Worcestershire Acute Hospitals NHS Trust

Infant Feeding Guideline

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Introduction

This policy sets out the care that the Trust is committed to giving each expectant and new parent. It is based on the UNICEF UK Baby Friendly Initiative standards for maternity services and relevant NICE guidance NG194 (2021)

This guideline is for use by the following staff groups:

As part of their role and accountability, all staff are expected to comply with this policy.

Lead Clinician(s)

Rebecca Davenport	Infant Feeding Midwife
Caroline Thunder	Infant Feeding Midwife
Approved by *Maternity Governance Meeting* on:	17th May 2024
Approved by Medicines Safety Committee on:	N/A
Review Date: This is the most current document and should be used until a revised version is in place	17th May 2027

Key amendments to this guideline

Date	Amendment	Approved by:
17th Jan 2020	Amendments made following Baby Friendly assessment	Maternity Quality Governance meeting
30th March 2021	Skin to skin Safety considerations	Maternity Quality Governance meeting
4th June 2024	Document extended for another 12 months whilst under review	Maternity Governance
May 2024	Review of Guideline – Minor amendments in line with current practice and guidance	MGM

Contents

Introduction ... 3
Purpose ... 3
Responsibility and Duties ... 3
Divisional Director of Nursing & Midwifery ... 3
Matrons and Senior Midwives ... 3
Infant Feeding Specialist Midwives and Clinical Advisor ... 4
All Staff ... 4
Our commitment to the policy ... 4
Pregnancy ... 5
Birth ... 5
Skin to Skin Contact and Offering help with a first feed. ... 5
Safety considerations (Skin to Skin) ... 6
Mothers ... 6
Observation to include and document ... 7
Keeping mothers/parents and babies together ... 7
Support for breastfeeding mothers ... 7
Showing women/parents how to breastfeed and how to maintain lactation ... 7
Supporting exclusive breastfeeding ... 8
Responsive feeding ... 9
Use of Artificial Teats, Dummies and Nipple Shields ... 9
Early postnatal period; Support for parenting and close relationships ... 10
Safe sleep/ SIDS ... 11
Weighing Babies ... 11
Babies with feeding difficulties ... 11
Babies at Risk ... 11
Babies identified with a feeding problem ... 11
Drugs in Lactation ... 12
System for reporting babies readmitted to hospital with feeding problems ... 12
Outcomes data ... 12
Comments and complaints ... 12

Inclusion statement

We recognise that although our policy uses words such as mother, women, and breastfeeding, not all birthing people or post-natal parents will identify as such. We encourage all staff to be welcoming of the diversity of our local population, be respectful of preferred language, pronouns, and adapt their communication appropriately. All staff should accommodate mothers and parents with individual needs or disabilities, whether they be physical or not visible, and adapt their care to support them with their feeding choices.

Introduction

Worcestershire Acute Hospital NHS Trust promotes that breastfeeding is the healthiest choice for mothers/parents and babies to feed. It recognises the important evidence that proves breastfeeding has an impact on both health and emotional wellbeing for families.

This policy should be used in conjunction with:

Hypernatraemic Dehydration - Network guideline 2022-24

Neonatal Infant feeding policy

Infant Feeding – Reluctant Feeder

Hypoglycaemia - Network guideline with amendments 2022-24

Neonatal Nursing Labelling Feeds - Local Guideline

Diabetes in Pregnancy – Gestational

Diabetes in Pregnancy- Type 1 and Type 2

Tongue-tie in Infant Feeding

Expression, handling and storage of breastmilk

Purpose

This policy aims to ensure that all staff at Worcestershire Acute Hospitals NHS Trust understand their role and responsibilities in supporting families with feeding their baby and developing close, loving relationships, ensuring that all babies get the best possible start in life.

Staff will be educated to support and maintain the UNICEF Baby Friendly standards according to their role and the service provided.

Staff should create an environment where women/parents choose to breastfeed their babies; confident in the knowledge that they will be given support and information to enable them to continue breastfeeding exclusively for at least six months. WHO recommends exclusive breastfeeding for six months and thereafter with other foods for at least two years and beyond.

