INFANT FEEDING POLICY

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Approved by Maternity Governance Meeting on:	16th April 2021
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Key Amendment

Date	Amendment	Approved by
17th Jan 2020	Amendments made following Baby Friendly assessment	Maternity Quality Governance meeting
30th March 2021	Skin to skin Safety considerations	Maternity Quality Governance meeting

Contents

1. Introduction

Worcestershire Acute Hospital NHS Trust promotes that breastfeeding is the healthiest choice for mothers and babies to feed. It recognises the important evidence that breastfeeding has on both health and emotional wellbeing for families.

As part of their role and accountability, all staff are expected to comply with this policy.

This policy should be used in conjunction with:

- Guideline for the management of excessive weight loss and prevention of hypernatraemic dehydration in neonates -WAHT-TP-047
- Neonatal Infant feeding policy WAHT-TP
- Reluctant feeder's pathway WAHT-TP
- Hypoglycaemia pathway WAHT-TP
- Neonatal guideline for labelling feeds. WAHT-TP
- Management of women with gestational diabetes WAHT-TP
- Type 1 and Type 2 diabetes in pregnancy WAHT-TP
- Breast milk handling and storage WAHT-KD-016
- Tongue tie in infant feeding WAHT-TP

- **Purpose** This policy aims to ensure that all staff at Worcestershire Acute Hospitals NHS Trust understand their role and responsibilities in supporting families with feeding their baby and developing close, loving relationships, ensuring that all babies get the best possible start in life.
- Staff will be educated to support and maintain the baby friendly standards according to their role and the service provided.
- Staff will create an environment where women choose to breastfeed their babies, confident in the knowledge that they will be given support and information to enable them to continue breastfeeding exclusively for at least six months. WHO recommends exclusive breastfeeding for six months and thereafter with other foods for two years and beyond.
- All mothers and their families have the right to receive clear and unbiased information to enable them to make a fully informed choice as to how to 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.
- The International Code of Marketing of Breast-milk Substitutes is implemented throughout the service. All staff are expected to comply with this policy

2. Scope of this document

This policy sets out the care that the Trust is committed to giving each and every expectant and new mother/father. It is based on the UNICEF UK Baby Friendly Initiative standards for maternity services and relevant NICE guidance45

3. Responsibility and Duties

Divisional Director of Nursing & Midwifery
Has the overall reasonability for the implementation of the policy.
Aspects of this will be delegated to other members of staff.
She will feedback to the trust board as necessary.

Matrons and Senior Midwives
It is the responsibility of the senior midwifery team to ensure all staff attend mandatory training and all staff comply with the policy.

Infant Feeding Specialist Midwives
It is the responsibility of the Specialist Midwives to review the policy every 2 years or whenever the evidence suggests this is required.
They should deliver the training as in the Maternity Training Needs Analysis.
They will carry out annual audit of the policy and provide senior midwifery team with action plans as appropriate

The specialist midwives will work collaboratively between midwifery / neonatal and health visiting teams to ensure that effective implementation of the standards leads to improved experiences for mothers, it also ensure that mothers who need additional support have their needs met.

All Staff
Each member of staff from all disciplines is accountable for their actions and is responsible for ensuring they have the knowledge and skills to perform specific tacks within their remit and undertake mandatory assessments.

All staff will be orientated to the policies/ guidelines around infant feeding and attend mandatory infant feeding management within 6 months of commencing employment with the trust.

4. Our commitment to the policy

- In order to avoid conflicting advice it is mandatory that all staff involved with the care of pregnant women and new mothers adhere to this policy. Any deviation from the policy must be justified and recorded in the mother's and baby's notes.
- It is the individual midwife's responsibility to liaise with the baby's medical attendants (paediatrician, general practitioner) should concerns arise about the baby's health.
- The WHO International Code is implemented throughout the service, which means no advertising or sale of breast milk substitutes, feeding bottles, teats or dummies is permissible in any part of this Trust. The display of manufacturers' logos on items such as calendars and stationery is also prohibited.
- Staff members will not meet with formula milk representatives, individually or in groups. Information will be cascaded down from the specialist midwives – infant feeding, via the Worcestershire Infant Feeding Group and through mandatory training.
- No literature provided by infant formula manufacturers is permitted. Educational material for distribution to women and their families must be approved by the Specialist Midwives in infant feeding.
- Parents who have made a fully informed choice to artificially feed their babies should be shown how to prepare formula feeds correctly by having a meaningful discussion and backed up by signposting to the Department of health "Guide to Bottle feeding booklet , and the First Steps Nutrition "which formula to choose " leaflet. 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.

