



Aneurin Bevan University Health Board

BREASTFEEDING POLICY FOR MATERNITY, NEONATAL AND COMMUNITY SERVICES

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 This is to avoid the risk of out of date printed versions of the document.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. It encompasses a whole service approach and will ensure the following standards are embedded into practice across ABUHB

Parents' experiences of maternity services

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

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 parents to recognise the importance of breastfeeding and early relationships for the health and well-being of their baby.
2. Enable parents to continue breastfeeding for as long as they wish.
3. Support parents 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.

Accreditation, Re-accreditation and Achieving Sustainability

The health board is committed to achieving baby friendly status and aims to demonstrate innovation to achieve excellent outcomes for parents, babies and their families.

Policy Statement

Aneurin Bevan University Health Board (ABUHB) is committed to giving every expectant/new parent and baby the best start by supporting them in a way that promotes optimum health and wellbeing outcomes. This is based on the UNICEF UK: Baby Friendly Initiative Standards for maternity services and health visiting and the Healthy Child Wales Programme.

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/new parents 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.

Objectives

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

- At birth, all babies are offered uninterrupted skin-to-skin contact

- An increase in breastfeeding rates at initiation, 10 days, 6 weeks and 6 months
- Increases in the number of babies discharged home from the Neonatal Unit who are receiving breastmilk
- Increases in the number of babies admitted to the Neonatal Unit receiving colostrum
- Amongst parents who choose to formula feed, an increase in those reporting that they have received proactive support 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
- Improvements in parents' experiences of care
- A reduction in the number of babies re-admitted for feeding problems

Our commitment

Aneurin Bevan UHB is committed to:

- Providing the highest standard of care to support expectant and new parents and their partners to feed and/or support 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 parents
- Ensuring that all care is evidenced-based, parent and family-centered, non-judgmental and that parental decisions are supported and respected
- Working together across disciplines and organisations to improve parents experiences of care

As part of this commitment the service will ensure that:

- New staff are familiarised 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 Breastmilk Substitutes 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, the BABI Group and IT interactive platforms

ANTENATAL

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 discussions involving:

- The value of connecting with their growing baby in utero
- The value of skin contact for all parents 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
 - The value of antenatal colostrum harvesting from 36 weeks gestation when not contraindicated

This will also ensure that:

- Additional unplanned antenatal contacts with the Health Visiting team (such as visits to clinic and/ or sibling contacts) are used as an opportunity to discuss breastfeeding and the importance of early relationship building, using a sensitive and flexible approach
- All staff should encourage parents to access the services provided by other organisations (e.g. antenatal programmes, responsive feeding service, local authorities, children's centres or voluntary organisations)
- The service works collaboratively to develop/support any locally operated antenatal interventions delivered with partner organisations

MATERNITY

- All parents 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 (parent) is given an opportunity to emerge
- All parents 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 parents choose to formula feed, they will be encouraged to offer the first feed in skin contact and supported to feed responsively
- Those parents who are unable to have skin contact immediately after birth will be encouraged to commence skin contact as soon as they are able
- Parents with a baby on the neonatal unit are:
 - Enabled to start expressing milk as soon as possible after birth (BFI breast milk expression assessment form)
 - Parents who have birthed prematurely will be supported to express within 2 hours of birth

It is the joint responsibility of midwifery and neonatal unit staff to ensure that parents who are separated from their baby receive this information and support and are shown how to express their colostrum if required.

Support for breastfeeding in the early days

- Parents 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 parent and baby are feeding confidently
- All parents will be given information on responsive feeding and recognising feeding cues
- Staff should **highlight** and **explain** the feeding assessment tool present in the notes to support and inform new parents
- A minimum of **two** formal feeding assessments, using Baby Friendly Assessment Tool⁶, will be completed and recorded in midwifery records in the first two weeks to ensure effective breastfeeding
- Before discharge home, breastfeeding parents 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 parents will be informed about the local support services for breastfeeding, such as The Responsive Feeding Service and support groups, and given written information and/ or signposted to online resources on discharge from maternity
- For parents who require extra support for more complex breastfeeding issues, staff should seek support from the Infant Feeding Lead
- Parents will be given the opportunity to discuss issues surrounding feeding at every contact. Discussions include responsive feeding, expressing, feeding in public, returning to work and weaning
- The service works in collaboration with other local services so that parents have access to local community-based support for breastfeeding

Exclusive breastfeeding

- Parents who breastfeed will be given information why exclusive breastfeeding leads to the best outcomes for their baby and why it is particularly important during the establishment of breastfeeding. Feeding 8 plus times/24hours and offering both breasts should be encouraged (see appendix 1)
- When exclusive breastfeeding is not possible, the value of continuing partial breastfeeding will be emphasised and parents will be supported to maximise the amount of breast milk their baby receives. This will include appropriate information and discussion about the potential impact of introducing a teat when a baby is learning to breastfeed
- Supplemental feeds should only be given if clinically indicated or following an evidence-based discussion with the parent. Information given should include a discussion regarding protecting milk supply when giving supplemental feeds. Expressed breast milk should always be given in the first instance
- Supplementation rates will be recorded on the supplementary feeding forms and audited quarterly

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/parents have the opportunity to discuss this aspect of feeding and reassure mothers/parents 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/parents any more than caring for a new baby without breastfeeding.