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

Staff will not discriminate against any woman/parent in their chosen method of infant feeding and will fully support this decision.

The International Code of Marketing of Breast-milk Substitutes is implemented throughout the service. All staff are expected to comply with this policy.

Responsibility and Duties

Divisional Director of Nursing & Midwifery

- Has the overall reasonability for the implementation of the policy.
- Aspects of this will be delegated to other members of staff.
- They will feedback to the trust board as necessary.

Matrons and Senior Midwives

- It is the responsibility of the senior midwifery team to ensure all staff attend mandatory training and all staff comply with the policy.

Infant Feeding Specialist Midwives and Clinical Advisor

- It is the responsibility of the Specialist Midwives to review the policy every 2 years or whenever the evidence suggests this is required.
- They should deliver the training as in the Maternity Training Needs Analysis.
- They will carry out annual audit of the policy and provide senior midwifery team with action plans as appropriate

The specialist midwives will work collaboratively between midwifery / neonatal and health visiting teams to ensure that effective implementation of the standards leads to improved experiences for mothers, and individual support needs are met.

All Staff

- Each member of staff from all disciplines is accountable for their actions and is responsible for ensuring they have the knowledge and skills to perform specific tacks within their remit and undertake mandatory assessments.
- All staff will be orientated to the policies/ guidelines around infant feeding and attend mandatory infant feeding management day, within 6 months of commencing employment with the trust. This will include a skills review within 3 months of training.

Our commitment to the policy

- To avoid conflicting advice, it is mandatory that all staff involved with the care of pregnant women/parents and new mothers/parents adhere to this policy. Any deviation from the policy must be justified and recorded in the mother's/parents and baby's notes.
- It is the individual midwife's responsibility to liaise with the baby's medical attendants (paediatrician, general practitioner) should concerns arise about the baby's health.
- The WHO International Code is implemented throughout the service, which means no advertising or sale of breast milk substitutes, feeding bottles, teats or dummies is permissible in any part of this Trust. The display of manufacturers' logos on items such as calendars and stationery is also prohibited.
- Staff members will not meet with formula milk representatives, individually or in groups. Evidence based information about commercial milk formula can be found at First Steps Nutrition or by contacting the Specialist Midwives.
- No literature provided by infant formula manufacturers is permitted. Educational material for distribution to women and their families must be approved by the Specialist Midwives in infant feeding.
- Parents who have made a fully informed choice to artificially feed their babies should be shown how to prepare formula feeds correctly by having a meaningful discussion and backed up by signposting to the Department of Health "Guide to Bottle feeding booklet , and the First Steps Nutrition leaflet "which formula to choose" , which are both available on Badgernet. No routine group instruction on the preparation of artificial feeds will be given in the antenatal period as evidence suggests that information given at this time is less well retained and may serve to undermine confidence in breastfeeding.

Pregnancy

All pregnant women/parents are to have the opportunity for meaningful conversations about feeding their baby and how to recognise and respond to their baby's needs. These conversations should be at least 3 times throughout their pregnancy, with 1 in each trimester, they should be documented on Badgernet. Health professionals (or other suitably trained designated person) are also to encourage mothers/parents to develop a positive relationship with their growing baby in utero.

This discussion will include the following topics:

- The importance and management of breastfeeding
- The value of connecting with their growing baby
- The value of skin contact for all mothers/parents 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
  - how to get breastfeeding off to a good start

The physiological basis of breastfeeding should be clearly and simply explained to all pregnant women/parents, together with good management practices which have been proven to protect breastfeeding and reduce common problems. Signpost all mothers to NHS antenatal classes.

The aim should be to give women/parents confidence in their ability to breastfeed. All mothers/parents should receive a copy of the "Mothers and others Guide" around 16 weeks of pregnancy to support and enhance the information provided by the midwife.

Feeding intention should not be asked as often parents have not made a final decision until the birth of the baby. Remember to explore what parents already know and offer relevant information.

