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Guideline for Infant Feeding

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Scope:	PTHB Midwifery and Health Visiting Service	

The latest approved version of this document is online.
If the review date has passed please contact the Author for advice.

Powys Teaching Health Board is the operational name of Powys Teaching Local Health Board
Bwrdd Iechyd Addysgu Powys yw enw gweithredol Bwrdd Iechyd Lleol Addysgu Powys

Table of Contents

Table of Contents 2
Version Control 4
Engagement & Consultation 4
Circulated to the following for Consultation 4
Evidence Base 4
Impact Assessments 5
1. Policy Statement / Introduction 6
2. Objective 7
3. Equality, Diversity, and Inclusion 7
4. Definitions 8
5. Responsibilities 8
Head of Midwifery and Head of Childrens Public Health 8
Assistant Head of Midwifery and Assistant Head of Childrens Public Health 8
Clinical Supervisor for Midwives (CSFM) 8
Women and Children's Risk and Governance Lead 8
Band 7 Team Lead / Operational Team Lead (OTL) 9
Infant Feeding Coordinator 9
All clinical staff within the maternity and health visiting service 9
6. Antenatal conversations 9
7. Birth and Early postnatal period: support for parenting and close relationships 10
Skin to skin 10
8. Supporting Breastfeeding 11
Exclusive breastfeeding 11
Vitamin D 12
Support for continued breastfeeding 12
Peer Support 13
9. Supporting responsive and paced formula feeding 13
10. Responsive feeding 13
Responsive Breastfeeding 13
Responsive Bottle-feeding 14
11. Infant Feeding assessments 14
11.1 Handover between clinicians 14
12. Modified feeding regimes 15
Managing weight loss 15
Breast Pumps 15

13. Specialist service 16
Tongue Tie 16
Mastitis 17
14. Drinks and the introduction of complementary (solid) foods 18
15. Safeguarding 18
16. Monitoring Compliance, Audit & Review 19
17. References / Bibliography 19
18. Related Guidelines 20
Appendix A : UNICEF Safety Statement on Skin-to-skin contact - Baby Friendly Initiative (unicef.org.uk) 21
Appendix B: PTHB Infant Feeding Specialist Service Referral Form 22

Version Control

Version	Summary of Changes/Amendments	Issue Date
1	Initial Issue	
2	All Wales (2015) document not updated therefore new Powys Guidance created in line with UNICEF BFI standards. Equality and diversity statements updated.	30/04/2025

Engagement & Consultation

Key Individuals/Groups Involved in Developing this Document

Role / Designation
Interim Infant Feeding Coordinator
Infant Feeding Coordinator

Circulated to the following for Consultation

Date	Role / Designation
26/09/2024	Women & Children's: Midwifery and Health Visiting
26/09/2024	Safeguarding
26/09/2024	Public Health Wales
26/09/2024	Members of the Women and Children's Guidelines Group

Groups Approved at

Date	Group
03/12/24	Maternity guidelines Group
	Women and Children's policies and procedures group

Evidence Base
Please list any National Guidelines, Legislation or Health and Care Standards relating to this subject area? NICE (2021) NG194 Postnatal Care Guidance NICE (2017) PH56 Vitamin D: supplement use in specific population groups UNICEF Baby Friendly Initiative Standards for maternity services UNICEF Baby Friendly Initiative Standards for health visiting services

Impact Assessments

Equality Impact Assessment Summary

	No impact	Adverse	Differential	Positive	Statement
Age	X				Please remember policy documents are published to both the **intranet** and **internet.** The version on the internet must be translated to Welsh.
Disability	X				
Gender reassignment	X				
Pregnancy and maternity				X	
Race	X				
Religion/ Belief	X				
Sex	X				
Sexual Orientation	X				
Marriage and civil partnership	X				
Welsh Language	X				
Human Rights	X				

Risk Assessment Summary

Have you identified any risks arising from the implementation of this policy / procedure / written control document?

