Infant Feeding Policy - Neonatal

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Prepared by: Karen Mackay, Infant Feeding Advisor	**Date of Review: October** 2024
Lead Reviewer: Karen Mackay, Infant Feeding Advisor	**Version:** 2
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Distribution:

- Executive Directors
- Clinical Directors
- General Managers
- Locality Managers
- Hospital Midwives
- Community Midwives
- Health Visitors
- Nursery Nurses
- Paediatric Nurses
- All Paediatric, Medical and Dietetic staff
- All GPs
- All Hospital Medical Staff
- All ancillary staff within NHS Highland
- All support staff who have contact with mother and child
- Breastfeeding Peer Supporters

Method

Email ✓ **Intranet** ✓

Data Protection Statement

NHS Highland is committed to ensuring all current data protection legislation is complied with when processing data that is classified within the legislation as personal data or special category personal data.

Good data protection practice is embedded in the culture of NHS Highland with all staff required to complete mandatory data protection training in order to understand their data protection responsibilities. All staff are expected to follow the NHS policies, processes and guidelines which have been designed to ensure the confidentiality, integrity and availability of data is assured whenever personal data is handled or processed.

The NHS Highland fair processing notice contains full detail of how and why we process personal data and can be found by clicking on the following link to the 'Your Rights' section of the NHS Highland internet site.
http://www.nhshighland.scot.nhs.uk/Pages/YourRights.aspx

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PURPOSE

The purpose of this policy is to ensure that all staff within NHS Highland and Highland and Argyll and Bute Councils understand their role and responsibilities in supporting 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.

All staff refers to staff who have contact with pregnant or breastfeeding women.

EQUALITY AND DIVERSITY

NHS Highland ensures that the individual needs of mothers and their babies are given due consideration. In order to understand individual need, staff need to be aware of the impact of any barriers in how we provide services.

Staff are advised to:

- Check whether mothers require any kind of communication support including an interpreter to ensure that they understand any decisions being made.
- Ensure that they are aware of any concerns a mother may have about coping with breastfeeding and any decisions made.
- Ensure that any mother who has a disability that may require individualised planning re breastfeeding practice is appropriately supported.
- Ensure that gender-inclusive terms are used should parent(s) prefer this terminology. Suggested terms in breastfeeding and human lactation (Bartek et al, 2021) are useful and are suitable substitutes when gender-inclusive language is appropriate.

Traditional terms	Gender-inclusive terms
Mother, father, birth mother	Parent, gestational parent; combinations may be used for clarity, such as “mothers and gestational parents”
She, her, hers, he him, his	They/them (if gender not specified)
Breast	Mammary gland
Breastfeeding	Breastfeeding, chestfeeding, lactating, expressing, pumping, human milk feeding
Breastmilk	Milk, human milk, mother’s own milk, parent’s milk, father’s milk
Breastfeeding mother or nursing mother	Lactating parent, lactating person, combinations may be used for clarity, such as “breastfeeding mothers and lactating parents”

Born male/female (as applied to people who identify as anything but cisgender	Noted as male/female at birth or recorded as male/female at birth or assigned male/female at birth.

OUTCOMES

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

- An increase in the numbers of babies receiving breastmilk
- An increase in the number of babies who are discharged home breastfeeding or breastmilk feeding
- Increases in the proportion of mothers who chose to formula feed reporting that they have received proactive support to formula feed as safely as possible in line with NHS Health Scotland guidance
- Improvements in parent's experiences of care – captured in UNICEF audit and BLISS Charter
- An increase in women being allocated a breastfeeding peer supporter in the postnatal period.

OUR COMMITMENT

NHS Highland and Highland and Argyll and Bute Councils are committed to:

- Providing the highest standard of care to support parents with a baby on the neonatal unit 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 well-being, and the significant contribution that breastfeeding makes to promoting positive 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 services will ensure that:

- All new staff are familiarised with this policy on commencement of employment.
- All staff will receive training to enable them to implement the policy as appropriate to their role. New staff will receive this training within six months of commencement of employment.

- The International Code of Marketing of Breast-milk Substitutes[1] is implemented throughout the services.
- All documentation fully supports the implementation of these standards.
- Parents' experiences of care will be listened to through regular audit.

