

<b>Institution:</b> University of Central Lancashire		
<b>Unit of Assessment:</b> UoA 3 Allied Health Professions, Dentistry, Nursing and Pharmacy		
<b>Title of case study:</b> <u><i>Influencing Change in UNICEF's Baby Friendly Hospital Initiative in the UK and World-wide</i></u>		
<b>Period when the underpinning research was undertaken:</b> 2010-2019		
<b>Details of staff conducting the underpinning research from the submitting unit:</b>		
<b>Name(s):</b>	<b>Role(s) (e.g. job title):</b>	<b>Period employed by submitting HEI:</b>
Fiona Dykes	Professor of Maternal and Infant Health	1992 - 2020
Victoria Hall Moran	Reader in Maternal and Child Nutrition	1998 – present
Gill Thomson	Professor in Perinatal Health	2008 - present
Nicola Crossland	Research Associate	2010 – present
Anna Byrom	Senior Lecturer – Midwifery	2010 – present
Renée Flacking	Research Fellow	2012-2013
<b>Period when the claimed impact occurred:</b> 2013-2019		
<b>Is this case study continued from a case study submitted in 2014?</b> No		
<b>1. Summary of the impact</b> (indicative maximum 100 words)		
<p>The research conducted by the Maternal and Infant Nutrition and Nurture Group (MAINN) has created UK and worldwide impact through their influence on the WHO/UNICEF Baby Friendly Hospital Initiative (BFHI), the global initiative to optimise infant feeding practices. The research has been highly influential, ensuring that UNICEF's embrace of bonding and relationship development between parent and infant is at the centre of infant feeding care. The group's research is extensively cited in the UNICEF UK's supporting evidence publication, leading to changes in the standards of the UNICEF UK Baby Friendly Initiative, staff education, university education, assessment processes and associated resources. This paradigm shift towards relationships is now being replicated in over 150 countries, delivering positive impact on breastfeeding rates and contributing toward an associated impact in nine Sustainable Development Goals.</p>		
<b>2. Underpinning research</b> (indicative maximum 500 words)		
<p>Professor Dykes and colleagues in the Maternal and Infant Nutrition and Nurture Group (MAINN) have been publishing in protection and support of breastfeeding since 1995. This has included researching and critiquing the challenges to implementing the Global WHO/UNICEF Baby Friendly Hospital Initiative. The work detailed builds on the group's previous impact case study but presents new research that is creating fresh impacts. The Baby Friendly Hospital Initiative was launched in 1991 and comprises an accreditation process involving the achievement of key standards, the introduction of policies, auditable clinical practices and associated staff education. In its early form, the Initiative focused upon removal and reversal of hospital practices that were unhelpful to breastfeeding mothers and their infants.</p> <p>In the current REF window, the most significant impact by the University of Central Lancashire team has been on the UNICEF UK Baby Friendly Initiative (BFI). In the UK UNICEF have developed accreditation processes for the initiative for hospitals, communities, neonatal units, and undergraduate midwifery and health visiting University courses. The narrative below outlines this portfolio of research, referencing the six most influential underpinning pieces of work, all of which are published in peer-reviewed journals and highly cited within the disciplines represented by the staff in the unit.</p>		

Dykes and Flacking's 2010 paper [1] drew on their seminal work in maternity and neonatal services. They argue that relationships should become central to breastfeeding at an organisational, family and staff-parent level thus shifting the focus from breastfeeding as a mechanistic and productive process, concerned primarily with nutrition, to a relational one. The mechanistic approach, which developed last century alongside the medicalisation of birth, has contributed to perceived breast milk insufficiency, the major cause of women discontinuing breastfeeding. Shifting the emphasis to relationships rather than milk production reduces pressure on women and facilitates maternal-infant physical and emotional closeness [1].

Dykes was a key author on a meta-synthesis of women's perceptions and experiences of breastfeeding support. The review findings emphasise the importance of person-centred communication and relationships in breastfeeding support. Using 31 studies the synthesis results proposed that support for breastfeeding was a spectrum, with empathic presence at one end, perceived as effective, and disconnected encounters at the other, perceived as ineffective or even discouraging and counterproductive. The findings emphasise the importance of person-centred communication and relationships in breastfeeding support [2].

Dykes co-authored a systematic review of the evidence of structured, compared with non-structured, breastfeeding programmes in maternity care settings on breastfeeding initiation and duration rates [3]. The review concluded that a structured program, such as the Baby Friendly Hospital Initiative, was beneficial, contributing to a longer duration of breastfeeding and should be implemented globally.