All mothers/parents should have the opportunity to discuss the value of antenatal hand expression, and the collection and storage of colostrum harvested. They should be signposted to the leaflet on Antenatal hand expression on Badgernet

Parent education classes should reinforce the above.

Birth

Skin to Skin Contact and Offering help with a first feed

Always offer help with the first feed, regardless of method.

All mothers/parents will be encouraged to hold their babies in skin-to-skin contact as soon as possible after birth in an unhurried environment, regardless of their feeding method. Skin-to-skin contact should last as long as the mother wishes, but for a minimum of one hour or until after the first feed (whichever is sooner), this is so the instinctive behaviour of breast seeking (baby), and nurturing (mother) is given an opportunity to emerge.

The aim is not to rush the baby to the breast, but to be sensitive to the baby's instinctive process towards self-attachment, if the baby doesn't latch, it is expected that the midwife / support worker will teach the mother/parent how to hand express and give the baby any colostrum available on a spoon or finger. Reinforce feeding cues / responsive feeding.

When mothers/parents choose to formula feed, the birthing mother/parent will be encouraged to facilitate the first feed whist the baby remains in skin-to-skin contact.

All staff should reinforce the benefits of skin to skin for all mothers/parents and babies.

Skin-to-skin contact should never be interrupted at staff's instigation to carry out routine procedures.

Those mothers or babies who are unable (or do not wish) to have skin contact immediately after birth, will be encouraged to commence skin contact as soon as they are able, or so wish.

All mothers/parents should be encouraged to offer the first feed when mother/parent and baby are ready. Mother/parent should be supported to respond to babies feeding cues.

Help must be available from a midwife or support worker

Mothers/parents with a baby on the neonatal unit are:

Enabled to start expressing milk as soon as possible after birth (within an hour of birth (Buccal Colostrum is essential for gut priming to reduce the risk of conditions, such as Necrotising Enterocolitis (NEC)

Supported to express effectively and frequently

Encourage and support mothers to facilitate kangaroo care /containment holding for the times of stress for their baby

The time and method of the first feed (even if it's a drop of colostrum) and the duration of skin-to-skin contact should be documented on Badgernet.

Safety considerations (Skin to Skin)

Staff should have a conversation with all mother's/parents and her birth partner about the importance of recognising changes in the baby's colour or tone and the need to alert staff immediately if they are concerned.

It is important to ensure that the baby cannot fall on to the floor or become trapped in bedding or by the mother's body. Mothers/parents should be encouraged to be in a semi-recumbent position to hold and feed their baby. Particular care should be taken with the position of the baby, ensuring the head is supported so the infant's airway does not become obstructed.

Mothers

Observations of the mother's/parent's vital signs and level of consciousness should be continued throughout the period of skin-to-skin contact. Mothers/parents may be very tired following birth and so may need constant support and supervision to observe changes in their baby's condition or to reposition their baby when needed.

Many mothers/parents can continue to hold their baby in skin-to-skin contact during perineal suturing, providing they have adequate pain relief. However, a mother/parent who is in pain may not be able to hold her baby safely. Babies should not be in skin-to-skin contact with their mother/parent when they are receiving Entonox or other analgesics that impact consciousness.

All babies should be routinely monitored whilst in skin to skin contact with mother/parent or partner, especially mothers/parents who have undergone a Caesarean Section.

Observation to include and document

- Checking that the baby's position is such that a clear airway is maintained– observe respiratory rate and chest movement. Listen for unusual breathing sounds or absence of noise from the baby
- Colour - the baby should be assessed by looking at the whole of the baby's body as the limbs can often be discoloured first. Subtle changes to colour indicate changes in the baby's condition
- Tone – the baby should have a good tone and not be limp or unresponsive
- Temperature – ensure the baby is kept warm during skin contact, insulated with a blanket , with head exposed.
- Always listen to parents and respond immediately to any concerns raised

Keeping mothers/parents and babies together

Separation of mother/parent and baby will normally only occur where the health of either mother/parent or baby prevents them from staying together.

