



Infant Feeding Policy

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All CPFT policies can be provided in large print or Braille formats if requested and interpreting service is available to individuals of different nationalities who require them.

The policy will apply equally to full and part time staff.

Definitions that apply to this policy:

Approved	Formal confirmation by relevant committee that the document meets the required standards and may be sent to either the Senior Clinical and/or Senior Operational Group for ratification.
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Ratification	The document is agreed by either the Senior Clinical and/or Senior Operational Group for sign off.
Stakeholder	An individual or organization with an interest in the subject of the document e.g. staff, staff side representatives, service users, commissioners.
Policy	A policy is a plan of action which is then applied as a concrete programme of actions. Policies will be prescriptive by nature. They will state the Trusts expectations for action in a specific subject area and set the parameters within which individuals will operate.
CPFT	Cumbria Partnership Foundation Trust
Equality Groups	People exhibiting one or more of the protected characteristics.
Partners	Partners in the policy includes the female partners of breastfeeding women.
BFI	Baby Friendly Initiative- a global programme of the World Health organization and UNICEF, encourages health services to improve the care provided to mothers and babies so that they are able to start and continue breastfeeding for as long as they wish.

1 Introduction

1.1 - Breastfeeding represents the healthiest and most empowering way for a woman to feed her baby. Within the UK the health benefits of breastfeeding are well established.

1.2- All women have the right to make an informed and supported choice about how they choose to feed their infants. Our trust believes that the provision of factual and impartial information to all women is therefore essential. Healthcare staff will not discriminate against any woman regarding her chosen method of infant feeding and will support her in the choice she makes.

1.3 - 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 breast feeding makes to good physical and emotional health outcomes for children and mothers.



1.4 - This policy is evidence based and is written to avoid conflicting advice and information being given. It is based on the UNICEF Baby friendly Initiative standards for Health visiting.

2 Scope and Responsibilities

2.1 -The purpose of this policy is to ensure that all Children and Families staff at Cumbria Partnership Foundation Trust understands 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.

2.2 - All healthcare staff working for CPFT who have contact with pregnant or breast feeding women are obliged to adhere to this Policy. Managers of staff at all levels are responsible for ensuring that the staff for whom they are responsible are aware of and adhere to this Policy.

3 Related Documents

- CPFT Children and young people services Health Visiting Standard Operating Procedures.
- Safe sleeping Guidelines.
- Health weights pathway.
- Jaundice pathway.
- CPFT action plan for baby friendly accreditation.
- Prescribing infant formula in cow's milk protein allergy and lactose intolerance NHS Cumbria CCG guidelines for prescribers in primary care 2015.
- Tongue tie pathways for North and South Acute services.

4 Equality Statement

4.1 -Cumbria Partnership Foundation Trust (CPFT) aim to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. CPFT will ensure mothers will be enabled and supported to feed their infants in all public areas of Trust premises/Children Centers and Health Centers. This policy takes into account the provisions of the Equality Act 2010 and advances equal opportunities for all. This document has been assessed to ensure that no one receives less favorable treatment on the protected characteristics of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation.

4.2 - CPFT will not discriminate against any woman in her chosen method of feeding and will fully support her when she has made her choice. In respecting choice, workers need to be familiar with and sensitive to cultural and religious requirements affecting decisions in relation to infant feeding.



5 Aims of Breastfeeding Policy

This policy aims to ensure that the care provides improved outcomes for children and families:

5.1 - Creating a culture where more women choose to breastfeed their infants and therefore increase initiation and maintenance of breastfeeding.

5.2 - Creating an environment which provides parents with sufficient support and information to enable them to breastfeed their babies exclusively for 6 months and then up to 2 years or longer in combination with solid food (for as long as mother and baby are happy).

5.3 - Discussing the health benefits of breastfeeding with all pregnant women so that they can make an informed choice about feeding method.

5.4 - Providing all health care staff who have contact with breast feeding women with the necessary skills and training to provide that support.

5 - Encouraging liaison with all health-care professionals to ensure a seamless delivery of care, together with the development of a breastfeeding culture throughout the local communities.

5.6 - Increasing breast feeding rates.

5.7 - Ensuring all parents who choose to formula feed do so as safely as possible in line with nationally agreed guidance.

5.8 - Increasing the proportion of parents who introduce solid food to their baby in line with nationally agreed guidance.

