Somerset Partnership NHS
NHS Foundation Trust

# INFANT FEEDING POLICY

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| Version: | 2 |
| Ratified by: | Senior Managers Operational Group |
| Date ratified: | August 2015 |
| Title of originator/author: | Infant Feeding Specialist (Area West)<br>Infant Feeding Specialist (Area East) |
| Title of responsible committee/group: | Breastfeeding Strategy Group / Infant Feeding Forum |
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| Relevant Staff Groups: | Members of the Health Visiting team |

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## DOCUMENT CONTROL

| **Reference** LSJS/Aug15/IFP | **Version** 2 | **Status** FINAL | **Author** Infant Feeding Specialists |
|---|---|---|---|
| **Amendments** | Updates to former Somerset Community Health Breastfeeding Policy, post integration conversion to Infant Feeding Policy post integration. | | |
| **Document objectives:** To ensure that 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. All staff are expected to comply with this policy. | | | |
| **Intended recipients:** Health Visitor Service teams | | | |
| **Committee/Group Consulted:** Infant Feeding Strategy Group | | | |
| **Monitoring arrangements and indicators:** Children and Young Peoples Divisional Management meeting, Health Visitor Best Practice Group | | | |
| **Training/resource implications:** UNICEF training standards | | | |
| **Approving body and date** | Clinical Governance Group | Date: July 2015 | |
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| **Review date** | **July 2018** | | |
| **Contact for review** | Professional Lead Health Visitor | | |
| **Lead Director** | Chief Operating Officer | | |

## CONTRIBUTION LIST Key individuals involved in developing the document

| Name | Designation or Group |
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| Louise Stickland & Julie Scrancher | Infant Feeding Specialists |
| Bernice Cooke | Professional Lead Health Visitor |
| All members | Infant Feeding Strategy Group |
| All members | Health Visitor Best Practice Group |
| All members | Maternity Services Liaison Committee |
| All members | Clinical Policy Review Group |
| All members | Clinical Governance Group |

**CONTENTS**

## 1. INTRODUCTION

1.1 Somerset Partnership believes that breastfeeding is the healthiest way for a woman to feed her baby and recognises the important health benefits now known to exist for both the mother and her child.

1.2 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.

1.3 Community healthcare 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.

1.4 As an Organisation that has achieved UNICEF Baby Friendly Initiative, this Policy has been developed to communicate our requirements in order to sustain this accreditation. All relevant staff are expected to comply with this policy.

## 2. PURPOSE & SCOPE

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

- Increases in breastfeeding rates at 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
- Increases in the proportion of parents who introduce solid food to their baby in line with nationally agreed guidance
- Improvements in parents 'experiences of care
- To enable community health care staff to create an environment where more women choose to breastfeed their babies, confident in the knowledge that they will be given appropriate information and skilled support according to their need.
- Working together across disciplines and organisations to improve mothers/parents experiences of care.

2.2 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.

2.3 Ensuring that all care is mother and family centred, non- judgemental and that mothers' decisions are supported and respected.

2.4 The policy should be implemented in conjunction with 'the mothers/parents' guide to the infant feeding policy and the standards for the breastfeeding groups.

## 3. DUTIES AND RESPONSIBILITIES

3.1 The **Trust Board** has a duty to care for patients receiving care and treatment from the Trust and has overall responsibility for procedural documents and delegate's responsibility as appropriate.

3.2 The **Chief Operating Officer** is the Lead Director who has devolved responsibility and will oversee the monitoring and implementation of this policy in order to ensure that it is applied throughout the Trust.

3.3 Should concerns arise about the baby's health it is the responsibility of **all community healthcare professionals** to refer the baby to the medical team for assessment, this will usually be Health Visitors but may include other healthcare staff that come into contact with women and babies such as Minor Injury Unit staff

3.4 **The Trust** will abide by the International Code of Marketing for Breastmilk Substitutes as defined by UNICEF

3.4.1 **Staff** will not meet with formula milk company representatives as per UNICEF requirements

3.4.2 No advertising of breastmilk substitutes, feeding bottles, teats or dummies is permissible in any part of Somerset Partnership facility.

3.4.3 **Staff members** are not permitted to attend any study day sponsored by formula milk companies during work time. No literature, or other items provided by infant formula manufacturers are permitted.

3.5 **Best Practice Groups** are managed by the relevant operational directorate and may be service specific, or based on a care pathway. Although operationally led, they report to the Clinical and Social Care Effectiveness Group. The CSCE Group will escalate any areas of concern to the Clinical Governance Group.