5. Policy detail

Pregnancy

All pregnant women are to have the opportunity for a meaningful conversation about feeding their baby and how to recognise and respond to their baby's needs. Health professionals (or other suitably trained designated person) are also to encourage mothers to develop a positive relationship with their growing baby in utero.

This discussion will include the following topics:

- The importance and management of breastfeeding
- The value of connecting with their growing baby
- 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
    - how to get breastfeeding off to a good start
    - the importance and management of breastfeeding

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. All mothers should receive a copy of the "Mothers and others Guide" around 16 weeks of pregnancy to support and enhance the information provided by the midwife.

Feeding intention should not be asked as often parents have not made a final decision until the birth of the baby. Remember to explore what parents already know and offer relevant information.
This will completed on Badgernet

Parent education classes should reinforce the above.

6. Birth

Skin to Skin Contact and Offering help with a first feed.

Always offer help with the first feed.

All mothers will be encouraged to hold their babies in skin-to-skin contact as soon as possible after birth in an unhurried environment, regardless of their feeding method. Skin-to-skin contact should last as long as the mother wishes, but for a minimum of one hour or until after the first feed (whichever is sooner).This is so the instinctive behaviour of breast seeking (baby) and nurturing (mother) is given an opportunity to emerge.
The aim is not to rush the baby to the breast, but to be sensitive to the baby's instinctive process towards self-attachment, if the baby doesn't latch, it is expected that the midwife / support worker will teach the mother how to hand express and give the baby any colostrum available on a spoon or finger. Reinforce feeding cues / responsive feeding.

When mothers choose to formula feed, the mother will be encouraged to facilitate the first feed whist the baby remains in skin-to-skin contact.

All staff should reinforce the benefits of skin to skin for all mothers and babies.

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

Those mothers or babies who are unable (or do not wish) to have skin contact immediately after birth, will be encouraged to commence skin contact as soon as they are able, or so wish.

All mothers should be encouraged to offer the first breastfeed when mother and baby are ready. Help must be available from a midwife or support worker

Mothers with a baby on the neonatal unit are:

- Enabled to start expressing milk as soon as possible after birth (within an hour of birth)Buccal Colostrum is essential for gut priming to prevent such conditions as Necrotising Enterocolitis (NEC)
- Supported to express effectively, frequent and regular
- Encourage and support mothers to facilitate kangaroo care /containment holding for the times of stress

The time and method of the first feed (even if it's a drop of colostrum) and the duration of skin to skin contact should be documented on Badgernet.

Safety considerations (Skin to Skin)

- Staff should have a conversation with all mother's and her birth partner about the importance of recognising changes in the baby's colour or tone and the need to alert staff immediately if they are concerned.

- 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. Mothers should be encouraged to be in a semi-recumbent position to hold and feed their baby. 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.

Mothers

- Observations of the mother's vital signs and level of consciousness should be continued throughout the period of skin to skin contact. Mothers may be very tired following birth and so may need constant support and supervision to observe changes in their baby's condition or to reposition their baby when needed

- Many mothers can continue to hold their baby in skin to skin contact during perineal suturing, providing they have adequate pain relief. However, a mother who is in pain may not be able to hold her baby safely. Babies should not be in skin to skin contact with their mothers when they are receiving Entonox or other analgesics that impact consciousness.

All babies should be routinely monitored whilst in skin to skin contact with mother or father, especially mothers who have undergone a Caesarean Section.

Observation to include:

- Checking that the baby's position is such that a clear airway is maintained– observe respiratory rate and chest movement. Listen for unusual breathing sounds or absence of noise from the baby
- Colour - the baby should be assessed by looking at the whole of the baby's body as the limbs can often be discoloured first. Subtle changes to colour indicate changes in the baby's condition
- Tone – the baby should have a good tone and not be limp or unresponsive
- Temperature – ensure the baby is kept warm during skin contact.

