

Description

The Postcode Lottery of Infant Feeding; a *midwife's personal account*

Anonymous Midwife

A midwife wishes to raise her concerns about the support provided for new mothers to breastfeed, particularly in relation to her experience working in both Unicef UK Baby Friendly Initiative accredited and non-Baby Friendly accredited services.

This anonymous blog post highlights the midwife's concerns and we wondered if our followers and members have similar experiences.

Please feel free to comment below or provide your thoughts on social media.

Families who access maternity services come to us trusting that the information and support they receive will be evidence-based, unbiased and designed to give them and their new baby the best possible start in life.

Like most midwives, I strive to provide this to every family in my care, every day. But our ability to do so is shaped by the environment we work in; we can only fully support women and families when there is a positive culture with importance given to high quality education.

I have worked in both Baby Friendly accredited and non-accredited services and witnessed first-hand how by providing staff with high quality education, the Baby Friendly programme maximises the potential for maternity services to be supportive of new parents in feeding and nourishing their babies.

It can seem like a daunting task to implement the Baby Friendly standards – particularly as our NHS becomes increasingly stretched and workloads continue to increase. But the Programme provides a robust and clear framework for improving outcomes, which is designed not to burden but to empower health professionals to deliver the best possible care, in the most efficient way.

> I have worked in many maternity services across England, and seen the damaging effect that not engaging with Baby Friendly has on staff morale due to inadequate education and a lack of support, and in turn the effect this has on the women and their families using the service.

During my midwifery training and career, I was lucky to receive excellent Baby Friendly training and education. Coming from a personal background of negative attitudes towards breastfeeding, my mind was opened to how amazing the human body is when I began university. My confidence on placements grew as I recognised how I was learning to help families begin their breastfeeding journey and overcome challenges. While I was at university we were very proud to achieve full Baby Friendly accreditation, and I began my first post as a qualified midwife in a Baby Friendly accredited

maternity unit where I consolidated my skills.



Unicef UK/Mead

When I have worked in Baby Friendly accredited maternity units, the morale around feeding was high; infant feeding leads would be on hand to help us busy midwives on the postnatal ward and we knew that women were receiving the same information consistently. Women were empowered when leaving hospital and this was still apparent in the community when visiting them at home. They truly believed their milk was sufficient and with all their antenatal education and postnatal support, they knew what to expect and to trust their bodies, babies and instincts; just how it should be when becoming a parent.

In contrast, when I have worked in units without Baby Friendly accredited status, staff morale and confidence around infant feeding has been low. Women received poor, conflicting information much of the time, and some received no support at all. Staff regularly reported feeling unconfident in supporting women in this area and thus avoided it wherever possible. Infant feeding was not seen as a priority and it felt like there was no support from management at these units to help the team to deliver safe and individualised feeding support.

I regularly found myself disagreeing with staff on the wards on things that in the Baby Friendly accredited hospitals I worked in would have been a basic standard such as encouraging skin-to-skin in theatre and avoiding 35ml ‘top-ups’ of formula because the staff needed reassurance that the baby was getting something. As a new staff member particularly, it was a real challenge to try to protect a woman’s breastfeeding journey in this difficult environment.

On reflection, I can’t help thinking of all the preceptor midwives who have had high-quality infant feeding education and then began their careers as midwives, to very quickly lose their confidence and skill because the environment in which they’re working doesn’t support them to put their learning into practice. Negative culture is infectious; as a newly qualified midwife you feel pressure to ‘fit in’, and challenging the status quo is very difficult. It doesn’t take long before the culture swoops through an entire ward and ultimately it feels like the women in our care are on the receiving end of this.

As midwives, it is our duty to advocate for individualised, safe care during childbirth, listening to what women want and tailoring our care to support their needs and wishes. It seems that this is getting forgotten postnatally when the parent-infant journey has just begun.

In the postnatal care environment we have to prioritise from a long list of tasks every hour, attempting to keep up with the fast and ever-moving conveyor belt-like service. I know women and their families are very understanding of the conditions we work in and mostly are grateful for the care they receive from the NHS. However, they trust that we will support them on their journey to parenthood and they expect and deserve good care.


Unicef UK/Jennings

As a midwifery team, we rely on managers to facilitate education and mandatory updates, and to source more support workers to help us navigate this fast-paced environment and enable women and families to get excellent care. I know it is possible, even in maternity care today, because I have seen it work in Baby Friendly accredited services. I have seen midwives feeling confident, well-educated and supported to deliver high quality infant feeding support to the women in their care, despite the pressures.

It doesn't seem fair that women's experiences of infant feeding support can vary so dramatically depending on where they live. The Infant Feeding Survey (2010) highlighted that 8 out of 10 women stop breastfeeding before they want to. Tackling this requires action across policy, society and healthcare settings, but one key way to make change in the health services is to take full advantage of the Initiative that is there to help us to support women to achieve their goals.

NICE Guidelines and the NHS Long Term Plan (2019) recommend the implementation of the Unicef UK Baby Friendly Initiative. I hope that this means an end to the post code lottery that currently exists, so that maternity workers are able to positively influence the health and well-being of women and families.

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