LMS
Darlington, Tees, Hambleton and Richmondshire and Whitby
Northumberland,
Tyne and Wear and Durham
Local Maternity Systems

Local Maternity System Breastfeeding in the North East of England Audit Report

Introduction & Background

There are many examples of good work with regard to breastfeeding in our region. However as a region we consistently fall below the national average for both breastfeeding initiation and continuation rates.

Breastfeeding initiation in England average 74.5%, regionally it is 59% (PHE Child Health Profiles 2016/17). 6-8 week continuation rates in England average 42.7%, with our region varying from 26% to 45%, with an average of 32.1%. (PHE Child Health Profiles 2017/18). The NHS Long Term Plan states "All maternity services that do not deliver an accredited, evidence-based infant feeding programme, such as the UNICEF Baby Friendly Initiative, will begin the accreditation process in 2019/20. Only 57% of babies in England are currently born in an accredited 'baby friendly' environment".

There is robust evidence that breastfeeding and being breastfed has a significant impact upon the short and long term health of women and infants. Breastfeeding is a Public Health priority and an investment in every child's future. A recent paper in The Lancet stated:

"If breastfeeding did not already exist, someone who invented it today would deserve a dual Nobel Prize in medicine and economics. For while "breast is best" for lifelong health, it is also excellent economics. Breastfeeding is a child's first inoculation

against death, disease and poverty, but also their most enduring investment in physical, cognitive and social capacity" (Hanson 2016).

Breastfeeding behaviour is multifactorial, and has a wide range of socio-cultural and physiological variables which impact upon a woman's decision and ability to breastfeed successfully (Amir 2007). To breastfeed successfully, mothers require accurate evidence-based information, face-to-face ongoing predictable support across all public services, as well as social support in their local community.

Characteristics of effective support include: that it is offered as standard by trained personnel during antenatal or postnatal care, that it includes ongoing scheduled visits so that women can predict when support will be available, and that it is tailored to the setting and the needs of the population group (Renfrew 2012). Each mother needs sensitive, consistent and reliable support from pregnancy through to the first weeks and months of her baby's life. She needs someone to believe that her wish to breastfeed is important, and to believe that she can do it (UNICEF BFI, 2018).

Process

A self-assessment audit tool was completed throughout the North East region by Maternity, Health Visiting and Neonatal services. In addition to this, discussions took place with the Infant Feeding Leads, neonatal, Universities and local authority staff in the

region. The self-assessment audit tool and report aims to support facilities to examine how they can improve breastfeeding initiation and continuation locally and regionally.

Emerging themes from the audit and discussion with Infant Feeding Leads

There are examples of good practice with regard to breastfeeding throughout the region, two services have achieved UNICEF Baby Friendly Sustainability Gold award, of which there are currently only eleven in the UK.

There appears to be an understanding of the importance of breastfeeding as a public health intervention, and a will to improve both initiation and continuation breastfeeding rates. However, the family's breastfeeding journey often seems to be fragmented. The following themes have emerged:

WHO UNICEF Baby Friendly Initiative accreditation

Maternity units in the region are at different stages of the process, some services have had full accreditation for some time, a number have lapsed or have not ever achieved accreditation. Common barriers to accreditation were identified as:

- associated costs/trust funding support
- dedicated time in a specific role to lead the BFI work
- knowing all other services supporting breastfeeding women also have accreditation, improving care with a whole system approach.

Details of mitigating barriers is available in appendix 3.

The majority of HV services are fully accredited or have a clear plan to work towards BFI accreditation, two of the facilities have achieved GOLD accreditation. In order to achieve this award level 3 accreditation must achieved at least two subsequent assessments demonstrating leadership, culture and systems to maintain this over the long term. It rewards services in sustaining this achievement in house with significant cost savings as an annual registration fee which replaces the 2-3 yearly audit cost.

There is a standalone Baby Friendly accreditation for Neonatal units, so far one of the units in the region is working towards this and has achieved stage two of the three stages.

Universities in the region had achieved accreditation to varying levels in the past, this has the major advantage of students having a thorough underpinning of breastfeeding knowledge when they embark on their career.

