

Breastfeeding Policy

To be reviewed Bi-Annually.

Policy Agreed October 2015. Waiting to be reviewed by LA 2019.



Joint Breastfeeding Policy

Liverpool Primary Care Trust / NHS Liverpool Community Health Services / Liverpool Children's Centres.

(In partnership with Liverpool Women's Hospital NHS Foundation Trust)

Principles

We believe that breastfeeding is the healthiest way for women to feed their babies. As organisations we recognise the important health benefits now known to exist for both the mother and the child. (1)

We believe that 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. However mothers also require support to enable them to acquire the skills to breastfeed successfully (2).

We will ensure that we provide appropriate facilities for mothers to feed their babies. Partnership working is essential to develop a breastfeeding culture throughout the City of Liverpool.

Staff will not discriminate against any woman in her chosen method of infant feeding and we will fully support the choice she has made.

Aims

- We will ensure that the health benefits of breastfeeding and the potential health risks of formula feeding are discussed with all women so that they can make an informed choice about how they will feed their babies. Women who are unable to or choose not to breastfeed will be given full support.
- To enable health care and Liverpool Children's Centres staff to create an environment where women choose to breastfeed their babies, confident in the knowledge that they will be given support and information to enable them to breastfeed exclusively for six months, and then as part of their infants diet to the end of the first year and beyond.

- This policy aims to promote, protect and support breastfeeding. We will encourage liaisons with all health care and allied professionals to ensure a seamless delivery of care. We will engage with stakeholders to plan and deliver improved services, facilities and create an environment which is conducive for breastfeeding within the City of Liverpool. Liverpool's Breastfeeding Welcome Scheme and strong partnership working will create a breastfeeding culture within the City of Liverpool.

In support of this joint policy

- This joint policy aims to avoid conflicting advice. It is therefore mandatory that all staff involved with the care of breastfeeding women adhere to this policy - Any deviation to the policy must be justified and recorded in the relevant documentation. (3)
- This joint policy should be routinely communicated to pregnant women, mothers and fathers by the aid of poster presentations. This policy will be implemented in conjunction with the parents guide. Pregnant women or mothers and fathers will be given access to the full policy if requested.
- It is the responsibility of healthcare professionals to liaise with the baby's medical attendants (paediatrician, general practitioner) should concerns arise about the baby's health. In addition childcare providers, voluntary sector groups and children services staff should signpost mothers to the appropriate medical services if concerns arise.
- No advertising, sale or promotion of breast milk substitutes, feeding bottles, teats or dummies is permissible in any part of the Trusts or Liverpool Children's Centres premises, including Trusts or Liverpool Children's Centres funded facilities. The display of manufacturers' logos on items such as calendars or stationery is also prohibited. All businesses and providers commissioned by the Liverpool Primary Care Trust, NHS Liverpool Community Health Service and Liverpool Children's Centres will adhere to the International Code of Marketing of Breast-milk Substitutes. (4)

- No literature provided by infant formula manufacturers is permitted. Educational material for distribution to women and families must first be approved by the lead professional (Infant Nutrition Programme Manager).
- Parents who have made a fully informed choice to artificially feed their babies should be shown how to prepare formula feeds correctly, either individually or in small groups, in the postnatal period. 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.
- Breastfeeding data showing the prevalence of exclusive, partial breastfeeding or not at all will be collected by health visitors on the first postnatal visit on and at 6/8 weeks. Data will also be collected at 4 months and 6 months. Data collection is the responsibility of the Infant Nutrition Programme Manager.
- Compliance with this policy will be audited annually in Liverpool Primary Care Trust / NHS Liverpool Community Health Services and Liverpool Children Centres.

The Policy

1. Communicating the breastfeeding policy

1.1 This policy is to be communicated to all health care and Liverpool Children's Centres staff who have any contact with pregnant women and mothers. All staff will be able to access this policy on the Liverpool Primary Care Trust / NHS Liverpool Community Health Services and Liverpool Children's Centres intranet sites.

1.2 All new staff will be orientated to the policy as soon as their employment begins. This will form part of the local induction package.

1.3 This joint policy should be routinely communicated to pregnant women, mothers and fathers by the aid of poster presentations. Pregnant women, mothers and fathers will be given access to the full policy if requested. A statement to this effect will be included in the parents guide.

1.4 The policy will be displayed in the format as a poster presentation in all areas of the Trusts premises / clinics / health centres / children centres and throughout all the Liverpool Children's Centres facilities which serve mothers, babies, families and the public. The full policy should be available on request. A statement to this effect will be included in the parents guide. The policy will be made available in different languages and formats if requested.

2. Training health care and Liverpool Children's Centre Staff

2.1 Health visitors have the primary responsibility for supporting breastfeeding women and for helping them to overcome related problems.

