

TRUST BOARD

Title:	Patient Story – Infant Feeding Advice
Action:	For Discussion
Meeting:	12th September 2018

Purpose:

- To set a patient-focused context for the meeting.
- For Board members to understand the impact of the lived experience for the patient, family and friends.
- For Board members to reflect on what this experience reveals about our staff, morale and organisational culture, quality of care and the context in which our clinicians work.
- To review and recognise any shared learning and recommendations relevant to this story.

Recommendation:

- All staff involved in Breastfeeding assessments to carry and use the Breastfeeding Assessment Tool paperwork as advocated by UNICEF and communicate to mothers the carrying out of this assessment.
- Following assessment with the Breastfeeding Assessment Tool, Health Visitors to routinely develop individualised care plans with mother's that are experiencing difficulties with feeding.
- For our Trust Healthy Child programme's to consider whether it is appropriate to enable mothers to self- refer to our Infant feeding Team when further support is required. It is recognised that this is already in place in some of our services but not consistent across the Trust.
- All Health Visitors are due to have completed further learning on tongue tie by the end of 2018 so will more confidently assess the impact of a restricted lingual frenulum.

	Name	Title
Author:	Lisa Wright Jo Thompson	Patient Experience Manager Infant Feeding Advisor
Executive sponsor:	Julia Sirett	Chief Nurse

Trust Objectives

Objective	How the report supports achievement of the Trust objectives:
Provide outstanding care	The paper demonstrates where the Trust staff have provided outstanding care in terms of their personal qualities which were greatly appreciated by the mother such as non-judgmental attitude and great listening skills. However, it also identifies areas for improvement in terms of clinical care.
Collaborate with other organisations	Our service signposted where appropriate to other services outside of the Trust and in collaboration with other trusts Infant Feeding Lead.
Be an excellent employer	The Trust will continue to provide and improve the required training and support that is required for clinicians to support Mother's feeding goals.
Be a sustainable organisation	Not covered in this paper

Trust risk register

N/A

Legal and Regulatory requirements:

Previous Papers:

Title:	Date Presented:
Patient Story	July Board

N/A.

Equality and Diversity implications:

Objective	How the report supports achievement of objectives:							
Achieve an improvement in the percentage of service users who report that they are able to access the Trust services that they require	Recognising areas of improvement that need to be reviewed in order to support service users and their families in achieving their desired feeding goals.							
To introduce people participation in our diversity and inclusion initiatives to capture the experience of hard to reach/seldom heard/varied community groups.	Recognising that the postnatal period can be an isolating time for new mothers and ensuring our service offer supports to Mothers and minimises the negative effects of isolation by appropriate signposting and referral to other services.							
To introduce wider diversity on recruitment selection panels.	Not covered in this paper							
To deliver customised training and development for staff to further improve awareness of diversity and inclusion.	Not covered in this paper							
Are any of the following protected characteristics impacted by items covered in the paper - yes								
Age	Disability	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity *	Race	Religion and Belief	Sex	Sexual Orientation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Introduction

- 2.1 The patient story shares how a mother within our 0-19 Cambridgeshire Healthy Child Programme feels there were missed opportunities for earlier referral for further assessment for tongue tie. The patient will be referred to as GBW for the purpose of confidentiality within this report.
- 2.2 The Healthy Child Programme offers support to families and includes antenatal contacts, new birth visits within 14 days of birth & 6-8 week reviews. Part of a Health Visitor's training is to assess, advise and inform new parents on issues such as feeding and offer emotional support for new parent's transition to parenthood. It offers progressive packages of care and this report will focus on the infant feeding assessment and support provided by the Health Visiting team.

3. Journey with Cambridgeshire 0-19 HCP

- 3.1 This was GBW's first child and during her pregnancy she was diagnosed with gestational diabetes. The birth was via emergency caesarean section following failed induction of labour which resulted in a prolonged hospital stay. GBW subsequently had a post-partum haemorrhage and was treated for a systemic infection. GBW stated "I felt my body failed in pregnancy with the diabetes and in labour with the Caesarean so being able to breastfeed felt like something I could do and I was so excited to be a breastfeeding mum"
- 3.2 GBW's desire was to be a breastfeeding mother she felt "for a mother, it's instinctive to be able to breastfeed..." Establishing breastfeeding was difficult during her hospital stay and so while in hospital GBW enquired as to whether her baby had a tongue tie as she was aware this could cause complications with feeding and was advised that her baby didn't.
- 3.3 At the New Birth Visit, 14 days after birth, the Health Visitor, during her full assessment of the baby, noted that the baby was gaining weight and that both GBW and her baby had been prescribed treatment for thrush from the GP practice. GBW states that due to her painful and cracked nipples she was using nipple shields. "My Health Visitor was a great listener, I got a very, very good vibe from her and I never felt stupid asking questions. She remembered that I was going back to the GP and rang to see how I had got on."
- 3.4 The Health Visitor carried out a second visit, but the mother doesn't recall a further feeding assessment being carried out at this point. However she was still using nipple shields and the Health Visitor suggested a referral to the Infant Feeding team by which point the infant was 4 weeks old.
- 3.5 The Infant Feeding Advisor visited 2 days after, completed a breastfeeding assessment and made a same day referral for tongue tie assessment. "Our referral for tongue tie division came too late" "The Infant Feeding Advisor was just amazing...I felt such relief when she looked in my baby's mouth and referred us to the hospital for tongue tie, I wish I'd known about the Infant Feeding Adviser earlier". "Jo was the first person to show me how best to bottle feed my expressed milk."
- 3.6 GBW states that whilst she continued breastfeeding for 6 weeks with the tongue tie, after the division she was unable to carry on breastfeeding due to continuing pain which she believes was a consequence of internal nerve damage.
- 3.7 When asked why she did not raise it as a concern or complaint, GBW reported that "it happened, it's unfortunate but it's no one individual's fault, it wasn't until Jo Infant Feeding Advisor told me it wasn't normal that I realised how bad it was, it was minimised by others".

4. Patient's Voice

- 4.1 The mother will be in attendance to present their story to the Trust Board along with Jo Thompson, Infant Feeding Advisor. The mother has agreed that the full background in this paper should be shared in order to understand the story of what happened and so we can recognise both the positive aspects of our service and the missed opportunities that she experienced.

5. Missed Opportunities

- 5.1 GBW states that she informed all health professionals of the result of the tongue tie assessment at the hospital and felt that as a result nobody did a further tongue tie assessment until Jo's visit. "I was never made to feel bad for any decisions I made as a new mum"
- 5.2 Lack of communication and recording of the breastfeeding assessment meant that a baseline of what was normal for the mother could not be used to effectively identify lack of improvement early enough.
- 5.3 A care plan was not developed with GBW to help her achieve her feeding goals.

6. Learning

- 6.1 All Trust Health Visitors to recognise if a mother continues to experience pain during feeding, further assessments should be made to identify the cause; including reviewing if a tongue tie is contributing and referring where appropriate. To aid the learning from this experience the following recommendations are to be considered by our Healthy Child services across the Trust.

7. Recommendation:

- All staff involved in Breastfeeding assessments to carry and use the Breastfeeding Assessment Tool paperwork as advocated by UNICEF and communicate to mothers the carrying out of this assessment.
- Following assessment with the Breastfeeding Assessment Tool, Health Visitors to routinely develop individualised care plans with mother's that are experiencing difficulties with feeding.
- For our Trust Healthy Child programme's to consider whether it is appropriate to enable mothers to self- refer to our Infant feeding Team when further support is required. It is recognised that this is already in place in some of our services but not consistent across the Trust.
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