Table 1

WHO UNICEF Baby Friendly Accreditation	Accredited services
Maternity	4 of the 8 facilities have full accreditation, 1 unit had full accreditation until 2015, this has lapsed at the present time
Health Visiting	6 of the 10 facilities have full accreditation, 2 of which have

	achieved the Gold sustainability award
Neonatal	This is a relatively new stand alone accreditation, 1 unit in the region has achieved stage 2.
Universities	Northumbria University achieved full accreditation for both midwifery and Health Visiting students in 2013, Midwifery reaccreditation was due 2018, Health Visiting faculty has no plans to reaccredit at present time Teesside University Health Visiting held full accreditation which has now lapsed with no plans to renew due to funding.
Children's Centre's	Many of the region's Children's Centre's have achieved UNICEF Baby Friendly status in the past, often in conjunction with the Health Visiting Service. At the present time Newcastle Children's Centre's hold full accreditation, Redcar and Cleveland have registered intent to work towards accreditation.

Please see appendix 1 for more details.

Volunteer Breastfeeding Peer support

Differing amounts and models of Peer support exist throughout the region. Some areas have had robust peer support programmes which have not continued, or have reduced in size (appendix 2), there is a recognition that in order to run a volunteer service requires dedicated staff time. Examples of volunteer activities include, facilitating breastfeeding drop in sessions, administering social media groups such as closed Facebook groups, one to one buddying support, and telephone helplines.

Dedicated staffing offering breastfeeding support

There are some models of working where staff that are AFC Band 2 & 3 or Early Years Practitioners are dedicated to offering BF support to women and families in addition to the Midwifery and HV service. In a service offering additional contacts in an area where breastfeeding is not the cultural norm a 15-20% increase in breastfeeding continuation rates at 6-8 weeks for those women receiving this additional support has been demonstrated.

Staff Training

Consistent, annual breastfeeding training is offered/mandated for staff in many of the services, particularly those accredited or working towards Baby Friendly accreditation.

Universities have played an important role in student‘s practical and theoretical breastfeeding knowledge, however at the present time there appears to be less engagement by Universities in our region with the formal UNICEF Baby Friendly process.

Infant Feeding Leads

There are differing grades of staff with differing amounts of time dedicated to infant feeding throughout the region. Services, which have Baby Friendly accreditation, have dedicated staff in place in the main, this is a requirement of UNICEF Baby Friendly accreditation.

Data

Breastfeeding initiation data is collected by maternity units, 6-8 week continuation rates are submitted to commissioners by the 0-19yrs services. The table below demonstrates regional data collated by Child and Maternal Health (PHE, 2018) and local level data at 10 days.

Table 2

Area	Initiation% 2016/17	10 days% 2018	6-8 weeks% 2017/18
England	74		42.7
Region	59		32.1
Durham	56	41.5	29
Darlington	63.1 (15/16)	47	31.9
Gateshead	75.6	48	36 (16/17)
Hartlepool	37.9		-

Middlesbrough	47.9	42	29.8
Newcastle	69.4		46.9
North Tyneside	65.4		37.9 (16/17)
Northumberland	65.6	50.5	36.7
Redcar & Cleveland	49.9		27.2
South Tyneside	55.6		26.2
Stockton on Tees	48.7	44	-
Sunderland	56.6	38	24.6

Table 3

The following table demonstrates babies leaving the neonatal unit breastfeeding when born before 33 weeks gestation.

Area	% of babies born < 33wks gestation receiving any breastmilk at discharge from NNU
United Kingdom	60.5%
Northern Neonatal Network	51.4%
NICU average	53.4%
SCBU average	42.1%

(Northern Neonatal Network, 2017)

Social Media/social marketing

Closed Facebook groups are in place in some areas. This has proved to be very popular in an area where breastfeeding is not the cultural norm (appendix 2), there are currently over 900 members of the group, this model affords women the opportunity to access true peer support 24hours a day.

There is a texting service (Florence) in Sunderland, staff and patient feedback suggests this is a useful service. Northumberland has become a breastfeeding friendly council, all staff can access online training regarding benefits of breastfeeding and how to support breastfeeding in public spaces. Newcastle is the first city in England to work towards becoming a UNICEF Child Friendly city and community with the emphasis on health and well-being.

