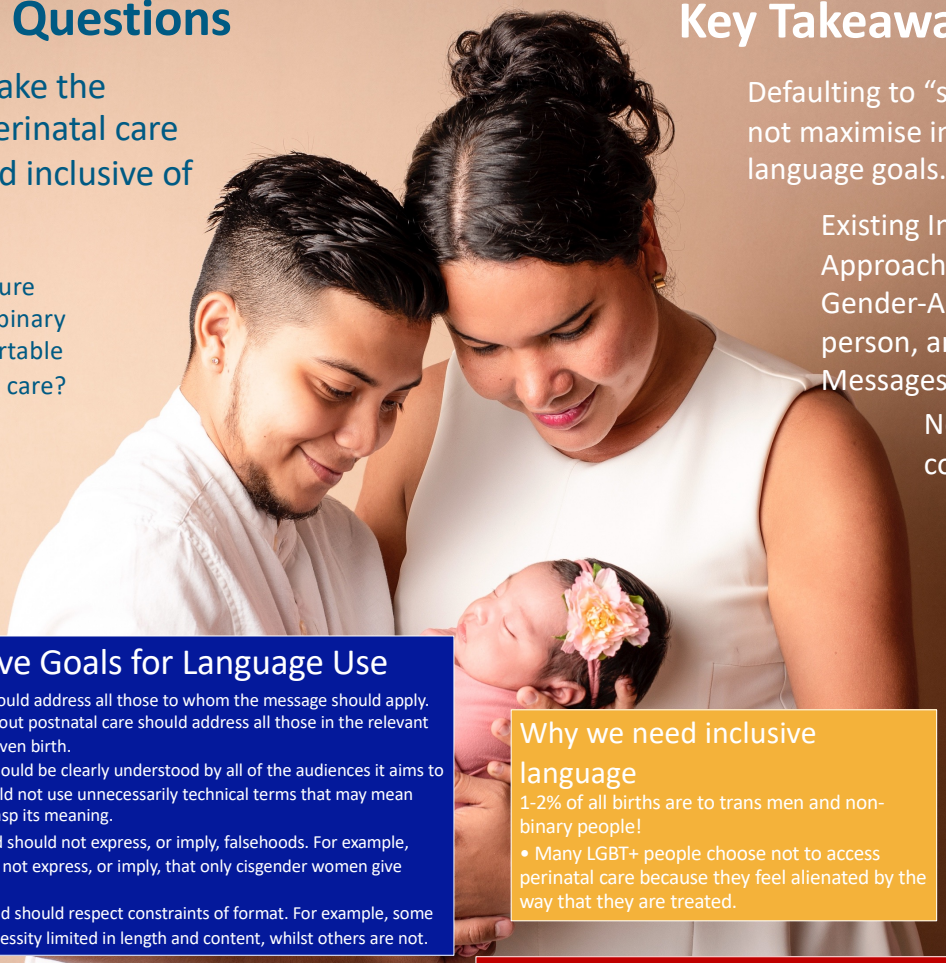


Image attribution: Trans couple Diane Rodríguez and Zack Elías with their daughter Vallimarie Chichicko, CC BY-SA 4.0 <https://creativecommons.org/licenses/by-sa/4.0>, via Wikimedia Commons

Communicative Goals for Language Use

Reach: Language used should address all those to whom the message should apply. For example, a message about postnatal care should address all those in the relevant scope who have recently given birth.

Clarity: Language used should be clearly understood by all of the audiences it aims to reach. For example, it should not use unnecessarily technical terms that may mean some audiences cannot grasp its meaning.

Accuracy: Language used should not express, or imply, falsehoods. For example, content about birth should not express, or imply, that only cisgender women give birth;

Feasibility: language used should respect constraints of format. For example, some communications are of necessity limited in length and content, whilst others are not.

Why we need inclusive language

1-2% of all births are to trans men and non-binary people!

- Many LGBT+ people choose not to access perinatal care because they feel alienated by the way that they are treated.

Moral Goals for Language Use

NHS guidance says that patients must be treated with **"respect and dignity",** and compassion, which includes **"sensitivity and kindness".** It also requires that patients should be **"treated as equal, informed and active partners".**

What's wrong with 'traditional' language?

'Traditional language' uses only 'woman' or 'mother' to refer to those accessing perinatal care. This either
(a) includes trans men and genderqueer or other nonbinary people who gestate and give birth and wrongly refers to them as women or mothers or;
(b) excludes trans men and genderqueer or other nonbinary people who gestate and give birth

It fails to meet the moral goals of respect, dignity, sensitivity, kindness and equality.
It fails to meet communicative goals of reach, accuracy and clarity.

Example one : Testing for Thalassaemia

1) All pregnant women in England are offered a blood test to find out if they carry a gene for thalassaemia.
Worries: failure of reach, accuracy and inclusivity

Gender neutral option:

1a) All pregnant people in England are offered a blood test to find out if they carry a gene for thalassaemia.

Gender additive versions:

1b) All pregnant women and pregnant people in England are offered a blood test to find out if they carry a gene for thalassaemia.
1c) All pregnant women and pregnant people (which can include trans men, along with gender-queer and other nonbinary people) in England are offered a blood test to find out if they carry a gene for thalassaemia.
Worry: 1b and 1c imply that women aren't people!

A better gender additive option:

1d) All women, trans men, genderqueer and other nonbinary people who are pregnant in England are offered a blood test to find out if they carry a gene for thalassaemia.
Inclusive, and with better for reach, clarity, accuracy. Length challenges limits of feasibility.

Second personal address can also be gender inclusive:

1e) If you are pregnant, you will be offered a blood test to find out if you carry a gene for thalassaemia.
The choice between 1a, 1d, and 1e will depend on aptness given context.

Example two: "Getting the hang of breastfeeding"

2) This happens faster for some women than others. But nearly all women produce enough milk for their baby.
Worries: Failure of reach, accuracy and inclusivity

Gender neutral option:

2a) Getting the hang of feeding can take longer for some than others. But nearly all people who have given birth produce enough milk for their baby.

Most defensible gender additive versions (given previous discussion):

2d) Getting the hang of feeding can take longer for some than others. But nearly all women, trans men, genderqueer and other non-binary people who have given birth produce enough milk for their baby.
Worries: May be inaccurate – lack of data about what trans men who have had top surgery can expect when it come to lactation. This also marginalises other groups who may face specific obstacles to feeding via lactation.

We can have both reassurance and inclusivity by following up a reassuring general claim with a second statement explicitly acknowledging those who need extra help.