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, excessive sleepiness after birth, babies who have not regained their birth weight by between two to three weeks and babies who are slow to gain weight. These babies will have individual care plans that should be shared with the wider healthcare team including the Responsive Feeding Service and/or the named Health Visiting team to ensure continued support. Parents of these babies should be given information around protecting and maintaining milk supply, support given to express and expressed breast milk given in the first instance.

NEONATAL

The service recognises the profound importance of secure parent-infant attachment for the future health and wellbeing of the infant and the challenges that the experience of having a sick or premature baby can present to the development of this relationship. Therefore, this service is committed to care which actively supports parents to develop a close and loving bond with their baby. All parents will:

- Have a discussion with an appropriate member of staff as soon as possible (either before or after their baby's birth) about the importance of touch, comfort and communication for their baby's health and development
- Be actively encouraged and enabled to provide touch, comfort and emotional support to their baby throughout their baby's stay on the neonatal unit
- Be enabled to have frequent and prolonged skin contact with their baby as soon as possible after birth and have the opportunity when appropriate to provide 'Kangaroo care' throughout the baby's stay on the neonatal unit

The service recognises the importance of breastmilk for babies' survival and health.

Therefore, this service will ensure that:

- A parent's own breastmilk is always the first choice of feed for her baby
- Parents have a discussion regarding the importance of their breastmilk for their preterm or ill baby as soon as is appropriate

- A suitable environment conducive to effective expression is created
- Parents have access to effective breast pumps and equipment
- Parents are enabled to express breastmilk for their baby, including support to:
 - Express as early as possible after birth (ideally within two hours)
 - Learn how to express effectively, including by hand and by pump
 - Learn how to use pump equipment and store expressed milk as per safe storage guidelines.
 - Express frequently (at least eight times in 24 hours, including once at night) especially in the first two to three weeks following delivery, in order to optimise long-term milk supply
 - Overcome expressing difficulties where necessary, for example if less than 750ml in 24 hours is expressed by day 10
 - Stay close to their baby (when possible) when expressing milk
 - Use their milk for mouth care when their baby is not tolerating oral feeds, and later to tempt their baby to feed.
 - A formal review of expressing using an assessment tool⁶ is undertaken a minimum of four times in the first two weeks to support optimum expressing and milk supply
- Mothers receive care that supports the transition to breastfeeding, including support to:
 - Recognise and respond to feeding cues
 - Use skin-to-skin contact to encourage instinctive feeding behavior
 - Position and attach their baby for breastfeeding
 - Recognise effective feeding
 - Overcome challenges when needed
- Parents are provided with details of voluntary support for breastfeeding which they can choose to access at any time during their baby's stay.

- Parents are supported through the transition to discharge home from hospital, including having the opportunity to stay overnight/for extended periods to support the development of parents' confidence and modified responsive feeding.
- Parents are provided with information about all available sources of support before they are transferred home.

Valuing parents as partners in care in the Neonatal Setting

This service recognises that parents are vital to ensuring the best possible short- and long-term outcomes for babies and therefore, should be considered as the primary partners in care.

The service will ensure that parents:

- Have unrestricted access to their baby unless individual restrictions can be justified in the baby's best interest
- Are fully involved in their baby's care, with all care possible entrusted to them
- Are listened to, including their observations, feelings and wishes regarding their baby's care
- Have full information regarding their baby's condition and treatment to enable informed decision-making
- Are made comfortable when on the unit, with the aim of enabling them to spend as much time as is possible with their baby

SAFETY CONSIDERATIONS

Safety Considerations (Skin to Skin)

Vigilance to the baby's wellbeing is a fundamental part of post- natal care immediately following and 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- to- skin contact in the same way as if the baby were in a cot (this includes calculation of the APGAR score at 1, 5, and 10 minutes following birth). Care should always be taken to ensure the baby is kept warm. Observations should also be made of the parent, with prompt removal of the baby if the health of either gives rise to concern.

Staff should have a conversation with parent(s) and their birth partner about the importance of recognising changes in the baby's colour and tone and the need to alert staff immediately if they are concerned.