Frenulotomy service

This is variable throughout the region, Newcastle, Durham and Darlington and Sunderland offer this service at the present time, plans are in place to provide a service in Northumbria later this year.

North East and North Cumbria region of the National Infant Feeding Network

All Infant Feeding Leads are invited to regional quarterly meetings which are well attended. This network was initially developed with funding from Public Health England, it is hosted and supported by UNICEF Baby Friendly. Effective communication across the networks is co-ordinated by nine local leads who provide representation of their members' views at national strategic level. The

regional meetings offer an opportunity to share good practice, develop regional guidelines, “Slow weight gain and the breastfed baby” is an example of this. The network also invites local guest speakers to deliver presentations on topical subjects, a representative from UNICEF attends one of the meetings annually.

Recommendations

There are many examples of good practice with regard to breastfeeding in the North East of England. To achieve an increase in breastfeeding initiation and continuation rates requires a cohesive comprehensive strategy which ensures women and their families receive adequate information and one to one, face to face proactive support from conception and particularly in the early postnatal weeks. In order to change the culture particularly in areas where formula feeding is the cultural norm requires a whole systems approach both regionally and nationally to change the way infant feeding is viewed. Breastfeeding needs to be seen as everyone’s business. All staff who come into contact with pregnant and breastfeeding women should have the appropriate level of knowledge in order that they can signpost/arrange appropriate care as necessary. The ambition would be to become a Breastfeeding Friendly region.

The following themed recommendations are graded from minimal regional requirements (green) to extension of recommendation (gold) for areas already achieving minimal standards (dependant on local resources).

UNICEF Breastfeeding Friendly Accreditation

	Recommendation	Responsibility
1.	All organisations to work towards achieving or maintaining UNICEF Baby Friendly accreditation level 3, to include Maternity, Health Visiting services and the Neonatal units.	Maternity, Health Visiting and Neonatal Services
2.	All Local Authorities in the North East are encouraged to achieve breastfeeding friendly accreditation to level 1. It is recommended that this is led by local authority public health teams, and could include libraries, sports and leisure services and has the added advantage of increasing knowledge of the staff who are likely to become parents and grandparents themselves. All local authorities are encouraged to develop local breastfeeding strategies jointly with local partners.	Local Authority Public Health Teams
3.	Those agencies working regularly with breastfeeding women and young children such as nurseries, childminders, family support workers and children centre staff are encouraged to achieve UNICEF accreditation at level 2. This should include provision for Foster Carers education to ensure babies in the Looked After System receive breastmilk where appropriate.	Early Years, Children Centres, Family Support Workers, LAC Teams
4.	Education: Health Visiting and Midwifery University courses should be accredited to at least UNICEF level 3 to be able to influence practice standards across many organisations.	Universities
5.	Services which hold UNICEF Baby Friendly accreditation level 3 should be encouraged to work towards achieving UNICEF Baby Friendly Gold status.	All services
<u>Whole System Approach</u>		

	Recommendation	Responsibility
1.	Early education: Breastfeeding and breastmilk should be included as part of the early years and school curriculum, in order that breastfeeding is seen as the normal way to feed babies. Breastfeeding education should be part of all early years/childminding network meeting agendas.	Local Authority & Early Education Services
2.	Workforce: Information on the rights of breastfeeding employees and responsibilities of employers Information should be made consistently available in the early postnatal period through Health Visiting services. Local authorities should ensure breastfeeding is supported and promoted in workplaces by encouraging local businesses to participate in the Better Health at Work Award.	Health Visiting Services & Local Authority Public Health Teams led by the Regional Local Maternity System Public Health Team
3.	Community: Provision of breastfeeding promotion material should be made available to community areas to positively reinforce any breastfeeding seen in community settings.	Local Authority Public Health Teams supported by Local Maternity System Public Health Team
<u>Leadership</u>		
	Recommendation	Responsibility

