

Infant Feeding Policy Maternity & Neonatal Care

Originator: Rachel Evans, Gaynor Jones

Date Approved:

Approved By:

Date for Review:

Purpose

The purpose of this policy is to ensure that all staff at Swansea Bay 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 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 deliver:

- an increase in breastfeeding initiation rates;
- an increase in breastfeeding rates at ten 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;
- Increases in the number of babies in the neonatal unit receiving breast milk
- Increases in the number of babies who are discharged home from the unit breastfeeding or breastmilk feeding.
- Infants below 34 weeks' gestation will receive their mothers' breast milk or donor breast milk within the first 24 hours of life unless medically contraindicated.

Our commitment

Swansea Bay Health Board 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 on Marketing of Breastmilk 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 audits using the Baby Friendly Initiative Audit Tool and parents' experience surveys.

Care standards (Maternity)

This section of the policy sets out the care that Swansea Bay Health Board Maternity Service is committed to giving every expectant and new mother. It is based on the UNICEF UK Baby Friendly Initiative standards for maternity services and relevant NICE guidance.

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 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 two hours of birth).
- 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. Wherever possible expressing support should not be hands on. Breast models are available for demonstration purposes.

Safe skin to skin

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 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.

Support from an additional member of staff may be required to ensure that the baby can be closely observed in skin to skin contact. It is important to discuss safe skin to skin with mothers and birth companions so that they are aware of how to be sure their baby is safe. Staff should respond to any concerns immediately.

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 as often as required in the first week, with a minimum of two assessments (one before discharge and one in community) to ensure effective feeding and the well-being of mother and baby. This assessment will include a 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 eight 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/desired, 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 Swansea Bay Health Board 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 Swansea Bay Health Board 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 individual discussion/demonstration about how to prepare infant formula. A formal feeding assessment/discussion will be carried out as often as required and at least twice in the first week using the UNICEF BFI bottle feeding assessment tool.

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.

Monitoring implementation of the standards

Adherence to the standards will be monitored by regular audit as per Baby Friendly requirements. Results will be reported to the Maternity Strategy meeting and annually to Baby Friendly.

Breastfeeding rates at birth, discharge and ten days will be monitored and reported appropriately.

Care Standards (Neonatal Care)

This section of the policy sets out the care that Swansea Bay Health Board Neonatal Service is committed to giving every expectant and new mother. It is based on the UNICEF UK Baby Friendly Initiative standards for maternity services and relevant NICE guidance.

Enabling babies to receive breast milk and to breastfeed

This service recognises the importance of breast milk for babies' survival and health. Therefore, this service will ensure that:

- A mother's own breast milk is always the first choice of feed for her baby
- Mothers have a discussion regarding the importance of their breast milk for their preterm or ill baby ideally antenatally or as soon as is appropriate
- A suitable environment conducive to effective expression is created
- Mothers have access to effective breast pumps and equipment
- Mothers are enabled to express breast milk for their baby, including support to:
 - express as early as possible after birth (ideally within two hours)
 - learn how to express effectively, including by hand and by pump
 - learn how to use pump equipment and store milk safely as per safe milk storage guidelines.
 - Mothers within the neonatal service are taught on an individual basis to hand express and use the breast pump.
 - Following UNICEF assessment of breast milk guidelines, a discussion is held with the mother on days 1, 3, 5, and 7 of baby's life and weekly whilst still expressing or breastfeeding or as required.
 - express frequently (at least eight times in 24 hours, including once at night) especially in the first two to three weeks following delivery, in order to optimise long-term milk supply
 - overcome expressing difficulties where necessary, particularly where milk supply is inadequate, or if less than 750ml in 24 hours is expressed by day ten.
 - stay close to their baby when expressing milk.
 - use their milk for mouth care when their baby is not tolerating oral feeds, and later to tempt their baby to feed (as per Mouth Care Plan for Neonates Guideline).

- For babies who are breastfeeding or who are receiving breast milk, formula milk should be avoided unless there are documented clinical reasons for using it. It should be used with parental consent.
- A mother's own breast milk is the first choice for infant feeding. For babies less than 34 weeks, where mother's own milk is not available, the use of donor milk should be considered following verbal consent from the mother
- All written guidelines and protocols should support exclusive breastfeeding.
- A formal review of expressing is undertaken a minimum of four times in the first two weeks to support optimum expressing and milk supply following UNICEF.
- Mothers receive care that supports the transition to breastfeeding, including support to:
 - recognise and respond to feeding cues (Responsive feeding and feeding cues information sheet)
 - use skin-to-skin contact to encourage instinctive feeding behaviour
 - position and attach their baby for breastfeeding
 - recognise effective feeding.
 - overcome challenges when needed.
- Mothers are provided with details of voluntary support for breastfeeding which they can choose to access at any time during their baby's stay.

Formula feeding

Mothers who formula feed will be enabled to do so as safely as possible through the offer of a demonstration/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.

Valuing parents as partners in care

This service recognises that parents are vital to ensuring the best possible short and long term outcomes for babies and therefore, should be considered as the primary partners in care.

The service will ensure that parents:

- have unrestricted access to their baby unless individual restrictions can be justified in the baby's best interest
- are fully involved in their baby's care, with all care possible entrusted to them
- are listened to, including their observations, feelings and wishes regarding their baby's care
- have full information regarding their baby's condition and treatment to enable informed decision-making
- are made comfortable when on the unit, with the aim of enabling them to spend as much time as is possible with their baby.

Monitoring implementation of the standards

SBUHB Neonatal Unit requires that compliance with this policy is audited at least annually using the UNICEF UK Baby Friendly Initiative audit tool (2013 edition). Staff involved in carrying out this audit require training on the use of this tool. Audit results will be reported to the Lead Nurse for Neonatal Services – Helen James and Head of division –Vicky Burrige and an action plan will be agreed by SBUHB Neonatal units working party to address any areas of non-compliance that have been identified.

Monitoring outcomes

Outcomes will be monitored by:

- monitoring breast milk feeding rates
- monitoring breastfeeding rates
- Yearly breastfeeding/breast milk audit.

Outcomes will be reported to:

Vicky Burrige - Head of Division, Helen James - Lead Nurse for Neonatal Services, Dr Jo Webb – Clinical Lead, Neonatology

Maternity & Neonatal Services

Checklist for Clinical Guidelines being Submitted for Approval

Title of Guideline:	Infant Feeding Policy – Maternity & Neonatal Care
Name(s) of Author:	Rachel Evans & Gaynor Jones
Chair of Group or Committee approving submission:	Perinatal Forum
Brief outline giving reasons for document being submitted for ratification	Update of Policy to joint Maternity and Neonatal Policy
Details of persons included in consultation process:	Managers/representatives from Midwifery and Neonatal Unit
Name of Pharmacist (mandatory if drugs involved):	N/A
Issue / Version No:	
Please list any policies/guidelines this document will supercede:	Breastfeeding policy 2018
Date approved by Group:	
Next Review / Guideline Expiry:	
Please indicate key words you wish to be linked to document	
File Name: Used to locate where file is stores on hard drive	ABM Groups/Z/Maternity/Policies and Guidelines