

Description

Reshaping an Infant Feeding Service in Troubled Times: Using the NMC Code to Inform Practice



Summary

Midwives and maternity services have been providing care over the past several months in the face of unprecedented challenges and uncertainty. In the absence of clear pathways, we can look to the United Kingdom's Nursing and Midwifery Council [NMC] Code for guidance. As a crucial guide for all midwives, upholding the standards and behaviours within it is "not negotiable or discretionary"[1] even in the face of a global pandemic.

In this blog, we explore the management of a Specialist Infant Feeding service, in a large urban maternity and neonatal unit, during the first weeks of the Covid-19 pandemic, and how the actions and decision-making processes of the team can be aligned to the four themes of the NMC Code designed to protect the public. Using the Code to support 'Caring with Confidence' is a new campaign from the NMC, look out for useful support and guidance, throughout the blog, for ways you can make use of the Code-in-Action.

PRACTICE CHALLENGE 1

How has the way you delivered care changed during the Covid-19 crisis? How do you think you could improve experiences for those using your service?

Introduction

Guidance from Unicef UK Baby Friendly Initiative, issued during the Covid pandemic[2] emphasises the importance of maintaining infant feeding support provision wherever possible. This supports the World Health Organisation's requirement that immediate measures be instigated to protect and support safe infant feeding practices in emergencies.[3] All services encountered some form of disruption due to restrictions necessitated by Covid, and service users' experiences were very different to those which could previously have been expected. The challenge for the Infant Feeding Team was to continue to provide effective care whilst preserving the safety of women, families and staff. In

practice, this meant the application of sound professional judgement whilst implementing major changes to practice. The themes of the Code; to Prioritise People, Practice Effectively, Preserve Safety and Promote Professionalism and Trust can serve as a clear reference point, particularly whilst encountering situations which fall outside of our usual routines and expectations.

Find out more about 'Caring with Confidence' with the NMC Code-in-Action

The NMC, in the United Kingdom [UK], is publishing a series of animations to support the application of the Code, in practice. 'Caring with Confidence' is a series exploring key aspects of your role as a midwifery professional, exploring how the Code can support you.

You can hear all about the UK NMC Code and the 'Caring with Confidence' resources by listening to **All4Maternity's NEW podcast series "Midwifery: Love, Life and Learning"** . In Episode 1, Anna Byrom explores the NMC Code-in-Action with Gerry Walters CBE, Executive Director of Professional Practice and Jacqui Williams, Senior Midwifery Education Advisor, at the Nursing and Midwifery Council.

Check out the UK NMC's new resources on how to use the Code to support your practice.

For more inspiration, look out for the UK NMC's Code in Action animations, via their website. Here, we share their latest animation: 'Challenging Discrimination'

Take a look at the UK NMC Code itself for a a full review of midwifery professional practice standards and behaviour requirements – click here

Prioritising People

The Code requires the prioritisation of people by putting their needs first and acting in their best interests. In rapidly evolving circumstances it was important to manage the process of change effectively and make safe decisions which ensured the needs of mothers and babies took precedence. A 'shared purpose' is the ideal starting point for successful change management.[4] The team shared common goals in terms of their passion for protecting breastfeeding, ensuring safe formula feeding, and promoting bonding and relationship building. We undertook a rapid reconfiguration of roles to reflect individual strengths and new ways of working which aimed to reduce risks of transmission whilst providing effective, evidence-based care. As the health benefits of breastfeeding and the nurturing of mother-infant relationships are particularly critical during an emergency[3] we concentrated on ways in which the Unicef BFI standards[5] could continue to be followed to ensure that women's and babies' needs remained our focus. To truly Prioritise People required the ability to empathise with women's experiences during this time and to understand how vulnerable they may feel without the support of those closest to them. We felt that we could help to alleviate this by increasing our presence on postnatal areas to provide as much compassionate feeding support as possible whilst assisting colleagues to ensure that women felt confident when going home, and knew how to access support if required.

Community services suspended first day home visits in all but the most urgent cases, resulting in a risk that emerging feeding problems could be inadvertently overlooked. To mitigate this, the team engaged an experienced midwife who was shielding at home. She began a telephone contact service for women who were identified as having a reduced level of community-based breastfeeding support following discharge from hospital. Recent Unicef guidance aided the conversation[6] which included a feeding assessment and the initiation of individualised feeding plans where necessary. We rapidly devised effective virtual methods of communication with women, for example the creation of information sheets with links to current support, visual aids and information shared by email.

It was too early at this stage to conduct formal audit or research about what measures worked well for women, though we were delighted to note that there were no excessive weight losses in babies whose mothers had been contacted by the team. We acknowledge, however, that this is only one indicator of successful breastfeeding.[7] Prioritising people means working in partnership with them and responding to individual needs – Covid makes this challenging due to restrictions in the ways we can deliver care. We noted during informal conversations that whilst most women reported feeling well supported, some felt that had they had more face to face contact, their breastfeeding journeys may have been smoother.