Always listen to parents and respond immediately to any concerns raised

7. Keeping mothers and babies together

Separation of mother and baby will normally only occur where the health of either mother or baby prevents them from staying together.

Babies should not be routinely separated from their mothers at night. This applies to babies who are being formula-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.

In the event that any care is provided to a baby away from its' mother, this must be documented in the baby's postnatal notes along with the time, the care event and the checking process followed when the baby is returned to its' mother. If a baby requires a medical procedure that cannot be carried out at the bedside a parent should be invited to accompany the baby. If this is not possible or the parents decline, when the baby is returned to the parents the baby labels should be checked with the parents to confirm that the correct baby is returned to the correct mother.

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

8. Support for breastfeeding mothers

Showing women how to breastfeed and how to maintain lactation

The first colostrum /milk feed will be documented on Badgernet.

All breastfeeding mothers should be offered further help with breastfeeding within six hours of birth. The time of the second feed should be documented on Badgernet. 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.

Breastfeeding assessment should be completed prior to discharge from hospital on Badgernet.

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

- All breastfeeding mothers should be shown how to hand express their milk before leaving hospital; this will ensure she will be able to overcome challenges when needed.

- Mothers and others guide booklet leaflet should be provided for women if they have not already received it in the antenatal period to use for reference.

- Before discharge home, breastfeeding mothers will be given information both verbally and in writing about recognising effective feeding and where to call for additional help if they have any concerns.
- All breastfeeding mothers will be informed about the local support services for breastfeeding.
- For those mothers who require additional support for more complex breastfeeding challenges, a referral to the specialist service should be made please refer to Specialist midwives for infant feeding.
- A formal feeding assessment will be carried out when the baby is around 72 hours old and on the day of neonatal screening, using the breastfeeding assessment tool which is found on page 8 of the personal child health record (see appendix 1) or as often as required in the first week with a minimum of two assessments. This is to ensure effective feeding is taking place and the well-being of mother and baby.
- This assessment will include a dialogue / discussion with the mother to reinforce what is going well and where necessary develop an appropriate plan of care to address any issues that have been identified. This plan should be documented in the baby purple notes and fully discussed with the mother. Management plan stickers are available for use
- 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 to ensure that the mother is given help and encouragement to express her milk and maintain her lactation during periods of separation.

- Mothers who are separated from their babies should be encouraged to begin expressing as soon as possible after birth within the hour, as early initiation has long-term benefits for milk production. Colostrum is important for gut priming.

- Mothers who are separated from their babies should be encouraged to express milk a minimum of eight times in a 24-hour period including once at night. They should be shown how to express breast milk both by hand and by pump, and given an Expression Log.

9. Supporting 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 to a baby and the impact of artificial milks on breastfeeding.

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 an appropriately trained midwife or paediatrician.

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 spoon. This proactive approach will reduce the need to offer artificial feeds. And empower the mother.

Parents who request supplementation should be made aware of the possible health implications, i.e. allergic sensitization for the baby and the harmful impact such action may have on breastfeeding to enable them to make a fully informed choice. A supplement should be an appropriate amount for the age of the breastfed baby and given in an appropriate vessel i.e., cup or spoon. If parents wish to use a bottle, pace bottle feeding technique will be shown, a discussion should take place. A full record of this discussion should be made in the baby's purple notes by using the supplementation sticker.
Supplementation rates will be audited monthly and reported on each quarter.

10 Responsive feeding

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

Responsive feeding should be encouraged for all babies unless clinically indicated. Hospital procedures should not interfere with this principle. 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'.

Mothers should be informed that it is acceptable to wake their baby for feeding if their breasts become overfull. The importance of night-time feeding for milk production should be explained.

Responsiveness also means that the mother understands offering the breast if the baby is distressed, in need of comfort or pain relief, Or if the mother wishes to rest, relax or fit feeding into her lifestyle once her supply is established

11 Use of Artificial Teats, Dummies and Nipple Shields

Health care staff should not recommend the use of artificial teats and 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. A record of the discussion and parents' decision should be recorded in the baby's notes.

Nipple shields will not be recommended except in extreme circumstances and then only for as short a time as possible. Any mother considering the use of a nipple shield must have the disadvantages fully explained to her prior to commencing use. She should remain under the care of a skilled practitioner whilst using the shield and should be helped to discontinue its use as soon as possible.

