ATTUNE Study: Assessing The evidence and impacT of the UNICEF UK Baby Friendly InitiativE



Recording – please note:

- Recording session - reflect on feedback
- Our presentations will be made available
- We will edit out the Q&A sections



ATTUNE Feedback event



- Welcome
- Introduction to the ATTUNE Study – aims and activities
- Key areas – sharing our findings and hearing your thoughts
  - Antenatal education
  - Equity & inclusion
  - Including partner and family
  - Close and loving relationships
  - Neonatal care
  - Workforce education
  - Social and digital landscape
- Further insights - recommendations for the BFI programme – launch – **UNICEF 18th & 19th November**
- Interactive – working well, challenges, how to support….
- Summary
- Dissemination/Final thoughts

ATTUNE TEAM











Supported by Advisory and PPIE group (n= 7)











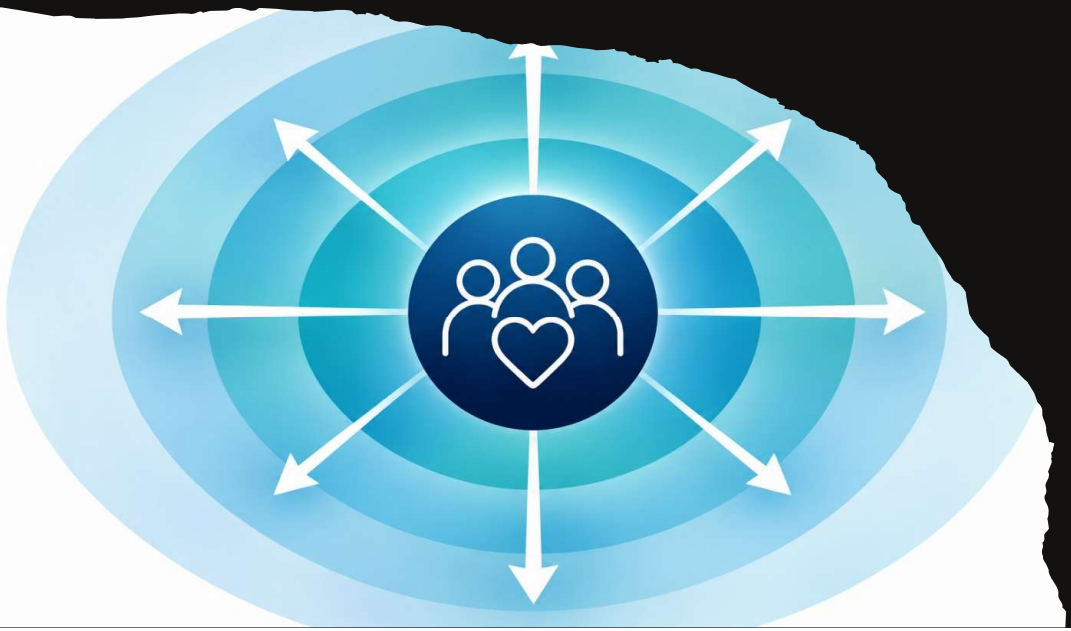


Aim & objectives

Aim: To evaluate the evidence for and impact of the UNICEF UK Baby Friendly Initiative.

1. To synthesise existing evidence that underpins the UNICEF UK BFI standards
2. To identify how UNICEF UK BFI standards are improving outcomes
3. To explore stakeholders' views and experiences of the UNICEF UK BFI.
4. To understand the challenges of implementing BFI in different settings.
5. To identify best practices, gaps, and recommendations within each of the standards.

Extending beyond BFI standards….



- Examining the evidence relating to BFI standards
- Exploring the contextual factors that influence implementation.
- Limitations
- Recommendations for research
- Policy ☺

- Implications for BFI, services, policy, quality improvement and research
- Relevance

Two key work phases



SERIES OF RAPID INTEGRATIVE EVIDENCE REVIEWS



IMPACT CASE STUDIES

Evidence reviews

Separate reviews for topics that underpin BFI standards

- Motivations and challenges of infant feeding
- Antenatal education
- Skin-to-skin contact
- Early/hospital-based & community infant feeding support
- Rooming-in
- Responsive feeding
- Bed-sharing
- Neonatal care
- Close and loving relationships
- Code implementation
- Workforce education



Limitations and boundaries

- Updated from 2012
- Wealth of literature (screened over 35K and included ~700)!!!!
- Pragmatic - comprehensive as possible – prioritise high-quality evidence
- Drew on available expertise
- High-income countries



Reflections on literature base



VAST!!!



