

NHS FORTH VALLEY

Infant Feeding Policy **Breastfeeding and Infant Formula Milk Feeding**

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INFANT FEEDING POLICY

Purpose

The purpose of this policy is to ensure that all NHS Forth Valley staff understand their role and responsibilities in supporting expectant and new mothers and their partners to feed and care for their baby in ways which support optimum health and well-being.

All staff are expected to comply with this policy.

Scope

This combined policy sets out NHS Forth Valley's approach to infant feeding in both hospital and community settings. It outlines the specific roles and responsibilities of staff working within each of the following services: maternity, neonatal and health visiting.

The policy relates to 'infant' milk feeding from birth and during the first year of life and includes the advice given to parents by health professionals about the age of weaning but **does not** include how to wean infants.

Policy Statement

NHS Forth Valley is committed to providing the highest standard of care to support expectant and new mothers and their partners to feed their baby and build strong and loving parent- infant relationships. This is in recognition of the profound importance of early relationships to future health and well-being, and the significant contribution that breastfeeding makes to good physical and emotional health outcomes for children and mothers.

We aim to ensure that all care is mother and family centred, non-judgemental and that mothers' decisions are supported and respected. All services will work together to share relevant information to deliver seamless and consistent care at each stage for mothers, babies and their families.

As part of this commitment each service will ensure that:

- all new staff are familiarised with this policy on commencement of employment.
- all staff receive training to enable them to implement the policy as appropriate to their role. New staff will receive this training within six months of commencement of employment.
- The International Code of Marketing of Breast-milk Substitutes is implemented throughout the service.
- all documentation fully supports the implementation of these standards.
- parents' experiences of care will be listened to through: regular audit, parents' experience surveys and feedback.

Outcomes

This policy aims to ensure that the care provided improves outcomes for children and families, specifically to deliver:

- an increase in the numbers of infants receiving breastmilk.
- an increase in breastfeeding rates at birth, transfer to Health Visitor and 6-8 weeks.
- amongst parents who choose to formula feed, increases in those doing so as safely as possible in line with nationally agreed guidance.
- a reduction in the number of re-admissions to hospital for feeding problems.
- an increase in the proportion of parents who introduce solid food to their baby in line with nationally agreed guidance.
- improvements in parents' experiences of care.

Monitoring

NHS Forth Valley requires that compliance with this policy is audited at least annually in hospital and community settings using the UNICEF UK Baby Friendly Initiative audit tool (2013 edition). Staff involved in carrying out this audit require training on the use of this tool. Audit results will be reported to the Head of Service for Womens and Children Service, Clinical nurse managers for Health Visiting Service. An action plan will be agreed by NHS Forth Valley's Maternal & Infant Nutrition Steering Group to address any areas of non compliance that have been identified.

Outcomes will be monitored by:

- regular audit of BFI standards to ensure compliance and results disseminated to relevant staff.
- monitoring of breaches of The International Code of Marketing of Breastmilk Substitutes.
- outcomes for breastfeeding will be monitored using Child Health Surveillance Programme (CHSP) data on exclusive and mixed feeding on transfer to Health Visitor and at 6-8 weeks.
- collation of feeding data from blood spot test on Day 6 Monitor number of re-admissions with feeding related problems.
- monitor breastmilk feeding rates in Neonatal Unit including babies receiving donor breastmilk.
- increases in the proportion of parents who introduce solid food to their baby in line with nationally agreed guidance.
- patient experience survey.

1. Maternity Unit

1.1 Care standards

This section of the policy sets out the care that NHS Forth Valley is committed to giving each and every expectant and new mother. It is based on the UNICEF UK Baby Friendly Initiative standards for maternity services

1.2 Pregnancy

All pregnant women will have the opportunity to discuss feeding and caring for their baby with a health professional (or other suitably trained designated person).

This discussion will include the following topics:

- The value of connecting with their growing baby in utero.
- The value of skin contact for all mothers and babies.
- The importance of responding to their baby's needs for comfort, closeness and feeding after birth, and the role that keeping their baby close has in supporting this.

A prompt sheet will assist in discussing infant feeding, including:

- an exploration of what parents already know about breastfeeding.
- the value of breastfeeding as protection, comfort and food.
- getting breastfeeding off to a good start.

