



**Aneurin Bevan University Health Board**

**BREASTFEEDING POLICY  
FOR  
HOSPITAL AND COMMUNITY**

N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.

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## **INTRODUCTION**

This breastfeeding policy follows best practice standards from the UK UNICEF Baby Friendly Initiative<sup>1</sup>.

### **Parents' experiences of maternity services**

1. Support pregnant women to recognise the importance of breastfeeding and early relationships for the health and well-being of their baby.
2. Support all mothers and babies to initiate a close relationship and feeding soon after birth.
3. Enable mothers to get breastfeeding off to a good start.
4. Support mothers to make informed decisions regarding the introduction of food or fluids other than breast milk.
5. Support parents to have a close and loving relationship with their baby.

### **Parents' experiences of neonatal units**

1. Support parents to have a close and loving relationship with their baby.
2. Enable babies to receive breast milk and to breastfeed when possible.
3. Value parents as partners in care.

### **Parents' experiences of health-visiting/public health nursing services**

1. Support pregnant women to recognise the importance of breastfeeding and early relationships for the health and well-being of their baby.
2. Enable mothers to continue breastfeeding for as long as they wish.
3. Support mothers to make informed decisions regarding the introduction of food or fluids other than breast milk.
4. Support parents to have a close and loving relationship with their baby.

## **Parents' experiences of children' centres or equivalent early years settings in Wales**

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

## **Re-accreditation and Achieving Sustainability**

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

## **Policy Statement**

This section of the policy sets out the care that the Aneurin Bevan University Health Board (ABUHB) is committed to giving each and every expectant and new mother. It is based on the UNICEF UK: Baby Friendly Initiative Standards for maternity services and health visiting<sup>1</sup>, relevant NICE guidance<sup>2</sup> and the Healthy Child Wales Programme<sup>3</sup>.

## **Purpose / Aims**

The purpose of this policy is to ensure that all staff employed by Aneurin Bevan UHB understands 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 the policy.

## **Outcomes / Objectives**

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

- At birth, all babies, feed in skin-to-skin contact.
- An increase in breastfeeding rates at initiation, 10 days, 6 weeks and 6 months.
- Amongst parents who chose to formula feed, an increase in those that have the ability to do so responsively and safely.
- More parents who delay introduction of solid food to their baby until 6 months in line with nationally agreed guidance.<sup>2</sup>

- Ensuring excellence in parents' experiences of care.
- A reduction in the number of babies re-admitted for feeding problems.
- Data collection for infant feeding as directed.

### **Our commitment**

Aneurin Bevan UHB is 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 to future health and well-being and the hugely significant contribution that responsive feeding makes to good physical and emotional health outcomes for children and mothers.
- Ensuring that all care is evidenced-based, mother and family-centered, non-judgmental and that mother' decisions are supported and respected.
- Working together across disciplines and organizations ensuring excellence in experiences of care.

### **As part of this commitment the service will ensure that:**

- New staff are familiarized with the policy on commencement of employment.
- All staff receive training to enable them to implement the policy as appropriate to their role. All new staff receive this training within six months of commencement of employment.
- The International Code of Marketing of Breast-milk Substitutes<sup>5</sup> is implemented throughout the service.
- All documentation fully supports the implementation of these standards.
- Parents' experiences of care will be listened to by completing regular audit, parents' experience surveys and IT interactive platforms.

## **PREGNANCY**

### **Where routine antenatal contact is part of the commissioned service**

All pregnant women will have the opportunity to discuss feeding and caring for their baby with a member of the midwifery and health visiting team. 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.

#### **Leaflets:**

**BFI: Building a Happy Baby & Caring for Your Baby at Night**

**Booklet: Bump, Birth and Beyond.**

### **Where routine antenatal contact is not part of the commissioned service**

Pregnancy is a time for building the foundations for future health and well-being and the role of midwives and health visitors is to positively influence pregnant women and their families. Staff will use all opportunities available to them to provide information about relationship-building, responsive feeding and caring for their babies.

This will include ensuring that:

- Antenatal contacts are used to discuss the importance of early relationship-building and breastfeeding, using a sensitive and flexible approach.
- The health visiting team encourages mothers to access the services provided by other organisations (e.g. antenatal programmes from maternity services, children's centres or voluntary organisations).
- The service works collaboratively to develop/support any locally operated antenatal interventions delivered with partner organisations.

## **BIRTH**

- All mothers will be offered the opportunity to have uninterrupted skin contact with their baby at least until after the first feed and for as long as they want, so that the instinctive behavior of breast-seeking (baby) and nurturing (mother) is given an opportunity to emerge.
- All mothers will be encouraged to offer the first breastfeed in skin contact when the baby shows signs of readiness to feed, be sensitive to the baby's instinctive process towards self-attachment.
- When mothers choose to formula feed they will be encouraged to offer the first feed in skin contact.
- Those mothers who are unable to have skin contact immediately after birth, will be encouraged to commence skin contact as soon as they are able.
- Mothers with a baby on the neonatal unit are:
  - Enabled to start expressing milk as soon as possible after birth (within six hours)
  - Supported to express. (The BFI breast milk expression assessment form can be useful aid.)