5.9- Improving parents experiences of care.

6 Education and Training

6.1- Health Visitors working in partnership with midwives (and their respective trusts) have the primary responsibility for supporting breastfeeding women and for helping them to overcome related problems.

6.2 - All professional and support staff who have contact with pregnant women and mothers will receive essential training in breast feeding management at a level appropriate to their professional group. New staff will receive training within six months of taking up their post. All new staff are familiarized with the policy on commencement of employment.

6.3 - The international code of marketing of breast milk substitutes (2) is implemented throughout the service.

6.4 - Medical staff have a responsibility to promote breast feeding and provide appropriate support to breast feeding mothers. Information will be provided to enable



them to do this. Where there are concerns regarding the mothers medication and breastfeeding the clinician will seek the advice of a pharmacist.

6.5 - All clerical and ancillary staff will be orientated to the policy and receive training to enable them to refer breastfeeding queries appropriately.

7 Baby Friendly Initiatives Standards for Health Visiting Services

This section of the policy sets out the care that the health visiting service is committed to giving each and every expectant and new mother. It is based on the UNICEF UK Baby Friendly Initiative Standards for Health Visiting, relevant NICE guidance and the Healthy Child Programme. They represent standards for best practice and should be implemented by all those providing community health care for women and families.

See Appendix 1- 7 for detailed information about the application of the standards for Health Visiting services.

8 Policy Statements

8.1 - No advertising of breast milk substitutes, feeding bottles, teats or dummies is permissible throughout CPFT premises. This section of the policy sets out the care that the health visiting service is committed to giving each and every expectant and new mother. It is based on the UNICEF UK Baby Friendly Initiative standards for health visiting, relevant NICE guidance and the Healthy Child Programme.

8.2 - The display of logos of manufacturers of any of the above products, on items such as calendars and stationery, is also prohibited.

8.3 - Contact with representatives from manufacturers of breast milk substitutes should be regulated by Infant Feeding Co-coordinator. For non-standard milk formulae that require prescription, contact should be regulated by dietetic managers. No literature provided by infant formula manufacturers is permitted. Educational material for distribution to women and their families must be approved by these contacts.

8.4 - This policy prohibits the sale of breast milk substitutes by healthcare staff and on healthcare premises. Healthcare staff must not distribute literature provided by the manufacturers of breast milk substitutes.

8.5 - As a global goal for optimum maternal and child health and nutrition all women should be encouraged to practice exclusive breastfeeding from birth till 6 months of age and then up to 2 years of age or longer in combination with solid food (for as long as mother and baby are happy).

8.6 - Parents who have made an informed choice not to breastfeed their babies, or are physiologically unable to breastfeed, should be shown how to prepare formula feeds correctly either individually or in couples. It is important that this teaching takes place in the post-natal period.



8.7 - Antenatal group teaching on the preparation of formula feeds must be avoided as evidence suggests that this may serve to undermine confidence in breastfeeding. Furthermore information given at this time is less well retained than information that is given in the post-natal period.

8.8 - At each contact with the breastfeeding woman, the health professional must inquire how breastfeeding is progressing so that problems can be anticipated and addressed. Health care staff should take up any opportunities to work with the local community to promote breastfeeding.

9 Policy Review and Monitoring Process

9.1 - Compliance with this policy will be audited on an annual basis by the Specialist Health Visitor Breast Feeding Leads using the Baby Friendly audit tool ©. The results of audit will be communicated to clinical staff and Public Health Directorate.

9.2 - This policy must be reviewed annually in line with BFI standards in association with Cumbria Partnership Foundation Trust. Parents' experiences of care will be listened to, through: regular audit, parents' experience surveys, and input from local voluntary organizations e.g. Association of Breast feeding mothers peer support groups and NCT peer support groups.

9.3 - Midwives and Health Visitors are responsible for collecting the required infant data at the ages specified by the Trust and Department of Health to facilitate monitoring of breastfeeding rates. Figures for breastfeeding rates will be collected for all infants at birth and 6 weeks. These ages may be expanded in line with government targets.

10 Policy Development

10.1 - Cumbria Partnership Foundation Trust breastfeeding steering group has been developed in preparation for the initiation of BFI across Cumbria. Its aims are to protect, promote and support optimal nutrition for all infants.

