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Breastfeeding Policy

Introduction and Aim

This document outlines Cardiff and Vale University Health Board's (UHB) maternity services policy on breastfeeding. It has been developed in response to Welsh Government Breastfeeding Strategy and UNICEF UK Baby Friendly Initiative (BFI) Hospital and Community standards, which endorse breastfeeding as the healthiest way for a mother to feed her baby.

This document identifies the mandatory standards and practices which maternity staff involved in the care of mothers and babies should adhere to regarding infant feeding.

Staff will not discriminate against any woman in her chosen method of infant feeding and will fully support her decision.

The aim of this policy is to ensure that all pregnant women and mothers with babies, who are cared for by Maternity Services, have information and support regarding breastfeeding in accordance with Welsh Government and UNICEF BFI (UK) standards.

Objectives

The objectives of this policy are to ensure that:-

- Arrangements are in place to ensure that all relevant employees' and new staff are familiarized with this policy on commencement of employment.
- Maternity services staff are to receive appropriate training regarding breastfeeding within 6 months of employment according to UNICEF BFI (UK) standards and safe formula feeding information -Public Health Wales standards
- Pregnant women have the opportunity to have a meaningful discussion regarding feeding and caring for their baby as well as encouraging a responsive relationship with their baby in pregnancy and following birth
- The initiation of all infant feeding is supported by encouraging uninterrupted skin to skin contact for all babies until the first feed. Frequent and repeated skin to skin contact will be encouraged for all babies.

- Mothers will be shown how to breastfeed and how to maintain lactation even if mother and baby are separated;
- Mothers will be supported to achieve effective breastfeeding by receiving support with breastfeeding and hand expressing skills as well as enabled to understand the signs of effective feeding
- Formula milk supplements will be only be given to breastfed babies if there is a medical indication, or if the mother, following a discussion has been enabled to give informed consent for supplementation.
- Mothers are given support and information to maximise the amount of breast milk their baby receives.
- Exclusive breastfeeding is supported,
- Responsive feeding is encouraged for all babies.
- The use of artificial teats and dummies whilst establishing breastfeeding is discouraged.
- Information about breastfeeding support groups, and specialist infant feeding support services are provided.

Scope

This policy applies to all staff employed by the UHB maternity services.

Equality Health Impact Assessment	Cardiff and Vale UHB is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff, patients and others reflects their individual needs and does not discriminate, harass or victimize individuals or groups. These principles run throughout our work and are reflected in our core values, our staff employment policies, our service standards and our Strategic Equality Plan and Equality Objectives. The responsibility for implementing the scheme falls to all employees and UHB Board members, volunteers, agents or contractors delivering services or undertaking work on behalf of the UHB. We have undertaken an Equality Impact Assessment and received feedback on this policy and the way it operates. We wanted to know of any possible or actual impact that this policy may have on any groups in respect of gender, maternity and pregnancy, carer status, marriage or civil partnership issues, race, disability, sexual orientation, Welsh language, religion or belief, transgender, age or other protected characteristics. The assessment found that there was positive impact to the equality

	groups mentioned from the health gain benefits of breast feeding.
Documents to read alongside this Procedure	*Hypoglycaemia guidelines for newborn babies* *Neonatal weight loss Guidance* (Maternity) *for healthy term babies In Postnatal Care Pathways, Maternity Notes*
Approved by	Maternity Professional Forum and Quality and Safety

Accountable Executive or Clinical Board Director	*Ruth Walker, Executive Nurse Director*
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Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.

Summary of reviews/amendments			
Version Number	**Date of Review Approved**	**Date Published**	**Summary of Amendments**
1	*Dec 2007*		Reviewed by Joan Buckley
2	Dec 2008		Reviewed by Joan Buckley and Judy Rogers
3	Jan 2012		Reviewed by Judy Rogers and D Lewis
4	March 2017		Reviewed by Judy Rogers and Alison Lewis
5	Jan 2020		Reviewed by Judy Rogers and Alison Lewis

RESPONSIBILITIES

Directorate Management Team

The directorate of Obstetrics & Gynaecology has a responsibility to ensure that staff are adequately supported and provided with the training to implement these standards. They will also ensure that the environment of care is suitable for breastfeeding mothers to feed their infants where practicable and where this is not possible they will ensure that an appropriate care plan is established.