1.	All UNICEF accredited organisations should have an Infant Feeding Lead with dedicated time to train, support and lead BFI across their local area. Management support is crucial to the success of this role	All organisations
2.	As the Gold award requires services to appoint a Board level guardian who has influence at this level, it is recommended that this be put in place for all services working towards any stage of accreditation.	All organisations
Service Delivery		
	Recommendation	Responsibility
1.	1. As there is clear evidence that timely, proactive, one to one, face-to-face contact in the early postnatal weeks increases breastfeeding rates, a clear pathway of antenatal and postnatal touchpoints should be offered to all women and families in the region which may be achieved using different models of care dependant on staffing configuration. The importance of care and communication between staff disciplines underpins the success of this strategy.	Maternity, Health Visiting, Early Years Services, Voluntary Services led by the Regional Local Maternity System Public Health Team
2.	Use of Social media, local closed Facebook groups for example, where women can access peer support 24hrs per day from people in a similar situation who live in their community should be	Local Authority Public Health Teams, Maternity, Health

	made available. Utilisation of resources such as Baby Buddy App, Public Health England Start for Life resources and UNICEF videos.	Visiting, Early Years Services, Voluntary Services
3.	Where available, local provision of 24 hour breastfeeding support through a video link service to an appropriately trained professional should be available.	Maternity, Health Visiting

References

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PHE, (2018) Fingertips data, available from: https://fingertips.phe.org.uk

Renfrew MJ, McCormick FM, Wade A, Quinn B, Dowsell T (2012) Support for healthy breastfeeding mothers with healthy term babies (Review). The Cochrane Library. Issue 5

Saunders, H. 2015 Translating knowledge into best practice care bundles, Journal of Clinical Nursing, Volume 24, Issue 13-15, first published online on 25 July 2015

UNICEF, Guide to the UNICEF Baby Friendly Standards available from: www.UNICEF.org.uk/babyfriendly/supporting-breastfeeding-make-it-happen/

Appendix 1 - UNICEF Baby Friendly Accreditation Stage (February 2019)

	Service	UNICEF Baby Friendly	Comments
Maternity	City Hospitals Sunderland	Reassessment pending	Full accreditation awarded 2015
Maternity	County Durham & Darlington NHS Trust	Darlington reaccredited 2018, Durham reaccredited June 2017	
Maternity	South Tees NHS Trust	Full accreditation 2018	
Maternity	Northumbria Healthcare NHS Trust		Stage 2 accreditation 2014
Maternity	Newcastle NHS Trust	Full accreditation	Reassessment due October 2019
Maternity	Gateshead NHS Trust		Stage 1 accreditation 2012 – level 1 planned late 2019 and level 2 late 2020
Maternity	South Tyneside NHS Trust		Certificate of commitment 2011
Maternity	North Tees and Hartlepool NHS Trust	Full accreditation	Reassessment due 2019
Maternity	North Cumbria NHS Trust	Stage 2 accreditation	

	Service	UNICEF Baby Friendly	Comments
Health Visiting	Northumberland 0-19 service	Gold Award 2017	Reaccredited 2018
Health Visiting	Gateshead 0-19 service		Registered internet 2010
Health Visiting	Middlesborough 0-19 service	Full Accreditation	Reassessment due 2020
Health Visiting	Newcastle 0-19 service	Full accreditation	Reassessment due 2019
Health Visiting	North Tyneside 0-19 service	Full accreditation	Reassessment due 2021
Health Visiting	County Durham and Darlington 0-19 service	Gold Award 2018	Reaccreditation due 2019
Health Visiting	Redcar & Cleveland 0-19 service	Stage 2 accreditation 2018	Working towards full accreditation
Health Visiting	Stockton on Tees 0-19 service		Stage 2 accreditation 2011
Health Visiting	Sunderland 0-19 service		Stage 2 accreditation 2013
Health Visiting	South Tyneside 0-19 service		Stage 2 accreditation 2013
Health Visiting	Hartlepool 0-19 service		

Health Visiting	Cumbria 0-19 service	Stage 2 accreditation 2019	

	Name	UNICEF Baby Friendly	Comments
University	Northumbria Health Visiting		Full accreditation 2013
University	Northumbria 3 Year Midwifery	Re-assessment pending	Full accreditation 2015
University	Teesside Midwifery		Certificate of commitment 2013
University	Teesside Health Visiting		Full accreditation 2013
University	York Midwifery		Full accreditation 2018

