Infant feeding policy (health visiting)

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Distribution:

- Executive Directors
- Clinical Directors
- District Managers
- Principal Officer – Nursing
- Health Visitors
- Nursery Nurses
- Early Year Workers
- Community Early Year Practitioners
- All paediatric, Medical and Dietetic staff
- All G.Ps
- All support staff who have contact with mother and child
- Breastfeeding Peer Supporters

Method

Email ✓ **Intranet** ✓

Data Protection Statement

NHS Highland is committed to ensuring all current data protection legislation is complied with when processing data that is classified within the legislation as personal data or special category personal data.

Good data protection practice is embedded in the culture of NHS Highland with all staff required to complete mandatory data protection training in order to understand their data protection responsibilities. All staff are expected to follow the NHS policies, processes and guidelines which have been designed to ensure the confidentiality, integrity and availability of data is assured whenever personal data is handled or processed.

The NHS Highland fair processing notice contains full detail of how and why we process personal data and can be found by clicking on the following link to the 'Your Rights' section of the NHS Highland internet site.
http://www.nhshighland.scot.nhs.uk/Pages/YourRights.aspx

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1. PURPOSE

The purpose of this policy is to ensure that all staff at NHS Highland, Highland and Argyll and Bute Councils 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.

When referring to all staff – this means all staff who have contact with antenatal or breastfeeding women.

2. EQUALITY AND DIVERSITY

NHS Highland ensures that the individual needs of mothers and their babies are given due consideration. In order to understand individual need, staff need to be aware of the impact of any barriers in how we provide services.

Staff are advised to:

- Check whether mothers require any kind of communication support including an interpreter to ensure that they understand any decisions being made.
- Ensure that they are aware of any concerns a mother may have about coping with breastfeeding and any decisions made.
- Ensure that any mother who has a disability that may require individualised planning re breastfeeding practice is appropriately supported.
- Ensure that gender-inclusive terms are used should parent(s) prefer this terminology. Suggested terms in breastfeeding and human lactation (Bartek et al, 2021) are useful and are suitable substitutes when gender-inclusive language is appropriate.

Traditional terms	Gender-inclusive terms
Mother, father, birth mother	Parent, gestational parent; combinations may be used for clarity, such as “mothers and gestational parents”
She, her, hers, he him, his	They/them (if gender not specified)
Breast	Mammary gland
Breastfeeding	Breastfeeding, chestfeeding, lactating, expressing, pumping, human milk feeding
Breastmilk	Milk, human milk, mother’s own milk, parent’s milk, father’s milk
Breastfeeding mother or nursing mother	Lactating parent, lactating person, combinations may be used for clarity, such as “breastfeeding mothers and lactating parents”

Born male/female (as applied to people who identify as anything but cisgender	Noted as male/female at birth or recorded as male/female at birth or assigned male/female at birth.

3. OUTCOMES

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.[1]
- Reduce the attrition rate at 6 – 8 weeks by 10% by 2025.
- Amongst parents who chose to formula feed, increases in those doing so as safely as possible in line with NHS Health Scotland guidance.
- Increases in the proportion of parents who introduce solid food to their baby in line with NHS Health Scotland guidance of around 6 months.
- Improvements in parents' experiences of care – captured in UNICEF audit.
- Increasing the 6 – 8 week CHSP-PS form return to child health to 95%.
- A reduction in the number of re-admissions for feeding problems to the children's ward.

4. OUR COMMITMENT

NHS Highland, Highland and Argyll and Bute Councils are 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 on future health and well-being and the significant contribution that breastfeeding makes to promoting positive physical and emotional health outcomes for children and mothers.
- Ensuring that all care is mother and family centred, non-judgemental and those mothers' decisions are supported and respected.
- Working together across disciplines and organisations to improve mothers'/parents' experiences of care.

4.1 As part of this commitment services will ensure that:

- All new staff are familiarised with the policy on commencement of employment.
- All staff will receive training to enable them to implement the policy as appropriate to their role. New staff will receive this training within six months of commencement of employment.

[1] http://www.scotland.gov.uk/Publications/2011/01/13095228/0

- The International Code of Marketing of Breast-milk substitutes[2] is implemented throughout the services.
- All documentation fully supports the implementation of these standards.
- Parents' experiences of care will be listened to through regular audit using the UNICEF Audit tool for Health Visiting Services.

