**Project Charter**

This lays out the scope, purpose, rationale for the project as well as who will be involved. It is a crucial ingredient for planning and documenting the essential components of the project and should be used across the project life cycle.

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| **Project Charter** |  |
| **Project Name** |  |
| ***Aims statement:***Stretch Aim By March 2024, formula supplementation rates for women who deliver in Raigmore Hospital and who initiatebreastfeeding will be under 12% per month (Baseline data from 2019/20 = 45% of all breastfed babies were being supplementedOutcome measure – daily % of ever breastfed babies who receive supplementation Project Aim By March 2023, 25 % of women who give birth in Raigmore Hospital and who meet the \*criteria will colostrum harvest in the ante- natal period, and within the population of women who colostrum harvest there will be a 4.6 % increase in initiation rates from baseline of 70.6% to 75% and increase in exclusive breastfeeding rates at 10-14 days from 43.7 % to over 60 % (baselines from 20/21)(\* Any expectant mother in NHS Highland could potentially express her breast milk starting from 36 to 37 weeks gestation, but it is particularly useful if the baby is at an increased risk of having a low blood sugar in the first few hours after birth. Antenatal expressing is **not** recommended in the following:* Women known to have cervical incompetence
* Women who have a cervical suture in situ
* Women who have had threatened or actual premature labour
* Women who have a multiple pregnancy
* Women who have polyhydramnios
* Women who have had contractions, vaginal bleeding or premature rupture of membranes in current pregnancy.)
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| ***Purpose of project*** **Why is this important (the rationale and business case for your improvement project)?** |
| **What problem will the work address and what is the impact of doing nothing?**The benefits of exclusive breastfeeding are well evidenced in research and not breastfeeding increases the risks of:* **For babies:** Gastroenteritis, respiratory infections, obesity, type 1 and 2 diabetes, SIDS and NEC
* **For mums:** breast cancer, ovarian cancer, hip fractures and heart disease

For a selection of the latest research on the health benefits of breastfeeding, including its impact on epigenetics and microbiome, please see:<https://www.unicef.org.uk/babyfriendly/news-and-research/baby-friendly-research/>Human Milk Foundation research:<https://humanmilkfoundation.org/research/>**How do you know that this is a problem and what is your starting position?**How big a gap is there between where you are and where you want to be?To achieve the optimum health benefits for both mum and baby it is vital to try to ensure as many dyads as possible are supported to exclusively breastfeed. Currently in Scotland, there is an increasing culture towards mixed feeding and data from Highland mirrors this trend.To maintain Unicef BFI, the assessment process looks for evidence that units are making steady progress to reduce supplementation rates over time, with specific regard to supplements given without medical indication of as a result of fully informed decision making. You can find the guidance here: <https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2016/10/Supplementation-guidance.pdf>**How does you aim fit into the strategic vision of your organisation?**Within NHS Highland, the National Stretch Aim to reduce the attrition rates in any breastfeeding by 10% by 2025 is part of the Performance Management Indicators for the Board and are reported up through the Public Health Directorate.There are other national drivers including:* Maternal and Infant Nutrition Framework
* Becoming Breastfeeding Friendly Scotland
* Unicef BFI

**What is the expected impact (outcomes, benefit, cost)**Increasing the exclusive breastfeeding rates has the potential to improve short, medium and longer term health outcomes for babies and mothers.The health benefits associated with exclusive breastfeeding are well documented and potential cost savings to health boards have been estimated. In 2021, Unicef BFI commissioned a report named “preventing disease and saving resources” <https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2012/11/Preventing_disease_saving_resources_policy_doc.pdf>  Findings show that for just five illnesses (breast cancer in the mother and gastroenteritis, respiratory infections, middle ear infections and necrotising enterocolitis in the baby) moderate increases in exclusive breastfeeding would translate into cost savings for the NHS of up to £50 million and tens of thousands of fewer hospital admissions and GP consultations for both mum and babyAnte natal colostrum harvesting is believed to be one of the conduits to support exclusive breastfeeding within Raigmore Hospital, especially for those babies who will be placed on the At Risk Hypoglycaemia Policy**Why do you believe the timescale you have set is realistic?**There is a great will and enthusiasm to support the project and achieve optimum breastfeeding health outcomes for mum and baby  |
| ***What is the scope of the project)*** |
| **Who specifically will be affected by the success or failure of this projects (children impacted, staff, service, community etc.)**Babies and mums who are breastfeeding and who deliver at Raigmore HospitalStaff caring for the babies and mums will also be impacted by the project**How many people /how large an area is included** Any expectant mother in NHS Highland could potentially express her breast milk starting from **36 to 37** weeks gestation, but it is particularly useful if the baby is at an increased risk of having a low blood sugar in the first few hours after birth. This can include:* Women with diabetes in pregnancy (pre-existing or gestational)
* Babies diagnosed during the antenatal period with cleft lip and/or palate
* Babies diagnosed with congenital conditions such as Down’s Syndrome or a cardiac complication
* Mothers having an elective caesarean section
* Infants known to have Intrauterine growth restriction
* Women with breast hypoplasia
* Women with hyperandrogenesis (polycystic ovarian disease)
* Women who have had reductive breast surgery
* Mothers taking beta blockers (e.g. labetalol)
* Strong family history of dairy intolerance or inflammatory bowel disease
* Women with multiple sclerosis
* Mothers with a raised BMI
* Mothers who have previously had a poor breastfeeding history.

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* Women who have a multiple pregnancy
* Women who have polyhydramnios
* Women who have had contractions, vaginal bleeding or premature rupture of membranes in current pregnancy.

This would negate approximately 20% of our pregnant population which would mean approximately 340 women would not be able to express, leaving approximately 1,360 women per year who could colostrum harvest if they wished (based on 1,700 deliveries per annum). **Time frame (expected dates for key milestones and completion date)**We aim to have this project completed by March 2023 |
| **How do we know that a change is an improvement?** |
| ***Measures that will be used to monitor the impact of this improvement effort*** |
| *Process* *% of women who request a colostrum harvesting kit (communication)**% of staff who report an increase in confidence discussing ante natal colostrum harvesting**% of parents who report satisfaction with the request and receipt of the colostrum harvesting kit**% of women who receive a colostrum harvesting kit between 36 and 38 weeks gestation**Outcomes**% of women colostrum harvesting in the antental period* *% of women who initiate breastfeeding who harvested colostrum**% of babies exclusively breastfed at 10 – 14 days whose mum had harvesting colostrum**Balancing**% of babies who are being mixed fed at 10 – 14 days whose mothers harvested colostrum* |
| **What changes can we make that will lead to improvement?** |
| * Robust ante natal colostrum harvesting bundle which supports staff to discuss colostrum harvesting with pregnant mums and families
* Staff masterclass on ante natal colostrum harvesting
* Accurate system to record kits requested and distributed
* Awareness of data sources to aid audit and demonstrate improvement over time
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| **Project team** |
| ***Role***  | ***Name*** |
| Infant feeding/ project lead | Karen Mackay |
| PfG Breastfeeding Coordinator | Arlene Rollo |
| PfG Breastfeeding Coordinator | Kareen Laird |
| Health Improvement Services Coordinator | Nikki Mackintosh |
| Health Improvement Services Coordinator | Jodie M |
| QI Lead | Lee Urquhart |