UNICEF UK BABY FRIENDLY INITIATIVE LEARNING OUTCOMES DIETETIC STUDENTS



INTRODUCTION

Welcome to the new Unicef UK Baby Friendly Initiative learning outcomes for dietetic students. These learning outcomes are intended to set a standard for the level of knowledge and understanding of infant feeding that could be reasonably expected of a newly qualified dietitian. They are designed to be incorporated into dietetic students' undergraduate curricula.

This is part of a suite of learning outcomes setting standards for the undergraduate courses of relevant healthcare practitioners who care for new babies, their mothers and families in UK public services.

BACKGROUND TO THE BABY FRIENDLY INITIATIVE

The Baby Friendly Initiative is a World Health Organization / Unicef accreditation programme designed to improve practice within healthcare settings in relation to infant feeding and parent-infant relationship building.

It sets standards for maternity, neonatal and community services and provides internal audit and external assessment to measure progress and sustainability over time. Services meeting the standards receive the prestigious Baby Friendly accreditation award, recognising their excellent practice.

The programme's work to support breastfeeding is based on extensive and resounding evidence that breastfeeding saves lives, improves health and cuts costs in every country worldwide, rich and poor alike.¹

However, breastfeeding is an emotive issue in the UK because so many families have not breastfed or have experienced the trauma of trying very hard to breastfeed and not succeeding. To ensure best outcomes for babies, their mothers and families, we must work to remove the myriad of barriers to breastfeeding in the UK – social,



cultural, economic, physical and practical – to help mothers to breastfeed for as long as they wish.

A key part of this work involves improving healthcare support around infant feeding. Our work has helped support this provision in maternity and community services, requiring that all qualified health professionals in Baby Friendly accredited services are educated to provide evidence-based and effective infant feeding support.

There is strong evidence for the Baby Friendly programme as a key intervention for supporting breastfeeding.² Studies looking at the impact on UK breastfeeding rates have shown that giving birth in a Baby Friendly facility increases breastfeeding initiation.^{3,4}

International studies have also shown a positive impact of Baby Friendly on breastfeeding initiation and duration, including in the US,^{5,6} Turkey,⁷ Switzerland,⁸ Belarus⁹ and in multicountry studies.^{10,11}

The Baby Friendly Initiative programme is

recommended in numerous government and policy documents across all four UK nations, including the National Institute for Health and Care Excellence (NICE) guidance,¹² the 2019 NHS Long Term Plan for England,¹³ Scotland's Improving Maternal and Infant Nutrition: A Framework for Action,¹⁴ Northern Ireland's Breastfeeding – A Great Start: A Strategy for Northern Ireland 2013-2023¹⁵ and the All Wales Breastfeeding Action Plan 2019-2024.¹⁶



EXPANSION OF THE PROGRAMME INTO UNIVERSITIES

As the Baby Friendly programme became more established in health services, it was realised that this progress could be better supported if newly qualified health professionals entered the workplace already having a strong foundation of knowledge about infant feeding.

As a result, the Baby Friendly university programme was established, initially setting standards and learning outcomes for undergraduate midwifery/health visiting and public health nursing courses.

These courses can progress to full Baby Friendly accreditation by undertaking internal audit and external assessment, using a similar process as that provided for healthcare settings.

FURTHER DEVELOPMENT OF THE UNIVERSITY PROGRAMME: THE NEW LEARNING OUTCOMES

Building on this success, we have now developed a suite of learning outcomes for other courses including for medical, pharmacy, dietetic and children's nursing students.

These learning outcomes were developed by relevant clinical and academic experts to articulate the minimum knowledge and understanding it would be reasonable to expect from a health professional at the point of qualification. The aim is for students to gain an understanding of infant feeding, how to support it in practice, and how to access further learning.

Supporting materials such as slide sets, guidance for lecturers and e-learning are planned. While there are no plans to provide full assessment and accreditation for these courses at this time, it is hoped that the learning outcomes will provide a stimulus to universities to start to consider what should be covered in relevant curricula and then to take action to make that a reality.