2e) Getting the hang of feeding may take a little time. But most people who have given birth produce enough milk for their baby. Some people do require additional support with infant feeding; if you think this applies to you, talk to your care providers.

2e works best in most contexts.

University of Southampton · The University of Edinburgh · usher institute · University of Sheffield · Department of Philosophy

Developing culturally specific resources for donors and recipients of donor human milk (DHM)

Gemma Chandler,[1] Amina Hatia,[1] Gillian Weaver[2] and Natalie Shenker[1]
[1] Imperial College London [2] The Human Milk Foundation (2023)

Aim

To produce two user-friendly leaflets for donors and recipient families of the Islamic faith to access when donating or receiving DHM in hospital and in the community.

1. Background

For some Muslim recipient families and donors, accessibility to donor human milk (DHM) can be affected by the Islamic legal ruling of Ridaa – an Arabic term used to refer to milk kinship or siblings created through breastmilk sharing. This often leads to concerns over the religious acceptability of milk banking and the use of donor human milk, due to the possibility of future marriage between individuals related by milk kinship.

In 2016 a resolution was agreed by the British Association of Perinatal Medicine, Muslim Council of Britain, UK Association for Milk Banking and religious scholars, that milk tracking technology should be enhanced to ensure full traceability of milk from donor to recipient. However, the team at the Hearts Milk Bank found that families needed further information and support in order to make informed decisions about donating or receiving DHM - hence the decision to develop culturally specific resources.

2. Method

A thorough literature review was conducted, along with extensive consultations with former milk donors and recipient families, Islamic healthcare professionals, Imams and Islamic Jurists on what the issues and barriers may be. This collaborative effort ensured that the leaflets would cater to the specific needs of its users while being inclusive from both cultural and religious perspectives. Ongoing support was offered by email/telephone to families.

3. Results

Two leaflets were developed as an addition to the current leaflets given to prospective milk donors and donor milk recipients by the Human Milk Foundation. These provide families with an evidence-based resource with unbiased culturally sensitive information on kinship.

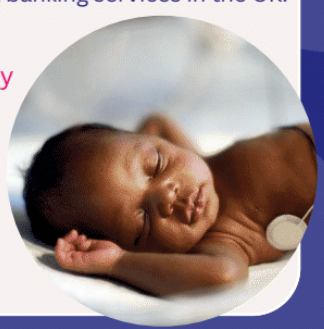
Next steps

- All staff to be given cultural awareness training on kinship.
- Developing the leaflets in other languages.
- Creation of culturally sensitive training resources.
- Collaboration with other cultural/religious groups.
- Multi-faith conference/workshop on DHM.

Survey on acceptability of donor human milk banking in the UK

In collaboration with Imperial College London & Swansea University, the HMF is exploring knowledge, perceptions and attitudes surrounding DHM and milk banking services in the UK.

Please scan the QR code if you would like to complete the survey (15-20 mins). Thank you!



hmf HUMAN MILK FOUNDATION

hmb HEARTS MILK BANK

Imperial College London

UK Research and Innovation

Zipitis CS, Ward J, Bajaj R. Use of donor breast milk in neonatal units in the UK. Arch Dis Child Fetal Neonatal Ed 2015;100:F279–81. doi:10.1136/archdischild-2014-307606
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An assessment of infant and follow-on formula labels in the UK and manufacturers' compliance with the Code, UK law and Guidance Notes

Maiko Kamata[1], Katie Pereira-Kotze[2], Marko Kerac[3], Vicky Sibson[2]
1. London School of Hygiene & Tropical Medicine (LSHTM) (kamatamaiko@gmail.com), 2. First Steps Nutrition Trust www.firststepsnutrition.org,
3. Centre for Maternal, Adolescent, Reproductive, & Child Health (MARCH), LSHTM

Background

The exploitative marketing of commercial milk formula (CMF) shapes social norms, values and beliefs around infant feeding. It undermines breastfeeding and safe and appropriate formula feeding by influencing individual's decisions on what, when and how to feed their babies[1]. To protect mothers, infants and young children from inappropriate marketing of CMF, bottles and teats, the International Code of Marketing of Breast-milk Substitutes was established in 1981 and is updated through subsequent World Health Assembly resolutions. Together these form 'the Code'[2]. The UK law encompasses only some provisions of the Code[3], in addition to which there have been observed violations of the law with regards labelling provisions.

Methods

Products included: All infant formula (IF) (marketed for use from birth, and suitable for use to 1 year of age) and follow-on formula (FoF) (marketed for use from 6-12 months of age, but unnecessary) sold in the UK, identified from First Steps Nutrition Trust's https://infantmilkinfo.org/ website and additional products on companies' official websites.

Products excluded: Formula milks marketed for children aged 12 months + and those marketed as foods for special medical purposes.

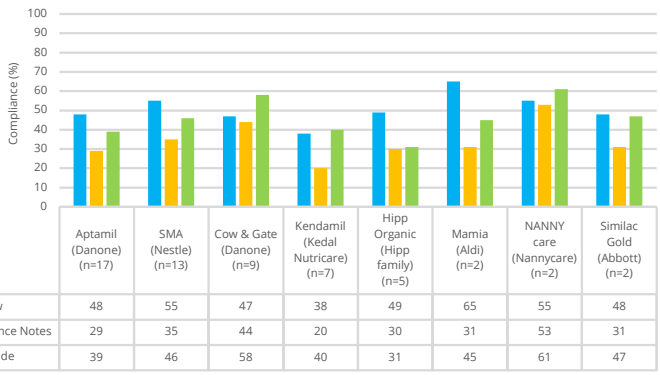
Data collection: Took place during July and August 2022 and involved capturing label images from companies' websites and photographs taken of products in shops or purchased online.

Data analysis: Involved the development and application of three labelling practice checklists to systematically assess compliance of each product's label with the relevant provisions of the Code, UK law, and Guidance Notes. Compliance was scored and mean averages calculated to compare between the regulatory frameworks, product types and brands.

Aim

This study aimed to describe the compliance of the labels of IF and FoF with the Code, the UK law, and Department of Health and Social Care (DHSC) Guidance Notes which provide their interpretation of some provisions of the UK law.

Results



	Aptamil (Danone) (n=17)	SMA (Nestle) (n=13)	Cow & Gate (Danone) (n=9)	Kendamil (Kedal Nutricare) (n=7)	Hipp Organic (Hipp family) (n=5)	Mamia (Aldi) (n=2)	NANNY care (Nannycare) (n=2)	Similac Gold (Abbott) (n=2)
UK law	48	55	47	38	49	65	55	48
Guidance Notes	29	35	44	20	30	31	53	31
the Code	39	46	58	40	31	45	61	47

Figure 1. Percentage compliance of IF and FoF in the UK with the labelling provisions of three regulatory frameworks by manufacturer and brand

The labels of 57 products were assessed, of which 32 (56%) were IF and the rest (n=25, 44%) were FoF. The highest mean compliance score among the three regulatory frameworks for the sample as a whole was compliance with UK law at 50%, while compliance with the expanded provisions of the UK Guidance Notes was 32% and compliance with the Code was 40%. Figure 1 shows the percentage compliance by manufacturer and brand.

