OVERCOMING BARRIERS FOR SUCCESSFUL BFI IMPLEMENTATION WITHIN A MATERNITY UNIT

Bournemouth University

Hazel Spencer, Bournemouth University
hspencer@bournemouth.ac.uk

This Study

This study, was in part, to identify barriers to the successful implementation of the BFI within a maternity service. Reflexive thematic analysis assisted with the development of 4 themes from my findings. These are as follows:

Time

This theme incorporates:

- How time is perceived in the maternity ward setting versus the community
- Time needed to care for women
- Time required for BFI training for staff
- Less staff results in less time available.

Staff training

This theme incorporates:

- Training for midwives and maternity support workers
- Impact of lack of education on staff
- Impact of lack of education on women and babies

Staff knowledge

This theme incorporates:

- How staff obtain infant feeding knowledge
- Differing knowledge among staff
- Personal and professional infant feeding experiences
- Maternity staff who do not believe in, or understand the BFI principles

Who is responsible for infant feeding support?

This theme incorporates:

- Who are the experts in infant feeding support?
- Why do midwives refer to maternity support workers?
- Changing expectations of job roles

Thanks go to my academic supervisors: Prof. Edwin Van Teijlingen, Dr Alison Taylor and Dr Rosie Read.

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

LATCHES – a new memory aide for the principles of attachment for effective breastfeeding

Northumbria University NEWCASTLE

Introduction

This poster reports the findings of a pilot of a new memory aide to help remember, retain and recall the principles of attachment for effective breastfeeding. The pilot was conducted in the North East of England and North Cumbria between March and August 2023. A UK evaluation of the established memory aide **CHINS** (Close, head free, in line, nose to nipple, sustainable)[1] found it had real value in structuring, retaining and recalling theory and a complementary memory aide for attachment was requested.

Methods

2 memory aides were developed and working with academics and breastfeeding practitioners LATCHS was selected to be piloted with 57 practitioners from the region.

Northumbria University ethical approval ID3577

Findings

Focus group recordings were transcribed verbatim and analysed using a deductive approach based on support for LATCHS and areas for improvement.

LATCHS ***"accompanies CHINS beautifully"*** (R1)

"the way it's laid out….it's relevant that title, isn't it to, you know, the baby fixing on" *(R11).*

"The word hurting is a negative word […] this may make mothers think breastfeeding is always painful" (R56).

"I would maybe spell it LATCHES […to avoid] trying to remember and "e" that doesn't exist" (R51)

Findings were used to enhance LATCHS and produce the final memory aide: LATCHES.

LATCHES: A memory aide for the principles of attachment for effective breastfeeding

L for large gape.

Look for the baby's mouth to open widely. Mother should move baby to her breast with the baby's head tilted back and the chin leading. Baby's tongue will move down and forward so the baby can scoop a **l**arge mouthful of breast with the nipple aimed towards the rear roof of baby's mouth.

A for areola and **T** for top lip:

If visible, more **a**reola will be seen above the baby's **t**op lip. This will result in a-symmetric attachment.

C for chin and cheeks:

Baby's **c**hin leads and will indent the breast and baby's **c**heeks will be full and rounded.

H for how does it feel?

Check **h**ow it feels for mother and ensure feeding is comfortable.

E for **e**xamine and **e**xplore:

Conduct a thorough **e**xamination, which will include a breastfeeding assessment and then **e**xplore future support needs.

S for **s**ucking and **s**wallowing:

Look and listen for **s**ucking and **s**wallowing but remember, these will be appropriate to the age of the baby. [2]

Conclusion

Memory aides such as **CHINS** and **LATCHES** may help breastfeeding practitioners to understand, retain and recall principles of positioning and attachment to support effective breastfeeding. They will not work for everyone and are not designed to replace existing training.
Further evaluation of **LATCHES** will be conducted once it has been shared more widely with breastfeeding educators and practitioners.

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/

1. Shotton, L.H. et al. (2024) A mixed methods evaluation of the breastfeeding memory aide CHINS. Maternal and Child Nutrition, Vol 20 (4), October 2024 e13704 DOI: 10.1111/mcn.13704O4
2. Shotton, L.H. et al (2024) LATCHES- A memory aide for the principles of attachment for effective breastfeeding: findings of a regional pilot in the Northeast of England and North Cumbria. International Breastfeeding Journal, 19:57 https://doi.org/10.1186/s13006-024-00663-8





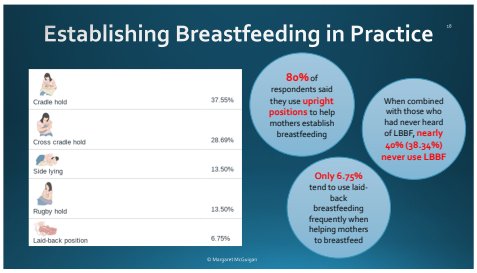
Photo credits: NaturalBreastfeeding.com for 1,2,3 & 4 and Johnny McGuigan for photo 5

Laid-back Breastfeeding Not Routinely Suggested in Irish Hospitals

Laid-back Breastfeeding: Practices of Midwives & Student Midwives in Ireland

Margaret McGuigan, BSc. (Hons) Midwifery & Dr Patricia Larkin

mgtmcguigan@gmail.com



INTRODUCTION: Difficulties with baby latching and nipple trauma are major contributors to the introduction of formula and discontinuation of breastfeeding in Ireland. Ranking among the lowest in the world, in Ireland only 37.6% of mothers breastfeed exclusively on hospital discharge, although 63.6% initiate breastfeeding at birth (National Women and Infants Health Programme, 2022). Although the benefits of laid-back breastfeeding (LBBF), such as significantly reducing sore and cracked nipples, engorgement and mastitis and encouraging a deeper latch are well documented (Wang et al., 2021; Milinco et al., 2020), this position does not seem to be routinely suggested to help establish breastfeeding. Instead, upright positions are regularly recommended by health professionals and in breastfeeding information.

OBJECTIVE: To determine midwives and student midwives' knowledge, attitudes, and practices of using laid-back breastfeeding in Ireland.

METHOD: A cross-sectional descriptive survey distributed to 3 maternity hospitals in Ireland and two Irish online midwifery groups in the Summer of 2021. Nine Irish maternity units were represented in total.

RESULTS: The study received 253 valid responses. Most midwives and student midwives (81.4%) were aware of LBBF. Only 6.8% of respondents cited it as their "go-to" position. More than a third (38.34%) have never used this position with mothers. Participants educated specifically about LBBF were 9x more likely to suggest it. Several barriers to midwives and student midwives using LBBF were identified.

CONCLUSION: Although the majority of midwives and student midwives knew about LBBF, this rarely translated into practice. To strengthen the use of LBBF requires midwives to have more in-depth knowledge highlighting babies' innate feeding behaviours. This education and support for health professionals would enhance their confidence to suggest LBBF frequently, leading to a more successful establishment of breastfeeding in Ireland, ultimately raising breastfeeding rates overall.

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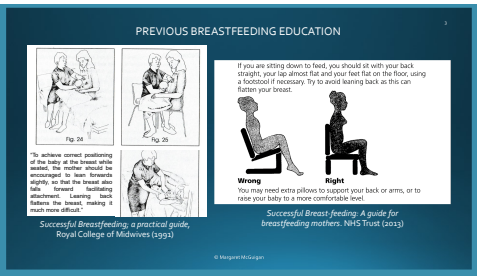
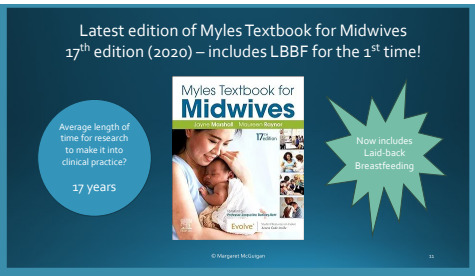
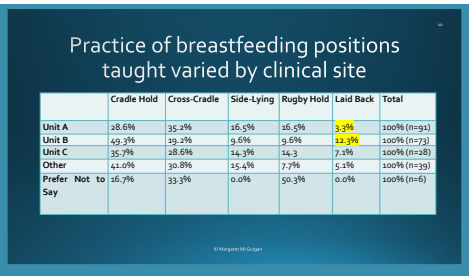
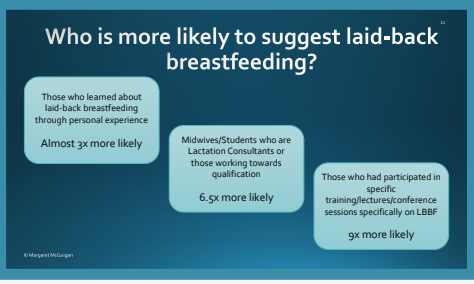
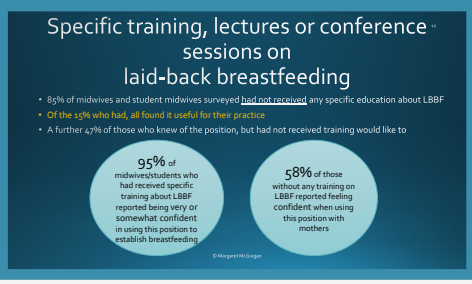
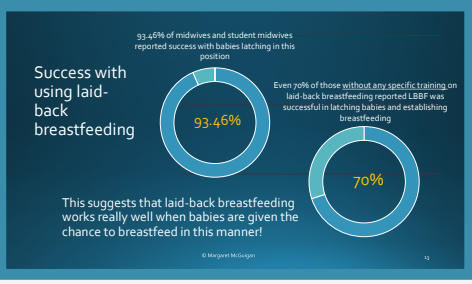












7 barriers to using laid-back breastfeeding in practice:

Lack of Education/Knowledge/Training

"Lack of education/training. Not one of the 'traditional positions taught." – Clinical Midwife Manager, 10+ years qualified

"Lack of education and confidence in my skills, compared to other positions." – 3rd year Student Midwife

Lack of Time/Staffing

"It takes time for a baby to latch by themselves in this position in my experience. Often, we are under time pressure to make sure that baby has had a first feed (I work in delivery) and so you are more hands on in order to ensure that this has happened." – Staff Midwife, 0-3 years qualified

"Time! On delivery suite there is very little time to aid in the establishment of breastfeeding, and often following the birth experiences women have there, there is little time to try more than one position. The attitude is 'get the baby on the breast and get the woman out of here' which is very sad and frustrating as a midwife." – Clinical Midwife Manager, 7-9 years

Lack of Experience/Confidence

"Personally, I have very little experience with this position and wouldn't feel confident suggesting it to mothers." – 3rd year Student Midwife

"Midwives' confidence using this position" (is a barrier). – Clinical Midwife Manager, 7-9 years qualified

Lack of Awareness/Popularity

"Not seen on the wards as much by student midwives and therefore not used by these student midwives once qualified." – Staff Midwife, 0-3 years qualified

"Not in the media/what women have seen on TV, etc." – Staff Midwife, 10+ years qualified

Cultural/Traditional Habits

"Remaining as hands off as possible is difficult." – Staff Midwife, 7-9 years qualified

"Easier for mum to attach but harder for midwife to assist baby with latch." – Staff Midwife, 10+ years qualified

Type of Birth/Pain for Mother

"Pain after Caesarean Section/Instrumental birth can impact positioning and also lead to greater tiredness." – Staff Midwife, 0-3 years qualified

"C-section. I often had women say their babies' feet were hurting them post incision." – 3rd year Student Midwife

"I always use it for Caesarean Section mums." – Clinical Midwife Manager, 10+ years qualified

And yet..

The Mothers' Themselves

Comments from midwives included:

"***Anxious*** *mothers."*

"Mothers are ***unfamiliar*** *with it."*

"Baby not willing to latch, mother's ***flat nipples, anxious*** *mother."*

"Extra help needed if mum has ***large breasts***."

"Mothers sometimes don't want to try it because they have ***no experience*** *of it."*

"Mums ***lack of knowledge*** *of this breastfeeding position."*

Midwifery Students reported barriers as:

"Mothers' ***hesitation***."

"***Large breasts***."

"Many mothers are ***afraid*** *of it."*

"Mother's ***unwillingness***."

"Is the mother ***confident*** *in this particular position?"*

"Lack of ***awareness*** *on the part of the midwife, team and mother."*

QR Code to full Open Access research article!

Implementing Family Led Ward Round on the Trevor Mann Baby Unit

Katherine Sweeney, Eleanor Turk, Helena Harjunen, Emma Pavitt
University Hospitals Sussex NHS Foundation Trust

What is it?

The Family Integrated Care (FiCare) model encompasses partnership between parents and the healthcare team on the Trevor Mann Baby Unit (TMBU).
It is associated with positive outcomes for both baby and parents, increasing incidences of weight gain, increasing breastfeeding rate at discharge and decreasing stress and anxiety for parents (1).
Supporting parental presence and involvement therefore impacts positively on both maternal wellbeing and infant's neurodevelopmental outcome (2).

Who Attends?

The Family Led Ward Round (FLWR) is attended by parents / carers and members of the Multi Disciplinary team (MDT), including; Neonatal Consultant, named Nurse, Occupational Therapist, Physiotherapist, Infant Feeding Nurse, FiCare Lead Nurse, Psychologist, Dietician, Speech and Language Therapist, Special Care Lead Nurse, and Outreach Nurse.

How Does It Work?

- Information leaflets and posters are distributed to encourage parents to sign up as well as verbal invitations from staff.
  - Parents choose a time slot to suit their availability and are provided with a ward round parent prompt sheet to fill in if they wish, prior to their slot.
- An A3 laminated 'what matters to me and my family' poster (see below) is filled in as the ward round takes place, which is a visual tool to document the achievements of the week and set goals for the week ahead.
  - Parents and staff all sit together at the cot-side (we use extra fold out chairs) to avoid anyone standing (which can otherwise be intimidating)
    - All discussion is lead by the parents and input from members of the MDT is welcomed as parents ask questions.
      - The completed A3 poster is used to close the ward round as a summary and is then placed as a visual aid at the cot side - parents can add to it if they wish.

Overcoming Barriers

Some initial barriers included; staffing shortage, medical team engagement, noise levels, limited space around a cot space, language barriers, parents availability. The barriers were resolved by having open discussions as a team, the option to move FLWR into another room if needed for noise reduction / space, limit numbers present, asking nurses in room to respond to alarms in timely manner, small circle with low voices which encourages family to keep voices low, flexibility of timings, possibility of using teams or speaker phone in a side room so as to include partner, booking interpreters in advance.