Babies should not be routinely separated from their mothers/parent at night. This applies to babies who are being formula-fed as well as those being breastfed. Mothers/parents recovering from caesarean section should be given appropriate care, but the policy of keeping mothers/parents and babies together should normally apply.

In the event that any care is provided to a baby away from its' mother/parent, this must be documented in the baby's Badgernet notes, along with the time, the care event and the checking process followed when the baby is returned to its' mother/parent. If a baby requires a medical procedure that cannot be carried out at the bedside a parent should be invited to accompany the baby. If this is not possible or the parents decline, when the baby is returned to the parents the baby labels should be checked with the parents to confirm that the correct baby is returned to the correct mother/parent.

It is the joint responsibility of midwifery and neonatal unit staff to ensure that mothers/parents who are separated from their baby receive this information and support.

Support for breastfeeding mothers

Showing women/parents how to breastfeed and how to maintain lactation

The first colostrum /milk feed will be documented on Badgernet.

If a first feed has occurred, the breastfeeding mother/parent should be offered further help to maximise lactation at regular intervals. It is normal for babies will only feed 4/5 times in the first 24 hours, it is essential that we educate mothers to understand the frequent stimulation and removal of milk will help initiate and maintain milk production.

If the baby is reluctant to feed at the breast, then follow Infant Feeding - Reluctant Feeder, all should be documented on Badgernet. Mothers/parents will have the opportunity to discuss breastfeeding in the first few hours after birth as appropriate to their own needs and those of their baby. This discussion will include information on responsive feeding and feeding cues.

- Mothers/parents will be supported to achieve effective breastmilk feeding according to their needs (including appropriate support with positioning and attachment, hand expression, understanding signs of effective milk transfer). This will continue until the mother/parent and baby are feeding confidently.

- All breastfeeding mothers/parents should be shown how to hand express their milk before leaving hospital; this will ensure she will be able to overcome challenges when needed.
- 'Mothers and others guide' booklet should be provided for women if they have not already received it in the antenatal period to use .
- Before discharge home, breastfeeding mothers/parents will be given information both verbally and in writing about recognising effective feeding and where to call for additional help if they have any concerns. All this information is within 'DOH, Off to the best start' on Badgernet
- All breastfeeding mothers/parents will be informed about the local support services for breastfeeding. Signpost to 'Infant feeding support leaflet 'on Badgernet.
- For those mothers/parents who require additional support for more complex breastfeeding challenges, a referral to the specialist service should be made please refer to Specialist midwives for infant feeding via Badgernet
- A formal feeding assessment will be conducted when the baby is around 72 hours old and on the day of neonatal screening, using the breastfeeding assessment tool within Badgernet. Breastfeeding assessments can be completed daily if needed, but in the first week, a minimum of two assessments. This is to ensure effective feeding and milk transfer has been assessed.
- This assessment will include a dialogue / discussion with the mother/parent to reinforce what is going well and where necessary develop an appropriate plan of care to address any issues that have been identified. Any plan should be documented and fully discussed with the mother/parent
- When a mother/parent and her baby are separated for medical reasons, it is the responsibility of all health professionals to ensure that the mother/parent is given help and encouragement to express her milk and maintain her lactation during periods of separation
- Mothers/parents who are separated from their babies should be encouraged to begin expressing as soon as possible after birth within the hour, as early initiation has long-term benefits for milk production. Colostrum is important for gut priming.
- Mothers/parents who are separated from their babies should be encouraged to express milk a minimum of eight times in a 24-hour period including once at night. They should be shown how to express breast milk both by hand and by pump and given an Expression Log.

Breastfeeding assessment can be done at any time on the feeding smart form BUT MUST be completed prior to discharge from hospital, day 3 and day 5

Supporting exclusive breastfeeding

Mothers/parents 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.

When exclusive breastfeeding is not possible, the value of continuing partial breastfeeding will be emphasised and mothers/parents will be supported to maximise the amount of breast milk their baby receives.

Mothers/parents 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 introducing a teat to a baby and the impact of artificial milks on breastfeeding.