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.

## **POST NATAL**

### **Safety considerations**

Careful monitoring of mother and baby is a fundamental part of postnatal care in the first few hours after birth. For this reason, normal observations of the baby's temperature, breathing, colour and tone should continue throughout the period of skin contact. Observations should also be made of the mother.

Mothers can continue to hold their baby in skin-to-skin contact during the process of perineal suturing with appropriate support for her comfort and pain relief.

### **Support for breastfeeding in the early days**

- Mothers will be enabled to achieve effective breastfeeding according to their needs (including appropriate support with positioning, attachment, hand expression and understanding signs of effective

- feeding). This will continue until the mother and baby are feeding confidently.
- Mothers will be helped with feeding in the first few hours after birth as appropriate to their own needs and those of their baby. This will include information on responsive feeding and feeding cues.
  - Staff should **highlight** and **explain** the feeding assessment tool present in the notes to support and inform new mothers.
  - A minimum of **two** formal feeding assessments, using Baby Friendly Assessment Tool<sup>6</sup>, will be completed and recorded in midwifery notes, in the first two weeks to ensure effective breastfeeding. Another will be carried out by the health visitor at the 'birth visit' at approximately 10–14 days and the negotiated plan of care will be recorded in the health visiting records.
  - 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.
  - 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 and given written information initially on discharge from maternity units and reinforced by midwives and health visitors in the community.
  - For mothers who require extra support for more complex breastfeeding issues, staff should seek support from the Breastfeeding Advisor. The Aneurin Bevan UHB breastfeeding specialist referral pathway is functioning in maternity service mothers will be informed of this pathway.
  - Mothers are able to discuss continued breastfeeding, including responsive feeding; expression of breast milk, feeding when out and about, going back to work and baby-led weaning.
  - The service works in collaboration with other local services so that mothers have access to social support for breastfeeding.

### **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.

Responsive feeding is also acknowledged as the best approach for mothers

who are using formula.

### **Exclusive breastfeeding**

- Mothers who breastfeed will be given information about exclusive breastfeeding and why it is particularly important. Feeding 8 plus times/24hours and offering both breasts.
- 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. This will include appropriate information about the use of a teat or dummy for a baby who is learning to breastfeed.
- A record is made of all supplements given, including the rationale for supplementation.
- Supplementation rates will be recorded on the supplementary feeding forms and audited quarterly.

### **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, are excessively sleepy after birth, babies who have not regained their birth weight by two weeks and babies who are slow to gain weight. These babies will have individual care plans.

#### **References:**

**ABUHB Local Midwifery leaflet. Learning to breastfeed your baby<sup>6</sup>**  
**ABUHB Family & Therapies Neonatal Hypoglycemia Policy<sup>8</sup>**  
**All Wales: Management of weight loss in breastfed babies<sup>9</sup>**

### **Support for formula feeding**

Mothers who formula feed will be supported to give first feed in skin-to-skin and enabled to do so safely. Formula feeding – little and often 8 small feeds/24 hours. See new born baby stomach size<sup>10</sup>.

This will be supported by:

- a demonstration, at home, using own equipment.
- a discussion.
- written information 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 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

- wish.
- recognise their baby's cues that they have had enough milk and avoid forcing their baby to take more milk than the baby wants.
- limit the number of carers feeding the baby.
- At the birth visit health visitors will re-enforce the above.

### **Booklet: Bump, Baby and Beyond.**

#### **Introducing solid food**

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

- That solid food should not be started before six months.
- Babies' signs of developmental readiness for solid food.
- How to introduce solid food.
- Baby-led weaning.
- Formula feeding should be continued until at least a year.
- Breastfeeding can continue for 2/3 years or more.

### **Booklet: Bump, Baby and Beyond.**

#### **Baby-led weaning- BFI**

**<https://www.unicef.org.uk/babyfriendly/news-and-research/baby-friendly-research/infant-health-research/infant-health-research-infant-nutrition/>**

**[https://www.firststepsnutrition.org/Baby led weaning Gill Rapley](https://www.firststepsnutrition.org/Baby-led-weaning-Gill-Rapley)**

#### **Support for parenting and close relationships**

- Skin-to-skin contact will be encouraged at any time.
- All parents will be supported to understand a baby's needs (including encouraging frequent touch and sensitive verbal/visual communication, keeping babies close, responsive feeding and safe sleeping practice)
- Mothers who bottle feed are 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. Aneurin Bevan UHB local support information leaflet and local FIS (Family Information Service).

### **Recommendations for health professionals on discussing bed-sharing with parents**

Simplistic messages in relation to where a baby sleeps should be avoided; neither prohibitions nor permissions reflect the current research evidence.

All parents should have the opportunity to discuss where their baby is sleeping.

The current body of evidence overwhelmingly supports the following key messages, which should be conveyed to all parents:

- The safest place for your baby to sleep is in a cot by your bed
- Sleeping with your baby on a sofa puts your baby at greatest risk
- Your baby should not share a bed with anyone who:
  - is a smoker
  - has consumed alcohol
  - has taken drugs (legal or illegal) that make them sleepy.

