

# UNICEF UK BABY FRIENDLY INITIATIVE

## THEORY OF CHANGE

### INTRODUCTION

The Baby Friendly Initiative offers an evidence based approach to supporting breastfeeding and good infant nutrition, and helping parents to develop close and loving relationships with their babies.

Our 'Theory of Change' explains how this programme works to improve child nutrition, health and development by working with a range of health professionals and students to raise standards of care for babies, their mothers and families. A full review of the evidence for the Baby Friendly programme is available here: [unicef.uk/babyfriendlyevidence](https://unicef.uk/babyfriendlyevidence)



### SUPPORTING AND PROTECTING BREASTFEEDING

The benefits of breastfeeding for babies,<sup>1,2</sup> mothers<sup>3</sup> and public health<sup>4,5</sup> are well established. It protects children from a vast range of illnesses including infection, diabetes, asthma, heart disease and cot death (Sudden Infant Death Syndrome), as well as obesity, a major public health priority.<sup>6,7,8</sup> It also protects mothers from breast and ovarian cancers and heart disease.<sup>3,9,10,11</sup> In addition, it supports the mother-baby relationship and the mental health of both baby and mother.<sup>11,12,13</sup> Despite explicit commitment to promoting breastfeeding in the UK, there are still gaps in provision of support and rates remain lower than in many other high income countries.<sup>14</sup>

In the UK, most women want to breastfeed but many face difficulties early on and eight out of ten stop before they want to.<sup>15</sup> The provision of

face-to-face, ongoing, tailored and predictable breastfeeding support by trained personnel, starting during pregnancy and continuing through the postnatal period, can increase the duration and exclusivity of breastfeeding.<sup>16</sup>

There is strong evidence for the Baby Friendly programme as a key intervention for supporting breastfeeding. Studies looking at the impact on UK breastfeeding rates have shown that giving birth in a Baby Friendly facility increases breastfeeding initiation.<sup>17,18</sup> International studies have also shown a positive impact of Baby Friendly on breastfeeding initiation and duration, including in the US,<sup>19,20</sup> Turkey,<sup>21</sup> Switzerland,<sup>22</sup> Belarus<sup>23</sup> and in multi-country studies.<sup>24,25</sup>

### SAFER FEEDING AND NUTRITION

The Baby Friendly Initiative works with public services to ensure that families receive effective infant feeding support, enabling them to make an informed choice about feeding, get breastfeeding off to a good start, overcome challenges and feed their babies responsively. Parents who formula feed are supported to use

the most appropriate formula, make up feeds and give feeds as safely as possible.

Responsive feeding has benefits for a baby's emotional and cognitive development,<sup>26</sup> as well as self-regulating food intake and reducing obesity later in life.<sup>27</sup> Responsive feeding is

more common among breastfeeding mothers;<sup>28</sup> as a breastfed baby cannot be overfed, mothers can use breastfeeding to respond to their baby's need for comfort as well as nutrition. Whilst not the same, responsive feeding practices can also be encouraged in bottle feeding.<sup>29</sup>

Recognising babies' cues and being responsive to them continues in the introduction of solid

foods. Parents receive mixed messages about when to introduce solids,<sup>30</sup> and few (c. 6%) wait until the recommended six months.<sup>15</sup> Early introduction of solids is associated with reduced breastmilk intake and may increase the risk of obesity.<sup>31</sup> The Baby Friendly standards require that mothers are supported to maximise their breastmilk and introduce solids appropriately.

## SUPPORTING CLOSE AND LOVING RELATIONSHIPS



Responsive parenting is crucial for early childhood development and for physical and emotional wellbeing.<sup>32</sup> Interventions that support families in the critical early days and weeks can help give them the confidence and skills to develop those close relationships.<sup>33,34</sup> This includes giving information about skin-to-skin contact, understanding their babies' cues, responding to them and implementing safe sleeping practices. Crucially, parents are informed about the impact that a close and loving relationship will have on their baby's brain development and wellbeing, and are supported to develop this relationship regardless of feeding method.

