
Breastfeeding Training and Capacity Building Project

Executive Summary West Midlands Region

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Health Behaviour
Connecting with Best Practice

EXECUTIVE SUMMARY

The West Midlands pilot of breastfeeding training was a collaborative, joint funded initiative between the Department of Health West Midlands and West Midlands SHA, delivered by Health Behaviour Research Ltd.

The purpose of the project was to develop the breastfeeding knowledge and skills of healthcare professionals in maternity primary care and community settings in the West Midlands through a pilot assessment and training programme in 3 PCT healthcare economies in the region.

The West Midlands pilot set out to implement an innovative approach to providing training to whole healthcare economies by using a rigorous assessment method and a flexible self study training programme with individualised feedback to improve breastfeeding support by healthcare practitioners.

Aims:

1. Develop the capacity and capability of staff in maternity care and community settings in relation to breastfeeding
2. To provide data to trusts about the training needs of staff early in the programme
3. To provide data on the 'added value' of any prior training on assessed knowledge score before BFI related training.
4. To provide data on 'added value' of training via workbook and DVD.

It was expected that the training project would improve breastfeeding knowledge and it is expected this will lead to more consistent advice on breastfeeding, increase initiation and duration of breastfeeding and allow a greater understanding of breastfeeding and highlight development needs for individuals and organisations in line with the UNICEF BFI competencies.

The Coventry University Breastfeeding Assessment (CUBA) is an on line multiple choice test with known properties of reliability and validity. It provides a means of assessing learning needs, and the Workbook and DVD provide a self directed training method. A marking and feedback service was made available to ensure the learners achieved a high quality of understanding of the materials. The marking system was moderated. The DVD supports two essential practice skills. Both the workbook and DVD support the aims of the UNICEF Baby Friendly Initiative's Ten Steps to Successful Breastfeeding in maternity units and the Seven Point Plan for Sustaining Breastfeeding in the Community. An independent evaluation was commissioned from Coventry University and this has been reported separately, with a summary within this report.

Through a competitive process, three sites were selected making up the healthcare

economies of a PCT, children's centres and a maternity unit. The sites were Dudley, Walsall and Solihull. Each site was visited for a half day briefing, and training and support was provided to a "site administrator" to manage the system, and to markers. Sites received a training needs analysis report tailored for each site of data from the baseline (pre training) data in the first months of the project.

Aim 1:

Develop the capacity and capability of staff in maternity care and community settings in relation to breastfeeding

The project provided a new approach to assessing training needs and training skills. The capacity was increased by the availability of a system capable of assessing and training almost all staff in a healthcare economy.

The number of staff who were registered at some point to do the HBR programme was 494, although some of these became unavailable to do the programme. The number who completed the baseline CUBA was 322, 228 completed the training and received marker feedback, and 184 completed the training and second CUBA. One site (Dudley) achieved almost 100% uptake of eligible staff at CUBA 1 and trained all those eligible, although some did not complete the final CUBA. Uptake and throughput was much less at the other two sites, and the Solihull maternity site withdrew due to organisational reasons.

Some 494 people registered for the HBR programme. This included some who became ineligible, and a large number from Solihull maternity unit who withdrew from the programme for organisational reasons. Trusts were not able to give reliable staffing figures for those eligible so it is not possible to know if they achieved the target of 75% uptake, however the throughput figures varied very much by site.

Aim 2:

To provide data to trusts about the training needs of staff early in the programme.

The sites all had detailed training needs analysis reports of baseline CUBA 1 data in the early phase of the project. This was used, for at least one site, to reinforce areas of knowledge shown to be particularly low at baseline. Results are presented in the report against six operational objectives.

Operational Objective 1:

What are the characteristics of those practitioners recruited to the training?

Analyses were conducted for all 322 participants who completed CUBA1 and those who completed CUBA 2, and by site and organisation within each site. Nearly three quarters of participants were from the Dudley sites (238/332,72%) their data heavily influences the overall results. Just over half were secondary care employees, a third were employed in PCTs, the remainder in the third sector. Almost half of the participants were midwives (49%), 23% were health visitors, followed by 18% who were support staff, nursery nurses (5%), neonatal nurses (3%), managers (2%) and consultants (1%). There was a good spread of ages, time since qualification, and recency of breastfeeding training across all sites. When compared to those who completed the training and

CUBA a second time, the characteristics are very similar, suggesting there was not a self selection process occurring which can be the case with training which occurs on an ad hoc voluntary basis.

Operational Objective 2:

What are their training needs (and do they differ by occupation)?

Analyses were conducted for all 322 participants who completed CUBA1 and those who completed CUBA 2, and by site and organisation within each site. The analysis of CUBA 1 scores showed there were significant differences between sites, with Walsall showing the highest scores and Dudley the lowest. The total scores differed by professional group, with midwives scoring higher than health visitors who scored higher than other groups (nurses and support staff). Time since qualifying was not associated with CUBA 1 scores, but those who had worked for more than 5 years with mothers and babies had higher total scores and sub scale scores, except for positioning and attachment and anatomy and physiology of the lactating breast. Those whose training was more recent had higher scores before training.

Operational Objective 3:

What are the characteristics of staff who do not complete training and why do they not complete?

