

<b>DOCUMENT CONTROL</b>	
<b>Title:</b>	<b>Infant Feeding Policy</b>
<b>Version:</b>	<b>4</b>
<b>Reference Number:</b>	<b>CL108</b>
<b>Scope:</b>	
This policy applies to all staff and breastfeeding volunteer peer supporters who have responsibility for providing information and support around infant feeding and relationship building to parents with babies and children from 0-5 years.	
<b>Purpose:</b>	
The purpose of this policy is to ensure that all staff at Pennine Care NHS Foundation Trust 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 the policy.	
<b>Keywords:</b>	
Breastfeeding, bed-sharing, formula feeding, responsive feeding, infant feeding	
<b>Supersedes:</b>	
Infant Feeding Policy, V3	
<b>Description of Amendment(s):</b>	
The policy now includes additional information on: <ul style="list-style-type: none"> <li>• Bed-sharing</li> <li>• Formula feeding</li> </ul>	
<b>Owner:</b>	
Infant Feeding Lead – Jackie Hall Infant Feeding Lead – Rachel Varney	
<b>Individual(s) &amp; group(s) involved in the Development:</b>	
This document has been developed in collaboration with the following interested parties: <ul style="list-style-type: none"> <li>• Infant Feeding Leads, based on the UNICEF UK BFI breastfeeding policy template</li> </ul>	
<b>Individual(s) &amp; group(s) involved in the Consultation:</b>	
The document has been circulated for consultation to Heads of Service in all three Divisions of the Trust for them to disseminate to their teams at their discretion. Comments have been taken into consideration, and the document amended accordingly.	

<b>Equality Impact Analysis:</b>	
<b>Date approved:</b>	25 January 2018
<b>Reference:</b>	
<b>Freedom of Information Exemption Assessment:</b>	
<b>Date approved:</b>	17 January 2018
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<b>Information Governance Assessment:</b>	
<b>Date approved:</b>	23 January 2018
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<b>Policy Panel:</b>	
<b>Date Presented to Panel:</b>	3 <sup>rd</sup> May 2018
<b>Presented by:</b>	Jackie Hall, Infant Feeding Lead
<b>Date Approved by Panel:</b>	3 <sup>rd</sup> May 2018
<b>Policy Management Team tasks:</b>	
<b>Date Executive Directors informed:</b>	22 <sup>nd</sup> May 2018
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<b>Review:</b>	
<b>Next review date:</b>	May 2021
<b>Responsibility of:</b>	Infant Feeding Lead
<b>Other Trust documentation to which this guideline relates (and when appropriate should be read in conjunction with):</b>	
GL024	Infant Feeding Guidelines
GL023	Faltering Growth Guidelines
<b>Other external documentation/resources to which this guideline relates:</b>	
Public Health Outcomes framework 2013 to 2016	<a href="https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency">https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency</a>
Information on the Code	<a href="http://www.unicef.org.uk/BabyFriendly/Health-Professionals/Going-Baby-Friendly/Maternity/The-International-Code-of-Marketing-of-Breastmilk-Substitutes/">http://www.unicef.org.uk/BabyFriendly/Health-Professionals/Going-Baby-Friendly/Maternity/The-International-Code-of-Marketing-of-Breastmilk-Substitutes/</a>
Updated Baby Friendly standards	<a href="http://www.unicef.org.uk/babyfriendly/standards">www.unicef.org.uk/babyfriendly/standards</a>

NICE PH11	<a href="http://www.nice.org.uk/ph11">http://www.nice.org.uk/ph11</a>
Healthy Child Programme	<a href="https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life">https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life</a>
<b>CQC Regulations</b>	
<b>This guideline supports the following CQC regulations:</b>	

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## 1. INTRODUCTION

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

- increases in breastfeeding rates at 6-8 weeks (Public Health Outcomes framework 2013 to 2016)
- for those parents who choose to formula feed, ensure safe practice in line with nationally agreed guidance
- increases in the proportion of parents who introduce solid food to their baby in line with nationally agreed guidance
- improvements in parents' experiences of care

Pennine Care NHS Foundation 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-judgmental and that mothers' decisions are supported and respected.
- Working together across disciplines and organisations to improve mothers' / parents' experiences of care.

## 2. PURPOSE

The purpose of this policy is to ensure that all staff at Pennine Care NHS Foundation Trust 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 the policy.

## 3. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

### Executive Directors

In line with the Baby Friendly Initiative standards to achieve sustainability in the area of infant feeding, (UNICEF UK BFI: Achieving Sustainability Standards and Guidance 2017) the Executive Directors will continue to foster an organisational culture that protects the Baby Friendly Standards and will continue to ensure that a Baby Friendly Guardian with sufficient seniority is in post.

### The Head of Service and Senior Managers

In line with the Baby Friendly Initiative standards to achieve sustainability in the area of infant feeding, the Head of Service and Senior Managers will be responsible for ensuring that:

- There is a named Baby Friendly lead/team with sufficient knowledge, skills and hours to meet their objectives
- There is a mechanism for the Baby Friendly lead/team to remain up-to-date with their education and skills

- The leadership structures support proportionate responsibility and accountability
- All relevant managers are educated to support the maintenance of the standards.
- There is support for ongoing staff learning
- Baby Friendly audits are carried out regularly according to service needs
- All relevant data is available and is accessed
- Data is analysed effectively and collectively to give an overall picture
- Action plans are developed in response to findings
- Relevant data is routinely reported to the leadership team
- Relevant data is routinely reported to Unicef UK.
- The service demonstrates innovation and progress
- That there is evidence to demonstrate that outcomes have improved
- The needs of babies, their mothers and families are met through effective integrated working.

