# INFANT FEEDING POLICY



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## 1. INTRODUCTION

NHS Lanarkshire 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.

Recognising, respecting and promoting the rights of babies is essential to improving outcomes for all. To meet our responsibilities, we need to consistently ensure consideration of rights is explicit in decision making and practice.
The United Nation Convention of Rights of the Child (UNCRC)[1] includes four guiding principles that are not only rights in themselves but underpin every other right in the Convention:

- For rights to be applied without discrimination (Article 2)
- For the best interests of the child to be a primary consideration (Article 3)
- The right to life, survival and development (Article 6)
- The right to express a view and have that view taken into account (Article 12)

We aim to ensure that all care is mother and ***family centred, non-judgemental, evidence based and recognises the rights of the child***. Mothers' decisions are supported and respected while working together to improve mothers' / parents' experiences of care.

## 2. AIM, PURPOSE AND OUTCOMES

### Purpose

The purpose of this policy is to ensure that all staff within NHS Lanarkshire 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 the policy.

### Our commitment

**NHS Lanarkshire** 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.

**Important note; individualised care**

- This document uses the words mother or mum to describe the parent who is breastfeeding. We acknowledge that there are parents who are breastfeeding who may have a gender identity other than female, and may use terms other than 'mother' to describe themselves. We also know that some parents may prefer 'chest feeding' to 'breastfeeding'. We are clear that all parents should be treated with dignity and respect when accessing support. When we are asked to use pronouns, terms, and descriptors other than those in this document we will use the preferred words as part of individualised care.

**As part of this commitment the service will ensure that:**

- All new staff are familiarised with the 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.
- All staff will attend frequent training updates and evidence of staff attendance will be recorded for annual submission.
- The International Code of Marketing of Breast-milk Substitutes[2] is implemented throughout the service.
- All documentation fully supports the implementation of these standards.
- Parents' experiences of care will be listened to, through: regular audit, parents' experience surveys.

- The International Code of Marketing of Breast-milk Substitutes is implemented throughout the service.
- All NHS Lanarkshire staff 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 wellbeing.
- The health benefits of breastfeeding and the potential health risks of formula feeding are discussed with all women to enable them to make an informed choice about how they will feed their baby.
- Health care staff are enabled to create an environment where more women choose to breastfeed, confident in the knowledge that they will be given support and information to enable them to breastfeed exclusively for six months; and then as part of their infant's diet to the end of the first year and beyond.
- Liaison between all health care professionals is encouraged to ensure a seamless delivery of care that reflects best practice, together with the development of a breastfeeding culture throughout the local community

https://www.thepulse.scot.nhs.uk/new-animations-help-breastfeeding-mums/

## 3. SCOPE

### 3.1 Who is the Policy intended to Benefit or Affect?

The policy will affect all employees of NHS Lanarkshire who have a role in promoting and supporting infant feeding.
The policy will benefit all women, babies and families under the care of NHS Lanarkshire.

### 3.2 Who are the Stakeholders?

Stakeholders include employees of NHS Lanarkshire, women, children and their families and the UNICEF Baby Friendly Initiative UK.

NHS Lanarkshire take care to ensure your personal information is only accessible to authorised people. Our staff have a legal and contractual duty to keep personal health information secure, and confidential. In order to find out more about current data protection legislation and how we process your information, please visit the Data Protection Notice on our website at www.nhslanarkshire.scot or ask a member of staff for a copy of our Data Protection Notice.

## 4. PRINCIPAL CONTENT

- 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 and will attend an annual update. Mangers will be required to provide evidence of staff training on an annual basis.

- In order to avoid conflicting advice and misinformation, it is mandatory that all staff involved with the care of pregnant and breastfeeding women adhere to this policy. The policy will be implemented in conjunction with the NHS Lanarkshire Infant Feeding Guidelines. Any deviation from the policy must be justified and recorded in the mother's and/or baby's health care records.

- It is the responsibility of all health care professionals to liaise with the baby's medical attendants (neonatologist, paediatrician, GP or dietitian) should concerns arise about the baby's health.

- No advertising of breast milk substitutes, feeding bottles, teats or dummies is permissible in any part of NHS Lanarkshire premises (please see page **5** for further information).