GAPS IN WHO TARGETING



LACK OF METHODOLOGICALLY ROBUST STUDIES

Impact case studies

- ‘Explanatory case studies’
- Four sites – Gold BFI accreditation (maternity & community)
- Mothers: 35 interviews & 180 survey responses
  - Ages ranged from 19 to 39 years
  - 39% of participants IMD quintiles 1 or 2
  - Majority White
  - Diverse needs, circumstances and backgrounds
- 40 staff members



Antenatal education

Antenatal education

- Education alone is mixed
- Multiple contacts and integrated
- Underpinned by behaviour change
- Incorporating partner and family support



Theory-reality gap

- Breastfeeding portrayed as 'natural' and 'enjoyable' - unprepared for common difficulties.
- Unexpected challenges
- Realistic acknowledges difficulties without discouraging.

    - "Before you have the baby, it sounds like they sugar coat it a bit, like it's really good for bonding. It's really good for this. It's really good for that. And they have all these benefits. However, they should say it's going to be painful. It's going to be tiring."





Meeting individual needs....

- Interactive, realistic, practical, culturally responsive and connected.
- Parents appreciated use of demonstrations, resources and opportunities for discussion
  - “I came out of the class with all those worries lifted and felt so empowered.”
  - “She wasn't really interactive. She was more just telling us, and it wasn't in depth.”
- Staff recognised importance antenatal education but…..

Antenatal breastmilk expression



Potential benefits

- Improving breastfeeding self-efficacy and preparedness.
- Some evidence of improved breastfeeding outcomes - mixed.
- May help reduce early formula use - inconclusive.
- Generally considered safe from 36 weeks without contraindications

Challenges and concerns

- Discomfort, embarrassment, anxiety or disappointment
- Risk of reinforcing concerns about milk supply / inadequacy.
  - *'Suppose I really just felt like I wasn't doing it right, or my body wasn't ready'*
- Insufficient training or instruction – *'I was encouraged to harvest colostrum the night before, was given a leaflet but no further help'*
- Cultural beliefs and perceptions of colostrum - acceptability.
- Colostrum may be wasted or not used

AME

- Implications for practice
  - Provide realistic information
  - Ensure presented as an option
  - Offer practical demonstrations
  - Ensure staff are appropriately trained



Questions…

1. What is working well in antenatal education?
2. Where are the challenges?
3. How can services be better supported to strengthen antenatal education and preparation?
4. What is needed to support AME?



Equity, diversity and inclusion

- Families' experiences of pregnancy, birth, infant feeding and early parenting may differ depending on
  - their circumstances
  - identities
  - access to support

How does BFI influence support for families facing inequalities?

Equity, diversity and inclusion – experiences of discrimination

Evidence reviews report discriminatory experiences:

- Parents with mental illness, high BMI, autism, lower socioeconomic status, global majority parents

Some parents had distressing experiences

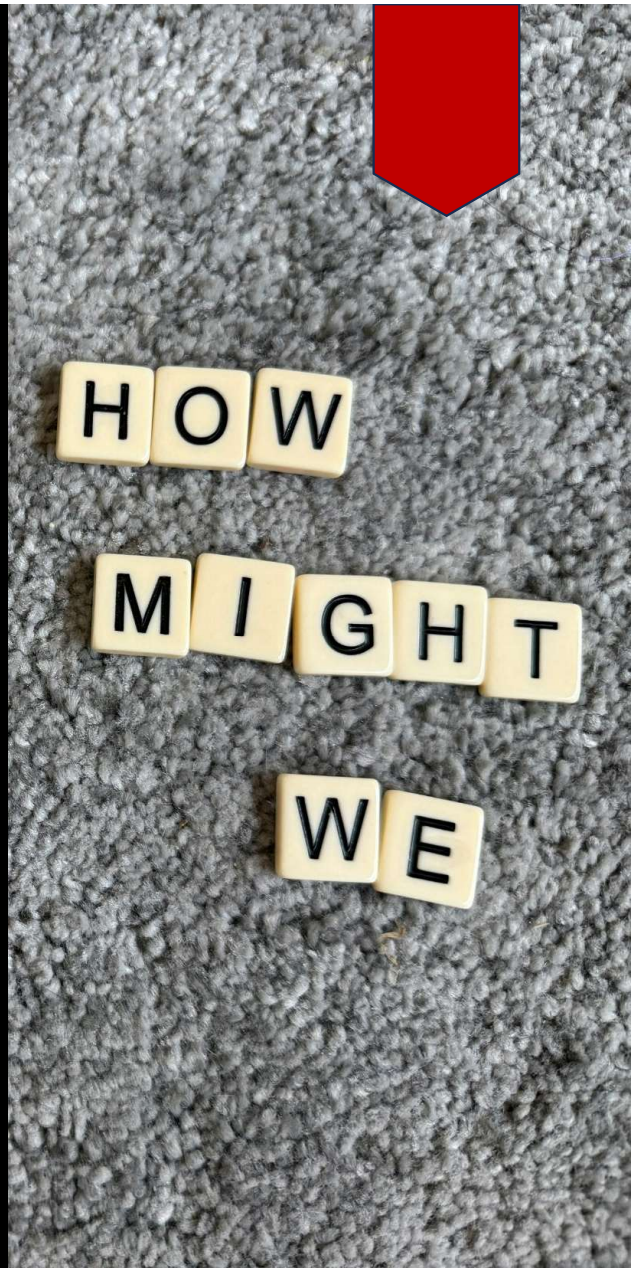
- “They wouldn't let me even store [expressed milk] in their fridge” (parent)