Infant feeding Coordinators (Maternity)

The Infant Feeding Coordinators have the responsibility to audit compliance with this policy within the Directorate. They will act as a resource on infant feeding issues within the Health Board and providing appropriate training to relevant staff, as detailed in the policy.

Employees

All maternity unit employees should adhere to the policy standards. This includes:-

- Where they routinely care for mothers and babies attending breastfeeding training;
- Reporting concerns about feeding issues and a baby's health or safety, i.e. safeguarding, to appropriate senior members of staff including the medical team;.
- Promoting breastfeeding and, where appropriate, supporting breastfeeding mother;
- Appropriately adhering to the policy for healthy, as well as sick babies.

IMPLEMENTATION

To ensure the implementation of this policy and the promotion of breastfeeding it will be necessary to ensure the following:-

Staff Training

- All new staff are to be introduced to this policy on commencement of employment.
- All staff are to receive training to enable them to implement the policy as appropriate to their role. New staff will receive this training within six months of commencement of employment.
- The International Code of Marketing of Breast-milk Substitutes is implemented throughout the service.
- All documentation fully supports the implementation of these standards.
- Parents' experiences of care will be listened to through: regular audit and parents' experience surveys

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:

- 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

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. 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, if they so wish.

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 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.

Support for breastfeeding

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

- Within the first 72-96 hours, two formal feeding assessments will be carried out, by maternity services using “Feeding assessment” tools in the postnatal notes. Also, further feeding assessments will be carried out as often as required to ensure effective feeding and the well-being of mother and baby, via community based support..

- Assessments 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 as soon as is practical, within 6 hours following birth and be supported with both hand and expressing pump methods, as appropriate.

- Before discharge home, breastfeeding mothers will be given information both verbally and in writing about recognizing 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 - community Maternity Care Assistant support (MCA) together with community midwifery care is available. For complex challenges the Seren (Specialist Infant Feeding Team) midwives and community based Breastfeeding Clinics with Infant Feeding Specialists are available. Mothers will be informed at hospital discharge, how to access these support systems.

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 when a baby is learning to breastfeed.

- A full record will be made of formula supplements given to breastfed babies, including the rationale for supplementation and evidence of the discussion held with parents.

- Supplementation rates will be audited frequently

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.

- Parents of Breastfed Babies having transitional care involving temporary formula supplementation for medical indications

should be given guidance regarding increasing breastfeeding and reducing formula supplementation- Supplementation information in Plans of Action files (See appendix)

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.

Early postnatal period: support for parenting and close relationships

- Skin-to-skin contact will be encouraged throughout the postnatal period.
- 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 including Infant Feeding support groups, Elan Team and Flying Start referrals

Monitoring implementation of the standards

Cardiff and Vale maternity services requires that compliance with this policy is audited at least annually using the UNICEF UK Baby Friendly Initiative audit tool (2014 edition)

Staff involved in carrying out this audit requires training on the use of this tool. Audit results will be reported to the Head of Midwifery and an action
Plan to be agreed by managers and Infant Feeding leads for Neonatal, Maternity and Health Visiting, to address any areas of non compliance that have been identified.

Monitoring outcomes

- Outcomes will be monitored by:
- Monitoring breastfeeding initiation rates
- Monitoring breastfeeding rates at 10 days postnatal in accordance with
- Public Health Wales Performance Indicators.
- Outcomes will be reported to: Heads of services and managers – Neonatal, Maternity and Health Visiting.

TRAINING

- All professional and support staff who have contact with pregnant women and new mothers will be orientated to the Breastfeeding Policy during their induction period as new staff.

- Those employed within the Women Health Division will participate in Breastfeeding Awareness training within six months of appointment, at a level appropriate to their professional group.

- All professional and support staff will, when identified as part of a Training Needs Analysis, receive training in the skills

needed to assist mothers who have chosen to formula feed, including the reconstitution of infant formula and sterilisation techniques.

- All clerical and ancillary staff, working in clinical areas where mothers and babies are cared for, will be orientated to the policy and will be able to refer breastfeeding queries appropriately.

