

INFANT FEEDING POLICY

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Please fill the table below:

Amend No	Issued	Page	Subject	Action Date

Review Log:

Include details of when the document was last reviewed:

Version Number	Review Date	Lead Name	Ratification Process	Notes
2	Feb 2019	Joanne Anthony, Claire McLeod	PSG, Assurance Committee	

SUMMARY OF POLICY

All staff within the Solent Health Visiting Service, will ensure that all care is evidence based, Mother & family centred, non-judgemental and mother's decision however they choose to feed are supported and respected at all times.

This is in accordance with Baby Friendly Initiative Standards to support expectant and new mothers and their partners to feed their baby and build strong and loving parent infant relationships.

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1. INTRODUCTION & PURPOSE

- 1.1 Solent NHS Trust believes that breastfeeding is the healthiest way for a woman to feed her baby and recognises the important health benefits now known to exist for both the mother and her child. *Equality Impact Assessment (Appendix 1)*. For women who choose not to breastfeed they will receive advice and care around responsive formula feeding, promoting close loving relationships with their baby.
- 1.2 The purpose of this policy is to ensure that all staff at Solent NHS Trust understands 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.
- 1.3 All staff are expected to comply with this policy.
- 1.4 This policy aims to ensure that the care provided improves outcomes for children and families, specifically to deliver:
- Increase in breastfeeding rates at 6-8 weeks (1)
 - Amongst parents who chose to formula feed, increased safety amongst parents in line with nationally agreed guidance.
 - Increase of parents who introduce solid food to their baby in line with nationally agreed guidance.
 - Improvement in parents' experiences of care.

- 1.5 Solent NHS Trust is committed to:

- Providing the highest standard of care in accordance with Breastfeeding Friendly Initiative (BFI) standards 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 to future health and well-being and the significant contribution that breastfeeding makes to good physical and emotional health outcomes for children and mothers.
- Ensuring that all care is mother and family centred, non-judgmental and mothers' decisions are supported and respected.
- Working together across disciplines and organisations to improve mothers'/parents experiences of care.

Staff will act to create an environment where more 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 infant's diet to the end of the first year and beyond.

- 1.7 All health-care staff will liaise effectively and provide a welcoming environment to develop a supportive breastfeeding culture.
- 1.8 Staff will act to create an environment where those women who choose not to breastfeed will receive advice on all aspects of safely and responsive formula feeding promoting a close and loving relationship with their baby.

2. SCOPE & DEFINITIONS

SCOPE

- 2.1 This policy covers all Solent NHS Trust Staff (including bank staff and volunteers), that may have contact with pregnant women or mothers.
- 2.2 If the member of staff has insufficient skills or knowledge to support a breastfeeding mother her/himself or concerns arise about the baby's health, it is their responsibility to liaise with other healthcare staff as appropriate to ensure the best possible care for the mother and her baby and access training appropriate to their job role.
- 2.3 **Communicating the Breastfeeding Policy**
- 2.3.1 This policy is to be communicated to all health care staff who have any contact with pregnant women and mothers, including those employed outside the facility. All staff will have access to a copy of the policy.
- 2.3.2 All new staff will be orientated to the policy as soon as their employment begins as part of their induction to all Trust policies.
- 2.3.3 An abridged version of this policy will be displayed in all Trust / community premises, in order to inform all parents. Staff should know how to access a copy of the full policy, if a member of the public wishes to view the full policy. ***(Guide to Infant Feeding Policy is found on page 52 of PCHR to see the full policy this can be accessed via the Trust website. Staff should know how to access on SolNet).***

<http://intranet.solent.nhs.uk/DocumentCentre/PublishedPolicies/COR21%20Infant%20Feeding%20Policy.pdf>

DEFINITIONS

- 2.4 **Responsive feeding**
- 2.4.1 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: 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.

3. PROCESS/REQUIREMENTS

- 3.1 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 (2), relevant NICE guidance (3) and the Healthy Child Programme (4) See Reference page 12.
- 3.2 **Informing Pregnant Women of the Benefits and Management of Infant feeding**
- 3.2.1 All pregnant women will have the opportunity to discuss feeding and caring for their baby with a member of the health visiting team (or other suitability trained designated person).

- 3.2.2 This discussion will include information that will help parents to establish a loving relationship with their child:
- The value of connecting with their growing baby in utero.
 - The value of skin to skin contact for all mothers 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.
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- 3.2.3 The discussion will enable parents to explore what they already know about infant feeding; the value of breastfeeding as protection, comfort and food and tips for getting breastfeeding off to a good start.
- 3.2.4 All information given about breastfeeding, including any written materials should reflect UNICEF UK Baby Friendly Initiative standards for health visiting (2) relevant NICE guidance (3) and the Healthy Child Programme (4). See Reference page 12.

