

MEETING DATE:	12 June 2014	 North Lincolnshire Clinical Commissioning Group REPORT TO THE CLINICAL COMMISSIONING GROUP GOVERNING BODY
AGENDA ITEM NUMBER:	Item 7.15	
AUTHOR:	Allison Cooke	
JOB TITLE:	Chief Officer	
DEPARTMENT:	CCG	

JOINT BREASTFEEDING POLICY

PURPOSE/ACTION REQUIRED:	To Receive & Note
CONSULTATION AND/OR INVOLVEMENT PROCESS:	<i>This should identify each key Committee/Group which has led prior involvement/consultation in developing the recommendations in the paper</i>
FREEDOM OF INFORMATION:	<i>Is this document releasable under FOI at this time? If not why not? (decision making guide being developed)</i> Public

1. PURPOSE OF THE REPORT:					
Policy has been amended in-line with the changes to the UNICEF Baby Friendly standards. It is going to governance through NLaGFT for the maternity services and health visiting (NL) and NL & NEL Councils for the Children's Centres and Health Visiting (NEL).					
2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:					
Continue to improve the quality of services	x				
Reduce unwarranted variations in services	x				
Deliver the best outcomes for every patient	x				
Improve patient experience	x				
Reduce the inequalities gap in North Lincolnshire	x				
3. ASSURANCES TO THE CLINICAL COMMISSIONING GROUP					
4. IMPACT ON RISK ASSURANCE FRAMEWORK:					
<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px;">Yes</td> <td style="width: 20px;"> </td> <td style="width: 20px;">No</td> <td style="width: 20px;">x</td> </tr> </table>	Yes		No	x	
Yes		No	x		

5. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:

Yes		No	x
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6. LEGAL IMPLICATIONS:

Yes		No	x
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7. RESOURCE IMPLICATIONS:

Yes		No	x
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8. EQUALITY IMPACT ASSESSMENT:

Yes		No	
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9. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:

Yes		No	
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It is going to governance through NLaGFT for the maternity services and health visiting (NL) and NL & NEL councils for the children's centres and health visiting (NEL).

10. RECOMMENDATIONS:

The CCG Governing Body is asked to: -

- Receive & Note

Northern Lincolnshire and Goole Hospitals 
NHS Foundation Trust


North Lincolnshire
Clinical Commissioning Group


North East Lincolnshire
Clinical Commissioning Group



**Northern Lincolnshire and Goole Hospitals NHS
Foundation Trust (Family Services – Maternity &
Gynaecology), and Community Services
North Lincolnshire Council Children’s Centres and
North East Lincolnshire Council Health Visiting and
Children’s Centre Services,**

JOINT BREASTFEEDING POLICY

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Maternity Matters Board, Health Improvement Partnership and Clinical Governance Care Trust Plus

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NLC)

All organisations involved in the development and implementation of this policy actively seek to promote equality of opportunity and good race relations.

The Organisations seek to ensure that no employee, service user, or member of the public is unlawfully discriminated against for any reason, including their religion, beliefs, race, colour, gender, marital status, disability, sexual orientation, age, social and economic status or national origin.

These principles will be expected to be upheld by all who act on behalf of the Policy Owners, with respect to all aspects of this document.

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1.0 Purpose

The purpose of this policy is to ensure all 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 wellbeing.

- 1.0.1 This document has been developed using the UNICEF UK Baby Friendly Initiative policy guidance and sample templates, and with reference to the previous Northern Lincolnshire and Goole Hospital Breastfeeding Policy (2009) (6.1, 6.2). The policy is based on the UNICEF UK Baby Friendly Initiative Best Practice Standards (6.1), and in accordance with NICE Guidance (6.3)
- 1.0.2 The principles of The Baby Friendly initiative including, the Ten Steps to Successful Breastfeeding and Seven Point Plan for sustaining breastfeeding in the community, the updated UNICEF standards are an integral part of the policy (6.4), see Appendix A and B, C
- 1.0.3 The organisations that form a part of this joint policy believe that breastfeeding is the healthiest way for a woman to feed her baby/babies and recognise the important health benefits now known to exist for both the mother and her child (6.5, 6.6).
- 1.0.4 The National Service Framework for Children and Young people and Maternity services (2004) (6.4), recognises the health benefits breastfeeding has to offer both mother and infant and the important contribution breastfeeding can make towards meeting the national target to reduce infant mortality and health inequalities. The report also identifies that some of the reasons why women choose to discontinue breastfeeding include a lack of antenatal information regarding breastfeeding, delays in initiating the first breast feed and a lack of postnatal support with breastfeeding problems (6.7). This policy seeks to address these issues.
- 1.0.5 All mothers have the right to receive clear and impartial information to enable them to make a fully informed choice as to how they feed and care for their babies. Health care staff will not discriminate against any woman in her chosen method of infant feeding and will fully support her when she has made that choice.