AUDIT

Periodic audit of policy standards is practiced, by maternity, and neonatal staff. The aim of which is to identify areas of practice needing improvement and ensure that training and supervision is adjusted according to audit results.

Audit findings will be reported to the appropriate Directorate Quality and Safety audit meetings.

DISTRIBUTION

This policy, together with the Equality Impact Assessment, will be available on the UHB clinical portal system (Obstetrics & Gynaecology page)

Parents/ carers will be able to access the policy, in clinical areas where mothers and newborn babies are cared for on request.

MONITORING AND REVIEW

The implementation of this policy will be monitored by the Obstetrics and Gynaecology Directorate.

REFERENCES

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-Updated Baby Friendly standards:
www.unicef.org.uk/babyfriendly/standards

National Institute for Health and clinical Excellence (NICE) Postnatal Care Pathway- updated July 2013
NICE postnatal care guidance: http://www.nice.org.uk/cg037

All Wales Guidelines for Identifying and Managing Weight Loss in Breastfeeding Babies in the Early Post Natal Period Public Health Wales(2011) Currently being reviewed (2014)

Bump Baby and Beyond (2014) Public Health Wales

Hypoglycaemia guidelines for newborn babies Sept 2012

Maternity, Adoption and Paternity Guidance Notes Appendix 5 Guidelines on combining breastfeeding and returning to work

UNICEF Baby Friendly Initiative UK (2014)

Welsh Government (2001) Better Health Better Wales "*Investing in a Better Start: Promoting Breastfeeding in Wales*

Breastfeeding challenge identified

Observe and document feeding assessment
Offer support with positioning and attachment

Parents able to feed baby effectively

Appendix 1

Specialist Infant feeding Services Care Pathway

- Identify plan of action required eg: “Reluctant to feed” “Sore nipples” “Early Weight loss” “Expressing for Baby in Neonatal Unit, and discuss with parents
- Agree and document a temporary feeding plan, and check that parents have breastfeeding support group information and telephone numbers
- Refer to Seren specialist support midwife/ community Maternity Care Assistant support

Feeding challenges continue

Feeding challenges

Give parents ongoing breastfeeding support group information and telephone numbers

~~Consider referral to Rapid Access Breast Clinic, GP, Childrens’ Assessment Unit,~~

- Continue community MCA support
- Refer parents and baby to Specialist “Drop-in” support group clinics (Facilitated by specialist midwives, Health Visitors and MCA’s)

Appendix 2- Plans of action for breastfeeding challenges

SUPPLEMENTARY FEED FORM

Please complete one form for every reason a supplement is given to a breastfed baby

Mother's Name: _____

Date and time of formula supplementation…….
Document reason for supplementary feed: "mothers request" not enough – parents should have the information overleaf discussed to allow for "mother's ***informed*** request"

1. Did you discuss how a formula feed may affect breastfeeding? YES ☐ NO ☐
2. "Top Tips" supplementation information given

   (or information on the back of this form) YES ☐ NO ☐

3. What other action did you take to help / reassure mother?

   a. Encourage skin contact: YES ☐ NO ☐

   b. Help to hand express : YES ☐ NO ☐

   c. Explanation of how baby-led feeding works: YES ☐ NO ☐

4. How was supplement given? (please tick) syringe ☐ NG tube ☐ cup ☐ bottle ☐
5. If the supplement was given with a bottle, was nipple/teat confusion discussed? YES ☐ NO ☐

Name of midwife (please print)……

This section to be completed by Infant Feeding Advisor:

Supplement given was:

- *Clinically indicated with optimum care given*
- *Clinically indicated but care could be improved*
- *Fully informed maternal choice*
- *Maternal request without fully informed choice*
- Staff suggestion for non-clinical reasons

Before you give your baby a formula feed

Unless there is a medical reason, breastfed babies are advised not be given extra formula milk.

To help you make an informed choice, we would ask you to read this information sheet before you give formula milk to your baby.

Formula milk feeds may:

- Reduce your milk supply -Giving formula milk to a breastfed baby can reduce your milk supply. Your baby's eagerness to breastfeed will be less. As your baby will not want to feed as often from your breast, your milk supply is not being stimulated.