## CREATING A SKILLED, SUPPORTIVE WORKFORCE

Offering effective support to parents is only possible when practitioners have sufficient knowledge and skills. When practitioners lack this knowledge and offer conflicting information they can discourage mothers and undermine confidence in their parenting decisions.<sup>35</sup>

Research has found major deficits in knowledge, skills and attitudes of health practitioners resulting in poor provision of information and support to mothers.<sup>36</sup> As well as knowledge about breastfeeding, practitioners need the skills to communicate with mothers in a way that is clear, helpful, mother-centred and non-judgemental. However, communication skills are sometimes poor and fail to take into account mothers' needs and wishes.<sup>35</sup> Institutions need to provide training, develop better policies and enhance skills across all practitioners, not just a handful of specialists.<sup>36</sup> This approach is required by the Baby Friendly standards, along with regular, ongoing audit and practice reviews to ensure that staff skills are maintained at a high level.

Women need to feel that breastfeeding and developing close and loving relationships is valued and that they will be supported; mothers can be discouraged from breastfeeding by negative attitudes of health professionals.<sup>35</sup> A positive culture facilitates breastfeeding and skin-to-skin contact and enables mothers to be with their baby as much as possible.<sup>35</sup>

A supportive culture for breastfeeding can be undermined by perceived endorsement of formula as an alternative to breastfeeding. The International Code of Marketing of Breastmilk Substitutes<sup>37</sup> aims to regulate advertising of breastmilk substitutes both to protect breastfeeding and to ensure that parents who formula feed receive clear and accurate information about products. The Code has been partially implemented into UK law, and the Baby Friendly Initiative plays an important role in monitoring and ensuring compliance with the Code.<sup>38,39</sup>

## BABY FRIENDLY NEONATAL UNITS

### For sick or premature babies and their parents, Baby Friendly neonatal units can make all the difference.

Each year in the UK, around 1 in 10 babies are admitted to neonatal units, having been born sick or premature.<sup>15</sup> For parents, neonatal units can be deeply stressful and disempowering, highly technical environments in which they may feel ill-equipped to voice opinions on their baby's treatment and where opportunities to touch, hold and comfort their baby are often restricted. This separation is also highly distressing for babies, raising their levels of the stress hormone cortisol, with serious implications for their brain and emotional development.<sup>40,41</sup> These barriers create difficulties in establishing and fostering a loving and responsive parent-child relationship, impacting both parents' and baby's mental health and making the transition home much more challenging. This environment also makes it more difficult for babies to receive the breastmilk they need to survive and develop.



The Baby Friendly Initiative standards provide a roadmap for units to transform their care by supporting parents to develop a close and loving relationship with their baby, enabling babies to receive breastmilk and to breastfeed where possible, and valuing parents as partners in their baby's care. In this way parents' voices are put at the heart of care, and opportunities for parents to bond with their baby are prioritised, second only to survival. For example, the standards include providing new mothers with the opportunity for skin-to-skin contact with their babies as soon as possible after birth. Parents are actively supported to comfort and respond to their baby's needs by

communicating with and touching their baby as appropriate to their condition. Units must show commitment to supporting mothers to achieve this and to explain the benefits for mothers and babies.

### CASE STUDY: LISTER HOSPITAL

Daisy was born prematurely at Lister Hospital in Stevenage. Daisy's mother described the powerful need to touch and hold her baby:

