Infant Feeding Policy and Guideline
Maternity / Neonatal Services

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APPROVED BY:	Postnatal Forum Group
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FREEDOM OF INFORMATION STATUS:	Open

Guidelines Definition

Clinical guidelines are systemically developed statements that assist clinicians and patients in making decisions about appropriate treatments for specific conditions.

They allow deviation from a prescribed pathway according to the individual circumstances and where reasons can be clearly demonstrated and documented.

Minor Amendments

If a minor change is required to the document, which does not require a full review please identify the change below and update the version number.

Type of change	Why change made	Page number	Date of change	Version 1 to 1.1	Name of responsible person

Contents

Equality Impact Assessment Statement

This Procedure has been subject to a full equality assessment and no impact has been identified.

Related Guidelines

- Reluctant Feeding Guidelines
- Guideline for Alternative Feeding Methods in the Full Term Breastfed Infant
- Guidelines for the Safe Management of Expressed Breastmilk

Training Implications

All new staff will be orientated to 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 commencing employment.

Purpose

The purpose of this policy is to ensure that all staff of CTMUHB maternity / neonatal services 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.

Key Principles

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

- An increase in breastfeeding initiation rates
- An increase in breastfeeding rates at 10 days
- For mothers who choose to formula feed their babies, an increase in those doing so as safely as possible, in line with nationally agreed guidance
- Improvement in parents' experience of care
- A reduction in the number of admissions for feeding related issues.

All documentation will fully support the implementation of the standards outlined in this policy.

Parents' experiences of care will be listened to via channels which will include audit, parents' experience questionnaires, the "My Maternity, My Way" (MSLC) group and regular conversations with the health board's PALS team.

Action will be taken to ensure that shared learning takes place following any incidents, concerns or investigations.

The International Code of Marketing of Breastmilk Substitutes will be implemented throughout the service. This means that no advertising of breastmilk substitutes, feeding bottles, teats or dummies is permissible in any part of the health board facilities.

Identifying Need for Document

Breastmilk is recommended as the optimal source of nutrition for infants. It contains immune properties that can reduce the risk for morbidity and mortality in neonates. Research has shown that providing mothers' breastmilk to premature infants can help reduce the incidence of necrotizing enterocolitis, reduce infection rates, improve feeding tolerance, and improve neuro-developmental outcomes.
To breastfeed successfully, mothers require accurate and evidence-based information, and face-to-face, ongoing, predictable support which reflects optimum standards.

Whilst supporting breastfeeding is at the heart of this policy, it aims also to raise standards of care for all babies, regardless of how they are fed. The policy aims to ensure that all mothers are supported to respond to their baby's needs for love, care and comfort in a way which promotes close parent-infant relationships, and supports the mental health of both baby and mother.

Responsibilities

All staff will have access to a copy of this guidance. Staff are committed to:

- Providing the highest standard of care to support new mothers and their partners to promote, protect and support breastfeeding. This is in recognition of the significant contribution that breastfeeding makes to good physical and emotional health outcomes for children and mothers.

- Providing the highest standard of care to support new mothers who choose to formula feed to do so as safely as possible.

- Providing the highest standard of care to support expectant mothers and their partners to build strong and loving parent-infant relationships. This is in recognition of the profound importance of early relationships to future health and well-being.

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

- Working collaboratively across disciplines and organisations, including neonatal services, health visiting and early years' services and voluntary organisations, to improve mothers' / parents' experiences of care.

- Supporting audit and management of processes to ensure ongoing compliance with the standards outlined in this policy.

Communication

All staff will have access to this policy.

The policy will be available in all areas of the health board premises which serve mothers and babies. Where a Mothers' Guide to the Policy is displayed in place of the full policy, the full version should be available in each area on request. A statement to this effect will be included on the Mothers' Guide.

Care Standards

The following sections of the policy are based on the UNICEF UK Baby Friendly Initiative standards for maternity services (1) and appropriate NICE guidance (2).
They specify the care that the health board maternity / neonatal services are committed to providing for every expectant or new mother.

1. Pregnancy

All pregnant women will have the opportunity to discuss feeding and caring for their baby with a health professional or other suitably trained designated member of staff. This discussion will include the following topics:

1.1 The value of connecting with their growing baby in utero.

1.2 The value of skin contact for all mothers and babies.

1.3 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.