1.1 Outcomes

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

- an increase in breastfeeding initiation rates
- an increase in breastfeeding rates at 10 days and 6-8 weeks
- amongst mothers who choose to formula feed, an increase in those doing so as safely as possible, in line with nationally agreed guidance improvements in parents' experiences of care

- a reduction in the number of re-admissions for feeding problems
- increases the proportion of parents who introduce solid food to their baby in line with nationally agreed guidance

1.1.1 To ensure that the health benefits and management of breastfeeding and the potential health risks of artificial feeding are discussed with all women and significant others within the first 34 weeks of pregnancy so that they can make an informed choice about how they will feed their baby.

1.1.2 Staff will not discriminate against any woman in her chosen method of infant feeding and will fully support her when she has made that choice.

1.1.3 To create an environment where more women choose to breastfeed their babies, confident in the knowledge that they will be given evidence based support and information, to enable them to continue breastfeeding exclusively for six months, and then as part of their infant's diet to the end of the first year and beyond (6.8).

1.1.4 To encourage liaison between all health-care professionals and pertinent staff within the hospital and community setting in order to promote seamless delivery of care, and the development of a breastfeeding culture throughout the local community.

1.2 In Support of this Policy

1.2.1 In order to avoid conflicting advice it is mandatory that all staff involved with the care of Breastfeeding women adhere to this policy. Any deviation from the policy must be justified and recorded in the mother's and/or baby's health-care records. This should be done within professional judgment and context of professional codes of conduct.

1.2.2 The policy should be implemented in conjunction with both the Trust's breastfeeding guidelines and the mothers'/parents' guide to the policy (Appendix C).

1.2.3 It is the responsibility of all health-care professionals to follow professional guidelines and protocol and liaise with the baby's medical attendants (Paediatrician, General Practitioner) should concerns arise about the baby's health.

1.2.4 The International Code of Marketing Breastmilk substitutes is implemented throughout the services (ref?) . No advertising of breast milk substitutes, feeding bottles, teats or dummies is permissible in any premises belonging to the organisations adhering to this policy, or any service provided by or on behalf of the organisations adhering to the policy. The display of manufacturers' logos on items such as calendars and stationery is also prohibited.

- 1.2.5** No literature provided by infant formula manufacturers is permitted. Educational material for distribution to women or their families must be approved by appropriate service lead.
- 1.2.6** Parents who have made a fully informed choice to artificially feed their babies should be shown how to prepare artificial feeds correctly, either individually or in small groups, in the postnatal period. No routine group instruction on the preparation of artificial feeds will be given in the antenatal period as evidence suggests that information given at this time is less well retained and may serve to undermine confidence in breastfeeding.
- 1.2.7** Midwifery and Health visiting teams are responsible for collecting the required infant feeding data, at birth, discharge from hospital, discharge from midwifery service and 6-8 weeks. Children's Centres and medical centres (General Practice) may also collect data to enable them to monitor breastfeeding rates.

2.0 Area

- 2.1** This Joint Breastfeeding Policy applies to maternity and gynaecology services within NLAG Foundation Trust including Registered Midwives, Registered Nurses, Health Care Assistants, Medical Staff (obstetric and paediatric), Student Midwives and Nurses and Health Visitors. It also applies to the services/staff within Primary Care and the Local Authority in North and North East Lincolnshire where the staff support women who are pregnant or breastfeeding, including Health Visitors, Nursery Nurses and Children's Centre staff.

3.0 Duties

- 3.1** Staff have the responsibilities as indicated below in section 4.0.