5. 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], Improving Maternal and Infant Nutrition; A Framework for Action[5] and the Early Years Framework.[5] [6]

4.1 Pregnancy

The service recognises that pregnancy is a significant time for building the foundations of future health and well-being. The potential role of health visitors to positively influence pregnant women and their families in this period is very important. 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.
- The service will demonstrate best practice by ensuring that any woman with additional support needs, who has an antenatal plan, should have contact by their health visitor prior to delivery.

5.2 Support for continued breastfeeding

- A formal breastfeeding assessment using the UNICEF assessment form, which can be found in Appendix 1, 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

[2] More information on the Code: http://www.unicef.org.uk/BabyFriendly/Health-Professionals/Going-Baby-Friendly/Maternity/The-International-Code-of-Marketing-of-Breastmilk-Substitutes-/

[3] Updated Baby Friendly standard: www.unicef.org.uk/babyfriendly/standards

[4] NICE guidance on maternal and child nutrition: http://www.nice.org.uk/ph11

[5] http://www.scotland.gov.uk/Publications/2011/01/13095228/0

[6] http://www.scotland.gov.uk/Publications/2009/01/13095148/0

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 as per Appendix 2. 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 breast milk and feeding when out and about or going back to work), according to individual need.
- 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 via their health visitor.

5.3 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 that 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.

5.4 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 breast milk 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.

5.5 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. Reference should be made to the NHS Highland weight loss policy for the breastfed neonate.

5.6 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 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.

5.7 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.

5.8 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 that 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 – this information will be given by local health visitors or early years workers.

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

Simplistic messages in relation to where a baby sleeps should be avoided.

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 never 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 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.

5.10 Monitoring implementation of the standards

The NHS Highland, Highland and Argyll and Bute council's health visiting service requires that compliance with this policy is audited at least annually using the UNICEF UK Baby Friendly Initiative audit tool (2019) edition)[7]. Staff involved in carrying out this audit require training on the use of this tool.

Audit results will be reported to the Maternal and Infant Nutrition Strategy Group and an action plan will be agreed to address any areas of non-compliance that have been identified.

5.11 Monitoring outcomes

Outcomes will be monitored by:

- Monitoring breastfeeding rates at 6-8 weeks.[1]
- Monitoring attrition rates at 6 – 8 weeks.
- Monitor that parents who chose to formula feed, are doing so as safely as possible in line with NHS Health Scotland guidance.
- Monitor the proportion of parents who introduce solid food to their baby in line with NHS Health Scotland guidance of around 6 months.
- Improvements in parents' experiences of care.

Outcomes will be reported to:

- **Maternal and Infant Nutrition Strategic Group.**
- **The Adult and Children's Services Committee.**

[7] The UNICEF UK Baby Friendly Initiative audit tool (2019 edition) is designed specifically for this purpose.

Appendix 1 – UNICEF assessment form

How you and your health visitor can recognise that your baby is feeding well			This assessment tool was developed for use in or around day 10-14
What to look for/ask about	√	√	**Wet nappies:**
Your baby: has at least 8 -12 feeds in 24 hours			Nappies should feel heavy. To get an idea of how this feels take a nappy and add 2-4 tablespoons of water as this will help you know what to expect.
is generally calm and relaxed when feeding and content after most feeds			
will take deep rhythmic sucks and you will hear swallowing			**Stools/dirty nappies:**
will generally feed for between 5 and 40 minutes and will come off the breast spontaneously			By day 10-14 babies should pass frequent soft runny yellow stools every day with 2 stools being the minimum you would expect.
has a normal skin colour and is alert and waking for feeds			After 4-6 weeks when breastfeeding is more established this may change with some babies going a few days or more with- out stooling. Breastfed babies are never constipated and when they do pass a stool it will still be soft, yellow and abundant.
Has regained birth weight			
Your baby's nappies: At least 6 heavy, wet nappies in 24 hours			
At least 2 dirty nappies in 24 hours, at least £2 coin size, yellow and runny and usually more			**Feed frequency:** Young babies will feed often and the pattern and number of feeds will vary from day to day. Being responsive to your ba- by's need to breastfeed for food, drink, comfort and security will ensure you have a good milk supply and a secure happy baby.
Your breasts:			
Breasts and nipples are comfortable			
Nipples are the same shape at the end of the feed as the start			
How using a dummy/nipple shields/infant formula can impact on breastfeeding?			**Care plan commenced:** Yes/No
Date			
Health visitor initials			
Health Visitor: if any responses not ticked: watch a full breastfeed, develop a care plan including revisiting positioning and attachment and/or refer for additional support. Consider specialist support if needed.			

Appendix 2 – Referral pathways to Specialist Breastfeeding Service