3.3 **Supporting the Establishment and Maintenance of Breastfeeding**

- 3.3.1 A formal breastfeeding assessment using the BFI Breastfeeding Assessment Tool will be carried out at the first contact by the Health Visiting Service. This may be by the Infant Feeding & Healthy Weight Team Portsmouth or Breastfeeding Support Team Southampton or at the primary 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.
- 3.3.2 For those mothers who require additional support for more complex breastfeeding challenges a referral to the specialist service will be made, in accordance with local protocols and/or guidelines, Infant Feeding Portsmouth & Breastfeeding Pathway Southampton.
- 3.3.3 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.
- 3.3.4 All breastfeeding mothers will be informed about the local support for breastfeeding, to include local breastfeeding groups. Digital resources & info also available to all mothers regardless of feeding methods. Wessex Healthier Together (7) Solent Pulse (8) See Reference Page 13

3.4 **Adherence to the International Code for Marketing of Breastmilk Substitutes**

- 3.4.1 All Solent NHS Trust staff will adhere to the International Code of Marketing of Breast milk Substitutes (5) in order to meet the criteria for Baby Friendly Initiative Accreditation.
- 3.4.2 In line with the code no advertising of breast milk substitutes, feeding bottles and teats is permissible in Trust's premises. The display of logos of manufacturers of these products on such items as calendars and stationary is also prohibited.

3.4.3 No literature provided by manufacturers of breast milk substitutes is permitted as this seeks to undermine a breastfeeding culture.

3.5 **Supporting Exclusive Breastfeeding**

3.5.1 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.

3.5.2 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.

3.5.3 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.

3.6 **Modified approach to responsive feeding**

3.6.1 There are a small number of clinical indications for a modified approach to responsive feeding in the short term. Examples include: preterm or small gestational age babies, babies who have not regained their birth weight, babies who are gaining weight slowly.

3.6.2 Where such indications exist the maternity service lead a plan of care in conjunction with the appropriate Hospital Policy/guideline. Where the Breastfeeding Support Service operates within the Trust, members of this service may work in partnership with the maternity service to support a feeding plan. This feeding plan should be reviewed regularly.

3.7 **Encouraging Community Support for Breastfeeding**

3.7.1 This policy supports cooperation between health care professionals, children's centres (Southampton only) and voluntary support groups whilst recognising that health care facilities have their own responsibility to promote breastfeeding.

3.7.2 Members of the health care team should use their influence wherever and whenever possible to encourage a breastfeeding culture in the local community.

3.7.3 Health care facilities will work with local breastfeeding support groups, children's centres (Southampton only) and breastfeeding charities to raise the community's awareness of the importance of breastfeeding. The provision of facilities for breastfeeding mothers and infants will be encouraged through local businesses, local authorities, community groups and the media. Breastfeeding Welcome Scheme Portsmouth (17) & NCT Southampton (16) are in place. Baby Café's (15) & other community support is available see Breastfeeding Pathway link. See Reference page 13.

3.7.4 Annual & National Breastfeeding Week Campaigns.

3.8 **Supporting parents who choose to bottle feed**

3.8.1 At the Antenatal visit responsive formula feeding will be discussed and the importance of a close & loving relationship. Paced feeding and safety will be discussed.

- 3.8.2 All bottle feeding mothers will be contacted on discharge from hospital for guidance and support as required (Portsmouth only).
- 3.8.3 At the new birth visit staff will discuss and assess how feeding is progressing, any feeding plan should be revisited.
- 3.8.4 Whilst 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.
- 3.8.5 Staff will ensure that 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

3.9 **INTRODUCING SOLIDS FOODS**

- 3.9.1 All parents will have a timely discussion about when and how to introduce solid food as per Healthy Child Programme levels of care.
- 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
 - Universal 6-8 week contact, introduction to solids will be discussed
 - Clinic discussions
 - Digital information
 - Stickers/First Steps Nutrition
 - Introduction to Solids Group
 - Universal Plus – where healthy weight is an issue, additional targeted introduction to solids visit to be offered at home by Infant Feeding & Healthy Weight Team Portsmouth & Health Visiting Team Southampton
 - Universal Partnership Plus (UPP)/ Enhanced Child Health Visitor Offer (ECHO) Child in Need (CIN) Child Protection (CP) – Introduction to solids discussion at 3-4 month contact as per guidelines

3.10 **SUPPORT FOR PARENTING AND CLOSE RELATIONSHIPS**

- 3.10.1 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)
- 3.10.2 Mothers who bottle feed are encouraged to hold their baby close during feeds and offer the majority of feeds to their baby themselves to help enhance the mother-baby relationship.
- 3.10.3 Parents will be given information about local parenting support that is available including local breastfeeding groups and Children's Centre's (Southampton only) activities.

4. **ROLES & RESPONSIBILITIES**

- 4.1 This policy will be brought to the attention of staff to which it applies within one week of a member of staff taking up post. The Clinical Team Leaders / Locality Leads are responsible for ensuring the requirements of this policy are brought to the attention of all employees for whom they are responsible including the identification of training and development needs as stated in paragraph 5 below, ensuring these are planned for and met effectively. They are responsible for ensuring adequate facilities and resources are available to adhere to this policy.
- 4.2 All healthcare staff will promote breastfeeding as the normal healthy way to feed a baby.
- 4.3 Midwives and health visitors have the primary responsibility for supporting breastfeeding women and for helping them to overcome related difficulties in accordance with Portsmouth Hospital Trust, Southampton University Hospital Trust and Solent NHS Trust's protocols and procedures.
- 4.4 All members of Health Visiting Team are responsible for ensuring their compliance to this policy.

