

## Infant feeding policy (health visiting)

<b>Policy Reference</b> 030114	<b>Date of issue:</b> March 2014
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<b>Lead Reviewer:</b> Karen Mackay	<b>Version:</b> 1
<b>Ratified by:</b> NMAHP Policies Group	<b>Date Ratified:</b> March 2014

**Distribution:**

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

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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. 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.<sup>1</sup>
- 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.
- Improvements in parents' experiences of care – captured in UNICEF audit.
- Increase in number of women being referred to a trained breastfeeding peer supporter.
- Increasing the 6 – 8 week CHSP-PS form return to child health to 95% by December 2015.
- A reduction in the number of re-admissions for feeding problems to the children's ward.

## 3. 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

<sup>1</sup> <http://www.scotland.gov.uk/Publications/2011/01/13095228/0>

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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.

### **3.1 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.
- The International Code of Marketing of Breast-milk substitutes<sup>2</sup> 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.

## **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 UNICEF UK Baby Friendly Initiative standards for health visiting<sup>3</sup>, relevant NICE guidance<sup>4</sup>, Improving Maternal and Infant Nutrition; A Framework for Action<sup>5</sup> and the Early Years Framework.<sup>5 6</sup>

### **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.

<sup>2</sup> 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/>

<sup>3</sup> Updated Baby Friendly standard: [www.unicef.org.uk/babyfriendly/standards](http://www.unicef.org.uk/babyfriendly/standards)

<sup>4</sup> NICE guidance on maternal and child nutrition: <http://www.nice.org.uk/ph11>

<sup>5</sup> <http://www.scotland.gov.uk/Publications/2011/01/13095228/0>

<sup>6</sup> <http://www.scotland.gov.uk/Publications/2009/01/13095148/0>

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- 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.

#### **4.2 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 development, with the mother, of an appropriate plan of care to address any issues identified.
- Mothers will be encouraged to refer to their own breastfeeding assessment form, at Appendix 2, which is part of the NHS Highland postnatal breastfeeding booklet
- For those mothers who require additional support for more complex breastfeeding challenges a referral to the specialist service will be made as per Appendix 3. 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 the NHS Highland post natal breastfeeding booklet.

#### **4.3 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 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.

#### **4.4 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.

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#### 4.5 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  
<http://intranet.nhsh.scot.nhs.uk/PoliciesLibrary/Documents/Guideline%20for%20Prevention%20of%20Excessive%20Weight%20Loss%20in%20the%20Breastfed%20Neonate.pdf>

#### 4.6 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.

#### 4.7 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.

#### 4.8 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.

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#### **4.9 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 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.

#### **4.10 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 (2013) edition<sup>7</sup>. Staff involved in carrying out this audit require training on the use of this tool.

Audit results will be reported to the Adult and Children’s Services committee and an action plan will be agreed by The Early Years Improvement Group to address any areas of non compliance that have been identified.

#### **4.11 Monitoring outcomes**

Outcomes will be monitored by:

- Monitoring breastfeeding rates at 6-8 weeks.<sup>1</sup> 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.
- Improvements in parents’ experiences of care.
- Increase in number of women being referred to a trained breastfeeding peer supporter.

<sup>7</sup> The UNICEF UK Baby Friendly Initiative audit tool (2013 edition) is designed specifically for this purpose.

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Outcomes will be reported to:

- **The Early Years Improvement Group.**
- **Maternal and Infant Nutrition Improvement Group.**
- **The Adult and Children's Services Committee.**

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## Appendix 1 – UNICEF assessment form

### Breastfeeding assessment form

If any responses in the right hand column are ticked: **watch a full breastfeed, develop an action plan** including revisiting positioning and attachment and/or refer to specialist practitioner. Any additional concerns should be followed up as needed.

