

Infant Feeding – Breastfeeding Guideline

Guideline information

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Approved by:

Obstetric Guideline, Audit and Research Group

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Summary of document:

This guideline aims to ensure that all staff of HDUHB promote, support and protect breastfeeding..

Scope:

This guideline supports staff employed by the HDUHB, who all have (appropriate to their role) responsibility for the implementation of the breastfeeding policy.

The guidance below uses the term 'woman' (pronouns she or her) to describe individuals whose sex assigned at birth was female, whether they identify as female, male or non-binary. It is important to acknowledge it is not only people who identify as women for whom it is necessary to access women's health and reproductive services. Therefore, this should include people who do not identify themselves as women but who are pregnant or have recently given birth. Obstetric and Midwifery services and delivery of care must therefore be appropriate, inclusive and sensitive to the needs of those individuals whose gender identity does not align with the sex that they were assigned at birth

To be read in conjunction with:

All Wales 5year breastfeeding Action Plan: Welsh Government July 2019

UNICEF Baby Friendly Initiative care standards framework 2012

NICE Postnatal Care Guideline [2021]

Patient information:

Owning group:

Obstetric Guideline, Audit and Research Group

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Keywords - Breastfeeding

Glossary of terms

HDUHB – Hywel Dda University Health Board

UNICEF – United National Children’s Fund

GPs – General Practices

RCN – Royal College of Nursing

BHIVA - The British HIV Association

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Scope

This policy aims to ensure that all staff of Hywel Dda Health Board (HDUHB) promote, support and protect breastfeeding. Every individual member of staff employed by the HDUHB, has (appropriate to their role) responsibility for the implementation of the breastfeeding policy. If there are concerns regarding the implementation of this policy these should be discussed with the appropriate area manager. Individuals who may not be directly employed by HDUHB but who are involved in supporting breastfeeding mothers are also expected to follow the breastfeeding policy.

The policy applies to all HDUHB staff, healthcare services, facilities and premises.

Aim

The aim of this document is to:

- Ensure that all HDUHB staff positively promote breastfeeding as the normal and healthiest way for a mother to feed her baby.
- Create an environment where more women in HDUHB choose to breastfeed their babies with support to enable them to breastfeed exclusively for 6 months with continued breastfeeding alongside the introduction of solid foods into and beyond the first year as recommended by the World Health Organization.

Objectives

The aim of this document will be achieved by the following objectives:

- Cooperative working between all health care professionals to ensure a seamless delivery of care for breastfeeding mothers and babies, together with the development of a breastfeeding culture throughout the local community.
- Staff develop adequate clinical knowledge and skills so that mothers are supported to breastfeed their babies for as long as they wish.
- Care delivered to mothers and babies by HDUHB staff adheres to and when possible exceeds the minimum care standards of the UNICEF Baby Friendly Initiative.

In Support of this Policy

The policy applies to all HDUHB staff, healthcare services, facilities and premises

In order to ensure a consistent approach to service and care delivery it is mandatory that staff involved in contact with pregnant and breastfeeding women adhere to this policy as well as any applicable service specific written control document/ guidelines.

Should there be any deviation from the policy or service specific guidelines it must be justified and recorded in the mother's and/or baby's health care records. This should be done in the context of professional judgment, codes of professional practice and discussion with the mother.

Women's services and Children's services are required to implement service specific written control documents/care guidelines for infant feeding in maternity, neonatal, acute paediatrics and health visiting services. The written control documents must be compliant with UNICEF Baby Friendly requirements, Welsh Government Infant feeding Guidelines 2015 and any published applicable professional standards.

It is required that all relevant HDUHB services (maternity, neo-natal & health visiting) will become accredited and then maintain accreditation with the UNICEF Baby Friendly Initiative in accordance with Welsh Government/Public Health Wales requirements.