4.0 Actions

4.1 Communicating the Breastfeeding Policy

- 4.1.1** This policy is to be communicated to all health-care staff and children's centre staff that have any contact with pregnant women and mothers. All staff will have access to a copy of this policy either via the intranet or receive a hard copy.
- 4.1.2** All new staff will be orientated to the policy as soon as their employment begins within the first seven days of employment. Within the first six months of employment attend mandatory breastfeeding training. An accurate record of completion shall be maintained.
- 4.1.3** The policy will be communicated effectively to all pregnant women and mothers of young babies. This will include a display of the policy in all areas of the maternity unit which serve mothers and babies. Where a mothers'/parents' guide is displayed or distributed in place of the full policy, the full version should be available on request. A statement to this effect will be included in

the mothers'/parents' guide.

- 4.1.4** The policy will also be made available in other formats on request and the use of interpreter services will be employed if translation of the policy is required in alternative languages.

4.2 Training Health-Care staff

- 4.2.1** Midwives, Neonatal Nurses and Health Visitors have the primary responsibility for supporting breastfeeding women and for helping them to overcome related problems.
- 4.2.2** All professional and support staff who have contact with pregnant women and mothers will receive training in breastfeeding management at a level appropriate to their professional group. New staff will receive training within six months of taking up their posts.
- 4.2.3** Medical staff have a responsibility to promote breastfeeding and provide appropriate support to breastfeeding mothers. Information and/or training will be provided to enable them to do this and this will be documented.
- 4.2.4** All clerical and ancillary staff will be orientated to the policy and receive training to enable them to refer breastfeeding queries appropriately.
- 4.2.5** Responsibility for the provision of training lies with the employing trust and service provider, who will ensure that all staff receive appropriate breastfeeding training. Records should be maintained documenting staff access to training. Audits will be undertaken to establish the uptake and efficacy of training and results published on an annual basis.
- 4.2.6** Professional and support staff will receive training in the skills needed to assist mothers who have chosen to artificially feed including in the reconstitution of infant formula and sterilisation techniques, at a level appropriate to their role and responsibilities within their organisation.

4.3 Informing Pregnant Women of the Benefits and Management of Breastfeeding

- 4.3.1** It is the responsibility of staff involved in the care of pregnant women to ensure that they are given information about the benefits of breastfeeding and of the potential health risks of artificial feeding. 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

4.3.2 Breastfeeding messages can be incorporated into Parent Craft Education; however staff should not be solely reliant on this as a way of relaying information. All pregnant women should be given an opportunity to discuss infant feeding on a one-to-one basis with a Midwife and/or Health Visitor or appropriately trained member of staff and documented. This should be achieved by 34 completed weeks of pregnancy.

4.3.3 The physiological basis of breastfeeding should be clearly and simply explained to all pregnant women, together with good management practices which have been proven to protect breastfeeding and reduce common problems. The aim should be to give women confidence in their ability to breastfeed.

4.3.4 Staff will inform mothers about/refer mothers to targeted community interventions to promote breastfeeding, as appropriate.

4.4 Supporting the Initiation of Breastfeeding

4.4.1 All mothers should be encouraged to hold their babies in skin-to-skin contact as soon as possible after delivery in an **unhurried** environment, regardless of their feeding method.

4.4.2 For at least one hour or until after the first breastfeed (whichever is sooner). Whether mothers choose to breastfeed or formula feed they will be encouraged to offer the first feed in skin contact

4.4.3 Skin-to-skin contact should never be interrupted at staff's instigation to carry out routine procedures.

4.4.4 If skin-to-skin contact is interrupted for clinical indication or maternal choice it should be re-instigated as soon as mother and baby are able.

4.4.5 All mothers should be encouraged to offer the first breastfeed when mother and baby are ready, as soon as mother and baby's condition allows, or within 6 hours of delivery to initiate lactation. Help must be available from a member of staff who is trained in the management of breastfeeding. Skin to skin contact should also be encouraged throughout the postnatal; period

4.5 Safety considerations

- 4.5.1** 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 it would occur if the baby were in a cot.
- 4.5.2** Observations should also be made of the mother, with prompt removal of the baby if the health of either gives rise to concern.
- 4.5.3** 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.
- 4.5.4** 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. entonox).
- 4.5.5** 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.

