Policy implications based on this research

Supporting breast milk feeding for very preterm babies in neonatal units to improve outcomes

Jenny McLeish, Annie Aloysius, Chris Gale, Maria Quigley, Jennifer J Kurinczuk, Fiona Alderdice
NIHR Policy Research Unit in Maternal and Neonatal Health and Care, National Perinatal Epidemiology Unit, University of Oxford

FUNDED BY NIHR | National Institute for Health and Care Research

Policy implications

1. Each neonatal unit should have an **infant feeding support role** with protected time; national guidance should specify the appropriate staffing level.
2. **All staff on neonatal units need to have up-to-date knowledge and skills** to support mothers expertly and empathetically with expressing milk and breastfeeding their very preterm babies.
3. The design of future neonatal units should **enable parents to stay with their babies** as much as possible.
4. **Joint working between postnatal wards and neonatal units** should be encouraged.
5. **Discharge policies and post-discharge support should be evaluated,** to determine the most effective way to support mothers to transition to direct breastfeeding and to sustain breastfeeding or breast milk feeding in the community.
6. The **National Neonatal Audit Programme** could report on rates of direct breastfeeding at discharge from the neonatal unit.

Key research 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.
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

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.

Direct breastfeeding has benefits for mother and baby and it is more likely than expressing to be sustained long term.

How did we do the research?

We interviewed 12 health professionals and 23 mothers of very preterm babies, from 4 neonatal units in England. Two units had high rates of breast milk feeding at discharge and two had low rates. The unit with the highest rate had an infant feeding support role for 5 days/week; the unit with the lowest rate gave no protected time for staff to support infant feeding.

Interviews were analysed thematically to understand mothers' needs and staff experiences of giving support with breast milk feeding and breastfeeding, and to compare units with high or low rates of breast milk feeding for very preterm babies.

Key quotations from staff working in neonatal units and mothers of very preterm babies

Supernumerary infant feeding support role

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. (Staff)

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. (Staff)

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. (Staff)

Delegation of responsibility to overstretched specialist

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

Lack of support for direct breastfeeding

None of the nurses asked me about do I want to breastfeed. I feel like maybe they think all mums are there to basically feed their babies in a bottle and get them home. (Mother)

Importance of external standards and reporting criteria

We scored really high on all babies having breast milk, 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." (Staff)

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. (Staff)

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 … 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. (Mother)

Breastfeeding undermined by separation of mothers and babies / discharge criteria

Part of the discharge criteria, they say the baby has to be bottlefed 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. (Mother)

It is 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. (Mother)

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. (Mother)

Mothers 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. (Mother)

Mother 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. (Mother)

Further information

McLeish J, Aloysius A, Gale C, Quigley M, Kurinczuk JJ, Alderdice F (2024). Differences between neonatal units with high and low rates of breast milk feeding for very preterm babies at discharge: a qualitative study of staff experiences. BMC Pregnancy Childbirth. 2024 Dec 26;24(1):863.

McLeish J, Aloysius A, Gale C, Quigley MA, Kurinczuk JJ, Alderdice F (2024). What supports mothers of very preterm babies to start and continue breast milk feeding in neonatal units? A qualitative COM-B analysis of mothers' experiences. BMC Pregnancy Childbirth. 2024 Nov

This research is funded by the National Institute for Health Research (NIHR) Policy Research Programme, conducted through the Policy Research Unit in Maternal and Neonatal Health and Care, PR-PRU-1217-21202. The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.

NIHR | Policy Research Unit Maternal and neonatal health and care