

NATIONAL NEONATAL PROJECT: EXECUTIVE SUMMARY

The National Neonatal Project in numbers

By the end of the project:

- The average length of each episode of skin-to-skin increased from 43 minutes to a stable range of **73-78 minutes**
- The total minutes of skin-to-skin per baby across the audit week rose from 217 to **336 minutes**
- The percentage of babies receiving human milk in 24 hours after admission increased from **17% to 37%**
- The percentage of babies receiving human milk when they leave the unit increased from **26% to 52%**
- The percentage of mothers breastfeeding when they leave the unit increased from **19% to 44%**
- **94% of nursing staff and 90% of medical staff** had completed core training in the Baby Friendly Standards
- Three units achieved **Stage 1**, nine units reached **Stage 2**, and six units achieved **full accreditation (Stage 3)**

Background

In 2015, the Baby Friendly Initiative (BFI) introduced neonatal standards that recognised the vital role of breastmilk and breastfeeding in supporting the health of sick or preterm babies, the importance of parental involvement in nurturing strong parent-infant bonds and to value parents as partners in care.

This report presents the evaluation findings from the National Neonatal Project (NNP), a UNICEF UK and BFI-supported programme that ran from September 2021 to December 2024. The project was designed to enable the

implementation of the neonatal standards and increase the amount of time babies spent in skin-to-skin contact. It provided a package of support to help 18 neonatal units achieve full Baby Friendly accreditation¹ within the three-year project timeframe.

The evaluation explored the key enablers and barriers to successful implementation of the standards and examined how BFI drives changes in practice.

The findings demonstrate that the NNP has been a powerful catalyst for implementing the standards, leading to cultural and systemic change in neonatal care.

Key Findings

Implementation

- Participation in the NNP brought several benefits, including access to training, tailored resources, one-to-one support, peer learning opportunities, and coverage of accreditation fees. This comprehensive support accelerated implementation of the standards and played a key role in securing senior leadership support.
- Some units found the three-year completion target challenging, highlighting the need for greater flexibility in future projects.
- Evaluation findings underscored the efficacy of BFI guidance, such as appointing a designated lead and a Baby Friendly Guardian in supporting successful implementation.
- Units that appointed a designated infant lead with sufficient protected time from the outset of the project made the greatest progress in implementing the standards.
- Additional enablers included strong commitment and support from senior leadership, building capacity and sustained ongoing commitment and resilience in the face of various challenges.
- The Baby Friendly Initiative (BFI) is one of several care improvement programmes currently being implemented in neonatal settings. The evaluation found that BFI aligns well with other initiatives and complements their aims, particularly highlighting significant overlap with Family Integrated Care (FICare) and Bliss.
- Monitoring and evaluation play an important role in promoting an evidence based and data driven approach to implementation. The evaluation identified several challenges related to data collection, including missing data on infant feeding due to data entry challenges and difficulties in consistently capturing skin-to-skin contact.

- The implementation of Standard 3 reinforces the aims of Standards 1 and 2, as breastfeeding and close and loving relationships depend on unrestricted access and proximity for families. Evaluation findings indicated that units initially prioritised Standards 1 and 2, however, for effective implementation units should ensure all three standards are implemented concurrently.

Training

- Through the NNP, most nursing and medical staff across the 18 units received in-house training related to the standards. However, completion rates for Practical Skills Reviews (PSRs) were lower than for core training and consideration needs to be given to how to close this gap. Ongoing staff turnover means training must be continuously maintained to ensure consistent implementation.
- BFI's 'Train the Trainer' model was highly effective in cascading training and enabling change. Units reported high levels of satisfaction with the training, support, and resources provided. However, there was a demand for more bespoke materials tailored to neonatal care settings for both nursing and medical staff.
- Delivering robust training is complex and investment in high-quality and engaging training was seen as a key enabler of successful implementation. Units identified a range of challenges including the need for detailed scheduling to ensure staff accommodate both core training and PSR's and securing resources to cover the costs of releasing staff for training.

How the standards achieve change in practice

- Implementation of Standards 1 and 2 led to clear upward trends in early expressing, breastfeeding, and skin-to-skin contact. Units reported improved access to enabling facilities such as private expressing/breastfeeding areas, kangaroo care mirrors, and skin-to-skin wraps. These changes were accompanied by increased staff knowledge, confidence, and consistency in practice, as well as greater parental engagement and confidence.
- A shift towards more embedded practice was evident across units as early expressing and breastfeeding became shared responsibilities embedded in routine care, rather than specialist tasks. Skin-to-skin contact was increasingly recognised and practised as a vital component of care, though many babies still spent significant time not in skin-to-skin contact.

- Implementation of Standard 3 had a transformative impact on staff, parents, primary caregivers, and babies. Units introduced practical changes to support parental presence, including bed chairs, overnight stay options, meal provision, and help with travel and parking costs. These changes were accompanied by a shift in nursing practice, which became more parent-led and responsive. Parents increasingly took the lead in their baby's care, and there was a stronger emphasis on listening to families' views and involvement in decision-making.
- Awareness of babies' rights has become more prominent across neonatal units. Babies have benefitted from reduced separation from their primary caregivers, increased skin-to-skin contact, improved access to breast milk, improved parental responsiveness to their babies cues and enhanced developmental care experiences.
- There is also a growing emphasis on creating calmer, more nurturing environments that support the wellbeing of babies and their parents and families.

Recommendations

Recommendations for infant feeding leads and neonatal units

Leadership and Strategic Commitment

- Secure senior leadership support early, as this is essential for accessing resources and driving change, including senior members of the medical team.
- Appoint a dedicated infant feeding lead with sufficient protected time and appropriate role recognition to lead implementation effectively.
- Appoint a Baby Friendly Guardian at the outset to champion the standards and maintain momentum.
- Build capacity within the infant feeding team by developing infant feeding champions to support and strengthen implementation and where appropriate by leveraging the experience of maternity units within the trust who have or are implementing BFI.

Implementation

- Introduce all three standards concurrently to maximise impact.
- Establish effective implementation and governance structures

Training and Workforce Development

- Invest time in designing a comprehensive, high-quality, and engaging training programme.
- Give equal priority to PSRs and core training

- Recognise the importance of detailed scheduling to ensure staff can attend training, including securing resources to release staff.
- Ensure medical staff complete training and engage with ongoing implementation of the standards.

Data Collection and Evaluation

- Prioritise systematic approach to monitoring and evaluation on infant feeding practices and outcomes, and to track the frequency and duration of skin-to-skin contact.
- Use audit tools effectively to assess staff knowledge, skills, and parent experiences to inform action planning and demonstrate progress.

Recommendations for BFI

- Develop bespoke projects modelled on the NNP to act as catalysts for implementing the standards, with built-in contingency for extended accreditation timelines.
- Continue promoting BFI guidance to support consistent and effective practice across units.
- Develop tailored training materials aligned with the neonatal care standards to support consistent and effective implementation.
- Continue to emphasise the value of effective auditing in monitoring BFI standards, capturing a comprehensive view of the care and supporting broader learning and continuous improvement.
- Continue to support infant feeding leads with the accurate recording of infant feeding data that relates to the BFI neonatal standards.