- Breast milk substitutes will not be sold on health care premises and health care facilities and staff will not accept free or subsidised supplies of breast milk substitutes.

- Parents who have made a fully informed choice to artificially feed their babies should be shown how to prepare formula feeds correctly, in the postnatal period, it is the responsibility of the midwife on discharge to ensure parents have this information. No routine group instruction on the preparation of artificial feeds will be

given in the antenatal period as evidence suggests that information given at this time is less well retained and may serve to undermine confidence in breastfeeding.

- Midwives, health visitors and other staff groups are responsible for collecting the required infant feeding data, at the ages specified by NHS Lanarkshire, to enable monitoring of breastfeeding rates.

- Compliance with this policy will be audited on an annual basis.



## 5. ROLES AND RESPONSIBILITIES

### A welcome for breastfeeding families

Breastfeeding will be regarded as the normal way to feed babies and young children. Mothers will be enabled and supported to feed their infants in all public areas of NHS Lanarkshire premises. Comfortable facilities will be made available for mothers who prefer privacy.
*"Breastfeeding Welcome"* signs will be displayed in all public areas of the facility which will inform users of this policy. These are available from HPAC Library via this Link
All breastfeeding mothers will be supported to develop strategies for breastfeeding outside the home and will be provided with information about suitable clothing, legislation to protect breastfeeding and about places locally where breastfeeding is known to be particularly welcomed.
Community health care staff will use their influence wherever possible to promote awareness of the needs of breastfeeding mothers in the local community, including cafes, restaurants and public facilities.

### Care for women admitted for general care

Should a breastfeeding mother be admitted for general care to University Hospital Hairmyres, University Hospital Wishaw or University Hospital Monklands, staff will provide or seek appropriate support to enable the mother to sustain breastfeeding. Breastfeeding has significant lifelong benefits to both mothers and babies and staff should take all possible steps to protect breastfeeding.
Advice on medicines should be sought from your ward pharmacist or the Pharmacy Medicines Information Department on (01355) 584879. Outwith Pharmacy opening hours please contact the on call pharmacist.
The breastfeeding support team can be contacted on (01698) 366710 to devise a care plan to support and preserve breastfeeding where ever possible.

### The WHO International Code on Marketing of Breast Milk Substitutes

NHS Lanarkshire has a duty to comply with the WHO International Code on Marketing of Breast Milk Substitutes (WHO Code)[2] which aims to 'contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breast milk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution'.
The WHO Code applies to the marketing of breast milk substitutes (defined as any food being marketed or presented as a partial or total replacement for breast milk, whether or not suitable for that purpose) such as infant formula, other milk products, foods and beverages and bottles and teats. The WHO Code also applies to their quality and availability, and to the information concerning their use. Any activity which undermines breastfeeding, also violates the aim and spirit of the Code.

The display of infant formula manufacturer's logos in NHS premises or on items such as calendars and stationery is prohibited. No literature provided by infant formula manufacturers is permitted. Educational material for distribution to women and their families must be approved by the Maternal and Infant Nutrition Steering Group. Staff should not initiate contact between company representatives and parents or parent's groups.

No promotional materials or free samples should be provided directly to any staff member of NHS Lanarkshire from infant formula companies. NHS Lanarkshire will not circulate to staff any promotional materials relating to products, training or conferences on behalf of infant formula companies. Should staff sign-up to receive information from infant formula companies on products or events, they should sign up as an individual and not as an employee of NHS Lanarkshire and information should be sent to a personal email or home address only. Events sponsored by infant formula companies can only be attended in the staff members own time.

Infant Formula

To enable evidence based care it is important all staff know where to access reliable and safe information. Further information on formula milks and specialist formulas can be found at First Steps nutrition via this link https://www.firststepsnutrition.org/infant-milks-health-workers

## Maternity Care standards

This section of the policy sets out the care that NHS Lanarkshire is committed to giving each and every expectant and new mother. It is based on the UNICEF UK Baby Friendly Initiative standards for maternity services[3] and relevant NICE guidance[4,5,]
All staff are responsible for adhering to this programme and the guidance it sets out. Please read in conjunction with roles and responsibilities section.

### 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 [3]

- The value of connecting with their growing baby in utero, using “nurture ribbon” as a prompt to encourage connection and to notice baby’s movements and development. Using a teach back technique to ensure understanding.
- 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 ideally within the first 2 hours if the mother's condition allows.
  - Supported to express effectively following birth, with instruction in both hand expressing and use of electric pumps.

