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Infant Feeding Policy

Purpose

The purpose of this policy is to ensure that all staff working with NHS Borders have a sound understanding of 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.

Outcomes

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

- an increase in breastfeeding rates at initiation, 10 days and 6-8 weeks (MINSG 2011)
- In those mothers who chose to formula feed, to do so safely in line with nationally agreed guidance
- an increase in the number of parents who introduce solid food to their baby no sooner than 6 months of age, in line with nationally agreed guidance
- the highest possible standard of care experiences for parents
- a reduction in the number of re-admissions for feeding problems

NHS Borders commitment

We are committed to providing the highest standard of care and support to expectant and new parents to 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 will ensure that all care is family centred, non-judgemental and that parents decisions are supported and respected. We will foster good working relationships across disciplines and organisations to continually improve parents' experiences of care.

As part of this commitment the service will ensure that:

- All new staff are familiarised with this policy on commencement of employment.
- All staff receive training to enable implementation and adherence of this policy within six months commencing employment.
- The International Code of Marketing of Breast-milk Substitutes is implemented throughout the service (WHO 1981).
- All documentation fully supports the implementation of these standards.
- Parents' experiences of care will be reflected on through regular audit and evaluation, surveys and patient stories.

Care Standards

This section of the policy sets out the care that NHS Borders is committed to giving every expectant and new mother. These standards reflect the UNICEF UK Baby Friendly Initiative (UNICEF 2015), NICE Guidelines for Postnatal Care (NICE 2015) and NICE Guidelines for Antenatal Care for Uncomplicated Pregnancies (2017).

Pregnancy

All pregnant women will have the opportunity to discuss feeding and caring for their baby with a health professional. This discussion will include the following topics:

- The value of connecting with their growing baby in-utero
- Feeding:
  i. An exploration of what parents already know about breastfeeding
  ii. The value of breastfeeding as protection, comfort and food
  iii. Getting breastfeeding off to a good start
  iv. Locally and nationally available support
- 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 their role in supporting this.

(antenatal contact is now part of the HV Pathway)_
The service recognises the significance of pregnancy as a time for building the foundations of future health and well-being and the potential role of health visitors to positively influence pregnant women and their families. Staff will therefore make the most of opportunities available to them to support the provision of information about feeding and caring for babies to pregnant women and their families. This may include:

- *Antenatal contacts to be used as an opportunity to discuss feeding and the importance of early relationship building.*
- *Members of the health visiting team proactively supporting and recommending the services provided by other organisations to mothers (e.g. antenatal programmes run by the maternity services, Early Years Centre's or voluntary organisations).*
- *The service working collaboratively to develop / support any locally operated antenatal interventions delivered with partner organisations.*

Birth

- All mothers will be offered the opportunity to have uninterrupted skin contact with their baby following delivery until after the first feed and for as long as they want to facilitate the instinctive behaviour of breast seeking (baby) and nurturing (mother).
- All mothers will be encouraged to offer the first breastfeed in skin contact when the baby shows signs of readiness to feed.
- If 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 will stay on labour ward for a minimum of 3 hours following delivery unless service demands dictate otherwise. In this case, women will be transferred to the postnatal ward in continuing skin to skin contact via wheel chair or bed.

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. 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 airway does not become obstructed.
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 if received analgesia has caused drowsiness (e.g. Morphine).

Mothers with a baby on the neonatal unit

- Mothers will be encouraged and supported to start expressing milk as soon as possible after birth (within maximum of six hours)
- All mothers will be given an "expressing kit" and the included information discussed.
- Mothers will be supported to express effectively
- Mothers will be encouraged to have skin to skin contact as soon and as frequently as the condition of both mother and baby allows.
- 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.