Equity, diversity and inclusion – support experiences

- Evidence highlighted need for tailored support for individual needs:
  - Accessible written and visual resources
  - Address discrimination
  - Women with high BMI may need tailored practical support

- Adapting information - “explaining to me two or three different ways at different points, or I'd forget it” (parent)
- Peer support in areas of deprivation – “they can see that, oh, this mum is from here” (staff)

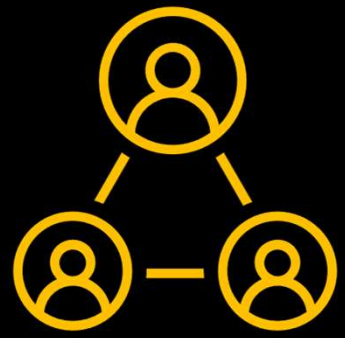


Equity, diversity and inclusion - culture

- Infant feeding decisions are shaped by cultural beliefs, traditions, family expectations and social norms.
- Case studies - ‘Culture’ and ‘society’
  - “exclusive breastfeeding …isn't necessarily relevant to their cultural environment” (staff)

- Some staff felt they needed more training around equity, diversity and inclusion
- Religious sensitivity – listening to feedback

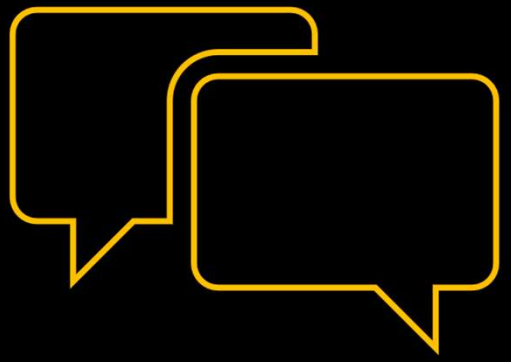
  “we’ve implemented hooks now and extra chairs” (staff)



Equity, diversity and inclusion – language barriers

- Literature shows limited English linked to lower awareness of where to seek support, reduced confidence approaching services, and lower uptake of support
- Interpretation can be a challenge:
  - “They were going off into their own dialect and the interpreter was like, I don't actually know what they're saying” (staff)
- Global majority staff asked to interpret…

  “all the time and I hate it” (staff)



Including partner and family



Including partner and family

- Literature highlights how partners and family members can strongly influence feeding decisions
- “Lots of our parents, they were like ‘oh you could do it [solid foods] at four months’. But actually, that's not the case anymore” (parent)
- Isolation and lack of family support can reduce mothers’ confidence
- Mothers described feeding discussions as a “three-way conversation” involving themselves and their partner
- “They talked with her because she can understand, it's just that she cannot respond” (parent)





Including partner and family

- Skin-to-skin contact
  - “somebody said to me, ‘is Dad doing skin-to-skin?’” (parent)
- Supporting family involvement
  - “It's nice for dads to do [bathing] because it's something that they can take the lead in” (parent)
- Siblings
  - “I try to get siblings involved as well. Which is going to say, you know, if they're reading a book at nighttime, read to the baby as well” (staff)