WHO Code of Conduct

The Board fully endorses the WHO code of conduct (1981) and all its subsequent resolutions and thus:

- Permits no advertising/promotion of breast milk substitutes, feeding bottles, teats or dummies in any part of this Board/ health care facility.
- Permits no display of infant formula manufacturers' logos on items such as calendars, pens, diary covers, leaflets and stationery.
- Staff should cover any brand names when demonstrating making up of formula feeds in the hospital setting.
- Prohibits staff from accepting *any gift* (irrespective of monetary value) from artificial milk companies or their representatives.
- Prohibits staff from accepting bursaries or training costs from artificial milk companies.

Representatives from artificial milk companies are prohibited from:

- Routinely visiting Board premises
- Providing group training sessions for staff
- Accessing contact with pregnant/postnatal women via HDUHB staff or services.

Breast milk substitutes will not be sold or exchanged by Board staff or on health care premises.

No literature provided by infant formula manufacturers is permitted to be given to women and their families. No parent education training resources provided by infant formula manufacturers are permitted to be used in Board parent education sessions:

- Educational material regarding infant feeding which is distributed to families must be approved as regards WHO code compliance by the Infant Feeding Coordinator or designated deputy

Scientific/factual information for staff regarding formula milks may be received by the head of the dietetics service and/or the Infant Feeding Coordinator and disseminated if considered clinically appropriate. However, it is the professional's own responsibility to keep updated on current formula milk issues:

- The recommended resource for independent information on formula milks & formula feeding equipment is The First Steps Nutrition Trust www.firststepsnutrition.org (opens in new tab)

Data collection on infant feeding showing the prevalence of both exclusive and partial breastfeeding will be mandated in specific Women's & Children's services written control documents. Data must be collated and monitored as service performance indicators in maternity, children's and public health services.

If there are concerns regarding the implementation of this policy these should be discussed with the appropriate area manager. Individuals who may not be directly employed by the Board but who are involved in supporting breastfeeding mothers are also required to follow the breastfeeding policy.

Communicating the Breastfeeding Policy

This policy is to be communicated to all health care staff that have any contact with pregnant women and mothers.

All relevant new staff will be orientated to this policy and their service specific written control documents/guidelines as soon as their employment begins, and will have responsibility for the implementation of the policy/guidelines, appropriate to their role.

Role and Training of HDUHB Employees/Health Care Professionals

When a breastfeeding mother and/or baby come into contact with HDUHB services under any circumstances, the principles of care should always be:

- Provide a compassionate approach to the needs of breastfeeding mothers and babies •
Keep the breastfeeding mother and baby together
- Safeguard and minimise disruption to the breastfeeding relationship

Midwives, health visitors, neo-natal nurses and medical practitioners in general practice, maternity services and children services share primary responsibility for supporting breastfeeding women and for helping them to overcome any related problems.

The overall responsibility for providing and facilitating infant feeding training lies with the Board.

All professional and support staff who have contact with pregnant women and mothers will receive training in breastfeeding management at a level appropriate to their professional group. New staff will receive training within six months of appointment to post.

Medical staff, including GPs, paediatricians and obstetricians have a responsibility to promote breastfeeding and provide appropriate support to breastfeeding mothers. Medical practitioners should be encouraged to avail themselves of training opportunities to fulfil this role adequately.

Annual infant feeding update training is mandatory for staff with direct clinical responsibility for mothers and babies.

All relevant clerical and ancillary staff will be orientated to the policy and receive appropriate guidance/training to enable them to refer breastfeeding queries appropriately.

Promoting and Facilitating Support for Breastfeeding in the Communities of South West Wales

The Board supports and will seek to promote co-operation between health care professionals and the third sector whilst recognising that health care services have their own responsibility to promote and support breastfeeding.

Supporting and Facilitating in Public Areas of HDUHB Premises

The Board aims to provide a welcoming atmosphere for breastfeeding families.

Breastfeeding is regarded as the normal way to feed babies and young children, therefore mothers will be enabled and supported to feed their infants in all public areas of Board premises including all health centres/clinics.