Shields should never be suggested or used until the mother has an established milk supply.

12 Care for mothers who have chosen to feed their new-born baby with infant formula.

As with Breastfeeding, it is important to encourage loving relationships between parents and babies who have made an informed choice to Formula feed, this will increase oxytocin and decrease stress hormones which are essential for brain development.

Families are encouraged to bring in their own choice of first milk infant formula in a "starter pack". The community midwife will discuss this if this is the women's choice

Staff should ensure that all mothers who have chosen to feed their new-born baby with infant formula are able to feed responsively, and parents are encouraged to build a close and loving relationship with their baby.

Information on how to sterilise equipment and safely make up a bottle of infant formula is to be given to parents during the early postnatal period and before discharge home using the guidelines from department of health.

Evidence has shown that this is the safest way to make up a feed. Formula preparation machines are available but there remains insufficient evidence that these machines are safe in the preparation of powdered infant formula, and recommend that families and carers use water at >70oC to make up powdered infant formula, as recommended by the Food Standards Agency and the Department of Health.

Feeding smart form to be completed on Badgernet at the first feed and completed prior to discharge from hospital and reinforced by community staff.

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 the baby close, semi upright, facing the mother, looking into babies eyes
- 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 or need a rest, these signs can be, splayed fingers or toes, milk spilling out of mouth, stopping sucking, turning head away or backwards, pushing teat away. and avoid forcing their baby to take more milk than the baby wants, ,Avoid forcing the baby to complete the feed
- limit the number of people feeding baby, Encourage the mother to feed the baby themselves so the baby learns with the mother
- understand the need to stay on the FIRST INFANT FORMULA (whey-based) and this is the only formula they will need in the first year of life

Community midwives will check and reinforce learning following the mothers transfer home.

All information given should follow guidance from the Department of Health. Parents who have chosen to formula feed should be signposted to The Department of Health "Guide to Bottle Feeding" leaflet. Also the "WHAT INFANT FORMULA TO CHOOSE" A4 leaflets from First Steps Nutrition Trust/ UNICEF should be given. Both leaflets are available on the Badgernet APP

Mothers who choose to give expressed breast milk in bottle, should have the above information but should be provided with the 'responsive feeding' leaflet by First Steps Nutrition

Mothers should be given contact details of health professional support available for feeding issues once they have left hospital.

13 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 new-born baby's needs (including encouraging frequent touch and sensitive verbal/visual communication, keeping babies close, responsive feeding and 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.

This practice encourages high levels of oxytocin which encourages optimal brain development.

14 SAFE SLEEP

All mothers should have information about feeding their babies lying down and the risk of falling asleep. This is a normal physiological process and for mothers who are low risk, this should be discussed to do this safely.
The babies own bed/ cot/basket is always the safest place for baby to sleep.
The Lullaby trust information leaflet should be provided in the post-natal period with sign posting to this leaflet/ information during the midwives discussion in the antenatal period.
This is in conjunction with NHS Worcestershire Safer Sleep guidance

15 Weighing Babies

All babies should be weighed according to the Guideline for the management of excessive weight loss and prevention of hypernatremic dehydration in neonates -WAHT-TP-047 both in hospital and the community.
If a feeding plan is initiated due to weight loss, inform infant feeding advisor and signpost mother for extra breastfeeding support. Modify the plan as weight improves, with a goal to get back to responsive breastfeeding.

This should be recorded on the Badgernet feeding smart form and Personal Child Health Record.

All scales should be calibrated yearly.

16 Babies with feeding difficulties

The healthy term infant

Healthy term new-born babies who are breastfeeding effectively need no supplementary foods or fluids. Supplementation of breastfed babies with infant formula is associated with a reduction in the health benefits of breastfeeding and may put genetically susceptible babies at risk of developing atopic conditions and diabetes.it can also undermine mother's confidence in breastfeeding.
The interval between feeds varies considerably in the healthy new-born and there is no evidence that long intervals between feeds are harmful.
The management of the healthy term breastfed baby who is reluctant to feed is reluctant feeder's pathway- WAHT-TP-094.