No artificial feed should be given to a breastfed baby except in cases of clinical indication or fully informed parental choice. The decision to offer supplementary feeds for clinical reasons should be made by appropriately trained staff and documented.

Parents who request supplementation should have a sensitive conversation around the possible health implications, i.e. allergic sensitization for the baby and the harmful impact this may have on breastfeeding, to allow them to make a fully informed choice.

A supplement should be an appropriate amount for the age of the breastfed baby and given in an appropriate vessel i.e., cup or spoon. **Babies should NEVER be given any milk from a syringe**. If parents wish to use a bottle, pace bottle feeding technique will be demonstrated. A full record of this discussion should be documented within the feeding smart form

Supplementation rates will be audited monthly and reported on each quarter.

Responsive feeding

The term responsive 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/parents 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/parents any more than caring for a new baby without breastfeeding.

Responsive feeding should be encouraged for all babies unless clinically indicated. Hospital procedures should not interfere with this principle. Staff will ensure that mothers/parents understand the nature of feeding cues and the importance of responding to them and that they have an awareness of normal feeding patterns, including cluster feeding and 'growth spurts'.

Mothers/parents should be informed that it is acceptable to wake their baby for feeding if their breasts become overfull. The importance of night-time feeding for milk production should be explained.

Responsiveness also means that the mother/parents understands offering the breast if the baby is distressed, in need of comfort or pain relief, or if the mother/mothers wishes to rest, relax or fit feeding into her lifestyle once her supply is established

Use of Artificial Teats, Dummies and Nipple Shields

Health care staff should not recommend the use of artificial teats and dummies during the establishment of breastfeeding. Parents wishing to use them should be advised of the possible detrimental effects such use may have on breastfeeding to enable them to make a fully informed choice. A record of the discussion and parents' decision should be recorded on Badgernet.

If the need for nipple shields is being considered, then refer to the Infant feeding team. Any mother/parent considering the use of a nipple shield should have an informed conversation about this will positively or negatively impact her breastfeeding journey. She should remain under the care of the infant feeding team whilst using the shield and should be helped to discontinue its use as soon as possible.

Shields should never be suggested or used until the mother/parent has an established milk supply.

Care for mothers/parents who have chosen to feed their new-born baby with infant formula.

As with Breastfeeding, it is important to encourage loving relationships between parents and babies who have made an informed choice to Formula feed, this will increase oxytocin and decrease stress hormones which are essential for brain development.

If families have chosen to formula feed, they should bring in their own choice of first milk infant formula in a "starter pack".

Staff should ensure that all mothers/parents who have chosen to feed their new-born baby with infant formula are able to feed responsively, and parents are encouraged to build a close and loving relationship with their baby.

Information on how to sterilise equipment and safely make up a bottle of formula should be given during the early postnatal period and before discharge from hospital, using the NHS 'guide to bottle feeding' and information from First steps nutrition on 'Responsive bottle feeding' and 'What infant formula to choose', Both are on the Badgernet.

The safest way to prepare infant formula is using a kettle, following NHS guidance. If parents are considering using a formula preparation machine, then signpost them to First steps nutrition Trust.

Mothers/parents who formula feed will discuss the importance of responsive feeding and be encouraged to:

- Respond to cues that their baby is hungry
- Hold the baby close, semi upright, facing the mother/parent, looking into baby's eyes
- 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 or need a rest.

These signs could be:

- Splayed fingers or toes,
- Milk spilling out of mouth,
- Stopping sucking,
- Turning head away or backwards,
- Pushing teat away.

Parents should not force their baby to take more milk than the baby wants and should avoid forcing the baby to complete the feed.

Limit the number of people feeding baby, encourage the mother to feed the baby themselves so the baby learns with the mother/parent.

Understand the need to stay on **first infant formula** (whey-based) and this is the only formula they will need in the first year of life.

Community midwives will check and reinforce learning following the mothers transfer home.

Mothers/parents who choose to give expressed breast milk in a bottle, should be provided with the 'responsive feeding' leaflet by First Steps Nutrition.