Staff who did not complete the training did not differ in any of the above characteristics from those that completed it. They also did not differ on CUBA 1 scores. The self reported reasons for non completion included moving jobs, being excused from training due to other commitments, and training competing with other priorities. Organisational barriers appear therefore to be primarily about resourcing staff time for training.

Aim 3:

To provide data on the 'added value' of any prior training on assessed knowledge score before the programme of training.

Site reports gave detailed feedback on the baseline CUBA analyses. Data was provided on recency of training, and the type of training undertaken, and awareness of specific policies, examples of good practice and organisational barriers to good practice.

Aim 4:

To provide data on 'added value' of training via workbook and DVD.

This aim is addressed via the next objective.

Operational objective 4:

What are the outcomes from training? Does completion of the Workbook and DVD produce an increase in knowledge?

The pre-post training CUBA results show a statistically very significant improvement in knowledge totals overall and improvement in all but two sub scales. The knowledge improvements achieved are similar to those achieved in a much smaller study. There was not an overall

improvement in scores on two sub scales (positioning and attachment and breastfeeding difficulties). This reinforces the need for discussion and observation of practice in the key areas of positioning and attachment and managing breastfeeding difficulties, which could be addressed by short update sessions, for example using the DVD as a discussion point.

These variables of professional group, previous qualifications, training and experience were not predictive of the increase in CUBA scores after training, so it can be confirmed that the programme can improve knowledge in staff from a variety of professional backgrounds and with more or less qualifications and experience.

Operational objective 5:

To learn from the experience of the three sites about the challenges of organisational change across health care organisations.

The three sites achieved very different levels of engagement of participants. There is no difference between sites in the barriers and expected benefits achieved by sites revealed by those who participated and those who did not continue, so it is unlikely to be factors within the control of front line or supervisory staff, or HBR Limited. Rather, it suggests that executive level factors, affecting the priority given to breastfeeding training were relevant at each site. The operational challenges are described in the evaluation report. They included agreeing and funding staff time to do the training, briefing staff and enabling access to internet connected PCs in work time or non work time, supporting staff with variable levels of basic PC skills, managing the logistics of workbook and marking distribution, and getting timely feedback from markers.

A theoretical framework from implementation science, known as Normalization Process Theory (NPT) (May, 2006), could be applied to further understand the fit between the intervention and the organisation and practice of practitioners. We would suggest a diagnostic phase would identify problems that can be anticipated for large scale organisational interventions. The dimensions that might be examined are:

- Relational integration; the beliefs that the practices are valid, credible and practically useful. This goes to heart of how much staff understands and value UNICEF BFI standards.
- Skill set workability; how much the practices fit with current policies-not just formally, but the everyday practices that staff follow.
- Contextual integration; this refers to the control practitioners have to implement the practices in ways that "work" locally. We would argue the HBR system gives great flexibility and scope to organise the training to fit local circumstances, but trusts will vary in how much the local manager is able to control staff resources such as time for training, time and skilled local support to support learners, and managing competing service priorities. These factors were probably the most important factors affecting the numbers engaged between the Walsall and Dudley sites.

Operational objective 6:

How to improve the assessment of breastfeeding knowledge and skills and the training programme for similar programmes of training in future.

Participants were mainly very positive about the benefits of the CUBA facility and training programme, particularly the range and depth of knowledge and the continued availability of the training resources after completion. There were negative comments from smaller numbers of staff who felt the CUBA was difficult and some workbook or DVD content was not relevant to their practice, or they had operational problems with accessing the internet, did not like self study or had other priorities for their time.

Systems within the HBR programme were improved by feedback received during the programme, such as streamlining the "marking" system via a web tool, and providing more markers to deal with backlogs. In a new electronic system the need for markers will be dispensed with via direct feedback within the system itself.

Sites could improve their engagement with the programme by ensuring much more senior and sustained engagement across the healthcare economy to ensure resources were deployed to achieve the numbers to be trained, providing support during the programme e.g. via learning sets and short update sessions, and the local support for post training essential skills assessment and on going learner support training.

Site leads showed leadership by testing the system themselves. Even the more senior staff found their CUBA scores were not as high as they expected, meaning there are always ways that practice and knowledge can be improved. The readiness of these leaders to "walk the talk" and demonstrate they are reflective practitioners can send positive signals to the workforce as a whole.

Sites varied in the extent they engaged the senior sponsors locally. We recommend that expectations of reporting at key milestones are agreed with local service managers and executives, and that success is celebrated, including with public events and press releases. Achieving key standards such as BFI milestones are a good opportunity for celebrating the success for staff who have committed to training and improving their practice.

The costs of the HBR system compare well to traditional workshop methods, currently £380 per person on 3 day workshops. The per head trained rate achieved in this programme, which also included many training and developmental costs, was £281. The cost at current rates is £100 per head, ie around 26% of the up front cost. The costs of a fully e based system are likely to be less. The time for staff to complete all aspects is approximately 14 hours, which compared to 18 hours via workshops. There are many factors that need to be taken into account if estimating the true costs for organisations, and the extent that staff can be required to self study when this may not be their preferred learning method.

We conclude that the new HBR system is acceptable, feasible and effective, and the costs are considerably less than current systems. The data presented may be useful in commissioning a larger scale test, comparing both systems side by side and with a cost effectiveness evaluation.