3.6 **Health visitors** and their clinical teams have the primary responsibility for supporting breastfeeding women and for helping them to overcome related problems. **They are also required** to submit infant feeding data on a weekly basis to the project co-ordinator for the primary visit, 6 - 8 week contact and 3 - 4 month contact. Breastfeeding data will be collated and distributed to Clinical Area Managers.

3.7 Lactation Clinics – Several Health Visitors have received or are receiving additional experiential learning to provide a clinic for women who are experiencing ongoing feeding concerns. Women are usually referred to the lactation clinic by Health Visitors.

## 4. EXPLANATIONS OF TERMS USED

4.1 UNICEF is the world's leading organisation focusing on children and child rights, with a presence in more than 190 countries and territories. Working with local communities, partners and governments to ensure every child's

rights to survive and thrive are upheld. The UK Baby Friendly Initiative is based on a global accreditation programme of UNICEF and the World Health Organization. It is designed to support breastfeeding and parent infant relationships by working with public services to improve standards of care. In 2012 the standards were revised.

The UNICEF UK Baby Friendly Initiative provides a framework for the implementation of best practice by NHS trusts, other health care facilities and higher education institutions, with the aim of ensuring that all parents make informed decisions about feeding their babies and are supported in their chosen feeding method. Facilities and institutions that meet the required standards can be assessed and accredited as Baby Friendly.

Implementing Baby Friendly standards is a proven way of increasing breastfeeding rates (references 1, 2, 3, 4). It also means health professionals can give mothers the support, information and encouragement they need.

4.2 Tongue-tie (ankyloglossia,) - occurs when the frenulum, or piece of tissue which bridges the gap between the underside of the tongue and the floor of the mouth is abnormally short, stopping the tip of the tongue from protruding beyond the lower gum. It varies in degree, from a mild form in which the tongue is bound only by a thin mucous membrane to a severe form in which the tongue is completely fused to the floor of the mouth. Breastfeeding difficulties may arise as a result of the inability to move the tongue in a normal way and therefore attach and suck effectively, causing sore nipples and poor infant weight gain.

Frenulotomy - Many tongue-ties are asymptomatic and do not require treatment and some may resolve spontaneously over time. In some instances, support to improve attachment is all that is needed. However, if the condition is causing problems with feeding, surgical division of the lingual frenulum can be recommended and carried out as early as possible. This may enable the mother to continue breastfeeding rather than having to switch to artificial feeding.

## 5. COMMUNICATING THE INFANT FEEDING POLICY

5.1 This policy is available on the intranet for all healthcare staff members who have any contact with pregnant women and mothers.

5.2 All relevant new staff will be orientated to the policy within the first week of employment.

5.3 The Essential Guide to feeding and caring for your baby will be given to all antenatal parents prior to 32 weeks of pregnancy. The full version of the policy will be available on the Trust Intranet.

## 6. INFORMING PREGNANT WOMEN OF THE BENEFITS AND MANAGEMENT OF BREASTFEEDING

6.1 All pregnant women should be given an opportunity to discuss infant feeding on a one-to-one basis with a health visitor or other member of the community healthcare team.

6.2 The antenatal conversation about feeding should not solely be attempted during a group antenatal class.

6.3 Feeding preference should not be asked by any health professional, in the antenatal period as it should be assumed that Breastfeeding is the preferred feeding method unless otherwise informed.

6.4 Health Visitors will be able to describe the physiological basis of breastfeeding and this 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 information and confidence in their ability to breastfeed and to continue to feed for as long as they wish.

6.5 The 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 to responding to their babies needs for comfort closeness and feeding after birth and how keeping their baby close will help this.
- It is important to explore what knowledge parents have about breastfeeding.
- To inform parents about the value breastfeeding has to protect, give comfort and nutrition.
- Demonstration of positioning and attachment using a doll and model breast
- Awareness of feeding cues and normal feeding patterns.

6.6 Staff will inform mothers about local breastfeeding groups and lactation clinics as appropriate.

## 7. SUPPORTING THE ESTABLISHMENT AND MAINTENANCE OF LACTATION

7.1 An assessment of the mother and baby's progress with breastfeeding should be undertaken at the primary visit by the Health Visitor using the Breastfeeding Assessment Tool. An individualised plan of care will be developed; this will build on initial information and support provided by the maternity services. It will enable early identification of any potential complications and allow appropriate information to be given to prevent or remedy them.

