

## Infant Feeding Policy - Maternity

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| <b>Lead Reviewer:</b> Karen Mackay, Infant Feeding Advisor | <b>Version:</b> 1                 |
| <b>Ratified by:</b> NMAHP Policy Group                     | <b>Date Ratified:</b> March 2014  |

**Distribution:**

- Executive Directors
- Clinical Directors
- General Managers
- Locality Managers
- Hospital Midwives
- Community Midwives
- Health Visitors
- Nursery Nurses
- Paediatric Nurses
- All Paediatric, Medical and Dietetic staff
- All GPs
- All Hospital Medical Staff
- All ancillary staff within NHS Highland
- All support staff who have contact with mother and child
- Breastfeeding Peer Supporters

**Method**

Email ✓      Intranet ✓

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## PURPOSE

The purpose of this policy is to ensure that all staff within NHS Highland and Highland and Argyll and Bute Councils 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.

|   |
|---|
| All staff refers to staff who have contact with pregnant or breastfeeding women |
|---|

## 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 discharge home from midwifery units.
- An increase in breastfeeding rates at 10 days.
- 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 parent's experiences of care – captured in UNICEF audit and continual Clinical Quality Indicator (CQI) monitoring.
- A reduction in the number of re-admissions for feeding problems to the children's ward
- An increase in women being allocated a breastfeeding peer supporter in the postnatal period.

## OUR COMMITMENT

NHS Highland and Highland and Argyll and Bute Councils are 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 on future health and well-being, and the significant contribution that breastfeeding makes to promoting positive physical and emotional health outcomes for children and mothers.
- Ensuring that all care is mother and family centred, non-judgemental and that mothers decisions are supported and respected.
- Working together across disciplines and organisations to improve mothers'/parents' experiences of care.

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As part of this commitment services will ensure that:

- All new staff are familiarised with this policy on commencement of employment.
- All staff will 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<sup>1</sup> is implemented throughout the services.
- All documentation fully supports the implementation of these standards.
- Parents' experiences of care will be listened to through: regular audit, CQI's.

## CARE STANDARDS

This section of the policy sets out the care that NHS Highland and Highland and Argyll and Bute Councils are committed to give each and every expectant and new mother. It is based on the UNICEF UK Baby Friendly Initiative standards for maternity services<sup>2</sup>, relevant NICE guidance<sup>3</sup>, the Maternal and Infant Nutrition Framework<sup>4</sup>, A Refreshed Framework for Maternity Care in Scotland<sup>5</sup> and Early Years Framework<sup>6</sup>.

## 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.
- The value of skin to 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.

<sup>1</sup> <http://www.unicef.org.uk/BabyFriendly/Health-Professionals/Going-Baby-Friendly/Maternity/The-International-Code-of-Marketing-of-Breastmilk-Substitutes/>

<sup>2</sup> [www.unicef.org.uk/babyfriendly/standards](http://www.unicef.org.uk/babyfriendly/standards)

<sup>3</sup> [www.nice.org.uk/cq037](http://www.nice.org.uk/cq037) and [www.nice.org.uk/ph11](http://www.nice.org.uk/ph11)

<sup>4</sup> [www.scotland.gov.uk/Resource/Doc/337658/0110855.pdf](http://www.scotland.gov.uk/Resource/Doc/337658/0110855.pdf)

<sup>5</sup> [www.scotland.gov.uk/Resource/Doc/337644/0110854.pdf](http://www.scotland.gov.uk/Resource/Doc/337644/0110854.pdf)

<sup>6</sup> [www.scotland.gov.uk/Publications/2009/01/13095148/2](http://www.scotland.gov.uk/Publications/2009/01/13095148/2)

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- The discussion will be supported by distribution of the NHS Highland Antenatal breastfeeding booklet

## **BIRTH**

- All mothers will be offered the opportunity to have uninterrupted skin to skin contact with their baby at least until after the first feed and for as long as they want, so that the instinctive behaviour for breast seeking for the baby and nurturing for the mother are given an opportunity to emerge.
- All mothers will be encouraged to offer the first breastfeed in skin to 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 chose to formula feed they will be encouraged to offer the first feed in skin to skin contact.
- Those mothers who are unable (or do not wish) to have skin to skin contact immediately after birth will be encouraged to initiate skin to skin contact as soon as they are able or wish.
- Mothers with a baby in the Special Care Baby Unit (SCBU) will be:
  - Enabled to start expressing milk as soon as possible after birth – within six hours,
  - Supported to express effectively,
  - Offered kangaroo care if their baby is stable.