4.6 Showing Women How to Breastfeed and How to Maintain Lactation

- 4.6.1** All breastfeeding mothers should be offered further help with breastfeeding within six hours of delivery. An appropriately trained member of staff should be available to assist a mother at all breastfeeds during her hospital stay.
- 4.6.2** Appropriately trained staff should ensure that mothers are offered the support necessary to acquire the skills of positioning and attachment. They should be able to explain the necessary techniques to a mother, thereby helping her to acquire this skill for herself.
- 4.6.3** All breastfeeding mothers should be shown how to hand express their milk. A leaflet should be provided for women to use for reference. This should be documented in the appropriate records. This information should be reinforced by Community staff. They should also ensure that the mother is aware of the value of hand expression, for example in the proactive treatment of a blocked duct to prevent the development of mastitis.
- 4.6.4** Prior to transfer home, all breastfeeding mothers will receive information, both verbal and in writing about how to recognize effective feeding, to include:
- the signs which indicate that their baby is receiving sufficient milk, and what to do if they suspect this is not the case
 - How to recognise signs that breastfeeding is not progressing normally (e.g. sore nipples, breast inflammation)

- 4.6.5** A formal feeding assessment will be carried out using the Breastfeeding Assessment Tool as often as required in the first week with a minimum of two assessments to ensure effective feeding and the wellbeing of mother and baby. This will determine whether effective milk transfer is taking place and whether further support with breastfeeding is required. An assessment of the mother and baby's progress with breastfeeding will be undertaken at the primary visit by community health-care staff and an individualised plan of care developed as necessary. This will build on initial information and support provided by the maternity services, to ensure new skills and knowledge is secure. It will enable early identification of any potential complications and allow appropriate information to be given to prevent or remedy them. Skin-to-skin contact should be promoted at any stage within the community setting to support breastfeeding, comfort unsettled babies and resolve difficulties with attachment and breast refusal.
- 4.6.6** As part of all breastfeeding assessments (see 4.6.4) staff will ensure that breastfeeding mothers know:
- the signs which indicate that their baby is receiving sufficient milk, and what to do if they suspect this is not the case
 - how to recognise signs that breastfeeding is not progressing normally (e.g. sore nipples, breast inflammation)
 - Why effective feeding is important and is confident with positioning and attaching their babies for breastfeeding
 - Whether further support with breastfeeding is required
- 4.6.7** They should be able to explain the relevant techniques to a mother and provide the support necessary for her to acquire the skills for herself.
- 4.6.8** When a mother and her baby are separated for medical reasons, it is the responsibility of all health professionals caring for both mother and baby or babies to ensure that the mother is given help and encouragement to express her milk and maintain her lactation during periods of separation.
- 4.6.9** Mothers who are separated from their babies should be encouraged to begin expressing as soon as possible after delivery as early initiation has long-term benefits for milk production. **This should be within 6 hours following delivery.**
- 4.6.10** Mothers who are separated from their babies should be encouraged to express milk at least **8 to 10 times in a 24-hour period**. They should be shown how to express breast milk both by hand and by pump. **Prolactin levels at night and the importance of breast milk expression at night should be explained.**
- 4.6.11** Should a breastfeeding woman be admitted to hospital but not within Women & Children's services (i.e. admission to medicine or surgery) then support should be offered by the nursing staff. This support may include the availability of a cot for the baby and any necessary

equipment be made available for her to maintain breastfeeding and lactation. Nursing staff should contact the maternity unit who will provide on-going help and support and any equipment required

4.6.12 All breastfeeding mothers will be given information which will support them to continue breastfeeding and maintain their lactation on returning to work.

4.6.13 For those mothers who require additional support for more complex breastfeeding challenges Infant Feeding Lead/Specialist Breastfeeding Midwife will be consulted.

4.7 Supporting Exclusive Breastfeeding

4.7.0 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

4.7.1 For the first six months, no food or drink other than breast milk is to be recommended for a breastfed baby except by an appropriately-trained health or medical professional.

