Western Health
and Social Care Trust

BREASTFEEDING POLICY

2012

‘Healthy choices need to be the easy choices’.

World Health Organisation. Charter for Health Promotion (1986)

‘Our aim is to create an environment which helps families to begin and continue breastfeeding’.

Western Health & Social Care Trust Breastfeeding Policy

Policy Title:	Breastfeeding Policy
Policy Reference number:	WC 08/001
Effective Date:	This policy is effective from the date of signing by the Chief Executive.
Review Date:	The policy will be reviewed every two years after the date of signing.
Responsible Officer:	The officer responsible for reviewing this policy is the Health Promotion Officer for Nutrition and Breastfeeding.

The WHSCT Breastfeeding Policy

We promote breastfeeding as the healthiest way for a mother to feed her baby and recognise the important benefits now known to exist for both the mother and her child.

Human milk contains, in highly bio available form, the specific fats, proteins, carbohydrates and micronutrients uniquely appropriate to the healthy growth and neurological development of the human infant. Breast milk protects the infant against infection in both short and long term, both by means of the molecular and cellular content of breast milk and by supporting the development of the immune system. Successful breastfeeding involves mother and infant in prolonged physical contact and subtle social communication, of the kind increasingly recognized as important in developing the infant's brain and social capability.

The additional value of breast milk to preterm infants and those who are small for gestational age, as well as those with certain congenital problems, is particularly well acknowledged.

Artificial milks cannot reproduce the environment-specific immune response to infection provided by breast milk. The artificially fed infant is considerably more vulnerable to a range of infections, and is more likely to require hospitalisation for the treatment of these.

Children not exclusively breastfed for the first six months are more prone to

- Overweight and obesity in later childhood
- Develop early markers of cardiovascular disease, such as increased blood pressure and cholesterol.
- The long-term risk of atopy and diabetes mellitus type I.

The risks to the mother of not breastfeeding can include

- Failure to return to pre-pregnancy weight
- Immediate unplanned pregnancies
- Diabetes mellitus type II
- Osteoporosis in later life
- Breast and ovarian cancer.

While shorter periods of breastfeeding have value, particularly in providing the infant with protection against infection, it should be noted that many of the advantages for both mother and infant are ‘dose-related’; the full benefits depend on exclusive breastfeeding in the first six months and are in proportion to the overall duration of breastfeeding.

All mothers have the right to receive clear and impartial information to enable them to make a fully informed choice as to how they feed and care for their babies.

Mothers with disabilities may find breastfeeding particularly convenient compared to preparing formula. They should be offered appropriate information and support with the initiation and maintenance of breastfeeding. Staff are also aware of the need to have information relating to the policy in alternative formats i.e. in large font, various languages and simple terms.

Infants with special needs have an increased need for human milk. Mothers of these infants are offered extra support to provide breast milk and breastfeed their babies. Donor milk is also available to support these children.

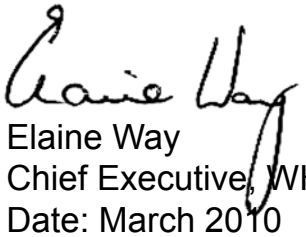
Health care staff will fully support any woman in her chosen method of infant feeding and will continue to support her when she has made that choice. All feeding methods create challenges, this policy aims to address these issues and provide guidance.

This Breastfeeding Policy has been developed with reference to standard texts and recent research, and with wide consultation with medical, midwifery, health visiting and support group personnel in the hospital, community and voluntary sectors.

The policy is for use by all staff who have contact with parents, infants and young people.

The WHSCT Equality and Human Rights statutory obligations have been considered during the development of this policy. Implementation of the policy will be appropriate to the needs of each individual.

This Policy has been approved by:



Elaine Way
Chief Executive, WHSC Trust
Date: March 2010

In support of this policy

All staff involved in the care of breastfeeding mothers and children are required to adhere to this policy. In the case of more complex breastfeeding management problems, it is strongly recommended that expert advice is sought at an early stage from a health professional with a specialist interest in breastfeeding, such as a Midwife, Health Visitor or Lactation consultant.

Any deviation from the policy must be recorded in the mother and child's notes. The advertising of breast milk substitutes, feeding bottles, teats or dummies is not permitted in any part of this Trust. The display of manufacturers' logos on items such as calendars, stationery and diary covers is also prohibited.