Babies at Risk

Some babies are at risk of developing hypoglycaemia and risk factors should be identified at birth. The care of these babies is outlined in Management of babies "at Risk "of Hypoglycaemia

Babies identified with a feeding problem

Where a feeding problem is suspected in a breastfeeding baby the care provider should observe a full breastfeed and assess feeding using the Breastfeeding Assessment Tool (Appendix 2). A full assessment of the baby's condition should be undertaken and documented in the baby's notes. Referral to a GP/ paediatrician must be made if there are concerns about the baby's clinical condition. ***Referral should also be made to the Specialist Midwife Infant Feeding.***

A plan of care should be documented in the baby's records on Badgernet

A baby who is artificially feeding should have a feed observed to assess technique with a full assessment of his condition and referral to a paediatrician if indicated. Referral should be made to the Specialist Midwife Infant Feeding. A plan of care should be documented on Badgernet

Babies suspected of having a tongue tie and have feeding difficulties should be referred using the online pathway. Parents should be provided with the leaflet "visible frenulum and referred for assessment if that is the parents wish.

Drugs in Lactation

For Queries regarding medicines safety and lactation the details below provide evidence based information for every medicine available in the UK and has risk assessed this in terms of safety during breastfeeding**.** Standard reference books such as the British National Formulary (BNF) provide little information for professionals and parents to make decisions on individual situations. The services below endeavour to provide information to enable mothers to breastfeed their babies for as long as they wish and to provide information on the safety of medicines for each mother and baby .

- Rosie Fletcher ,Lead Pharmacist Medicines Information and Maternity Worcestershire Acute Hospitals NHS Trust Medicines Information Pharmacy Department Direct Dial: Tel 01527 505776 Internal: 45776 Trust Mobile: 07874636021 Email: rosemary.fletcher2@nhs.net
- Breastfeeding network drugs service is druginformation@breastfeedingnetwork.org.uk/
- Dr Wendy Jones MBE PhD Pharmacist Author of Breastfeeding and Medication Wendy@breastfeeding-and-medication.co.uk
- Midlands and East Medicines Advice Service (Midlands site) and UK Drugs in Lactation Advisory Service www.sps.nhs.uk for NHS medicines information resources including drugs in lactation UKDILAS.enquiries@nhs.net

17 System for reporting babies readmitted to hospital with feeding problems

Any baby readmitted with feeding problems to either the postnatal ward, neo-natal unit or paediatric ward should be reported via the DATIX reporting system

18 Outcomes data

Breastfeeding initiation data is captured on Badgernet, this is any breast milk given in the first 48 hours as set out by Department of health.

19 Comments and complaints

Feedback from our mothers and families is via the Family and Friends cards system.
Parents can comments through PALS.

Appendix 1Breastfeeding Assessment From

How you and your midwife can recognise that your baby is feeding well						***This assessment tool was developed for use on or around day 5. If used at other times:**
What to look for/ask about	√	√	√	√		**Wet nappies:** Day 1-2 = 1-2 or more Day 3-4 = 3-4 or more, heavier Day 6 plus = 6 or more , heavy
Your baby: has at least 8 -12 feeds in 24 hours*						
is generally calm and relaxed when feeding and content after most feeds						
will take deep rhythmic sucks and you will hear swallowing*						**Stools/dirty nappies:** Day 1-2 = 1 or more, meconium Day 3-4 = 2 (preferably more) changing stools
will generally feed for between 5 and 40 minutes and will come off the breast spontaneously						
has a normal skin colour and is alert and waking for feeds						
has not lost more than 10% weight						
Your baby's nappies: At least 5-6 heavy, wet nappies in 24 hours*						**Sucking pattern:** Swallows may be less audible until milk comes in day 3-4 Feed frequency: Day 1 at least 3-4 feeds After day 1 young babies will feed often and the pattern and number of feeds will vary from day to day. Being responsive to your baby's need to breastfeed for food, drink, comfort and security will ensure you have a good milk supply and a secure happy baby.
At least 2 dirty nappies in 24 hours, at least £2 coin size, yellow and runny and usually more*						
Your breasts:						
Breasts and nipples are comfortable						
Nipples are the same shape at the end of the feed as the start						
How using a dummy/nipple shields/infant formula can impact on breastfeeding?						
Date						**Care plan commenced: Yes/No:**
Midwife's initials						
Midwife: if any responses not ticked: watch a full breastfeed, develop a care plan including revisiting positioning and attachment and/or refer for additional support. Consider specialist support if needed.						