	Name	UNICEF Baby Friendly	Comments
Children's Centre	Redcar and Cleveland		Intent registered 2018
Children's Centre	Newcastle	Full accreditation	Reassessment due 2019
Neonatal	Newcastle NHS Trust	Stage 2 2018	Stage 3 assessment due 2019

Key: Green: Fully accredited UNICEF BFI and Gold accredited services, Yellow: Services working towards full UNICEF BFI accreditation, Red: Services not at any stage of UNICEF BFI accreditation

Appendix 2 - Good practice guides

Good Practice example – Newcastle Whole Systems Approach

In Newcastle maternity, health visiting and family hub services all have full UNICEF baby friendly accreditation offering a city wide approach and achievement. We also have a Peer support team (who are assessed as part of the family hub assessment by UNICEF) who offer support to women by 48 discharge call, social group facilitation and a telephone helpline. They also train volunteers. We work in collaboration between the partner agencies through a steering group that brings together the infant feeding leads and managerial leads from each service alongside public health specialists and commissioning with a jointly formulated citywide vision and action plan. Whilst the individual services have their own training needs and requirements the original training for family hub staff was implemented by the health visiting lead and the peer support team continue to attend the health visiting infant feeding training and receive clinical support from the maternity and health visiting lead. Collaborative work also takes place for public health events such as the 'big latch' and by bringing together pathways of care such as in the antenatal period. Work with Newcastle University supporting research and development of the 'feedfinder' app is also in place. Joint working with Gp's takes place through the 'child be healthy' process and by Gp's receiving training around breastfeeding at their time out sessions. Within NUTH work is undertaken to offer training and clinical support to the GNCH and through a return to work policy and 'buddy scheme' around breastfeeding by the maternity infant Feeding coordinator. From maternity services a specialist infant feeding clinic is in place also with the facility to assess and revise tongue ties and a community specialist clinic is in the process of starting and work is in progress to ensure a 'dovetailing' of these services.

What difference has it made for mothers, babies and families?
Initiation rates and 6-8 week rates demonstrate the care given to women and babies as they remain to be at a good level. Initiation rates are currently 70.9% 2018- 2019 and 6- 8 weeks sustaining rates have continued to rise steadily over the past 5 years and are currently at their highest in this time period- 50.3% for 2018- 2019 . This ensures and improves short and long term health outcomes for both women and babies whilst also helping to tackle health inequalities. As all of the three services have accreditation this assures that the care is seamless and is offered through an holistic and complementary approach- from clinical support to social support . Within this the language and advice women hear is also consistent such as the use of the term 'responsive feeding' and pathways between the services are clear making the 'journey' easier for the families. Through this city wide approach we are also helping to tackle society 'norms', influencing a bottle feeding culture to breastfeeding being seen as the normal way to feed a baby. This way of working also supports the UNICEF call to action, eight of ten women are known to give up breastfeeding before they really want to however if we can ensure that women receive good quality, timely care and support it will enable them sustain breastfeeding for as long as they wish rather than the focus being on the individual responsibility.
Trust/Service: NUTH Maternity and Health Visiting / Newcastle Family Hub/ Newcastle Breastfeeding Peer support team Contact: Sarah Brooker Infant Feeding lead Specialist Health Visitor
Good Practice example Northumberland 0-19s Service, Northumbria Healthcare NHS Trust

1.Closed facebook Groups

We have two Closed Facebook groups within Northumberland,with a combined membership of approximately 1000. Antenatal and newly delivered women are invited to join, the site is administered by Breastfeeding Peer Support Northumbria Trust volunteers. The aim of the groups is to offer around the clock mum to mum support. Local breastfeeding groups and events are advertised on the site, links to evidence based information are also posted on the site.

Health Visitors and Midwives promote the group

2.Additional Breastfeeding support from Band 3 Breastfeeding Support Staff in areas of low BF prevalence

This intervention was based upon a pilot project in Northumberland which involved a nursery nurse visiting breastfeeding women in their homes following hospital discharge, in the early postnatal period. The women were also introduced to the local breastfeeding support group, which are available throughout the county, variously staffed by volunteer breastfeeding supporters, Nursery Nurses and Health Visitors.

