



Case Study:

NHS Tayside Breastfeeding Initiative



Background:

Breastfeeding provides optimal nutrition for all infants for the first 6 months after birth and offers long term health benefits for both mum and her baby. It can take up to four weeks to establish breastfeeding and this takes time and patience. It can be difficult and challenging in the early days unless there is help and support available.

Once feeding is established continuation of breastfeeding offers more challenges, in particular breastfeeding in public. Although there is a Scottish Law many women report they feel embarrassed about embarrassing public members in cafes and restaurants.

NHS Tayside has a Breastfeeding Strategy and Infant Feeding policy which promotes, protects and supports breastfeeding mothers. There are a number of key work programmes contributing to the support local mums receive.

Starting points:

Janet Dalzell, the Breastfeeding Co-ordinator in Tayside NHS, a midwife, was committed to working in ways which understood and responded to how mums experienced health care. In interviews with local mums in Tayside she had learned that women needed simple, practical help and support and that it was important to make time available to respond to these concerns.

Based upon evidence gathered from mums in 2007, Janet set up volunteer opportunities in conjunction opportunities

with the local Volunteer Centre in 2007 so that mums could provide volunteer help in the local Hospital's postnatal ward.

Kate Jones was one of the first volunteers on this programme to work in the postnatal ward area and had built up a good relationship with Janet.

Working together:

As part of the volunteer programme regular volunteer training courses were provided together with the maternity service Infant Feeding Advisor. Although local women participate and move onto new ventures there are always around 20 active mums providing this additional support in the postnatal ward. The content of the training ensures the mums are working to the same health professional Baby Friendly standards. All mums are recruited and supported according to the Investing in Volunteer standards, which include "Protecting Vulnerable Groups" screening, occupational health assessments and ongoing support.

Another volunteer who worked with the Council did an evaluation of the whole programme as part of her research project and ran focus groups to get mums' views, questionnaires to ask staff views and telephone interviews with mums who had help from a volunteer. She was helped to do the focus groups by Public Health staff who assisted in interpreting the data she gathered. As a result of her work some aspects of the training changed: e.g. volunteers are now "buddied up" with each other for additional support and training now takes place on Saturdays.

The programme has attracted local mums who have breastfed their own baby and want to help and give something back to their local community. There has also been a lot of interest from young women starting off towards a career in midwifery or nursing. In addition retired women and grannies have come forward to give help to new mums because they have a passion about wanting to help. The opportunity has also enabled volunteers to gain employment, increase confidence, gain new skills and knowledge and has created increased understanding of the diversity of local women.



Kate and family

friends where there were good places to breastfeed and she wrote the leaflet, using her brother in law's graphic design skills to help with its design and layout, and sent the draft to Janet for comment

Janet in turn shared this with NHS colleagues to check that they were comfortable with the information provided. Janet played key roles here in terms of being a link broker and also a "defender" of the language used which Kate had tried to keep in simple terms.

Once the leaflet was produced it was added to the health promotion library catalogue and midwives and health visitors can order a supply to be used with local mums. The leaflet has also been distributed at different roadshows and in various centres throughout Tayside.

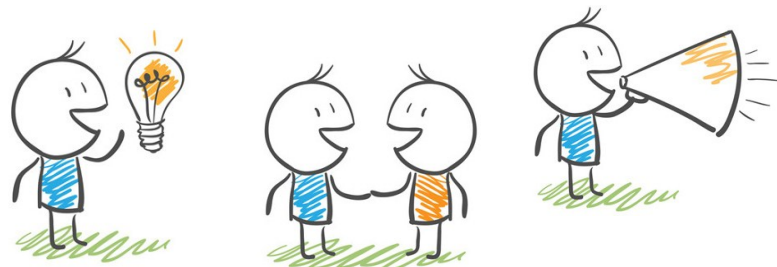
We also worked together with local mums to produce a short film with key messages about breastfeeding in public, published on the [Tayside Nutrition website](#).



Volunteers celebrating Investing in Volunteers reaccreditation, May 2014

Over the years other issues have been identified, Kate had found it difficult to find breastfeeding friendly places in Dundee and wanted to help other mums by doing some research to identify them and provide better information for them. She asked Janet if she could produce a leaflet for mums that provided this information alongside information about other support available to mums including hints and tips for breastfeeding in public.

Kate did the initial footwork to check with



Mum's the Word

A focus group that meets on the last Wednesday of the month at 6.30 pm at Dundee Maternity Unit. The group aims to provide support for mums and their families whilst accessing the maternity facilities in Tayside.