Parent information leaflets provided by infant formula manufacturers are unacceptable for use in the Trust. The Public Health Agency and WHSCT provide a full range of literature for parents. The Breastfeeding Co-ordinators must approve educational material distributed to women and their families.

Parents who have made a fully informed choice to formula feed their babies are shown how to prepare formula feeds correctly, preferably individually or in small groups, in the postnatal period. Group instruction on the preparation of formula feeds is not given in the antenatal period, as the evidence suggests that information given at this time is less well retained and may undermine a mother's confidence in breastfeeding.

Compliance with this policy is audited on an annual basis.

The Baby Friendly Initiative

Breastfeeding policy and practice in the WHSCT are based on the UNICEF UK Baby Friendly Initiative. In the hospital setting, this is implemented by means of The Ten Steps to Successful Breastfeeding, and in the community by the Seven Point Plan.

The Ten Steps to Successful Breastfeeding

Every facility providing maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff

2. Train all health care staff in skills necessary to implement this policy

3. Inform all pregnant women about 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 should be separated from their infants

6. Give newborn infants no food or drink other than breast milk, unless medically indicated

7. Practise rooming in - 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

The Seven Point Plan

Every health care facility caring for mothers and babies in the community should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff

2. Train all health care staff involved in the care of mothers and babies in the skills necessary to implement the policy

3. Inform all pregnant women about the benefits and management of breastfeeding

4. Support mothers to initiative and maintain breastfeeding

5. Encourage exclusive and continued breastfeeding, with appropriately timed introduction of complementary foods

6. Provide a welcoming atmosphere for breastfeeding families

7. Promote co-operation between health care staff, breastfeeding support groups and the local community

Communicating the Breastfeeding Policy

Step 1/Point 1 Have a written breastfeeding policy that is routinely communicated to all health care staff.

A copy of the policy is available on the Western Trust intranet in a downloadable version for all staff members who have contact with breastfeeding women, including Midwives, Health Visitors, Nursing staff and Doctors, on commencement of employment. The policy is also displayed in prominent areas that serve mothers and babies in order to ensure all staff recognise its importance. A 'Mothers Guide to the Breastfeeding Policy' is also used and it will indicate that parents can request a full version of the policy.

Staff are required to adhere to the policy unless exceptional circumstances dictate otherwise. Any deviation from it must be documented.

In support of the policy, advertising of breast milk substitutes, feeding bottles, teats and dummies is prohibited within Trust premises. Displays of infant formula marketing logos and trade names on such items as calendars, diary covers and stationery is prohibited. The sale of breast milk substitutes is prohibited on Trust premises and by health care staff.

The policy is reviewed every two years. Compliance with the policy is audited annually.

Detailed information on breastfeeding rates in hospital and the community is collected by the child health system. This includes

- breastfeeding initiation
- breastfeeding at hospital discharge
- breastfeeding at primary visit by Health Visitor (10-14 days)
- breastfeeding at 6 weeks
- breastfeeding at 3, 6 and 12 months

Training healthcare staff

Step 2/Point 2 Train all healthcare staff in skills necessary to implement this policy.

All staff who cares for breastfeeding mothers receive training and updating in lactation management at a level appropriate to their professional group.

New staff have orientation in the policy on arrival and are scheduled to receive training within six months.

All clerical and ancillary staff are oriented to the policy and receive training to enable them to refer breastfeeding queries appropriately.

All Medical staff within the hospital and General Practitioners have a responsibility to promote breastfeeding and provide appropriate support to breastfeeding mothers. Information and/or training is provided to enable them to do this.

All volunteer peer support mothers who have contact with breastfeeding families will receive appropriate training and supervised clinical practice.

Midwifery, nursing and ancillary staff will receive training in the skill needed to assist mothers who have chosen to formula feed including the reconstitution of infant formula and sterilisation technique, at a level appropriate to their role and responsibility within the Trust.

A written curriculum, which clearly covers the Ten Steps and Seven Points, is available for all staff training.

Antenatal Information

Step 3/Point 3 Inform all pregnant women about the benefits and management of breastfeeding.

To enhance women's confidence in their ability to breastfeed, staff discuss the normal physiology and good practical management of breastfeeding.

Every pregnant woman is given the opportunity to discuss infant feeding on a one-to-one basis with a Midwife and/or Health Visitor.

Parents are made aware of the benefits of breastfeeding and the problems associated with formula feeding.