1.4 Feeding, including an exploration of parents' thoughts and feelings about feeding, the value of breastfeeding as protection, comfort and food, and how to get breastfeeding off to a good start.

1.5 For those women who are identified in the antenatal period as having possible risk factors for breastfeeding which need more in-depth discussion, an individual feeding plan should be developed by the midwife and the woman; this should be based on the woman's fully informed choice while taking into account the safety of her child. Examples may be women who may be taking prescribed medication during pregnancy, and for whom such therapy may continue while breastfeeding, or those who are known to be HIV positive or infected with Hepatitis C.

Women who may be taking substances such as illicit drugs, medication prescribed for the treatment of drug dependency, prescribed / unprescribed benzodiazepines or alcohol, should also be offered open discussion and further information during the antenatal period.

In such situations, the midwife should liaise with practitioners such as the Paediatric Team, the Maternity Pharmacist and the Infant Feeding Coordinator, in order to provide as much information as possible for the mother-to-be. Supplementary sources that can be consulted by the health professional or the pharmacist include the *Drugs and Lactation Database (Lactmed)* or the *UK Drugs in Lactation Advisory Service*, as recommended by NICE guidelines (2). Once agreed, the intended plan for feeding her baby should be recorded in the woman's records for clarity of communication.

2. Birth

2.1 Assuming the condition of mother and baby at delivery allows, 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 behaviour of breast-seeking (baby) and nurturing (mother) is given an opportunity to emerge.

2.2 Those mothers 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 to, or so wish.

2.3 All mothers will be encouraged to offer the first breastfeed in 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 at the breast.

2.4 When mothers choose to formula feed from birth, they will be encouraged to offer the first formula feed in skin contact. Particular care will be taken in these circumstances to ensure that the baby is kept warm.

Safety considerations pertaining to skin to skin contact.

Vigilance of the baby's well-being is a fundamental part of postnatal 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 would occur 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 that the baby is kept warm. Observations should also be made of the mother, with prompt removal of the baby if the health of either gives rise to concern.

Staff should have a conversation with the mother and her companion 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. A risk assessment should be made in the postnatal record.

2.5 Mothers with a baby on the neonatal unit will be enabled to start hand expressing milk as soon as possible after birth (within six hours), and will be supported to express effectively. It is the shared responsibility of midwifery and neonatal staff to ensure that mothers who are separated from their baby receive the relevant information and support to do this.

3. Support for Breastfeeding

3.1 Mothers will be enabled to achieve effective breastfeeding according to their needs; support will continue until the mother and baby are feeding confidently. This will include help with positioning and attachment, hand expression and understanding signs of effective feeding.

3.2 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. Staff should explain to mothers that breastfeeding can be used to comfort and calm their baby as well as for feeding, and that breastfed babies cannot be overfed or "spoiled" by too much feeding.

3.3 A formal assessment of the mother and baby's progress with breastfeeding will be undertaken daily in the first few days after birth, and at each contact visit by the community midwifery team, once at home. This assessment will include a discussion with the mother to reinforce what is going well. Where necessary, an appropriate plan of care should be developed to address any issues that may have been identified, and this should be recorded, along with the feeding assessment, in the Mother and Baby Postnatal Record.
As part of the breastfeeding assessment, babies will be weighed once they are 72 hours old, and staff will follow "CTMU Weight Loss Guidelines, Breastfed Baby" pathway
..\..\..\Maternity\Weight Loss Guidelines pathway.doc

If paediatric medical support is considered necessary at this point, staff should refer the baby using the appropriate process for paediatric referral of babies by community midwives.

3.4 Mothers with a baby on the Neonatal Unit will be supported to express as effectively as possible, and encouraged to express at least eight times in twenty four hours including once during the night. They will be shown how to express both by hand and pump. When supporting a mother to provide expressed breastmilk for her baby, all staff will comply with the Guidelines for the Safe Management of Expressed Breastmilk on the Maternity and Neonatal Unit (CTMUHB, 2020).

3.5 Before discharge home, all breastfeeding mothers will be given information both verbally and in writing about how they can recognise effective feeding, and where they can contact help if they have any concerns, including national helplines. Mothers will also be informed about the Breastfeeding Mothers' Peer Support Groups available in the CTMUHB area. For those mothers who require additional support for more complex / ongoing breastfeeding challenges, a referral to the specialist service should be made.