Questions

1. What is working well?
2. Where are the challenges?
3. How can services be better supported?

Including partners and families

Providing equitable care



Comfort break – 10 mins

Close & loving relationships



Relationship-building is an ongoing process

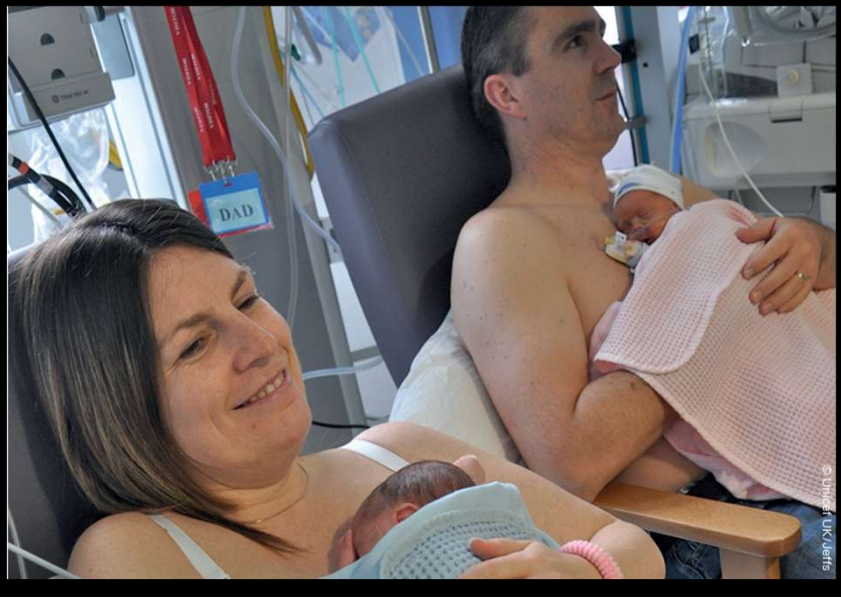
- Relationships are built through everyday interactions
- Responsive caregiving supports bonding regardless of feeding method
- Parental wellbeing influences bonding
- Bonding is not always immediate



- “For the first two weeks of my daughter being here I was really upset every single day and crying every single day because I felt like I wasn't getting a bond...I felt like we didn't have a bond because I was told that you get this bond from breastfeeding.” (mother)

Skin-to-skin contact promotes closeness & connection

- Skin-to-skin contact was highly valued by parents and staff.
  - "Immediately they put the baby on my chest … We were in skin-to-skin for two hours. It was a really, really nice moment, I was so emotional." (mother)
- Benefits extend to fathers and partners.
  - "Really powerful bonding tool for Dad as well." (HCP)
- Skin-to-skin contact can enhance parent-infant interaction in NICU.



Healthcare professionals play a key role in supporting relationships

- Staff viewed relationship-building as a core component of care.
  - “Close and loving is our bread and butter.” (HCP)
- Supportive healthcare professionals help parents develop confidence and connection with their baby.
- However, implementation of relationship-focused care was sometimes inconsistent, with SSC occasionally presented as the primary route to bonding.
  - “Most of it was just basically skin-to-skin and that's how you would make your bond.” (mother)



Care in the Neonatal Unit





Minimising parent-infant separation is a central goal

- Keeping parents and babies together matters
- Evidence for skin-to-skin contact (Kangaroo Care) is strong
  - *"it wasn't like it was 10 minutes here and there it was good, solid time together"* (mother)
- Family-friendly environments improve outcomes
- Neonatal care environments still present challenges
  - "I used to have a lot more time to do that [speak to maternity infant feeding lead]…but now I just whizz round if I've got a minute and I'll go around and ask her what's going on" (HCP)

Partners in care

- Parents should be partners, not visitors
- Neonatal units are increasingly embracing parent partnership
  - “parents can stay there 24/7 if they want.” (HCP)
- Fathers can feel excluded within neonatal settings
- Parents want clear and consistent communication



- “I think the support system that was there helped us. The nurses are supporting you and just checking in making sure you're OK and being compassionate” (mother)

Supporting feeding in the neonatal unit

- Feeding support needs to be proactive and individualised
  - “Being shown how to hand express for my baby while she was in NICU so that I could provide milk for her while away from her was very helpful and made me feel included in her care” (mother)

Donor milk

- May support breastfeeding & parental wellbeing
- Cultural considerations
- Mothers' experiences are often emotionally complex



