

## TRUST POLICY/PROCEDURE/STRATEGY AMENDMENT SHEET

<b>DOCUMENT TITLE</b>	Breastfeeding Policy
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<b>AUTHOR</b>	Susan Burt / Janet Edwards

<b>Date of Amendment</b>	<b>Page No.</b>	<b>Amendment details</b>
09.10.2017	8	Storage details for expressed breast milk added.
24/07/2019	All	Extension agreed, August 2019 PDRG. Form No: 376

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# BREASTFEEDING POLICY

**A POLICY TO ENSURE THAT PARENTS ARE ENABLED TO MAKE INFORMED CHOICES ABOUT FEEDING METHODS AND THEIR MANAGEMENT, PROVIDE AN ENVIRONMENT THAT ENCOURAGES AND SUPPORTS MOTHERS IN THEIR DESIRE TO BREASTFEED THEIR INFANTS, ENABLE HEALTHCARE PROFESSIONALS TO EFFECTIVELY PROMOTE BREASTFEEDING AND SUPPORT THOSE MOTHERS WHO CHOOSE TO BREASTFEED TO DO SO SUCCESSFULLY, ENSURE THAT ADVICE GIVEN TO PARENTS BY HEALTHCARE PROFESSIONALS IS CONSISTENT AND RESEARCH-BASED.**

AUTHOR.	AUTHORISED BY	DATE AUTH	POLICY REFERENCE NUMBER
NAME Susan Burt Janet Edwards	NAME <b>Karen Partington</b>	14 Sept 16	<b>TP-79</b>
SIGNATURE	SIGNATURE	REVIEW DATE	
<b>Infant Feeding Specialists</b>	<b>CHIEF EXECUTIVE</b>	31 Jan 2021	

## TRUST POLICY

**This Policy has general application throughout the undertaking of Lancashire Teaching Hospitals NHS Foundation Trust. It represents the governing principles outlined within the document which are fully supported in every respect by the Board of Directors.**

**All members of staff are required to adhere to the principles involved as outlined within this document, together with any related procedures, which are enabled by this policy.**

### This Policy was produced in consultation with:

<b>Midwives</b>	Neonatologists/Paediatricians
Health visitors	Consumer groups
<b>Other Trust Policies/Procedures associated with this document include:</b>	
None	

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**Lancashire Teaching Hospitals NHS Foundation Trust Impact Assessment Screening**

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1.	<b>Does the policy/strategy affect one group more or less favourably than another on the basis of:</b>	<b>Yes/No</b>	<b>Evidence in support of either positive or negative impacts, including references to research and national documents must be provided for the sections below</b>
	1. Race	No	
	2. Disability	No	
	3. Gender	No	
	4. Sexual Orientation	No	
	5. Religion or Belief	No	
	6. Age	No	
	7. Marriage and Civil Partnership	No	
	8. Gender reassignment	No	
	9. Pregnancy and Maternity	No	
2.	Is there any evidence some groups will be affected differently?	No	
3.	If potential discrimination has been identified is this justifiable (you must explain why)?	N/A	
4.	What methods of consultation have you used and with whom please describe?		Policy reviewed by panel of Maternity Care and Infant Feeding Experts
5(a)	Is the impact identified likely to have a negative impact on the Policy/Strategy?	N/A	
5(b)	Can the impact be avoided?	N/A	
5(c)	Are there alternative ways of achieving the aims of the Policy/Strategy to remove the impact?	N/A	
5(d)	Can measure be put in place to reduce the impact?	N/A	
<b>Comments</b>		<b>Action to be taken (or not applicable)</b> Not applicable	

Name and designation of person completing this form Gillian M Byrne, Information Technology Midwife. (If anyone reading this form identifies any potential discriminatory impact that has not been identified on this form, please contact the Policy Author named above, along with suggestions how the impact can be eliminated or reduced.)

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## 1. INTRODUCTION

Appropriate feeding practices in the early months of life have a crucial role in achieving optimal health outcomes. There is a wealth of evidence to demonstrate that lack of breastfeeding in the first six months is an important risk factor for infant and childhood morbidity and mortality. Breastfeeding is also associated with positive health outcomes for mothers.

Breastfeeding is considered to be a key public health measure:

- Breast milk is the best form of nutrition for infants.
- Exclusive breastfeeding is recommended for the first six months (26 weeks) of an infant's life.
- Six months is the recommended age for the introduction of solid foods for infants. Breastfeeding (and/or breast milk and substitutes, if used) should continue beyond the first six months, along with appropriate types and amounts of solid food.

The promotion of breastfeeding is an integral part of a healthy eating programme to improve health outcomes in low-income families and disadvantaged groups.

