Infant Feeding Policy
Maternity

Specialty:	Infant Feeding Coordinator
Date Approved:	April 2018
Approved by:	W&CH Clinical Governance Committee
Date for Review:	March 2021

Purpose
The purpose of this policy is to ensure that all staff at ABMU healthboard understand their role and responsibilities in supporting expectant and new mothers and their partners to feed and care for their baby in ways which support optimum health and well-being.
All staff are expected to comply with this policy.

Outcomes
This policy aims to ensure that the care provided improves outcomes for children and families, specifically to deliver1:

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

Our commitment
ABMU healthboard is committed to:

Providing the highest standard of care to support expectant and new mothers and their partners to feed their baby and build strong and loving parent- infant relationships. This is in recognition of the profound importance of early relationships to future health and well-being, and the significant contribution that breastfeeding makes to good physical and emotional health outcomes for children and mothers.

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

Working together across disciplines and organisations to improve mothers' / parents' experiences of care.

As part of this commitment the service will ensure that:

All new staff are familiarised with this policy on commencement of employment.

All staff receive training to enable them to implement the policy as appropriate to their role. New staff receive this training within six months of commencement of employment.

The International Code of Marketing of Breast-milk Substitutes2 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, parents' experience surveys.

Care standards

This section of the policy sets out the care that ABMU Healthboard is committed to giving each and every expectant and new mother. It is based on the UNICEF UK Baby Friendly Initiative standards for maternity services3 and relevant NICE guidance45.

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 topics6:

- 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 behaviour 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, or 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.

Safety considerations

Vigilance as to the baby's well-being is a fundamental part of postnatal care 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 contact, in the same way as would occur if the baby were in a cot.
Observations should also be made of the mother, with prompt removal of the baby if the health of either gives rise to concern.
It is important to ensure that the baby cannot fall on to the floor or become trapped in bedding or by the mother's body. 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.
Many mothers can continue to hold their baby in skin-to-skin contact during perineal suturing. However, adequate pain relief is required, as a mother who is in pain is unlikely to be able to hold her baby comfortably or safely. Mothers should be discouraged from holding their baby when receiving analgesia which causes drowsiness or alters their state of awareness (e.g. entonox).

Where mothers choose to give a first feed of formula milk in skin contact, particular care should be taken to ensure the baby is kept warm.

Support for breastfeeding

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

Mothers will have the opportunity to discuss breastfeeding in the first few hours after birth as appropriate to their own needs and those of their baby. This discussion will include information on responsive feeding and feeding cues.

A formal feeding assessment will be carried out using breastfeeding assessment tool 7 as often as required in the first week with a minimum of two assessments to ensure effective feeding and the well-being of mother and baby .This assessment will include a dialogue / discussion with the mother to reinforce what is going well and where necessary develop an appropriate plan of care to address any issues that have been identified.

Mothers with a baby on the neonatal unit will be supported to express as effectively as possible and encouraged to express at least 8 times in 24 hours including once during the night. They will be shown how to express by both hand and pump.

Before discharge home, breastfeeding mothers will be given information both verbally and in writing about recognising effective feeding and where to call for additional help if they have any concerns.

All breastfeeding mothers will be informed about the local support services for breastfeeding.

For those mothers who require additional support for more complex breastfeeding challenges, a referral to the specialist service should be made.
Mothers will be informed of this pathway.

Responsive feeding
The term responsive feeding (previously referred to as ‘demand’ or ‘baby-led’ feeding) is used to describe a feeding relationship which is sensitive, reciprocal, and about more than nutrition. Staff should ensure that mothers have the opportunity to discuss this aspect of feeding and reassure mothers that: breastfeeding can be used to feed, comfort and calm babies; breastfeeds can be long or short, breastfed babies cannot be overfed or ‘spoiled’ by too much feeding and breastfeeding will not, in and of itself, tire mothers any more than caring for a new baby without breastfeeding.

Exclusive breastfeeding

Mothers who breastfeed will be provided with information about why exclusive breastfeeding leads to the best outcomes for their baby and why it is particularly important during the establishment of breastfeeding.

When exclusive breastfeeding is not possible, the value of continuing partial breastfeeding will be emphasised and mothers will be supported to maximise the amount of breastmilk their baby receives.

Mothers who give other feeds in conjunction with breastfeeding will be enabled to do so as safely as possible and with the least possible disruption to breastfeeding. This will include appropriate information and a discussion regarding the potential impact of introducing a teat when a baby is learning to breastfeed.

A full record will be made of all supplements given, including the rationale for supplementation and the discussion held with parents.

Supplementation rates will be audited bi-monthly and records held.

Modified feeding regimes

There are a number of clinical indications for a short term modified feeding regime in the early days after birth.

- The ABMU hypoglycaemia policy states which babies are at higher risk and will need both frequent modified feed regime and blood glucose monitoring in line with the policy.
- The ABMU Reluctant Feeder Guideline should be followed when babies are either reluctant to feed or having difficulty attaching to the breast.

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.

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 that is available.

Recommendations for health professionals on discussing bed-sharing with parents

Simplistic messages in relation to where a baby sleeps should be avoided; neither blanket prohibitions nor blanket permissions reflect the current research evidence.

The current body of evidence overwhelmingly supports the following key messages, which should be conveyed to all parents:

• The safest place for your baby to sleep is in a cot by your bed.

• Sleeping with your baby on a sofa puts your baby at greatest risk.

• Your baby should not share a bed with anyone who:

- is a smoker
- has consumed alcohol
- has taken drugs (legal or illegal) that make them sleepy.
- The incidence of SIDS (often called "cot death") is higher in the following groups:

parents in low socio-economic groups

parents who currently abuse alcohol or drugs

young mothers with more than one child

premature infants and those with low birthweight

Parents within these groups will need more face to face discussion to ensure that these key messages are explored and understood. They may need some practical help, possibly from other agencies, to enable them to put them into practice.

Monitoring implementation of the standards
ABMU health board requires that compliance with this policy is audited at least annually using the UNICEF UK Baby Friendly Initiative audit tool (2013 edition)8. Staff involved in carrying out this audit require training on the use of this tool. Audit results will be reported to the Head of Midwifery and an action plan will be agreed by Postnatal Forum to address any areas of non compliance that have been identified.

Monitoring outcomes
Outcomes will be monitored by:

Monitoring breastfeeding initiation rates and breastfeeding rates at ten days

Outcomes will be reported to:
Head of Midwifery and Public Health Wales.

Directorate of Women & Child Health

Checklist for Clinical Guidelines being Submitted for Approval by Quality & Safety Group

Title of Guideline:	Infant Feeding Policy Maternity
Name(s) of Author:	Carol Jones (adapted from UNICEF BFI Sample policy)
Chair of Group or Committee supporting submission:	Postnatal Forum Group
Issue / Version No:	2
Next Review / Guideline Expiry:	March 2021
Details of persons included in consultation process:	Managers/representatives from team midwives and postnatal group
Brief outline giving reasons for document being submitted for ratification	Change of standards replaces a breastfeeding policy
Name of Pharmacist (mandatory if drugs involved):	N/A
Please list any policies/guidelines this document will supercede:	Infant Feeding Policy (March 2015)
Keywords linked to document:	Breastfeeding/feeding/infant
Date approved by Forum	26th April 2018
File Name: Used to locate where file is stores on hard drive	pow_fs1\ABM_W&CH_mgt\Clinical Governance-Q&S\Policies & Procedures – Ratified\Maternity

* To be completed by Author and submitted with document for ratification to Clinical Governance Facilitator