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

Support for breastfeeding

Mothers will be enabled breastfeed effectively 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 UNICEF breastfeeding assessment form (UNICEF 2015) as often as required in the first week with a **minimum of one at discharge from hospital, one on or around day five and one at the HV first visit.**
- Before discharge home, breastfeeding mothers will be given information verbally and in writing about recognising effective feeding
- All breastfeeding mothers will be informed about the local support groups available in each locality and will be offered Breastfeeding in the Borders Support (BIBS) peer support.
- For those mothers who require additional support for more complex breastfeeding challenges, a referral to the specialist service should be made through NHS Lothian Services.
- Mothers will have the opportunity for a discussion about their options for continued breastfeeding (including responsive feeding, expression of breastmilk and feeding when out and about or going back to work), according to individual need with a health care professional or other trained delegated person
- All services will work in collaboration to make sure that mothers have access to the most appropriate social support for breastfeeding.

Responsive feeding

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. Mothers will be offered 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
- Breastfeeding will not tire mothers any more than caring for a new baby without breastfeeding.

Exclusive breastfeeding

- Mothers who breastfeed their babies 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 discussion regarding the potential impact of introducing a teat when breastfeeding is being "established".
- A full record will be made of all supplements given, including the rationale for supplementation and the discussion held with parents to ensure informed consent.
- Supplementation rates will be audited 6 monthly and/or at the discretion of the BFI Lead.

Modified feeding regimes

There are a number of clinical indications for a short term modified feeding regime in the early days after birth. This may include: preterm or small for gestational age babies, babies of a diabetic mother, babies weighing over 4.5kg and those who are excessively sleepy after birth.

For these babies, this policy should be used in conjunction with the following documents:

- Transitional care pathways (nursing and Medical) and including the hypoglycaemia policy.
- The Special Care Baby Unit feeding guidelines
- The use of Breastmilk Fortifier on Neo Natal Units guidelines
- The management of the Breastfed Neonate guidelines.

Formula feeding

Midwives, Health Visitors and their support staff will ensure that Mothers who formula feed will be enabled to do so safely through discussion and the offer of a demonstration on safe preparation of formula milk. Staff should be mindful that this information may have been previously learned therefore revisiting or reinforcing may be required but to be sensitive to a mother's previous experience.
Staff must be confident that mothers who chose to formula feed:

- Have the information they need to enable them to formula feed safely.
- Mothers who bottle feed are encouraged to hold their baby close during feeds and offer the majority of feeds to their baby themselves.
- Understand the importance of responsive feeding and be encouraged 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.

Information regarding formula milk will be gathered by designated NHS Borders staff attendance at the NHS Lothian Infant Formula Forum and current information can be found via the NHS Borders Intranet.

Representatives from formula companies will not be received in NHS borders premises. *Furthermore, if staff wish to attend study days provided by infant formula companies they must do so in their own time.*

Support for parenting and close relationships

Skin-to-skin contact will be encouraged throughout the postnatal period regardless of feeding choice. All parents will therefore 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).
Parents will be given information about local parenting support that is available.

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
- Signposting to local practical weaning workshops run by CFW as appropriate

All Health Professionals should be familiar with safe bed sharing guidelines

https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/leaflets-and-posters/co-sleeping-and-sids/

Advice about bed sharing should be included at any opportunity when feeding is being discussed.

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 makes them drowsy

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 and support to enable them to put them into practice therefore liaison with other agencies may be required.

Monitoring implementation of the standards

NHS Borders requires that compliance with this policy is audited at least annually using the UNICEF UK Baby Friendly Initiative audit tool (staff involved in carrying out this audit require training on the use of this tool). Audit results will be reported to the Director of

Nursing and Midwifery and the local Breastfeeding Champion and an action plan will be agreed with the BFI Lead to address any areas of non compliance that have been identified.

Monitoring outcomes

Outcomes will be monitored by:

- Monitoring breastfeeding rates at initiation, hospital discharge, first visit and 6-8wks points.
- Audit and evaluation of care and advice given to a convenience sample of ante and post natal clients
- Analysis of readmission data from Ward 17 and SCBU via Datix reporting tool.
- Qualitative data collected through patient stories.

Outcomes will be reported to:

The Maternity Care Action Planning Group, the Director of Nursing and Midwifery and the Chief Executive of NHS Borders.

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