10.2 - This policy aims to develop and implement a multi-agency approach with all services working together to promote and support breastfeeding.

11 Summary

11.1 - This policy has been developed by Cumbria Partnership Foundation Trust. This organization believes that breastfeeding is the healthiest way for a woman to feed her baby and recognizes the important health benefits now known to exist for the mother and child.

11.2 - Implementing the Baby Friendly Initiative health visiting service standards, have been shown to increase breastfeeding rates. These standards provide the framework for the policy which is the first step in achieving BFI accreditation.



11.3 - The policy is designed to ensure that staff working within the organisations provide accurate, consistent, evidence based information and support for parents around infant feeding. Information will be provided in an appropriate format to ensure no equality group is excluded.

11.4 - The policy is in place to ensure that the health benefits of breastfeeding are discussed with all women and their partners so that they can make an informed choice about how they feed their baby.

11.5 - The policy will enable health care staff to create an environment where more women choose to breastfeed their babies, confident in the knowledge that they will be given support and information to exclusively breastfeed for six months and then as part of their infant's diet up to 2 years and beyond (for as long as mother and baby are happy).

11.6 - The policy will encourage liaison with all professionals and lay supporters to ensure a seamless delivery of care, together with the development of a breastfeeding culture throughout the local communities.

11.7 - The policy will be reviewed and audited annually to ensure the policy is effective and adhered to.

References:

Department of Health (2014) Early Years High Impact areas documents to support local authorities in commissioning children's Public Health Services.

The 1001 Critical days CMO (2013) the importance of the conception to the age two period. A cross party manifesto.

The Healthy Child Programme (2015) rapid review to update evidence. Public Health England.

UNICEF UK (2012) guide to the baby friendly initiative standards
<http://www.unicef.org.uk/Documents/babyfriendly/guidance/baby-friendly-guidance-2012.pdf>

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UNICEF UK Baby Friendly Initiative (2013) Sample Infant Feeding Policy (Maternity) August 2013

UNICEF UK Baby Friendly Initiative (2014) Breastfeeding and Relationship Building- A Workbook

UNICEF UK Baby Friendly Initiative Caring for Your Baby at Night: A Guide for Parents www.unicef.org.uk/caringatnight

UNICEF/DH (2012) Start4Life: Guide to bottle feeding. (http://www.nhs.uk/start4life/Documents/PDFs/Start_4Life-Guide-to-bottle-feeding.pdf)

UNICEF/DH/ Start 4Life (2010): Off to the Best Start- Important Information about Feeding Your Baby CL227- Off to the Best Start
WHO (1981) International Code of Marketing of Breastmilk Substitutes, Geneva, WHO.

Appendix

1 Role of the Health Visitor

CPFT recognises the significance of pregnancy as a time for building the foundations for future health and wellbeing and the potential role of the health visitor to positively influence pregnant women and their families. Staff will therefore make the most of opportunities available to them to support the provision of information about feeding and caring for babies to pregnant women and their families.

All pregnant women will have the opportunity to have a meaningful conversation discuss feeding and caring for their baby with a member of the health visiting team. This discussion will include the following topics:

- 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 by discussion of the physiological aspects of breast feeding together with good management practices with the aim to give women confidence in their ability to breast feed.
- The value of connecting with their growing baby in utero.



- The value of skin to 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.
- “Building a happy baby” leaflets (BFI publication) and “Off to the best start” to be given to all mums at antenatal contact.
- All mothers to be given information about local support for breast feeding.
- Discussion on safe sleeping, bed sharing and reducing the risk of sudden infant death as per current research. Lullaby Trust “Safe sleep for babies” leaflet to be given at antenatal contact.

2 Support for Continued Breastfeeding

- A formal breastfeeding assessment using the BFI breast feeding assessment tool in parent held record 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 Health Visitor lead for breastfeeding 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).

Responsive feeding

The term responsive 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



- The service will work in collaboration with other local services to make sure that mothers have access to social support for breastfeeding.
- All breastfeeding mothers will be informed about the local support for breastfeeding. All parents will be supported to understand a baby's needs (including encouraging frequent touch and sensitive verbal/visual communication, keeping babies close, responsive feeding and safe sleeping practice).
- Parents will be given information about local parenting support.

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 the use of a teat when a baby is learning to breastfeed.



