

Evidence into Practice - breastfeeding and attachment for babies & families in neonatal units

Interim Report

September 2017



SISCC: collaborating to create new knowledge in health and social care

The Scottish Improvement Science Collaborating Centre (SISCC) held regional workshops with neonatal units, universities and parent groups to consider the evidence base for skin-to-skin (kangaroo care) and breastfeeding. This document represents a summary of the barriers and enablers identified by participants in supporting the implementation of these practices. These are presented in no order of priority.

Details of the project can be found on our website:
siscc.dundee.ac.uk/work/maternal-child-health.

If you would like to receive a copy of the final report or find out more about the project, please contact Workstream Facilitator Gill Milner (g.milner@dundee.ac.uk) or 01382 388658.





Barriers and Enablers to Support Breastfeeding in Neonatal Units

Organisational Level

Barriers

- Cultural attitudes to breastfeeding
- Lack of resources to provide space, privacy & comfort
- Inflexible ward rounds
- Communication and knowledge not consistent across departments
- Challenges establishing peer support (Bliss buddies - 8 wk course)
- Continuity of care across maternity & child services, lack of effective follow-up
- Inconsistent use of donor milk between units across Scotland
- Close links with Higher Education institutes
- Poor quality of information

Enablers

- | | | |
|--|--|--|
| BFI accreditation | BFI on paediatric courses & midwifery | Increase in mandatory training hours |
| Consistent approach across Scotland | "Tongue tie" clinics | Early contact with Health Visitor |
| National training material - BFI, SIFAN, SNNG | National BF flowchart - support early discharge | Community peer support |
| Neonatal outreach staff | Approach and information across units | Benefits of breastmilk - expressing, donor milk, breastfeeding |
| National education materials for parents | Asset mapping | Public awareness campaign about benefits of donor milk |
| Managerial & exec support for skill development | National LearnPro module | Consistent Scotland-wide approach to criteria of use of donor milk - review guidelines, include hypoglycaemic babies |
| Parent rooms - peer support & education | Use of personal stories | Best Start implementation - links across maternity services, antenatal education |
| More practical resources/equipment | Comfy chairs, screens, capes, breast pumps, beds | |
| NNU staff providing antenatal support | Neonatal staff supporting breastfeeding clinics | |
| Discharge - follow-up support | Breastfeeding included in induction training | |
| Social media campaign to address cultural attitudes & promote benefits | | |



Barriers and Strategies to Enablers Breastfeeding in Neonatal Units

Unit Level

Barriers

Communication, knowledge and advice not consistent across unit staff
Lack of volunteers & peer support
Lack of staff, time & resources
Staff resistance to change
High-tech environments with clinical focus
Cultural attitudes to donor milk
Benefits of donor milk not consistently communicated to parents

Mixed messages about breastfeeding
Formula fed culture
IT failings - printer ink, memory cards
Turnover of staff
Reliance on breastfeeding team & infant feeding advisers
Lack of resources to provide space, privacy & comfort
Difficult to relax, bond & express

Enablers

Discharge - follow-up support
Family-centred, holistic approach
Unit guidelines
Peer support for parents
Whole system consistent approach across staff working on NNU
Champions
Create welcoming & friendly environment for parents
Given donor milk as default - opt-out
More privacy
Audit for first expression
Measure of breastfeeding on discharge
Neonatal staff supporting breastfeeding clinics
Use of personal stories

Individual discharge plan
Responsive feeding
Signpost to third-sector/support groups
Baby café groups - raise awareness & funding for peer support
Social media
Buddying new and experienced mums
Bliss buddies (matched by age)
Unit-based breastfeeding clinics
Facilities for parents
Collaboration with Allied Health Professionals
24 hour visiting & access
Promote milk donation positively as an opportunity to give back & prevent waste



Barriers and Enablers to Support Breastfeeding in Neonatal Units

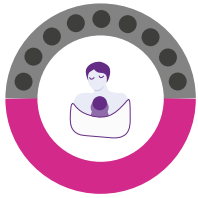
Individual Level

Barriers

- Attitudes towards social chat
- Length of parental visits, travel distance & costs
- Lack of staff confidence, skills & experience
- Poor communication - pressure to breastfeed
- Staff knowledge & attitudes to benefits of breastfeeding
- Cultural attitudes towards donor milk
- Pressure to produce volume

Enablers

Photos/videostream of baby	Observation training support & reminders
Enhance parental skills & confidence in feeding	Staff support groups
Peer support for parents	Daily huddles - training support & reminders
Peer support - mentoring for staff to enhance skills & confidence	Training sessions at staff handovers
Competencies/simulation	Family-centred conversations - long-term benefits of breastfeeding, not just focus on weight gain



Barriers and Enablers to Support **Kangaroo Care** in Neonatal Units

Organisational Level

Barriers

- Cultural attitudes towards kangaroo care
- Lack of resources to provide space, privacy & comfort
- Inflexible ward routines
- Communication and knowledge not consistent across departments
- Poor quality of information

Enablers

- | | |
|--|---|
| Consistent approaches across Scotland | Approach & information across units |
| Social media campaign (benefits of kangaroo care, encouraging fathers) | Multilingual posters/leaflets - benefits & techniques, pictures of KC |
| More practical resources & equipment | Video - showing KC techniques |
| National educational materials for parents | Comfy chairs, screens & wraps |
| Managerial and executive support for skill development | |



Barriers and Enablers to Support Kangaroo Care in Neonatal Units

Unit Level

Barriers

No policy to support staff understanding of KC

Staff resistance to change

Lack of staff, time & resources

High-tech environments with clinical focus

Communication, knowledge & advice not consistent across unit staff

Staff cultural attitudes to KC

KC not important for bigger babies, bottle-fed babies

Turnover of staff

IT failings - printer ink, memory cards

Lack of resources to provide space, privacy & comfort

Enablers

Kangaroo Care prompts

Family-centred care, holistic approach

Kangaroo Care champion

Skin-to-skin the 'norm'

Use of technology - apps

'What matters to you?'

Unit guidelines

Cot stickers

Antenatal information given

Whole system, consistent approach across all staff working on NNU

Facilities for parents

Create welcoming & friendly environment for parents

More privacy



Barriers and Enablers to Support Kangaroo Care in Neonatal Units

Individual Level

Barriers

- Length of parental visits & travel time/costs
- Lack of staff confidence, skills & experience
- Staff knowledge & attitudes towards benefits of KC
- Attitudes towards social chat
- Accessibility for parents is limited

Enablers

- Photos/videostream of baby
- Kangaroo care delivered by extended family
- Enhance parental skills & confidence in caring for baby, including KC
- Peer support - mentoring for staff to enhance skills & confidence
- Daily huddles - training & support reminders
- Parents in charge & making decisions
- Sit next to parents to develop their confidence
- Staff support group
- Video - showing KC techniques
- Staff pairing may increase confidence