Babies need at least 8 feeds in 24 hours, including at night, (as your breastfeeding hormones are higher at night) - if your baby feeds

- Increase your baby's risks to develop gastro-intestinal infections i.e. vomiting and diarrhoea.
- Occasionally, especially if you have a family history of allergies (including eczema or asthma), giving formula milk to very young babies can increase your baby's risk to developing allergies.

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- Occasionally, especially if you have a family history of allergies (including eczema or asthma), giving formula milk to very young babies can increase your baby's risk to developing allergies.

Appendix 4: Supplementation Guidance- Babies having feeding supplementation for medical reasons.

This guidance includes all breastfed babies having paediatric support on the postnatal ward e.g.; transitional care, babies having phototherapy, babies "at risk" of hypoglycemia with BM's below 2.6mmol/l (see "Hypoglycemia Policy" for requirements)

Good practice tips

- Feed at least every 3 hours but offer the breast whenever baby shows feeding cues (regardless of scheduled feeding time).
- Observe the feed from beginning to end. Ensure correct attachment and ensure the baby maintains an effective suckling pattern. Listen for audible swallowing. Monitor wet and dirty nappies/appropriate for baby's age.
- Teach a mother how to recognise effective milk transfer (small stimulatory sucks, followed by long deep "drinking" sucks and SWALLOWING).
- Feeds should be counted from the beginning of the feed e.g. started at 3pm, next feed starts at 6pm.
- Encourage the mother to stimulate baby (skin-to skin/changing the nappy etc) approx. 10 minutes before offering the breast.
- Initial attempts may only involve licking or mouthing the breast so maintain a positive attitude to the mother.
- If the baby is not feeding effectively, encourage the mother to express FREQUENTLY (at least 8-10 times in 24hrs including at night), ideally double pump.
- If NG tube feeds are required, they should be given while having skin to skin contact with the mother.
- Once the baby has 3 consecutive good feeds, either at the breast or with a cup, remove the NG tube.
- **Milk Supplementation Guide**

Always use expressed breast milk in preference to formula (EBM) if available, using a cup to feed baby

Support mum to express her milk at least 8-10 times in 24hrs including at night.

Not interested / sleepy	→	full supplementary feed
Interested in breast but doesn't latch on	→	full supplementary feed
Latches on to the breast but falls asleep on the breast after little or no suckling	→	full supplementary feed
Latches on but suckling is uncoordinated with frequent long pauses	→	½ supplementary feed
Latches on, long slow rhythmical suckling & swallowing but only feeds for 5 minutes	→	½ supplementary feed
Latches on, long slow rhythmical suckling & audible swallowing, for long feed. Plenty of wet and dirty nappies appropriate for baby's age	→	NO supplementation

Appendix 5:

When should I start to express?
It is important to start expressing as soon as possible, and before baby is 6 hours old (the sooner the better). Ask staff for help and expressing syringes/equipment.

How often should I express?
You should express early and often, at least, 8-10 times in 24 hours including **at least once during the night** to make sure you make a good milk supply for your baby.

Why is it best to hand express for the first couple of days?
It is best to hand express for the first couple of days because you will be able to give every drop of colostrum to your baby rather than risk losing any of it in the pump tubing (if you use a pump)

Why do I need to express at night?
The hormone that produces milk is highest during the night. Therefore it is important that you also express **at least once during the night** to make a good milk supply.

Expressing should be pain free.

Why do I need to massage before expressing?
Massage your breasts gently for a few minutes before expressing. Massaging stimulates your "let down" or milk ejection reflex and will help to drain the breast effectively. If your baby is in the Neonatal Unit have a picture of the baby nearby as this will also stimulate your milk supply.

When can I start to use a pump?
Gradually over the next few days your milk will increase and once you are expressing on average 5-10mls per session, it may help to move on to double pumping with an electric pump.

Why "double pump"?
Using a pump to express milk from both breasts at the same time can increase the volume of milk you produce and the amount of fat in your milk. You many find that using an old bra with holes in the right places helps to hold the pump attachments in place. Made sure you are using the correct size funnels and that they are not digging into your breast and impeding the milk flow.

How long do I need to express?