Baby's name: Baby's age: Date of birth:	Birth weight: Gestation: Current weight:	Assessment carried out by: Date:	
<b>What to observe/ask about</b>	<b>Answer indicating effective feeding</b>	<b>Answer suggestive of a problem</b>	
Urine output	At least 5-6 heavy wet nappies in 24 hours*	Fewer than 5-6 wet nappies in 24 hours, or nappies that do not feel heavy*	
Appearance and frequency of stools	2 or more in 24 hours; normal appearance (i.e. at least £2 coin size, yellow, soft/runny)*	Fewer than 2 in 24 hours or abnormal appearance*	
Baby's colour, alertness and tone	Normal skin colour; alert; good tone	Jaundiced worsening or not improving; baby lethargic, not waking to feed; poor tone	
Weight (following initial post-birth loss)	If re-weighed not lost more than 10% of birth weight – see Weight Guidelines	Weight loss greater than 10%	
Number of feeds in last 24 hours	At least 8 feeds in a 24 hour period*	Fewer than 8 feeds in last 24 hours*	
Baby's behaviour during feeds	Generally calm and relaxed	Baby comes on and off the breast frequently during the feed, or refuses to breastfeed	
Sucking pattern during feed	Initial rapid sucks changing to slower sucks with pauses and soft swallowing*	No change in sucking pattern, or noisy feeding (e.g. clicking)*	
Length of feed	Baby feeds for 5 - 30 minutes at most feeds	Baby consistently feeds for less than 5 minutes or longer than 40 minutes	
End of the feed	Baby lets go spontaneously, or does so when breast is gently lifted	Baby does not release the breast spontaneously, mother removes baby	
Offer of second breast?	Second breast offered. Baby feeds from second breast or not, according to appetite	Mother restricts baby to one breast per feed, or insists on two breasts per feed	
Baby's behaviour after feeds	Baby content after most feeds	Baby unsettled after feeding	
Shape of either nipple at end of feed	Same shape as when feed began, or slightly elongated	Misshapen or pinched at the end of feeds	
Mother's report on her breasts and nipples	Breasts and nipples comfortable	Nipples sore or damaged; engorgement or mastitis	
Use of dummy / nipple shields / formula?	None used	Yes (state which) Ask why: Difficulty with attachment? Baby not growing? Baby unsettled?	

\*This assessment tool was developed for use **on or around day 5**. If the tool is used at other times:

Wet nappies: Day 1-2 = 1-2 or more Day 3-4 = 3 or more, heavier Day 7+ = 6 or more, heavy	Stools: Day 1-2 = 1 or more, meconium Day 3-4 = 2 or more changing stools	Feed frequency: Day 1 at least 3-4 feeds Sucking pattern: Swallows may be less audible until milk comes in day 3-4
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UNICEF UK Baby Friendly Initiative 2010. Adapted from checklists used in the Oxford Radcliffe NHS Trust and East Lancashire Hospitals NHS Trust

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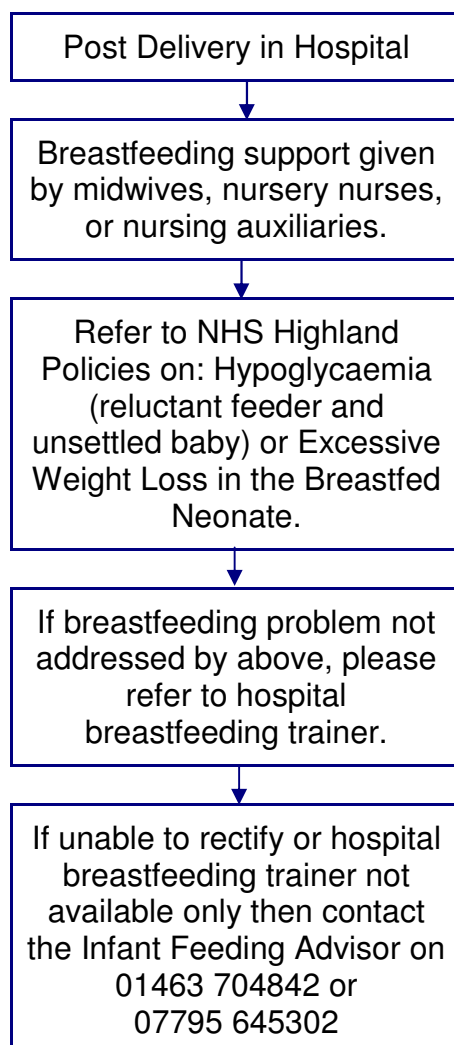
**Appendix 2 – Breastfeeding assessment form**

# How can I tell that breastfeeding is going well?

<b>Breastfeeding is going well when:</b>	<b>Talk to your midwife if:</b>
Your baby has 8 feeds or more in 24 hours.	Your baby is sleepy and has had less than 6 feeds in 24 hours.
Your baby is feeding for between 5 and 30 minutes at each feed.	Your baby consistently feeds for 5 minutes or less or longer than 40 minutes at each feed.
	Your baby always falls asleep on the breast and/or never finishes the feed himself.
Your baby has normal skin colour.	Your baby appears jaundiced (yellow discolouration of the skin).
Your baby is generally calm and relaxed whilst feeding and is content after most feeds.	Your baby comes on and off the breast frequently during the feed or refuses to breastfeed.
Your baby has wet and dirty nappies (see chart).	Your baby is not having wet and dirty nappies (see chart).
Breastfeeding is comfortable.	You are having pain in your breasts or nipples, which doesn't disappear after baby's first few sucks. Your nipple comes out of baby's mouth looking pinched or flattened on one side.
Once your baby is 3-4 days old and beyond you should hear your baby swallowing frequently during the feed.	You cannot tell if your baby is swallowing any milk when you baby is 3-4 days old and beyond.
	You think your baby needs a dummy.
	You feel you need to give your baby formula milk.

### Appendix 3 – Specialist service referral pathway

#### Breastfeeding Problems - Pathway of Referral to Infant Feeding Advisor



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