No risks identified

Have you identified any Information Governance issues arising from the implementation of this policy / procedure / written control document?

As above

Have you identified any training and / or resource implications as a result of implementing this?

No

1. Policy Statement / Introduction

The purpose of this policy is to ensure that all staff at PTHB (Powys Teaching Health Board) 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.

The guidance uses the term "woman" (pronouns she or her) or "mother" 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. Our services and delivery of care must therefore be appropriate, inclusive and sensitive to the needs of those individuals whose gender identify does not align with the sex that they were assigned at birth.

All staff are expected to comply with this policy.
PTHB is committed to:

- Providing the highest standard of care to support expectant, 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-centered, non-judgmental 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 maternity and health visiting 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 Breast-milk Substitutes is implemented throughout the service.
- There are opportunities for mother's/parents to share experiences of care and be listened to.

2. Objective

This policy sets out the care that Powys Teaching Health Board is committed to giving every expectant, new mother and family. It is based on the UK Committee for UNICEF (UNICEF UK) Baby Friendly Initiative standards for maternity services and relevant NICE guidance.

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, 6-8 weeks, 6 months and beyond.
- For 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.
- Reduction in the number of re-admissions for feeding problems.
- Increase in the proportion of parents who introduce solid food to their baby in line with nationally agreed guidance.

3. Equality, Diversity, and Inclusion

Powys Teaching Health Board Maternity Services are committed to:

- The elimination of unlawful and unfair discrimination
- The active promotion of equal opportunities for women and their families and our workforce
- The protection of the human rights of women and their families and our workforce
- The promotion of inclusive relationships between groups who share protected characteristics and those who don't
- The valuing of the diversity inherent in the communities we serve and in our workforce.

The words 'woman' and 'women' have been used throughout this document as this is the way that the majority of those who are pregnant and having a baby will identify. It also includes people whose gender identity does not correspond with their birth sex or who may have a non-binary identity. Similarly, where the term 'parents' is used, this should be taken to include anyone who has main responsibility caring for a baby. It is recognised that there are many different family arrangements.

When translation services are required, there is the expectation that a face-to-face translator or digital interpretation services will be provided. The Language Line App is available to all maternity staff to use for this

purpose. Consideration is required with written documents and leaflets to be provided in a woman's preferred or 1st language.

For further support and advice contact PTHB Equality Team:
powys.equalityandwelsh@wales.nhs.uk

4. Definitions

- **AF** – Artificially Fed
- **BFI** – Baby Friendly Initiative
- **BIBS** – Bron I'r Babi Support (Breastfeeding Peer Support)
- **BF** – Breastfeed
- **EBM** – Expressed Breastmilk
- **HV** – Health Visitor
- **IFC** – Infant Feeding Coordinator
- **PTHB** – Powys Teaching Health Board
- **UNICEF** - United Nations International Children's Emergency Fund
- **WCCIS** – Welsh Community Care Information Service

5. Responsibilities

5.1	**Head of Midwifery and Head of Childrens Public Health** The Head of Midwifery and Head of Childrens Public Health must: • Ensure all staff read and understand this guideline. • Arrange regular review to monitor compliance with this guideline.
5.2	**Assistant Head of Midwifery and Assistant Head of Childrens Public Health** The Assistant Head of Midwifery and Assistant Head of Childrens Public Health Services has responsibility for: • Ensuring dissemination of this document to all relevant staff.
5.3	**Clinical Supervisor for Midwives (CSFM)** The CSFM will ensure: • Antenatal discussions will be audited by the CSFM during notes audits at least quarterly, compliance will be noted if all antenatal discussion opportunities are signed.
5.4	**Women and Children's Risk and Governance Lead** The Women and Children's Risk and Governance Lead has responsibility for: • Monitoring review of incidents in relation to content of this document.