We still have a long way to go before the health service as a whole, from doctors to dietitians to pharmacists, is enabled to support families effectively. However, with these new learning outcomes we hope to move in the right direction; towards an environment in which all families receive consistent infant feeding support and guidance throughout their whole journey in the health service.

FURTHER READING

- Guide to the Baby Friendly standards in health services: unicef.uk/babyfriendly-standards
- Guide to the Baby Friendly standards in preregistration midwifery and health visiting university courses:

unicef.uk/babyfriendly-university-standards

- About Baby Friendly: unicef.org.uk/babyfriendly/about/
- Evidence for the Baby Friendly standards: unicef.uk/babyfriendlyevidence
- First Steps Nutrition Trust (2019): Working within the Code: A guide for dietitians: firststepsnutrition.org/working-within-the-who-

THE LEARNING OUTCOMES

The learning outcomes are grouped into three broad themes that cover the essentials of infant feeding.

1. THE VALUE OF HUMAN MILK AND BREASTFEEDING

The value of human milk and breastfeeding for the short- and long-term health outcomes of babies and their mothers is wellestablished.^{1,17,18,19,20} It protects children from a vast range of illnesses, including infection, diabetes, asthma, heart disease and Sudden Infant Death Syndrome (SIDS), as well as obesity, a major public health priority.^{21,22,23,24} For mothers, breastfeeding protects against breast and ovarian cancers and heart disease.^{1,25,26,27} In addition, it supports the mother-baby relationship and the mental health of both baby and mother.^{28,29}

2. SUPPORTING INFANT FEEDING

Whilst the Baby Friendly Initiative has made strong progress in improving care in maternity and community services, there are gaps in support provision beyond these services, and rates remain lower than in many other highincome countries.³⁰ In the UK, most women want to breastfeed, but many face difficulties early on and eight out of ten stop before they want to.³¹ It is vital that all relevant health professionals understand how breastfeeding works and how to support the initiation and continuation of breastfeeding effectively. It is also important that they have the knowledge and skills to offer evidenced-based and practical support when babies are not breastfed.

3. INFANT FEEDING IN CONTEXT

Infant feeding in the UK is a highly contentious and controversial issue, influenced by commercial, social, cultural and political factors. Understanding the context in which babies are fed supports health professionals to be empathic and realistic in their communication and support.



THEME 1: THE VALUE OF HUMAN MILK AND BREASTFEEDING

- Be able to describe the main constituents of human milk and their function
- Appreciate the importance of human milk and breastfeeding to health and wellbeing outcomes for infants, their mothers and the wider family.

THEME 2: SUPPORTING INFANT FEEDING

- 3 Understand the anatomy and physiology of lactation
- Be able to describe the key practices that facilitate the initiation and maintenance of breastfeeding
- 5 Understand the role of the dietitian in maximising breastfeeding and the use of human milk
- Understand the role of the dietitian in supporting and advocating for breastfeeding
- Be able to support parents who formula feed to do so as safely as possible.

THEME 3: INFANT FEEDING IN CONTEXT

- Appreciate the wider social, cultural and political influences on infant feeding
- Understand the importance of the WHO International Code of Marketing of Breastmilk Substitutes and subsequent WHA Resolutions (the Code) and how it impacts on practice.

CURRICULUM DEVELOPMENT

Below are the key topic areas to be included in order to cover each theme and enable the students to meet the learning outcomes. A mapping exercise can help the university to assess how far the topics are already covered and assessed in the curriculum, and to identify and plan for any additions to modules or design alternations needed.

It is important to ensure that the learning outcomes are covered in sufficient detail to enable the students to effectively implement the Baby Friendly standards in practice. Formal or informal assessment of the students' learning against the learning outcomes is highly recommended in order to ensure that the teaching content and methods have been effective.

There is a slide pack available for lecturers to enable students to meet these learning outcomes; visit the website to download a digital resources order form to access this.

UNICEF.UK/LEARNING-OUTCOMES-DIETETIC-STUDENTS

THEME 1: THE VALUE OF HUMAN MILK AND BREASTFEEDING

LEARNING OUTCOMES

- Be able to describe the main constituents of human milk and their function
- Appreciate the importance of human milk and breastfeeding to health and wellbeing outcomes for infants, their mothers and the wider family.