None of the labels complied with the provisions prohibiting text and/or photographs idealising formula milk, or nutrition and health claims (where relevant), and cross-promotion was evidenced between all available brand equivalent IF and FoF (see examples in Table 1). Some FoF products were also advertised through pack-shots on the same brand IF, which is also a form of cross-promotion. The health benefits of breastfeeding and risks of using formula milk were not adequately described on labels, as required by the Code. Other non-mandatory promotional content were found on many labels, including customer help lines seeking to build relationship with mothers/carers, and claims of the company's commitment to environmental issues.

Similar text and layout		
IF		FoF 
Similar images		
IF		FoF 
Similar colours and design		
IF		FoF 

Table 1. Examples of cross-promotion between labels of IF and FoF in the UK

Conclusions

IF and FoF labels in the UK violate many of the provisions of all three regulatory frameworks, showing how CMF manufacturers use product labels as marketing tools to increase sales. The UK law should be better enforced and strengthened in line with the Code to protect breastfeeding and safe and appropriate formula feeding.

1. WHO & UNICEF. 2022. How the marketing of formula milk influences our decisions on infant feeding.
2. WHA. 2001. Global strategy for infant and young child feeding: the optimal duration of exclusive breastfeeding.
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Home Phototherapy

Optimising Breastfeeding & Family Closeness

AUTHORS

Amanda Smith, RN(Child), Neonatal QiS, IBCLC
Jessica Smith, RN(Adult), Neonatal QiS
Claire Hunter, RGN, Neonatal QiS

AFFILIATIONS

Neonatal Homecare Team, University Hospitals of Leicester, South Hub East Midlands Neonatal ODN

INTRODUCTION

The Neonatal Homecare Team in Leicester commenced the Home Phototherapy Programme in January, 2023. Babies that meet criteria are sent home to receive their phototherapy treatment, instead of requiring a paediatric ward admission. This prevents family separation and keeps them in the comfort of their own homes. They are able to feed and cuddle their babies while phototherapy treatment continues. As well as daily bilirubin blood sampling, blood spot screening, weights, and daily feeding support and reviews are carried out. Finally, STORK training is provided on the day of discharge. We are happy to have received 100% positive feedback from families.

OBJECTIVE

As well as keeping families close and with their own support networks, we were keen to provide feeding support on a daily basis to align feeding outcomes with parents' goals as soon as possible. We hoped to improve breastfeeding rates when discharged from Home Phototherapy, as compared to a paediatric ward admission.

METHODOLOGY

We collected feeding intention from the mothers on assessment at clinic review, and where this was not done, it was taken from the maternity clinical system. Any feeding plan at clinic was documented. Post-treatment outcomes were collected from paediatric discharge summaries and, later, Home Phototherapy documentation. Midwifery to health visiting outcomes were collected from the maternity clinical system.

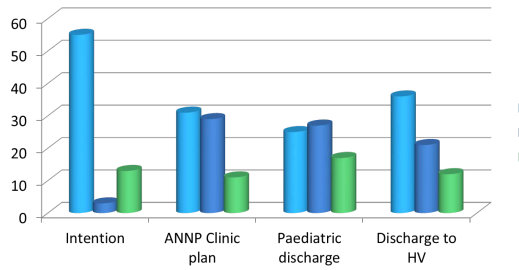
RESULTS

71 babies were admitted to paediatric wards over 10 months had a 55% decrease in exclusive breastfeeding by discharge. 10% of babies having exclusive or partial breastmilk were no longer receiving *any* breastmilk at discharge.
168 babies received Home Phototherapy in the same time, with a 21% reduction in exclusive breastfeeding overall and 0% of babies no longer receiving *any* breastmilk at discharge. Despite more than double the babies, disruption to breastfeeding was minimised and resulted in earlier return to breastfeeding when receiving Home Phototherapy as opposed to admission for treatment.

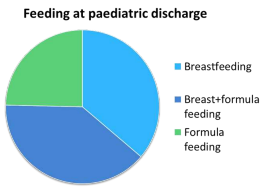
ANALYSIS

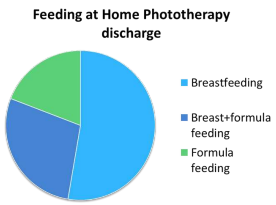
We asked families what the best thing about Home Phototherapy was...

- We didn't miss out on special moments
- It meant we could still be together as a family
- I could feed him while he was having treatment
- We were comfortable in our own home, which reduced stress and anxiety

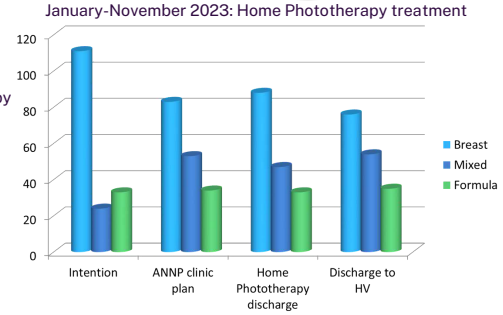


April 2021-February 2022: paediatric ward admissions for phototherapy





January-November 2023: Home Phototherapy treatment



CONCLUSION

Home Phototherapy implementation has reduced lengths of stay on postnatal, transitional care, and paediatric wards and has reduced readmissions to paediatric wards. While this will have a reduction in hospital-acquired infection, particularly in RSV season, it also ensures bed spaces are available for the babies and children that require them. Receiving Home Phototherapy with the support of a Neonatal Homecare team costs 75% less than a hospital admission for treatment.

Families highly rate the service, citing the ease of use, reassurance of daily support, being able to remain close to their baby, and all of this being possible in their home environment with any other children and family. Family satisfaction, in turn, enhances staff satisfaction of the Neonatal Homecare team providing the service.

Since September, Northampton General Hospital has begun to offer the service, and we anticipate complete service availability across the south hub of the East Midlands Neonatal ODN.

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RELATED LITERATURE

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The Breastfeeding Network's Drugs in Breastmilk Information Service

An independent source of breastfeeding support and information since 1997.