5.5	**Band 7 Team Lead / Operational Team Lead (OTL)** Ensuring compliance with this document by the teams that they manage • To fully understand and work within this document • To ensure all midwives and health visitors within their team are aware of this guideline and follow it within their practise. • Highlight any additional training needs of staff surrounding infant feeding to the infant feeding coordinator.
5.6	**Infant Feeding Coordinator** The IFC and infant feeding champions have responsibility for: • Ensuring promotion of the use of this guideline • Reviewing any evidence that may lead to changes to the document. • Following the guidance in relation to their role • Ensure reviews of policy compliance as per section 13
5.7	**All clinical staff within the maternity and health visiting service** All clinical staff within the maternity and health visiting service have a responsibility to be: • Supporting and promoting the use of this guideline in their practice when supporting families.

6. Antenatal conversations

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 their thoughts and feelings around feeding their baby,
- what parents already know about breastfeeding,
- the value of breastfeeding as protection, comfort, and food getting breastfeeding off to a good start, including antenatal hand expression.

The conversations can be facilitated by both the midwifery and health visiting teams:

- Midwifery- at routine antenatal contacts a minimum of 3 times within the pregnancy [around 16-, 28-31-, and 36-weeks' gestation as a guide].
- Health visiting team - at their routine antenatal contact.

7. Birth and 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.
- 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 available in the birth plan packs given out at 36/40 weeks gestation. Families should also be signposted to Bump Talk, Powys Natures Nourishment and Powys Health Visiting Service Facebook groups for further information.
- SGP 052 Safer Sleeping Standard Operating Procedure should be followed and discussed with families.

7.1 Skin to skin

- All mothers will be offered the opportunity for uninterrupted skin contact with their baby for at least an hour; 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.
- 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.

	• Safety considerations for skin-to-skin should be followed as per MAT 030 All Wales Midwifery-Led Care Guidelines Section 12.1), in line with UNICEF UK Baby Friendly Initiative maternity policy statement on safety during skin-to-skin (Appendix A) and HSIB 2020 National Learning Report on Neonatal collapse alongside skin-to-skin contact.

8. Supporting 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.
- Mothers have access to infant feeding support from midwives 24/7 via our on-call midwifery system.
- A formal feeding assessment will be carried out using the UNICEF BF assessment checklist [Breastfeeding assessment tool - Health visiting (unicef.org.uk)] (see section 11) to ensure effective feeding and the wellbeing of mother and baby. This assessment will include a dialogue/discussion with the mother to reinforce what is going well and, where necessary, develop a plan of care to address any identified issues.
- Before discharge home or before midwives leave the home following birth, 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 local and national support services for breastfeeding as outlined in the infant postnatal pack and the BIBS leaflet.
- For mothers who need more support for more complex breastfeeding challenges, a referral to the specialist service should be made promptly. Mothers will be informed of this pathway.

8.1	**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 (up to 6 weeks in most cases). • When exclusive breastfeeding is not possible, the value of continuing partial breastfeeding will be emphasised, and

	mothers will be supported to maximise the amount of breastmilk their baby receives. • Mothers who give other feeds in conjunction with breastfeeding will be enabled to do so as safely as possible and with the least possible disruption to breastfeeding. This will include appropriate information and a discussion regarding the potential impact of the use of a teat when a baby is learning to breastfeed.
8.2	**Vitamin D** • NICE (2017) recommend infants and children aged under 4, and pregnant and breastfeeding women, particularly teenagers and young women should take vitamin D supplementation. Postnatally this can be taken as part of a multivitamin for mothers, or an individual supplement. Vitamin D drops are available to give to babies and children under 4. Vitamin D supplements are available through the Healthy Start Scheme and are provided, for those who qualify, through the health board. • Vitamin D should also be recommended for any infant/child who is receiving less than 500mls of formula milk per day, as infant formula is already fortified with vitamin D [Vitamin D - NHS].
8.3	**Support for continued breastfeeding** • A formal breastfeeding assessment using the BF assessment checklist tool [Breastfeeding assessment tool - Health visiting (unicef.org.uk)] will be carried out at the 'birth visit' at approximately 10–14 days to ensure effective feeding and well-being of the mother and baby. This includes recognition of what is going well and the development, with the mother, of an appropriate plan of care to address any issues identified. • For those mothers who require additional support for more complex breastfeeding challenges a referral to the specialist service will be made. Mothers will be informed of this pathway. • Mothers will have the opportunity for a discussion about their options for continued breastfeeding (including responsive feeding, expression of breastmilk and feeding when out and about or going back to work), according to individual need. • Mothers who are partially breastfeeding will be supported to maximise the amount of breastmilk their baby receives and the value of continuing partial breastfeeding (where exclusive BF is not possible or has not been chosen) will be discussed.