Feedback

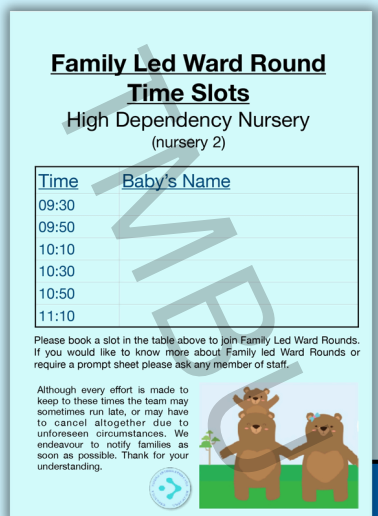
We loved the ward rounds, it really made us feel listened to as the main advocates for our baby. We feel like we know our baby so well!

Amazing opportunity to really engage with care of babies and ask all your questions.

What we found

Implementation of the FLW rounds on the Neonatal Unit represents a cost-effective intervention to improve neonatal experience. It encourages parents' involvement and promotes their value as their baby's primary care giver. The ward round also supports informed decision making and a team approach to the patients care following this unique individualised approach. It is an easily replicated model of care which can be shared amongst other neonatal units to improve outcomes for babies and their families

Tools: Sign up sheet, prompt sheets (front and back) and 'what matters to me and my family' proforma



Family Led Ward Round Time Slots

High Dependency Nursery
(nursery 2)

Time	Baby's Name
09:30	
09:50	
10:10	
10:30	
10:50	
11:10	

Please book a slot in the table above to join Family Led Ward Rounds. If you would like to know more about Family led Ward Rounds or require a prompt sheet please ask any member of staff.

Although every effort is made to keep to these times the team may sometimes run late, or may have to cancel altogether due to unforeseen circumstances. We endeavour to notify families as soon as possible. Thank for your understanding.

Family led ward round prompt sheet

Name | Date of birth | Birth weight | Current weight | Gestation at birth | Day of life | Corrected Gestation | Current issues

Breathing
- Tick the breathing support your baby needs:
  - ❑ Ventilator ❑ Nasal cannula
  - ❑ CPAP ❑ None
  - ❑ Optiflow
- How much oxygen does your baby need?
- Does your baby need any suction?
- Has your baby had a chest x-ray?
- Is your baby having any apnoeas, desaturations or bradycardias (dips in heart rate, oxygen level or breathing)?

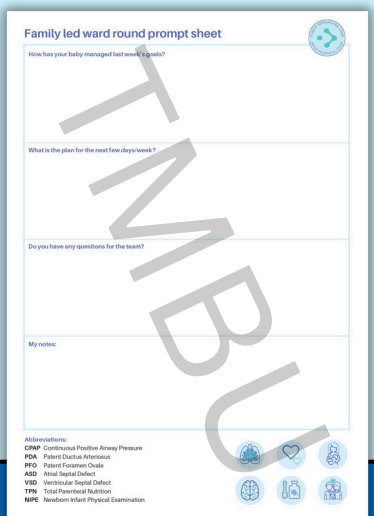
Heart and Blood Pressure
- What is your baby's blood pressure today?
- Are they on any medicine to support their blood pressure?
- Does your baby have an arterial line?
- Does your baby have an heart condition e.g. PDA, PFO, ASD, VSD?

Feeding and Nutrition
- What volume of fluid is your baby receiving?
- Tick any lines that your baby has:
  - ❑ Peripheral ❑ Central ❑ Umbilical
- Tick the type of fluid your baby is having:
  - ❑ TPN ❑ Glucose ❑ Other
- Tick any milk that your baby is having:
  - ❑ Own breastmilk ❑ Donor breastmilk
  - ❑ Preterm formula ❑ Term formula
- How much milk is your baby having and how often?
- Is your baby being sick?

Brain and Development
- What did your baby's last brain scan show?
- When is your baby due their next brain scan?
- Has your baby had their NIPE (if <35 weeks)?
- Does your baby need an eye (ROP) check?
- Is your baby waking for feeds?
- Does your baby have a Physiotherapist or Speech and Language Therapist plan?

Medications
- What medication is your baby taking?
- When does your baby need their immunisations?

My Family and I
- When can my family visit?
- Can your baby have a cuddle yet?
- Would my family like an update with a doctor?



Family led ward round prompt sheet

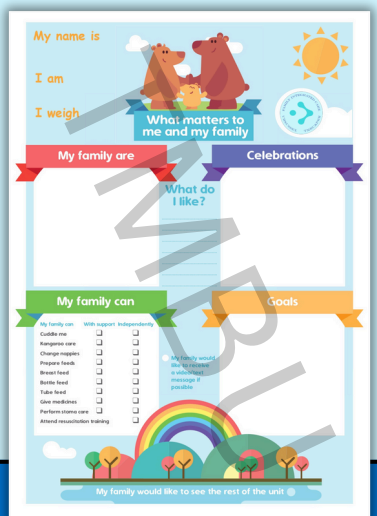
How has your baby managed last week's goals?

What is the plan for the next few days/week?

Do you have any questions for the team?

My notes:

Abbreviations:
CPAP Continuous Positive Airway Pressure
PDA Patent Ductus Arteriosus
PFO Patent Foramen Ovale
ASD Atrial Septal Defect
VSD Ventricular Septal Defect
TPN Total Parenteral Nutrition
NIPE Newborn Infant Physical Examination



My name is
I am
I weigh
What matters to me and my family
My family are
Celebrations
What do I like?
My family can
Goals
My family would like to see the rest of the unit

To find out more please contact: katherine.sweeney2@nhs.net

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WEBPAGE

Diabetes in Pregnancy Infant Feeding Project

Gemma Partridge, Consultant Obstetrician, and Lucy Lowe, Infant Feeding Specialist (IBCLC).
email:lucy.lowe@nnuh.nhs.uk

NHS Norfolk and Norwich University Hospitals NHS Foundation Trust

OVERVIEW OF PROJECT

- Diabetes in Pregnancy (DIP), including Gestational Diabetes Mellitus (GDM), Type 1 Diabetes Mellitus (T1DM), and Type 2 Diabetes Mellitus (T2DM), can present barriers to initiating and maintaining breastfeeding.
- Our project aims to increase breastfeeding rates among parents with DIP to alleviate health risks.
- An Infant Feeding Specialist, within a BFI-accredited unit, provides bespoke one-to-one, evidence-based antenatal feeding education and support. This intervention empowers parents to make an informed choice about feeding, enhances their knowledge of responsive parenting, strengthening brain development and relationships, and reducing adverse health outcomes.
- This tailored project improves breastfeeding initiation and supports short-term exclusive or partial breastfeeding.
- It is a low-cost intervention that offers significant short- and long-term benefits and can be easily replicated.

PHOTO BY SERGIU VĂLENAS ON UNSPLASH© B

EFFECT OF DIABETES ON LACTATION AND BREASTFEEDING

Breastfeeding rates are lower in individuals with diabetes (1;2). The reasons are multifaceted, including:

- Diabetes in pregnancy may increase the risk of persistent low milk production. (3)
- Impairments in glucose tolerance, such as those found in diabetes, may hinder several stages of lactation, including impeding breast development in pregnancy, delaying the onset of lactogenesis, and impacting later milk production. (4)
- Up to one third of individuals with GDM experience delayed lactogenesis II. (5)
- The severity of diabetes and the need for insulin during pregnancy predict shorter breastfeeding duration. (6)
- Diabetes-related complications, e.g. altered fetal growth and caesarean birth, can delay breastfeeding initiation and lactation. (7)
- Babies born to those with DIP have higher risk of complications (e.g. hypoglycaemia) leading to maternal-infant separation (e.g. NICU admission), which can impact breastfeeding. (8)

Positive impact of breastfeeding and lactation on health includes:

- Parents with GDM have a higher chance of developing T2DM. Breastfeeding for 6 months+ reduces risk by 47% (9)
- Longer exclusivity of breastfeeding may reduce a child's risk of developing T1DM. (10)

GRADED INTERVENTIONS

Email and leaflet; One-to-one support via video/phone; Face-to-face individual support

Interventions include educating parents on:

- The benefits of breastfeeding for reducing diabetes-related health risks.
- Effective initiation of breastfeeding and lactation.
- Navigating early challenges and accessing postnatal specialist support.
- Importance of colostrum harvesting, early, ongoing skin contact, frequent breastfeeding/expressing, rooming-in and responsive parenting.
- Expectations during the hospital stay.
- Feeding strategies for preterm or early term babies.

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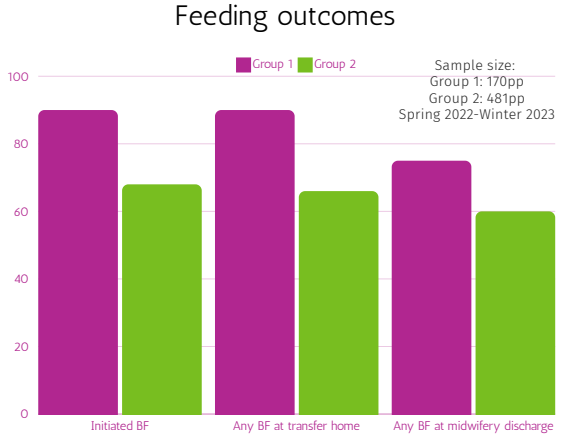
PROJECT FINDINGS

Group 1: intervention
Group 2: standard care

Higher breastfeeding initiation:
Group 1: 90%
Group 2: 68%

Higher exclusive or partial breastfeeding upon going home from hospital:
Group 1: 90%
Group 2: 66%

Higher exclusive or partial breastfeeding upon discharge from midwifery care:
Group 1: 75%
Group 2: 60%



FUTURE DEVELOPMENTS

- Providing **specialist in-hospital postnatal feeding support** could increase breastfeeding duration.
- Ongoing **postnatal IBCLC support** is expected to enhance breastfeeding duration.
- Formula supplementation in hospital by parents with DIP is 27%. The availability of **donor human milk** would reduce this and boost breastfeeding rates.
- We are piloting both interventions with the Human Milk Foundation and Start for Life.

hmf HUMAN MILK FOUNDATION Start for Life

SUMMARY

Specialist antenatal infant feeding education for parents with DIP improves knowledge, informed choice, and breastfeeding outcomes, offering the potential to lower the rate of diagnosis of T2DM in people who had GDM, and offering other significant health and economic benefits. Our project serves as a model for other NHS Trusts to support parents with DIP and other groups facing breastfeeding challenges.

Why Mothers Discontinue Exclusive breastfeeding – A Scoping Review

Oladipupo Idris Olalere MBBS, MSc., Clare Harley PhD.

Background

Despite of the World Health Organisation (WHO) recommends that infants should be exclusively breastfed for the first 6 months of life and thereafter breastfed with complementary foods until two years of age or older, [1,2] the global breastfeeding rates continue to fall short of the desired targets.

Studies have estimated that as high as 60% - 80% of breastfeeding mothers who discontinue breastfeeding doing so earlier than desired [5,6], this scoping review aims to provide insight into the reasons behind mother's decisions to cease breastfeeding or switch to mixed feeding within the first 6 months postpartum.

Methodology

A systematic search of PubMed and Ovid maternal and infant care, and global health electronic databases using the PRISMA systemic review process [7] was conducted to identify relevant studies. Database search was done in April 2023.

Result

Of the 1910 identified citations, 17 studies met the inclusion criteria and were included in the review.

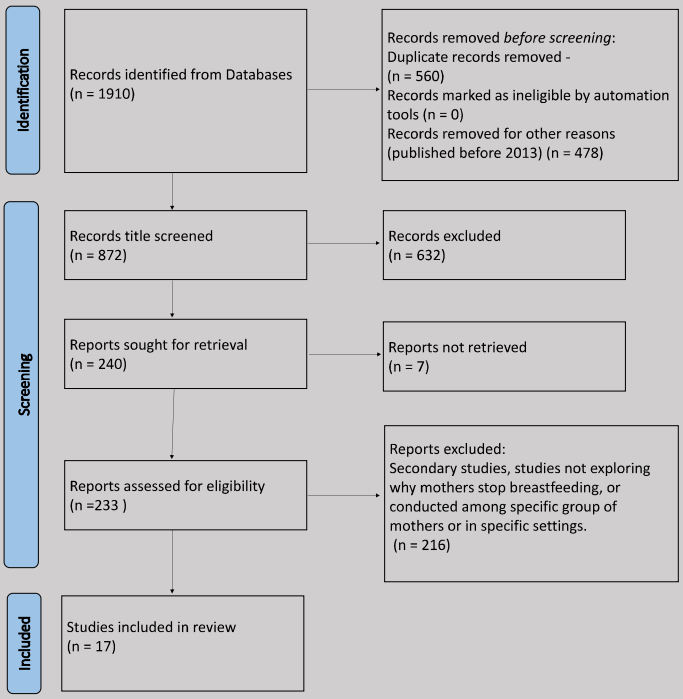


Figure 1: PRISMA flow diagram of the search and screening process.

Five broad themes were identified from the studies: lactation-related challenges, infant-related challenges, maternal health-related challenges, social challenges, and lifestyle challenges (Table 1).

Lactation-related Challenges: includes nipple injuries, breast pain, engorgement, breast swellings, perception of insufficient breast milk, nipple thrush, mastitis, and breast abscess.

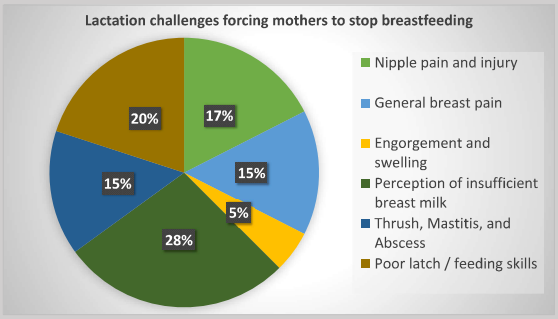


Figure 2: Frequency of lactation-related factors for breastfeeding cessation.

Perception of insufficient breast milk supply or feeling that the baby does not get enough milk was the most common lactation-related issue given for breastfeeding cessation, reported in eleven of the seventeen enrolled studies.
Poor latch and breastfeeding skills were the second most common lactation-related factors for discontinuing breastfeeding [10,11]. Participants in a qualitative study felt that antenatal classes primarily focused on the advantages of breastfeeding but offered very little about the actual breastfeeding experience and expectations [11].

Infant-related Challenges causing mothers to stop exclusive breastfeeding include infant's illness, [16] tongue tie or inability to latch properly, [13,17] infant's refusal to feed, [15,16] or showing interest in regular food, [10] failure of the infant to thrive while on breast milk, [13], not tolerating breast milk,[18] and biting. [10,15]

Table 1: Identified themes of reasons for early breastfeeding cessation.

