



An investigation of breastfeeding support in Coventry

November 2012

Responses received

LINK's Recommendations

1. Commissioners ensure adequate provision of antenatal support for women in pregnancy regarding breastfeeding in the context of arising birth rate and increasing population.
2. UHCW ensure that UNICEF trained staff: dedicated infant feeding midwife or maternity support worker, are available over 7 days a week, including evenings and night, to ensure that consistent breastfeeding support is available.
3. UHCW ensures all breastfeeding women have contact details/referral to community breastfeeding services and support immediately after discharge from hospital
4. Commissioners: review the support provided to young parents (including developing a clear package of child and maternal care for teenagers across the city) to ensure more are engaged with. Linking with the breastfeeding strategy, existing young parent's strategy and developing Healthy Child Programme Plans would help.
5. UHCW/ Public Health: Continue with UNICEF implementation, training and performance indicators to keep developing the focus and abilities of professionals/providers in hospital and the community in order to address issues regarding mixed messages and incorrect advice.
6. Commissioners: continue to commission community based services including the Infant Feeding Service and services meeting targeted needs of the local population such as MAMTA and continue to fund services where funding is due to an end in 2013.
7. Commissioners/UHCW: develop a local approach for quicker response times for tongue tie treatment and UHCW puts in place processes to ensure that babies with a tongue tie are identified before discharge and there is early intervention/treatment
8. Commissioners ensure that information about baby friendly locations where women can breastfeed should be given to more women. The current list should continue to be updated and should be given out by Health Visitors when they visit after taking over care of new mothers at 10-14 days. This information should be available in other languages.
9. Commissioners/ Children Services: mainstream education of 14-16 age groups in schools within the PSHE programme to 'normalise the agenda' of breastfeeding to increase breastfeeding rates.

Responses received:

1 Coventry and Warwickshire Partnership Trust

Official LINK report and recommendations: breastfeeding support

Thank you for sharing the report regarding breast screening support within Coventry which has been shared with the Health Visiting and the Family Nurse Partnership Teams.

In response to the comprehensive report and its recommendations we consider that they are consistent with the service philosophy and developments which are already in progress. I have included comments relating to the recommendations which are specifically relevant to Health Visiting and Family Nurse Practitioner Services.

Recommendation 4

The Healthy Child Programme plans are being progressed in line with the development of the Integrated Practice Unit. This will enable a more cohesive service to be provided to young parents.

The Family Nurse Partnership Team is committed to continuing to work with the Infant Feeding Team to improve the continuity of breast feeding with young parents. They will share the learning and good practice derived from working with their client group with the Health Visiting Service so that all young parents who fall outside the Family Nurse Partnership criteria also benefit.

Recommendation 5

Health Visiting teams are actively involved in the UNICEF implementation. All staff/ students receive UNICEF awareness raising training.

The Health Visiting service will provide universal antenatal contact from September 2013. Health Visitors participate in the delivery of antenatal training sessions in partnership with Coventry University and UHCW.

Breastfeeding areas are available at all times at all CWPT venues, on request

Recommendation 8

The service will continue to work with partner organisations to ensure that the quality of information regarding baby friendly locations is of the highest quality and that it is routinely provided to parents by the Health Visiting Team.

I am sure that the service managers would welcome the opportunity to discuss the recommendations with you. I note that the report was circulated to the Health Visiting Manager, please contact her directly to arrange.

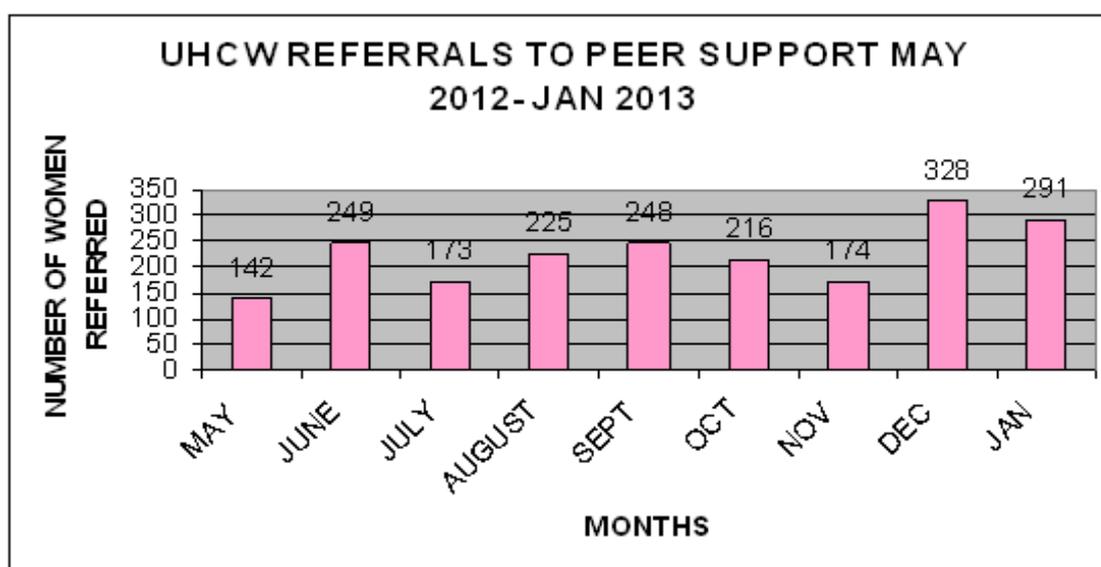
I would like to express my thanks to Coventry LINKs for the work that they have undertaken to prepare the report and look forward to continuing to work in partnership in the future.