A review paper was authored by Dykes, Thomson, Hall Moran and Flacking in collaboration with an interdisciplinary European neonatal network, *Separation and Closeness Experiences in the Neonatal Environment* (SCENE) [4]. This paper provides neuroscientific and health science evidence for the importance of facilitating close relationships between parents and infants in neonatal intensive care units.

Thomson and Dykes conducted NHS funded evaluation projects of Baby Friendly Initiative implementation [5,6], concluding that when it is implemented using a predominantly top-down hierarchical approach, there is a lack of staff engagement and the development of institutionalised practices. The exclusive focus on breastfeeding can marginalise mothers who don't want to, or can't, breastfeed. However, when a 'hearts-and-minds' approach is utilised with grass roots involvement, with relationships being central, it becomes more acceptable to both staff and the mother-baby dyad.

### 3. References to the research (indicative maximum of six references)

1. **Dykes F, Flacking R** (2010) Encouraging breastfeeding: a relational perspective. *Early Human Development*. 86, 733-736 DOI: 10.1016/j.earlhumdev.2010.08.004
2. Schmied V, Beake S, Sheehan A, McCourt C, **Dykes, F.** (2011), Women's Perceptions and Experiences of Breastfeeding Support: A Metasynthesis. *Birth*, 38: 49-60. DOI: 10.1111/j.1523-536X.2010.00446.x
3. Beake S, Pellowe C, **Dykes F**, Schmied V, Bick D (2012), A systematic review of structured compared with non-structured breastfeeding programmes to support the initiation and duration of exclusive and any breastfeeding in acute and primary health care settings. *Maternal & Child Nutrition*, 8: 141-161. DOI: 10.1111/j.1740-8709.2011.00381.x
4. **Flacking R**, Lehtonen L, **Thomson G**, Axelin A, Ahlqvist S, **Hall Moran V**, Ewald U, **Dykes F** (2012) Closeness and separation in neonatal intensive care *Acta Paediatrica* 101, 1032–1037. DOI: 10.1111/j.1651-2227.2012.02787.x
5. **Thomson G, Dykes F** (2011) Women's Sense of Coherence of Infant Feeding. *Maternal and Child Nutrition* 7, 160-174. DOI: 10.1111/j.1740-8709.2010.00251.x
6. **Thomson G**, Bilson A, **Dykes F** (2012) Implementing the WHO/UNICEF Baby Friendly Initiative in the community: a 'hearts and minds' approach. *Midwifery* 28, 258–264. DOI: 10.1016/j.midw.2011.03.003

**4. Details of the impact** (indicative maximum 750 words)

Following an update of the evidence, UNICEF has extensively revised the Baby Friendly Initiative with fifteen publications by staff led by Professor Dykes cited as 'important' key supporting evidence. [A]

**Changing Cultural Values in Maternity Care by Challenging Conventional Wisdom**

The group's research has contributed to a paradigm shift and subsequent reconfiguration of the Baby Friendly Initiative. This transformational change in cultural values involves cessation of the previous exclusive focus upon promotion and support of breastfeeding to one that centres on parent-infant relationships and the grass-roots involvement of staff and parents. The shift is underpinned by the group's research which challenged the conventional wisdom and stimulated debate. It highlighted three factors. First, the importance of positive and reciprocal social interactions between mother and infant known to stimulate infant neural pathways and so develop the brain. Second, how person-centred communication was most suitable to optimise infant feeding practices and improve maternal mental health. Third, the need to engage service-users and staff in a participatory and collaborative approach to implement the Baby Friendly Initiative.

Fifteen of MAINN's publications are cited extensively in the 174-page document *Evidence and Rationale for the UNICEF UK Baby Friendly Initiative: a resource for practitioners*, published 12<sup>th</sup> September 2013 [A]. Dykes' contribution to the resource is acknowledged, **'We extend a special thanks to Fiona Dykes, Professor of Maternal and Infant Health, Maternal and Infant Nutrition and Nurture Unit (MAINN), UCLAN, for her significant contribution to the development of this book'** (p.12). She is referenced throughout, and in one key instance UNICEF has chosen to emphasise her words regarding the need to enhance cultural understanding in order to change practices: **'Without this socio-cultural knowledge any interventions may fail due to contradictory cultural beliefs and or/constraints upon families in taking up or implementing designated changes.'** [A] This document drew extensively on the work of Dykes and MAINN and **"underpinned changes to the UNICEF UK Baby Friendly Initiative standards, curricula, implementation guidance and assessment process."** [K]