Themes	Lactation-related Challenges	Infant-related Challenges	Maternal-related Challenges	Social Challenges	Lifestyle Challenges
Associated factors	Perception of insufficient breast milk	Biting	Fatigue	Poor support	Returning to work
	Breastfeeding-related pain	Nipple confusion	Stress	Poor knowledge of breastfeeding	Returning to work/school
	Feeding difficulties	Refusal to feed	Health conditions/ medications impacting breastfeeding	Family influence	Re-entering social role
	Inadequate latch	Infant showing interest in regular food		Socio-cultural influence	Inconducive workplace
	Nipple injuries	Failure to thrive		Maternal choice to stop breastfeeding	
	Engorgement	Infant not tolerating milk			
	Mastitis	Illness			
	Thrush or yeast infection				
	Ineffective breastfeeding skills				

Maternal health-related Challenges comprises of 3 subthemes include maternal illnesses, fatigue, and stress and sleep deprivation . A mixed method study by Norman et al. [13] found that 46.7% of the respondents identified a change in their mental health while breastfeeding. The majority (22.3%) reported feeling depressed, 9.5% felt guilty, and 8.4% expressed a feeling of anxiety. Gianni et al., [12] found that maternal fatigue was the third most common reason (30.2%) mothers give for discontinuing breastfeeding after cracked nipples (41%) and perception of insufficient breast milk (35.8%).

Social Challenges mainly comprises of maternal choice to discontinue breastfeeding and social and family reasons influencing mothers to stop exclusive breastfeeding. A cross-sectional study of 354 breastfeeding mothers in Sri Lanka [21] found that 50.6% of the participants were advised by family members to cease breastfeeding early. Poor support [11] and understanding of breastfeeding were other reasons found to have influenced breastfeeding behaviour by Hendaus et al.,[18] and Ratnayake and Rowell [21].

Lifestyle Challenges: Returning to work was the main lifestyle-related factor for ceasing breastfeeding entirely. An interview of 562 mothers in China [23] revealed that returning to work was cited by 11.5% of mothers who stopped breastfeeding within one month, 38.3% of those who stopped between two to four months, and 47.6% of those who stopped between five to six months postpartum. This is also reported by Gianni et al., [12] Brown et al., [19] and Chang et al.[14]

Ratnayake and Rowel [21] reported that 90.9% of the study participants who returned to work within the first 6 months postpartum did not practice expressing breast milk and therefore could not maintain exclusive breastfeeding. These mothers reported that their superiors and colleagues had neutral or discouraging attitudes towards expressing breast milk at the workplace.

Conclusion

Mothers' decisions to switch from exclusive breastfeeding to mixed feeding or discontinue breastfeeding early result from a wide range of reasons cutting across five main themes relating to lactation, the infant, maternal health, social, and lifestyle. These should form the bedrock of breastfeeding intervention strategies as studies have shown that clinical supports alone are insufficient in helping mothers meet their breastfeeding goals.

Honest information on breastfeeding and its common challenges, and timely and efficient support from healthcare professionals, family and peers are essential all through the postpartum period.

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GINA's team delivering breastfeeding support in Gaza

BREASTFEEDING GAZA:
SUPPORT THROUGH A KEYHOLE

A brief introduction to GINA: Gaza Infant Nutrition Alliance

Authors: Meeajan, R [1]., Ajweh, Y.[2], Hoey, S.[3], Robb, A.[4], Naz, I.[5], McKerracher, L.[6], White, M. [7], Al Soufi, R. [8], *& our colleagues in Gaza, to be named when safe to*
Correspondence via email: gaza.infant.nutrition@gmail.com

GINA's "Circle of Love". Original artwork by @indie_artist_socialist

ABSTRACT

This poster introduces GINA (Gaza Infant Nutrition Alliance, CIC), a member organisation of the Global Nutrition Cluster, dedicated to delivering breastfeeding education and support to healthcare workers and families in Gaza.

Breastfeeding is the optimal source of nutrition and comfort for infants, even more so in emergencies and displacement. Where clean water and energy supplies are compromised, breastfeeding is safe and the most important intervention in reducing infant morbidity and mortality. Prior to the current war, exclusive breastfeeding rates in Gaza were low. This presents numerous challenges in supporting breastfeeding, with gaps in healthcare workers' knowledge, breastfeeding myths, limited opportunities for wet-nursing, relactation, peer support or milk banking, and lack of safety, antenatal care, basic maternal nutrition, or privacy.

Through interpersonal connections and data-light communication, GINA delivers breastfeeding education in local dialects "through a keyhole" to healthcare workers in Gaza, laying foundations to improve breastfeeding rates and wider health outcomes in the future.
We describe how an individual fundraising endeavour to support new mothers in Gaza changed direction and grew to become a diverse multidisciplinary community of volunteers committed to delivering evidence-based breastfeeding education and support, and essential nutrition for mothers.

Reem's Story

GINA's heart and founder, Dr Reem Al Soufi, is of Palestinian origin and works as an Emergency Medicine Physician in Edinburgh. A mother and milk donor herself, Reem began her journey to supporting the mothers and infants of Gaza through a fundraising campaign, sourcing breastmilk substitutes and maternal nutrition supplies for hospitals in Gaza.

Through networking with breastfeeding peer supporters, IBCLCs, physicians and academics, Reem identified the urgent need to support Infant and Young children feeding in Gaza. In March 2024, GINA was born.

GAZA: THE BREASTFEEDING LANDSCAPE

The Gaza Strip is a 365km2 area of land with a population of 2.3 million. An estimated 55,000 babies are born in Gaza each year (2020 data [1]). As a result of continued political and humanitarian crises; poverty, malnutrition, violence, and restricted access to safe water are critical threats to the safety and health of all mothers and children in Gaza [1].

Public health data describing breastfeeding in Gaza estimate that prior to the current war, exclusive breastfeeding rates were between one third to 60%. [1].
A range of qualitative studies conducted in the region in recent years identify that breastfeeding myths, early introduction of solid foods (before six months), giving other fluids orally (such as herbal teas), and mixed feeding, may explain the range in estimated rates [1,2,3,4,5,6]. UNICEF identifies several factors implicated in low exclusive breastfeeding rates, illustrated in Fig. 1

The immediate, underlying, and root causes of low breastfeeding rates described in Fig.1 are deeply entangled in local geography, healthcare structures, family structures, and antenatal and postnatal care; all factors threatened during periods of war, displacement, and emergency.

UNICEF's Gaza Postnatal Home Visiting Programme (2020 [1]) aimed to improve breastfeeding rates and perinatal health otucomes through upskilling healthcare professionals and breastfeeding peer supporters in the community. Limited by financial support and adequately trained staff to deliver both support and training, service delivery proved difficult.

The safety and security of staff working is an ever present concern1. [1]

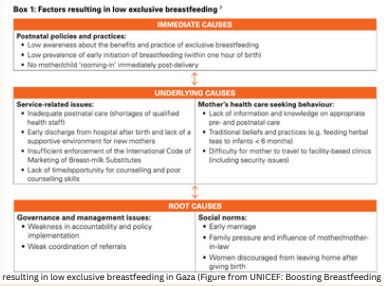
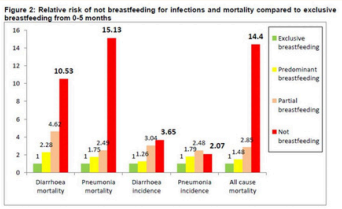


Fig.1: Factors resulting in low exclusive breastfeeding in Gaza (Figure from UNICEF: Boosting Breastfeeding [1].

GUIDING PRINCIPLES

For Infant Feeding in Emergencies [7]:

1. **Timely and appropriate feeding**
2. Protection, Promotion and Support of Breastfeeding
3. **Management of breast milk substitiutes**
4. Complementary Feeding
5. **Nutritional support for non-breastfed children**
6. Psychosocial support
7. **Coordination and collaboration**
8. Capacity building



The risks of not breastfeeding in environments without safe water, sanitation, and where communicable diseases are prevalent, are summarised in Fig.2, [9].

Even partial breastfeeding confers a risk reduction of nearly x5 for all cause mortality.

INTRODUCING GINA

GINA is a multidisciplinary collaboration between UK-based volunteers and healthcare workers in Gaza; its mission, to provide ***evidence-based nutritional support for mothers and their newborn infants living in Gaza***.
GINA's first phase of action is to **support exclusive breastfeeding**

GINA's work began as data-light communication between our UK-based team and four healthcare workers (neonatal nurses and midwives) working across two hospitals in Gaza.

With unpredictable electricity and internet connectivity, **voice notes and screen size resources in Arabic** were sourced and created to maximise information sharing possibilities in challenging circumstances.

Through GINA's work and support, these networks grew to larger WhatsApp communities for Gazan healthcare workers and new mothers.

By October 2024, GINA supported its 5 Gazan team leaders to:

- Train 22 neonatal nurses and midwives in breastfeeding awareness and breastfeeding support
- Support 250 mothers face to face
- Follow 90 mothers up with remote support
- Support 214 mothers remotely via WhatsApp
- Support the ongoing education and training of 35 healthcare professionals via WhatsApp

Mother and Infant at the heart

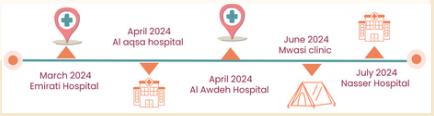
FOR HEALTHCARE WORKERS
WhatsApp community moderation
Regular messaging aimed at raising awareness:
- benefits of brestfeeding
- evidence based practice in the NICU, SCBU
- UNICEF Baby Friendly practice

Supporting healthcare workers with CPD activities
- Access to online conferences
- Career advice

FOR PARENTS
Referral system for ease of access:
- Healthcare workers can refer through WhatsApp
- Parents may refer themselves through "Gaza Mothers' WhatsApp" community

1:1 consultations available
- Breastfeeding "technical" support
- Psychological support

ACTIVITIES
Co-ordinating with hospitals
Creating and distributing lactation training in Arabic
Weekly Zoom meetings to support staff
Q&A sessions
Trained healthcare workers delivering lactation support workshops in facilities
Provision of training materials: breast models, leaflets, videos, posters



BREASTFEEDING MYTHS

Exploring breastfeeding myths in any context requires a culturally competent and community-led (or participatory) approach, with consideration of ethical issues and the researcher's positionality and power differentials [10]. GINA's Gazan team are working in close collaboration with our UK-based volunteers on 'mythbusting' - watch this space.

FEEDBACK SO FAR

GINA's team delivering breastfeeding support in clinic

"Helping mothers to breastfeed their babies and clear up misconceptions about breastfeeding makes them feel they can keep their children fed, even during a siege or war. This support boosts their mental health because it helps them feel they can take care of their children, no matter what."
Midwife, Gaza

"We didn't know about breastfeeding in emergencies. We thought war would be detrimental to mother's milk, that it wouldn't be any good

Neonatal Nurse, Gaza

"For us, as healthcare workers dealing daily with critical cases and a high number of deaths because of war, supporting breastfeeding and enabling mothers to protect their children with their milk gives us hope and strength to keep going. This is very rewarding."
Neonatal Nurse, Gaza

"I felt so guilty that my baby became wasted.. I felt inadequate.. a bad Mum.. I wish I had met the breastfeeding support team earlier to get help in increasing my milk supply "

Mother, Nasser Hospital

GINA's team delivering breastfeeding support in the community

GINA'S FRAMEWORK OF PRACTICE

NETWORKING	**Networking with midwives, nurses and doctors** caring for new mothers in hospitals in Gaza to provide antenatal education, breastfeeding promotion, and establishing training for midwives, nurses and doctors.
GATHERING EXPERTISE	**Establishing an alliance of certified lactation consultants and maternity mental health specialists** based in the UK to act as an advisory group, vetting training resources used and providing guidance to the healthcare providers in Gaza.
TRANSLATION	**Translating resources to Arabi**c and producing leaflets, posters and audio material detailing how to support mothers during their breastfeeding journeys while living in a war zone.
PROCUREMENT	**Procuring lactation parcels for mothers** to improve their nutrition. Contents are specifically chosen to support milk production (60 parcels were delivered as a pilot, 1,600 parcels are being prepared in Cairo/Amman at the time of writing
PARTNERSHIPS	**Negotiating with major established charities** for the establishment of breastfeeding tents where new mothers are offered privacy, peer-support and clean water during their visits to the tent.
TRAINING & SUPPORT	**Providing training and support to implement kangaroo care** and expressed breast milk to premature infants in neonatal units.
LEADERSHIP	**Promoting academic and leadership development of the Gazan members of the team**, through breastfeeding support training, mentorship and opportunities to engage in research activities and publications.
CREATIVITY	**Creative fundraising initiatives** such as Gaza Morning Coffees, children story book(s) and toys promoting breastfeeding and kangaroo care.
SUSTAINABILITY	**The aim is to diversify and create regular income** to support the initiative and its longevity, and establish self-sustaining hubs and networks of breastfeeding and nfant nutrition expertise in Gaza.

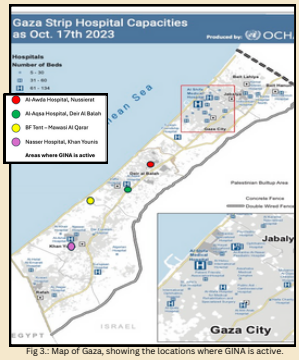


Fig 3.: Map of Gaza, showing the locations where GINA is active.

PARTNERSHIPS

GINA joined the Global Nutrition Cluster in April 2024.
We have subsequently partnered with local and global organisations:
- Ard Al Insan
- Fares Al Arab
- MSF Spain
- MSF France

What is the Global Nutrition Cluster?
"a holistic support platform that provides coordination, information management, and programming support to nutrition actors at all levels before, during, and after emergencies"

GINA'S VISION

Our colleagues in Gaza demonstrate immeasurable courage, compassion and dedication day after day. They continue to work in conditions many of us are unable to imagine. Often without power, clean water, sanitation, or safety; often without adequate nutrition for themselves, and unpaid.
Some of our colleagues are continuing to breastfeed their own infants around their 24 hour shifts at the hospital. One member of our team works around caring for her adopted daughter, who was orphaned days into the current war.

When safe and ethical to, we look forward to sharing primary research conducted in partnership with our colleagues in Gaza, to analyse and critique the efficacy of GINA's work, and act on learning points. Until then, we centre the experiences and needs of our colleagues and the families of Gaza, who we will continue to advocate for, and whose work we will platform.

GINA dreams of a day where our colleagues can learn, work, and educate others in freedom and safety. Where mothers are empowered and informed to breastfeed their infants in peace, for as long as they wish to. We continue to network with local and global organisations to maximise our reach. Having recently become established as a Community Interest Company, we look forward to further fundraising to support our colleagues and new mothers in Gaza.

Acknowledgements
GINA works primarily for the families of Gaza. We are forever changed, having witnessed their enduring compassion, resilience and bravery, and we thank our colleagues and families in Gaza for trusting us with their voices and care. We wish to thank the IBCLCs and humanitarian experts who shared their time and experience with us on the path to setting up GINA.
We thank our supporters who donated to GINA's initial GoFundMe campaign, providing breastfeeding support parcels to new mothers in Gaza.