If you are using an electric pump, start the vacuum on the lowest setting and gradually increase until you feel comfortable. Be aware, too high a suction can be as bad as too little suction. Express until all your milk available is removed and then for another few minutes **MORE STIMULATION = MORE MILK**.

The most important determining factor for your milk supply is the 24 hour volume at two weeks. You are aiming to get the volume around 750mls -1000ml/day by two weeks. **PLEASE ASK FOR HELP!**

Please ask for help.

CHART FOR MOTHERS EXPRESSING

If you want to keep a record of how much you are expressing, please complete the chart below.

Date	Time	Volume
	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	

Appendix 6: GUIDLEINES FOR THE TREATMENT OF MASTITIS

INTRODUCTION

Lactation mastitis is an inflammatory condition of the breast which may or may not be accompanied by infection. The first sign of mastitis is a red, swollen, usually painful area on the breast. The redness and swelling is not necessarily a sign of infection. Harmful bacteria are not always present; antibiotics may not be needed if self-help measures are started promptly.

The boundaries between a full breast, engorged breast, blocked duct, non-infectious mastitis, and infected mastitis are indistinct.

THE MOTHER SHOULD NOT STOP BREASTFEEDING DURING MASTITIS AS THIS CAN MAKE THE CONDITION MUCH WORSE. Continuing to breastfeed, with the appropriate support and treatment, will help her recover and will not harm her baby.

SIGNS OF MASTITIS

Clinical features of mastitis include:

- A painful breast.
- Fever.
- General malaise.
- A tender, red, swollen and hard area of the breast, usually in a wedge-shaped distribution.

It is not possible to distinguish clinically between non-infectious mastitis and infectious mastitis.

Suspect infectious mastitis if:

- Symptoms do not improve or are worsening after 12–24 hours despite effective milk removal.
- The woman has a nipple fissure that is infected.
- Bacterial culture is positive

CAUSE OF MASTITIS

Non-infectious mastitis occurs when accumulated milk, usually due to inadequate emptying of the breast or overproduction, causes an inflammatory response.

Infectious mastitis occurs when inadequate milk removal allows bacterial growth. Usually, infection occurs by retrograde spread through a lactiferous duct or a traumatized nipple.

Breast abscess usually occurs secondary to mastitis that has not been effectively managed.

PREVENTION OF MASTITIS

- Try to avoid suddenly going longer between feeds.
- Make sure the breasts don't become over full.
- Avoid pressure on the breast from clothing and fingers.
- Optimise positioning and attachment.
- Start self-help measures at the first signs of any red areas on the breast.

TREATMENT

Once mastitis has been identified, the health visitor will draw up an action plan with the mother. The action plan will be recorded on case notes in the computerised health visiting system and the child's 'Red Book'.

1. Check Positioning and Attachment:

Mastitis starts with poor milk drainage; if the baby is not well attached to the breast it may be difficult for him feed effectively and some areas of the breast may not be drained during the feed. Ask the mother:

- Are you comfortable? It's worth getting comfortable before a feed. Remember when you feed to relax your shoulders and arms.

- Are your baby's head and body in a straight line? If not, your baby might not be able to swallow easily.

- Are you holding your baby close to you, facing your breast? Support their neck, shoulders and back. They should be able to tilt their head back and swallow easily, and shouldn't have to reach out to feed.

- Is your baby's nose opposite your nipple? Your baby needs to get a big mouthful of breast from beneath the nipple. Placing your baby with their

nose level with your nipple will encourage them to open their mouth wide and attach to the breast well.

2. Self help measures

The health visitor will also offer self help measures such as:

- Feed the baby frequently, or express between feeds if the breasts are uncomfortably full.
- Feed from the sore breast first to ensure good drainage.
- Express gently after feeds so that the breasts are kept as well drained as possible.
- If breastfeeding is not possible, advise her to express breast milk by hand or pump until breastfeeding can be resumed.
- If necessary, gently massage the breast to overcome blockage and help milk flow. Massage should be directed from the blocked area moving towards the nipple.
- Maintain adequate fluid intake.
- Try feeding in different positions.
- Place a warm compress on the breast, or bathe or shower in warm water. This will relieve pain and help the milk to flow.
- To relieve pain and discomfort**,** offer paracetamol as first choice or Ibuprofen as an alternative. Use the lowest effective dose for the shortest possible time.
- Rest, if possible.