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

### **SAFETY CONSIDERATIONS**

Vigilance around the baby's well-being is a fundamental part of the postnatal care in the first few hours after birth. For this reason, normal observations of the baby's

- temperature
- respiratory rate
- colour
- tone

should continue throughout the period of skin to skin contact, as would occur if the baby was in a cot. Observations should also be made of the mother, with the prompt removal of the baby if the health of either gives rise for concern.

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It is important to ensure that the baby cannot fall on to the floor or become trapped in the bedding or by the mother's body. Particular care should be taken with the positioning of the baby, ensuring the head is supported so his/her 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. entonox

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.

## **SUPPORT FOR BREASTFEEDING**

- Mothers will be enabled to achieve effective breastfeeding according to their needs. This includes appropriate support with positioning and attachment, hand expression and 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 breastfeeding assessment will be carried out using the Breastfeeding checklist and day 5 Breastfeeding assessment form. The formal feeding assessment can be carried out as often as it is required in the first week with a minimum of two assessments to ensure effective feeding and well being of mother and baby, the breastfeeding assessment tool can be found in Appendix 1. These assessments will include a dialogue/discussion with the mother to reinforce what is going well and where necessary to develop an appropriate plan of care to address any issues that have been identified.
- Mothers will be encouraged to complete their own breastfeeding assessment form, at Appendix 2, which is part of the NHS Highland postnatal breastfeeding booklet. This will enable them to have information on recognising effective feeding and identify areas of concern to discuss with their local health professional.
- 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.

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- All breastfeeding mothers will be informed about the local support services for breastfeeding. On discharge home from hospital or following home delivery all breastfeeding women will be offered telephone support run by trained breastfeeding peer supporters. The NHS Highland postnatal breastfeeding booklet clearly lists local and national contact numbers, along with local specialist clinics and support groups.
- For those mothers who require specialist support for more complex breastfeeding challenges, there are referral pathways in place, at Appendix 3. Mothers are given information about this in the NHS Highland Postnatal breastfeeding booklet.

## **RESPONSIVE FEEDING**

The term responsive feeding was previously referred to as demand or baby led feeding. Responsive feeding is used to describe a feeding relationship which is sensitive, reciprocal and about more than just 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.
- Breastfeeding will not tire mothers anymore than caring for a new baby without breastfeeding.

## **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 breast milk 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 learning to breastfeed.
- A full record will document all supplements given, including the rationale for supplementation and the discussion held with parents.

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- Supplementation rates will be audited continuously via supplementation audit and CQI.

## MODIFIED FEEDING REGIMES

- There are a number of clinical indications for a short term modified feeding regime in the early days after birth. Clinical policies to support modified feeding regimes are contained within the NHS Highland Hypoglycaemia Policy<sup>7</sup> and the NHS Highland Weight Loss Policy for the Breastfed Neonate<sup>8</sup>.

## FORMULA FEEDING

- Mothers who formula feed will be enabled to do so as safely as possible through the offer of a demonstration and/or the discussion about how to prepare infant formula.
- Mothers who formula feed will have a discussion about the importance of responsive feeding and be encouraged to:
  - Respond to the cues that their baby is hungry.
  - Invite the baby to draw in the teat rather than forcing the teat into the baby's mouth.
  - Pace the feed so that their baby is not forced to feed more than they want to do.
  - Recognise their baby's cues that they have had enough milk and avoid forcing their baby to take more milk than then baby wants.
- Mothers will be given information about this in the NHS Highland postnatal formula feeding booklet.

## 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:

7

<http://intranet.nhsh.scot.nhs.uk/PoliciesLibrary/Documents/Prevention%20of%20Neonatal%20Hypoglycaemia%20Protocol%20for%20Maternity%20Staff.pdf>

8

<http://intranet.nhsh.scot.nhs.uk/PoliciesLibrary/Documents/Guideline%20for%20Prevention%20of%20Excessive%20Weight%20Loss%20in%20the%20Breastfed%20Neonate.pdf>

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- Encouraging frequent touch.
- Encouraging sensitive verbal communication.
- Encouraging sensitive visual communication.
- Keeping babies close.
- Responsive feeding.
- Safe sleeping practice.
- Mothers who bottle 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 – details will be given by local maternity and health visiting staff.