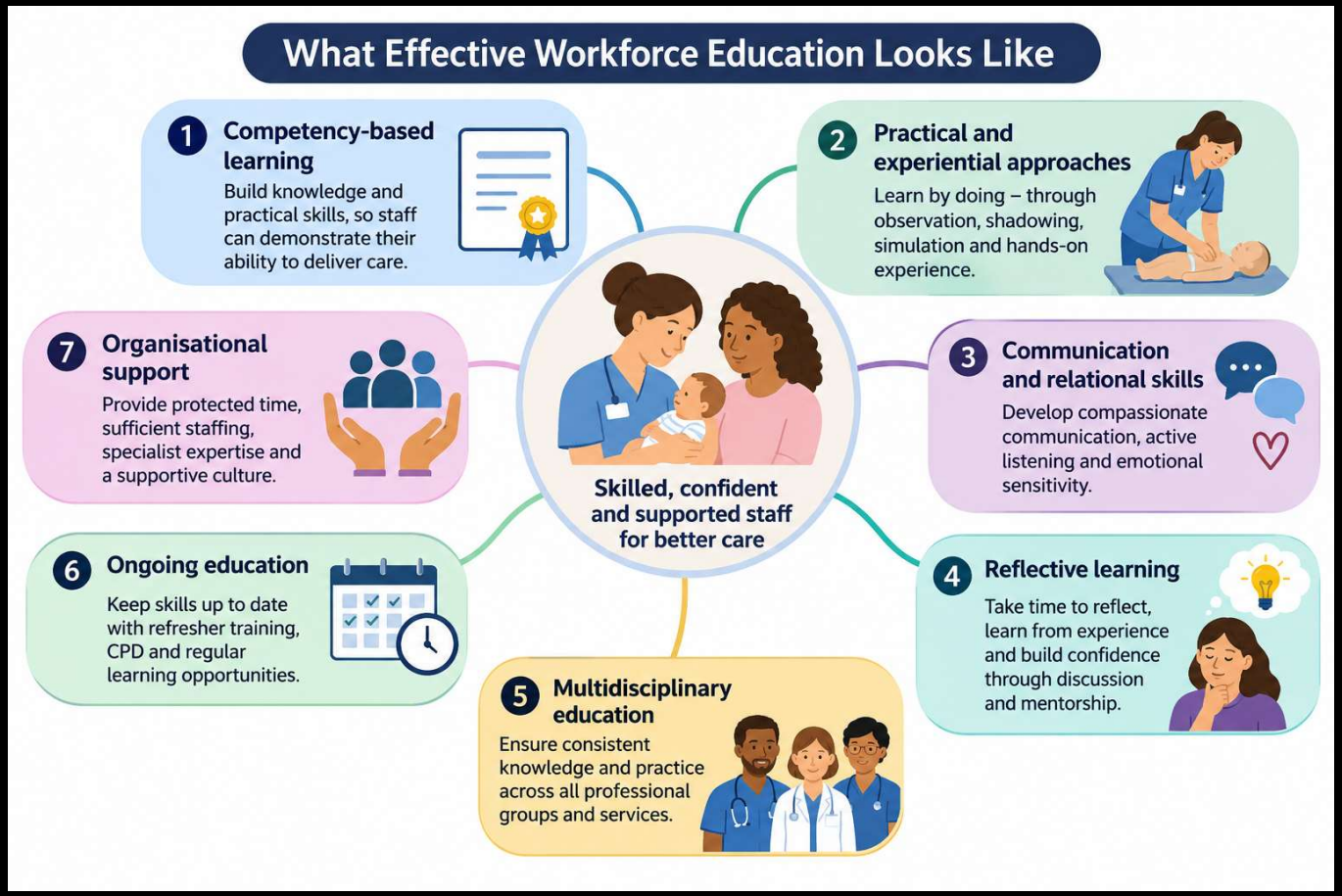
"I didn't feel like I failed because I thought, well, one person’s starting it for me and then I'm going to take over, and it felt great because I felt like such a relief to be able to have that option" (mother)

Questions

1. What is working well?
2. Where are the challenges?
3. How can services be better supported?

Close & loving relationships

Care in the neonatal unit



Workforce education

Limitations of existing research

- Training can improve staff knowledge and confidence in the short term.
- Limited evidence of its impact on practical competence or breastfeeding outcomes.
- Research often focuses on individual professional groups and breastfeeding education, with little attention to multidisciplinary training or the full BFI standards.
- Lack of research specifically evaluating workforce education within the UNICEF UK Baby Friendly Initiative.

Staff experiences of BFI training

- Training valuable in developing knowledge, confidence and understanding of EBP.
- Training helped staff understand the rationale behind recommended practice.
- Staff valued practical and experiential training, and audit and feedback.
- Infant Feeding Leads played an important role.