8.4	**Peer Support** Families will be signposted by health professionals to their nearest local peer support / BIBS groups established within the community, if appropriate. Peer support groups linked with the health board will provide evidence-based information for families and provide a welcoming and supportive environment for breastfeeding mothers. Peer supporters will be offered to undergo training through the Association of Breastfeeding Mothers (if they do not already have a relevant peer support qualification), and be DBS checked. Annual supervision will be provided by the IFC to ensure qualified peer supporters remain up to date.
9. Supporting responsive and paced 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 and safe sterilisation. • Mothers who formula feed will have also a discussion about the importance of responsive, paced feeding and be encouraged use the responsive bottle-feeding technique described in section 10.2. • A bottle feeding assessment [UNICEF UK Baby Friendly Initiative - Bottle Feeding Assessment] should be completed at least twice in the first week of life by the midwives and subsequent assessment at the new birth visit at 10-14 days by the health visitor. • There should be no endorsement or advertisement of milks within the health care setting as this implies endorsement of particular brands. For evidence-based information of formula milks, families should be signposted to the website First Steps Nutrition. • First stage infant formula should be recommended to be used for the first year of life.	
10. Responsive feeding	
10.1	**Responsive Breastfeeding** • Responsive parenting is discussed within antenatal conversations, and it is important that families are aware that you cannot spoil a baby. • Babies feed for nutrition, hydration, love, comfort and security. It is important to ensure families understand feeding cues; sucking hands, rooting, opening mouth. • Breastfeeding is a two-way relationship between mother and baby and mothers may also wish to offer the breast when her breasts feel full to relieve engorgement.

- Breastfeeding can also be used to; settle the baby if distressed, if the baby is having a painful procedure, for comfort for mum/baby and to help mum relax.

10.2 Responsive Bottle-feeding

- Families may wish to give expressed milk or formula via a bottle.
- When milk is given via a bottle, parents should be taught how to safely and responsively bottle feed using a paced bottle-feeding technique:
- respond to cues that their baby is hungry.
- hold their baby close, encouraging eye contact and communication to aid brain development.
- 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. Signs may include, dribbling, hands flaring or baby turning their head away.

11. Infant Feeding assessments

A formal feeding assessment will be carried out by a midwife / HV, using the UNICEF breastfeeding assessment tool and/or the bottle-feeding assessment tool [For midwives: provided in the Infant Postnatal Care Pathway (page 8 and 9). For Health Visitors: embedded on WCCIS] as often as required, but as minimum on 3 occasions to ensure effective feeding and the well-being of mother and baby:

- Breastfeeding Assessment 1 – 1st day home (MW)
- Breastfeeding Assessment 2 – between day 3-5 (MW)
- Breastfeeding Assessment 3 – between day 10-14 by health visitor at the new birth visit.

NB: Both the breastfeeding and bottle feeding assessments should be completed if mixed feeding or giving supplementation via bottle.

11.1 Handover between clinicians

Handover between midwifery and health visiting services should occur on day 10, and should include current feeding method, any concerns around feeding, and any referrals made surrounding feeding.

	Midwives must ensure that they do not discharge from maternity services until a neonate is above their birth weight or there is an individual care plan in place to support this.