7.2 As part of the initial breastfeeding assessment 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, for example, sore nipples, breast inflammation
- why effective feeding is important and are confident with positioning and attaching their babies for breastfeeding.

7.2.1 Staff should be able to explain the relevant techniques to a mother and provide the support necessary for her to acquire the skills for herself.

7.3 Health Visitors will be able to describe responsive feeding as a sensitive reciprocal relationship between the mother and her baby. By keeping mother and baby close mothers can respond to their babies requests in the form of feeding cues which will enable a mother to maximise her potential milk supply and to meet her baby's needs for closeness and comfort.

7.3.1 Responsive feeding should be explained to mothers and encouraged for all babies. 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.

7.4 Parents will be informed that Breastfeeding can be used to feed, comfort and calm babies. Feeds can be initiated when babies show feeding cues, when they are distressed, when they are lonely or when the mothers' breasts are full or when she would just like to sit down and rest.

7.5 The importance of night feeding for milk production should be explained to all mothers. Ways to manage night-time feeding will be discussed, including safe bed sharing and avoiding falling asleep with their baby on a sofa./Any associated risks identified will be explained to the parents and documented in the professional records

7.6 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.

7.7 Staff should ensure at the primary visit, that mothers are aware of the value of hand expression. The Health Visitor should ensure that the mother is confident in the skill of hand expression with the help of a model breast. The information provided will be documented in the Child Health Record Book.

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

7.9 Staff will inform mothers about local breastfeeding groups for routine support.

7.9.1 Mothers who require additional intervention for more complex breastfeeding challenges will be referred by the Health Visitor to the local Lactation Clinic.

7.9.2 For babies with more than 10% weight loss or slow weight gain crossing two centiles within any 8 week period must be referred to a Lactation Clinic.

## 8. SUPPORTING EXCLUSIVE BREASTFEEDING

8.1 Mothers who breastfeed will be provided with information about why exclusive breastfeeding for the first 6 months leads to the best outcomes for their baby.

8.2 Parents who elect to supplement their baby's breastfeeds should be made aware of the health implications and of the harmful impact supplementation may have on breastfeeding. However, if parents make a fully informed choice to supplement breastfeeds they will be supported to maximise the amount of breast milk their baby receives.

8.3 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 weaning information should reflect this ideal.

## 9. A WELCOME FOR BREASTFEEDING FAMILIES

9.1 Breastfeeding will be regarded as the normal way to feed babies and young children.

9.2 Mothers will be enabled and supported to breastfeed their infants in all public areas of Trust premises.

9.3 Signs in all public areas of the facility will inform users of this policy.

9.4 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.

9.5 Community healthcare 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.

## 10. ENCOURAGING COMMUNITY SUPPORT FOR BREASTFEEDING

10.1 All breastfeeding mothers will be provided with contact details for Health Visiting staff that can provide support with breastfeeding.

10.2 All breastfeeding mothers will be informed about local initiatives to support breastfeeding and provided with details and contact numbers for breastfeeding support groups, voluntary and national helplines. Parents will be informed about Lactation Clinics for specialist help as necessary

## 11. FORMULA FEEDING

11.1 Parents who have made a fully informed choice to artificially feed their babies should be shown how to prepare formula feeds correctly, either

individually or in small groups, only 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.

11.2 At the new birth visit mothers will have a discussion about how feeding is going.

11.3 Staff is required to ensure that parents who are formula feeding have the information they need to do so as safely as possible. This may include a demonstration and/or a discussion about how to prepare infant formula.

11.4 Mothers who formula feed should have a conversation 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 their baby wants

## 12. INTRODUCING SOLID FOOD

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

- Solid food should be started at around six months.
- The baby's signs of developmental readiness for solid food.
- How to introduce solid food to babies.
- Appropriate foods for babies.

## 13. SUPPORT FOR PARENTING AND CLOSE RELATIONSHIPS

13.1 All parents will be supported to understand a baby's needs (such as frequent touch, sensitive, verbal/visual communication, keeping babies close, responsive feeding and safe sleeping practices.

13.2 Mothers who bottle feed will be encouraged to hold their baby close during feeds and to offer the majority of feeds to the baby themselves to help enhance the mother baby relationship.

## 14. TRAINING REQUIREMENTS

14.1 It is a Service requirement that Health visitors and their teams will receive annual training in breastfeeding and infant feeding management. New staff will receive training within six months of taking up their posts. There is no specific mandatory training on the Trusts matrix.