Practice Effectively

Midwives must keep their practice updated with knowledge of current research and evidence in order to enable mothers to make the best decisions for themselves and their families.[1]

In order to practice effectively in a rapidly evolving environment, the team kept abreast of advice for feeding in relation to Covid. The emerging evidence that breastfeeding may provide protection for babies against the virus[8] empowered us to counsel women appropriately and to share this information with colleagues with confidence. We also recognised that new research was constantly transpiring, that the quality of evidence may be subject to limitations, and that advice could change rapidly as new information became available

Midwives who practice effectively are skilled in working collaboratively with colleagues for the good of service users.[1] We communicated clearly on a frequent basis with members of the management and multidisciplinary team to inform and consult as to the best way forward. We took a pragmatic approach in an environment that none of us had encountered previously, and where there was often no pre-existing guidance. We also ensured that all colleagues were aware of what feeding services were available to women and how to access them.

To address this, we worked collaboratively with the Diabetes Team, sharing information and instigating a referral system. Women were offered a telephone discussion covering all crucial antenatal messages, considerations for babies of mothers with diabetes in the immediate postnatal period,[9] and the potential benefits of colostrum harvesting for newborns whose risk of hypoglycaemia is elevated.[10] This service was well received as it offered flexibility which is sometimes not possible within traditional models of care. Many who may not have felt comfortable attending antenatal classes welcomed information and took the opportunity to ask questions during these conversations.

Women who do not speak English fluently are amongst those at risk of receiving suboptimal care even under normal circumstances.[11] This is likely to be even more apparent with changes to the way services are delivered. We recognised interpreters as essential for effective practice, during both face-to-face and telephone contacts. Wherever possible we provided visual aids or written information in the woman's own language.

Preserve Safety

The Code requires the preservation of safety and reduction of harm through an awareness of potential risks, and the management of these as far as possible. Frenulotomy, the division of the lingual frenulum to restore normal tongue function, is recognised as a procedure which can assist breastfeeding to continue if conservative measures have been unsuccessful.[12] With responsibility for a very busy tongue tie clinic, the balance between enabling continued breastfeeding with its associated benefits[13] and performing a procedure that may incur increased risks in the presence of Covid presented a real dilemma for the team. This was made more difficult by the fact that at the time there was no consensus amongst other local practitioners as to whether services should continue. Close working relationships and respect for others' views and concerns enabled concurrent and effective decision-making, and our proposals for continuation of the clinic with additional safety measures in place were accepted by managers.

The team had always worked to provide informed choices for families. However, it had never been more important to ensure that shared decision-making was employed between professionals and parents regarding their baby's care. Preserving safety requires being open and honest with service users about risks and benefits of any treatment. Alongside the recognised, albeit rare, risks of the procedure, when parents were counselled, we were candid about the fact that our knowledge of the virus and the way it behaves in the presence of oral wounds was limited at that time. We acknowledged that new evidence was constantly emerging as the situation unfolded, and the possibility that a frenulotomy in these circumstances may prove to be unsafe at some point in the future.

We took positive steps to risk assess the procedure and make adjustments to reduce potential harm as far as possible. Universal precautions were in place, and the clinic was relocated to an area with reduced footfall. In order to keep face to face contact time to a minimum without compromising quality of information, most counselling regarding risks and benefits took place over the telephone. If parents chose not to attend, they were offered continued access to skilled telephone support from a breastfeeding specialist as required.

To preserve safety, an outpatient appointment was avoided whenever possible by performing a division prior to discharge. The feeding specialists' expertise was vital in identifying only those babies for whom the procedure was appropriate so early in the breastfeeding relationship, and to provide alternative options to frenulotomy where possible.

Practice Challenge 2

How do you feel you are balancing the need to preserve safety in light of the pandemic with the needs of service users throughout the pregnancy continuum, both individually and as an organisation?

As autonomous practitioners, midwives are required to demonstrate leadership skills for the benefit of those in their care and for colleagues. This was demonstrated in the way that members of the team cared for each other throughout a time of huge change and upheaval.

Promoting professionalism and trust had never been more important; protecting our own and each other's health enabled us to continue to provide care. Stipulations for prevention of transmission of the virus to maintain physical health are well publicised,[14] but psychological wellbeing during this time was equally important. Maternity staff were fortunate not to be involved in the care of critically ill or dying patients, but the impact on their mental health was apparent nonetheless. Many midwives work in excessively demanding situations in their day to day roles, meaning that strategies for coping and the concept of resilience have been well documented in recent years.[15] For those remaining at home, resilience was needed to combat feelings of isolation, and even guilt that they were not providing face-to-face care with their colleagues in difficult times; one midwife reported that she could not 'clap for the NHS' as she felt "like a fraud". Those working clinically needed to protect themselves in an environment which could easily lead to detrimental levels of stress and exhaustion. Team members demonstrated professionalism and trust through support and reassurance, and recognition that each team member had an equally important role to play. Through a culture of inclusivity fostered prior to the pandemic, all individuals felt confident to contribute ideas, and to share their feelings and concerns without judgement. Debriefs at the end of particularly difficult days, sharing of experiences, or simply providing a listening ear were all vital ways to protect our emotional wellbeing. This in turn ensured that professionalism and trust were promoted by using available resources in the most effective way to ensure a quality service for women and families.

Conclusion

Many of us are working in services which have undergone drastic changes in response to the Covid crisis. We have been forced to reconsider our ways of working, and may not always be able to deliver care in the way that we would ideally wish to. The Code is a vital document which continually informs our practice, and in times of additional stress and uncertainty we can at least ensure that we are doing the best we can for the families in our care by using the Code's values as a reference point in all that we do.

Practice Challenge 3

Consider the Code's four themes and reflect on current practices where you are working. What suggestions can you make to ensure that the values are clearly demonstrated?

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Date Created
13th November 2020