Author affiliations:
1. MRCGP MSc, London. 2. IBCLC, Birmingham, 3. MSc, PhD, UK, 4. BPPS, Scotland, 5. GP, Scotland. 6. Consultant Neonatologist, Scotland. 7. Infant Feeding Specialist, Scotland, 8. Consultant Emergency Physician, Scotland

DONATE: JUST GIVING

GINA'S YOUTUBE CHANNEL: IYCF-E COURSE IN ARABIC

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Breastfeeding support for Muslim women

Dr Farah Gilani GP; Breastfeeding peer supporter farah_gl@doctors.org.uk
Ayrshire Medical Group; The Breastfeeding Network

Introduction

South Asian mothers in the UK have higher breastfeeding initiation rates than their white counterparts[1]. However, by 4 months, rates of exclusive breastfeeding are no higher amongst South Asian mothers than White mothers[1]. This is despite the fact that South Asia has some of the highest breastfeeding rates globally, and, at 57%, one of the highest rates of exclusive breastfeeding at 5 months[2].

It seems that acculturation plays a part in these lower rates of breastfeeding in South Asian women in the UK, as compared to their counterparts in South Asia[3]. It must also be recognised that this cohort of women experience a host of unique barriers, both to breastfeeding, and to accessing support for breastfeeding[3,4,5], which can be challenging to understand for the traditional breastfeeding support community.

Methods

- Breastfeeding Network (BFN), a breastfeeding support charity, initiated a breastfeeding telephone support project in Glasgow, specifically recruiting bilingual volunteers, including Urdu as a spoken language
- All the mothers requesting support in Urdu were Muslim. Some did in fact have an excellent grasp of English, but requested Urdu support in the hope that they would be connected with someone from a similar background.
- While the project was originally designed to address the language barriers that some South Asian women experience, in seeking breastfeeding support, it became apparent that mothers equally valued the benefits of having a breastfeeding peer supporter who understood their cultural and religious background.

Results

- While mothers often wished to breastfeed, motivated by the importance placed on breastfeeding in Islam, breastfeeding became deprioritised as other demands were made on the mother's time.
- This supports previous research showing that while more South Asian women initiate breastfeeding, rates of exclusive breastfeeding are low[6].
- Those mothers who received support from a volunteer with a background of cultural and religious awareness, felt more comfortable to discuss the challenges they were facing, without the fear that they or their families would be judged.
- They felt better understood than by others they had met on their breastfeeding journey, and felt more motivated to continue with their breastfeeding journeys, albeit often combination feeding.

Mothers described having information and support from a culturally aware peer supporter as invaluable when navigating challenges to continue breastfeeding.

"Health visitor kay saath may free ho kay nahi baat kar sakhti thi kay parda kar kay mujhe breastfeeding mushkil lagta hai - aap kay saath khul kay baat kar sakhti hoon"

"Aap kay saath baat kar kay mujhe dobara jhosh aa gaya hai breastfeeding kay liye"

Conclusion

While faith based and culturally aware support is clearly needed and useful, it can be hard to offer. Numbers of South Asian / Muslim volunteers for peer support roles are low. While several mothers signed up for the course to become a breastfeeding helper, various factors including work and family commitments, meant that they were unable to complete the course, or commit to continued volunteering.

Given the well documented benefits of breastfeeding, it is important that we find novel strategies to maximise the culturally aware support we offer breastfeeding South Asian mothers[5]. Following on from the BFN project, further actions are planned in order to improve access to breastfeeding support for this community of mothers and develop peer support networks from within their community. This includes pop up breastfeeding support at pre-existing mother and toddler groups at mosques and Muslim organisations, as well as educational events in collaboration with Muslim women's organisations which will be open not only to mothers, but also grandmothers and the wider female Muslim community.

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Progress in Peri-Operative Care for Breastfeeding Patients in Swansea Bay

Dr K Chapman[1], Dr K Beard[2], Dr C Beynon[2], Heather O'Shea[3], Belinda Hannah[3]

The Past

June 2020
National guideline advises that *"breastfeeding is acceptable to continue after anaesthesia"* and recommends *development of local policies* to facilitate breastfeeding during the woman's hospital stay.

July 2021
Survey of Swansea Bay Anaesthetists:
- Only 22% had read the consensus guideline
- 1/3rd would advise against breastfeeding for a set duration of time following a GA
- 85% would rely on the BNF for information on medication safety in lactation

The Present

June 2022
Mechanism for identifying breastfeeding patients listed for elective surgery established – question added to pre-op assessment questionnaire

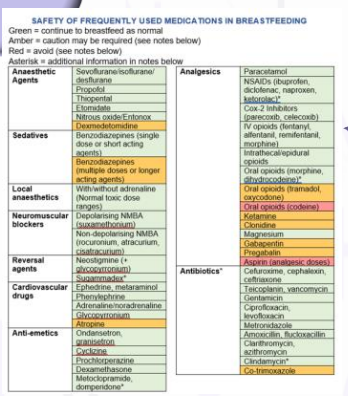
January 2023
Contact details confirmed for support from infant feeding team when breastfeeding patients are admitted for elective surgery

July 2024
Publication of bilingual leaflets for breastfeeding patients who require an anaesthetic in SBUHB

April 2024
Publication of Swansea Bay guideline for perioperative management of breastfeeding patients
- Pre-operative, intra-operative and post-operative considerations
- A flow chart for pre-assessment
- A quick reference guide on the safety of anaesthetic medications in lactating patients + a full detailed table with references

July 2024
Publication of bilingual webpages within the SBUHB "preparing for surgery" hub

[English webpage – click to visit]



[Screenshot of guideline – click to enlarge]

Education – Ongoing
Anaesthetists
Pre-assessment nurses

The Future

Development of video information, continuing education, share our work and involve the patients.

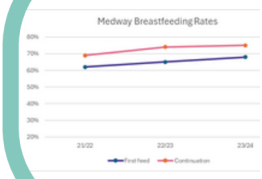



1. ST4 Anaesthetics, SBUHB [Contact catherine.j.chapman@wales.nhs.uk]
2. Anaesthetic Consultant, SBUHB
3. Infant Feeding Lead, SBUHB

Beside You -

A collaboration with healthcare providers in supporting breastfeeding

Breastfeeding support in Medway



ABOUT BesideYou

Launched in 2016, Beside You Medway is a local breastfeeding support resource.

START FOR LIFE I RESEARCH

The 2023 funding provided the opportunity to revise and refresh and improve the campaign.

INFANT FEEDING STRATEGY

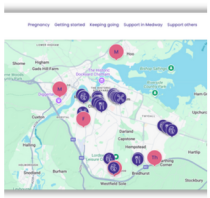
After conducting insight research, and working with local partners, a new 5-year strategy was set until 2028.

COLLABORATIVE WORKING

Working closely with partners and local trusts to ensure a solid cohesive support system is in place for service users.

REFRESHED WEBSITE

Produced in collaboration with local trusts. Up to date information, plus new local photography and videos produced.



INTERACTIVE SUPPORT MAP

An interactive map containing details of local peer support and breastfeeding welcome venues.

ANTENATAL EDUCATION

Hello Baby antenatal infant feeding sessions held across the week, in partnership with the peer support team.

PEER SUPPORT

Postnatal peer support to support mums across Medway. In person sessions as well as weekly social drop-ins.

CHALLENGES

- Lower than average first feed rates
- Lack of staff to offer breastfeeding support
- Access to support for breastfeeding families

SUCCESSES IN THE YEAR

- 5% increase in first feed rates
- 3% increase at continuation
- New infant feeding & peer support roles
- New weekly social drop-ins
- 12,000 website views. Over 1m reach across our social media channels

Putting our ‘breast’ foot forward

The Public Health Agency’s approaches to promoting breastfeeding support across Northern Ireland.

In Northern Ireland breastfeeding rates at discharge rose from 45% to 51% between 2010–2022. However, there is a drop off with 22% receiving breastmilk at 6 months.

Feedback suggests this is impacted by a **lack of support**, particularly when feeding outside the home, with 9 in 10 mothers stopping before they intended.

Strategies to increase support

Breastfeeding Welcome Here

Highlight the benefits of the Breastfeeding Welcome Here scheme to help enhance awareness and expand membership.

PR and social media content

We develop press releases and social content to promote positive breastfeeding messaging. Activations include graphics, imagery, videos and animation.

Helping mums feel supported and confident

Creation of integrated multi-media series ‘Supporting Mums’ and ‘Building Confidence’ to highlight those who support breastfeeding mums and encourage ways for mums to build confidence when breastfeeding.

Results

26,000

people reached

on average each month through breastfeeding social media content across all channels.

Over 900 businesses across Northern Ireland have joined the ‘Breastfeeding Welcome Here’ scheme

The impact

- Our strategies are helping to normalise breastfeeding.
- Breastfeeding support is celebrated and acknowledged.
- We are making people more aware of the support that is available for breastfeeding mothers.

breastfeeding
GOOD FOR BABY. GOOD FOR MUM.

Find out more at www.breastfedbabies.org

HSC Public Health Agency

"Either something is wrong; or I'm a terrible parent":

A systematic review of parent experiences of unsettled infants.

Amy Dobson (SPCR Doctoral Fellow, Health Visitor)
Supervised by Prof. S. Latter, Prof. M. Santer, Dr. I. Muller

Background

Unsettled baby behaviours such as perceived excessive crying, vomiting, stool issues or skin rashes are increasingly treated as medical disorders such as reflux or allergy. When inaccurate, this causes harm to the baby and family and disrupts the feeding journey. To inform interventions providing better support for families, this systematic review of qualitative studies explores parent experiences of unsettled infants, including perspectives on medical labels.

Methods

Qualitative experiences + Parent AND Baby + Unsettled behaviours

AND

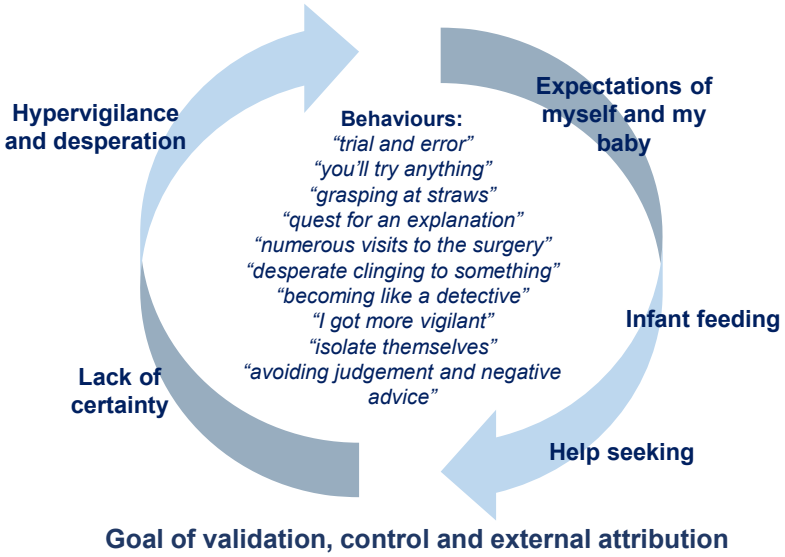
EMBASE, Medline, PsychInfo, CINAHL, Cochrane, grey literature search, forward and backward citations

15,686 results

- ✓ Primary, qualitative studies
- ✓ Findings about human infants <12months
- ✓ Studies about crying or colic with discussion of illness related interpretations
- × Complex health needs
- × Antenatal
- × IgE mediated allergy
- × No unsettled symptoms
- × Quantitative methods
- × Commercial interest

Findings: Thematic Synthesis of 10 included studies

Searching for an explanation: A repeated cycle



Goal of validation, control and external attribution

Analytical Theme 1: Identity as a 'good parent'

New parents are in a process of **"Transition from 'me' to 'me as a parent'"** against a backdrop of societal myths and norms of perfection. They experience a sense of **"Guilt and failure"** in response to their infant's unsettled symptoms. They are exhausted and may find it hard to bond, which increases the sense of guilt. Parents experience a sense of **"Responsibility"** for and a lack of **"Control"** over their infant's symptoms, which causes great distress. They fear judgement and seek strategies to construct a positive parenting identity.

Analytical Theme 2: Searching for an explanation

Parents attempt to resolve guilt and gain a sense of certainty and control by finding an external (medical) cause for their symptoms. The search is underpinned by parents' **"Expectations"** of themselves and their baby. **"Infant feeding"** is blamed and frequently changed. Parents feel "fobbed off" despite **r**epeated **"Help seeking"** . **"Lack of certainty"** complicates the search and parents struggle with increasing **"Hypervigilance and desperation"**.

NIHR | School for Primary Care Research

This poster presents independent research funded by the National Institute of Health Research School for Primary Care Research. The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care

University of Southampton

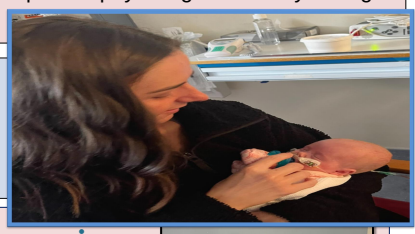
a.e.dobson@soton.ac.uk

Implementing a Cue Based Feeding approach within the Neonatal Unit in Ayrshire and Arran.

Ashley Manchester, Maternal and Infant Nutrition Coordinator, NHS Ayrshire and Arran

Rationale & Background

Traditional approaches to feeding infants in the neonatal unit (NNU) focus on arbitrary measures of infant readiness to feed such as gestational age, which do not consider the individual nature of every infant's development, and the responsive approach from adults that this requires. This can lead to infants being fed before they are ready and set them and their families on a negative path with regards to long-term feeding outcomes and success. **Cue-based feeding (CBF)** has been shown to support neurodevelopment and organised feeding behaviours in the preterm population resulting in improved physiological stability during feeds, improved parental confidence, decreased time to full oral feeds, and shorter hospital stay.



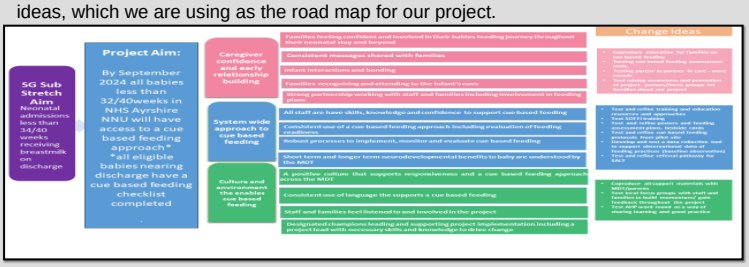
Project Aim:
By September 2024 all babies in NHS Ayrshire NNU will have access to a CBF approach,
we measured the following outcomes:
Evidence of improved caregiver confidence via Completion of pre-discharge CBF checklist and parent feedback questionnaire
Culture and environment that enables CBF evidenced through audit of positive CBF language in case-notes
System wide approach to CBF (all staff will have accessed training package and using CBF principles/language)

Identifying the Quality Issues

The initial pilot project confirmed that a CBF approach did not delay time to discharge and also improved parental confidence. In our project we wanted to refine the teaching tools and supporting materials already developed in the pilot project and test them in our system. Parent/staff questionnaires and forcefield analysis were used to help us understand our system and identified some of the gaps.