- Useful telephone numbers**
- National Breastfeeding Helpline
0300 100 0212
 - NCT Breastfeeding Helpline
0300 330 0771
 - La Leche League Helpline
0845 120 2918
 - Association of Breastfeeding Mothers
08444 122 949
 - The Breastfeeding Network and Supporterline
0300 100 0210

Handy Tips for Breastfeeding in Public

- Remember to use a loose fitting top or one that can button up so that you can discreetly lift your top up to feed. It can be quite handy to have a loose style cardigan to help hide your mummy tummy! (I know I have one that I still wish to hide!)
- Try to watch out for your baby's 'hungry' cues, so that you can feed him before he gets too distressed, which can make him slightly agitated in trying to feed.
- If you cannot find a private room, try to find a chair that faces away from the main space, to give yourself a bit more confidence in trying to position your baby without feeling your 'on show'!



**Breastfeeding
in Dundee City Centre**



Breastfeeding in Dundee City Centre



June 2012

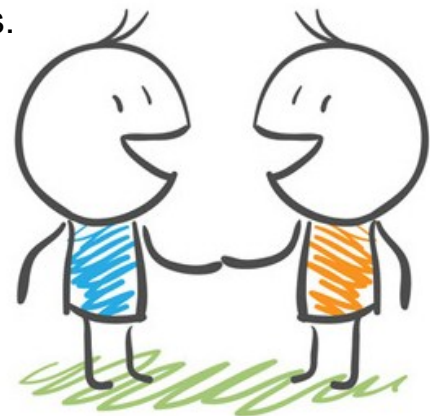
The film can be viewed by using the link under Working with local Mums. The film was broadcast at three roadshows across Tayside and questionnaires were used to collect mums' views about what might help to improve the support for breastfeeding in public. Another mum's experience can be accessed from the [Tayside Nutrition website](#) accessed under 'a local mum's experience at Perth roadshow'.

Another volunteer mum, Alexis, whilst working with mums in the postnatal ward came up with an idea to improve the day room in the postnatal ward. Up until late 2013 mums' experience of the room had not been great and no one either promoted or used it.

Alexis took the lead with this and set up a Facebook page to promote the project, in which she sought donations of local artists' paintings, children's seats and toys

and a "picture in words" whilst the NHS arranged for the painting of the room. Staff in the local ASDA store also did some fundraising to help with the project.

All volunteers come together every second month to meet up and share experiences and gain invaluable support. New information is shared, any issues or challenges are discussed and solutions agreed in partnership. Any overarching issues which would affect any volunteer are discussed at Tayside Volunteer Service Managers' Group which offers guidance and support to those supporting volunteers.





The project Facebook page

Challenges:

Language - a key challenge was to seek local health care staff's involvement and agreement to the production of the leaflet while sticking to the original language used by Kate.

Attitudes – initially local NHS staff were sceptical and in some respects judgemental about who would be able to contribute to the programme. There is now a greater degree of acceptance that people from all walks of life have something to offer and that staff should avoid having preconceived ideas.

Overcoming bureaucratic and organisational barriers - initially the ideas for the Day Room project were resisted because of perceived problems in dealing with various rules and regulations relating to the design, layout and use of NHS facilities.

Access to facilities – this was a challenge because although it suited the mums to do the training on Saturdays, the NHS facilities were not open then. They only opened after negotiation by Janet on the mum's behalf.

Competing ideas about breastfeeding practice

– sometimes the views of volunteer mums would differ from staff views about what would help individual mums deal better with the challenges involved in breastfeeding. However, feedback provided by Janet to ward staff based upon regular and systematic review meetings with volunteers helped to overcome staff resistance.

Perceived threat to jobs – some staff, for example Health Care Assistants, felt that their jobs might be threatened by bringing in volunteers. Over time however they have come to see the value of a complementary role played by volunteers.



The post natal day room

Outcomes:

The initiative has produced a number of different outcomes:

- The ward manager is now delighted with the way in which the day room is being used and more supportive of mums continuing to be involved.
- Volunteer contributions to patient hand held notes are now seen as an accepted part of recording patient experience in the postnatal ward.
- There is a systematic means of sharing information and feedback between the volunteers and ward staff.
- For Kate and other mums their confidence grew – not just in breastfeeding more successfully and helping other mums but feeling that their views were valued and that they were making a difference by their volunteer efforts.
- Mums' views generally are now listened to more by NHS staff and their views are taken more seriously. The position has gone from a view of “you'll never get anyone to do this” to one of accepting and valuing volunteer support.
- There are practical outcomes too – there is a leaflet providing information and helpful hints on breastfeeding friendly places; the day room is now much better and more appropriately furnished and used much more.