Registered Charity No: SC027007

Our Drugs in Breastmilk Service (DiBM) is unique in its provision of information to mothers, families and healthcare professionals on the relative risks of medication taken by breastfeeding mothers. We provide information on the compatibility of individual medications, products and procedures with breastfeeding and help them to explore the situation by asking open questions , listening, and sharing current research and evidence. Our trained volunteer Pharmacists answer enquiries via email and on Facebook

365 days a year.

Breastfeeding families usually ask us:

- Can I take this medication?
- Should I stop or continue breastfeeding?
- Could taking this medication harm my breastfed child?

"I am so grateful for your knowledge and time. What a wonderful service this is!"

What topics do most enquiries relate to?

1. Vitamins/supplements/alternative remedies/homeopathy
2. Minor ailments such as hayfever, sore throats etc.
3. Chronic illnesses
4. Mental health
5. Antibiotics

87% of our calls come from the breastfeeding parent

Our unique service is filling a crucial gap by providing breastfeeding families with evidence-based information, enabling them to make informed decisions about their own healthcare.

We know from our evaluation that if mothers had not received the information our service provides, many would not take their prescribed medication, rather than stop breastfeeding. GPs often assumed mothers would stop breastfeeding, but in reality, some valued breastfeeding so strongly that they would put their own health at risk in order to continue doing so. This would have a profound impact on maternal mental health, as well as both mother and baby's physical health.

100% of callers surveyed said they would use the DiBM service again

The DiBM Team

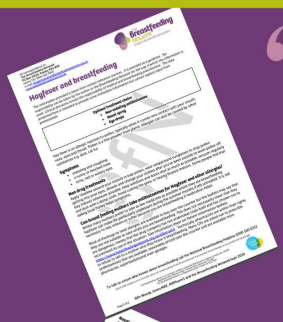
Our DiBM service is available every day of the year thanks to our volunteer team of 19 Pharmacists.
They each take professional responsibility for the information supplied, have professional indemnity insurance and act within their boundaries, and within the remit of the service.

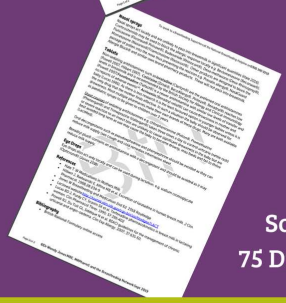
Drugs in Breastmilk factsheets: For families and healthcare professionals

Our service is supported by the use of over 75 factsheets, introduced by the founder of the service, Dr Wendy Jones MBE. They cover the most commonly queried medications, treatments and procedures, explaining the evidence available on the drug in question, as well as exploring possible alternatives.

As well as providing a direct lifeline for families, many healthcare professionals use our free service as a point of reference before they give advice on breastfeeding and drug compatibility.

In our evaluation, healthcare professionals believed that "the service enabled them to provide more accurate, trusted and up to date information to mothers. This was information they often did not have in training or updates from other sources." They also believe "it enabled them to be better practitioners when it came to giving advice on breastfeeding and medications", sharing the information that they found "not only with mothers but colleagues too."





> **Women are sometimes given a stark choice; stop breastfeeding to get the treatment you need or continue breastfeeding and don't have the treatment or investigation you need. This is not patient-centred care and has a negative effect on mothers' mental health. By contrast, DiBM has a positive impact on physical and mental health of service users and also indirectly supports the NHS.**
>
> **Pharmacist, volunteer**

In the last year, our drugs factsheets have been accessed by

1.52 million

individual visitors on our website.

Scan QR Code to explore over 75 Drugs in Breastmilk factsheets:

If you would like to find out more about the service, please contact Hayley Alton, Service and Development Manager at hayley.alton@breastfeedingnetwork.org.uk

References:
Our evaluation: BfN Executive summary.pdf (breastfeedingnetwork.org.uk): Brown, A., Finch, G., Trickey, H., Hopkins, R. (2019) 'A lifeline when no one else wants to give you an answer: an evaluation of the Breastfeeding Network drugs in breastmilk service'. Breastfeeding Network: Scotland. Data on statistics are from our own call recording forms. https://www.breastfeedingnetwork.org.uk/wp-content/dibm/2019-09/Hayfever%20and%20breastfeeding.pdf

How do first-time fathers directly influence infant feeding outcomes in primiparous women? A qualitative, phenomenological study

Jen Menzies – PhD Candidate – Assistant Professor jennifer.Menzies@northumbria.ac.uk

Supervisors: Dr Catherine Ellis, Dr Vikki Smith.

Northumbria University
NEWCASTLE

AIM

To explore first-time fathers' experiences of supporting infant feeding decisions and identify what influences this activity.

WHAT ARE THE QUESTIONS?

- How do first-time fathers experience infant feeding decisions?
- How do fathers' experiences influence their ability to support feeding?
- What influences a father's ability to support feeding methods?

WHO

A homogeneous sample of first-time fathers of primiparous women in an area of deprivation in the North East of England

HOW

A qualitative research approach using interpretative phenomenological analysis to explore infant feeding decisions at two-time points,

- 18-38 weeks antenatally
- 6 weeks postnatally.

Using semi-structured, virtual, recorded interviews with men becoming fathers for the first time.

BACKGROUND

While mothers make the decision of feeding method, much is still unknown about the influence fathers have on this(1-4). Infant feeding is integral to maximum health benefits for the infant; however, few parents choose exclusive breastfeeding. This is recommended globally as the best way to provide infants with all the necessary nutrients (3, 5). By identifying the type of support fathers provide to their partners and understanding how to enhance this support, we can contribute to improving child health and parental education (6, 7). This research aims to add to the current literature and knowledge base of healthcare professionals, which can, in turn, influence policymakers and service providers.

PROGRESS TO DATE

- Antenatal interviews n=9
- Postnatal interviews n=7

Positive father involvement is associated with positive child outcomes such as fewer behavioural problems, a decreased risk of social and psychological problems, better social competence and cognitive function . Therefore, paternal involvement in infant care and feeding(8-13).

The UK has one of the lowest breastfeeding rates in Europe, with almost a third lower in more deprived areas(14).

HEADLINE INTERIM RESULTS

- **Indicate that fathers recieve little or no professional support to assist in feeding supporter decision making.**
- **Infant feeding information for fathers is gained mainly from family,social media or secondary from the partner.**
- **Fathers want more information tailored for them to help make informed decisions about infant feeding.**

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A mixed methods evaluation of the memory aide for positioning: CHINS

Dr Lynette Shotton
lynette.shotton@northumbria.ac.uk

This evaluation was funded by the Burdett Trust for Nursing

Introduction

This poster reports the findings of a mixed methods evaluation of CHINS. CHINS was developed in 2010 (Harland, 2011) to help practitioners remember, recall and use theory to support positioning for effective breastfeeding. CHINS has been adopted by the UNICEF Baby Friendly Initiative and is used widely in healthcare practice, but until now has not been subject to formal evaluation of impact in practice.