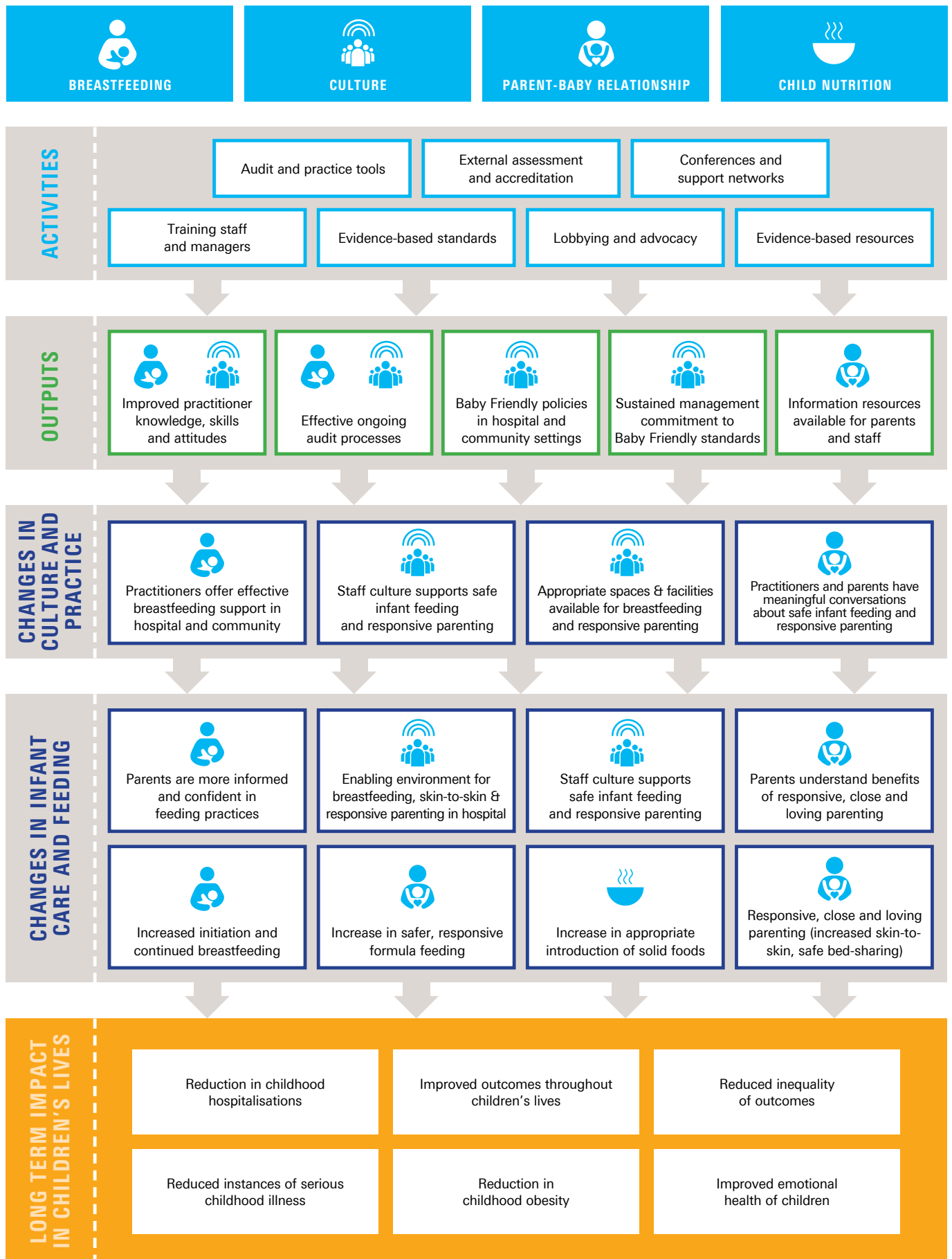
- *"It's very scary having a baby in an incubator; you naturally want to hold and touch and comfort, and when you do it is a very magical moment."*

As part of implementing the Baby Friendly Standards, Lister Hospital provided comfy chairs to enable skin-to-skin contact between parents and their baby on the neonatal unit.

- *"These lovely comfy chairs make us feel secure, which is what we need as our babies are so tiny when they are born and very fragile; you are scared to pick them up. To be in a secure chair makes you feel a lot more comfortable and at ease."*
- *"Skin-to-skin benefits both of us. She picks up on my smell; she would be a lot calmer and I felt it did the same for me. I would be worried and scared, but the minute I had her on me I didn't really think of anything else. We would just be in the minute together having a lovely cuddle."*



# THEORY OF CHANGE: BABY FRIENDLY INITIATIVE



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