4.7.2 No water or artificial feed should be given to a breastfed baby except in cases of clinical indication or fully informed parental choice. The decision to offer supplementary feeds for clinical reasons should be made by appropriately trained Midwife, Health Visitor, Registered Nurse or Paediatrician. Parents should always be consulted if supplementary feeds are recommended and the reasons discussed with them in full. Any supplements which are prescribed or recommended should be recorded in the baby's hospital notes or health record along with the reason for supplementation. 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.

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, staff should refer to the specific hospital protocol**

4.7.3 Parents who request supplementation should be made aware of the possible health implications and the harmful impact such action may have on breastfeeding, to enable them to make a fully informed choice. Prior to introducing artificial milk to breastfed babies, every effort should be made to encourage the mother to express breast milk to be given to the baby via cup or syringe. This proactive approach will reduce the need to offer artificial feeds. A record of this discussion, parental request and consent should be made in the infant record.

- 4.7.4** 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 discussion regarding the potential impact of the use of a teat when a baby is learning to breastfeed
- 4.7.5** Supplementation rates will be audited using the continuous audit tool and also intermittently by interviewing women.
- 4.7.6** All mothers will be encouraged to breastfeed exclusively for the first six months and to continue breastfeeding for at least the first year of life. They should be informed that solid foods are not recommended for babies under six months. All parents will have a timely discussion about when and how to introduce solid food (6.8).
- 4.7.7** Breast milk substitutes will not be sold by health-care staff or in health-care premises.

4.8 Rooming-in

- 4.8.1** Mothers will normally assume primary responsibility for the care of their babies.
- 4.7.2** Separation of mother and baby/babies will normally occur only where the health of either mother or baby/babies prevents care being offered in the postnatal areas.
- 4.8.3** There is no designated nursery space in the hospital postnatal areas.
- 4.8.4** Babies should not be routinely separated from their mothers at night. This applies to babies who are being artificially fed as well as those being breastfed. Mothers recovering from Caesarean section should be given appropriate care, but the policy of keeping mothers and babies together should normally apply.
- 4.8.5** Mothers will be encouraged to continue to keep their babies near them when they are at home so that they can learn to interpret their babies' needs. They should be given information (including issues related to bed sharing) to enable them to manage night-time feeds safely. Refer to local safe sleeping policy and guidance
- 4.8.6** All parents will be supported to understand a baby's needs (including encouraging frequent touch and sensitive/verbal communication, keeping babies close, responsive feeding and safe sleeping practice)

4.9 Responsive Feeding

- 4.9.1** Staff should ensure that mothers are given the opportunity to discuss

responsive feeding and reassure mothers that: breastfeeding can be used to feed, comfort and calm babies. Responsive feeding should be encouraged for all babies unless clinically indicated. Hospital procedures should not interfere with this principle.

- 4.9.2** Where a baby appears reluctant to breastfeed, assistance/support should be provided by a trained member of staff to facilitate exclusive breastfeeding. Staff will ensure that mothers understand the nature of feeding cues and the importance of responding to them and that they have an awareness of normal feeding patterns, including cluster feeding and 'growth spurts'. When a baby appears sleepy/reluctant to breastfeed assistance must be provided to the mother and her baby until exclusively breastfeeding.
- 4.9.3** Mothers should be informed that it is acceptable to wake their baby for feeding if their breasts become overfull. The importance of night feeding to maintain milk production and supply must be explained.
- 4.9.4** Hospital and Community staff will ensure that mothers understand the nature of feeding cues and the importance of responding to them and that they have an awareness of normal feeding patterns, including cluster feeding and 'growth spurts'. The importance of night feeding for milk production should be explained to all mothers and ways to cope with the challenges of night-time feeding discussed.

4.10 Use of artificial teats, dummies and nipple shields

- 4.10.1** Staff will not recommend the use of artificial teats or dummies during the establishment of breastfeeding. Parents wishing to use them should be advised of the possible detrimental effects such use may have on breastfeeding to enable them to make a fully informed choice. The information given and the parents' decision should be recorded in the appropriate health record.
- 4.10.2** Mothers considering the use of a nipple shield should have the disadvantages explained to her prior to commencement. Nipple shields will not be recommended except in extreme circumstances and then only for as short a time as possible. A skilled practitioner should provide support whilst she is using the shield and she should be given help to discontinue use as soon as possible. The importance of expressing breast milk post feeds should be explained in order to maintain a good milk supply whilst using nipple shields.
- 4.10.3** The appropriate use of dummies for breastfeeding babies later in the postnatal period should be discussed with mothers, together with the possible detrimental effects they may have on breastfeeding (in relation to demand feeding), to enable them to make fully informed choices about their use.