12. Modified feeding regimes

- There are several 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. However, in Powys as we are a community-based service- the babies who would be at risk of requiring a feeding plan are likely to have birthed in a DGH setting.
- MAT 083 The management and prevention of hypoglycaemia in the undiagnosed, unplanned, at-risk neonates born in a community setting should be followed where an 'at risk baby' is born in the community setting.
- Further support can be sought from the specialist service team in cases where a higher level of feeding support is required (see section 13).

12.1	**Managing weight loss** Please refer to MAT 049 Guidelines for the Prevention, Identification and Management Weight Loss in Breastfeeding babies in Early Postnatal Period and utilise the care pathways to manage weight loss and supplementation. The infant feeding assessment tools on page 8 & 9 of the infant postnatal notes should be used when any weight loss care plan is triggered, to identify areas which may be causative to weight loss. Any variance or indication for supplementation should be documented and actioned appropriately, discussion held with the parents and additional feeding support provided.
12.2	**Breast Pumps** Breast pumps are available within each Birth Centre to loan to families where a feeding plan has been implemented to support lactation. The pumps can be loaned for 28 days, and the appropriate loan documentation should be completed for traceability. In cases where all pumps for the locality are on loan, please contact the IFC for access to the next nearest pump. Please report any issues with pumps to the IFC.

13. Specialist service

In cases where specialist service is required for additional support, the family should be referred using the specialist service referral form (Appendix B) and emailed to PTHBInfantFeeding@wales.nhs.uk

Category 1- clinical need urgent referral

- Weight loss 12% or over (MW)/ Care plan 3 (MW)
- Not at birth weight by 14 days (MW)
- Dropped 2 centiles/ faltering growth [NB: 1 centile if birthweight <9th centile, 3 centiles if birthweight >91st centile (NICE, 2017) (HV)
- Discharges from SCBU/ NICU (MW/HV)
- Recurrent mastitis
- Diagnosed breast abscess.

Category 2- clinical judgement referral

- Ongoing nipple trauma/ pain following P&A Support
- ? Thrush / Recurrent thrush
- Anatomical mismatch
- Antenatal consultation for any woman who has previous breast surgery/known hypoplasia/ insufficient glandular tissue, endocrine disorders and or hormonal imbalances.
- High Palate/ Oral structure issue
- Other- if discussed with specialist service MW/ HV
- Querying Tongue Tie issues

13.1 Tongue Tie

If staff have a concern that a restrictive frenulum is negatively impacting feeding and/or weight gain, and positioning and attachment support has been ineffective then staff can utilise the TABBY tongue assessment tool (Tongue Tie | Centre for Academic Child Health | University of Bristol) to support their referral.

We do not currently have an 'in house' frenulotomy service, but we have commissioned services to Cardiff (CMUTHB), as well as links with Shrewsbury and Telford Hospital Trust, Hywel Dda University Health Board and Wye Valley NHS Trust for both assessment and procedure if required. Referrals should be based on individual assessment and referral criteria does differ slightly between DGH. Please see the tongue tie referral form available on the Powys Infant Feeding sharepoint for specific health board criteria.