CHINS

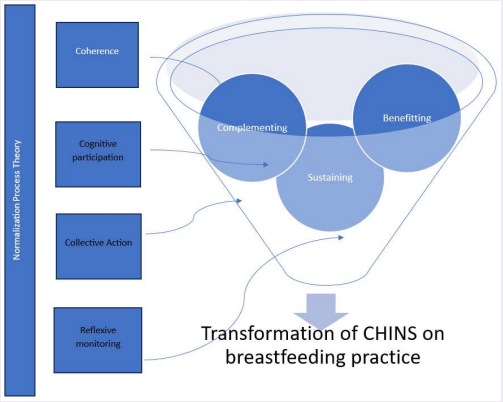
Close: babies need to be close to their mother so they can scoop enough breast into their mouths. Ensure both mother and baby's clothing and hands are not in the way.
Head free: when attaching to the breast babies tilt their heads back. This allows the chin to lead as they come to the breast. Even a finger on the back of the baby's head will restrict this important movement.
In line: the baby's head and body should be in alignment so th`ey do not have to twist their neck, which would make feeding and swallowing difficult.
Nose to nipple: with mother's nipple resting below the baby's nose, they will begin to root. As the baby tilts their head back, the nipple will slip under their top lip upwards and backwards to rest between the hard and soft palate. Nose to nipple is that starting point for effective attachment.
Sustainable: mothers need to be comfortable and relaxed and in a position that suits them best.

Theory

The four constructs of Normalisation Process Theory (May et al. 2015),Coherence; Cognitive Participation, Collective Action and Reflexive Monitoring were used to develop survey and focus group questions and to analyse the data.

Methods

Ethical approval was obtained from Northumbria University study ID 40808.
A flier was distributed via breastfeeding, professional networks and social media to purposively recruit breastfeeding practitioners across the United Kingdom (UK).
Phase 1 115 practitioners from across the UK completed an online survey
Phase 2 16 survey respondents took part in five focus groups
Data analysis Survey data was analysed using bivariate and multivariate tests. Focus group data was analysed using the four constructs of Normalisation Process Theory



Findings

Findings from the survey and focus groups were integrated and aligned to the four constructs of normalisation process theory to produce the following schema:

Complementing

UNICEF played a key role in the normalization process. **Survey findings** showed that practitioners were five times more likely to value CHINS if they had completed UNICEF Baby Friendly Initiative Training. This was echoed in focus group findings where most of the participants made a connection between UNICEF training and CHINS. For example, one participant indicated:

"That's all I've ever used to teach breastfeeding, because that's the way I was taught. So, first and foremost, I would teach [CHINS]– if it fits with current evidence. Which… Yeah, there's nothing saying anything has really changed there. So, I would use that. Probably we use it alongside the fact that UNICEF are really established in wanting to use that. And, I mean, that is something, when you go to the study day, that they do. It's in their slides, and they do use the CHIN mnemonic." (R7).

The participants also cited key resources and guidance, which helped to promote use of CHINS. These included the Practical Skills Review (UNICEF BFI), The Mothers and Others Guide, as well as local NHS service level guidance and in mobile apps:

"We have a similar guide…An Essential Guide to Feeding Your Baby and we have CHINS in there and we have it on the wall, we have an App, and it really links to UNICEF. So, it's (CHINS) all on the app as well" (R11).

So, here, there was clear evidence of normalisation but the reason behind this is outlined in **survey findings** which showed professional duty in supporting breastfeeding was associated with practitioners driving the use of CHINS and feeling that they had had sufficient training and that use of CHINS was supported by management. **Focus group** data supported this:

"The Scottish government has got to change the drop off at six to eight weeks, then, by 2025.[..] But I use CHINS every day.[..] We, sort of, adopted it… It came through UNICEF, obviously, for us as well, as a Trust. As a board. So, all our staff have UNICEF training, you know, as the requirements. As part of the BFI initiative. So, it just fed through… Through the training. And I… We use it because we know it helps mums to remember." (R14)

"And I think now there's such a push, isn't there, with the NHS Long-term Plan that all maternity services need to be accredited. That it is… It is [CHINS] becoming more widely shared in the training". (R15).

Benefiting practitioners and service users

Survey findings found staff who had had UNICEF BFI training were more likely to value CHINS and this improved their confidence in providing breastfeeding education to students and peers. This was also evident in **focus groups** where practitioners talked about simplicity of CHINS, the beneficial structure and perceived benefits to both practitioners and mothers:

I think obviously CHINS… With it being so simple, it's given people the confidence to, kind of, discuss, you know, the principles of positioning with parents. So, even if you are, you know, very new to the NHS, very new with supporting with infant feeding… Just being, kind of, taught that mnemonic. It does – it kind of gives the confidence to then pass that message to the mum. So, I don't think you have to be an expert in infant feeding to… To apply the CHINS principles. I think it works across the board. (R1)

So, it's (CHINS) just used far and wide. And if you speak to women, once you've taught them it once it's really easy for them (R7)

I suppose I would class myself as an expert, but it's just nice with a busy clinic of 31 mums, that you know, I just have to remember CHINS… and I don't have to think oh my God "(R12).

There was also evidence of CHINS being used to challenge poor practice:

"Even on NHS images – it looks so lovely and snuggly, but the head isn't free. And that's my reference. I say, oh, look at this – this isn't CHINS (R13)

And to highlight in professional records when they had delivered good care:

"and then you've documented it (CHINS)– because, actually that's what you have done" (R16)

Sustaining CHINS

Survey findings showed that if length of practice was more than 10 years, staff were more confident in providing breastfeeding education to students, peers and service users. Focus group findings supported this and revealed that CHINS helped experienced staff as well as new staff:

"I suppose I would class myself as an expert, but it's just nice with a busy clinic of 31 mums, that you know, I just have to remember CHINS… and I don't have to think oh my God "(R12).

