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Infant feeding policy Maternity / Neonatal services

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AUTHORSHIP, RESPONSIBILITY AND REVIEW

Author	CTM UHB Infant Feeding Team.	Ratification Date	November 2023
Job Title	Infant Feeding Coordinators	Review Date	November 2026

<u>Disclaimer</u>

When using this document please ensure that the version is the most up to date by checking the Obstetrics & Gynaecology Guidelines on WISDOM

PRINTED DOCUMENTS MUST NOT BE RELIED ON

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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

Infant feeding policy Maternity / Neonatal services

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.
- Weight loss Guideline.
- Tongue Tie Guideline.

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 at 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 wellbeing.

All staff are expected to comply with this policy.

Outcomes

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

- an increase in breastfeeding initiation rates
- an increase in breastfeeding rates at 10 days
- amongst mothers who choose to formula feed, an increase in those doing so as safely as possible, in line with nationally agreed guidance
- improvements in parents' experiences of care
- a reduction in the number of re-admissions for feeding problems

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

Our commitment

CTMUHB 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 on future health and wellbeing, and the significant contribution that breastfeeding makes to good physical and emotional health outcomes for children and mothers.
- Ensuring that all care is mother- and family-centred, non-judgemental and that mothers' decisions are supported and respected.
- Working together across disciplines and organisations to improve mothers' / parents' experiences of care.

As part of this commitment, the service will ensure that:

- All new staff are familiarised with this policy on commencement of employment
- All staff receive training to enable them to implement the policy as appropriate to their role, with new staff receiving this training within six months of commencement of employment
- The International Code of Marketing of Breastmilk Substitutes[1] is implemented throughout the service
- All documentation fully supports the implementation of these standards

- Parents' experiences of care will be listened to via channels which will include audit, 'My Maternity, My Way' (Maternity Voice Partnership, MVP), Positive feedback and compliments, Formal and informal concerns, Engagement through focus groups and surveys, Patient Reported Experience Measure (PREM), Maternity services social media.

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

Care standards

This section of the policy sets out the care that the Trust is committed to giving each and every expectant and new mother. It is based on the UK Committee for UNICEF (UNICEF UK) Baby Friendly Initiative standards for maternity services[2] and relevant NICE guidance[3][4].

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[1] More information on the Code: unicef.uk/thecode
[2] Updated Baby Friendly standards: unicef.org.uk/babyfriendly/about/standards/
[3] NICE postnatal care guidance: nice.org.uk/cg037
[4] NICE guidance on maternal and child nutrition: nice.org.uk/ph11

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 person). This discussion will include the following topics[5]:

- 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.
- 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.

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 behaviours of breast seeking (baby) and nurturing (mother) are given the 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 – the aim is not to rush the baby to the breast, but to be sensitive to the baby's instinctive process towards self-attachment

- When mothers choose to formula feed, they will be encouraged to offer the first feed in skin contact
- 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, or so wish
- Mothers with a baby on the neonatal unit are:
  - enabled to start expressing milk as soon as possible after birth (ideally within two hours)
  - supported to express effectively.

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.

Safety considerations (skin-to-skin)

See BAPM for more information on prevention of SUPC: https://hubble-live-assets.s3.amazonaws.com/bapm/file_asset/file/1154/SUPC_Framework_May_2022.pdf

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 maintain a high level of situation awareness in relation to care provision and their environment. Ensure the mother is continually supported and assisted with the care of the baby during the first 2 hours after birth, with the help of partners/family or staff members, or until her and her baby's condition exhibit no cause for concern. Ensure that if staff are not able to easily and adequately monitor baby's condition that additional staff members are involved

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 onto 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.

Notes – 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.

Notes – Babies

All babies should be routinely monitored whilst in skin-to-skin contact with mother or father. Observation to include:

- Checking that 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 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.

Support for breastfeeding

- 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.
- Mothers will have the opportunity to discuss breastfeeding in the first few hours after birth as appropriate to their own needs and those of their baby. This discussion will include information on responsive feeding and feeding cues.
- A formal feeding assessment will be carried out using The Breastfeeding Assessment Tool in The Mother and Baby Postnatal Record as often as required in the first week, with a minimum of two assessments to ensure effective feeding and the wellbeing of mother and baby. 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[6]" pathway. 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.
- 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. 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[7]
- 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 Breastfeeding Mothers' Peer Support Groups available in the CTMUHB area
- For those mothers who require additional support for more complex breastfeeding challenges, a referral to the specialist breastfeeding clinics should be made. These can be booked by contacting Tirion Birth Centre or contacting the Infant Feeding Coordinators directly. Mothers will be informed of this pathway.

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 should 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. Find out more in UNICEF UK's responsive feeding infosheet: unicef.uk/bf-responsive

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[6] https://wisdom.nhs.wales/a-z-guidelines/n/newborn-weight-loss-healthy-baby-guidelines-ratified-april-2023-pdf/

[7] Safe Management of Expressed Breastmilk.docx

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 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[8]".
- A full record will be made of all supplements given, including the rationale for supplementation and the discussion held with parents.
- Supplementation rates will be audited regularly and on an ongoing basis

Modified feeding regimes

- There are a number of clinical indications for a short-term modified feeding regime in the early days after birth. Examples include preterm or small for gestational age babies and those who are excessively sleepy after birth. Frequent feeding, including a minimum number of feeds in 24 hours, should be offered to ensure safety.
- 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[9]"

Formula feeding

- 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.
- 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 want to
    - recognise their baby's cues that they have had enough milk and avoid forcing their baby to take more milk than the baby wants.

[8] Escalation Policy - Maternity (nhs.wales)
[9] https://wisdom.nhs.wales/health-board-guidelines/cwm-taf-maternity-file/reluctant-feeding-guideline-2-ctm-guideline-2020-pdf/

Early postnatal period: support for parenting and close relationships

- Skin-to-skin contact will be encouraged throughout the postnatal period.
- All parents will be supported to understand a newborn baby's needs, including encouraging frequent touch and sensitive verbal/visual communication, keeping babies close, responsive feeding and safe sleeping practice.
- All parents will be encouraged to keep their babies with them unless clinically indicated otherwise.
- Mothers who bottle feed will be encouraged to hold their baby close during feeds and offer the majority of feeds to their baby themselves to help enhance the mother-baby relationship.
- Parents will be given information about local parenting support that is available.

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

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[10]. Staff

[10] The UNICEF UK Baby Friendly Initiative audit tool is designed specifically for this purpose: unicef.uk/audit

involved in carrying out this audit require training on the use of this 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 CTMU Postnatal Forum to address any identified areas of non-compliance.

Monitoring outcomes

Monitoring service user's experiences relating to infant feeding support by means of:

- Audit
- 'My Maternity, My Way' (Maternity Voice Partnership, MVP)
- Positive feedback and compliments
- Formal and informal concerns
- Engagement through focus groups and surveys,
- Patient Reported Experience Measure (PREM)
- Maternity services social media

Outcomes will be reported by the Infant Feeding Coordinators to the Head of Midwifery, Gynaecology and Sexual Health.

References

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