Parents are equipped with practical information to support the successful establishment and maintenance of breastfeeding. Parents identified antenatally as high risk should be informed of the benefits of expressing early and often for their vulnerable baby. Benefits of hand expressing antenatally, if not contraindicated, may be particularly useful for diabetic women to help reduce risk of hypoglycaemia in their newborn.

Parentcraft classes will reinforce this good practice in breastfeeding preparation by following a structured agenda in the infant feeding element of classes.

Group instruction on the preparation of formula feeds is not given in the antenatal period, as the evidence suggests that information given at this time is less well retained and may undermine confidence in breastfeeding.

This does not preclude discussion of formula feeding during pregnancy. However, care should be taken to ensure that formula feeding is presented neither as an attractive alternative to breastfeeding, nor as an equivalent to it in terms of health outcomes.

Every Pregnant woman is given information on local Breast Feeding Groups, Peer Mothers Support Projects and 24 hour support help lines.

Step 4 Help mothers initiate breastfeeding soon after birth.

Step 5 Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants.

Point 4 Support mothers to initiate and maintain breastfeeding.

Regardless of intended feeding method, all mothers are enabled to hold their babies in skin-to-skin contact as soon as possible after delivery for at least one hour or until after the first breastfeed (whichever is sooner) unless medical complications prevent this. Skin-to-skin contact takes place in an unhurried environment. It should never be interrupted by staff to carry out routine procedures. If skin-to-skin contact in the early postnatal period is interrupted, it should be recommenced as soon as possible. If it has been prevented immediately after delivery for any reason, it should be offered as soon as feasible, even if several hours have passed.

Skin to skin contact and an atmosphere of ‘kangeroo care’ should be supported within the neonatal unit as this assists with parental bonding, reducing stress levels in neonates and promoting lactation.

Skin-to-Skin contact can be very useful in the hospital and home situation, to help calm an unsettled baby or to help reduce a temperature with a sick infant.

Regardless of intended long-term feeding method, every mother is

encouraged to offer the first breastfeed when she and her baby are receptive, during their time in the delivery suite.

The duration and quality of the first feed are documented in the care plan and brought to the attention of the midwife responsible for post-natal care. Any concerns about potential breastfeeding problems are highlighted.

The mother is offered further help with the second feed within 6 hours of delivery and with subsequent feeds. The hospital volunteer service supports the use of peer mothers within the ward and community setting.

Mothers are encouraged to keep their babies with them at all times so that they can learn to interpret the baby's needs. Baby led (or "demand") feeding is encouraged with all healthy babies. Staff ensure that mothers understand the nature of feeding cues such as rooting, sucking fingers, restlessness and the importance of responding to them, as well as giving them an awareness of feeding norms, e.g. cluster feeding and growth spurts.

Correct positioning and attachment of the baby at the breast is central to the successful establishment of lactation. Mothers are offered assistance by staff to achieve this for themselves.

An assessment of the baby's progress with breastfeeding should be undertaken at around Day 5 and at the primary visit by the Health Visitor and an individualised plan of care developed if necessary. This builds on initial information and support provided by the maternity services, to ensure new skills and knowledge are secure. It enables early identification of any potential complications and allows appropriate information to be given to prevent or remedy them.

As part of the breastfeeding assessment staff ensure that breastfeeding mothers know:

- Why effective breastfeeding is important and are confident with positioning and attachment

- The signs which indicate that their baby is effectively breastfeeding (i.e.) wet and dirty nappies, appropriate weight loss/weight gain, effective sucking pattern with swallows, and what to do if they suspect this is not the case.

- How to recognise signs that breastfeeding is not progressing normally (e.g. sore nipples, breast inflammation)

Staff explain the relevant techniques to a mother and provide the support necessary for her to acquire the skills for herself.

Sore nipples are managed by correction of positioning and attachment; nipple creams may soothe, but they do not address the cause of the problem. A mother who continues to complain of sore nipples will be referred to a Midwife, Health Visitor or Lactation Consultant for expert assessment.

Nipple shields reduce stimulation of the milk supply and therefore are avoided if possible. If considered essential, they are used for as few feeds as possible and under knowledgeable guidance. The advantages and disadvantages of nipple shields is discussed with mothers prior to use.