Early postnatal period; Support for parenting and close relationships

Skin-to-skin contact will be encouraged throughout the postnatal period.

All parents will be supported to understand a new-born baby's needs (including encouraging frequent touch and sensitive verbal/visual communication, keeping babies close, responsive feeding and safe sleeping practice).

Mothers/parents who bottle feed will be encouraged to hold their baby close during feeds and offer most feeds to their baby themselves to help enhance the mother/parent-baby relationship.

This practice encourages high levels of oxytocin which encourages optimal brain development.

Safe sleep/ SIDS

All mothers/parents should have a meaningful discussion whilst pregnant and on their first post-natal visit. The safe sleep assessment should be completed and documented on Badgernet.

Leaflets called 'Safer sleep' and 'Caring for your baby at night' are there to signpost parents to make fully informed decisions.

This is in conjunction with NHS Worcestershire Safer Sleep guidance

Weighing Babies

All babies should be weighed according to the Guideline for the management of excessive weight loss and prevention of hypernatremic dehydration in neonates -WAHT-TP-047 both in hospital and the community.

If a feeding plan is initiated due to weight loss, inform infant feeding Team and signpost mother for extra community breastfeeding support. Referrals can be made to both services via Badgernet.

This should be recorded on the Badgernet feeding smart form and Personal Child Health Record.

All scales should be calibrated yearly.

Babies with feeding difficulties

Babies at Risk

Some babies are at risk of developing hypoglycaemia and risk factors should be identified at birth. The care of these babies is outlined in Management of babies "at Risk "of Hypoglycaemia.

Babies identified with a feeding problem

Where a feeding problem is suspected in a breastfeeding baby the care provider should observe a full breastfeed and assess feeding using the Breastfeeding Assessment Tool (in Breastfeeding smart form on Badgernet)). A full assessment of the baby's condition should be undertaken and documented in the baby's notes. Referral to a GP/ paediatrician must be made if there are concerns about the baby's clinical condition.

Referral should also be made to the Infant feeding team via Badgernet.

A plan of care should be documented in the baby's records on Badgernet

A baby who is artificially feeding should have a feed observed to assess technique with a full assessment of his condition and referral to a paediatrician if indicated. Referral should be made to the Infant feeding team. A plan of care should be documented on Badgernet

When babies are suspected of having a tongue tie and are having feeding difficulties, parents should be offered a referral. Parents should be signposted to the leaflet “visible frenulum’ on Badgernet.

Drugs in Lactation

For Queries regarding medicines safety and lactation the details below provide evidence-based information for most medicines available in the UK and has risk assessed this in terms of safety during breastfeeding. Standard reference books such as the British National Formulary (BNF) provide little information for professionals and parents to make decisions on individual situations. The services below endeavour to provide information to enable mothers to breastfeed their babies for as long as they wish and to provide information on the safety of medicines for each mother/parent and baby.

- Breastfeeding network drugs service is druginformation@breastfeedingnetwork.org.uk/
- Dr Wendy Jones MBE PhD Pharmacist Author of Breastfeeding and Medication Wendy@breastfeeding-and-medication.co.uk
- Midlands and East Medicines Advice Service (Midlands site) and UK Drugs in Lactation Advisory Service www.sps.nhs.uk for NHS medicines information resources including drugs in lactation UKDILAS.enquiries@nhs.net

System for reporting babies readmitted to hospital with feeding problems

Any baby readmitted with feeding problems to either the postnatal ward, neo-natal unit or paediatric ward should be reported via the DATIX reporting system. Readmissions are reviewed monthly; any learning points are shared with staff.

Outcomes data

Breastfeeding initiation data is captured on Badgernet, this is babies first feed. This information is shared with OHID and LMNS

Comments and complaints

Feedback from our mothers and families is via the Family and Friends cards system. Feedback can also be collected through Badgernet, Parents can comment through PALS.

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Rebecca Davenport
Caroline Thunder

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Maternity Quality Governance Meeting