What supports mothers of very preterm babies to start and continue breastmilk feeding and breastfeeding in neonatal units?

Research summary for staff in neonatal units

What's the issue?

Receiving breast milk and breastfeeding significantly improve outcomes for 'very preterm' babies (born before 32 weeks), but there are **wide disparities between neonatal units** in England in rates of breast milk feeding. These babies are unable to feed directly from the breast at birth, so mothers need to be supported to:

- begin expressing breast milk for tube feeding as soon as possible after birth
- continue expressing 6-8 times a day until the baby is able to feed from the breast
- change from tube feeding to direct breastfeeding when the baby is developmentally ready

What was the research?

We interviewed 23 mothers of very preterm babies and 12 neonatal staff, recruited from four neonatal units in England. We asked participants about their experiences of receiving or giving support for expressing and breastfeeding. Two of the units had high rates of breast milk feeding when very preterm babies were discharged, and two units had low rates. The unit with the highest rate had a full time supernumerary infant feeding nurse on the staff. The unit with the lowest rate gave no protected time to infant feeding.

Key findings

1. **Units with higher rates of breast milk feeding** had:
    a. a dedicated supernumerary infant feeding support role
    b. a multi-disciplinary staff team who had been trained on supporting breast milk feeding and breastfeeding
    c. supportive leadership who championed breast milk feeding and breastfeeding as a collective responsibility
    d. a culture that valued parents as partners in care
2. **In units with lower rates of breast milk feeding,** less well-trained and busy staff delegated their responsibility to an under-resourced infant feeding lead. Support for mothers was uncoordinated and inconsistent, and there was no commitment to enabling mothers to transition to direct breastfeeding.
3. **External standards (UNICEF Baby Friendly Initiative neonatal standards) and reporting criteria (National Neonatal Audit Programme) were influential.** The unit with the highest rate of breast milk feeding was working towards full Baby Friendly Initiative accreditation.
4. There were **inconsistent policies between units** about feeding method and required weight gain before discharge from the neonatal unit.

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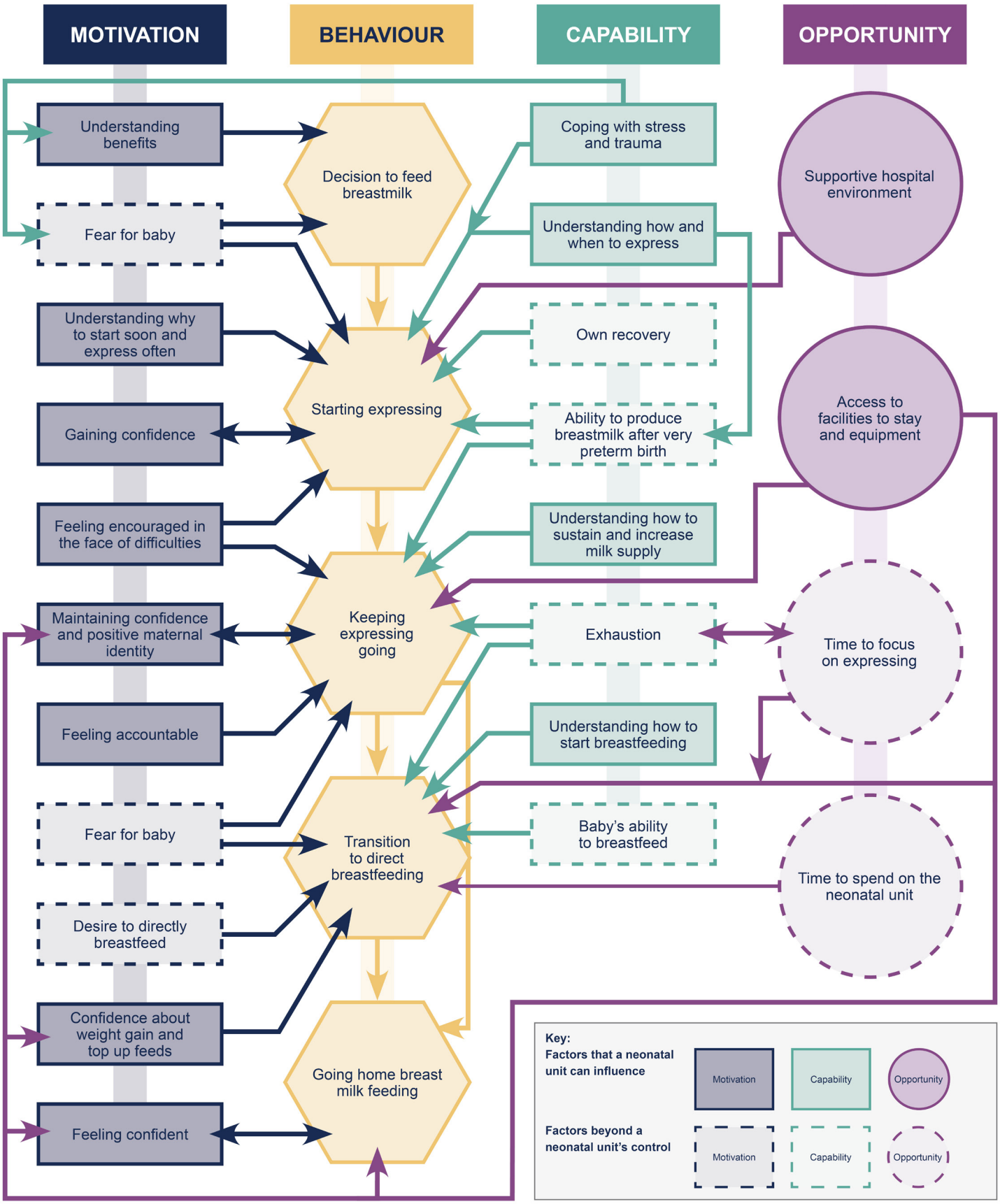
5. **Feeding challenges were made worse** by:
    a. lack of joined-up working between neonatal and postnatal staff
    b. missing the time-critical optimal window for starting to express breast milk
    c. comments from staff that undermined mothers' confidence
    d. inadequate facilities for mothers to stay with their babies
    e. lack of support to establish breastfeeding either on the unit or (following early discharge) at home
6. **Mothers of very preterm babies may find it difficult to ask for help. They need:**
    a. Consistent and timely information about feeding
    b. Personalised, proactive, affirming support with expressing and breastfeeding
    c. Understanding that very preterm birth can be a traumatic experience, affecting their responses
7. **Motivating mothers** to feed their babies breast milk, **without giving them skilled and timely advice and support,** can lead to guilt and distress.