Hand expression is discussed with all breastfeeding mothers, and practical instruction on hand-expression given, unless the mother declines it. Written information on hand-expression is provided to all breastfeeding mothers. Both the Midwife and Health Visitor will ensure mothers are offered practical instruction and advised on the value of this technique e.g. for the treatment of engorgement or blocked ducts.

Maintaining lactation if mother and baby are separated

When a mother and baby are separated for medical reasons (such as baby's admission to NICU or the admission to hospital of the mother), it is the shared responsibility of all health professionals caring for the mother and baby to ensure the mother is given help and encouragement to initiate and maintain lactation.

Mothers who are separated from their baby are encouraged to express as soon as possible after delivery, if possible within six hours, as early initiation provides the colostrum and has long-term benefits for milk production. They are encouraged to express their milk at least eight times in twenty-four hours, including at night. They are shown how to express breastmilk both by hand and pump. Electric pumps are provided while mother and baby are separated.

Breastfeeding mothers are also given information on maintaining breastfeeding and returning to work.

Food and drink other than breastmilk

Step 6 Give newborn infants no food or drink other than breast milk, unless medically indicated.

Formula milk is not given to breastfed babies except in cases of clinical indication or fully informed parental request.

The decision to offer supplementary feeds for clinical reasons is made by an appropriately trained health professional. Reasons for supplementation are fully discussed with parents and recorded in the baby's notes.

In order that parents can make a fully informed decision, those who request supplementation are made aware of the health implications, and of the impact supplementation may have on breastfeeding. Details are recorded in the notes.

Prior to introducing formula milk to breastfed babies, every effort should be made to support the mother to express breastmilk. This milk can be given to the baby via cup, syringe or supplementer. This proactive approach will reduce the need to offer formula.

Complementary feeding

Point 5 Encourage exclusive and continued breastfeeding with appropriately timed introduction of complementary foods.

Breastmilk supplies all the requirements of a healthy term infant until the age of 6 months.

Parents who elect to supplement their baby's breastfeeds should be made aware of the harmful impact this may have on breastfeeding to allow them to make a fully informed choice.

In line with Department of Health recommendations, we support exclusive breastfeeding the first six months, with continued breastfeeding to at least a year and thereafter for as long as the mother and child wish.

We support mothers who wish to follow the World Health Organisation's recommendation of continued breastfeeding for at least two years.

For further information on introducing complementary foods while maintaining breastfeeding, and on preferred duration of breastfeeding, see the WHSCT Feeding Policy For The First Five Years.

Mothers are informed how weight gain in breastfed babies differs from that in formula fed babies. Centile charts displaying the growth of breastfed babies are now standard for all babies.

Rooming-in

Step 7 Practice rooming in - allow mothers and infants to remain together - 24 hours a day.

All mothers, both breastfeeding and formula feeding, are helped to assume responsibility for the care of their babies.

All babies, breastfed and formula fed, are cared for by their mothers day and night. There is no designated nursery space in the postnatal areas.

Separation of mother and baby while in hospital only occurs when the health of the mother or baby prevents care being offered in the postnatal area.

If a mother wishes her unsettled baby to be taken from her, this is done on the understanding that once staff have settled her baby he/she will be returned to the mother's bedside.

If separation is essential for medical or nursing purposes, it is kept as brief as possible.

Mothers are encouraged to keep their babies near to them when they are at home.

The Department of Health recommend that for the first six months the safest place for the baby to sleep is in a crib/cot in the room with his/her mother.

Appropriate information about the benefits and contraindications of bed sharing is given.

Bed Sharing

Bed sharing is associated with longer and more restful infant and maternal sleep. It is also associated with longer continuation of breastfeeding. However, bed sharing is contraindicated in certain circumstances. If a mother wishes to bed share with her baby for comfort or breastfeeding purposes, staff should ensure she is aware how to do this safely. Recommendations are stated in the Trust's Bed Sharing Guidelines.

The current Department of Health recommendation is that all babies should sleep in their own cot beside the mother's bed.

Baby-led Feeding

Step 8 Encourage breastfeeding on demand.

Midwives help each mother to recognise feeding cues when her baby is ready to feed or whenever the mother's breasts feel full. Mothers are encouraged to continue baby-led feeding, and to keep their babies with them at night, after they have returned home from hospital.

Healthy term babies who have had an uncomplicated delivery are encouraged to feed as often and for as long as they wish. It is acceptable for a mother to initiate a feed if she is concerned about the length of time her baby has been asleep, or if her breasts have become too full.

