Infant Feeding Policy - Maternity

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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 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.

All staff are expected to comply with this policy.

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

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 10 - 14 days.
- A reduction in drop off in breastfeeding rates at 10 - 14 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 parent's experiences of care – captured in UNICEF audit.
- A reduction in the number of formula supplements in the postnatal ward.
- 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 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 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

This section of the policy sets out the care that NHS Highland and Highland and Argyll and Bute Councils are committed to give each and every expectant and new mother. It is based on the UNICEF UK Baby Friendly Initiative standards for maternity services[2], relevant NICE guidance[3], the Maternal and Infant Nutrition Framework[4], A Refreshed Framework for Maternity Care in Scotland[5] and Early Years Framework[6].

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 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[7] are

[1] http://www.unicef.org.uk/BabyFriendly/Health-Professionals/Going-Baby-Friendly/Maternity/The-International-Code-of-Marketing-of-Breastmilk-Substitutes-/
[2] www.unicef.org.uk/babyfriendly/standards
[3] www.nice.org.uk/cg037 and www.nice.org.uk/ph11
[4] www.scotland.gov.uk/Resource/Doc/337658/0110855.pdf
[5] www.scotland.gov.uk/Resource/Doc/337644/0110854.pdf
[6] www.scotland.gov.uk/Publications/2009/01/13095148/2
[7] Bartick, M., Stehel E.K., Calhoun S. L. et al. (2021) Academy of Breastfeeding Medicine Position Statement

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.

PREGNANCY

All pregnant women will have the opportunity to discuss feeding and caring for their baby with a health professional. This discussion will include the following topics:

- The value of connecting with their growing baby in-utero.
- The value of skin to skin contact for all mothers and babies.
- The benefits of colostrum harvesting.
- 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.

and Guideline: Infant Feeding and Lactation-Related Language and Gender. Breastfeeding Medicine. 16(8)

BIRTH

- All mothers will be offered the opportunity to have uninterrupted skin to skin contact with their baby at least until after the first feed and for as long as they want, so that the instinctive behaviour for breast seeking for the baby and nurturing for the mother are given an opportunity to emerge.
- All mothers will be encouraged to offer the first breastfeed in skin to 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 to skin contact.
- Those mothers who are unable (or do not wish) to have skin to skin contact immediately after birth will be encouraged to initiate skin to skin contact as soon as they are able or wish.
- Mothers with a baby in the Neonatal Unit (NNU) will be:
    - Enabled to start expressing milk as soon as possible after birth – within two hours.
    - Supported to express effectively.
    - Offered kangaroo care if their baby is stable.

It is the joint responsibility of midwifery and NNU staff to ensure that mothers who are separated from their baby receive this information and support.

SAFETY CONSIDERATIONS SURROUNDING SKIN TO SKIN CONTACT:

Vigilance around the baby's well-being is a fundamental part of the postnatal care in the first few hours after birth. For this reason, normal observations of the baby's

- temperature
- respiratory rate
- colour
- tone

should continue throughout the period of skin to skin contact, as would occur if the baby was 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 the prompt

removal of the baby if the health of either gives rise for 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 on to 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. 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.

SUPPORT FOR BREASTFEEDING

- Mothers will be enabled to achieve effective breastfeeding according to their needs. This includes appropriate support with positioning and attachment, hand expression and 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 breastfeeding assessment will be carried out and documented on Badgernet using the breastfeeding observation checklist found in the baby notes. The formal feeding assessment can be carried out as often as it is required in the first week with a minimum of two assessments to ensure effective feeding and well being of mother and baby. The feeding assessment form should also be completed on Badgernet, again found in the baby notes. These assessments will include a dialogue/discussion with the mother to reinforce what is going well and where necessary to 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. On discharge home from hospital or following home delivery all breastfeeding women will be offered telephone support run by trained breastfeeding peer supporters.
- For those mothers who require specialist support for more complex breastfeeding challenges, there are referral pathways in place, at Appendix 1.

RESPONSIVE FEEDING

The term responsive feeding was previously referred to as demand or baby led feeding. Responsive feeding is used to describe a feeding relationship which is sensitive, reciprocal and about more than just 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.
- Breastfeeding will not tire mothers anymore 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 breast milk 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 document all supplements given, including the rationale for supplementation and the discussion held with parents.
- Supplementation rates will be audited continuously via supplementation audit.

MODIFIED FEEDING REGIMES

There are a number of clinical indications for a short term modified feeding regime in the early days after birth. Clinical policies to support modified feeding regimes are contained within the NHS Highland Guidelines for the Management and Prevention of Neonatal Hypoglycaemia in the at-risk infant[8] and the NHS Highland Guidelines for: Prevention of Excessive Weight Loss in the Breastfed Neonate[9].

FORMULA FEEDING

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

[8] NHS Highland Guidelines for the Management and Prevention of Neonatal Hypoglycaemia in the at-risk infant is available on the intranet

[9] NHS Highland Guidelines for: Prevention of Excessive Weigh Loss in the Breastfed Neonate http://intranet.nhsh.scot.nhs.uk/PoliciesLibrary/Documents/N002%20-%20Prevention%20of%20Excessive%20Weight%20Loss%20in%20the%20Breastfed%20Neonate.pdf

- Respond to the cues that their baby is hungry.
- Invite the baby to draw in the teat rather than forcing the teat into the baby's mouth.
- Pace the feed so that their baby is not forced to feed more than they want to do.
- Recognise their baby's cues that they have had enough milk and avoid forcing their baby to take more milk than 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:
  - Encouraging frequent touch.
  - Encouraging sensitive verbal communication.
  - Encouraging sensitive visual communication.
  - Keeping babies close.
  - Responsive feeding.
  - 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 – details will be given by local maternity and health visiting staff.

Recommendations for health professionals on discussing bed-sharing with parents:

- Simplistic messages in relation to where a baby sleeps should be avoided.
- Neither prohibiting nor permitting bed sharing reflect the current research evidence available.

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 from cot

death.

- Your baby should never share a bed with anyone who:
  - is a smoker.
  - has consumed alcohol.
  - has taken drugs either legal or illegal which makes them sleepy.
  - is overwhelmingly tired.

The incidence of SIDS, often called cot death, is higher in the following groups:

- Parents from low socio-economic groups.
- Parents who currently abuse alcohol or drugs.
- Young mums with more than one child.
- Premature infants.
- Low birth weight infants.

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 these recommendations into practice.

MONITORING IMPLEMENTATION OF THE STANDARDS

Outcomes will be monitored by:

- Monitoring breastfeeding rates at birth.
- Monitoring breastfeeding rates at 10 – 14 days.
- Monitoring up-take of breastfeeding peer support.
- Monitoring daily supplements in Raigmore.

Outcomes will be reported to:

- The Maternity Leadership Group.
- Maternal and Infant Nutrition Framework Improvement Group.

Appendix 1 – Referral pathways to Specialist Breastfeeding Service