**Transforming Practice**

Since the *Evidence and Rationale* document went online in September 2013, it has influenced substantial changes to the standards of maternity care, staff education, education standards in universities, health care assessment and accreditation processes and associated resources [A]. This, in turn, has contributed towards improved professional performance described by the WHO Guidelines (p. 11) as **'often transformative, changing the whole environment around infant feeding'**, and where, **'becoming designated (as a Baby Friendly Hospital) has been a key motivating factor for facilities to transform their practices.'** The results are that **'care in these facilities became more patient centred; staff attitudes about infant feeding improved; and skill levels dramatically increased.'** [H]

The 2019, UNICEF UK document *Theory of Change* [B] is underpinned by the *Evidence and Rationale* publication [A] and associated MAINN research. Breastfeeding has a significant positive impact on both child development and public health, offering protection against childhood illnesses and protecting mothers from breast and ovarian cancers [B]. However, the decision to breastfeed and the confidence mothers have in their parenting decisions can be undermined when practitioners lack sufficient knowledge and offer conflicting information leading to mothers choosing not to breastfeed or stopping earlier than intended. Directly citing [3] the *Theory of Change* recommends that Institutions should **'...provide training, develop better policies and enhance skills across all practitioners, not just a handful of specialists.'**[B] In the long term these changes are shown to have long lasting economic benefits as Baby Friendly Initiative institutions develop and maintain staff skills through training and better policies. The *Theory of Change* emphasises the importance of

supporting and protecting breastfeeding, safer feeding and nutrition, a culture of supporting close and loving relationships and creating a skilled, supportive workforce [B]. Research cited by UNICEF UK found that Baby-Friendly Hospital designation had “...a **sustained impact on continued breastfeeding.**” [C2].

### **Size of Impact on Health and Well-Being and Professional Practice in the UK**

By 15<sup>th</sup> December 2020, 93% of maternity services and 90% of health visiting services engaged in implementation of the Baby Friendly Initiative. Full Baby Friendly Initiative accreditation is held in 60% of maternity and 73% of health visiting services. All births in Scotland and Northern Ireland, 86% in Wales and 53% in England are currently taking place in full Baby Friendly Initiative accredited hospitals. Full, independent accreditation has also been achieved by 21 children’s centres and 15 neonatal units [C1]. Approximately 500,000 births took place in these maternity units in the UK in 2019.

In UK Universities, 72% of midwifery education programmes and 28% of health visiting programmes are engaged with the Baby Friendly Initiative university award program with 44% of undergraduate midwifery courses and 17% of health visiting courses holding Baby Friendly Initiative University status [C1]. In this seven-year REF period, approximately 10,500 students have been impacted - around 1,500 per year. This training is augmented by three, separate two-day breastfeeding and relationship building courses supplied through the UNICEF Baby Friendly Initiative webpages: The Breastfeeding and Relationship Building Course. There is one course each for health professionals, for University Lecturers and for Children’s Centre Staff. The course for health professionals, updating participants on the new guidelines, was described by one participant as an, ‘**Excellent course with lots of knowledge gained.**’[C3]

Staff value the revised Baby Friendly Initiative standards with its relationship-based emphasis and service users feel that this approach is highly supportive to parenting [D]. In 2019, the new NHS Long Term Plan [E, point 3.18] recommended Baby Friendly Initiative accreditation across all maternity services and includes a focus on improved support for families with infants in neonatal care. The plan highlights the importance of Baby Friendly Initiative maternity accreditation in supporting breastfeeding rates, stating that: ‘**All maternity services that do not deliver an accredited, evidence-based infant feeding programme, such as the UNICEF Baby Friendly Initiative, will begin the accreditation process in 2019/20.**’

### **International Impact and Reach**

Over 150 countries are engaged in Baby Friendly Hospital Initiative implementation with clear evidence available of the positive impact on breastfeeding rates [F]. Implementation of the Baby Friendly Hospital Initiative practices contribute towards UN Sustainable Development Goals (UN SDG) on reducing hunger, health and wellbeing and gender equality in addition to economic and sustainability (UN SDGs 2, 3, 4, 5, 8, 10, 12, 13). Four papers by Dykes *et al* and one by Hall Moran *et al* are cited in the WHO collation of evidence for the Baby Friendly Hospital Initiative [G], which underpins an extensively revised Implementation Guide [H]. Dykes was invited by Perez-Escamilla (Yale), co-editor of *Maternal and Child Nutrition*, to lead a commentary [I].