	Ensure that PTHBInfantFeeding@wales.nhs.uk are also cc'd into your referrals for data collection and that support from the specialist service can be triggered if required. Feeding support should also continue from the service who have generated the referral.
13.2	**Mastitis** The guidance below is adapted from NICE Clinical Knowledge Summaries Mastitis and Breast Abscess Guidance August 2024 Signs of mastitis: • Swollen area of the breast – may feel hot/painful to touch and may appear reddened • Pain within the breast • Discharge from the nipple • Flu like symptoms; raised temperature, chills, aches and tiredness. If the woman is acutely unwell with signs of sepsis, immediate review at DGH is required via maternity/A+E. Midwives can use the PROMPT sepsis pathway to aid assessment. Health visiting staff should refer directly to A+E if the woman is acutely unwell. If the woman has mild symptoms, utilise conservative measures i.e: • Paracetamol / Ibuprofen and removing milk from the breast via effective feeding may be effective in resolving the mastitis. • Offer a breastfeeding assessment if there are concerns of ineffective positioning and attachment being causative to mastitis. If no improvement is seen with 12-24 from the ONSET of symptoms, referral to GP for oral antibiotics is indicated (GP should prescribe a second-line antibiotic, co-amoxiclav 500/125 mg three times a day, for 10–14 days). If symptoms worsen or out of hours, then review at the nearest DGH will be required to manage the infection. Advice for breastfeeding mother experiencing mastitis: • Mums should be encouraged to continue to breastfeed when they want and for as long as they want. • Ensure effective positioning and attachment

	• Encourage responsive feeding, but avoid additional pumping as an oversupply may also worsen inflammation. • Breast pain may be soothed using a cold compress • Rest and drink lots of fluids • Take paracetamol or ibuprofen to reduce any pain or high temperature • Any massage should be gentle to prevent tissue damage and a cool compress may be soothing. Use warm compresses with caution as prolonged or extreme heat may increase inflammation.

14. Drinks and the introduction of complementary (solid) foods

Mothers will have the opportunity for a discussion about their options for continued breastfeeding (including responsive feeding, expression of breastmilk and feeding when out and about or going back to work), according to individual need.
All parents will have a timely discussion about when and how to introduce solid food including:

- that solid food should be started at around six months
- babies' signs of developmental readiness for solid food
- how to introduce solid food to babies
- appropriate foods for babies

15. Safeguarding

If any safeguarding concerns or significant risk factors are identified for an unborn child or young person/vulnerable adult practitioners must follow Wales Safeguarding Procedures (2019) and SGP036 Safeguarding Policy Policies & Written Control Documents - SGP 036 Safeguarding Policy.pdf (sharepoint.com) . Advice and support concerning any safeguarding issue can be sought from PTHB Safeguarding Team via the Safeguarding Hub on 01686 252806 or email PowysTHB.Safeguarding@wales.nhs.uk (Monday-Friday 09:00-17:00, excluding Bank Holidays). Outside of office hours, Local Authority can be contacted on 0345 0544 847 or contact Silver on Call.

All registered practitioners should access appropriate safeguarding supervision and training as per guidance. Safeguarding Supervision (sharepoint.com)

16. Monitoring Compliance, Audit & Review

This document will be reviewed every three years or earlier should audit results or changes to legislation / practice within PTHB indicate otherwise.

Compliance with the policy will be monitored through the following audits:

- Supplementation rates will be audited quarterly by the IFC to ensure appropriate supplementation and advice for families
- Completion of infant feeding assessments at least twice in the first week of life PN by maternity services will be audited quarterly by the IFC.
- Antenatal conversations will be audited by the CSFM during notes audits at least quarterly, compliance will be noted if all 3 discussion opportunities are signed.

DATIX submissions will be completed for cases of excessive weight loss as per MAT 049, findings and themes may be related back to the contents of this guidance.

Audit findings and any subsequent action plans/improvements will be shared at; Strategic Infant Feeding Meeting, QUALS meetings, infant feeding champions meetings and joint SHIRE meetings.

17. References / Bibliography

Bristol TABBY tongue assessment tool Tongue Tie | Centre for Academic Child Health | University of Bristol

NICE CKS Mastitis and Breast Abscess (August 2024)
Supporting evidence | Mastitis and breast abscess | CKS | NICE

NICE Guideline PH56 - Vitamin D: supplement use in specific population groups(NICE,2017)
https://www.nice.org.uk/guidance/ph56/resources/vitamin-d-supplement-use-in-specific-population-groups-pdf-1996421765317

NICE Guideline 75 (NG75) 2017 Faltering growth: recognition and management of faltering growth in children
https://www.nice.org.uk/guidance/ng75