Developing a Strategy & Change Ideas

- We have worked hard to create conditions needed for change. One example is sharing the project, to build enthusiasm, at a neonatal team day.
- We involved staff and parents in the development of the project from the start (using pre and post training questionnaires and encouraging feedback following training, and encouraging staff to make comments and changes to the paperwork).
- Our project team included a project lead, midwifes & SALT. We have dedicated time to meet regularly & this has been invaluable in making change.
- The driver diagram was a QI tool that helped our planning and brought together our ideas, which we are using as the road map for our project.

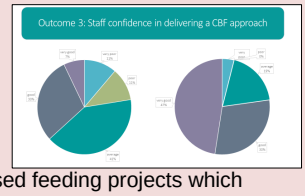


- Alongside our driver diagram we have developed a measurement plan. This involved deepening our shared understanding of what matters in relation to quality outcomes for babies, families and staff.

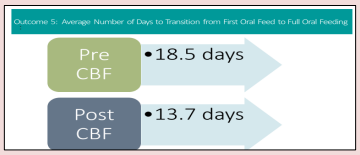
What are we going to measure?	Why measure this?	What does this mean and how will we measure it?	When /how often
Number of babies discharged from the neonatal unit receiving breastmilk (sub stretch aim)	To understand any contribution of the project on SG national neonatal sub stretch aim	% of babies discharged receiving breastmilk N Number of babies discharged receiving breastmilk D Total number of babies discharged	Weekly count Reported monthly Run chart
The number of eligible babies who have a cue based feeding checklist completed near discharge (outcome measure)	To understand the impact and consistency of approach to cue based feeding approach and progress towards project aim	% of babies discharged with a completed checklist (with a positive outcome) N Number of babies discharged with completed checklist D Total number of babies discharged	Weekly count reported monthly Run chart
Parental confidence to provide a cue based feeding approach to their baby	This is an important driver to achieving the project aim	Using the pre discharge checklist Number of families measure 4/5 at post education (discharge checklist)	Likert scale Count data Weekly count reported monthly
The number of parents reporting dissatisfaction with feeding support for their baby, particularly related to reports of parents	To help us understand how effective cue based feeding implementation is at decreasing conflicting information given to parents	Number of families reporting conflicting information	Pre intervention-parental contact (baseline) Daily QR code

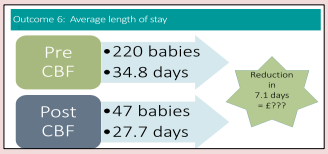
Achievements & Key Learning

- Building an enthusiastic MDT with appropriate skills and knowledge to support the project has helped us progress and build a firm foundation.
- Having senior leadership support for the project ensures it is prioritised within the unit and within the leadership team.
- Worked closely with the Scottish government and other areas providing a cue based feeding approach. This will enable us to continue to add to national learning and contribute to scale and spread.
- Designed a training package for all staff with information leaflets, training videos and access to the CBF team for further information.

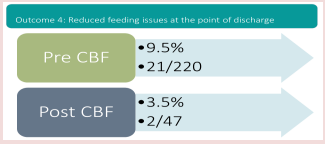


- Our pre and post training audit showed clear change in knowledge of CBF principles.
- Our results were in keeping with other cue-based feeding projects which shows it improved discharge time, transition to oral feeds and consistent advice to families.

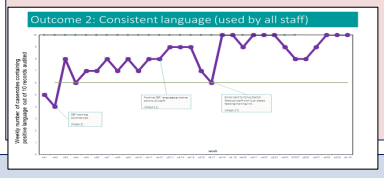


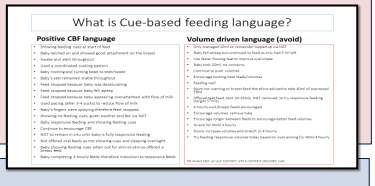


- We also found a reduction of feeding issue on discharge



- We have gained a great amount of experience from our medical/nursing case-note audits. Staff are now using positive CBF language and descriptive terminology which drives quality of feeds rather than quantity.





Next steps

- Consider how we can further support/empower parents to build close and loving relationships- early intervention-its not just about nutrition/feeding
- Training for the MDT discussions, case studies, HV, transitional care, peadiatric ward, maternity staff.
- Continue data collection NDC follow up of new cohort.
- Parental/staff feedback.
- Resources – sustainability for advice leaflets, slow flow, clip boards, admin support.
- Protocols e.g. when to remove NGT (Scottish wide),moving to responsive feeding (3-4 hourly).

Further information contact: ashley.manchester@aapct.scot.nhs.uk

From development to implementation of a national toolkit

Carolyn Wilson & Pam Amabile, Scottish Government; Gillian McMillan, NHS Tayside; Emma Williams, NHS Grampian

Aim and Why this is Important

This Toolkit is to provide a supportive resource to aid local agencies, front line workers and volunteers in supporting families with infants with money worries, including those who are struggling to afford infant formula, before and at crisis point, whilst continuing to protect, promote and support breastfeeding. It is vital that parents and carers with an infant under 12 months know how, where and who they can reach out to when they need help and support them to safely, responsively and appropriately feed their babies in a crisis. This resource will help guide agencies and staff to provide support which is appropriate to the needs of these families, taking a cash first approach through providing cash payments or cash equivalents (such as shopping cards). This should be provided alongside advice and support to maximise income and, if immediate support is required, access to infant formula milk (powdered or ready-to-drink) or breastfeeding support, for as long as it is needed.

- 44,557 Babies born in Scotland in 2022/2023
- 14.3% born to mothers under 25
- 66% of all babies received some breastmilk from birth
- By 6-8 weeks, 53% of all babies are fully formula fed
- 74% of babies from most deprived areas are fully formula fed by 6-8 weeks

Background and Situation

Following the launch of the Unicef Guide to supporting families with infants under 12 months experiencing food insecurity in October 2022, Scottish Government recognised action was required to develop a more tailored resource relevant to stakeholders in Scotland. Multi-agency workshops were set up and by September 2023 a short life working group was formed to develop the toolkit. This considered the Scotland specific approach in relation to cash-first responses, reducing the reliance on foodbanks, and ensuring that holistic, wrap-around support was provided through existing infrastructure supporting families facing money worries. The Toolkit was launched in February 2024 and was developed through the lens of child poverty.

The tools and resources are designed to be used by welfare rights teams, health visiting and family nurse partnership teams, midwifery, infant feeding, GP's, public health, social work, third and voluntary sector and anyone else working with families with young children and or during pregnancy. They should be used to develop and enhance existing pathways of support for families experiencing poverty and food insecurity, and for families with an infant in immediate need. It is important to build on what is already in place, including for monitoring, decision making and accountability, rather than creating something new.

Development of Toolkit

The toolkit was developed through the lens of child poverty and helps guide agencies and staff to provide support which is appropriate to the needs of families, taking a cash first approach. It explores how to support exclusively breastfed infants who do not need formula milk but the family may need support in other ways to protect breastfeeding, or where the infant is fed through a combination of breastfeeding and formula milk, maximising breastfeeding through sustainable support.

Key message 1: All children have the right to the best possible health (article 24) and an adequate standard of living (article 27) which includes appropriate nutrition to meet their developmental needs.[2] All parents and carers of infants should be supported in ways that help them provide this safely and sustainably, whether the baby is breastfed, formula fed or a combination of both.

Key message 2: Parents and carers of infants, as well as everyone who works with them directly or indirectly, should know where to get locally assured advice and support to ensure that all infants are fed safely and responsively.

Key message 3: Local pathways and responses should be developed around dignity, respect and choice. A **'No Wrong Door'** principle, with an appropriate onward referral approach should be in place to ensure parents are supported to feed their infants safely and responsively.

During the development period, a number of national actions were progressing which provided a supportive landscape. One of the most important of these was the Children's Rights legislation, which underpins this work, at all levels. The needs of babies are not always well understood, even in conversations about 'children', with older children being seen as being able to vocalise their needs, and those without a clear voice potentially being left behind.

Positioning this work in the cross-government commitments was crucial. This was a very low-cost project, with the importance of cross government/cross sector working being the key. Utilising all existing and emerging national policies to promote and support this work created a strong enabling environment for change.

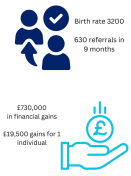
This work highlighted a number of enablers including but not limited to, Child Rights being in law in Scotland, infants being formally recognised as vulnerable and therefore a priority group across national policies and frameworks in Scotland, the extensive time and effort put in to coordinating key actors and enablers across sectors, capacity building across specialisms and the importance of the Unicef Baby Friendly implementation in the absence of adequate WHO code legislation.

Implementation

NHS Grampian have developed an 'Early Years Financial Inclusion Pathway' and an 'Infant Feeding in a Crisis Pathway'. The 'Early Years Financial Inclusion Pathway' is a preventative pathway where a universal enquiry about financial health is asked by the health care professional, and if the family requires support they are referred directly to the financial inclusion team. The 'Infant Feeding in a Crisis Pathway' was developed and tested in a small area of Aberdeenshire first and plans to role this out Aberdeenshire wide are in progress.

"The emergency pathway provides a vital option for supporting people in a crisis. Being able to quickly issue cash vouchers when faced with emergencies has been invaluable in providing a flexible and person-centred service." Development Manager, Community Food Initiatives North East

NHS Tayside's pathways focus on prevention. It is integral that robust breastfeeding support is in place to ensure families can meet their feeding goals and breastfeed for as long as possible. A financial inclusion pathway for Maternity Services and Health Visiting and Family Nurse Partnership Services was developed to ensure families are supported before they reach crisis. The pathway is universal, so everyone is included in the financial inclusion pathway to reduce the stigma, and also at multiple time points during the perinatal period. Referrals are then made to Welfare Rights, with a focus on the importance of referring during the antenatal period to ensure support is in place prior to babies' arrival. A crisis pathway has also been developed and is in the process of being implemented to meet the immediate need for first stage formula in a crisis-situation.



Data

The importance of data and collating data sources to understand where and how families with infants are being supported, and the responsiveness of that support is vital to making a difference in these families' lives. Data on this particular group is limited, and we are working on gathering data including through implementation of the Toolkit. There is no single data source and bringing together multiple data strands is complex. The collections and evaluation of the data is important to ensure we are meeting the needs of the population. Qualitative feedback from families is as important as facts and figures.

Key Learning and Impact

- It was important to have a varied range of stakeholders that helped to put this resource together and the organic relationships that formed from this.
- There was no additional investment provided as part of the Toolkit development or to support implementation.
- The ongoing support from various stakeholders on the use of the Toolkit has been invaluable.
- Do not underestimate the time it will take to develop and implement pathways of support
- Training is required for social work/3rd sector etc. on infant nutrition and key public health messages related to this.
- There is no 'one size fits all' approach but there are common tools and messages.

Next Steps

- An online hub has been created with working group members to share learning and resources.
- An additional working group has been formed to ensure we continue to capture the learning from this resource and to explore common components at the operational level that are important to consider to support implementation.
- The working group are now focusing on data collection and the complexities of this.

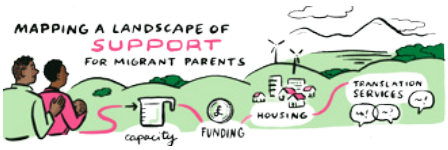
Further information contact: carolyn.wilson@gov.scot or gillian.mcmillan3@nhs.scot

Women in the UK with migration experience often breastfeed more than their British counterparts (Marvin-Dowle et al 2021), but many face challenges during the perinatal period that make it difficult to sustain breastfeeding. This is why Amma Birth Companions and anthropologists from the University of Edinburgh partnered to create Nurture Together — a project that aimed to understand and fill the gaps in mainstream breastfeeding support, which often overlooks the needs of people with experiences of migration and those who are marginalised, or have experienced trauma. Together with a group of experts by experience, (former Amma service users), the Nurture Together team created a culturally safe and trauma-informed breastfeeding peer support toolkit and online peer support group.

The Nurture Together Team was comprised of:

- 10 mums with lived experience of migration and the asylum system
- Amma Birth Companions – a Glasgow charity that supports and advocates for people from migrant backgrounds and other underserved groups throughout the perinatal period
- Dr Lucy Lowe and Dr Anna Beesley (University of Edinburgh), who research the intersectional experiences of pregnancy, motherhood, and migration in Scotland
- A steering group of four breastfeeding experts, two mums previously supported by Amma, and Amma staff members.

We facilitated 10 weekly 2.5 hour workshops that gave women the time and space to share their perceptions and experiences of birth and breastfeeding in their countries of origin and in the UK, and the ways in which their needs were and weren't met by their partners, support networks, and healthcare providers. Lactation experts joined some of the sessions to discuss the physiology of breastfeeding, the myths that surround infant feeding, and introduce the basics of providing peer support. From there, the women proposed key messages for policy makers and practitioners, based on their lived experiences. We held an additional session with Engender to collaboratively produce our policy brief.



For more information about the Nurture Together toolkit and the underlying research:

amma
www.ammabirthccompanions.org

THE UNIVERSITY of EDINBURGH
School of Social and Political Science
https://www.sps.ed.ac.uk/research/research-project/MAMAS

Contacts:
lucy.lowe@ed.ac.uk
amanda@ammabirthcompanions.org

Nurture Together was supported by the University of Edinburgh's ESRC Impact Accelerator Grant (Project EDI-23/24-P0079)

Illustrations by Jules Scheele

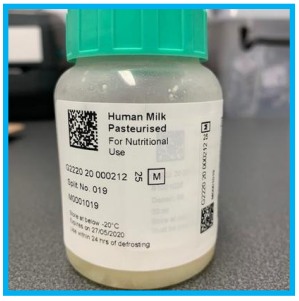
Donor Human Milk - A bridge to Breastfeeding?

Elizabeth Cameron / Donna Robertson (NHS Fife)

NHS Fife

NHS Fife, National Milk Bank and Scottish Government are collaborating to build on the evidence gathering and learning from a Donor Human Milk feasibility pilot undertaken at QEUH, Glasgow 2020: Using a quality improvement approach to develop a pathway for the use of Donor milk within postnatal, with the intent for spread and scale to other Boards.