2.2 All health professional, support and Liverpool Children's Centre staff who have contact with pregnant women and mothers will receive training in breastfeeding management at a level appropriate to their professional role. This training is mandatory for all staff. New staff will receive training within six months of commencing their role. (5)

2.3 Medical staff have a responsibility to promote breastfeeding and provide appropriate support to breastfeeding mothers. Information and/or training will be provided to enable them to do this.

2.4 All clerical and ancillary staff will be orientated to the policy and receive training to enable them to refer breastfeeding queries appropriately.

2.5 The responsibility for providing training lies with the lead professional (Infant Nutrition Programme Manager), who will ensure that all staff receive appropriate training. The lead professional will also undertake audits of uptake and efficacy of the training and publish results on an annual basis.

2.6 A written curricula and a training package which clearly covers the Seven Point Plan will be available for training for LPCT, NHS LCHS and Liverpool Children's Centre staff.

3. Informing pregnant women of the benefits and management of breastfeeding

3.1 It is the responsibility of professional staff employed by the facility to ensure that all pregnant women are aware of the benefits of breastfeeding for mothers and babies and of the potential health risks of formula feeding.

3.2 All pregnant women should be given the opportunity to discuss infant feeding on a one-to-one basis with a midwife and/or health visitor or other member of the community health team. Such discussion should not solely be attempted during a group parent education class. In addition peer supporters will contact pregnant women to offer further support.

3.3 The physiological basis of breastfeeding should be clearly and simply explained to all pregnant women, together with good management practices which have been proven to protect breastfeeding and reduce common problems. The aim is to give women confidence in their ability to breastfeed successfully and be able to recognise early signs of complications.

3.4 Liverpool Primary Care Trust and Liverpool Children's Centres are developing and funding community initiatives to improve the breastfeeding initiation and duration rates. A comprehensive training and a peer support programme is being implemented. This programme will be universal however it will be implemented as a priority in areas of high deprivation and low breastfeeding rates. This programme will be fully evaluated including qualitative data collection. This programme will complement the mainstream services which are available at present. Hospital and Community staff will confirm that mothers have information about this programme and other local initiatives which support breastfeeding and aim to increase breastfeeding initiation and duration.

3.5 This joined up approach between the Liverpool Primary Care Trust / NHS Liverpool Community Health Services, Liverpool Children's Centres, Liverpool Women's NHS Foundation Trust and Stakeholders strengthens the support available for women within the Liverpool community.

4. Supporting the establishment of lactation

4.1 An assessment of the mother and baby's progress with breastfeeding will be undertaken at the primary visit by community health care staff and an individualised plan of care developed as necessary. This will build on initial information and support provided by the maternity services, to ensure new skills and knowledge are secure. It will enable early identification of any potential complications and allow appropriate information to be given to prevent or remedy them.

4.2 Handover of care from midwife to health visitor will follow standard procedure in the form of written communication to ensure a seamless transition of care for new mothers.

4.3 As part of the initial breastfeeding assessment, staff will ensure that breastfeeding mothers know:

- The signs which indicate that their baby is receiving sufficient milk, 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);
- Why effective feeding is important and mothers are confident with positioning and attaching their babies for breastfeeding;
- Staff should be able to explain the relevant techniques to a mother and provide the support necessary for her to acquire the skills for herself.

4.4 Skin-to-skin contact should be promoted at any stage within the community setting to support breastfeeding, comfort unsettled babies and resolve difficulties with attachment and breast refusal. Mothers will be encouraged to continue to keep their babies near them so that they can learn to interpret their babies' needs.

4.5 Baby-led (or 'demand') feeding should be explained to mothers and encouraged for all healthy babies. Staff will ensure that mothers 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'.

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

4.7 Staff will not recommend the use of artificial teats or 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. The information given and the parents' decision should be recorded in the baby's health record.

4.8 The appropriate use of dummies for breastfeeding babies later in the postnatal period should be discussed with mothers, together with the possible detrimental effects they may have on breastfeeding (in relation to demand feeding), to enable them to make fully informed choices about their use.

4.9 Staff should ensure that mothers are offered the support necessary to learn how to express their breast milk by hand. They should ensure that the mother is aware of the value of hand expression, for example in the proactive treatment of a blocked duct to prevent the development of mastitis. A leaflet on hand expression should be provided for women to use for reference, where this has not already been provided by the maternity services.

4.10 All breastfeeding mothers will be given information which will support them to continue breastfeeding and maintain their lactation on returning to work.

4.11 Nipple shields will not be recommended except in extreme circumstances and then only for as short a time as possible. The potential consequences of their use will be explained and the mother will receive the support of an appropriately-trained staff member throughout.

5. Supporting exclusive breastfeeding

5.1 For the first six months, no water or food or drink other than breast milk is to be recommended for a breastfed baby except by an appropriately-trained health or medical professional. If supplementary feeds are recommended, the reasons should be discussed in full with the parents. Any supplements which are prescribed or recommended should be documented in the baby's health records along with the reason for supplementation.