Results:

Pre intervention initiation rate 30%, 6 week continuation rate 14%

Intervention initiation rate 34%, 6 week continuation rate 29%

Following the success in increasing breastfeeding continuation rates, the scheme was widened to include other geographical areas where breastfeeding is not the cultural norm. A position of Breastfeeding Support Worker, AFC band 3, was initially funded by Public Health.

Staff recruited had previously been breastfeeding volunteers. BF Support Workers visit women at home around postnatal day 4 and thereafter as needed, arrange to meet women at local BF group; telephone, text and closed Facebook group support also available.

It is important to ensure that this is an additional service rather than instead of usual community midwifery and Health Visiting services.

What difference has it made for mothers, babies and families?
1.Closed Facebook Group In one month (Mid-February to Mid-March 2019) there were 115 posts, 785 comments and 852 reactions. Most activity occurred from 6-7am and 6-10pm, with several posts in the middle of the night. Quotes from women re Facebook group “I wouldn’t still be breastfeeding if it wasn’t for the Facebook group” “The support from other mums made me realise that my baby was cluster feeding and I wasn’t doing anything wrong” “The reason I am still feeding is because of all of the support on this page, Thank you” “This site is so friendly I never feel judged when I ask a question” “When I felt like giving up it was you lot that helped me keep going 2.Additional Support Where a Breastfeeding Support Worker is in post offering support in addition to community midwives and Health Visitors, there has been a 20% increase in breastfeeding sustaining rates at 6 weeks. The breastfeeding support groups in these areas of deprivation are staffed by volunteer peer supporters and nursery nurses or Health Visitors, the majority of the groups offer baby weighing facilities. Positive feedback has been received from many women and families: “I can now say I’m feeling positive and not feeling as hard on myself. G came out and did a home visit with me and stayed for a good hour; she explained more about breastfeeding and milk supply. She also gave me ideas on milk supply increasing naturally.”

“G has made this breastfeeding experience a breeze. I understand more about why and the importance of our night feeds.”
Trust/Service Northumbria Healthcare NHS Trust, Northumberland 0-19s service Contact dwade@nhs.net. Tel 07812 395410
Good Practice example County Durham and Darlington 0-19s service
1/ Pro-active management of BF – Joint initiative between midwifery and HV teams. Women receive a daily BF assessment either face to face or by telephone until day 10. At Day 10 the HV continue daily until primary visit and then at least weekly until 8 weeks 2/ Pro-active management of formula fed babies – Telephone call by MCA at day 5, 8 and to review feeding 3/ Additional day 3 visit by MCA to revisit BF assessment , positioning & attachment and hand expression (Currently a pilot in two areas – Derwentside and South Durham) 4/Route cause analysis of all Infant feeding issues – both midwifery and HV review, checking care against Unicef standards and initiatives available 5/ Nutrition guidance updated and incorporated on system1 to assist staff in the management of infant feeding issues 6/ Frenulotomy service – all infants with infant feeding issues 7/ Specialist support clinics available twice a week 8/ Training and implementation of the Solihull AN program across Co Durham and Darlington – individualised training for teenagers 9/ Joint management of infants not up to birth weight at 14 days and jaundice by midwifery and HV teams. Flow chart for improved communication 10/ Baby Buddy App