Donor Human Milk (DHM) an alternative supplement in the early postnatal period



Acceptability as part of a core model of support in supplementing breastmilk

- Women feel confident about DHM as an alternative to formula supplementation including benefits, risks, spiritual and cultural values
- Staff recognise the value DHM has to women as an alternative supplement and the risks of artificial formula to baby and milk supply are understood by staff
- Staff feel supported and confident in having the conversations with women about DHM

Safety and environmental controls

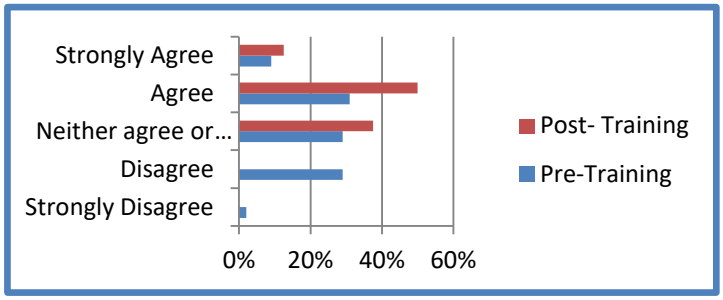
- Staff are aware of how to safely transport DHM and the safe storage and use of DHM at home
- Staff provided with guidance on the processes and protocols surrounding storage and provision of DHM and feel they can follow guidance in a time efficient way
- Equipment for storage of DHM is available and is accessible to staff including SOPs and tools

Availability and accessibility

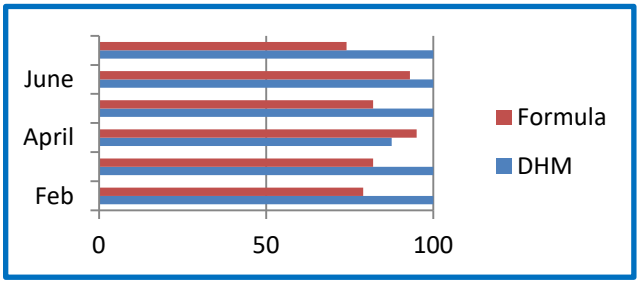
- Electronic systems across maternity allow follow up of woman's infant feeding journey to allow data to be captured
- All communications to the DHM Bank and DHM consent will be documented on the women maternity record creating a comprehensive record of events
- Staff are aware of maintaining DHM stock and timely order to ensure ongoing availability

Key Outcomes: Change in staff culture /confidence in offering DHM as an alternative supplement to formula, leading to more conversations with mothers re. benefits of DHM and risks of formula supplementation, improved 10-14 day feeding outcomes for any Breastfeeding where mothers have used DHM compared to Formula and positive user feedback.

Staff: Do you feel confident & skilled in offering DHM?



%10-14day feeding outcomes-Any BF (supp babies)



User feedback *"We've had a positive breastfeeding journey ever since and I pin that on the donor milk (had we supplemented with formula in those early days I don't think we would have turned back)"*

Next Steps: Embedding DHM as an alternative supplement to formula to all mothers during the early postnatal period, within NHS Fife. Gathering all learning and findings to form part of National Learning, with the hope of spread and scale up to other Boards.

Scottish Government Riaghaltas na h-Alba gov.scot

NHS Greater Glasgow and Clyde

Greater Glasgow and Clyde Donor Milk Bank Give for Life

Breastfeeding Friendly Scotland

Accredited as Baby Friendly Gold unicef UNITED KINGDOM

Optimising infant feeding in Bangladeshi and Pakistani communities in the UK: Co-development of the learning about Infant Feeding Together (LIFT) intervention

Kayleigh Kwah, Naomi Bartle, Kubra Choudhry, Maxine Sharps, Jacqueline Blissett, Katherine Brown

k.kwah@herts.ac.uk

BACKGROUND & AIMS

Breastfeeding rates among Pakistani and Bangladeshi communities in the UK are influenced by cultural beliefs and practices that can have both positive and negative impacts on breastfeeding. As such, culturally tailored interventions are called for. The LIFT project aims to understand the determinants of infant feeding in these communities by engaging them in the development of a culturally specific and acceptable intervention.

RESEARCH METHODS

Formative research

Guided by the REPLACE approach [1]

- Collaboration with 3rd sector organisation.
- Community outreach event and 3 community workshops to engage community & understand social norms and communities readiness to change infant feeding related behaviours.
- Community peer group champions (CPGC) recruited.

Intervention Development

Guided by the Behaviour Change Wheel (BCW) [2]

- Co-development workshops with CPGC's to follow the steps of the BCW.
- Infant feeding behaviours pertinent to the Pakistani and Bangladeshi communities identified.
- Psychological capability, social opportunity and reflective and automatic motivation identified as important to address in intervention.

Implementation

Future work

THE LIFT INTERVENTION

- Posters, leaflets, and an animation addressing 6 behaviours: gaining support from family to breastfeed; feeding colostrum to baby; avoiding formula milk in place of breastmilk; avoiding tastes of food/drinks other than milk until 6 months; avoiding honey until 1 year.
- Intervention content created to include behaviour change techniques.
- Designed to be implemented in the antenatal stages to complement health professional support.

KEY MESSAGES

Formative research and co-development with the target population aids in the development of culturally appropriate and acceptable interventions.

LIFT was rigorously developed following theory-informed behaviour change frameworks but careful consideration and planning of co-development work is required to enable community members to understand tasks.

REFERENCES

[1] Barrett, H., Brown, K., Coventry University, Alhassan, Y., Coventry University, Beecham, D., & Coventry University. (2015). The REPLACE* Approach: Supporting Communities to end FGM in the EU. Community Handbook. Coventry University.

[2] Michie, Susan, Atkins, Lou, & West, Robert. (2014). The Behaviour Change Wheel. A Guide to Designing Interventions. Silverback Publishing.

Peer Supporters: Boosting Confidence Through Education

Megan Alexander, Breastfeeding Peer Supporter, CT3 Anaesthesia (Mersey)
Rebecca Clements, Breastfeeding Peer Supporter, ST6 Neonatal GRID, (Mersey)

Background :

- Medical and dental students receive little education on supporting breastfeeding dyads in the hospital setting
- This can negatively impact on breastfeeding journeys
- A Core UNICEF BFI standard is for all staff to have adequate breastfeeding education according to their role

Contact: meganalexander@doctors.org.uk

Aims:

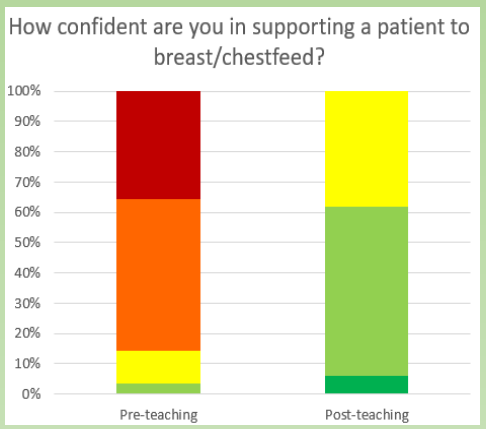
To assess the impact of an education intervention, delivered by a breastfeeding peer supporter, on the self reported confidence scores of foundation year 2 (FY2) doctors on assessing and supporting the breastfeeding dyad in hospital

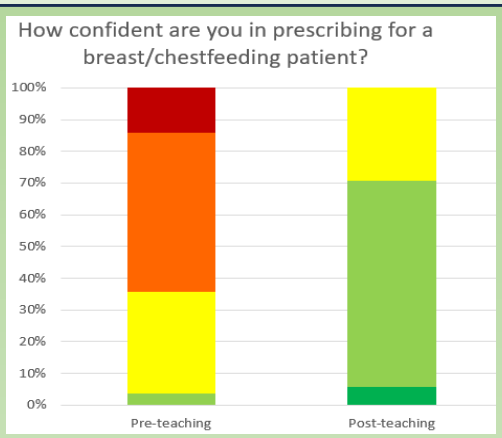
Intervention:

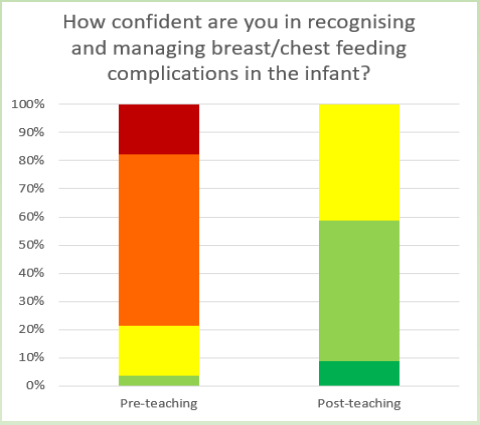
- Pre and post teaching surveys were completed by 2 different cohorts of FY2 doctors in a large DGH setting
- An education session was devised including didactic slides and interactive case presentations
- A dual qualified breastfeeding peer supporter and anaesthetic medical doctor delivered the session

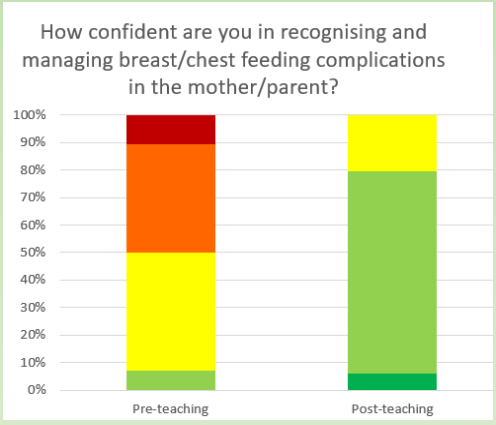
Results:

- 28 Pre-teaching confidence surveys and 34 post-teaching surveys were reviewed
- Improvements were seen in confidence levels across all 4 areas assessed









References

Conclusions:

- This shows the impact of peer supporters as educators and resource sharers
- This work also highlights the need for time in the protected FY2 education programme to feature breastfeeding education in line with BFI standards

The Impact of Access to Early Feeding Support & Continuity of Care, from Birth to 8 weeks and Beyond

CCS Infant Feeding Support Worker Team

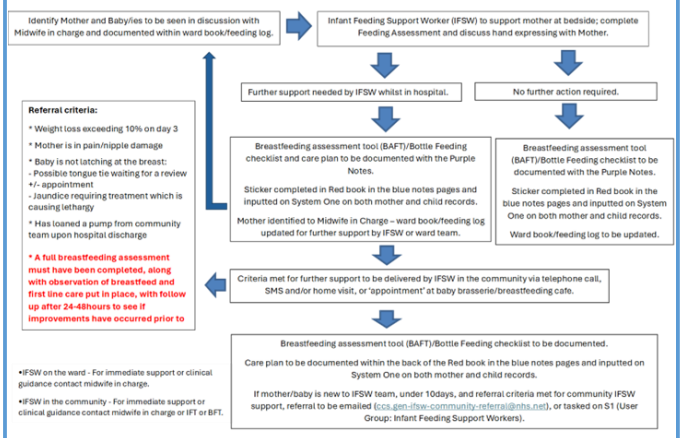
Background

In Bedfordshire and Luton, the 6-8 week breastfeeding rates (babies receiving any breastmilk, exclusively or in combination with formula), have remained relatively static, averaging 53.4% and 63.1% respectively for the years 2020-2023.

In an effort to increase breastfeeding rates and patient experience of feeding their babies, Government money has been injected into Family Hubs in Bedford and Luton to support with Infant Feeding. A new team, comprising of **1 Infant Feeding Coordinator** and **7 Infant Feeding Support Workers**, has been established to implement and deliver a whole new service to Bedfordshire families.

This team provides **187.5 hours per week** of dedicated early feeding support on the postnatal wards of our two local hospitals, Bedford and the Luton & Dunstable, and through continued follow up support in the local community.

Infant Feeding Support Worker Pathway



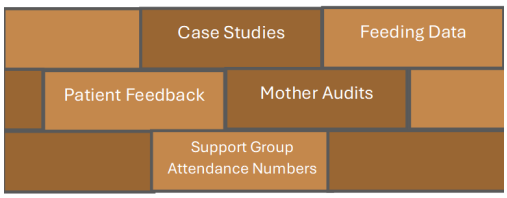
Who we are

From left to right: Family Hub Infant Feeding Support Workers: Tina Crow, Christina Buscaglia, Abi Bralee, Sarah Gilkes, Terri Montgomery, Fiona Morfett, Laura Quayle; Family Hub Infant Feeding Coordinator: Zoe Gibson

What have we done?

- In October 2023 the Infant Feeding Coordinator started in post.
- The recruitment process started for the equivalent of 5x full time positions for Infant Feeding Support Workers (IFSW).
- In January 2024 7x IFSW started to work for CCS, undertaking mandatory and other relevant training and inductions with both CCS and the hospitals.
- Uniform and logo were developed and ordered, along with toolkits.
- Infant Feeding Pathway finalised.
- In April 2024 the team began offering support on the postnatal wards and follow up support through telephone calls and home visits in the community.
- In September 2024 they also started running bookable clinic appointments out of Breastfeeding Support Groups across the county.

How will we monitor and evaluate impact?



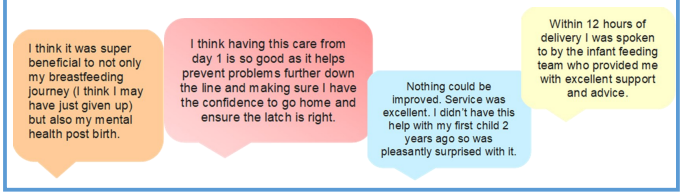
Outcomes

Breastfeeding rates at 6-8 weeks in Bedford for Quarter 1 (April-June 2024) average 58.3%, which is a **5.3% increase** compared to quarter 1 last year (53%).
In Luton we are seeing **large percentage increases** month by month.
All of these increases directly correlate to the implementation of early feeding support by this team.

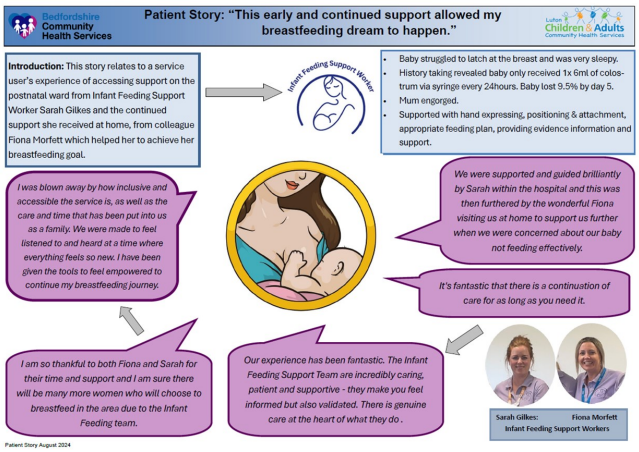
BEDFORDSHIRE	April	May	June
6-8 week Breastfeeding rate (exclusive and mixed feeding)	59.3%	54.5%	61.2%

LUTON	April	May	June
6-8 week Breastfeeding rate (exclusive and mixed feeding)	59.80%	63.6%	67.8%

The patient feedback has been 100% positive and demonstrates the impact of the standard of infant feeding support being offered. Some of the feedback received includes:



Patient Story



The 'Dream' - Moving Forward

•Breastfeeding rates will continue to increase across both Bedford and Luton. •The initial funding for this team ends in March 2025. However, with the data and patient feedback highlighting the incredible need for this vital early support and how beneficial this team has been in delivering it, the goal is that this team will be made permanent. This will not only benefit the whole family with forming close and loving relationships, but with more mothers giving breastmilk and more babies receiving it, the health benefits for these individuals are lifelong.

