

WORKING TOWARDS UNICEF BABY FRIENDLY ACCREDITATION

Heywood Middleton and Rochdale, in partnership with Children's Centre's, working towards Achieving UNICEF Baby Friendly Accreditation in the Community.

March 2012

**Author: Val Rimmer Infant Feeding Coordinator
Heywood Middleton and Rochdale Health Visiting Team
Pennine Care NHS Foundation Trust**

Purpose of Document

This case study focuses on an improvement in service quality, innovation or a new way of working, specifically along one or more of the strands of the health visiting service vision and family offer

**Community
Universal
Universal Plus and
Universal Partnership Plus**

How is your health visiting service improving delivery to clients?

The health visiting service is improving delivery to clients by implementing the UNICEF seven point plan for sustaining breastfeeding in the community which includes:

1. Developing a breastfeeding policy which is routinely communicated to all staff
2. Training all staff in the skills necessary to implement the breastfeeding policy
3. Informing all pregnant women about the benefits and management of breastfeeding
4. Supporting mothers to initiate and maintain breastfeeding
5. Encouraging exclusive and continued breastfeeding with the appropriately timed introduction of complimentary foods
6. Providing a welcoming atmosphere for breastfeeding families

Working towards baby-friendly accreditation is a staged approach, which starts with a certificate of commitment; this means that the organisation is committed to working along the baby friendly pathway.

Stage 1 means that the necessary policies, training, and induction procedures, are in place to support the baby-friendly process. Our organisation was assessed by UNICEF and met the requirements for stage 1 in July 2010.

Stage 2 means that the staff have received the appropriate training and can answer correctly questions on breastfeeding management. Our organisation was assessed by UNICEF and met the requirements for stage 2 in February 2012.

Stage 3 will assess the service user experience, the organisation is due to be assessed Feb 2013. Success at this stage will mean that the community setting is fully accredited.

Following full accreditation, the organisation is reassessed every two years by UNICEF to ensure that standards are maintained.

How is health visiting systems or processes changing to ensure smarter ways of working?

In order to collect statistics and ensure the appropriate information is given to new parents, Heywood Middleton and Rochdale (HMR) developed new ways to collect statistics and ensure information was given during the health visitors routine visits. This was done by ensuring checklists were included within the personal child health record, and by working collaboratively with other organisations across the northwest to develop a north west personal child health record. This has enabled new pages to be inserted into the book to include a safe sleeping assessment and action plan. Breastfeeding assessments are provided by the midwife and by the health visitor, as well as information such as check lists for women who are bottle-feeding, healthy start, and advice about when to start solids.

A volunteer breastfeeding peer support service was developed in areas of the borough with low initiation and continuation of breastfeeding rates. Health visitors are involved in the training and supervision of the volunteers.

Breastfeeding workshops have been developed for pregnant mothers to attend and we have run breastfeeding support groups across the borough.

We have worked with children's centre's and midwives to develop interventions such as baby bonding sessions, and information about moving onto solids as part of the family journey pathway. The health visiting team will assist in the training of children's centre staff in delivery of these interventions that will lead to improved initiation and continuation of breastfeeding at 6-8 weeks with the appropriate introduction of solids. These sessions also serve to enhance parenting skills.

How are service user voices shaping delivery of services?

The health visiting team has been working closely with the patient advocacy and liaison service during October 2011. The patient advice and liaison service visited five Sure Start Children's Centres across the borough in order to understand which feeding methods mums are choosing and also to evaluate the current support that is offered to breastfeeding mothers. This enables collection of qualitative data to support evidence-based ongoing service enhancement.

The health visiting service is working with children's centres to regularly audit the service user experience using the UNICEF audit tool. Pregnant women and new mothers who are breastfeeding or formula feeding are invited to give feedback to a series of questions about the information that they have received from the health visiting team. Women are randomly selected for interview and remain anonymous throughout the process.

Service user feedback from the focus groups and the audits enables the health visiting team to effectively direct training to areas identified during the audit where improvements to services are most needed.

For example, recently service user audits have identified weaknesses in parent education in certain topics. Working closely with children's centres, we have been able to develop new sessions that will be delivered by children's centre workers. These will enhance the messages given by the health visitors and midwives.

The children's centre workers will be trained by health professionals. Health visitors deliver well baby clinics through children's centres so mothers are always able to access breastfeeding support from the health visiting team.

How is local success delivering against the Health Visitor Implementation Plan 2011-2015?

The organisation has been working to improve breastfeeding rates and has seen improvements in the 6-8 week breastfeeding statistics as below:

- 2009 29%
- 2012 40.8% as at Quarter 3 (data source: Child Health)

The interventions deliver against the implementation plan in the following ways:

The family journey interventions contribute towards delivering family and universal services through children's centres. These interventions lead to health improvement by reducing infant mortality and contribute to reducing obesity.

Delivering services through children's centres helps families to stay in touch with wider sources of support. Parents can be signposted to the health visiting team where there are needs identified that require universal plus or partnership plus services.

The Infant feeding coordinator works collaboratively with GPs, midwives, children's centres, the local authority and the voluntary sector to coordinate the breastfeeding aspects of the boroughs infant mortality action plan within the community.

Vision

Working towards a baby-friendly pathway has provided a robust framework for service improvement as well as improving outcomes for children. Ensuring staff received the appropriate training in project management, train the trainer, audit, and breastfeeding management, has helped build capacity within the health visiting team to ensure that any changes are sustainable and embedded within service delivery models.