- And there is a legacy to share with other NHS colleagues – for example, the Diabetes service have adopted a similar approach to working with their service users; and the local wheelchair group are have taken an interest in looking at how they share their experiences in a similar fashion with health care staff.

Why is this co-production?

Assets

Janet recognised the potential contribution that Kate could make and responded in a positive fashion to Kate's offer to do some local research and write a leaflet for women that helped them identify breastfeeding friendly places in public. The way in which the project worked made a major contribution to improving breastfeeding support for women more generally. Important aspects included the volunteer training and supporting mums to contribute ideas and help. This enabled the mums involved to identify their own assets and those of others.

Capacity

At the heart of this project was the belief that “ordinary mums” could contribute to more effective forms of support for women that would encourage them to breastfeed and continue when they hit problems.



Mums proved that they had the capacity to undertake training, perform key support roles and make use of wider social connections to identify other resources. These resources were both within the wider community and in the health care setting. One new mum said: 'Just knowing they had been there too and they wanted to help me made me more determined. Just sitting with me till I got it was the bit that helped the most.'

Mutuality

The volunteer mums played key complementary roles alongside midwives and health care assistants in the post natal ward. This involved them in liaising with health care staff about where and how best they could provide support in the ward, giving personal support to individual mums with breastfeeding and contributing to the patient hand held notes and records. One of the Postnatal Ward Midwives said: 'It is great having volunteers to help support our new mums because they have time to spend, listen and encourage, and that makes all the difference for that mum at that time.'

Networks

Kate made great use of her immediate family networks (i.e. mother for ongoing support and brother in law with design of the leaflet) to help put her ideas into action. Thereafter she also made good use of wider community networks (e.g. local ASDA staff for fundraising), other volunteers (to contribute to the video), and wider evidence about what mattered

to mums in relation to breastfeeding support.

Shared role

This happened in a number of different ways. A key shared role was the direct support to mums in the postnatal ward, alongside that of the midwives and health care assistants. Another was the way in which systematic feedback and observations from mums in their training were shared with the Director of Nursing, the local Ward Manager and the wider Volunteer Services Managers group.

Catalysts

Janet's role was initially one of getting to understand the needs of mums who were breastfeeding and making sure that they received appropriate support. But in this project she played other key roles to encourage and help volunteer mums contribute to the improvement of their health care experience. This involved being an enabler/broker (liaising between mums and health care staff), an advocate, ensuring that mums' voices and ideas were valued and listened to and acting as a catalyst to encourage mums to take the lead (e.g. gathering research evidence, identifying wider supports for mums, taking forward the day room project).

Is the project current/when did it take place?

This project started in August 2007 and continues to this date. A key characteristic is continually listening and responding to the local mums who work to help local mums using the services



Are there any key areas of learning from this experience?

There are a number of general areas of learning from this experience:

- Providing a lead/leadership is really important – this can come from professional staff and also those who use services.
- Acceptance/openness of staff to service users' desires to become more involved is needed if the latter's experience and skills are to be best utilised.
- Key issue – staff have to want to make a difference.
- Staff need to understand people's experiences and use these to connect back to their own roles/activities.
- Professional staff – they have learning needs too; some will have fears about more patient/service user involvement and many will have to operate within various organisational constraints.
- Facilities and settings are just as important as the service provided if service users are to feel welcome and comfortable.
- Services users can also promote services and encourage others to make more/better use of them.
- Co-production/collaborative approaches must give service users a sense of feeling valued.
- Social media (Facebook, etc.) is another important way of communicating with service users and promoting services.

Further information:

This case study was produced by the Scottish Co-production Network, Scottish Community Development Centre, NHS Tayside and the ALLIANCE as part of the People Powered Health and Wellbeing programme.

The aim of the People Powered Health and Wellbeing programme is to ensure that people are able to influence their services and supports for their own health and wellbeing, and to contribute to the design, delivery and improvement of support and services (including through peer support.)

- pphw.alliance-scotland.org.uk
- www.coproductionscotland.org.uk

For further information on the Tayside Breastfeeding Initiative, contact:

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Dundee
DD3 8EA

Or phone:

- Tel: 01382 424036
- Mobile: 07766 160668

Janet will be happy to put you in touch with local mums participating in this programme to share their experiences.