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.

**Safety considerations (skin-to-skin)**

Vigilance of the baby's well-being is a fundamental part of postnatal care immediately following and 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-to-skin contact in the same way as would occur if the baby were 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 prompt removal of the baby if the health of either gives rise to 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 onto 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:

**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 a breastfeeding assessment tool within Badger.net [6] as often as required in the first week with a minimum of two assessments to ensure effective feeding and the well-being of mother and baby prior to discharge from hospital and day 5/6 with blood spot testing. . This assessment will include a dialogue / 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 soon as possible ideally within the first 2 hours 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. The midwife discharging the mother and baby to community is responsible for ensuring the mother can recognise effective feeding on discharge and notifying the infant feeding team to enable follow up.

- All breastfeeding mothers will be informed about the local support services for breastfeeding any breastfeeding mother should be notified to the infant feeding team using the forms in the wards, a sticker with the contact details and “mothers and others guide” magazine.

- On transfer home, all breastfeeding mothers will be given verbal and written information about how they can access breastfeeding support in the community, including: health professionals; breastfeeding support service/peer support programme; breastfeeding support groups; national groups; help lines and out of hours support

- For those mothers who require additional support for more complex breastfeeding challenges, a referral to the specialist service should be made to the infant feeding team- see appendix 1. Challenges not resolved by conservative measures and assistance with positioning and attachment a referral to the breastfeeding clinic can be made by the lead professional either the midwife or health visitor. Mothers will be informed of this pathway.

**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 Unicef UK’s responsive feeding infosheet: http://unicef.uk/responsivefeeding

**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 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. This should be recorded in the appropriate field in the badger record.

- Supplementation rates will be audited daily on the postnatal ward.

**Modified feeding regimes**

- There are a number of clinical indications for a short term modified feeding regime in the early days after birth. Examples include: preterm or small for gestational age babies and those who are excessively sleepy after birth. Frequent feeding, including a minimum number of feeds in 24 hours, should be implemented to ensure safety of the baby, these should be reviewed frequently and normalised as soon as is safe.

- Preterm babies are at risk of hypoglycaemia and should follow the appropriate pathway for babies less than 36+6 weeks gestation
  Preterm Hypoglycaemia Policy

Term babies with risk factors for hypoglycaemia should follow the hypoglycaemia policy
Term Hypoglycaemia

**Support for Formula feeding**

- 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.

Before discharge from hospital it is the responsibility of staff to ensure mothers who formula feed are enabled to do so as safely as possible through the offer of a demonstration and / or discussion about how to prepare infant formula. Information should be given on the importance of using appropriate infant formula using only a "first milk" (whey based milk) for the first year of life but no specific brands should be recommended. Parents should be informed that there is no need or recommendation to use "second" or "hungry baby" (casein based) milks at any time
Additional information on formula milks can be found at First Steps Nutrition

All parents who have made an informed choice to formula feed should be supplied with the **NHS Health Scotland – Formula Feeding Booklet**[7] which is the newest guidance on how to safely make up infant formula feeds. Mothers who have chosen to formula feed their baby in hospital will be supplied with the booklet and offered a demonstration on how to make up a formula feed safely. Women at home who change to partial breastfeeding or complete formula feeding should be given this booklet by their community midwife or health visitor and also offered a demonstration on how to make up a formula feed. It is the

responsibility of the health professional to ensure parents are aware of the correct technique to make up formula feeds safely. Using the "teach back" technique will establish understanding and ensure safety of the baby.
There are also commercial products available to prepare formula milk (e.g. Perfect Prep). These products do not meet with the current evidence based advice. Parents may make an informed choice to use the machines but NHS staff should not be recommending or promoting these products.
If parents require more information on choosing formula milks for their baby they should be signposted to the available UNICEF Baby Friendly Initiative and First Steps Nutrition resources.

**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 (including encouraging frequent touch and sensitive verbal/visual communication, keeping babies close, responsive feeding and 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
- Link to Lanarkshire breastfeeding groups

**Recommendations for health professionals on discussing managing night feeds and bed-sharing with parents (co-sleeping and SIDS)**

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

Simplistic messages in relation to where a baby sleeps should be avoided; neither blanket prohibitions nor blanket permissions reflect the current research evidence.