For any enquiries please contact Zoe Gibson, Family Hub Infant Feeding Co-ordinator zoe.gibson7@nhs.net

All Wales Breastfeeding Action Plan: Developing an infant feeding data framework for Wales

Rochelle Embling, Rachel Evans, Niamh Mchugh, Anna Kolosowska, Varsha Nagaraj, Rachel Bath
Health Improvement Division, Public Health Wales

Background & Aim

- Two posts created at Public Health Wales to implement All Wales Breastfeeding Action Plan (AWBAP).
- National Action 1 of AWBAP requires a "robust, evidence based" quantitative data framework; a clear priority for implementation as enables scrutiny of breastfeeding trends and inequalities in Wales.
- Four Governments Infant Feeding group had identified differences in data collected across the four nations, making direct comparison difficult.
- Digital Maternity development offered opportunity to review data collected by maternity.

UK wide data framework

- Research and Evaluation colleagues supported the development of a Delphi style process to establish common definitions and time points which would enable direct comparison across the four nations.
- All four nations engaged with the process. Responses were collected from clinical, policy, public health, data analysis and academic colleagues.
- This iterative process utilised two rounds of surveys, a workshop and a final response from each country on which wide consultation was requested.

All Wales data framework

- A rough draft framework aligning with the ongoing Delphi work was discussed at a meeting of Welsh stakeholders comprising senior midwives and health visitors, public health colleagues and infant feeding teams.
- A detailed framework was drafted and circulated widely for comments.
- Comments from Welsh stakeholders and outcomes from the Delphi process have been incorporated into the final framework which will now be circulated for approval.

Proposed All Wales data framework

Data	Definition	Time Points
Feeding intention	Intention to breastfeed or feed expressed milk to baby	At recording of **birth**
Skin to skin	Whether baby received skin to skin contact for >60 mins or until after first feed	At recording of birth
First feed/ initiation of breastfeeding	Whether baby breastfed or received expressed breastmilk or formula for their first feed.	At recording of **birth or at first feed** if admitted to neonatal unit.
Exclusive and any breastfeeding	Whether baby received exclusive breastmilk, any breastmilk or formula only in last 24 hours.	At newborn screening **At 10 days** **At eight weeks** **At six months**
Any breastfeeding	Whether baby received any breastmilk in last 24 hours.	**At 12 months** (retrospective recall at 15 month contact) At 24 months (retrospective recall at 27 month contact)
Age breastfeeding ceased	Age in weeks child last received breastmilk	At first relevant contact
Age of introduction of solid foods	Age in weeks of introduction of solid foods	**At six months** At 15 months if not recorded at six months

Pink denotes time points agreed as part of the Delphi process.
Additional demographic data: Mother's age, ethnicity, BMI, socioeconomic status, health board of residence. Baby's gestation, level of care, place and mode of birth. These will better inform identification of and action on inequalities.

Implementation

- Maternity data adds one new time point and further develops some definitions e.g. skin to skin, including expressed breast milk as an option for first feed. It is anticipated that collection will be embedded in the selected digital solution for maternity services.
- Staged implementation is likely with health visiting data as existing data collection requires improvement and staffing is under considerable pressure. Collaboration with Welsh Government colleagues looking at digitalisation of the Child Health database is essential to embed new data points.

The Breastfeeding Network's Drugs in Breastmilk Information Service

An independent source of breastfeeding support and information since 1997.

Persistent breast pain: skilled breastfeeding support as the missing magic bullet

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 service relies on providing information that is supportive of the current evidence base, and where we are talking about thrush of the breast/nipple, things have changed dramatically...

April 2024:
Identified the need for a review, collected resources including confusing messages in public health resources, involved ourselves in emerging conversations with professionals

June 2024:
Agreed that the size of review looked to be a complete overhaul, decided to unpublish factsheets, shared update statement internally at BfN

July 2024:
Brought together internal review group, created first draft of fungal skin infection factsheet, discussed content and direction of factsheet on breast pain (later, agreed to accumulate this to 'Pain: If Breastfeeding Hurts')

September 2024:
Collected key reviewer input, launched our presentation on new thinking internally, accepted to UNICEF conference

October 2024:
Launching our fungal infections factsheet in light of withdrawn thrush factsheets, updating our 'Pain: If breastfeeding hurts' reference sheet (which can be found by scanning the QR code to the right):

Persistent breast pain reported during breastfeeding has often seen a line drawn straight to the diagnosis of (breast or nipple) thrush in the patient. With diagnosis made, the breastfeeding dyad are typically each prescribed an antifungal medicine in the hopes of improvement.

Breastfeeding support from BfN 24/7!

We support the NHS England antimicrobial action plan to reduce resistance to antimicrobials. We therefore maintain good antimicrobial stewardship of antibiotics and antifungals, and discourage over-use where they aren't indicated, rather than encourage.

This is the beginning of a big journey, come and join us...

The cornerstone of good breastfeeding support is listening to a parent's story about their breastfeeding journey, observing a feed from start to finish where in-person support is possible, or taking a good history; asking what's changed recently.

Through the Breastfeeding Network, skilled breastfeeding support can be accessed by contacting the National Breastfeeding Helpline - day and night, 365 days a year - via social media or by calling 0300 100 0212. We also have webchat provision and language lines – as well as our Drugs in Breastmilk team who are available for queries around medication use on Facebook or by emailing druginformation@breastfeedingnetwork.org.uk

national breastfeeding helpline
0300 100 0212

In line with guidance from NICE, we are encouraging our colleagues to challenge the pervasive narrative around thrush in the benefit of medicines optimisation and patient care. Also to follow evidence-based guidelines and move forward in a way that validates provision of breastfeeding support.

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

References:
https://www.england.nhs.uk/[illegible]/antimicrobial-resistance-amr/
https://cks.nice.org.uk/topics/breastfeeding-problems/diagnosis/diagnosis-of-breast-pain/
https://cks.nice.org.uk/topics/breastfeeding-problems/diagnosis/diagnosis-of-nipple-pain/

Registered Charity No: SC027007

Healthcare professionals' perspectives on commercial milk formula marketing in the UK: a qualitative study

Eilidh McNaughton, Rana Conway

University College London, Gower Street, London WC1E 6BT

BACKGROUND

- Policies are in place to regulate commercial milk formula (CMF) marketing so as not to undermine breastfeeding e.g., restricting direct-to-consumer advertising.
- Healthcare settings provide an entry point for CMF marketing and so there are also schemes focused on this e.g., via the Baby Friendly Initiative (BFI).
- The perspectives of healthcare professionals (HCPs) regarding existing policies and how CMF marketing impacts their practice are not well understood.

OBJECTIVES

To understand:

- HCPs' perceptions and experiences of marketing of CMF to consumers and HCPs.
- HCPs' perspectives on the regulation of CMF marketing in the UK.

METHODS

- Individual semi-structured interviews were conducted with HCPs in the UK with regular contact with pregnant women and mothers.
- Questions focused on experiences of CMF marketing and perceptions of legislation.
- Interviews were audio recorded, transcribed and analysed using NVivo.
- Data was analysed using reflexive thematic analysis with themes developed both deductively and inductively.

M&C Saatchi World Services was commissioned by the World Health Organisation to conduct the interviews in the UK as part of a multi-county study. Analysis and interpretation were conducted independently at UCL.

RESULTS

- 41 interviews were conducted with UK-based HCPs from 2019 – 2021.
- 8 interviews took place face-to-face and the remainder were online due to the COVID-19 pandemic.
- 17% of participants were health visitors, 29% described themselves as infant feeding leads, fully or alongside another role. Other roles included midwives, dietitians, specialist nurses and paediatricians.
- 3 main themes were developed.

Themes

1. 'Industry relationships have changed but not disappeared'

Some HCPs reported that industry no longer contacted them due to the BFI but they believed contact with HCPs in other roles not covered by the BFI had increased.

[CMF manufacturers] leave me alone. But formula milk companies do directly approach paediatricians, in my experience, with what they call information leaflets

Neonatologist, England, female

2. 'Direct-to-consumer marketing presents challenges for HCPs'

To support families to make informed choices about infant feeding, HCPs felt they often had to challenge misinformation they received from the CMF industry.

…it's really frustrating to try to explore with parents about how the message on the box might not actually be keeping up with the current advice.

Family nurse, Scotland, female

3. 'System changes are needed to support informed infant feeding decisions'

HCPs wanted to see policy changes, including effective legislation to restrict CMF marketing to both HCPs and consumers. They also thought greater emphasis on normalising breastfeeding was important.

controlling what [CMF manufacturers] can say...Again, nobody's challenging them, and I think that's our frustration in health. Nobody is challenging these people about what it is they're putting, what these claims are.

Infant feeding coordinator, female

CONCLUSION

HCPs believed industry contact with HCPs not covered by the BFI was problematic and they wanted tighter marketing regulations, including adopting 'The Code' in its entirety, and strategies to normalise breastfeeding.

r.conway@ucl.ac.uk

@ranaconway

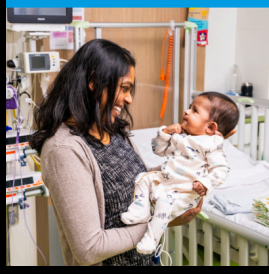
PHARMACY
UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

Laura Kearney, Clinical Lead Pharmacist, UKDILAS
Emma Wigmore, Medicines Information Pharmacist
Vanessa Chapman, Associate Professional Lead SPS Medicines Advice Service, and UKDILAS

Based at University Hospital of Leicester NHS Trust
Further information: laura.kearney@uhl-tr.nhs.uk

UKDILAS
UK Drugs in Lactation Advisory Service

GUIDE TO THE
UNICEF UK BABY FRIENDLY INITIATIVE STANDARDS



UKDILAS goes Baby Friendly

Application of the UNICEF UK Baby Friendly Initiative standards to a pharmacy-led service

No UK pharmacy-led service has aligned with the BFI standards

Introduction

- **UK Drugs in Lactation Advisory Service (UKDILAS) is a national service providing advice on medicines use during breastfeeding by highly experienced Medicines Information pharmacists**
- The advice we provide influences feeding choices
- Aligning with the BFI standards will allow us to provide more holistic advice for breastfeeding families
- We work as part of a wider team at the Leicestershire Medicines Information Service, which also includes formulary and commissioning pharmacists, pharmacy technician and administration staff.
- These staff were also included in the alignment process because going baby friendly is everyone's business.

UK Drugs in Lactation Advisory Service

Team of highly experienced Medicines Information pharmacists

- advise on medicine use during breastfeeding
- timely, evidence-based, risk assessed, unbiased
- advice influences feeding choices

Aims and Objectives

- **To align UKDILAS with the BFI Standards, starting with Stage 1: Building a Firm Foundation**
- Understand the UKDILAS team's baseline knowledge of the BFI Programme and identify gaps for learning
- Develop policies and guidelines to support and evaluate the standards going forward, ensuring sustainable change
- Develop an education programme including the BFI Pharmacy Learning Outcomes, and the WHO Code of Marketing of breast milk substitutes
- Upskill the UKDILAS team to provide more holistic advice around the use of medicines in breastfeeding

Infant feeding and the WHO code is not mandated on any pharmacy curriculum

Description of our work

Mapping
Against the different BFI standards set to understand which infant feeding service most closely aligned with UKDILAS

Audit
Community Services identified as the closest service match. Baseline audit against this standard set to understand areas for development

Baseline Team Survey
To understand baseline knowledge of the BFI Programme and identify education gaps

Policy and Guideline development
Development of an Infant Feeding Policy and underlying governance processes to allow ongoing evaluation and embed sustainable change

Education Intervention
An education intervention was delivered, based on the initial survey results, to improve the understanding and importance of the BFI alignment project

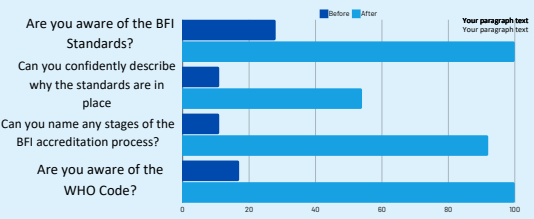
Follow-up survey
The team were re-surveyed to see if knowledge of the BFI programme had improved, recognition of its value, and whether a culture change was emerging

Education Programme
This was developed based on initial audit, team survey results, and the BFI Pharmacy Learning Outcomes. This will be delivered at Stage 2 of the process

Survey Results

Team response = 78% (average)

Awareness of the standards: Pre- and post-educational intervention

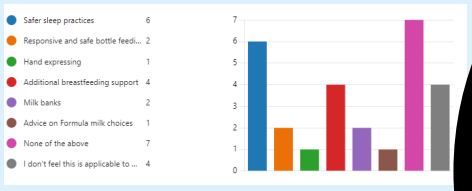


Importance of BFI Alignment (score out of 6)

5.0 → **5.54**

Our work could lead the way for other services to align with the BFI standards

Holistic care
Would you feel confident to signpost to support services for the following (n = 18):



- Alignment was deemed important from the start of the project
- 72% either were not aware, or unsure if they knew about the BFI standards. After the education intervention, 100% stated their awareness had improved.
- Only 11% could confidently describe why the BFI standards are in place. After the education intervention, this increased to 54%.
- Areas identified for improved holistic care were extracted from the standards. The survey confirmed the need for team education in these areas.
- Only 17% had awareness of the WHO Code; this improved to 100% after the education intervention
- 92% agreed that alignment was everyone's business, 8% were unsure

Lessons learnt

- UKDILAS cannot become fully BFI accredited due to different service functionality; but the process is still valued
- Initial mapping was fundamental in order to utilise available tools on the BFI website for accreditation
- Further work needed to try to increase the percentage of staff who agree this is 'everyone's business' to 100%
- Continued support required from neighbourhood BFI accredited Infant Feeding Team, and national BFI team to overcome challenges.