Recommendations for health professionals on discussing bed-sharing with parents'

- Simplistic messages in relation to where a baby sleeps should be avoided.
- Neither prohibiting nor permitting bed sharing reflect the current research evidence available.

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 from cot death.
- Your baby should never share a bed with anyone who:
  - is a smoker,
  - has consumed alcohol,
  - has taken drugs either legal or illegal which makes them sleepy,
  - is overwhelmingly tired.

The incidence of SIDS, often called cot death, is higher in the following groups:

- Parents from low socio-economic groups.
- Parents who currently abuse alcohol or drugs.
- Young mums with more than one child.
- Premature infants.

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- Low birth weight infants.

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 these recommendations into practice.

## **MONITORING IMPLEMENTATION OF THE STANDARDS**

Outcomes will be monitored by:

- Monitoring breastfeeding rates at birth.
- Monitoring breastfeeding rates at discharge.
- Monitoring breastfeeding rates at 10 – 11 days.
- Monitoring clinical quality indicators monthly.
- Monitoring admissions to the children’s ward.
- Monitoring up-take of breastfeeding peer support.
- Monitoring up-take of attendance at daily formula feeding demonstrations.

Outcomes will be reported to:

- The lead midwives group.
- Maternity services strategy co-ordination group.
- Maternal and infant nutrition framework improvement group.
- Improvement committee.

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## Appendix 1 – Day 5 breastfeeding assessment form

### Breastfeeding assessment form

If any responses in the right hand column are ticked: **watch a full breastfeed, develop an action plan** including revisiting positioning and attachment and/or refer to specialist practitioner. Any additional concerns should be followed up as needed.

|   |  |   |   |   |
|---|--|---|---|---|
| Baby's name:<br>Baby's age:<br>Date of birth: | Birth weight:<br>Gestation:<br>Current weight:   |   | Assessment carried out by:<br><br>Date:   |   |
| <b>What to observe/ask about</b>              | <b>Answer indicating effective feeding</b>   | ✓ | <b>Answer suggestive of a problem</b>   | ✓ |
| Urine output                                  | At least 5-6 heavy wet nappies in 24 hours*  |   | Fewer than 5-6 wet nappies in 24 hours, or nappies that do not feel heavy*                              |   |
| Appearance and frequency of stools            | 2 or more in 24 hours; normal appearance (i.e. at least £2 coin size, yellow, soft/runny)* |   | Fewer than 2 in 24 hours or abnormal appearance*  |   |
| Baby's colour, alertness and tone             | Normal skin colour; alert; good tone   |   | Jaundiced worsening or not improving; baby lethargic, not waking to feed; poor tone                     |   |
| Weight (following initial post-birth loss)    | If re-weighed not lost more than 10% of birth weight – see Weight Guidelines               |   | Weight loss greater than 10%  |   |
| Number of feeds in last 24 hours              | At least 8 feeds in a 24 hour period*  |   | Fewer than 8 feeds in last 24 hours*  |   |
| Baby's behaviour during feeds                 | Generally calm and relaxed   |   | Baby comes on and off the breast frequently during the feed, or refuses to breastfeed                   |   |
| Sucking pattern during feed                   | Initial rapid sucks changing to slower sucks with pauses and soft swallowing*              |   | No change in sucking pattern, or noisy feeding (e.g. clicking)*   |   |
| Length of feed                                | Baby feeds for 5 - 30 minutes at most feeds  |   | Baby consistently feeds for less than 5 minutes or longer than 40 minutes                               |   |
| End of the feed                               | Baby lets go spontaneously, or does so when breast is gently lifted                        |   | Baby does not release the breast spontaneously, mother removes baby                                     |   |
| Offer of second breast?                       | Second breast offered. Baby feeds from second breast or not, according to appetite         |   | Mother restricts baby to one breast per feed, or insists on two breasts per feed                        |   |
| Baby's behaviour after feeds                  | Baby content after most feeds  |   | Baby unsettled after feeding  |   |
| Shape of either nipple at end of feed         | Same shape as when feed began, or slightly elongated                                       |   | Misshapen or pinched at the end of feeds  |   |
| Mother's report on her breasts and nipples    | Breasts and nipples comfortable  |   | Nipples sore or damaged; engorgement or mastitis  |   |
| Use of dummy / nipple shields / formula?      | None used  |   | Yes ( <i>state which</i> )<br>Ask why: Difficulty with attachment?<br>Baby not growing? Baby unsettled? |   |