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.

• Your baby should not share a bed with anyone who:

- is a smoker
- has consumed alcohol
- has taken drugs (legal or illegal) that make them sleepy.

The incidence of SIDS (often called "cot death") is higher in the following groups:

- parents in low socio-economic groups
- parents who currently abuse alcohol or drugs
- young mothers with more than one child
- premature infants and those with low birthweight

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 them into practice.

**All parents should have a physical copy of the NHS Scotland "Safer Sleep" booklet**
**https://www.gov.scot/publications/safer-sleep-babies-guide-parents-carers/documents/**

**Ongoing support for parenting and close relationships**

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)

Mothers who bottle feed are 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.

### Community breastfeeding support

Prior to transfer home, all breastfeeding mothers will be given verbal and written information about how they can access breastfeeding support in the community, including: health professionals; breastfeeding support service/peer support programme; breastfeeding support groups; national groups; help lines and out of hours support. All breastfeeding mothers should be notified to the infant feeding team on discharge from hospital to enable follow up support in community.

### Monitoring implementation of the standards

NHS Lanarkshire requires that compliance with this policy is audited at least annually using the Unicef UK Baby Friendly Initiative audit tool[8] Staff involved in carrying out this audit require training on the use of this tool. Audit results will be reported to the chief midwife and an action plan will be agreed by NHS Lanarkshire's Babyfriendly Strategic Group to address any areas of non-compliance that have been identified.

### Monitoring outcomes

Outcomes will be monitored by:

- Monitoring breastfeeding initiation rates for initiation, transfer to community and transfer to health visitor
- Attrition rate between birth and discharge and discharge to transfer to health visitor

Outcomes will be reported to the Baby friendly Guardian via NHS Lanarkshire's Baby Friendly Strategic Group

# Neonatal Care Standards

This section of the policy sets out the care that the NHS Lanarkshire is committed to giving each and every expectant and new mother. It is based on the UNICEF UK Baby Friendly Initiative NHS standards for Neonatal Units. Please read in conjunction with roles and responsibilities section pages.

**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
- 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
    - Learn how to use pump equipment and store milk safely
    - Collection and storage of EBM
    - 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, for example if less than 750ml in 24 hours is expressed by day 10
  - 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 breastmilk assessment checklist (Appendix 2)
- Mothers receive care that supports the transition to breastfeeding, including support to:
  - Recognise and respond to feeding cues
  - 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.
- 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.
- Mothers are provided with information about all available sources of support before they are transferred home.

**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 responsive feeding info sheet: http://unicef.uk/responsivefeeding )

**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 Lanarkshire requires 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 chief midwife & the senior midwife for the Neonatal Unit and an action plan will be agreed by NHS Lanarkshire's Baby Friendly strategic group to address any areas of non-compliance that have been identified.

**Monitoring outcomes**

Outcomes will be monitored by:

- monitoring breastmilk feeding rates for initiation
- monitoring breastfeeding rates at transfer to community

Outcomes will be reported to the chief midwife & the senior midwife for the Neonatal Unit.

## Health Visiting Care Standards

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[3], relevant NICE guidance [4,5] and the Healthy Child Programme [9].Please read in conjunction with the roles and responsibilities section of this policy.

### Pregnancy

#### Where routine antenatal contact is part of the commissioned service

All pregnant women will have the opportunity to discuss feeding and caring for their baby with a member of the health visiting team (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

#### Where routine antenatal contact is not part of the commissioned service

The service recognises the significance of pregnancy as a time for building the foundations of future health and well-being and the potential role of health visitors 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. This will include ensuring that:

- Spontaneous antenatal contacts (such as visits to clinic) are used as an opportunity to discuss breastfeeding and the importance of early relationship building, using a sensitive and flexible approach.
- Members of the health visiting team proactively support and recommend the services provided by other organisations to mothers (e.g. antenatal programmes run by the maternity services, children's centres or voluntary organisations).
- The service works collaboratively to develop / support any locally operated antenatal interventions delivered with partner organisations.