Written information about infant feeding and breastfeeding will be offered to all pregnant women and the link below provides access to useful resources on the maternity website:

www.nhsforthvalley.com/maternity

1.3 Birth

- All mothers will be offered the opportunity to have uninterrupted skin contact with their baby at least until after the first feed and for as long as they wish, so that the instinctive behaviour of breast seeking (baby) and nurturing (mother) is given an opportunity to emerge.
- All mothers will be encouraged to offer the first breastfeed in skin contact when the baby shows signs of readiness to feed. The aim is not to rush the baby to the breast but to be sensitive to the baby's instinctive process towards self attachment.
- When mothers choose to formula feed they will be encouraged to offer the first feed in skin contact.
- Those mothers who are unable (or do not wish) to have skin contact immediately after birth, will be encouraged to commence skin contact as soon as they are able, or so wish.

Mothers with a baby on the neonatal unit are:

- helped to start expressing milk as soon as possible after birth (within six hours).
- supported to express effectively.

It is the joint responsibility of midwifery and neonatal unit staff to ensure that mothers who are separated from their baby receive this information and support.

Safety considerations

Vigilance as to the baby's well-being is a fundamental part of postnatal care in the first few hours after birth. For this reason, normal observations of the baby's temperature, breathing, colour and tone should continue throughout the period of skin contact, in the same way as would occur if the baby were in a cot. Observations should also be made of the mother, with prompt removal of the baby if the health of either gives rise to concern.

It is important to ensure that the baby cannot fall on to the floor or become trapped in bedding or by the mother's body. Particular care should be taken with the position of the baby, ensuring the head is supported so the infant's airway does not become obstructed.

Many mothers can continue to hold their baby in skin-to-skin contact during perineal suturing. However, adequate pain relief is required, as a mother who is in pain is unlikely to be able to hold her baby comfortably or safely. Mothers should be discouraged from holding their baby when receiving analgesia which causes drowsiness or alters their state of awareness (e.g. equanox).

Where mothers choose to give a first feed of formula milk in skin contact, particular care should be taken to ensure the baby is kept warm.

1.4 Support for breastfeeding

Mothers will be helped to achieve effective breastfeeding according to their needs (including appropriate support with positioning and attachment, hand expression, understanding signs of effective feeding). This will continue until the mother and baby are feeding confidently.

Mothers will have the opportunity to discuss breastfeeding in the first few hours after birth as appropriate to their own needs and those of their baby. This discussion will include information on responsive feeding and feeding cues.

A formal feeding assessment will be carried out using the Breastfeeding Assessment tool within the Baby Record as often as required in the first week with a minimum of two assessments to ensure effective feeding and the well-being of mother and baby. This should be carried out on Day 4 and repeated on Day 6. This assessment will include a dialogue/discussion with the mother to reinforce what is going well and where necessary develop an appropriate plan of care to address any issues that have been identified.

Mothers with a baby on the neonatal unit will be supported to express as effectively as possible and encouraged to express at least 8 times in 24 hours including once during the night. They will be shown how to express by both hand and pump.

Before discharge home, breastfeeding mothers will be given information both verbally and in writing about recognising effective feeding and where to call for additional help if they have any concerns.

All breastfeeding mothers will be informed about the local support services for breastfeeding. A list of local breastfeeding groups will be provided on discharge from the hospital.

For those mothers who require additional support for more complex breastfeeding challenges, a referral to the specialist service should be made. For more information please see the referral pathway to the Additional Breastfeeding Support service. Mothers will be informed of this additional support service.

Responsive feeding

The term responsive feeding (previously referred to as 'demand' or 'baby-led' feeding) is used to describe a feeding relationship which is sensitive, reciprocal, and about more than nutrition. Staff should ensure that mothers have the opportunity to discuss this aspect of feeding and reassure mothers that: breastfeeding can be used to feed, comfort and calm babies; breastfeeds can be long or short, breastfed babies cannot be overfed or 'spoiled' by too much feeding and breastfeeding will not, in and of itself, tire mothers any more than caring for a new baby without breastfeeding.

1.5 Exclusive breastfeeding

Mothers who breastfeed will be provided with information about why exclusive breastfeeding leads to the best outcomes for their baby, and why it is particularly important during the establishment of breastfeeding.

When exclusive breastfeeding is not possible, the value of continuing partial breastfeeding will be emphasised and mothers will be supported to maximise the amount of breastmilk their baby receives.

Mothers who give other feeds in conjunction with breastfeeding will be enabled to do so as safely as possible and with the least possible disruption to breastfeeding. This will include appropriate information and a discussion regarding the potential impact of introducing a teat when a baby is establishing breastfeeding.