Outcomes

- Offering more person-centered, holistic medicines advice, enhancing care to breastfeeding families
- Team culture change
- Understand enablers and barriers to achieving stage 1, and inform learning for other services
- Stage 1 foundation will support further service alignment stages

Specialist Pharmacy Service

UKMi

References
1. Entwistle FM (2013) The evidence and rationale for the UNICEF UK Baby Friendly Initiative standards. UNICEF UK. Available from: https://www.unicef.org.uk/babyfriendly/about/evidence-and-rationale-for-the-baby-friendly-standards/.
2. Perez-Escamilla R, Martinez JL, Segura-Pérez S (2016) Impact of the baby-friendly hospital initiative on breastfeeding and child health outcomes: a systematic review. Matern Child Nutr. Vol 12 (3): pg 402–417.

BREASTFEEDING SUPPORT WITHIN NHS ACUTE CARE SETTINGS

Alerting the infant feeding team to the needs of an overlooked population

Authors
Marianne White and Lisa Young
Infant feeding advisors, NHS Tayside
The authors work for NHS Tayside and have no outside sponsorship

BACKGROUND

Breastfeeding is one of the most effective public health interventions to promote positive health, development and growth of a child, plus providing additional benefits to the health of the woman.

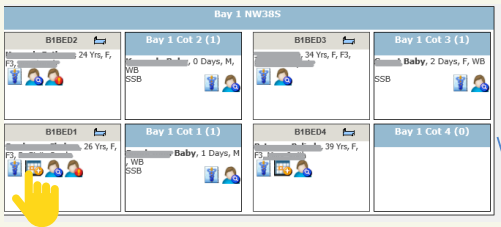
As a society, particularly within healthcare setting it is vital that positive cultures are created towards infant feeding. Locally, community and maternity services have achieved the UNICEF Baby Friendly GOLD Standard and seek to emulate this approach throughout hospital settings to ensure that women who are admitted to acute care services or attending appointments are supported to have their baby with them.Recognising a opportunity to raise importance of breastfeeding and ensure equity of choice across acute care for women, the Infant Feeding Team set out an approach to creating a shared understanding across multiple boundaries of care to enhance positive cultures for breastfeeding choices.

METHODS

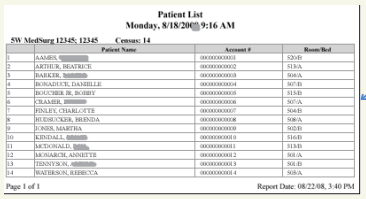
Stakeholder engagement meetings

- Adaption to morning site huddle
- Increased communication to acute care areas
- Redesign of electronic prescribing to be inclusive of lactating women.
- Develop Acute Care Guidelines to increase appropriate support for Breastfeeding Women
- Supporting women and babies to stay together during care and admissions across acute services
- Generation of TRAK alert for all women breastfeeding and babies receiving breast milk to be set at day 10 for 2 years.
- Daily report to Infant feeding team - any breastfeeding mum or baby admitted to acute care wards, inclusive of paediatric wards
- Information added to every relevant patient information leaflet within NHS Tayside to inform of breastfeeding support while attending appointments, day cases or longer stay within our services

Electronic patient alerts



Daily business report sent to infant feeding team patient alerts



Patient List
Monday, 8/18/20[redacted] 9:16 AM

5W MedSurg 12345; 12345 Census: 14

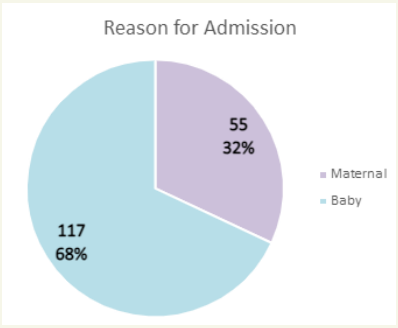
	Patient Name	Account #	Room/Bed
1	AAMES, [redacted]	000000000001	520/B
2	ARTHUR, BEATRICE	000000000002	513/A
3	BARKER, [redacted]	000000000003	506/A
4	BONADUCE, DANIELLE	000000000004	507/B
5	BOUCHER JR, BOBBY	000000000005	515/B
6	CRAMER, [redacted]	000000000006	507/A
7	FINLEY, CHARLOTTE	000000000007	504/B
8	HUDSUCKER, BRENDA	000000000008	508/A
9	JONES, MARTHA	000000000009	502/B
10	KENDALL, [redacted]	000000000010	516/B
11	MCDONALD, [redacted]	000000000011	513/B
12	MONARCH, ANNETTE	000000000012	501/A
13	TENNYSON, [redacted]	000000000013	501/B
14	WATERSON, REBECCA	000000000014	508/A

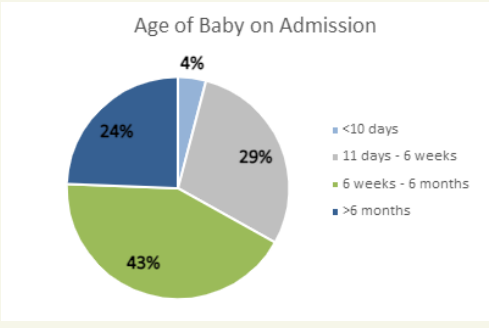
Page 1 of 1 Report Date: 08/22/08, 3:40 PM

Infant feeding support direct to patient

"It's great having support from the infant feeding team"
Dorothy McCormack, Staff Nurse, Ward 24

OUR NUMBERS SO FAR, 1 YEAR ON





MICHELLE'S STORY

"I had been admitted to hospital with mastitis when my baby was less than 3 weeks old, this is when I first met Lisa, one of the Infant Feeding Advisors. She is able to provide clear technical guidance but delivers it in a very gentle and personable manner that makes the process much more comfortable than it would have been struggling on my own."

THANKS TO MICHELLE FOR SHARING HER STORY

KEY REFERENCE MATERIAL:

Cordero, S and Perez-Escamilla, R. 2022. What will it take to increase breastfeeding. Maternal and Child Nutrition 18(S3): e13371
Scottish Government (2017) The Best Start: five-year plan for maternity and neonatal care

first touch
Supporting sick and premature babies at St George's

Colostrum Counts:

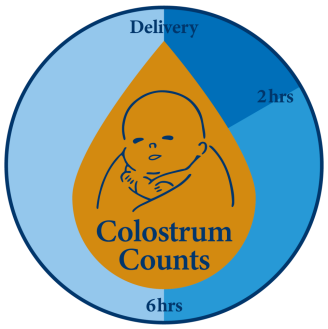
Early Initiation of Expression of Maternal Colostrum and Feeding

S. Taylor[1], R. Miles[1], H. Burgess[1], S. Chilvers[1], C. Caldwell[2], N. Crowley[1]

1 – St George's University Hospitals NHS Foundation Trust, 2 – Chelsea and Westminster Hospital NHS Foundation Trust

NHS 75
St George's University Hospitals
NHS Foundation Trust

Background and Aims



- Breast milk is the optimal source of nutrition for preterm babies. We aim for:
- 85% women delivering < 34 weeks to express within 2 hours of delivery
- 85% babies born < 34 weeks to receive maternal colostrum within 6 hours of birth

Methods

- Retrospective data collection on the first time of expression and administration of maternal colostrum
- Parent and staff questionnaires to identify the need and suggestions for improvement
- Interventions as seen below:

November 2023
- New logo introduced
- New stickers introduced on expressing wallet
- Posters designed and displayed
- MDT communication

December 2023
- 1:1 sessions with neonatal and midwifery staff introducing the whole project
- Logo on escalation board

January / February 2024
- Sticker design updated with a box to tick indicating the information has been entered on Badgernet
- Stickers stapled to expressing wallets for ease of removal

March 2024
- New expressing videos produced and released as QR code on front of expressing wallet
- New posters with step-by-step information on how to upload the information onto Badgernet

April 2024
- Monthly PROMPT sessions with perinatal optimisation station commenced
- Teaching to the junior doctors
- Perinatal optimisation walk arounds that discussed 'Colostrum Counts' project

May 2024
- Staff feedback leads to improved accessibility to blank stickers in neonatal nurseries
- Perinatal optimisation board introduced. Displays if mother expressed <2 hrs & if baby given MEBM <24 hrs

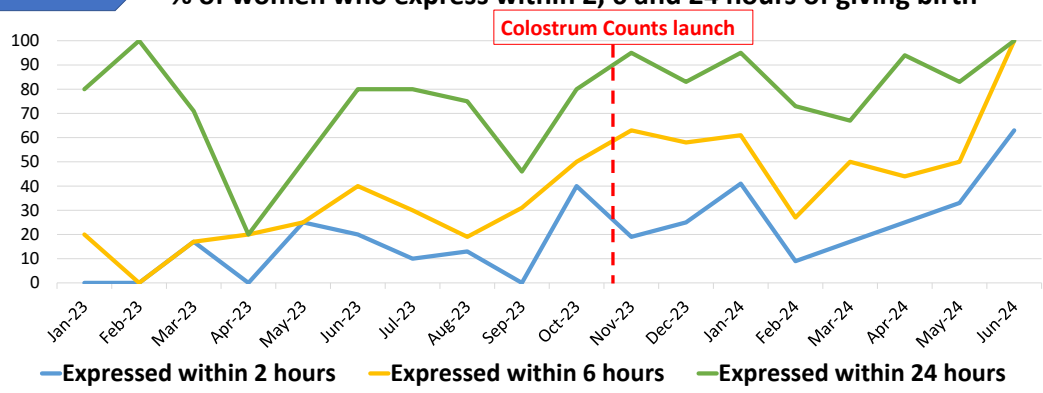
Results

% of women expressing within:

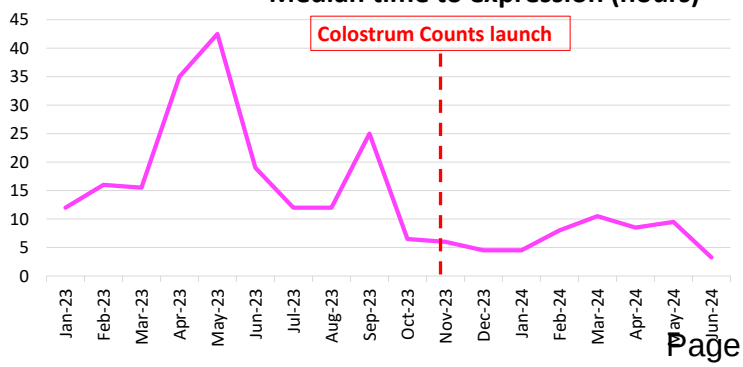
	Pre intervention	Post intervention
2 hours	14%	25%
6 hours	28%	57%
24 hours	68%	89%

P<0.05 with Chi-squared testing for all values.

% of women who express within 2, 6 and 24 hours of giving birth



Median time to expression (hours)



- Median time to express fell from 13 to 6 hours
- % babies receiving colostrum within 6 hours increased from 11.8% to 30.8%, p<0.05.

Conclusions

- Significant improvements in time to expression and administration of colostrum to preterm infants
- Improved accuracy of documentation
- Further work ongoing to achieve our ambitious aims

Co-Creating Inclusive, Responsive Infant Feeding Resources for LGBTQ+ Families in the UK

Authors: Mariana Santos da Silva, Alex Paterson, Catherine Quelcutti, Nilushka Perera

The Baby Buddy app

Baby Buddy, created by UK charity Best Beginnings, is transforming how parents and caregivers access health information during pregnancy through to a baby's first year of life.

Independent evaluations recognise Baby Buddy as **an innovative public health intervention** that:

- supports infant feeding and bonding
- provides consistent, reliable information and support for families from diverse backgrounds

Infant feeding support

High-quality, accessible resources on this topic are in demand.

IN THE APP:

"Breastfeeding" is the **7th** most searched term

breastfeeding-related videos have received over **165,000 views**

Key features

NHS-aligned, evidence-based resources empower parents with reliable information in an accessible format.

- Daily personalised information and pathways
- Over 400 videos
- Over 600 articles
- 100% free and ad-free

LGBTQ+

> *I chestfed for three months and then I wanted to go back on testosterone and they said that I had to stop ... It was frustrating having to stop because ... it was like a connection.*
>
> – TRANS DAD

Our LGBTQ+ projects

Inclusive resources co-created with LGBTQ+ parents will offer tailored information and support for families throughout their parenting journey.

This support will be available through both written and video content for all families in the Baby Buddy app.

> *I'm quite happy using the term pregnant. For me, that didn't trigger dysphoria ... what triggers dysphoria in different people is very, very individual.*
>
> – TRANS DAD

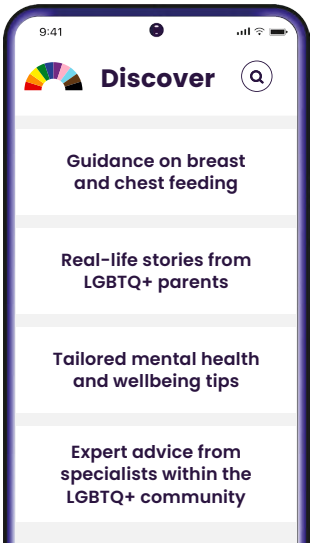
Co-creation

We gathered insights on feeding and bonding from:

- **over 30** — **GBTQ+ dads** at live events and virtual focus groups
- **145** — **mums & non-binary parents** in initial online research, with **16** participating in further in-depth interviews
- **10** — **trans dads who carried their children** at closed focus groups
- **23** — **LGBTQ parents** who shared their experiences on film for our inclusive app content

New LGBTQ+ pathways

The content will be available on Baby Buddy in late 2024.

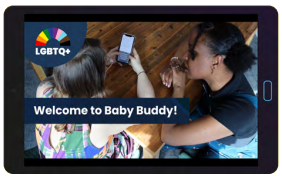


Written and video content

- Co-breastfeeding
- Options for breast/chest-feeding as a trans, or non-binary parent
- Induced lactation
- Chestfeeding
- Dysphoria
- Supplemental nursing systems

Watch a preview

This welcome video showcases the topics addressed in the upcoming Baby Buddy content produced with, and for, LGBTQ+ parents.



Click on the QR code to view the video on our YouTube channel:

Impact on public health

These resources are designed to improve access to inclusive infant feeding support for LGBTQ+ parents.

They also help boost parents' confidence, mental health, and overall wellbeing, whilst also promoting responsive feeding practices that lead to healthier outcomes for both parents and babies.

Our partners

LGBT Mummies · Freddy McConnell · Proud 2B Parents · Swansea University School of Psychology Yr Ysgol Seicoleg · TwoDadsUK Since 2004 · University of Huddersfield Inspiring global professionals

With thanks also to B. J. Woodstein, lactation consultant, IBCLC

Our funders

MOVEMBER · Garfield Weston Foundation

Contact us

www.bestbeginnings.org.uk
impact@bestbeginnings.org.uk

best beginnings for every parent, for every child

Created by Best Beginnings for the 2024 UNICEF Baby Friendly Initiative Annual Conference