## Support for continued breastfeeding

- A formal breastfeeding assessment using the Unicef breastfeeding assessment tool in the "Red Book"[6] will be carried out at the 'new baby review' or '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. (appendix 3)
- For those mothers who require additional support for more complex breastfeeding challenges a referral to the specialist breastfeeding support service will be made. Challenges not resolved by conservative measures and assistance with positioning and attachment, a referral to the breastfeeding clinic should be made. The lead professional in this case, the health visitor will retain responsibility for the management of the feeding plan at all times. Mothers will be informed of this pathway. ( Appendix 4)
- 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. Find out more in Unicef UK's responsive feeding infosheet: http://unicef.uk/responsivefeeding

- 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 given verbal and written information about how they can access breastfeeding support in the community, including: health professionals; breastfeeding support service/peer support programme; breastfeeding support groups; national groups; help lines and out of hours' support

- All breastfeeding mothers will be informed about the local support for breastfeeding. All mothers will automatically be contacted by the "Infant Feeding Team" following discharge from hospital.

### 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*.

* Up to 6 weeks in most cases

- 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.

**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.

**Support for formula feeding**

At the birth visit mothers who formula feed will have a discussion about how feeding is going. Recognising that this information will have been discussed with maternity service staff, but 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. All parents who have made an informed choice to formula feed should be supplied with the, **NHS Health Scotland – Formula Feeding Booklet**[7] which is the newest guidance on how to safely make up infant formula feeds. Mothers who have chosen to formula feed their baby in hospital will be supplied with the booklet and offered a demonstration on how to make up a formula feed safely. Women at home who change to partial breastfeeding or complete formula feeding should be given this booklet by their community midwife or health visitor and also offered a demonstration on how to make up a formula feed. It is the responsibility of the health professional to ensure parents are aware of the correct technique to make up formula feeds safely. Using the "teach back" technique will establish understanding and ensure safety of the baby.

There are also commercial products available to prepare formula milk (e.g. Perfect Prep). These products do not meet with the current evidence based advice. Parents may make an informed choice to use the machines but NHS staff should not be recommending or promoting these products.

If parents require more information on choosing formula milks for their baby they should be signposted to the available UNICEF Baby Friendly and First Steps Nutrition resources.

Information should be given on the importance of using appropriate infant formula using only a "first milk" (whey based milk) for the first year of life but no specific brands should be recommended. Parents should be informed that there is no need or recommendation to

use “second” or “hungry baby” (casein based) milks at any time. Additional information on formula milks can be found in the Infant Formula Milk Brief or at First Steps Nutrition

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

**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.
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**Community breastfeeding support**

When visiting a Lanarkshire Breastfeeding Support Group women can expect:

- A friendly, relaxed, informal and safe environment in a place where pregnant women and breastfeeding mothers can meet and support each other with their feeding, through evidence informed discussions
- To share experiences with other pregnant women and breastfeeding mums with a view to promoting and supporting breastfeeding
- To be involved in decisions taken within and about the group.
- To have access to professional advice from appropriately trained staff.
- To be supported in the choices they make to sustain breastfeeding.
- To receive a Welcome Leaflet on their first visit to the support group.

**Support for parenting and close relationships**

- 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)

- Mothers who bottle feed are 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

## Bed Sharing

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

Simplistic messages in relation to where a baby sleeps should be avoided; neither blanket prohibitions nor blanket permissions reflect the current research evidence.

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

- Your baby should not share a bed with anyone who:

  - is a smoker
  - has consumed alcohol
  - has taken drugs (legal or illegal) that make them sleepy.

The incidence of SIDS (often called "cot death") is higher in the following groups:

- Parents in low socio-economic groups
- Parents who currently abuse alcohol or drugs
- Young mothers with more than one child
- Premature infants and those with low birthweight

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 them into practice.

## Introducing solid food

All parents will have a timely discussion about when and how to introduce solid food 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

Further information is available for parents in video format at the following link https://www.nhslanarkshire.scot.nhs.uk/services/infant-nutrition/weaning/

## Weaning information for premature infants

A preterm infant is an infant born before 37 weeks gestation (23-37 weeks gestation). Well preterm infants born closer to term (34-37 weeks) may be ready to start weaning at 6 months of age as advised for infants born at term.