4.11 Encouraging On-going Community Support for Breastfeeding

- 4.11.1 The organisations forming a part of this policy recognize their responsibility to promote breastfeeding. They should forge links with appropriately trained voluntary breastfeeding groups and peer supporters to ensure a joint approach to breastfeeding support.
- 4.11.2 Contact details for Community Midwifery and Health Visiting Teams will be given to all breastfeeding mothers before they leave hospital, together with contact details for voluntary breastfeeding peer supporters, local breastfeeding groups, and national support available.
- 4.11.3 Community staff will confirm that mothers have this information and inform them about other local initiatives to support breastfeeding.
- 4.11.4 Breastfeeding groups will be invited to contribute to further development of the policy as it relates to breastfeeding through involvement in appropriate meetings.
- 4.11.5 Parents will be given information about local parenting support that is available where appropriate

4.12 A Welcome for Breastfeeding Families

- 4.12.1 Breastfeeding will be regarded as the natural way to feed babies and young children.
- 4.12.2 Mothers will be enabled and supported to feed their infants in all public areas of the Trust/Health Centre/Children's Centre. Comfortable facilities will be made available for mothers who prefer privacy
- 4.12.3 Signs in all public areas of the facility will inform users of this policy.
- 4.12.4 All breastfeeding mothers will be supported to develop strategies for breastfeeding outside the home and will be provided with information about places locally where breastfeeding is known to be welcomed.
- 4.12.5 Community health-care staff will use their influence wherever possible to promote awareness of the needs of breastfeeding mothers in the local community, including cafes, restaurants and public facilities.

5.0 Care for mothers who have chosen to feed their new-born with infant Formula

- 5.1 Staff should ensure that all mothers who have chosen to feed their new-born with infant formula are able to correctly sterilise equipment and make up a bottle of infant formula during the early postnatal period and before discharge from hospital

- 5.2** Staff should ensure that mothers are aware of effective techniques for formula feeding their baby. Mothers who formula feed will be enabled to do so as safely as possible through the offer of a demonstration and / or discussion about how to prepare infant formula.
- 5.4** 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 baby close during feeds and offer majority feeds to baby themselves to enhance 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.
 - Ensure they are using the correct milk for the age of their babies.
- 5.3** Community midwives will check and reinforce learning following the mothers transfer home.
- 5.4** All information given should follow guidance from the Department of Health. Information should be reinforced by offering the Department of Health Bottle Feeding leaflet (*or local equivalent*).
- 5.5** Mothers should be given contact details of health professional support available for feeding issues once they have left hospital.

6.0 Monitoring Compliance and Effectiveness

6.1 General monitoring compliance and effectiveness

6.1.1 Compliance with this Breastfeeding policy should be audited annually.

6.1.2 The arrangement for monitoring compliance with this policy and the mandatory training is a requirement within all organisations supporting this policy. Compliance will be monitored annually via reports, audits and training data bases. The breastfeeding initiation rates are monitored via the Maternity Dashboard and are discussed monthly at Family Services Clinical Governance meetings. The Public Health Directorate will also monitor

breastfeeding initiation and prevalence rates. The readmission to hospital of babies with breastfeeding problems and excess weight loss is audited annually and the results are presented at the relevant audit meetings within Family Services.

