

# Infant Feeding Service

**This guidance is for ALL NHS staff working in maternity, community and Health and Social Care Partnerships during the COVID-19 outbreak. This guidance may also support prioritisation of the workforce as part of the resilience response and assist NHS Boards in the prioritisation of care within Maternity and Health Visiting services.**

## Infant Feeding Service - Maternity

It is essential that the Infant Feeding Services delivered throughout NHS Boards continued to deliver the minimal standards which will protect the establishment and maintenance of breastfeeding and safe formula feeding.

### At birth

It is important to ensure that skin to skin is promoted for at **least the first hour** after birth or until the **first breast or formula feed** have been completed. Prolonged [skin-to-skin](#) contact should be promoted at any time at home to promote close and loving relationships and the development of the baby's immune system.

### Supporting breastfeeding

It is essential during this time to ensure all mothers are offered help with positioning and [attachment](#) with breastfeeding to empower mothers with confidence to breastfeed and to do so responsively.

Before discharge to home an infant feeding [assessment](#) should be completed and appropriate feeding plans implemented in partnership with the mother. The infant feeding assessment should be completed at least twice before the handover to the Health Visitor.

It is vital to pay particular attention to the urine and stool [output](#) appropriate to baby's age

All mothers should have the opportunity to be shown the skill of [hand expressing](#) and be aware of baby's feeding [cues](#) to enable responsive feeding.

### Supporting formula feeding

It is essential that all mothers who are formula feeding are supported to:

- clean equipment thoroughly using hot, soapy water and sterilise equipment
- make up [formula](#) milk feeds according to manufacturer's instructions
- feed [responsively](#) and limit the number of people who feed the baby.

## Community visits/contacts

### First postnatal visit – HOME VISIT

- [Infant feeding assessment](#), stool output, positioning and [attachment](#), condition of mothers' breast
- Assess number of wet nappies in [24 hours](#)
- Assess stools, number, colour and consistency in 24 hours
- Weigh baby in accordance with local guidelines

Where the feeding assessment suggests problem/s a feeding plan should be made.

Feeding plans should include:

- Ongoing skin to skin contact
- Guidance with positioning and attachment
- Hand expressing breastmilk if required
- Moist wound healing for damaged nipples
- Responsive breastfeeding at all times
- Advice that it is not possible to spoil a baby

Subsequent postnatal contacts:

Home visits are an opportunity to weigh the baby and assess progress, for example, day 5 visit for Guthrie test. All contacts should include a feeding assessment to provide assurance of effective feeding.

In the event of continued breastfeeding challenges, liaise with the infant feeding team for specialist support.

### **Hand over to Health Visitor**

Midwives should ensure there is an accurate handover of information to the health visitor to ensure continuity of support and information.

### **Monitoring growth**

During this period of limited home visits, the infant feeding assessments will play a crucial role together with weight monitoring. It is important for infants to be weighed at each of these contacts. All staff can encourage parents to [self-assess](#) how well feeding is going by using this tool and to inform mothers to report any concern to local health professional. Refer to local weight loss/faltering weight guidance and follow local referral pathways appropriately.

### **Information**

In order ensure parents have access to evidence-based information refer all parents to the Scottish Government [Parent Club](#) website. NHS Inform should be used to enquire about [COVID19](#). All staff are advised to encourage parents to utilise their copy of [Ready Steady Baby](#) and [Of f to a Good Start](#). All staff are encouraged to access information and resources from [Unicef UK Baby Friendly Initiative](#) website.

National breastfeeding support can be accessed from the third sector organisations:

- [National Childbirth Trust](#)
- [La Leche](#)
- [Breastfeeding Network](#)
- National Helpline (from 9.30am – 9.30pm) - 0300 100 0212
- [Breastfeeding Network Medicine's advice](#)
- [Association of breastfeeding mothers](#)

### **Additional support for mothers**

If a mother asks for advice or raises a concern about breastfeeding, weight or her [milk supply](#) a breastfeeding assessment should be completed and a plan agreed with the mother and appropriate follow-up should be organised

### **Specialist support**

All maternity and health visiting services in Scotland are Unicef UK Baby Friendly accredited and have established specialist support services usually supported by infant Feeding Advisors. Where you have completed an infant feeding assessment and you have feeding concerns contact your local infant feeding specialist support service or follow your local referral pathways.

## Infant Feeding Service - Health Visiting

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### Supporting breastfeeding

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## Community visits

### 11-15 days - HOME VISIT

- [Infant feeding assessment](#) – urine and stool output, positioning and [attachment](#), condition of mothers' breast
- Expected to have at least 6 heavy wet nappies in [24 hours](#)
- Expected to have at least 2 soft yellow stools in 24 hours
- Weight
  - at birth weight
  - indicative evidence of weight gain
  - indicative of further intervention required

### 2-5 weeks

- This may be a telephone contact
- [Infant feeding assessment](#) – positioning and [attachment](#) and condition of mother's breast
- Expected to have at least 6 heavy wet nappies in [24 hours](#)
- Expected to have at least 2 soft yellow stools the size of a two pound coin for the first 28 days
- Stooling may change after the first 4 weeks in a breastfed baby

### 6-8 weeks - HOME VISIT

- [Infant feeding assessment](#) – urine and stool [output](#), positioning and [attachment](#), condition of mothers' breast
- Infant Observation – colour, tone, alertness, breathing, handling
- Weight
  - Stooling may change after the first 4 weeks in a breastfed baby

### Monitoring growth

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