11/ Co Durham " call for action". Joint multi agency approach to improve the promotion, protection and support for BF. Working with businesses, schools, colleges, universities and peer support volunteers.
What difference has it made for mothers, babies and families?
1/ Women offered further support and specialist referral when necessary if any concerns when BF assessment completed. Positioning and attachment and hand expression reviewed when necessary. Women reported to feel supported and more easily able to obtain support when needed and ask any queries re feeding or infant behaviour 2/ Reduction in re-admissions when infants bottle feeding, particularly when moving on form starter pack bottles and teat and the ones that they have bought. If any issues at call feeding plan reviewed and feeds observed. 3/ Reduction of re-admissions (maximum weight loss of 8.5% in pilot areas) 4/ Root cause analysis allows lessons to be learnt to improve clinical practice across midwifery and HV services 5/Allows easy access to flow chart guidance to enable the safe management of BF issues by HV team 7/ Local tongue tie service enables prompt assessment and specialist support for families when tongue tie is causing issues with feeding. 87% BF infants still BF 8 weeks 8/Evidenced family centred approach using the Solihull model offered to all parents in the AN period. Reduced anxiety reported by parent's that have attended in relationship to transition to parenthood. 9/ Improved communication Prompt referrals when necessary for paediatric review 10/Co Durham and Darlington within top 5 downloads Nationally. New link for parents in crisis 24 support. App provide easy accessible evidenced based information for families on all aspects of Infant care including " out of the blue " section on peri-natal mental health and "understanding your baby" section. 11/ Joined up approach has increased awareness of the needs of BF women. Training to be incorporated into each key stage of the curriculum. Further training planned for fathers / grandparents
Trust/Service – Harrogate and District NHS Foundation trust - County Durham and Darlington – 0-19 growing healthy teams Contact – Kath Lane – 07392194123 – Kathryn.lane@nhs.net

Good Practice example South Tees
5 days of contact following hospital discharge forms part of the infant feeding policy at South Tees; in the following circumstances: • Following discharge from hospital or following home confinement, the mother will receive 5 days of face to face contact from the maternity service community midwifery team, or by telephone call if it is assessed feeding is going well at the previous days visit. as agreed by the mother and the midwife. This is to maintain effective feeding and the well-being of mother and baby • Postnatal Support for mothers who formula feed Some formula feeding mothers may also benefit form 5 days of contact (as discussed above) following hospital discharge, if they have complex bottle feeding issues (e.g. pre term /SGA infant).
What difference has it made for mothers, babies and families?
• The 5 days of contact SOP was identified at our recent UNICEF reassessment as being innovative. The process has been in place since 2013. • Mothers reported back to UNICEF BFI feeing very supported with their infant feeding journey, through having this face to face contact

• We have seen an increase of 3% in our 6-8 Breast feeding rates. (Local Authority data Mbro /Redcar Cleveland). • Fewer babies are being readmitted with feeding issues, reducing impact of stress on mothers and other family members
• Trust/Service • Better use of resources as majority of infants is back to birth weight by 2 weeks, rather than being visited up to postnatal day 28 when feeding is not progressing. • Where community teams are compliant with this section of the infant feeding guideline there is evidence that there are fewer hospital readmissions. • Therefore less stress on families. The auditing of this process has been devolved down to the Band 7 community Midwifery team leaders as they are best placed to monitor and support staff compliance. % days of contact is audited annually and presented to Obstetric risk management team. • Readmissions of infant with weight loss over 12%> are audited quarterly. Data is presented via quarterly reporting to risk management team. We have seen a steady reduction in the numbers of readmission for feeding/weight loss issues. Contact :Paulina Rossi Specialist Midwife Infant Feeding South Tees Maternity Services Paulina.rossi@nhs.net

Appendix 3 - Potential Implementation Barriers and mitigation

Potential barrier	Detail	Reasons to supersede barrier
Budgetary constraints	UNICEF assessment visits can viewed as costly, a member of staff with dedicated time to oversee delivery of the strategy will also have cost implications.	Costs are significantly reduced when a service achieves UNICEF Gold accreditation. Costs incurred should be set against longer term Public Health cost savings. There is also evidence regarding reduced incidence of Necrotising Entercolitis in preterm infants, which has a significant cost implication for the NHS (Colaizy 2016).
Staff culture	Postnatal care which includes support with breastfeeding can sometimes seen as not as important as some other aspects of midwifery care.	Working towards, achieving and maintaining UNICEF Baby Friendly accreditation can raise the profile and importance of the worthwhile investment of good provision with regard to timely, skilled breastfeeding support. Staff education which is a vital part of accreditation not only leads to a highly skilled workforce but can also help staff to come to terms with their personal thoughts and feelings of their own infant feeding choices and journeys.
Workload	As with many services staff workload can be a potential	Skill mix and the use of technology may help particularly in busy periods.

	barrier to the provision of timely, one to one, face to face contact with women and families in the postnatal period.	