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

5.3 All mothers will be encouraged to breastfeed exclusively for the first six months and to continue breastfeeding for at least the first year of life. They should be informed that solid foods are not recommended for babies under six months. All weaning information should reflect this ideal.

5.4 Breast milk substitutes will not be sold by Liverpool Primary Care Trust / NHS Liverpool Community Health Service / or in any Liverpool Children's Centre premises.

6. A welcome for breastfeeding families

6.1 Breastfeeding will be regarded as the normal way to feed babies and young children.

6.2 Mothers will be enabled and supported to breastfeed their infants in all public areas of Trusts premises and Liverpool Children's Centre facilities.

6.3 Signs in all public areas of the facility will inform users of this policy.

6.4 All breastfeeding mothers will be supported to develop strategies for breastfeeding outside the home and will be provided with information about places locally where breastfeeding is known to be welcomed.

6.5 Community health-care staff will use their influence wherever possible to promote awareness of the needs of breastfeeding mothers in the local community, including cafes, restaurants and public facilities.

6.6 The Liverpool Breastfeeding Welcome Scheme will ensure that facilities and business premises, who sign up to this scheme will promote, protect and support breastfeeding, mothers and babies. Breastfeeding Welcome stickers will be displayed by the participating facilities. Comfortable and suitable

facilities will be made available for those mothers who prefer privacy to feed. These facilities will be inspected on a regular basis to ensure these are fit for purpose.

6.7 Mothers will be given written and verbal information on breastfeeding friendly venues around the City of Liverpool prior to discharge from hospital. The Breastfeeding Welcome Scheme has been developed into a directory and is displayed on <http://www.amazingbreastmilk.nhs.uk>

7. Encouraging community support for breastfeeding

7.1 All breastfeeding mothers will be provided with contact details for community health-care staff who can provide support with breastfeeding.

7.2 All breastfeeding mothers will be informed about local initiatives to support breastfeeding and provided with details and contact numbers for peer support services, breastfeeding counsellors and support groups.

7.3 Contact details of professionals and voluntary support should be regularly checked and updated to ensure correct information is given to mothers.

7.4 Breast feeding support groups will be invited to contribute to further development of the breast feeding policy through involvement in appropriate meetings.

References:

1. Evidence for the Ten Steps to Successful Breastfeeding. (1998) Geneva: World Health Organisation.
2. Kirkham, M., Stapleton, H. (2004) The culture of the maternity services in Wales and England as a barrier to informed choice. Informed choice in maternity care. Basingstoke: Palgrave Macmillan.

3. Garforth S, Garcia J. (1989) Breast feeding policies in practice - “No wonder they get confused”. *Midwifery*, 5:75-83.
4. World Health Organization. (1981) *International Code of Marketing Breastmilk Substitutes*. Geneva : WHO.
5. The Global Criteria for the WHO/UNICEF Baby Friendly Initiative. (1992) WHO/UNICEF Baby Friendly Initiative.
6. Christensson K et al. (1992) Temperature, metabolic adaptation and crying in healthy full-term newborns cared for skin-to-skin or in a cot. *Acta paediatrica*, 81:488-493.
7. Cloherty, M., Alexander, J., Holloway, I. (2004) Supplementing breast-fed babies in the UK to protect their mothers from tiredness or distress. *Midwifery*. 20, 194-204
8. Dykes, F. (2003) *Infant Feeding Initiative: a report evaluating the Breastfeeding Practice Projects 1999-2002*. London

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Definitions

Artificial/ formula feed - breast milk substitute, usually manufactured from cow's milk.

Attachment - how the baby takes the breast into his mouth to enable him to feed.

Breast milk substitute - any alternative to breast milk

Community Staff/Staff - Staff or volunteers working for or on behalf of LCH, Children's Centres, Healthy Living Centres or peer support organisations.

Community premises - All Community Healthcare Premises, Children's Centres and Healthy Living Centres where community healthcare staff work.

Baby-led / Demand feeding - Feeding as often as the baby wants, for as long as the baby wants, sooner, if the mother's breasts are full.

Exclusive breastfeeding – when the infant only receives breast milk.

Essential skills training - training considered essential for identified staff groups to receive.

Feeding cues - signs that a baby is ready to feed.

Hand expressing - the expression of milk from the breast by mother's hand.

Lactation - secretion of milk from the breasts.

Mastitis - inflammation of the breast.

Parent-craft class - where parents can receive information and support around pregnancy, childbirth and parenthood in the ante natal period.

Partial (or mixed) breastfeeding - where any other food or drinks in addition to breast milk have been introduced.

Support workers/volunteers - people who provide infant feeding or breastfeeding support and information.

Physiological basis - the physical process that produces breast milk.

Positioning - how the mother holds her baby to enable him to attach effectively to the breast.

Weaning - refers to the introduction of solid foods.