\*This assessment tool was developed for use **on or around day 5**. If the tool is used at other times:

|   |  |   |
|---|--|---|
| Wet nappies: Day 1-2 = 1-2 or more<br>Day 3-4 = 3 or more, heavier<br>Day 7+ = 6 or more, heavy | Stools: Day 1-2 = 1 or more, meconium<br>Day 3-4 = 2 or more changing stools | Feed frequency: Day 1 at least 3-4 feeds<br>Sucking pattern: Swallows may be less audible until milk comes in day 3-4 |
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UNICEF UK Baby Friendly Initiative 2010. Adapted from checklists used in the Oxford Radcliffe NHS Trust and East Lancashire Hospitals NHS Trust

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## Appendix 2 – Mother’s breastfeeding form

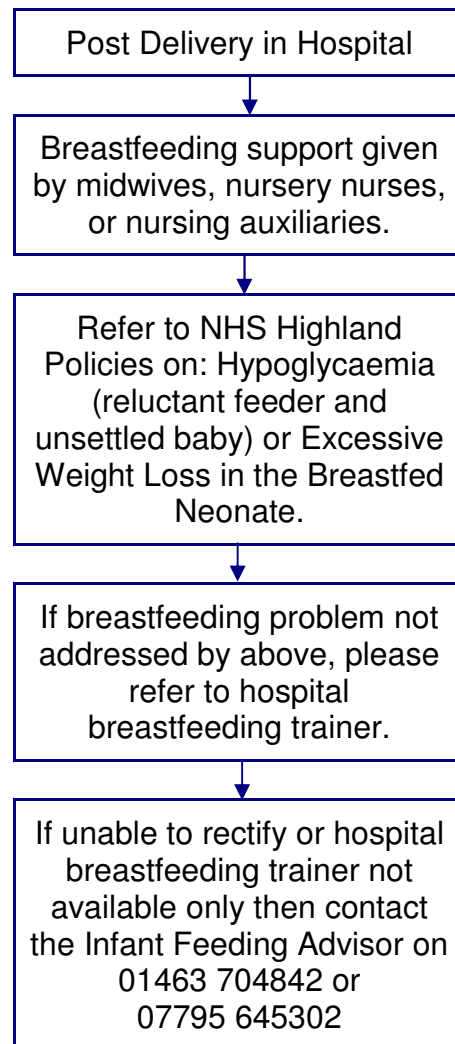
# How can I tell that breastfeeding is going well?

| <b>Breastfeeding is going well when:</b>   | <b>Talk to your midwife if:</b>   |
|--|---|
| Your baby has 8 feeds or more in 24 hours.   | Your baby is sleepy and has had less than 6 feeds in 24 hours.  |
| Your baby is feeding for between 5 and 30 minutes at each feed.  | Your baby consistently feeds for 5 minutes or less or longer than 40 minutes at each feed.  |
|  | Your baby always falls asleep on the breast and/or never finishes the feed himself.   |
| Your baby has normal skin colour.  | Your baby appears jaundiced (yellow discolouration of the skin).  |
| Your baby is generally calm and relaxed whilst feeding and is content after most feeds.                    | Your baby comes on and off the breast frequently during the feed or refuses to breastfeed.  |
| Your baby has wet and dirty nappies (see chart).   | Your baby is not having wet and dirty nappies (see chart).  |
| Breastfeeding is comfortable.  | You are having pain in your breasts or nipples, which doesn't disappear after baby's first few sucks. Your nipple comes out of baby's mouth looking pinched or flattened on one side. |
| Once your baby is 3-4 days old and beyond you should hear your baby swallowing frequently during the feed. | You cannot tell if your baby is swallowing any milk when you baby is 3-4 days old and beyond.   |
|  | You think your baby needs a dummy.  |
|  | You feel you need to give your baby formula milk.   |

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## Appendix 3 – Referral pathways

### Breastfeeding Problems - Pathway of Referral to Infant Feeding Advisors



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