Dykes was invited, in 2015, on to the Task Advisory Group on the *Becoming Breastfeeding Friendly: Global Scale up (BBF)* project at Yale University, USA. Her input is acknowledged on the Yale *BBF* web site. In 2019, Dykes was appointed to the UK and Public Health England *BBF* benchmarking groups. Thomson was an invited member of an independent panel to review infant feeding options for the Welsh Government in 2019. The recommendations have received approval from the Welsh and Scottish governments and approval is pending in England. One publication [J] based on research cited above [5,6], led to Thomson’s involvement in the Public Health England media campaign on breastfeeding in public in 2015, which involved 17 radio interviews and a TV appearance.



**5. Sources to corroborate the impact** (indicative maximum of 10 references)

- A) Entwistle F (2013) *Evidence and rationale for the UNICEF UK Baby Friendly Initiative: a resource for practitioners*. London: UNICEF UK. - Published 12th Sept. 2013. URL: [https://www.unicef.org.uk/wp-content/uploads/sites/2/2013/09/baby\\_friendly\\_evidence\\_rationale.pdf](https://www.unicef.org.uk/wp-content/uploads/sites/2/2013/09/baby_friendly_evidence_rationale.pdf) (Accessed: 25<sup>th</sup> January 2021)
- B) UNICEF UK (2019) *UNICEF UK Baby Friendly Initiative Theory of Change*. London: UNICEF UK. URL: <https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2019/04/Baby-Friendly-Initiative-Theory-of-Change.pdf> (Accessed: 25<sup>th</sup> January 2021)
- C) Baby Friendly Initiative Website  
 C1) Accreditation Statistics and Awards Table. <https://www.unicef.org.uk/babyfriendly/about/accreditation-statistics-and-awards-table/> (Accessed: 25<sup>th</sup> January 2021)  
 C2) Research on the impact of the baby friendly initiative <https://www.unicef.org.uk/babyfriendly/news-and-research/baby-friendly-research/research-on-the-impact-of-the-baby-friendly-initiative/> (Accessed: 25<sup>th</sup> January 2021)  
 C3) UNICEF Baby Friendly Hospital Initiative Breastfeeding and Relationship Building courses: <https://www.unicef.org.uk/babyfriendly/training/courses/breastfeeding-and-relationship-building/> (Accessed: 25<sup>th</sup> January 2021)
- D) Byrom A, Thomson G, Dooris M, Dykes F (2021) UNICEF UK Baby Friendly Initiative: Providing, receiving and leading infant feeding care in a hospital maternity setting—A critical ethnography. *Maternal and Child Nutrition*. e13114 DOI: 10.1111/mcn.13114
- E) NHS (2019) *NHS Long Term Plan*. London: NHS. URL: <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/> (Accessed: 25<sup>th</sup> January 2021)
- F) Pérez-Escamilla R, Martínez JL, Segura-Pérez S (2016) Impact of the Baby-Friendly Hospital Initiative on breastfeeding and child health outcomes: A systematic review. *Maternal and Child Nutrition*, 12(3), 402–417. DOI: 10.1111/mcn.12294
- G) WHO (2017) *Guideline: Protecting, Promoting and supporting breastfeeding in facilities providing newborn services*. Geneva: WHO. URL: <https://www.who.int/nutrition/publications/guidelines/breastfeeding-facilities-maternity-newborn/en/> (Accessed: 25<sup>th</sup> January 2021)
- H) UNICEF & WHO (2018) *Implementation Guide. Protecting, promoting and supporting Breastfeeding in facilities providing maternity and newborn services: the revised Baby Friendly Hospital Initiative*. Geneva: UNICEF and WHO. URL: <https://www.who.int/nutrition/publications/infantfeeding/bfhi-implementation-2018.pdf> (Accessed: 25<sup>th</sup> January 2021)
- I) Aryeetey R, Dykes F, (2018) Global implications of the new WHO and UNICEF Implementation Guidance on the revised Baby Friendly Hospital Initiative. *Maternal and Child Nutrition* 14, 1-4. DOI: 10.1111/mcn.12637
- J) Thomson G, Eschbrich-Burton K, Flacking R (2015) Shame if you do, Shame if you don't: Women's experiences of infant feeding. *Maternal and Child Nutrition* 11, 33-46. DOI: 10.1111/mcn.12148
- K) Testimonial from Francesca Entwistle, Policy and Advocacy Lead to the Unicef UK Baby Friendly Initiative