A full record will be made of all supplements given, including the rationale for supplementation and the discussion held with parents.

Supplementation rates will be audited at regular intervals to monitor practice.

1.6 Modified feeding regimes

There are a number of clinical indications for a short term modified feeding regime in the early days after birth. Examples include: preterm or small for gestational age babies and those who are excessively sleepy after birth. Frequent feeding, including a minimum number of feeds in 24 hours, should be offered to ensure safety.

Please refer to guidelines for Babies Reluctant to Feed and Prevention of Hypoglycaemia.

1.7 Formula feeding

Mothers who formula feed will be helped to do so as safely as possible through a discussion about how to prepare infant formula using NHS Health Scotland “Formula Feeding How to feed your baby safely” booklet. If required a demonstration can be provided.

Mothers who formula feed will have a discussion about the importance of responsive feeding and be encouraged to:

- respond to cues that their baby is hungry.
- hold their baby close during feeds and offer majority of feeds themselves to help enhance the mother-baby relationship.
- invite their baby to draw in the teat rather than forcing the teat into their baby’s mouth.
- pace the feed so that their baby is not forced to feed more than they want to.
- recognise their baby’s cues that they have had enough milk and avoid forcing their baby to take more milk than the baby wants.

1.8 Early postnatal period: support for parenting and close relationships

- Skin-to-skin contact will be encouraged throughout the postnatal period. All parents will be supported to understand a newborn baby’s needs (including encouraging frequent touch and sensitive verbal/visual communication, keeping babies close, responsive feeding and safe sleeping practice).
- Mothers who formula feed will be encouraged to hold their baby close during feeds and offer the majority of feeds to their baby themselves to help enhance the mother-baby relationship.
- Parents will be given information about local parenting support that is available
- A formal summary of feeding using Handover of Care form will be provided on transfer of care to Health Visiting service,

1.9 Bedsharing guidelines

Recommendations for health professionals on discussing bed-sharing with parents

The current body of evidence overwhelmingly supports the following key messages, which should be conveyed to all parents:

- The safest place for your baby to sleep is in a cot by your bed.
- Sleeping with your baby on a sofa puts your baby at greatest risk.
- Your baby should not share a bed with anyone who:
 - is a smoker.
 - has consumed alcohol.
 - has taken drugs (legal or illegal) that make them sleepy.

The incidence of SIDS (often called “cot death”) is higher in the following groups:

- parents in low socio-economic groups.
- parents who currently abuse alcohol or drugs.
- young mothers with more than one child.
- premature infants and those with low birth weight.

Parents within these groups will need more face to face discussion to ensure that these key messages are explored and understood. They may need some practical help, possibly from other agencies, to enable them to put them into practice.

2. Neonatal Unit

2.1 Care Standards

This section of the policy sets out the care that the Board is committed to giving each and every expectant and new mother. It is based on the UNICEF UK Baby Friendly Initiative standards for Neonatal Units

2.2 Supporting parents to have a close and loving relationship with their baby

This service recognises the profound importance of secure parent-infant attachment for the future health and well-being of the infant and the huge challenges that the experience of having a sick or premature baby can present to the development of this vital relationship. Therefore, this service is committed to care which actively supports parents to develop a close and loving bond with their baby.

All parents will:

- have a discussion with a member of neonatal nursing staff as soon as possible (either before or after their baby's birth) about the importance of touch, comfort and communication for their baby's health and development.
- be actively encouraged and enabled to provide touch, comfort and emotional support to their baby throughout their baby's stay on the neonatal unit.
- be enabled to have frequent and prolonged skin contact with their baby as soon as clinical condition allows after birth and throughout the baby's stay on the neonatal unit.

2.3 Enabling babies to receive breastmilk and to breastfeed

This service recognises the importance of breastmilk for babies' survival and health. Therefore, this service will ensure that:

- A mother's own breastmilk is always the first choice of feed for her baby.
- Mothers have a discussion regarding the importance of their breastmilk for their preterm or ill baby as soon as is appropriate.
- A suitable environment conducive to effective expression is created.
- Mothers have access to effective breast pumps and equipment.
- Mothers are enabled to express breastmilk for their baby, including support to:
 - express as early as possible after birth (ideally within six hours).
 - learn how to express effectively, including by hand and by pump.
 - learn how to use pump equipment and store milk safely.
 - express frequently (at least eight times in 24 hours, including once at night) especially in the first two to three weeks following delivery, in order to optimise long-term milk supply.
 - overcome expressing difficulties where necessary, particularly where volume of milk supply is low for stage of expression.
 - stay close to their baby when expressing milk.
 - use their milk for mouth care when their baby is not tolerating oral feeds, and later to tempt their baby to feed.