It is important to ensure that the baby cannot fall onto the floor or become trapped in the bedding or by the parent's body. Parents should be encouraged to be in a semi-recumbent position to hold and feed their baby. Care should be taken with the position of the baby, ensuring the head is supported so the infant's airway does not become obstructed.

Notes- Parent (who is a patient)

- The birth process can be very tiring so the parent will need continued observation of their vital signs and level of consciousness, as well as constant support and supervision to observe changes in their baby's condition. They may also need help to reposition the baby when needed.
- Babies can continue to be held in skin- to- skin whilst perineal suturing is taking place, providing they are having adequate pain relief. However, pain may impact on the ability for the baby to be held safely. Babies should not be in skin-to-skin contact with a parent who is receiving Entonox or other analgesics that impact consciousness.

Notes- Babies

All babies should be routinely monitored when held skin- to- skin with their parents. Observations should include:

- Checking the baby's position is such that a clear airway is maintained. Observe respiratory rate and chest movement and 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 to 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- to- skin contact.

Always listen to parents and respond immediately to any concerns.

HEALTH VISITING SERVICE

Support for Continued Breastfeeding by the Health Visiting Service

- A formal breastfeeding assessment using the Baby Friendly Assessment Tool will be carried out at the 'new baby review' or 'birth visit' at approximately 10–14 days to ensure effective feeding and well-being of the mother and baby. This includes recognition of what is going well and the development, with the mother, of an appropriate plan of care to address any issues identified.
- For those parents who require additional support for more complex breastfeeding challenges a referral to the specialist service will be made to the Infant feeding lead. Parents will be informed of this pathway.
- Parents will have the opportunity for a discussion about their options for continued breastfeeding (including responsive feeding, expression of breastmilk and feeding when out and about or going back to work), according to individual need.
- The service will work in collaboration with other local services to make sure that parents have access to social support for breastfeeding.
- All breastfeeding parents will be informed about the local support for breastfeeding and signposted to [Healthier Together](#) for information on groups available.

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 breastmilk 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 the use of a teat when a baby is learning to breastfeed.

Modified feeding regime

- There are a small number of clinical indications for a modified approach to responsive feeding in the short term. Examples include: preterm or small for gestational age babies, babies who have not regained their birth weight, babies who are gaining weight slowly. Health visitors can liaise with the Infant Feeding Leads for advice and support with regards to feeding plans.

Support for Formula Feeding

Parents who formula feed will be supported to give first feed in skin-to skin and enabled to do so safely. Parents will be advised that small, frequent feeds should be offered (approx. 8 in 24 hours) using paced technique. See newborn baby stomach size.

This will be supported by:

- a demonstration, at home, using own equipment.
- written information about how to safely prepare infant formula.

Parents 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.

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.
- Formula feeding should be continued for the first year.
- World Health Organisation (WHO) recommend breastfeeding alongside other foods until 2 years and beyond (2021).

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)
- Parents 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).

SAFE SLEEP ADVICE

Recommendations for health professionals on discussing bed-sharing with parents

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

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.

The incidence of SIDS (often called “cot death”) is higher in the following groups:

- Parents in low socio-economic groups
- Parents who currently abuse alcohol or drugs
- Young mothers with more than one child
- Premature infants and those with low birthweight

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 them into practice.

Monitoring implementation of the standards

ABUHB requires that compliance with this policy is audited at least annually using the UNICEF UK Baby Friendly Initiative Audit tools. Staff involved in carrying out these audits should be trained in the use of these tools.

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, BABI Group

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, which will help to identify and inform training needs

Equality 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

UNICEF Baby Friendly Initiative Standards (2017)
www.unicef.org.uk/babyfriendly/standards

Welsh Government (WG) (2022) Healthy Child Wales Programme: [An overview of the Healthy Child Wales Programme \(gov.wales\)](#)

World Health Organisation (1981) [The International Code of Marketing of Breastmilk Substitutes - Baby Friendly Initiative \(unicef.org.uk\)](#)

World Health Organisation (2021) [Infant and young child feeding \(who.int\)](#)

Useful Resources:

[BABI Project \(sharepoint.com\)](#)

Public Health Wales (2023) Every Child Wales [Every Child \(everychildwales.co.uk\)](#)

[The Lullaby Trust - Safer sleep for babies, Support for families](#)

First Steps Nutrition [First Steps Nutrition Trust](#)

Baby Friendly Initiative Resources [Baby Friendly Resources - Baby Friendly Initiative \(unicef.org.uk\)](#)

Appendix 1

Reluctant to feed pathway for term healthy babies

Flowchart D. Management of reluctant feeding in healthy term infants ≥ 37 weeks