For premature infants, it is important to look for the infants readiness to wean cues rather than aiming for a particular age. These include:

- The infant supporting themselves in a seated position (premature babies may need some extra support)
- Holding their head in a stable position
- Show an interest in other people eating
- Lean forward and open their mouth towards a food or a spoon
- Put things in their mouth and make munching movements

The infant may display one of these signs but it is best to wait until a few are seen before weaning starts.
If infants are looking for more milk or waking at night this is not a necessarily a sign of readiness to wean and they may be having a growth spurt. Infants do not need to reach a certain weight or have teeth before weaning commences.
Premature infants often don't show signs of readiness to wean until around 4 months corrected age (corrected age is actual age minus how many weeks premature) and therefore it is normally advised not to wean before 3-4 months corrected. It is important to start weaning before 6 months corrected age or infants may have missed the window of opportunity and be less willing to accept foods. Therefore aiming to commence weaning around 5-8 months actual age based on signs of readiness to wean.
Infants born very prematurely (23-28 weeks) are high risk infants and support is given by the multidisciplinary team (MDT).
Progression through food textures may be a slower process when preterm infants are weaning. Preterm infants can be more sensitive to change and may benefit from starting purees and making a more gradual progression through a range of textures.
Discuss with the neonatal MDT if unsure when to start weaning.
For more information see the below links:

http://www.bliss.org.uk/weaning-your-premature-baby
https://byebyepurees.com/wp-content/uploads/2017/09/9.-An-evidence-based-guide-to-weaning-preterm-infants.pdf
https://child-nutrition.co.uk/advice/weaning-advice-for-hcps/

**Monitoring implementation of the standards**

The NHS Lanarkshire requires that compliance with this policy is audited at least annually using the Unicef UK Baby Friendly Initiative audit tool[1]. Staff involved in carrying out this audit require training on the use of this tool.
Audit results will be reported to the Associate Directors of Nursing for North and South Lanarkshire and an action plan will be agreed by Babyfriendly improvement groups in North and South to address any areas of non-compliance that have been identified.

**Monitoring outcomes**

Outcomes will be monitored by:

- Monitoring breastfeeding initiation rates
- Breastfeeding rates at HV first visit
- Breastfeeding rates at 6-8 weeks
- Attrition rate between Birth and transfer to community
- Attrition rate between birth and transfer to HV
- Attrition rates between birth and 6-8 weeks
- Attrition rates between HV first visit and 6-8 weeks

Outcomes will be reported to:
Associate Directors of Nursing North and South via North and South Babyfriendly improvement groups

## 6. RESOURCE IMPLICATIONS

None Identified

## 7. COMMUNICATION PLAN

The policy and its key revisions will be highlighted using the weekly staff briefing and will be available on NHS Lanarkshire's public website for staff and the public to access.
The policy will be communicated to all healthcare staff who have contact with pregnant women and new mothers with the aim of ensuring that they understand the standard of information and care expected from NHS Lanarkshire. All staff will have access to a copy of the policy.

All new staff will be orientated to the policy on commencement of employment.
The policy will be made available to the public on request and, be produced in other languages and forms as appropriate.

## 8. QUALITY IMPROVEMENT – Monitoring and Review

## 9. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

This policy meets NHS Lanarkshire's EDIA [X] (tick box)

## 10. Summary or Frequently Asked Questions (FAQs)

To help staff understand long or complex polices, please ensure you send a summary or a frequently asked questions list with your completed policy

## 11. REFERENCES


1. United Nations Convention on the Rights of the Child (1990) Accessed October 2019 https://www.unicef.org.uk/what-we-do/un-convention-child-rights/
2. More information on the Code: http://unicef.uk/thecode
3. Updated Baby Friendly standards: http://unicef.uk/babyfriendlystandards
4. NICE postnatal care guidance: http://www.nice.org.uk/cg037
5. NICE guidance on maternal and child nutrition: http://www.nice.org.uk/ph11
6. Sample tool available at http://unicef.uk/bfassessmenttool
7. Formula Feeding Booklet
8. The Unicef UK Baby Friendly Initiative audit tool http://unicef.uk/audit
9. Healthy Child Programme: https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life


## 12. APPENDICES

Appendix 1. Breastfeeding assessment tool MW
Appendix 2. Expressing assessment tool
Appendix 3. Breastfeeding assessment tool HV
Appendix 4. Lanarkshire breastfeeding support pathway