- A formal review of expressing is undertaken a minimum of four times in the first two weeks to support optimum expressing and milk supply.
- Mothers receive care that supports the transition to breastfeeding, including support to:
 - recognise and respond to feeding cues.
 - use skin-to-skin contact to encourage instinctive feeding behaviour.
 - position and attach their baby for breastfeeding.
 - recognise effective feeding.
 - overcome challenges when needed.
- Mothers are supported through the transition to discharge home from hospital, including having the opportunity to stay overnight/for extended periods to support the development of mothers' confidence and modified responsive feeding.
- Mothers are provided with details of voluntary support for breastfeeding on discharge home from unit.

2.4 Valuing parents as partners in care

This service recognises that parents are vital to ensuring the best possible short and long term outcomes for babies and therefore, should be considered as the primary partners in care.

The service will ensure that parents:

- have open access to their baby unless individual restrictions can be justified in the baby's best interest or due to clinical needs within the environment.
- are fully involved in their baby's care, with all care possible entrusted to them.
- are listened to, including their observations, feelings and wishes regarding their baby's care.
- have full information regarding their baby's condition and treatment to enable informed decision-making.
- are made comfortable when on the unit, with the aim of enabling them to spend as much time as is possible with their baby

3. Health Visiting Service

3.1 Care standards

This section of the policy sets out the care that the Board is committed to giving each and every expectant and new mother. It is based on the UNICEF UK Baby Friendly Initiative standards for health visiting services.

3.2 Pregnancy

All pregnant women will have the opportunity to discuss feeding and caring for their baby with a member of the health visiting team (or other suitably trained designated person). This discussion will include the following topics:

- The value of connecting with their growing baby in utero.
- The value of skin contact for all mothers and babies.

- The importance of responding to their baby's needs for comfort closeness and feeding after birth, and the role that keeping their baby close has in supporting this.

Feeding, including:

- an exploration of what parents already know about breastfeeding.
- the value of breastfeeding as protection, comfort and food.
- getting breastfeeding off to a good start .

3.3 Support for continued breastfeeding

A formal breastfeeding assessment using the NHS Forth Valley breast feeding assessment form will be carried out at the 'first visit' at approximately 10–14 days to ensure effective feeding and well-being of the mother and baby. This includes recognition of what is going well and the development, with the mother, of an appropriate plan of care to address any issues identified.

Mothers will have the opportunity to discuss their options for continued breastfeeding (including responsive feeding, expression of breastmilk, feeding when out and about and going back to work), according to individual need.

The service will work in collaboration with other local services to make sure that mothers have access to social support for breastfeeding. In addition mothers will be signposted to the feedgood.scot website and national helpline telephone number.

- All breastfeeding mothers will be informed about local support for breastfeeding and will be provided with information and encouraged to attend local breast feeding support groups.
- For those mothers who require additional support for more complex breastfeeding challenges, a referral to the specialist service should be made. For more information please see the referral pathway to the Additional Breastfeeding Support service. Mothers will be informed of this additional support service.

3.4 Exclusive breastfeeding

Mothers who breastfeed will be provided with information about why exclusive breastfeeding leads to the best outcomes for their baby, and why it is particularly important during the establishment of breastfeeding.

When exclusive breastfeeding is not possible, the value of continuing partial breastfeeding will be emphasised and mothers will be supported to maximise the amount of breastmilk their baby receives.

Mothers who give other feeds in conjunction with breastfeeding will be enabled to do so as safely as possible and with the least possible disruption to breastfeeding. This will include appropriate information and a discussion regarding the potential impact of the use of a teat when a baby is learning to breastfeed.

3.5 Modified feeding regime

There are a small number of clinical indications for a modified approach to responsive feeding in the short term. Examples include: preterm or small for gestational age babies, babies who have not regained their birth weight, babies who are gaining weight slowly.