3 Modified Feeding Regime

- There are a small number of clinical indications for a modified approach to responsive feeding in the short term. Examples include: preterm or small for gestational age babies, babies who have not regained their birth weight, babies who are gaining weight slowly.
- If formula supplements are medically indicated, parents will be consulted and the reasons discussed with them in full. If supplements of formula are given, optimal care and support will be provided to ensure minimal formula use, maximum breast milk use, support to increase milk production, cup feeding rather than teat feeding and support to express and stimulate breasts.
- Health Visitors can contact Specialist Health Visitor lead for advice and to discuss management.
- If a baby is reluctant to feed / sleepy, or where there is a concern about weight gain, it is sensible to encourage frequent feeding and suggest the minimum number of feeds in 24 hours to ensure safety. However, it is important that mothers don't have the impression that feeding every 2 or 3 hours for example is 'normal' and that responsive feeding can resume once the baby is no longer sleepy or at risk. If a baby is being woken at regular intervals it is still important to watch out for feeding cues at any time.
- If a mother requests the use of medication to boost her milk supply and all other attempts to boost the supply have failed, she should be referred to her own GP who will review her needs according to her medical history and the current evidence on the use of medication.



4 Support for Formula Feeding

At the birth visit, mothers who formula feed will have a discussion about how feeding is going whilst recognising that this information will have been discussed with maternity service staff. This may need revisiting or reinforcing; and being sensitive to a mother's previous experience, staff will check that:

- Mothers who are formula feeding have the information they need to enable them to do so as safely as possible. Staff may need to offer a demonstration and / or discussion about how to prepare infant formula.
- Mothers who bottle feed are encouraged to hold their baby close during feeds and offer the majority of feeds their selves to help enhance the mother-baby relationship.
- All parents will be supported to understand a baby's needs (including encouraging frequent touch and sensitive verbal/visual communication, keeping babies close, responsive feeding and safe sleeping practice).
- Parents will be given information about local parenting support.
- Mothers who formula feed understand about the importance of responsive feeding and how 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.
- Discussion on safe sleeping, bed sharing and reducing the risk of sudden infant death as per current research (Lullaby Trust 'Safe Sleeping' leaflet to be given at primary visit).

5 Introducing Solid Food



All parents will have a timely discussion about when and how to introduce solid food to optimize health and well-being 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.
- Start for life "Introducing solid foods" leaflet given at appropriate time.

6 Use of Artificial Teats, Dummies and Nipple Shields

- Staff should not recommend the use of artificial teats or dummies during the establishment of breastfeeding.
- If a breastfed baby seems unsettled, it is more important to examine closely the mother's feeding technique and to seek improvements in management.
- Parents wishing to use artificial teats or dummies should be informed of the possible detrimental effects on breastfeeding to allow them to make a fully informed choice.
- Dummies may interfere with the observation of feeding cues (responsive feeding), and teats, dummies and shields could cause some breast attachment difficulties.
- The information given and the parent's decision should be recorded in the appropriate health record.
- The appropriate use of dummies in the later postnatal period should be discussed with mothers as per NICE guidelines (CG37).
- Where supplementation of expressed breast milk / formula milk occurs, it would be preferable for the baby to be fed by cup which may be less disruptive to breastfeeding than giving feeds by bottle and teat.
- Nipple shields should not be recommended except where a clinical need is identified, and then as a short term measure.
- The potential positive and negative consequences of their use will be explained, and the mothers will receive the support of an appropriate skilled practitioner throughout, enabling the mother to resume breastfeeding without a nipple shield as soon as possible.

7 The Department of Health Recommendations



- All pregnant and breastfeeding women should take a daily supplement containing 10 micrograms (0.01mg) of vitamin D, to ensure the mother's requirements for vitamin D are met and to build adequate foetal stores for early infancy.
- All babies and young children aged six months to five years should take a daily supplement containing vitamin D in the form of vitamin drops, to help them meet the requirement set for this age group of 7-8.5 micrograms (0.007-0.0085mg) of vitamin D a day.
- Babies fed infant formula will not need vitamin drops until they are receiving less than 500ml (about a pint) of infant formula a day, as these products are fortified with vitamin D.
- Breastfed infants may need to receive drops containing vitamin D from one month of age, if their mother has not taken vitamin D supplements throughout pregnancy.