"And we've recently trained some staff that have had no, sort of, training before. So, completely new to feeding. And the comments from them have been very much like they just forget the principles, completely, when they were learning this themselves. So, actually, using the CHIN acronym just really, really helps them to actually remember themselves what they're going through with the women" (R1)

However, staff were aware of attrition and skill mix, as identified by one focus group participant:

"In the NHS, the turnaround of staff is just so huge and so continuous. So, you depend on, kind of, having a regular reminder training sessions, which aren't always facilitated when services are so busy. In… In my department, we provide an infant feeding update every three years, and it's part of that update. But three years is a long time" (R15)

Transformation of practice

Key focus group findings indicated the widespread use of CHINS had had a transformational impact, in providing structure, standardisation, and addressing outdated approaches. For example:

"I think staff liked tummy to mummy, because it sort of rhymed. But then UNICEF said, well, it isn't… that doesn't work for everybody, but then that's hard to, sort of, say. So, CHINS just makes it… Because it's your own boobs, isn't it? It's the own size of your baby, and your own size of your boobs, really, that…" (R11)

"Because it can be used from anybody that's supporting breastfeeding. And it is literally the go to. So, yeah, you're saying it is a small thing, but I think it's massive. I do think it's massive". (R4)

"you've not invented a new drug or a special medicine for making… But it's as effective as that. That's what it is. It's a… As you say, it's a communication tool for breastfeeding" (R13)

One survey participant had a negative view of CHINS and felt it was too simple and produced problems in practice. However, this was not the norm and indeed one focus group participant responded to this:

"No, definitely not. I think just… The only time where it can, kind of, cause frustration for mothers, is if they've been told something entirely different previously. And I'm coming in and saying, right, this is an approach that I would recommend. Someone told me something entirely the opposite… But that's not the fault of the abbreviation, that's just what's happened previously". (R15)

Implications

- UNICEF BFI training has been pivotal in producing widespread awareness and use of CHINS and plays an important role in sustaining its use
- Further dissemination and evaluation with a larger sample would help confirm the impact of CHINS
- A similar memory aide for attachment may have similar value.
- Consideration must be given to developing and sustaining skills of the breastfeeding workforce.

Want to know more about my work?
Visit the CHINS and Attachment area of the Northumbria University Knowledge Bank. Access via QR or link below:
https://www.northumbria.ac.uk/business-services/engage-with-us/research/ip-and-commercialisation/knowledge-bank/

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THE BENEFITS OF THE MATERNITY SUPPORT WORKER IN A CONTINUITY OF CARE MODEL

In a time when recruiting and retaining midwives into the team has proven to be difficult, embedding a Maternity Support Worker (MSW) within our Personalised Midwifery project (PMP) has enhanced and aided the delivery. We explore the additionality that the MSW role provides and the benefits to our families.

Author

Sophie Eveleigh

Contributors

Rachael Moss, Gill Thornton, Bethany Lewis & Alison Powell

Introduction

Recent policies for Continuity of Care in England, Scotland and Wales (1,2,3) all consider the midwife as the central role of the continuous carer. Here, we show, that in the context of falling numbers of midwives (4), how providing a cost effective non-clinical member of staff does not have to compromise the core ethos of continuity.

Better Births' was published in 2016 by the NHS (5) to discuss improvements required in midwife led care in England. Better Births spoke of implementing the midwife-led 'continuity of carer' (MCC) model. The model sits within the Maternity Transformation Programme with MCC said to support safer, more streamlined maternity care, while fostering positive relationships between women and their midwives, and resulting in better outcomes for women and their babies [6].

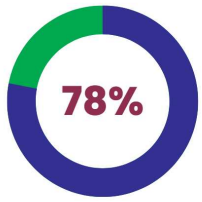
Objective

The Personalised Midwifery Project (PMP) is a project running as a partnership between Better Start Bradford, Reducing Inequalities in Communities (RIC) and Bradford Teaching Hospitals. The aim is to improve maternity care in the Better Start Bradford (Bowling and Barkerend, Bradford Moor and Little Horton) and RIC identified postcode areas based on GP practices. The project seeks to reduce health inequality for babies and their mothers. We have built a small team of 3 WTE midwives, 1 team leader, 1 maternity support worker (MSW) and an administrator (ward clerk). This team is known as the Clover Team and they are under the community midwifery teams umbrella.

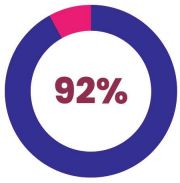
The project has been created using the Midwife Led Continuity Model (MCC) of maternity care which sees Continuity of Carer as central to MCC. It is a relationships-based model of midwifery care where the named midwife is the primary caregiver to each woman and her baby during the antenatal, intrapartum and postnatal periods. MCC is safer and better for babies and mothers (6).

The role of the Clover Team MSW

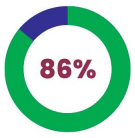
- Pre-Booking appointment to cover Public Health messaging and signposting
- Breastfeeding support and extra support for post-natal period
- Owns the antenatal plus appointment at 22 weeks
- Runs the Antenatal Plus Clinic, delivering Public Health messaging and handing out appropriate resources
- Preparing booking, birth planning and new born screening packs
- Day 3 and day 5 post-natal visits
- Collecting stock and ensuring all clinical venues are well stocked
- Admin tasks in the absence of admin staff
- Randomisation of women for the evaluation



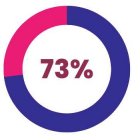
Over 78% breastfeeding initiation rate in the Personalised Midwifery Project. The Bradford rate is currently around 70%



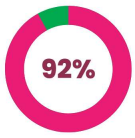
of women said they were definitely given information about breastfeeding



of women had a pre-booking appointment with an MSW

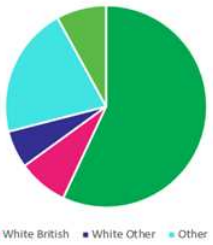


of women utilised our MSW-led 22 week appointment



of women felt the team supported their health during pregnancy

Ethnicity of participants



The Model

Phase 1 of our project saw the MSW take on the pre-booking visits which we found improved access to care. This worked alongside all appointments with the named midwife and MSW being longer than standard care.

Phase 2 of the project continued with the MSW doing this work but further embedded the role into the model by doing the preparation work ahead of the booking appointment, establishing of relationship and giving public health messages such as Breastfeeding Support.

In Phase 3 of the project the MSW is continuing the work as identified in Phase 1 and 2.

Findings

In Phase 1 of the project the women reported high levels of satisfaction, higher trust levels with named midwife compared to standard Care. Midwives reported high levels of job satisfaction, reduced stress, and increased role fulfilment. This was echoed in Phase 2 where midwives felt that upskilling the MSW had freed up their own time.

Evidence from practice showed that women receiving PMP were more likely to be referred to additional preventative support such as Better Start Bradford Baby Steps, Bradford Doulas and into perinatal mental health support.

The MSW carried out 172 postnatal plus contacts which are personalised to address relevant areas such as safe sleep, smoking, weight, and contraception advice. The MSW completed 231 other postnatal appointments.