CARE STANDARDS

Supporting parents to have a close and loving relationship with their baby

This service recognises the profound importance of secure parent-infant attachment for the future health and wellbeing of the infant and the challenges that the experience of having a sick or premature baby can present to the development of this relationship. Therefore, this service is committed to care which actively supports parents to develop a close and loving bond with their baby. All parents will:

- Have a discussion with an appropriate member of staff as soon as possible (either before or after their baby's birth) about the importance of touch, comfort and communication for their baby's health and development.
- Be actively encouraged and enabled to provide touch, comfort and emotional support to their baby throughout their baby's stay on the neonatal unit.
- Be enabled to have frequent and prolonged skin contact with their baby as soon as possible after birth and throughout the baby's stay on the neonatal unit.

Enabling babies to receive breastmilk and to breastfeed

This service recognises the importance of breastmilk for babies' survival and health.

Therefore, this service will ensure that:

- A mother's own breastmilk is always the first choice of feed for her baby and where this is not possible, donor human milk will be offered if appropriate.
- Mothers have a discussion regarding the importance of their breastmilk for their preterm or ill baby 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 breastmilk 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.

[1] http://www.unicef.org.uk/BabyFriendly/Health-Professionals/Going-Baby-Friendly/Maternity/The-International-Code-of-Marketing-of-Breastmilk-Substitutes-/

    - Learn how to use pump equipment and store milk safely - please refer to NHS Highland Expressing Breast Milk Policy March 2023.
    - 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.
    - Mothers should have support from core staff to overcome common expressing difficulties, particularly where milk supply is inadequate (less than 750ml expressed in 24 hours by day 10). Where needed they should have access to skilled infant feeding support staff.
    - Stay close to their baby (when possible) 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.
- A formal review of expressing is undertaken a minimum of four times in the first two weeks to support optimum expressing and milk supply – Appendix 1.
- Mothers receive care that supports the transition to breastfeeding, including support to:
    - Be able to be close to their baby as often as possible so that they can recognise and respond to feeding cues.
    - Recognise signs that their baby no longer wants to feed.
    - Recognise and respond to baby's behavioural cues.
    - Use skin-to-skin contact to encourage instinctive feeding behavior.
    - Position and attach their baby for breastfeeding.
    - Recognise effective feeding.
    - Overcome challenges when needed.
    - Completion of breastfeeding assessment tools – Appendix 2, during NNU stay will enable effective action planning to support transition to breastfeeding.
- Mothers are provided with details of voluntary support for breastfeeding which they can choose to access at any time during their baby's stay.
- Mothers are supported through the transition to discharge home from hospital, including having the opportunity to stay overnight/for extended periods to support the development of mothers' confidence and modified responsive feeding.

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. Find out more in the responsive feeding info sheet: http://unicef.uk/responsivefeeding

- Mothers are provided with information about all available sources of support before they are transferred home.

Responsive Bottle Feeding

The term responsive feeding is used to describe a 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 by holding their baby close during feeds and offering the majority of feeds to their baby themselves that this will help enhance the mother-baby relationship. Mothers who bottle feed will have a discussion about the importance of responsive feeding and be encouraged to respond to cues that their baby is hungry, invite the 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 whist recognising when the baby has had enough milk.

Stress Cues and when to stop feeding

Staff should ensure that parents and caregivers are aware of the following stress cues:

- Crying, facial grimacing and irritability
- Pulling away, arching back and finger splaying
- Hiccups
- Vomiting
- Obvious fatigue
- Oxygen desaturations
- Any colour changes.

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.

The service will ensure that parents who formula feed:

- Receive information about how to clean/sterilise equipment and make up a bottle of formula milk.
- Are able to feed this to their baby using a safe and responsive technique.

MONITORING IMPLEMENTATION OF THE STANDARDS

NHS Highland and Highland and Argyll and Bute Councils require that compliance with this policy is audited at least annually using the Unicef UK Baby Friendly Initiative neonatal audit tool (unicef.uk/audit). Staff involved in carrying out this audit require training on the use of this tool. Audit results will be reported to the Maternity & Neonatal Risk Assessment & Quality Improvement Group and an action plan will be agreed by them to address any areas of non-compliance that have been identified.

Outcomes will be monitored by:

- Monitoring breastmilk feeding rates via Neonatal Badgernet (monthly)
- Monitoring breastfeeding rates via Neonatal Badgernet (monthly)
- Monitoring up-take of breastfeeding peer support via local NNU audit (monthly)
- Monitor the effectiveness of support to formula fed infants via parental audit (quarterly)
- Monitor the experiences of care whilst in NNU via Unicef audit and BLISS charter(quarterly)

Outcomes will be reported to:

Maternity & Neonatal Risk Assessment & Quality Improvement Group Meeting every quarter via written report.