3.6 For a mother whose baby is being discharged into foster care, all possible support should be given to maintain breastfeeding and / or lactation if the mother wishes to breastfeed or to express her milk for her baby. The breast feeding / lactation support plan should be discussed with the key social worker prior to the pre-discharge planning meeting and finalised during the meeting.

4. Exclusive Breastfeeding

4.1 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.

4.2 When exclusive breastfeeding is not possible or is not the mother's informed choice, staff will emphasise the value of continuing partial breastfeeding, and will support mothers to maximise the amount of breastmilk their baby receives.

4.3 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. Staff should refer to the "Guideline for Alternative Feeding Methods in the Full Term Breastfed Infant" (CTMU, 2020).

4.4 A full record will be made in the Postnatal Record of all formula milk supplements given, using the appropriate agreed documentation method. This should include the rationale for supplementation, the discussion with parents and any practical support offered.

4.5 Formula supplementation rates will be audited regularly on an ongoing basis.

5. Modified Feeding Regimes

5.1 There are a number of possible clinical indications for a short term modified feeding regime to be adopted in the early days after birth. Examples may include preterm or small for gestational age babies, or those who are excessively sleepy after birth. For these babies, frequent feeding, including a minimum number of feeds in 24 hours, should be offered to ensure safety

5.2 Term babies who are well but sleepy, or slow to show eagerness to breastfeed, should be cared for with reference to the "Reluctant Feeding Guidelines" (CTMU, 2020).

6. Formula Feeding

6.1 Mothers who formula feed will be enabled to do so as safely as possible through the offer of a demonstration and / or discussion about how to prepare infant formula

6.2 Mothers who formula feed will have a discussion about the importance of responsive feeding and will 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 take more than they need
- Recognise their baby's cues that they have had enough milk and avoid forcing their baby to take more milk than the baby wants.

7. Early postnatal period: support for parenting and close relationships

7.1 Skin to skin contact will be encouraged throughout the postnatal period.

7.2 All parents will be supported to understand a newborn baby's needs, including encouraging frequent touch and sensitive verbal /visual communication, keeping babies close, responsive feeding and safe sleeping practice (see **7.5**).

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

7.4 Parents will be given information about local parenting support that is available.

7.5 Safe sleeping for babies will be discussed fully with all parents, and the following key messages should be conveyed both by verbal discussion and by provision of written materials:

• 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 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

Cwm Taf Morgannwg University Health Board requires that compliance with this policy is audited at least annually using the UNICEF UK Baby Friendly Initiative audit tool, 2019 edition (3). Staff involved in carrying out this audit require training on the use of this audit tool.

Audit results will be reported by the Infant Feeding Coordinators to the Head of Midwifery, Gynaecology and Sexual Health and an action plan will be agreed by the CTMU Postnatal Forum to address any areas of non-compliance that have been identified.

Outcomes will be monitored by:

- Monitoring breastfeeding initiation rates

- Monitoring breastfeeding rates at 10 days

- Monitoring service users' experience of care by means of audit, parents' experience questionnaires, the "My Maternity, My Way" (MSLC) group and regular conversations with the health board PALS team.

References:

1. UNICEF UK Baby Friendly Initiative standards: www.unicef.org.uk/babyfriendly/standards

2. NICE postnatal care guidance: http://www.nice.org.uk/cg037
   NICE guidance on maternal and child nutrition: http://www.nice.org.uk/ph11

3. The UNICEF UK Baby Friendly Initiative audit tool (2019 edition): www.unicef.org.uk/babyfriendly/resources

Checklist for Clinical Guidelines approved by maternity services

Title of Guideline:	Infant Feeding Policy and Guideline Maternity / Neonatal Services
Name(s) of Author:	Carol Jones / Gaynor Evans
Chair of Group or Committee supporting submission:	Postnatal Forum Group
Issue / Version No:	2
Next Review / Guideline Expiry:	May 2023
Details of persons included in consultation process:	Managers / representatives from team midwives and postnatal Forum
Brief outline giving reasons for document being submitted for ratification	Merging of existing policies for CTMUHB
Name of Pharmacist (mandatory if drugs involved):	N/A
Please list any policies/guidelines this document will supersede:	
Keywords linked to document:	
Date approved by Postnatal Forum	18th May 2020
File Name: Used to locate where file is stores on hard drive	

*to be completed by author and submitted with document for ratification to Clinical Governance Facilitor