14.2 All Health Visiting clerical and ancillary staff will be orientated to the policy and receive training to enable them to refer breastfeeding queries appropriately.

## 15. EQUALITY IMPACT ASSESSMENT

All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

## 16. MONITORING COMPLIANCE AND EFFECTIVENESS

16.1 Somerset Partnership Health Visiting Service requires that compliance with this policy is audited at least annually using the UNICEF Baby Friendly Audit Tool (2013 edition**).** Staff involved in carrying out this audit will be provided with training on the use of this tool. This is an external audit requirement based on meeting our Baby Friendly Stage 3 accreditation with UNICEF and does not involve the Somerset Partnership NHS Foundation Trust audit department.

16.2 Audit results will be reported to the Professional Lead for Children and Young Peoples Services, Clinical Area Managers and Divisional Manager. An action plan to address any areas of non-compliance identified will be agreed.

16.3 Parents' experiences of care will be listened to, through: regular audit, parents' experience surveys, evaluation of breastfeeding groups, lactation clinics and the frenulotomy service.

## 17. COUNTER FRAUD

The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

## 18. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS

18.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3), the fundamental standards** which inform this procedural document, are set out in the following regulations:

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| Regulation 9: | Person-centred care |
| Regulation 10: | Dignity and respect |
| Regulation 11: | Need for consent |
| Regulation 12: | Safe care and treatment |
| Regulation 13: | Safeguarding service users from abuse and improper treatment |
| Regulation 14: | Meeting nutritional and hydration needs |

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| Regulation 16: | Receiving and acting on complaints |
| Regulation 19: | Fit and proper persons employed |
| Regulation 20: | Duty of candour |
| Regulation 20A: | Requirement as to display of performance assessments. |

18.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

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|---|---|
| Regulation 18: | Notification of other incidents |

18.3 Detailed guidance on meeting the requirements can be found at http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf

**Relevant National Requirements**

National Institute for Clinical Excellence (2008). Maternal and Child Nutrition: NICE Public Health Guidance PH 11. London: National Institute for Clinical Excellence (NICE)

National Institute for Clinical Excellence (2006).Routine Postnatal Care of Women and their Babies. NICE Clinical Guideline 37. London: National Institute for Clinical Excellence (NICE)

UNICEF UK Baby Friendly Initiative (2013) Statement on Bed sharing Research

World Health Organisation and UNICEF. Global Strategy for Infant and young Child Feeding (2011)

World Health Organisation (1981). International Code of Marketing of Breast milk Substitutes. Geneva: World Health organisation

## 19. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

### 19.1 References

Real Baby Milk Essential Guide to Feeding and Caring for your Baby Somerset 2014

### 19.2 Acknowledgements

Elizabeth Mayo, UNICEF Regional Lead
Michele Hawkes, Public Health Directorate, Somerset County Council

### 19.3 Cross reference to other procedural documents

Development & Management of Organisation-wide Procedural Documents Policy and Guidance

Learning Development and Mandatory Training Policy

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

## 20. APPENDICES

20.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such. This should include any relevant Clinical Audit Standards.

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| Appendix A | The 10 Steps to Successful Breastfeeding |
| Appendix B | The Seven Point Plan (for the Community) |

**APPENDIX A**

## THE 10 STEPS TO SUCCESSFUL BREASTFEEDING

1. Have a written breastfeeding policy that is routinely communicated to all staff
2. Train all healthcare staff ion the skills necessary to implement the policy
3. Inform all pregnant women about the benefits and management of breastfeeding
4. Help mother's initiate breastfeeding soon after birth
5. Show mother's how to breastfeed and how to maintain lactation, even if separated from their babies
6. Give newborn infants no food or drink other than breast milk, unless indicated
7. Practice rooming-in, allowing mothers and infants to remain together night and day
8. Encourage breastfeeding on demand
9. Give no artificial teats or dummies to breastfeeding infants
10. Foster the establishment of breastfeeding support groups and refer women to them on discharge from hospital or clinic

**APPENDIX B**

## THE SEVEN POINT PLAN (FOR THE COMMUNITY)

1. Have a written breastfeeding policy that is routinely communicated to all staff

2. Train all staff involved in the care of mothers and babies in the skills 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 appropriate introduction of complimentary foods

6. Provide a welcoming atmosphere for breastfeeding families

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