TOPICS

- Constituents of human milk including colostrum and mature breastmilk
- Protective and developmental functions including the effect on the immune system, microbiome, developmental programming and growth
- The role of human milk and breastfeeding in improving the health and wellbeing outcomes of infants, their mothers and the wider family and in promoting and protecting public health.

THEME 2: SUPPORTING INFANT FEEDING

LEARNING OUTCOMES

- Understand the anatomy and physiology of lactation
- Be able to describe the key practices that facilitate the initiation and maintenance of breastfeeding
- Understand the role of the dietitian in maximising breastfeeding and the use of human milk
- Understand the role of the dietitian in supporting and advocating for breastfeeding
- Be able to support parents who formula feed to do so as safely as possible.

TOPICS

- Functional anatomy of the breast
- Physiology of lactation including hormonal influences on milk production and the role of the Feedback Inhibitor of Lactation (FIL)
- How to get breastfeeding off to a good start including skin-to-skin contact, positioning and attachment
- Responsive feeding and its role in successful breastfeeding
- Assessing and supporting effective breastfeeding including recognition and appropriate referral
- Expressing, storage and handling of breastmilk
- Identifying common challenges and myths around breastfeeding and the role of maternal diet

- Continued breastfeeding and the introduction of other foods into the diet for all babies, irrespective of feeding method
- Supporting parents who are formula feeding to minimise the risks; to make up feeds safely, understand how to sterilise equipment and bottle feed responsively
- Evaluating and utilising independent, evidence-based information on formula milks.

THEME 3: INFANT FEEDING IN CONTEXT

LEARNING OUTCOMES

- Appreciate the wider social, cultural and political influences on infant feeding
- Understand the importance of the WHO International Code of Marketing of Breastmilk Substitutes and subsequent WHA Resolutions (the Code) and how it impacts on practice.

TOPICS

- Social patterns and why some women do not breastfeed- including relevant data and the effect on health inequalities
- Evidenced based interventions that promote, support and protect breastfeeding including the WHO / Unicef Baby Friendly Initiative
- The Code: rationale, history and impact on practice
- Recognising and managing ethical dilemmas within the dietitian's own sphere of practice
- Where and when to access evidence-based resources.

REFERENCES

- Victora C., et al (2016). Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. The Lancet, 387, 475–490.
- 2 Unicef UK (2012) The evidence and rationale for the Unicef UK Baby Friendly Initiative standards. unicef.uk/babyfriendlyevidence.
- 3 Bartington, S., et al. (2006). Are breastfeeding rates higher among mothers delivering in Baby Friendly accredited maternity units in the UK. Int. J. Epidemiol 35.
- 4 Broadfoot, M., et al. (2005). The Baby Friendly Hospital Initiative and breast feeding rates in Scotland. ADC Fetal and Neonatal Edition, 90, F114-F116.
- 5 Merewood, A., et al. (2007). Breastfeeding duration rates and factors affecting continued breastfeeding among infants born at an inner-city US Baby-friendly hospital. JHL, 23, 157-164.
- 6 Philipp, B., et al. (2001). Baby-Friendly Hospital Initiative improves breastfeeding initiation rates in a US hospital setting. Pediatrics, 108(3), 677-681
- 7 Duyan Camurdan, A., et al. (2007). The effect of the babyfriendly hospital initiative on long-term breast feeding. Int. J. Clin. Pract., 61(8), 1251-1255.
- 8 Merten, S., et al. (2005). Do Baby-Friendly Hospitals influence breastfeeding duration on a national level? Pediatrics, 116, e702-e708.
- 9 Kramer, M., et al. (2001). Promotion of Breastfeeding Intervention Trial (PROBIT): A randomized trial in the Republic of Belarus. J. Am. Med. Assoc., 285(4), 413-420.
- 10 Abrahams, S., & Labbock, M. (2009). Exploring the impact of the Baby-Friendly hospital initiative on trends in exclusive breastfeeding. Int. Breastfeed. J., 4(11).
- 11 Perez-Escamilla, et al. (2016). Impact of the Baby-friendly Hospital Initiative on breastfeeding and child health outcomes: a systematic review. Matern. Child Nutr., 12, 402-417.
- 12 Unicef UK Baby Friendly Initiative, Breastfeeding in England unicef.org.uk/ babyfriendly/about/breastfeeding-in-the-uk/breastfeeding-in-england/
- 13 The NHS Long Term Plan (2019) longtermplan.nhs.uk/publication/nhslong-term-plan/
- 14 Unicef UK Baby Friendly Initiative, Breastfeeding in Scotland unicef.org. uk/babyfriendly/about/breastfeeding-in-the-uk/breastfeeding-in-scotland/
- 15 Unicef UK Baby Friendly Initiative, Breastfeeding in Northern Ireland unicef.org.uk/babyfriendly/about/breastfeeding-in-the-uk/breastfeeding-innorthern-ireland/
- 16 All Wales Five Year Action Plan 2019 gov.wales/breastfeedingplan-2019-2024
- 17 Sankar, M., et al. (2015). Optimal breastfeeding practices and infant