The health visitor may also refer mother to Breastfeeding clinic for further support/advice.

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3. Infected Mastitis

- Antibiotic treatment is recommended for mastitis if the woman has a nipple fissure that is infected, symptoms do not improve, or are worsening after 12–24 hours despite effective milk removal, or bacterial culture is positive.

- Inform the woman that these antibiotics are only excreted in milk in very small amounts. Usually the infant is not affected, but occasionally stools may be looser or more frequent than usual or the infant may be more irritable.

- Any woman who is feeling very unwell should be referred to a general practitioner as soon as possible without waiting for 12 – 24 hours.

- Continue with self-help measures once antibiotic treatment has commenced.

- If symptoms continue to worsen, the general practitioner or infant feeding advisor (maternity) can refer the woman to the Rapid Access Breast Clinic in Llandough.

REFERENCES

Breastfeeding Network (2009) ‘Mastitis and Breastfeeding’ www.breastfeeding network.org.uk (accessed 11/5/2015).

NICE (2010) ‘Mastitis and Breast Abscess.’ http://cks.nice.org.uk/mastitis-and-breast-abscess (accessed 11/5/2015).

NHS Choices (2014) ‘Breastfeeding; positioning and attachment.’ www.nhs.uk/conditions/pregnancy-and-baby/pages/breastfeeding-positioning-attachment (accessed 11/5/2015).

Appendix 7: **SORE / DAMAGED NIPPLES:** finding it too painful to breastfeed at present.

Plan of care:

- **Express and rest your nipples until healed- see below.**
- **Cup feed expressed breast milk at least 8 times in 24 hours including at night**
- **Respond to baby's feeding cues**

1. Express: no less than 8 times in 24 hours. Remember the more you express, the more milk you produce. Express from one side for **two minutes after** it stops dripping. Then express from the other side. Repeat until milk stops flowing. You can add to expressed breast milk to milk already expressed that day.
However if no milk is flowing, express for 5 minutes on side, then 5 minutes the other over a period of 20 minutes

2. Give your expressed breast milk to your baby: preferably with a cup to avoid nipple and teat confusion (different sucking action with a teat as to breastfeeding). Staff will teach you how to cup feed before you go home.

However if you find this too difficult or your baby is dribbling all your expressed breast milk, then use a bottle and teat using a "breastfeeding and paced feeding method"(See You-tube for examples). This means encouraging baby to "root" for the teat by tickling babies' top lip. When baby's mouth is open wide then aim the teat towards the hard/soft palate junction. Support baby's shoulders rather than head as baby's head needs to tilt back. Teat as similar in shape as possible to the shape and feel of Mums' nipples. Never "force" feed your expressed milk in a bottle – the

babies experience should be as close as possible to a breastfeed, to avoid the risk of nipple/teat confusion

If no milk or minimal milk is expressed, you may need to give additional formula, just enough to settle your baby until the milk supply increases. Please read the ***Top Tips information*** before you give formula so you can make an informed choice.

3. Demand feed your baby: watch for feeding cues. On average newborn babies feed 8-12 times in 24 hours. If you think your baby has gone a long time (over 6 hours) without a feed, wake him up. Keep a record of the number of feeds your baby has in 24 hours. See chart overleaf.

4. How to know the baby is getting enough: note the number of wet and dirty nappies.

- By day 3: the stools should be changing colour/more wet nappies.
- By day 5-6: on average four yellow stools and 5-6 wet nappies per day.

5. Treatment for sore nipples: if your nipples are cracked, it's worth applying some breast milk to the sore area. If you apply jelonet dressings, remember to change frequently and remove before feeding. Purified lanolin is another option as long as you test to check you're not allergic to this.

6. once you feel ready to try again, offer the breast. Please try and attend a breastfeeding support clinic as a skilled breastfeeding specialist can ensure your baby is latched on well (see breastfeeding support list). Remember if you have pain throughout the whole feed or your nipple is flat at the end of a feed, the baby has **not** latched on well, and you need to seek skilled support.