APPENDIX 1 – ASSESSMENT OF BREASTMILK EXPRESSION: STAFF INFORMATION

ASSESSMENT OF BREASTMILK EXPRESSION: STAFF INFORMATION

For sick and preterm babies the importance of breastmilk cannot be overestimated, supporting growth and providing protection from infection. In particular, evidence suggests that the use of breastmilk decreases the incidence and severity of the life threatening disease necrotising enterocolitis. By providing her breastmilk a mother can be assured that she is uniquely contributing to the wellbeing and development of her baby. However, expressing breastmilk over a long period of time is extremely demanding and if a mother is to succeed, effective support is needed from those involved with caring for her and her baby.

The Baby Friendly Initiative recommends that a formal review is carried out at least once within the first 12 hours following delivery to support early expressing and **at least four times within the first two weeks.** This will ensure that mothers are expressing effectively and will provide an opportunity to address any issues or concerns they may have. Early (within the first 2 hours), frequent (at least 8 to 10 times in 24 hours including once at night) and effective expressing (combining hand and pump expression) is crucial to ensuring a mother is able to maximise her individual milk production so that she can maintain her supply for as long as she wishes. Many women will be able to express between 700 and 900 mls per day when provided with the support to express effectively. There are many factors, however, that may impact on the amount of milk an individual woman may produce, so the focus should primarily be on enabling the woman to achieve her potential rather than on specific amounts.

Delays in starting to express or any reduction in the frequency or effectiveness of expression will compromise her long term supply. Early detection and correction of problems will help her maintain confidence in her ability to produce milk for her baby.

Tips to help mothers succeed

- Hand expressing is a good technique for obtaining small volumes of colostrum.
- Breast massage and relaxation techniques support a mother's milk flow by increasing oxytocin.
- Expressing close to her baby or having a photo or piece of baby's clothing can also help a mother's milk production and flow.
- Encouraging frequent and prolonged skin-to-skin contact or, where this is not possible, interacting with and undertaking cares for the baby will further support an emotional connection and increase milk making hormones.
- When using a pump mothers should be taught how to use this correctly and staff should ensure that the equipment fits effectively.
- Double pumping should be encouraged as this can save time and may contribute to being able to express long term. Larger volumes can often be achieved when mothers double pump.
- Support mothers to develop a plan for expressing and consider using an expressing log to help. Flexibility around when a mother expresses often helps mothers sustain expressing for prolonged periods. Emphasis on the frequency of 8-10 times (including once at night), will enable a mother to express for as long as she wishes. She does not have to stick to a strict 3-4 hourly routine (she can cluster express if she wishes i.e. expressing 2-3 times in a 4 hourly period), but should avoid long gaps (4 hours in the day and 6 hours at night) between expressions.
- The importance of the night-time expression should be emphasised to replicate normal physiology and support long term milk production.
- It is expected that milk volumes will increase in the first two weeks. Frequent evaluation of how the mother is expressing will enable staff to support the mother in increasing the effectiveness of her expressing. Referral to specialist support should be considered if, despite effective expressing, the amount the mother is able to express is not increasing as hoped.
- Emotional support is important throughout the mother's journey. This may include enabling the mother to stay with her baby as often and for as long as she wishes, frequent updates on the condition of her baby and participation in as much care as she feels comfortable with.

Expressing assessment form

If any responses in the right hand column are ticked refer to specialist practitioner. Any additional concerns should be followed up as needed. Please date and sign when you have completed the assessments.

Mother's name:	*Baby's name:* *Date of birth:*	*Date of assessment:*				*Birth weight:* *Gestation:*				
What to observe/ask about	**Answer indicating effective expressing**	✓	✓	✓	✓	**Answer suggestive of a problem**	✓	✓	✓	✓
Frequency of expression	At least 8-10 times in 24 hours including once during the night.					Fewer than 8 times. Leaving out the night expression.				
Timings of expressions	Timings work around her lifestyle – if cluster expressing, no gaps of longer than 4 hours (daytime) and 6 hours (night time)					Frequent long gaps between expressions. Difficulty 'fitting in' 8 expressions in 24 hours.				
Stimulating milk ejection	Uses breast massage, relaxation, skin contact and/or being close to baby. Photos or items of baby clothing to help stimulate oxytocin.					Difficulty eliciting a milk ejection reflex. Stressed and anxious.				
*Hand expression	*Confident with technique. Appropriate leaflet/information provided.					*Poor technique observed. Mother not confident.				
Using a breast pump	Access to electric pump. Effective technique including suction settings, correct breast shield fit. Double pumping (or switching breasts) to ensure good breast drainage. Uses massage and/or breast compression to increase flow.					Concern about technique. Suction setting too high/low, restricting expression length, breast shield too small/large.				
Breast condition	Mother reports breast fullness prior to expression which softens following expression. No red areas or nipple trauma.					Breasts hard and painful to touch. Evidence of friction or trauma to nipple.				
Milk flow	Good milk flow. Breasts feel soft after expression.					Milk flow delayed and slow. Breasts remain full after expression.				
Milk volumes	Gradual increases in 24 hr volume at each assessment.					Milk volumes slow to increase or are decreasing at each assessment.				