If parents choose to bed share with their baby, safety precaution information must include:

- Sleeping on a firm mattress with the baby on the outer-side of the bed
- Not putting baby on a pillow
- Not overheating the baby
- Ensuring mother and baby are not ill.

The incidence of SIDS (often called "cot death") is higher in some recognized groups. Some parents will need more face-to-face discussion to ensure that these key messages are explored and understood. They may also need some practical help, possibly from other agencies, to enable them to put them into practice.

**Leaflet:**

**UNICEF UK Baby friendly – Caring for Your Baby at Night.**

**BASIS:**[https://www.basisonline.org.uk/hcp/where\\_babies\\_sleep/parents\\_bed/how\\_parents\\_bedshare/](https://www.basisonline.org.uk/hcp/where_babies_sleep/parents_bed/how_parents_bedshare/)

**Booklet: Bump, Birth and Beyond.**

## Monitoring implementation of the standards

The Aneurin Bevan UHB requires that compliance with this policy is audited at least annually using the UNICEF UK Baby Friendly Initiative Audit tools (midwifery and health visiting. 2015 Edition)<sup>7</sup>. Staff involved in carrying out these audits should be trained in the use of these tools.

Audit results will be reported to the Divisional Nurse, Head of Midwifery and Professional Lead for Health Visiting. An action plan will be agreed to address any areas of non-compliance that have been identified.

## Monitoring outcomes

Outcomes will be monitored by:

- Quarterly monitoring of infant feeding data as directed by All Wales standard.
- Improvement of parents' experiences of care will be monitored quarterly by Maternity Services Liaison Committee.

Outcomes will be reported to: Divisional Nurse, Head of Midwifery, Professional Lead of Health Visiting, BFI/PH strategy group.

## COVID-19

<https://www.unicef.org.uk/babyfriendly/covid-19/>

**UNICEF UK BABY FRIENDLY INITIATIVE  
STATEMENT ON INFANT FEEDING DURING THE CORONAVIRUS (COVID-19)  
OUTBREAK**

## Equity Impact

***This guidance has undergone an equality impact assessment screening process using the toolkit designed by the NHS Centre Equality and Human Rights. Details of the screening process for this guidance are available from the guidance owner.***

## REFERENCES

- <sup>1</sup> Updated Baby Friendly standards: [www.unicef.org.uk/babyfriendly/standards](http://www.unicef.org.uk/babyfriendly/standards)
- <sup>2</sup> NICE guidance on maternal and child nutrition: <http://www.nice.org.uk/ph11>
- <sup>3</sup> Healthy Child Programme: <https://www.gov.uk/government/publications/healthy-child-programme->
- <sup>4</sup> Public Health Outcomes framework 2013 to 2016: <https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency>
- <sup>5</sup> More information on the Code: [http://www.unicef.org.uk/BabyFriendly/Health-Professionals/Going-Baby-Friendly/Maternity/The-International-Code-of-Marketing-of-Breastmilk-Substitutes-/](http://www.unicef.org.uk/BabyFriendly/Health-Professionals/Going-Baby-Friendly/Maternity/The-International-Code-of-Marketing-of-Breastmilk-Substitutes/)
- <sup>6</sup> Sample tool available at <http://www.unicef.org.uk/BabyFriendly/Resources/Guidance-for-Health-Professionals/Forms-and-checklists/Breastfeeding-assessment-form/>
- <sup>7</sup> The UNICEF UK Baby Friendly Initiative audit tool (2013 edition) is designed specifically for this purpose.
- <sup>8</sup> ABUHB Family & Therapies Neonatal Hypoglycemia Policy: <http://howis.wales.nhs.uk/sitesplus/866/documentmap/page2?search=true&searchtype=exact&metatype=29&filetype=&libraryid=15001&keywords=>
- <sup>9</sup> All Wales: Management of weight loss in breastfed babies: [www.cymru.gov.uk](http://www.cymru.gov.uk) All Wales Guidelines for Identifying and Managing Weight loss in Breastfeeding Babies in the early Post Natal Period. Ref WA12990
- <sup>10</sup> Stomach size -
- <sup>11</sup> <https://www.firststepsnutrition.org/>
- <sup>12</sup> Baby led weaning Gill Rapley

### Leaflets/Booklets:

[www.bumpbabyandbeyond.wales.nhs.uk](http://www.bumpbabyandbeyond.wales.nhs.uk) / [www.nawmisamwy.cymru.nhs.uk](http://www.nawmisamwy.cymru.nhs.uk)  
[www.UNICEFUK](http://www.UNICEFUK) .The Baby Friendly Initiative | Resources | **Caring for your baby at night**  
[www.UNICEFUK](http://www.UNICEFUK) . The Baby Friendly Initiative /Resources/ Building Happy Babies.  
<https://www.basionline.org.uk/>  
[https://www.basionline.org.uk/hcp/where\\_babies\\_sleep/parents\\_bed/how\\_parents\\_bedshare/](https://www.basionline.org.uk/hcp/where_babies_sleep/parents_bed/how_parents_bedshare/)