Challenges with training delivery

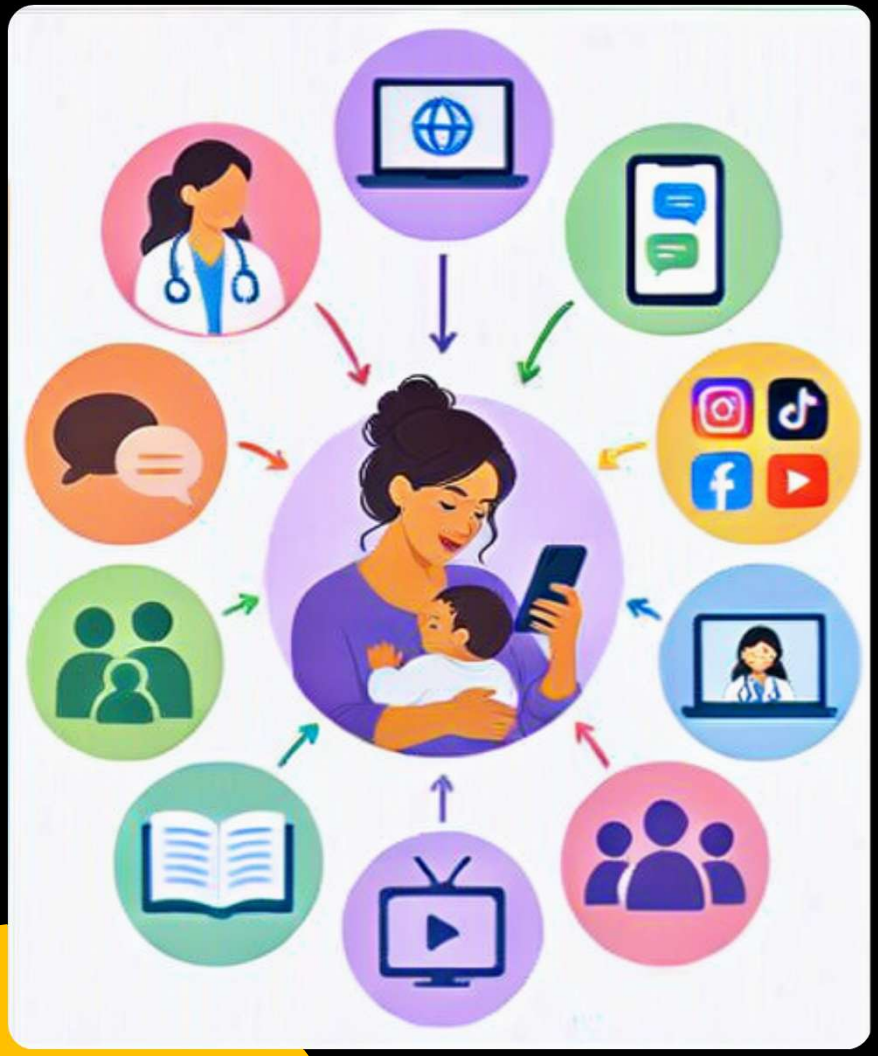
- Workforce shortages and high workloads.
- Lack of protected time.
- Reliance on small specialist infant feeding teams.
- Gap between theoretical knowledge and the ability to apply learning.





Areas where staff wanted further training

- Inequalities and supporting diverse families.
- Longer-term breastfeeding support and challenges beyond the early postnatal period.
- Mixed feeding and formula feeding.
- Expressing breastmilk and supporting breastfeeding difficulties.
- Tongue-tie and infant weight-related concerns.