Notices should be displayed appropriately at entrances and in all HDUHB premises making it clear to everyone that the HDUHB welcomes breastfeeding mothers (e.g. HDUHB café's and waiting areas).

A mother happily breastfeeding in a HDUHB building, who requests no help, should be left undisturbed.

If a mother requests assistance, HDUHB staff should respond helpfully and positively. Consideration should be given in each relevant department as to the arrangements needed should a mother request privacy. Comfortable facilities will be made available for mothers who prefer privacy. All staff should be aware of these arrangements.

In the rare event of a complaint regarding the presence of a breastfeeding mother, Board staff should respond politely but offer to help move the complainant if so desired, the mother should not be asked to move.

Supporting Board Employees to Continue Breastfeeding on Return from Maternity Leave

HDUHB requires that a pregnant member of staff is signposted to, or provided with a copy of the Board Breastfeeding policy by her manager prior to commencing maternity leave and if breastfeeding upon return to work, the member of staff is supported to enable breastfeeding to continue.

The Board recognises that Health and Safety and Sex Discrimination legislation protect a woman's right to be supported in continuing breastfeeding on return to work and will make every effort to accommodate her.

Dedicated, appropriate facilities for breastfeeding and/or expressing should be available on all Board main hospital sites. In other Board locations where the need arises the manager is responsible for ensuring that the Board commitment to the member of staff is met.

The facilities provided must ensure that:

- The dignity and privacy of the staff member is protected - the door can be locked (a toilet is not acceptable)
- There is comfortable seating with access to an electric supply for the breast pump
- Good hygiene is possible - hand washing facilities nearby
- Safe storage of expressed milk is possible - provision of dedicated fridge space
- Safe storage of expressing equipment is possible

Board staff returning from maternity leave should inform their manager of their intention to continue breastfeeding on return to work and should discuss their needs with their manager prior to return.

Options to be discussed could include:

- Flexible working hours.

- Agreement on feeding the baby in the workplace or in a local crèche/child minders.
- Arrangements for and reasonable time to express milk or feed baby in private.

Admission of a Breastfeeding Baby into Hospital

If a breastfeeding baby is admitted to hospital then staff on paediatric wards will adhere to RCN guidelines (2013) for the care of breastfeeding mothers and babies on paediatric units.

When a breastfeeding baby is re-admitted in the early post-natal period the care provided and location of care delivery must comply with the HDUHB re-admission pathway.

If a feeding problem is suspected, paediatric ward staff should always seek the opinion and support of the infant feeding team/breastfeeding leads or an identified skilled breastfeeding practitioner.

Admission of a Breastfeeding Mother into Hospital

If a breastfeeding mother is admitted to any area of the hospital the support she needs will depend on the nature of her illness, the treatment needed, the age of her baby and the particular circumstances encountered.

Care options should be discussed with the mother, her wishes taken into account and the advice of lactation specialists sought when necessary so that whenever possible the breastfeeding relationship is safeguarded.

All clinicians involved in the care of the hospitalised breastfeeding woman will plan and deliver her care and treatment whilst taking into account their responsibility to protect breastfeeding and lactation.

Specific care guidance for breastfeeding/lactating mothers admitted suffering serious breast infection/breast abscess can be found on the intranet.

When prescribing for breastfeeding/lactating mothers' clinicians must ensure that accurate, evidence based, up to date information is accessed. A mother should not be told to stop breastfeeding in order to take a medication unless there has been extensive expert consultation by accessing specialist drugs in lactation information sources via the HDUHB Breastfeeding webpage, HDUHB & national medicines information services and lactation specialists.

In the rare event of essential medications being proven to be incompatible with breastfeeding then if this is a short course the mother should be encouraged to express and discard her milk to maintain her supply and supported to re-establish breastfeeding once the medication is completed.

Where longer term therapy of incompatible medication is essential e.g. chemotherapy the mother should be supported to express her milk and gradually decrease her supply to cease lactation as appropriate for her comfort (e.g. over a week or so may be necessary) and discard the expressed milk.