David Allcock
Interim Chief Executive

2 University Hospital Coventry and Warwickshire

Please find below the Trust response to the LINK report and recommendations around breast feeding support.

- 1) Commissioners action.
- 2) 85% staff have been UNICEF trained in the maternity unit. There are two dedicated infant feeding co-ordinators in post which equates to 1 Whole Time Equivalent midwife. There is no extra resource to staff a dedicated person 24 hours per day seven days each week for infant feeding alone. However the ward managers have identified a UNICEF trained support worker on each shift on the off duty rota including evenings and night duty to ensure that consistent breast feeding support is available.
- 3) There is a process in place to identify that women who are breast feeding have been referred to the community support breast feeding services. The graph below demonstrates the number of referrals since may 2012. The infant feeding co-ordinators continue to monitor referrals as well as supporting staff to make referrals to the peer support team.



- 4) Commissioners action
- 5) UHCW NHS Trust continues with a rolling programme of UNICEF training for all staff to include midwives and HCA's. In terms of the KPI the definition of breast feeding initiation includes stillbirths and babies who have been admitted to the neonatal unit directly from birth but are unable to breast feed due to severe prematurity or the nature of an illness. Once these babies are removed from the total, the target is achieved. In July 2012 the maternity services out sourced the provision of parent education to a group of midwife educationalists, the programme has been quality assured to ensure that consistency of breast feeding information is given and is based on UNICEF principles. This information is then continued in the service. The infant

feeding co-coordinators continue to monitor, challenge and update any inconsistent advice given.

- 6) Commissioners action
- 7) There is a meeting pending regarding Tongue Tie on 27th February 2013. Commissioners will need to work with the contracting department to support funding for this service.
- 8) Commissioners action
- 9) Commissioners action

Process for referral to Peer Support Team

All breastfeeding mothers resident to being discharged to a Coventry address are referred.

Either

1. The midwife at the point of discharge, upon placing the evolution discharge summary in the community midwife referral folder, will enter the name, hospital number and current contact phone number of the mother in the designated blue referral book.

Alternatively

2. The night maternity support worker prior to delivering the community midwives folder to their office each morning will complete the required referral information into the blue book

On a Mon-Fri basis these are telephoned through to the support team, ideally first thing each morning to facilitate early contact from the peer supporters with the mothers.

As an addition, means to ensure all Coventry mothers received a referral, the evolution copies are manually viewed by the infant feeding co-ordinators to limit failures of communication by either of the above methods 1 & 2.

Over the weekend the numbers are recorded in the same manner and phoned through to the peer support team at the start of their working hours on a Monday morning.

In addition the peer support team attended the postnatal ward two days each week and will often meet and engage with the mothers prior discharge while providing support / informing them of peer support service.

Carmel McCalmont

**Associate Director of Nursing Women and Children/Safeguarding
Head of Midwifery
Women and Children's**

3 Public Health

Thank you for your comprehensive and timely Coventry LINK Report and recommendations regarding the work in relation to breastfeeding in Coventry.

The report has been discussed, particularly with the Infant Feeding Team in Coventry as well as with other services whose aim is to increase breastfeeding rates in Coventry. We are pleased to say that the majority of recommendations are currently being implemented.

Following on from this we will endeavour to continue to strengthen and improve progress and services to support women in Coventry to breastfeed for as long as possible. In addition, the Infant Feeding Team will continue until at least 2014.

I have two suggestions for next steps:

- 1) In April there is a Children's Joint Commissioning Board and this forum would be an ideal opportunity to share and discuss the findings of this report. The contact is: James Lawrence, Programme and Projects Manager, Children, Learning and Young People Directorate, Coventry City Council, Tel: 024 7683 4337.
- 2) I would welcome an informal meeting with myself to discuss the report and therefore to arrange this, please contact my PA, Anne Winter, Tel: 02476 832382.

If you have any further questions or queries, please do not hesitate to contact me and I look forward to meeting you.

John Forde
Consultant in Public Health