The WHO Global Strategy for Infant and Young Child Feeding advocates that every facility providing maternity services and care to infants follows the best practice standards known as the 'Ten Steps to Successful Breastfeeding':

1. Have a written breastfeeding policy that is routinely communicated to all healthcare staff.
2. Train all healthcare staff in skills necessary to implement this policy.
3. Inform all pregnant women of the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding soon after birth.
5. Show mothers how to breastfeed and how to maintain lactation even if they are separated from their infants.
6. Give new born infants no food or drink other than breast milk unless medically indicated.
7. Practice rooming-in to allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or dummies to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

## 2. AIMS OF THE BREASTFEEDING POLICY

1. To ensure that parents are enabled to make informed choices about feeding methods and their management.
2. To provide an environment that encourages and supports mothers in their desire to breastfeed their infants.
3. To enable healthcare professionals to effectively promote breastfeeding and support those mothers who choose to breastfeed to do so successfully.
4. To ensure that advice given to parents by healthcare professionals is consistent and research-based.

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This policy does not seek to discriminate against those women who choose to bottle feed their infants or those mothers who are unable to exclusively breastfeed. All parents have the right to receive clear and impartial information to enable them to make fully informed choices about feeding methods and their management. Support should be given to help all mothers and parents establish the most appropriate feeding method for their babies.

### 3. SUPPORT OF THE POLICY

Implementation of this policy is mandatory for all staff in professional contact with pregnant and breastfeeding women and their infants. The policy has been written and agreed by a multidisciplinary team. Any deviation from the policy should be explained and documented in the mother's and/or baby's records.

There should be no instruction on the making up of formula feeds in group parent education sessions during the antenatal period.

No material promoting breast milk substitutes, feeding bottles, dummies or teats should be displayed or distributed. The display of logos of manufacturers of these products on such items as calendars or stationery is also prohibited. The Trust's Infant Feeding Specialists or Head of Maternity Services must approve educational material distributed to women and their families by the Maternity Services.

The Mother's Guide to this policy should be clearly displayed throughout the maternity units and paediatric wards.

### 4. THE POLICY

This policy enables the implementation of best practice standards and is central to the Trust's efforts to provide support to breastfeeding women and their families.

#### 4.1 Communication of the policy

All healthcare staff within the Directorates of Women's Health and Child Health who has contact with pregnant women, breastfeeding women and their families must be aware of this policy. All new staff in these Directorates should receive orientation to accessing the policy at the start of their employment. The policy should be available on the Trust Intranet and staff should know how to locate the policy.

#### 4.2 Training

Maternity staff (Midwives, Nursery Nurses and Health Care Assistants) should receive:

- Training sessions in breastfeeding management at a level appropriate to their professional group, in accordance with the Trust RMTNA, including within six months of commencing employment
- Annual update of breastfeeding topics provided by the Trust.

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### 4.3 Informing pregnant women and partners of the benefits and management of breastfeeding

The maternity services have responsibility for promoting breastfeeding. Infant feeding should be discussed during pregnancy, in accordance with the [Antenatal schedule of appointments guideline](#), supported by written information, provided in accordance with the [Antenatal information for parents list](#). The section 'Plans for Pregnancy and Parenthood', contained within the hand held Pregnancy notes, includes a list of topics for discussion. NICE recommends 'Don't ask about feeding method before skin-to-skin contact'.

Discussion of breastfeeding should not solely be attempted in a group parent education session; all women should be given the opportunity to discuss breastfeeding on a one-to-one basis with a midwife, thereby ensuring that information can be delivered and plans formulated according to individual needs.

### 4.4 Skin-to-skin contact

All mothers should be encouraged to hold their babies in skin-to-skin contact immediately after birth or as soon as possible afterwards. This period of close contact should continue undisturbed for as long as the mother wishes. If skin contact is interrupted for a clinical reason it should be resumed as soon as mother and baby are able.

### 4.5 Process for Maternity services supporting mothers who are breastfeeding

The maternity services have responsibility for providing the information and support that enables successful breastfeeding. Midwives have responsibility for the support and education of breastfeeding women and their families, the attitude of all maternity staff to breastfeeding is a vital factor in building up a mother's confidence so that she establishes breastfeeding and continues for as long as she and her baby wish.

#### 4.5.1 Initiation of breast feeding and showing women how to breastfeed and maintain their lactation

The first feed should be offered when the baby shows signs of readiness. Assistance from a midwife should be available. The timing and quality of the first feed should be recorded, ideally in the Postnatal Notes for Baby. Further help with breastfeeding should be offered within six hours of delivery and subsequently as required.