A primary principle of care is to keep breastfeeding mother and baby together. Every effort must be made to achieve this aim. Provision of a single room and if necessary facilitating another adult being present to help with baby care if mother is too unwell to care for baby independently.

Abrupt cessation or reduction in breastfeeding is associated with adverse clinical sequelae i.e. increased risk of mastitis and breast abscess. A mother should not be told to stop or interrupt breastfeeding abruptly unless in an acute emergency situation where it is absolutely unavoidable. An understanding of the physiology of lactation and an empathetic approach is required* (See Box 1). The advice of lactation specialists should be sought to manage this situation.

Board staff have a duty of care to safeguarding breastfeeding/lactation: Ideally the mother should be supported to continue to breastfeed as normally as possible. If this is not possible then it is necessary to provide a hospital grade electric breast-pump to avoid painful engorgement, prevent mastitis and protect milk supply. A hospital grade electric pump and expert guidance on its use should be sourced via co-operation with Women's and/or Children's acute services.

Support for expressing and storing milk should be provided. Expressing should take place as often as the baby would normally feed or as often as is manageable, possible or necessary in order to avoid painful engorgement

If the baby is under 6 months and expressed milk is to be fed to baby, expressing equipment should be sterilised (over 6 months equipment needs to be clean but not sterilised).

Information on milk storage should be discussed and arrangements agreed.

Expressed milk can be stored up to 6 hours at room temperature, up to 5 days in a fridge (5 degrees C or below), up to 6 months in a freezer. Many women in these circumstances choose to store their milk in their room in a cool bag with freezer blocks. The blocks should be changed regularly by family or staff. Seek the advice of the Infant Feeding team, breastfeeding lead or an identified skilled breastfeeding practitioner if required.

*Box 1. *Milk release is governed by a conditioned neuro-hormonal response. Oxytocin – a powerful endorphin releases the milk and it may not be produced as effectively in response to a mechanical pump particularly where a mother is in fear, pain, stressed or anxious. Staff should bear in mind that a mother may not be used to using a breast pump and that expressing breast milk may not always be an immediately effective solution to a mother who has been up to this point, breastfeeding normally.*

The advice and support of lactation specialists should be sought to manage acute scenarios in order to reduce the risk of harm to the mother.

Breastfeeding and HIV

The British HIV Association (BHIVA) 2018 recommends formula-feeding infants born to women living with HIV, eliminating postnatal transmission, but also states that virologically-suppressed treated women with good adherence choosing to breastfeed may be clinically supported with breastfeeding.

Research continues to contribute to a changing picture as regards transmission of HIV and breastfeeding. Each woman's situation must be assessed holistically to allow for culturally defined nuance and informed decision making.

Where a pregnant woman is HIV positive, staff involved in her care should consult up to date national expert advisory group guidelines to inform discussions on infant feeding.

Auditable Standards

Hywel Dda 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 (Part 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 and an action plan will be agreed by the HDUHB 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,

References

- All Wales 5year breastfeeding Action Plan: Welsh Government July 2019
- NICE Postnatal Care [2021]
- Global strategy for infant and young child feeding, World Health Organization, 2001
- International code of marketing of breast milk substitutes, World Health Organization, 1981 (& subsequent resolutions)
- <http://www.unicef.org.uk/BabyFriendly/Health-Professionals/Going-Baby-Friendly/Maternity/The-International-Code-of-Marketing-of-Breastmilk-Substitutes/> (opens in a new tab)
- National Infant Feeding Guidelines. Welsh Assembly Government 2015
- The management of health and safety at work regulations, 1999
- Employment Rights Act 1996
- Breastfeeding in children's wards and departments, Royal College of Nursing 2013
- UNICEF Baby Friendly Initiative care standards framework 2012
www.unicef.org.uk/BabyFriendly (opens in a new tab)
- BHIVA Pregnancy guidelines 2018 <https://www.bhiva.org/pregnancy-guidelines> (opens in a new tab)