Embedding an MSW into the service has allowed our project to function with the existing staffing pressures facing midwifery whilst still giving a personalised and patient centred service to the 438 women that we have supported through the antenatal, postnatal and intrapartum period.

Conclusion

PMP phase one improved access to care via pre-booking visits from a Maternity Support Worker (MSW). PMP2 continued with MSW embedded in the model for preparedness ahead of the booking appointment, establishing of relationship and giving public health messages.

Research shows that families and midwives value the MSW in the team (7,8,9) and have reported the MSW role as critical to covering the workload.(7,8)

The MSW could, and should not replace midwifery led care, however they are crucial to supporting and complementing care received from a midwifery team during pregnancy and beyond (10).

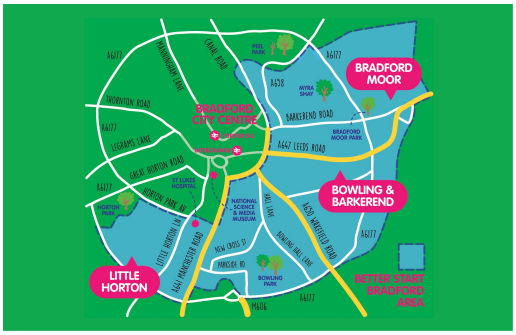
About Better Start Bradford

We know the earliest years are critical to a child's future and want children across the Better Start Bradford area and beyond to have the best possible start in life, in terms of their health, wellbeing and life chances.

Better Start Bradford is one of five 'A Better Start' programmes in England set up and funded by The National Lottery Community Fund.

We provide 15+ amazing projects and services for expectant families and families with children aged 0-3 in Bowling and Barkerend, Bradford Moor and Little Horton.

Together we're making support and services for families stronger, so that children can have the best start in life.



Find out more

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NIHR | National Institute for Health and Care Research

University of Central Lancashire UCLan

"You're not far off putting a syringe on it with a line through it saying 'don't do it'"- Parent and Carer Perceptions of Infant Feeding Health Messages

[o]Selby, B. *Ahmed, S.* Nylander, D. [o]Hall Moran, V. [o]Thomson, G.

*NIHR ARC North West Coast Public Advisors & [o]University of Central Lancashire

Image 1: Visual representation of title

Introduction

Our poster summarises and presents some early results of a study that aims to uncover the thoughts and opinions of parents and carers who live in a socioeconomically deprived region in the northwest coastal area of the UK. This area has faced unique health challenges, particularly in terms of low breastfeeding rates and high infant mortality (Whitty, 2021).

The focus is on exploring the perspectives of parents and carers regarding infant feeding health messages to assess the effectiveness of the current infant feeding health messaging campaigns from their viewpoint.
The study aspires to generate grounded theory, which will be incorporated into a 'recommendations and practical application' element. This approach, common in Applied Communication Research, seeks to inform future campaigns and practices in infant feeding and beyond.

Two public advisors supported the project, ensuring it remained inclusive and well-informed in tackling health inequalities. Their role was crucial in sensitively addressing community needs and bringing diverse perspectives to the research. Their involvement made the study better equipped to address health inequalities in the region's communities.

Aims

The primary goal of this research study is to investigate the viewpoints of parents and carers regarding public health messages on infant feeding in a coastal community with socioeconomic challenges.
To accomplish this goal, the study had multiple objectives:
1. Explore the public health messages parents and carers receive regarding infant feeding

2. Explore the meaning and influence that parents and carers attribute to the messages they receive.

3. Investigate the intrapersonal communication processes parents and carers experience when exposed to these messages.

4. Identify recommendations for improving access and reach.

5. Generate a theory that explains and understands participants' experiences and perceptions regarding infant feeding health messages.

The study will delve into the intrapersonal communication processes, which will support understanding participants' internal thoughts and reactions when exposed to these messages. By thoroughly understanding these processes, recommendations can be made for improving access and reach of public health messages related to infant feeding and developing a theory that reflects participants' experiences and perceptions.

Methods

The study uses an iteration of grounded theory, constructivist, to generate theory and analyse data obtained through interviews and memo-writing. This methodology was selected for its suitability in exploring and understanding phenomena within the applied communication context.

The recruitment process was ongoing and iterative, utilising a combination of sampling techniques and specifically targeting parents and carers of children under 36 months from within the Northwest Coastal Region. To date, the study has 22 participants.

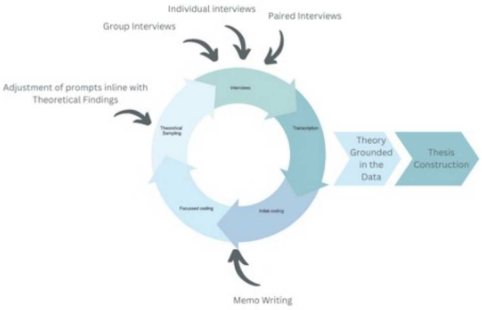

Image 3: Visualisation of the approach taken

The data collection process included interviews, demographic information collection, and memoing. Interviews allowed the gathering of detailed information on participant experiences and perspectives, and they were conducted in group, paired, and individual formats, both online and in person. Group interviews were conducted within established groups during baby massage sessions held in children's centres within communities. Stimulation materials in the form of example messages were included in the interviews to deepen exploration and serve as conversation starters.

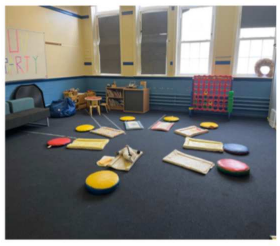

Image 4: Group interview setting within a baby massage class

Demographic information such as age, gender, ethnicity, and income was collected to understand factors contributing to health inequalities. Memoing helped capture thoughts and observations during the research process. Postal codes were collected to determine participant IMD percentile values, which can predict the likelihood and duration of breastfeeding initiation (Brown, 2010). Such measures may support equitable targeting of interventions like infant feeding support and advice.

Early Results

The project findings are categorised based on three emerging themes: reluctance to engage with current messaging, reduced opportunities to engage with current messaging and participant perceptions of the approaches taken in current messaging.

Reluctance to Engage:

This category relates to the perceived framing of the infant feeding health messages as discussed by the participants. Things discussed included the language used in the messages, the perceived weighting of the messages in favour of a particular feeding method, and hidden messages- which feed into reinforced feelings of failure.

"It comes across, yeah, this is the right thing to do. You don't really want to do that."

"All the posters were, well, just pro-breastfeeding, and I can imagine that was quite, not intimidating. But you, if you didn't want to do it, it probably wasn't very welcoming."

Reduced Opportunities To Engage:

The second theme encompasses the perceived availability of messages and elements noted to be missing from within them.