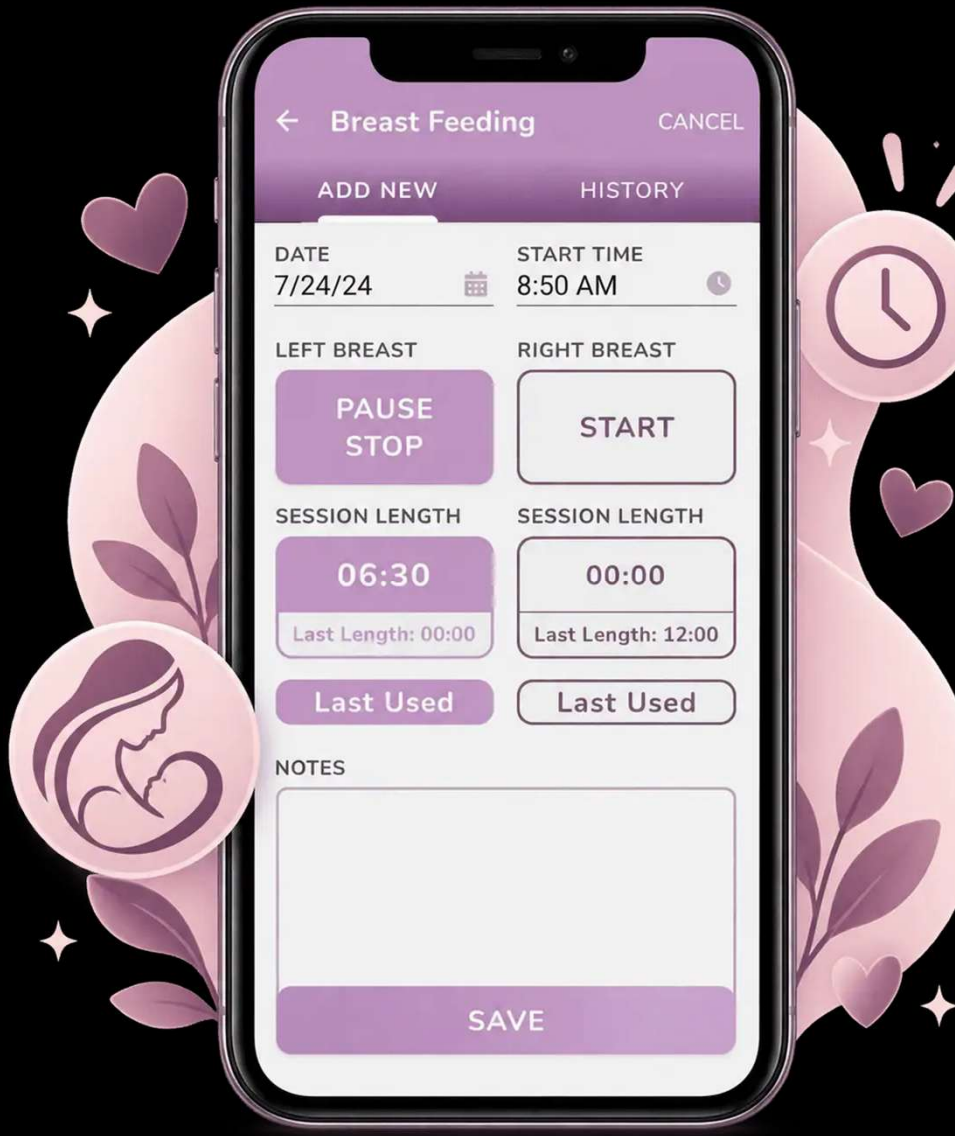
Social and digital landscape

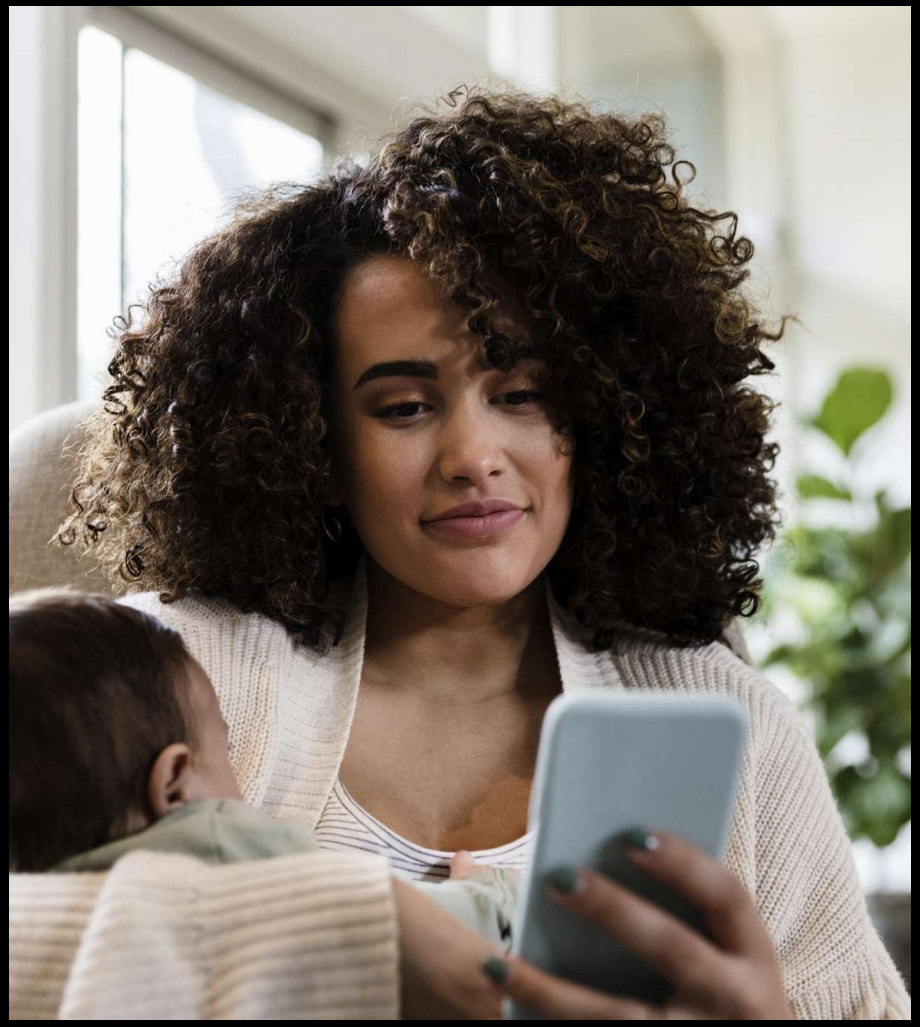
- Technology is part of the wider environment in which parents make infant feeding decisions.
- Technology offers lots of opportunities.