and child mortality: a systematic review and meta-analysis. Acta Paed., 104(S467), 3-13.

- 18 Horta, B., & Victora, C. (2013). Long-term effects of breastfeeding. Geneva: WHO.
- 19 Rollins, N., et al. (2016). Why invest, and what it will take to improve breastfeeding practices? The Lancet, 387, 491- 504.
- 20 Binns, C., et al. (2016). The Long-term public health benefits of breastfeeding. Asia-Pacific Journal of Public Health, 28(1), 7-14.
- 21 Ajetunmobi OM, Whyte B, Chalmers J et al (2014) Breastfeeding is Associated with Reduced Childhood Hospitalization: Evidence from a Scottish Birth Cohort (1997-2009) The Journal of Pediatrics. jpeds.com/ article/S00223476(14)01065-8/fulltext
- 22 NICE (2014) Public Health Guidance 11: Improving the nutrition of pregnant and breastfeeding women and children in low-income households, Quick Reference Guide: Maternal and child nutrition. Issued March 2008 (updated September 2014).
- 23 Vennemann, MM, Bajanowski, T, Brinkmann, B, Jorch, G, Yücesan, K, Sauerland, C, & Mitchell, EA (2009), "Does breastfeeding reduce the risk of sudden infant death syndrome?" Pediatrics, 123(3), e406–10. pediatrics.aappublications.org/content/123/3/e406
- 24 Rito A.I.a Buoncristiano M.b Spinelli A.c Salanave B et al (2019) Association between characteristics at birth, breastfeeding and obestity in 22 countries: The WHO European childhood obesity surveillance Initiative – COSI 2015/2017. Obes Facts 2019; 12:226–243 doi. org/10.1159/000500425
- 25 Luan NN, Wu QJ, Gong TT, Vogtmann E et al. Breastfeeding and ovarian cancer risk: a meta-analysis of epidemiologic studies. American Journal of Clinical Nutrition 2013; 98 (4): 1020–31.
- 26 WCRF/AICR (2009) Policy and Action for Cancer Prevention: Food, Nutrition, and Physical Activity: a Global Perspective, Washington DC, AICR.
- 27 Acta Paediatrica (2015) Special Issue: Impact of Breastfeeding on Maternal and Child Health, December, Volume 104, Issue Supplement S467, Pages 1–134.
- 28 Del Bono, E, & Rabe, B (2012) Breastfeeding and child cognitive outcomes: Evidence from a hospital-based breastfeeding support policy. ISER Working Paper Series: 2012-29 iser.essex.ac.uk/research/ publications/working-papers/iser/2012-29
- 29 Brown, A, et al (2015) Understanding the relationship between breastfeeding and postnatal depression: the role of pain and physical difficulties. Journal of Advanced Nursing, DOI: 10.1111/jan.12832
- 30 World Breastfeeding Trends Initiative. (2016). WBTi UK 2016 Report.
- 31 McAndrew, F., et al. (2012). Infant Feeding Survey 2010. London: HSCIC.

FIND OUT MORE: UNICEF.UK/LEARNING-OUTCOMES-DIETETIC-STUDENTS