Hand expression may not need to be reviewed every time

Date	Information/support provided	Signature

APPENDIX 2 – BREASTFEEDING ASSESSMENT TOOL: NEONATAL

Breastfeeding assessment tool: Neonatal

How you and your nurse/midwife can recognise that your baby is feeding well								*please see reverse of form for guidance on top-ups post-breastfeed
What to look for/ask about	✓	✓	✓	✓	✓	✓	✓	**Wet nappies:** Day 1-2 = 1-2 or more in 24 hours Day 3-4 = 3-4 or more in 24 hours, heavier Day 6 plus = 6 or more in 24 hours, heavy
Your baby: Is not interested, when offered breast, sleepy (*A)								
Is showing feeding cues but not attaching (*B)								
Attaches at the breast but quickly falls asleep (*C)								
Attaches for short bursts with long pauses (*D)								
Attaches well with long rhythmical sucking and swallowing for a short feed (requiring stimulation) (*E)								**Stools/dirty nappies:** Day 1-2 = 1 or more in 24 hours, meconium Day 3-4 = 2 (preferably more) in 24 hours changing stools By day 10-14 babies should pass frequent soft, runny stools everyday; 2 dirty nappies in 24 hours being the minimum you would expect. Exclusively breastfed babies should not have a day when they do not pass stool within the first 4-6 weeks. If they do then a full breastfeed should be observed to check for effective feeding. However, it is recognised that very preterm babies who transition to breastfeeding later may have developed their individual stooling pattern before beginning to breastfeed, and therefore this may be used as a guide to what is normal for each baby.
Attaches well for a sustained period with long rhythmical sucking and swallowing (*F)								
Normal skin colour and tone								
Gaining weight appropriately								
Your baby's nappies: At least 5-6 heavy, wet nappies in 24 hours								
At least 2 dirty nappies in 24hrs, at least £2 coin size, yellow and runny								
								Feed frequency: Babies who are born preterm/sick may not be able to feed responsively in the way a term baby does. It is important that they have 8-10 feeds in 24 hours and they may need to be wakened if they don't show feeding cues after 3 hours. During this time it is important that you protect your milk supply by continuing to express. Being responsive to your baby's need to breastfeed for food, drink, comfort and security will ensure you have a good milk supply and a secure, happy baby.
Your breasts: Breasts and nipples are comfortable								
Nipples are the same shape at the end of the feed as at the start								
Referred for additional breastfeeding support								
Date								
Midwife/nurse initials								
Midwife/nurse: If any responses not ticked: watch a full breastfeed, develop a care plan including revisiting positioning and attachment and/or refer for additional support. Consider specialist support if needed.								

Breastfeeding assessment score to determine tube top ups

adapted from Imperial College Hospitals NHS Trust

To be used in conjunction with the assessment of maternal lactation, attachment and signs of effective milk transfer

Score	Definition	Action
A	Offered the breast, not showing feeding cues, sleepy	Full top up
B	Some interest in feeding (licking and mouth opening/head turning) but does not attach	Full top up
C	Attaches onto the breast but comes on and off or falls asleep	Full top up
D	Attaches only for a short burst of sucking, uncoordinated with breathing and swallowing and/or frequent long pauses	Half top up if the mother is available for next feed. The baby may wake early
E	Attaches well, long, slow, rhythmical sucking and swallowing – sustained for a short time with breasts not softened throughout	Half top up if mother is not available for next feed. If mother is available for next feed do not top up, and assess effectiveness of next feed.
F	Attaches well, long, slow, rhythmical sucking and swallowing – sustained for a longer time with breasts feeling soft following feed	No top up