Messages from mothers for neonatal staff

- It's hard to ask busy nurses for help with feeding. Personalised and skilled support from a baby feeding specialist makes all the difference. But specialists aren't always there when we need them so it's important that other staff also give consistent information.
- Information about feeding should be given out proactively to all mothers, rather than waiting for us to ask.
- Some staff make comments that take away our confidence in expressing or breastfeeding. They need to understand how traumatic it can be to give birth very early, and how frightening when the baby is in a neonatal unit. They should be kind and positive when talking about feeding.
- It's really upsetting when we want to express enough milk for the baby but just can't do it. Praise and encouragement are always helpful, but it's better to be praised for the effort that we've made, rather than the amount of milk produced. We value check-ins from staff which keep us feeling accountable and motivated.
- We sometimes get very focused on numbers and measurement in the neonatal unit – how many millilitres of milk a baby has had, or how much weight they have gained. We need support to build our confidence in breastfeeding where there's nothing to measure.
- It's demoralising when staff try to pressurise us to agree to bottlefeeding, or make us feel like we are failing if the baby's weight gain slows down when we start to breastfeed.
- Transferring to direct breastfeeding is hard if we are separated from our babies. We need to be able to stay at the neonatal unit or nearby.

Factors affecting breastmilk feeding for very preterm babies in neonatal units



Key quotations from staff working in neonatal units

Supernumerary infant feeding support lead

Her role is purely to support mums who are expressing, breastfeeding and bottle feeding…We've definitely seen an increase in mums who are expressing, but also who are expressing for a lot longer.

Importance of staff training

Staff give information based off their own experience or what they've seen, not necessarily with a mum who's got a baby that's born at 25 weeks.

Importance of supportive leadership

As an infant feeding group we've got a very supportive matron. So it's very much a team effort." (Staff)

Staff do not see parents as partners in care

Staff don't want mums on the unit at night. One of them even said to the mum, 'This is not a hotel, you can't come and go as you please.

Delegate responsibility to overstretched specialist

Everybody pushes the responsibility of supporting a mother to start expressing onto whoever else can do it. (Staff)

Importance of external standards and reporting criteria

We scored really high on all babies having breastmilk, but in terms of babies actually being breastfed, we didn't do that well. I think because it's not something that's measured, there's no funding attached to that, people are maybe not as committed to making it work.

Lack of joined-up work between postnatal ward and neonatal unit/ missing the time critical window to start expressing

There is quite a lot of resistance from the midwives, quite often the parents aren't shown how to express or encouraged to express on the wards … The midwives are very much, 'The women's their job, once the baby's born it's not their problem.

Key quotations from mothers of very preterm babies

Confidence lost through staff comments

That day I had expressed 30ml and that was the biggest I ever had that early on, and I remember feeling so happy and I took it in … The nurse said, 'Oh, is that all you've got from one expression? 'You're not really trying though, are you?' I remember just wanting to cry…. it really hurt me because I felt I had done so well.

Difficult to ask for help

I maybe should have asked for help with breastfeeding, but when I can see that they're working under pressure, I didn't want to be that nuisance mum.

Need personalised, proactive, affirming support

I never really did get much milk … The staff never doubted me, they never put me down, they always encouraged regardless of whether I got 1ml, 10ml, 100ml, 1000ml. They were always like, 'What you've got is great, that's going to help your baby… you're doing as much as you can.' They were the most important words I could have needed at that time.

Mothers need consistent, timely information

You could ask one nurse about one thing, and they can give you an answer, and ask another nurse the same question and they give you an inconsistent answer… So I Google everything. The Holy Grail, Google.

Need understanding of trauma responses

I'm just thinking, 'Okay we made it, we're alive.' At that point somebody said, 'Are you planning on breastfeeding?' And they didn't acknowledge the trauma. I nearly died. I needed some kind of acknowledgement, not just slip into the normal flow of things. It didn't feel normal, it felt very, very artificial and very, very scary.

Breastfeeding undermined by separation of mothers and babies

Part of the discharge criteria, they say the baby has to be bottle fed for 48 hours… If you really wanted to breastfeed then it's quite impossible to do because you can't stay over. Well, you can stay in 24 hours if you sit on a chair.

Further information

You can read the published research here:

Article about staff experiences pmc.ncbi.nlm.nih.gov/articles/PMC11673894/

Article about mothers' experiences pmc.ncbi.nlm.nih.gov/articles/PMC11542208/

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