### **Team Leaders**

Team leaders within the scope have responsibility to ensure that:

- All new starters are orientated to the Breastfeeding Policy within their first week in post
- All staff attend training appropriate to their role in order to comply with the Breastfeeding Policy.

### **All staff**

All staff within the scope are responsible to implement the Breastfeeding Policy within their normal duties.

### **The Infant Feeding Leads**

The Infant Feeding Leads have responsibility for developing or reviewing this policy, with the help from the Policy Management Team who will enable/ ensure consistency. This will also involve utilising the skills and input from established Committees, Teams and workgroups, who are deemed appropriate for consultation. Any comments will be taken into consideration and the document amended accordingly prior to sharing with the Policy Management Team, and before presentation at Panel.

## **4. 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 recently updated UNICEF UK Baby Friendly Initiative standards for health visiting (UNICEF, 2017), relevant NICE guidance (PH11), the Healthy Child Programme (Gov.UK, 2004), and NICE guidance QS98.

#### **4.1 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

#### **4.2 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.

#### **4.3 Support for continued breastfeeding**

A formal breastfeeding assessment using the Breastfeeding assessment on P. 27 of **Parent Child Health Record (PCHR)**, 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.

For those mothers who require additional support for more complex breastfeeding challenges a referral to the specialist service will be made. Refer to local breastfeeding pathway. Mothers will be informed of this pathway.

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. This is to be documented on the postnatal checklist on new birth visit.

The importance of night feeding for milk production should be explained to all mothers. Ways to cope with the challenges of night-time feeding will be discussed, including issues related to bed sharing, to enable them to manage night-time feeds safely.

Staff will not recommend the use of artificial teats or dummies during the establishment of breastfeeding. Parents wishing to use them should be advised about the possible detrimental effects such use may have on breastfeeding to enable them to make fully informed choice. The information given and the parents' decision should be recorded in the PCHR.

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 informed about the local support for breastfeeding. Refer to Pennine Care NHS Foundation Trust website for local breastfeeding groups.

#### **4.4 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 Sudden Infant Deaths (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 birth weight

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.

#### **4.5 Responsive feeding**

The term responsive feeding (previously referred to as 'demand' or 'baby led' 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.

#### **4.6 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 some cases). It is recommended by the World Health Organisation to breastfeed for 2 years and beyond.

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.

#### **4.7 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. See also Faltering Growth guidelines (GL23).

#### **4.8 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.

Mothers who formula feed understand about the importance of responsive feeding and how to:

- Respond to feeding 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

#### **4.9 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. Refer to Pennine Care NHS Foundation Trust website for local breastfeeding groups.

#### **4.10 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

For further information refer to Infant Feeding guidelines.

### **5. TRAINING & CAPABILITIES**

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.
- The International Code of Marketing of Breast-milk Substitutes (UNICEF, 1981) is implemented throughout the service.
- All documentation fully supports the implementation of these standards.
- Parents' experiences of care will be listened to, through regular monitoring and parents' experience surveys.
- Staff involved in monitoring compliance with this policy using the UNICEF UK Baby Friendly Initiative audit tool will receive training on the use of the tool.

### **6. EQUALITY IMPACT ANALYSIS**

As part of its development, this document was analysed to consider / challenge and address any detrimental impact the policy may have on individuals and or groups protected by the Equality Act 2010. This analysis has been undertaken and recorded using the Trust's analysis tool, and appropriate measures will be taken to remove barriers and advance equality of opportunity in the delivery of this policy / procedure

## **7. FREEDOM OF INFORMATION EXEMPTION ASSESSMENT**

Under the Freedom of Information Act (2000) we are obliged to publish our policies on the Trust's website, unless an exemption from disclosure applies. As part of its development, this policy was assessed to establish if it was suitable for publication under this legislation. The assessment aims to establish if disclosure of the policy could cause prejudice or harm to the Trust, or its staff, patients, or partners. This assessment has been undertaken using the Trust's Freedom of Information Exemption Guide, and will be reviewed upon each policy review.

## **8. INFORMATION GOVERNANCE ASSESSMENT**

This Policy has been analysed to ensure it is compliant with relevant information law and standards as in place at the time of approval, and are consistent with the Trust's interpretation and implementation of information governance components such as data protection, confidentiality, consent, information risk, and records management.

Compliance will be reviewed against any changes to legislation / standards or at the next review of this document.

## **9. SAFEGUARDING**

All staff have a responsibility to promote the welfare of any child, young person or vulnerable adult they come into contact with and in cases where there are safeguarding concerns, to act upon them and protect the individual from harm.

All staff should refer any safeguarding issues to their manager and escalate accordingly in line with the Trust Safeguarding Families Policy and Local Safeguarding Children/Adult Board processes.

## **10. MONITORING**

The effective application of this policy / guideline, including adherence to any standards identified within will be subject to monitoring using an appropriate methodology and design, such as clinical audit.

Monitoring will take place on a biannual basis and will be reportable to the Quality Group via the Clinical Effectiveness and Quality Improvement Team.

## **11. REVIEW**

This policy / guideline will be reviewed three-yearly unless there is a need to do so prior to this; e.g. change in national guidance.

## **12. REFERENCES**

Guide to the Unicef Uk Baby Friendly Initiative Standards (2017) UNICEF

Healthy Child Programme: Pregnancy and the First Five Years (2009) Dept of Health

NICE Guidance on Maternal and Child Nutrition: PH11 Published 2008

NICE Guidance on Maternal and Child Nutrition: QS98 Published 2014

Public Health Outcomes framework 2013 to 2016: Published 2012 (updated 2015) Dept of Health and Social Care

World Health Organization. International Code of Marketing of Breast-milk Substitutes. Geneva, 1981