Before transfer home from hospital/midwife leaving a home birth:

- Midwives should ensure that breastfeeding women know how they can achieve and recognise correct positioning and attachment.
- Women who are breastfeeding should be informed how to recognise effective feeding, to include the following:
  - The signs which indicate that their baby is receiving sufficient milk and what to do if they suspect that this is not the case
  - How to recognise signs that breastfeeding is not progressing normally, e.g. sore nipples, breast inflammation

The technique of hand expression should ideally be taught to all breastfeeding mothers by a midwife, with an explanation of its potential usefulness.

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The Postnatal Notes for Baby include information about breastfeeding, positioning and attachment, and expressing.

#### **4.5.2 Demand feeding**

Mothers should be encouraged to practice baby-led feeding, unless there are clinical indications to the contrary.

#### **4.5.3 Rooming-in**

Breastfeeding mothers and their babies should be cared for together at all times unless this is detrimental to the health of either. Instances where a mother requests hospital staff to care for her baby away from her side should be fully documented. All alternative options to enable the baby to remain with the mother should be explored.

#### **4.5.4 Use of dummies and artificial teats**

Parents should be advised against the use of dummies and artificial teats during the establishment of breastfeeding and warned of the possible detrimental effects of their use.

Where there is a clinical indication for the use of dummies or artificial teats parents should receive a full explanation of the evidence base to allow them to come to an informed decision; this should be documented, ideally in the Postnatal Notes for Baby.

Nipple shields should only be used in exceptional circumstances and after the onset of lactation. Support from a skilled practitioner should be available to ensure that their use is only short term.

#### **4.5.5 Use of supplementary feeds**

Supplementary feeds should only be used in exceptional circumstances and where clinically indicated. The decision to offer supplementary feeds for clinical reasons should be made by a midwife or neonatologist; the reason for supplementation should be fully discussed with parents. Prior to introducing infant formula to breastfed babies, every effort should be made to encourage the mother to provide expressed breast milk. If a mother requests her baby receive a supplementary feed of infant formula, she should be advised of the negative impact this may have on breastfeeding.

Any supplementary feeds that are necessary should preferably be offered by cup. Syringes should only be used to administer small feeds of colostrum.

Discussions with parents and their consent to supplementary feeds must be recorded, ideally in the Postnatal Notes for Mother and/or Postnatal Notes for Baby.

#### **4.5.6 Maintenance of lactation when mothers are separated from their infants**

If a mother and her baby are separated for clinical reasons, it is the shared responsibility of midwife or neonatal/paediatric nurse to ensure that the mother is given all the advice and help required to express her milk and maintain her lactation. Milk expression should be commenced as soon as possible after separation. Mothers should be encouraged to express at least eight times in a

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twenty four hour period and should be shown how to express milk both by hand and by pump.

#### **4.5.7 Recording information given**

The 'Breastfeeding checklist' in the Postnatal Notes for Baby is designated to record the giving of information required to breastfeed successfully.

#### **4.5.8 Continuing breastfeeding support**

Liaison and co-operation between health professionals and support groups is essential to ensure that postnatal breastfeeding support is both as effective and as widely available as possible. Families and Babies (FAB) provide a breast feeding support service, including postnatal support in hospital, home visits and a 24 hour help-line, to promote, support and protect breastfeeding.

### **4.6 Supporting mothers who are breastfeeding outside of maternity services**

#### **4.6.1 Breastfeeding facilities**

The Trust regards breastfeeding as the optimum way to feed babies and young children and thus mothers are able to feed their infants in all public areas of Trust premises. Mothers who prefer privacy should be appropriately accommodated.

#### **4.6.2 Admission to hospital**

Mothers and/or babies who require admission to hospital should be supported to continue breastfeeding. Meals and drinks should be provided to breastfeeding mothers whilst they are resident with their hospitalised infants. As the breastfeeding mother is the source of her baby's nourishment, this arrangement fulfils the Trust's responsibility to provide appropriate food and drink for its patients.

#### **4.6.3 Breastfeeding on return to work**

As a family friendly organisation the Trust is committed to the promotion and facilitation of breastfeeding. The Trust recognises both its legal obligations to support breastfeeding mothers who work for the Trust and the positive health outcomes of breastfeeding for the individual mother and baby. The Trust benefits from reduced absenteeism through sickness in both mother and baby. Mothers should be enabled to continue breastfeeding by expressing their breast milk at work. The infant feeding specialist midwives can be contacted by managers or individual mothers for advice (01772 524512)

Expressed breast milk can be safely stored within the breast milk fridges located on Maternity Ward B, Neonatal Intensive Care Unit and also on Ward 8.

## **5. AUDIT**

- Monthly audit of initiation and continuation of breastfeeding.
- Ongoing audit of infant's readmitted to hospital with feeding difficulties at less than 28 days of age.
- Periodic audit of staff skills and knowledge.

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- National Institute of Clinical Excellence (2008) Antenatal care NICE: London
- National Institute of Clinical Excellence (2006) Routine postnatal care of women and their babies NICE: London

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