Challenges

- The challenges have been around setting up systems to collect statistics, and engaging the wider health care team including administrative and clerical staff.
- Regular meetings with the child health team was crucial to ensure that data could be collected easily by the health visiting team using existing systems i.e. the CPHR (Redbook) and collecting the data during a scheduled visit in duplicate to ensure a copy could be sent to child health and inputted onto the data base.
- Providing training to all staff involved in the care of pregnant women or new mothers and ensuring that all staff attended the required training. This required

setting up a database of staff attendance at training, working with the human resources department and training and development department. Also crucial is ensuring that the whole process is supported by line managers to ensure staff are able to access the training.

Lessons Learned

Changing systems and processes within the NHS takes time and requires persistence and energy. It is important to ensure that all stakeholders are kept informed and updated, and it is highly likely that the practitioners will come up with most of the solutions.

Team working is crucial, as is ensuring that there is a dedicated project lead with dedicated time to undertake the project. It is also important not to underestimate the amount of clerical support a project requires.

Achievements

The key achievements so far have been:

- Improved borough 6-8 week breastfeeding statistics from 29% (Quarter 4 2009) to 40.8% (Quarter 3 2012)
 - 100 percent of the health visiting team has received training in breastfeeding management
 - the organisation has been assessed by UNICEF and achieved stage 2 accreditation and is now working to become fully accredited by February 2013
 - the health visiting teams have maintained a cohort of 20 volunteer breastfeeding peer supporters working in areas of the borough with low initiation and continuation of breastfeeding at 6-8 weeks
 - provided training to 100% of children's centre workers in the borough since 2009 around breastfeeding awareness, currently developing targeted interventions around parenting education in partnership with children's centres
 - provided training materials on breastfeeding management for every General Practitioner working within the borough
 - set up a community volunteer breastfeeding peer support programme, to run in areas of the borough with low initiation and continuation rates for breastfeeding at 6-8 weeks.
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Impact

- Increase in the breastfeeding rates at the 6-8 week point from 29% to 40.8%
- The organisation is currently meeting the target set by the Department of Health for the 6-8 week, which is a significant improvement. We have adjusted the way data is collected and collated and have made changes to the way we assess health visitors clinical skills, which has impacted on outcomes

- By breaking down the data to specific postcode areas and linking this to children's centre catchment areas, we have been able to target our efforts more effectively.
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Benefits

There is increasing evidence that breastfeeding provides both short and long-term benefits to both mother and baby (UNICEF, 2008) including:

Babies fed on artificial formula are at greater risk of, gastro-intestinal infections, respiratory infections, necrotising enterocolitis, urinary tract infections, ear infections, allergic illness, insulin dependant diabetes mellitus, sudden infant death syndrome (SIDS) and childhood leukemia.

Additional studies show that breastfeeding may also decrease the risk of cardiovascular diseases later in life, childhood cancers, breastfeeding and dental health, obesity and links to type 2 diabetes.

Women who breastfeed are at lower risk of breast cancer, ovarian cancer hip fractures and bone density problems (UNICEF, 2008).

Infant mortality rate for the borough is 4.3 per 1,000 live births, which compares to 4.6 per 1,000 averages for England. (Greater Manchester breastfeeding profile 2012) Infant mortality is considered to be a good general indicator of the health of the population. Factors associated with infant mortality include maternal lifestyle (including smoking and maternal nutrition) low birth weight, maternal age and inadequate antenatal care.

A whole systems approach, partnership working, effective training mechanism, robust data systems are the key factors that are making the project successful.

Innovation

The way that the project has been implemented taking into account local demographics and partnership working are the things that are making the project innovative. The most important consideration is the improvement in the numbers of women that are now breastfeeding.

Service user feedback

Comments from mothers attending the volunteer breastfeeding peer support training comments taken from the reflective diaries used during the training and the course evaluation forms are included below to provide a sense of the user experience:

Parent to parent support is vital in getting information on breastfeeding across; the course provides real mums with the tools to help others on their breastfeeding journeys

The course was great well run and contained lots of interesting and useful information which has enabled me to offer a great deal of support our group bonded really well and felt comfortable enough to share experiences..

Great course, looking forward to working in the community, and passing on the knowledge that I have learnt.

The use of supervised volunteers to support families is recommended within the recent Munro report (2011) which outlines the benefit of parent to parent support.

Supervised volunteers have a role to play as an aid to the early support workforce for children, young people, their families and carers, offering flexible help, trained volunteers try to build resilience and emotional strength for families (Munro 2011)

The picture below shows a Community Nursery Nurse who has provided breastfeeding support to a new mother in the community.

Local Mum, Lauren, from Belfield in Rochdale, has been breastfeeding her daughter Amelia since she was born in May. She said: "Breastfeeding has really given me a stronger bond with my baby by having that skin to skin contact. It's so much easier than having to mess around with bottles and sterilizing, and it's also cheaper so you can spend the money on other things like baby clothes and toys. There are so many benefits for both mum and baby that I think all mums should definitely breastfeed if they can." Health staff are continuing to work in partnership with the borough's Children's Centres to achieve full baby friendly accreditation.

Acknowledgement:

Thank you to Novello Tucker(Clinical Lead Health Visitor) for continuing support

Pictures



Members of the health visiting team receiving their UNICEF breastfeeding management certificates.



<http://rochdaleonline.co.uk/news-features/print/36474>

Volunteer Breastfeeding Peer Counsellors receiving their certificates



<http://www.rochdaleonline.co.uk/news-features/2/news-headlines/54087/soap-star-supports-breastfeeding-mums>