"I've never seen anything that gives women any information on how to bottle feed their babies. If that's the way they choose to go, I think you really have to fight for that information."

"I also think that sometimes it's nice to do support FOR dads that have a baby, because they some dads get overwhelmed, and they don't or can't talk about their feelings. "

Physical Characteristics:

A significant portion of comments focus on the physical appearance of the messages, including feedback on both existing messages and suggestions for future messages.

"I just think some of the like the bottle feeding ones, you know, like they're all just a bit like black and white sometimes it's not really much going on you know there's no pictures and no faces."

Image 2: Collage of positive attributes of existing messages and future suggestions

To illustrate the positive feedback on message aesthetics, Image 2 was created using some of the comments provided by participants. It is worth noting, however, that not all feedback was positive, as suggested by the quote in the title of this poster.

"I often think that they can be too wordy. Oh, it's going on too long. And you stopped reading it after the first paragraph."

Next Steps

As part of this PhD project, the immediate focus involves developing theories and crafting a thesis for submission. The ultimate postdoctoral objective is to collaboratively engage with parents and carers, co-creating resources that enhance decision-making in their infant feeding journeys based on the insights gained from the current project.

Potential Impact

The potential outcomes of this research could significantly contribute to improving future public health campaigns related to infant feeding, particularly for families in socioeconomically disadvantaged areas. With suitable adjustments, these campaigns can potentially extend their impact to communities in various localities, addressing health inequalities.

Dissemination of Findings

Study findings will be disseminated through diverse channels, including academic conferences, peer-reviewed publications, and community presentations. This ensures that the insights gained reach a broad audience and contribute to informed decision-making.

This report is independent research funded by the National Institute for Health and Care Research Applied Research Collaboration North West Coast (ARC NWC). The views expressed in this publication are those of the author(s) and not necessarily those of the National Institute for Health and Care Research or the Department of Health and Social Care.

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Primary Researcher:
Becca Selby
rselby1@uclan.ac.uk
@BeccaSelby

Connectedness

"Running through our veins"– A student perspective on the Baby Friendly Accreditation process in a British University

Rebekah Smith and Meriel de Vekey

Introduction

- Meriel and Rebekah are Newly Qualified Midwives.
- They were part of the Covid Cohort training between 2020 and 2023.
- Between them they have 7 children.
- This is an unashamedly personal reflection on their individual experiences of learning at a BFI Accredited University
- Rebekah and Meriel would like to acknowledge the support and guidance of Debbie Sharp, Midwife, UH Lecturer and BFI Lead in producing this poster

University of Hertfordshire

- Located in Hatfield, to the north of London
- Cohort diverse in terms of age and ethnicity
- Offering pre-and post-registration midwifery programmes alongside a well-regarded MSc in midwifery and women's health
- Working relationships with five different NHS Trusts for student placements
- Achieved BFI Accreditation in 2022

University of Hertfordshire UH

University Standards

UNICEF UK Baby friendly Initiative university standards (UNICEF UK, 2018)

Students to develop a **foundational knowledge** of the physiology of lactation, the value of skin-to-skin contact, and developing good attachment. Students are able to identify feeding challenges and support mothers to overcome them. Parents are supported to safely and responsively bottle feed their baby.

Learn **communication skills** so that mothers feel supported to make informed decisions about feeding their babies,

An **awareness** of the infant feeding culture in the UK, and factors that affect infant feeding decisions. Knowledge of the WHO International Code of Marketing of Breastmilk Substitutes.

Connected students become connected practitioners

Investment in relationship building yields far reaching benefits both in terms of individual students as practitioners and potentially affecting student and midwife retention, job satisfaction and resilience. (Bass et al., 2016)

Five Senses

Emerging from Australian research into Higher Education, the Five Senses of Success model (Lizzio, 2011) suggests that developing students'

sense of capability, purpose, resourcefulness, identity and connectedness

can enhance both satisfaction and attainment. In upholding the BFI University Standards, students experience teaching which feeds into all five senses.

Infant Feeding and Relationship Building

- Students undertake a foundational module at Level 4 designed to embed skills and knowledge required by the BFI University Standards
- The only module across the three-year programme which specifically dedicates teaching time to listening and communication skills
- An opportunity to reflect on students' previous experiences of infant feeding and parenting which otherwise might not be acknowledged or processed

Placement supervisors noted that students from Baby Friendly accredited universities were better equipped to support new mothers with breastfeeding and attachment building. Students exhibited the following skills:

Foundational communication skills

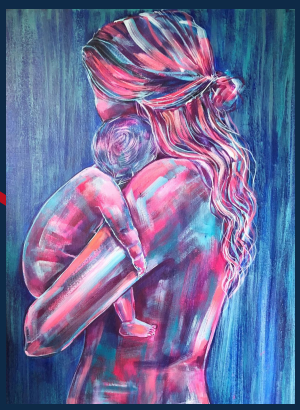
Active listening, empathy, responsiveness, body language, professional curiosity

A passion for supporting mothers and families

Not just the mechanics of infant feeding, but supporting new families as they get to know each other and find their 'new normal'

Reflective practitioners

As well as reflecting on placement experiences, exploring their motivations, history and the 'emotional baggage' that they carry



Students were able to experience connectedness by experiencing the authentic modelling of relationship building in education, providing a blueprint for practising connectedness

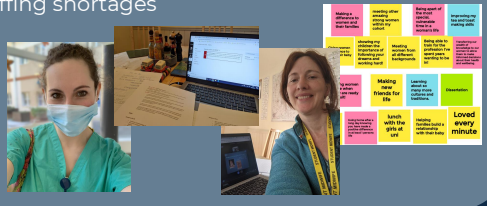
Layers of connectedness

"Every meeting I have, every interview and interaction – I go into it holding the mother and baby dyad front and centre"

(Debbie Sharp, BFI Lead, Department of Allied Health Professions, Midwifery and Social Work, University of Hertfordshire)

Covid and Connectedness

- Covid presented several challenges for relationship building in midwifery training:
- **Online teaching**
  - ➢ Students struggled to build relationships online. Students reported feeling isolated.
  - ➢ Making connections through the content of IFRB module even more crucial with COVID backdrop (Calica and Paterson, 2023)
- **Placement**
  - ➢ PPE challenged connectedness
  - ➢ Staffing shortages



Find out more: We'd love to have conversations about BFI in universities, student experience and connectedness. Information from this poster, together with additional reflections and our contact details, are available by scanning the QR code

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Original artwork by Rebekah Smith (layers of connectedness) and Chloe Trayhurn (mother and infant) www.chloetrayhurn.com