6.2 Monitoring compliance and effectiveness specific to NLAG Family Services (Maternity and Gynaecology)

- 6.2.1** Compliance with this policy will be audited annually and the results will be presented at the Maternity Services Audit Meeting. If there are any issues highlighted, as a result of the audit, an action plan will be developed by the multidisciplinary audit group and the action plan will be presented at the midwifery team leaders meetings and monitored by the breastfeeding coordinator(s).
- 6.2.2** The arrangement for monitoring compliance with training is a mandatory requirement and will be monitored via reports from ORACLE Learning Management/staff attendance at training. The quarterly reports will be issued to all team managers to monitor staff attendance and follow up any outstanding staff training requirements.
- 6.2.3** The Breastfeeding Initiation rates are monitored monthly via the Maternity Dashboard, which is discussed monthly at the Family Services Clinical Governance meetings. Pertinent Issues identified from the dashboard, will be followed by the development of an appropriate action plan and monitored by the service lead supported by Breastfeeding Co-ordinator(s). This will be reviewed at the Clinical Governance Meeting.
- 6.2.4** The readmission to hospital of babies with breastfeeding problems in the first 28 days of life and excess weight loss will be audited annually and the results presented at the Paediatric and Maternity audit meetings respectively. Any issues highlighted from the audit will be included in an action plan, developed by the audit groups, and discussed at the maternity and paediatric team meetings. The action plan will be monitored by the Breastfeeding Co-ordinator(s) in conjunction with the Clinical Governance. Review and updates of the action plans will be presented to Team Leaders/Manager meetings and the minutes of the meeting will confirm the actions have been undertaken.

7.0 References

UNICEF UK Baby Friendly Initiative (2010) Audit Tool to Monitor Breastfeeding Support in the Maternity Services/Community services – Appendix 1 *Writing and Evaluating The Breastfeeding Policy*.
www.babyfriendly.org.uk

UNICEF UK Baby Friendly Initiative Breastfeeding assessment form
<http://www.unicef.org.uk/BabyFriendly/Resources/Guidance-for-Health-Professionals/Forms-and-checklists/Breastfeeding-assessment-form/>

UNICEF UK Baby Friendly Initiative New standards
<http://www.unicef.org.uk/BabyFriendly/Health-Professionals/New-Baby-Friendly-Standards/>

Internal code Marketing Breastmilk substitutes
<http://www.unicef.org.uk/BabyFriendly/Resources/Guidance-for-Health-Professionals/Writing-policies-and-guidelines/A-guide-for-health-workers-to-working-within-the-International-Code-of-Marketing-of-Breastmilk-Substitutes/>

Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (2009) Breastfeeding Policy.

NICE (2006) Clinical Guidance 037 Routine Postnatal Care for Women and their Babies. National Institute for Health and Clinical Excellence.

UNICEF UK Baby Friendly Initiative (2008): Three day Course in Breastfeeding Management, Participants Handbook London.

NICE (2006) Effective Action Briefing on the initiation and duration of breastfeeding National Institute for Health and Clinical Excellence

NICE (2008) Guidance on Maternal and Child Nutrition (PH 11) National Institute for Health and Clinical Excellence

Public health Outcomes Framework 2013-2016: Health Lives healthy People, improving outcomes and supporting transparency (2013) Dept. of Health

Giving all Children a Healthy Start in Life, (2014) Dept. of Health and Dept. for Education

Standing Committee on Nutrition of the British Paediatric Association (1994): *Is Breastfeeding Beneficial in the UK?* Arch Dis Child, 71:376-80.

National Service Framework for Children, Young People and Maternity Services (2004) Department of Health

Department of Health (2010) Introducing Solid Foods, Giving your Baby a better start in life Central office for Information London

8.0 Related Documents

8.1 Guideline for Safe Preparation of artificial formula feeds (FSG117).

8.2 Guideline for the Management of breastfed term babies with excessive weight loss (FSG109).

The electronic master copy of this document is held by Document Control, Office of the Medical Director, NL&G NHS Foundation Trust.

Appendix A

UNICEF BABY FRIENDLY INITIATIVE TEN STEPS TO SUCCESSFUL BREASTFEEDING

1. Have a written Breastfeeding Policy that is routinely communicated to all health care staff
2. Train all healthcare staff in the skills necessary to implement the breastfeeding policy
3. Inform all pregnant women about the benefits and management of breastfeeding
4. Help mothers initiate breastfeeding soon after birth
5. Show mothers how to breastfeed and how to maintain lactation even if they are separated from their babies.
6. Give new-born infants no food or drink other than breast milk, unless medically indicated.
7. Practice rooming in, allowing mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand
9. Give no artificial teats or dummies to breastfeeding infants

Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic

Appendix B

UNICEF BABY FRIENDLY INITIATIVE: THE SEVEN POINT PLAN FOR SUSTAINING BREASTFEEDING IN THE COMMUNITY

1. Have a written Breastfeeding Policy that is routinely communicated to all health care staff.
2. Train all staff involved in the care of mothers and babies in the skills necessary to implement the policy
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Support mothers to initiate and maintain Breastfeeding.
5. Encourage exclusive and continued breastfeeding, with appropriately-timed introduction of complementary foods
6. Provide a welcoming atmosphere for breastfeeding families

Promote co-operation between healthcare staff, breastfeeding support groups and the local community.