Babies require continued assessment of feeding if they

• have had a very brief or unsatisfactory initial feed

• have had a traumatic or complicated delivery

• have been affected by drugs given in labour

• are at increased risk of hypoglycaemia or dehydration

• are sleepy

• are significantly jaundiced

• are feeding frequently without settling

Careful evaluation and consideration is given to the need for medical assessment.

Breastfed babies who are still significantly jaundiced after 14 days will be referred by a Health Visitor for paediatric assessment.

All mothers will be advised by their midwife or health visitor of

• the importance of night time feeding for milk production

• the importance of baby led feeding including why night feeds are important at home as well as hospital

• How to feed lying down

• How to make bad sharing safer

Use of artificial teats and dummies

Step 9 Give no artificial teats or dummies to breastfeeding infants.

The use of a dummy is not advisable for the breastfed baby until breastfeeding is well established, which is likely to take several weeks. We discourage the use of dummies and teats because:

- they may make it more difficult for baby to attach successfully to the breast
- they keep the baby away from the breast, and so interfere with removal of milk and tend to suppress the milk supply
- they may interfere with baby's weight gain
- dummy use is associated with increased risk of otitis media
- dummy use is likely to interfere with speech development
- dummy use in the older toddler causes dental malocclusion

If the breastfed baby seems unsettled, it is important for a Midwife or Health Visitor to assess the mother's feeding technique and to adjust as necessary. Unsettled 'colicky' behaviour is often related to poor breastfeeding technique and excessive intake of foremilk.

If a dummy has been introduced for settling a baby to sleep it should be used at every sleep and not suddenly withdrawn before the age of 26 weeks.

The value of dummies in preventing sudden infant death syndrome (SIDS) is still unclear.

In the neonatal unit, dummies may be sometimes be used for clinical reasons or to comfort a distressed baby in the absence of his mother. However once baby is learning to breastfeed a dummy or teat is used with caution as they interfere with a baby's ability to breastfeed.

Further Support

Step 10 Identify sources of national and local support for breastfeeding and ensure that mothers know how to access these prior to discharge from hospital'

On discharge from hospital, the breastfeeding mother is given both verbal and written information on where to obtain out-of-hours breastfeeding support.

She is given information on how to contact the:

• Community Midwife;

• Postnatal ward;

• Health Visitor;

• Local Breastfeeding Support Groups and telephone networks;

• National Breastfeeding Support Organisations;

• Local Peer Support Mothers;

• Lactation Consultant.

Point 6 Provide a welcoming atmosphere for breastfeeding families.

Mothers are enabled and supported to feed their infants in all public areas of the Trust premises. Quiet areas are available for mothers who prefer privacy. Signs are displayed in all public areas of the Trust to inform users of this policy.

General practitioners are encouraged to support mothers who wish to breastfeed in public areas of their surgery premises, to provide quiet breastfeeding areas as required, and to publicise these arrangements.

All breastfeeding mothers are given information about various places where breastfeeding is welcomed. The strategies to make breastfeeding outside the home easier will be discussed by the Health Visitor.

Point 7 Promote co-operation between healthcare staff, breastfeeding support groups and the local community.

Handover of care from midwives to health visitors follows Trust procedure. Health professionals ask about the progress of breastfeeding at each contact with a breastfeeding mother and give appropriate information as necessary.

The Trust works with breastfeeding groups, networks and with the Maternity Service Liaison Committee to promote breastfeeding and to encourage the provision of facilities for breastfeeding mothers and children through liaison with local businesses, community groups and the media.

Local voluntary breastfeeding support agencies are invited to contribute to further development of the breastfeeding policy through consultation and by involvement in appropriate meetings. The Trust fosters breastfeeding educational programmes in local schools.

Care of mothers that have chosen to formula feed their baby

If a mother has chosen to formula feed staff will ensure she is offered information and demonstration on how to prepare a bottle of formula and sterilise equipment correctly during the early postnatal period and before discharge from hospital.

Hospital staff will ensure that mothers are aware of effective techniques for formula feeding their baby. Community midwives will check and reinforce learning following discharge from hospital.

All verbal information given will be supported with written information based on the guidance from the Department of Health on bottle feeding.

Mothers will be given contact details of health professional support available for feeding issues once discharged from hospital.

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Working Group

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