Breastfeeding apps

- Breastfeeding apps can improve confidence, attitudes and perceived support, but there is generally insufficient evidence that they improve breastfeeding duration or exclusivity.

"I used an app to track all my feeds and wet nappies and dirty nappies. And I loved it because I could see at the end of six months, I could see how many weeks' worth I had breastfed for over the course… I thought it was so fascinating"
(Parent)





Social media

- Social media has both positive and negative effects

"Mostly TikTok, to be honest. A lot of people on there were sort of doing the same sort of thing so… I saw a couple who live near us. They gave me the inspiration, the non-pregnant one induced lactation…"

(Parent)

"On TikTok … People just saying this is how much I pump in this many hours… Obviously that can you put you down if you're like, oh, I'm only getting this and they're getting that… [it makes me feel] like I'm not doing enough sometimes, yeah, so I try not watch them."

(Parent)

Commercial influence and parent–infant relationships

- Commercial digital marketing is a significant concern.
- Technology may affect relationships between parents and babies.



"Especially on TikTok now a lot of mums are making videos about their breastfeeding and feeding experiences … And they'll show me the video and they'll kind of say, oh, is there any truth to this? Or do I need to get that? Or do I need to buy this or? So many advertisements now." (Staff)



Digital inequalities and preferences

- Digital inequalities affect access to support
- Some mothers prefer digital communication, while others prefer face-to-face support.

Questions

1. What is working well?
2. Where are the challenges?
3. How can services be better supported?

Workforce education

Social and digital landscape

SUMMARY



Overarching messages



- Evidence strongly supports the underpinning standards

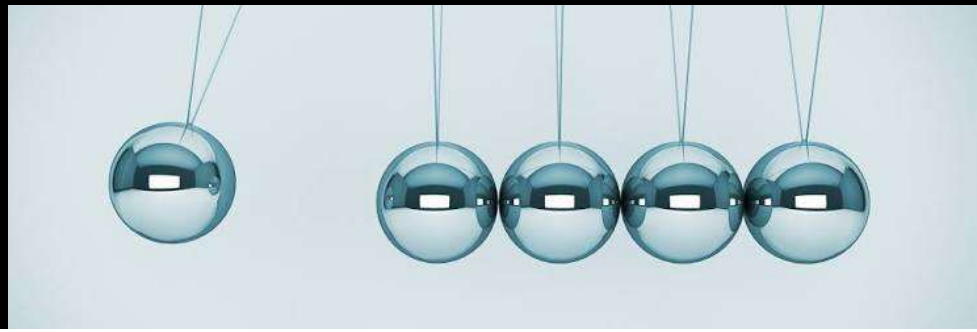
  - A comprehensive, trusted, evidence-based framework
  - Consistency and continuity
  - Changing cultures of care
  - Workforce development
  - Sustainable improvements

‘The difference is amazing. Oh, my God [...] everyone speaking from the same page and all the resources are there for everyone to follow and read to, and we've all got the same standards to follow’

Dissemination and impact

1. How can we best share the ATTUNE findings?
    - Who needs to hear about them?
    - What formats and channels would be most useful for different audiences?
2. How can we capture the impact of ATTUNE?
    - How could we identify and document changes resulting from the findings?
    - How we can track where the findings are being used?

    - Policy conversations?



Thomson, G., Moran, V. H., Crossland, N., Hives, L., Ceballos Rasgado, M., Harris, C., & Atkinson, P. (2026). *ATTUNE Study: Assessing The evidence and impacT of the UNICEF UK Baby Friendly InitiativE*. University of Lancashire. https://doi.org/10.17030/LANCASHIRE.LOK.00060001

Final thoughts



Further feedback

We’d love to hear your views following today’s event!

Please take 3-5 minutes to complete our online form here:



https://forms.cloud.microsoft/e/FpnUeDbYyC