Appendix C New Baby Friendly Standards

Building a firm foundation

1. Have written policies and guidelines to support the standards.
2. Plan an education programme that will allow staff to implement the standards according to their role.
3. Have processes for implementing, auditing and evaluating the standards.
4. Ensure that there is no promotion of breastmilk substitutes, bottles, teats or dummies in any part of the facility or by any of the staff.

An educated workforce

Educate staff to implement the standards according to their role and the service provided.

Parents' experiences of maternity services

- Support pregnant women to recognise the importance of breastfeeding and early relationships on the health and wellbeing of their baby.
- Support all mothers and babies to initiate a close relationship and feeding soon after birth.
- Enable mothers to get breastfeeding off to a good start.
- Support mothers to make informed decisions regarding the introduction of food or fluids other than breastmilk.
- Support parents to have a close and loving relationship with their baby.

Parents' experiences of neonatal units

- Support parents to have a close and loving relationship with their baby.
- Enable babies to receive breastmilk and to breastfeed when possible.
- Value parents as partners in care.

Parents' experiences of health visiting services

- Support pregnant women to recognise the importance of breastfeeding and early relationships on the health and wellbeing of their baby.
- Enable mothers to continue breastfeeding for as long as they wish.
- Support mothers to make informed decisions regarding the introduction of food or fluid other than breastmilk.
- Support parents to have a close and loving relationship with their baby.

Parents' experiences of children's centres

- Support pregnant women to recognise the importance of early relationships to the health and wellbeing of their baby.
- Protect and support breastfeeding in all areas of the service.
- Support parents to have a close and loving relationship with their baby.

Building on good practice

Demonstrate innovation to achieve excellent outcomes for mothers, babies and their families.

Appendix D

PARENTS' GUIDE TO THE JOINT HOSPITAL/COMMUNITY BREASTFEEDING POLICY

Aims

We support the right of all parents to make informed choices about infant feeding. All our staff will support you in your decisions. We believe that breastfeeding is the healthiest way to feed your baby and we recognise the important benefits which breastfeeding provides for both you and your child. We therefore encourage you to breastfeed your baby.

Ways in Which We Will Help Mothers to Breastfeed Successfully

All Staff have received training appropriate to their roles in order to support you to breastfeed your baby. During your pregnancy, you will be able to discuss breastfeeding individually with a Midwife or Health Visitor who will answer any questions you may have.

We recommend that you hold your new baby against your skin as soon as possible after birth. The staff will not interfere or hurry you but will be there to support you and to help you with your first breastfeed. A trained member of staff will be available to explain how to put your baby to the breast and to help with feeds in the early days.

The Health Visiting team will provide support later on. Appropriately trained staff will show you how to express your breast milk and we will give you written information about this.

We recommend that you keep your baby near you whenever you can so that you can get to know each other.

If any medical procedures are necessary in hospital, you will always be invited to accompany your baby.

We will give you information and advice about how to manage night feeds once you are at home. We will encourage you to feed your baby whenever he or she seems to be hungry and we will explain to you how you can tell that he or she is getting enough milk.

We recommend that you avoid using bottles, dummies and nipple shields while your baby is learning to breastfeed. This is because they can make it more difficult for your baby to learn to breastfeed successfully and for you to establish a good milk supply.

Most babies do not need to be given anything other than breast milk until they are six months old. If for some reason your baby needs some other food or drink before this, the reason will be fully explained to you by the staff. We will help you to recognise when your baby is ready for other foods (normally at about six months) and explain how these can be introduced.

We welcome breastfeeding on our premises. We will give you information to help you breastfeed when you are out and about. We will give you a list of people and organisations/groups who you can contact for extra help and support with breastfeeding, or who can help if you have a problem.

(This is your guide to the breastfeeding policy. Please ask a member of staff if you

wish to see the full policy).