3.6 Support for formula feeding

At the Health Visitor first visit, mothers who formula feed will have a discussion about how feeding is going. Recognising that this information will have been discussed with maternity service staff, but may need revisiting or reinforcing; and being sensitive to a mother's previous experience, staff will check that:

- Mothers who are formula feeding have the information they need to enable them to do so as safely as possible. Staff may need to offer a demonstration or discussion about how to prepare infant formula.
- Mothers who formula feed understand about the importance of responsive feeding and how to:
 - respond to cues that their baby is hungry.
 - invite their baby to draw in the teat rather than forcing the teat into their baby's mouth
 - pace the feed so that their baby is not forced to feed more than they want to.
 - recognise their baby's cues that they have had enough milk and avoid forcing their baby to take more milk than the baby wants.

3.7 Introducing solid food

All parents will have a timely discussion about when and how to introduce solid food including:

- that solid food should be started at around six months.
- babies' signs of developmental readiness for solid food.
- how to introduce solid food to babies.
- appropriate foods for babies.

3.8 Support for parenting and close relationships

- All parents will be supported to understand a baby's needs (including encouraging frequent touch and sensitive verbal/visual communication, keeping babies close, responsive feeding and safe sleeping practice).
- Mothers who formula feed are encouraged to hold their baby close during feeds and offer the majority of feeds to their baby themselves to help enhance the mother-baby relationship.
- Parents will be given information about parenting support that is available in their area.

For more information on responsive feeding and safe sleeping practices see pages 8 and 10

Appendix 1

The International Code of Marketing of Breastmilk Substitutes

The Code was adopted by a resolution of the World Health Assembly in 1981. Any facility seeking Baby Friendly accreditation must adhere to the requirements of the Code. NHS Forth Valley Maternity and Community Services as part of their continued commitment have signed a declaration to adhere to the Code.

All staff will have the opportunity to receive information about the WHO Code through ongoing training and regular updates via the Infant Feeding Newsletter and email alerts. First Steps Nutrition is a charity that provides objective, evidence based information and resources on infant milks currently available in the UK. For more information see website: www.firststepsnutrition.org

The Code prohibits all promotion of milks and equipment related to bottle feeding and sets out requirements for labelling information on infant feeding. Any activity that undermines breastfeeding also violates the aim and spirit of the Code.

All breastmilk substitutes are covered by the Code. This means products that can be marketed in a way which suggests they could replace breastfeeding, even if the product is not suitable for that purpose. They may include infant formula, follow-on formula, baby foods, bottles/teats and related equipment.

The infant formula companies must not:

- promote their products in hospitals, shops or to the general public.
- give free samples to mothers or free or subsidised supplies to hospitals or maternity wards give gifts to staff or mothers.
- have direct contact or promote their products to staff any information provided by companies must contain only scientific and factual information.
- promote foods or drinks for babies.
- have direct contact with mothers.
- make requests to staff to participate in market research surveys.

The following are examples where staff could be in breach of the Code, this is not an exhaustive list and staff need to be vigilant around their practice. Staff are not permitted to:

- use branded infant formula company promotional materials e.g. pens, diary covers, patient information leaflets or products produced by formula milk companies or by association of infant feeding equipment.
- promote individual products or make recommendations about specific infant formula brands.
- give parents information leaflets, details of helplines or promote websites or smart phone apps produced by infant formula companies and should only use NHS Forth Valley approved literature. For information go to:
 - www.nhsforthvalley/health-services/healthpromotion/nutrition/earlyyearsnutrition
 - attend events during their working time that have been sponsored by formula milk companies.

Whilst NHS Forth Valley cannot stop individual health workers attending such events in their own time all staff are encouraged to consider the following:

- whether attendance is really necessary for their education.
- whether it is compatible with their Code of Conduct and responsibilities to implement best practice.
- how their attendance will reflect on NHS Forth Valley and its stated values.
- whether their name could be used to enhance the name and reputation of the formula company.
- what effect their attendance could have on the families they have contact with.
- whether there are other opportunities to update their knowledge using publications or study days from organisations that are independent of infant formula company funding.

If staff have any concerns or are unsure whether there has been a breach of the Code they should report the incident by contacting their team /line manager. In cases where staff have been found to be in breach of the code then a local IR1 will be generated and the team/line managers will be informed.

REFERENCES

1. Improving Maternal and Infant Nutrition: A Framework for Action (2011); Scottish Government.
2. UNICEF UK Baby Friendly Standards (2012).
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3. International Code for the Marketing of Breastmilk Substitutes (1981) World Health Organisation.
4. UNICEF Baby Friendly: Working within the International Code of Marketing of Breastmilk Substitutes: a guide for health workers (2015).
5. Universal Health Visiting Pathway in Scotland – Pre Birth to Pre School (2015.)

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