MAT 049 – Identifying Weight Loss in Breastfed Babies MAT 049 Guidelines for the Prevention, Identification and Management Weight Loss in Breastfeeding babies in Early Postnatal Period

MAT 083 - The management and prevention of hypoglycaemia in the undiagnosed/ unplanned, at-risk neonates born in a community setting MAT 083 The management and prevention of hypoglycaemia in the undiagnosed, unplanned, at-risk neonates born in a community setting

Neonatal collapse alongside skin-to-skin contact (HSIB, 2020) hsib-legacy-publication-neonatal-collapse-alongside-skin-to-skin-contact.pdf (mnsi-2zor10x7-media.s3.amazonaws.com)

UNICEF Safety Statement on skin to skin contact (online) Skin-to-skin contact - Baby Friendly Initiative (unicef.org.uk)

18. Related Guidelines

MAT 030 – All Wales Midwifery Led Care Guidelines MAT 030 All Wales Midwifery-Led Care Guidelines

MAT 096 - AN Expressing Guideline
MAT 096 Antenatal Expressing Guideline.pdf

MAT 076 - Jaundice in the Neonate MAT 076 Jaundice in the Neonate v1 Review Date January 2025.pdf

MAT 049 – Identifying Weight loss in Breastfed Babies MAT 049 Guidelines for the Prevention, Identification and Management Weight Loss in Breastfeeding babies in Early Postnatal Period

MAT 083 - The management and prevention of hypoglycaemia in the undiagnosed/ unplanned, at-risk neonates born in a community setting MAT 083 The management and prevention of hypoglycaemia in the undiagnosed, unplanned, at-risk neonates born in a community setting

SGP 052 - Safer Sleeping SOP SGP 052 Safer Sleeping Standard Operating Procedure

SGP036 Safeguarding Policy Policies & Written Control Documents - SGP 036 Safeguarding Policy.pdf (sharepoint.com)
Wales Safeguarding Procedures (2019)

Appendix A : UNICEF Safety Statement on Skin-to-skin contact

Safety considerations (skin-to-skin)

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 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.

Appendix B: PTHB Infant Feeding Specialist Service Referral Form

Mothers Name & DOB	
Babys Name & DOB	
Address	
Home phone number	

Situation

☐ Weight loss >12%	☐ ? Thrush/ Recurrent Thrush
☐ Not at birth weight by 14 days	☐ Ongoing nipple pain/ trauma following intensive P&A support
☐ Birth centile <9th – dropped 1 centile	☐ Anatomical Mismatch
☐ Birth centile >9th – dropped 2 centiles	☐ Antenatal consultation- H/O Breast surgery/ hypoplasia/ insufficient glandular tissue/ endocrine disorder or hormonal imbalance
☐ Birth centile > 91st – dropped 3 centiles	☐ Known cleft lip/ palate
☐ Discharged from NICU/ SCBU	☐ Other
☐ ? Tongue Tie / High Palate / Oral structure issue	
☐ Recurrent Mastitis	
☐ Diagnosed Breast Abscess	

Background	i.e. birth history, feeding journey so far
Assessment	Please include; What have you done to support so far, weights, any supplementation or aids

Please send referral to:
PTHBInfantFeeding@wales.nhs.uk

Please ensure you have gained informed conse[nt before] sending the referral and that the family are aware [that they] may need to travel to a base in North/South [Powys to] facilitate a face to face cons[ultation.]

Recommendation	i.e. face to face assessment, telephone call for advice, just for information and support already being provided by HV/MW team

Referring professional:	
Contact Number	

Specialist Service use only	Date Received:
Allocated practitioner:	
Date Actioned:	Appointment Date/ time:

Please send referral to:
PTHBInfantFeeding@wales.nhs.uk

Please ensure you have gained informed consent before sending the referral and that the family are aware that they may need to travel to a base in North/South Powys to facilitate a face to face consultation.