5. **TRAINING**

- 5.1 Clinical Service Leads, Locality Leads and Managers are responsible for ensuring staff have access to and attend training about breastfeeding promotion and/or management as appropriate for their role.
- 5.2 All professional, clerical and ancillary staff who have contact with pregnant women and mothers will receive training in breastfeeding promotion and/or management at a level appropriate to their professional group. New staff will receive training within six months of taking up their posts.
- 5.3 The responsibility for ensuring training is provided lies primarily with Infant Feeding & Breastfeeding Leads, and then with Service Manager.

6. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

This policy has been assessed and meets the requirements of the Mental Capacity Act 2005

Title of policy for EIA for assessment	Infant Feeding Policy Solent NHS Trust
Date of EIA assessment	08/01/2019
Job title of person responsible for EIA assessment	Infant Feeding Lead in each Trust area

	Yes/No	Comments
Does the document affect one group less or more favourably than another on the basis of:		
• Race	No	
• Gender (including transgender)	No	
• Religion or belief	No	
• Sexual orientation, including lesbian, gay and bisexual people	No	
• Age (for HR policies only)	No	
• Disability – learning disabilities, physical disabilities, sensory impairment and mental health problems	No	
• Does this document affect individuals' human rights?	No	
If you have identified potential discrimination, are the exceptions valid, legal and/or justified?		

7. SUCCESS CRITERIA / MONITORING EFFECTIVENESS

7.1 The Infant Feeding Policy will be audited annually.

The audit will be carried out annually by an appropriate member of staff with a lead in Infant Feeding in each Trust area – Portsmouth & Southampton. The results of the audit will be reported to the Health Visiting & School Nursing Service Operational Governance Group, and an action plan agreed to address any areas of non-compliance that have been identified.

7.2 The success of the policy will also be monitored through an audit of postnatal women carried out a minimum of once annually using the Baby Friendly Initiative post-natal audit tool. Any areas identified as not meeting the required standard will be agreed and a plan agreed to rectify this via staff training and practical skills reviews.

7.3 Families receive information about how to give feedback about the health visiting service via a service leaflet given at the ante-natal contact. Complaints about care are handled according to the relevant Trust Policy. Friends and family given at all contacts & Survey Monkey for Infant Feeding & Healthy Weight Team.

7.4 The Breastfeeding & Healthy Weight Team Lead (where this service exists) will carry out an annual review, inviting all families contacted in an identified week to complete a feedback form. Comments will be reported via the Service Annual report to the Pre-Birth to Five Partnership Board.

8. REVIEW

8.1 This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

9. REFERENCES AND LINKS TO OTHER DOCUMENTS

1	Department of Health	Public Health Outcome Framework https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency
2	The UNICEF UK Baby Friendly Initiative	The evidence and rationale for the UNICEF UK Baby Friendly Initiative standards. www.unicef.org.uk/babyfriendly/standards
3	National Institute for Health and Clinical Excellence	Maternal and child nutrition http://www.nice.org.uk/ph11
4	Department of Health	Healthy Child Programme: Pregnancy and the first five years of life https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life

5	World Health Organisation & UNICEF	https://www.who.int/nutrition/publications/infantfeeding/9241541601/en/
6	Start4Life	Introducing Solid Foods https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/breastfeeding-resources/introducing-solid-foods/start4life-introducing-solid-foods-2015/
7	Wessex Healthier Together	https://www.wessexlmcs.com/wessexhealthiertogether
8	Solent Pulse	https://what0-18.nhs.uk/solent/solent-pulse
9	Health Visiting Portsmouth	https://what0-18.nhs.uk/solent/health-visiting
10	Baby Buddy	https://www.bestbeginnings.org.uk/baby-buddy
11	Portsmouth Breastfeeding	Portsmouth Facebook Breastfeeding Page https://www.facebook.com/groups/221531167905174/
12	BFN	Breastfeeding Network https://www.breastfeedingnetwork.org.uk/
13	NCT	NCT https://www.nct.org.uk/
14	La Leche League	La Leche League GB https://www.laleche.org.uk/
15	Breastfeeding Cafes	Breastfeeding Welcome Scheme Portsmouth https://www.breastfeedingnetwork.org.uk/portsmouth/
16	Southampton NCT	NCT Southampton https://www.nct.org.uk/local-activities-meets-ups/region-south-central-england/branch-southampton/social-groups-southampton
17	Breastfeeding Pathway	https://www.nhs.uk/Conditions/pregnancy-and-baby/Documents/breastfeeding%20care_print%20final.pdf

<u>Step 1 – Scoping; identify the policies aims</u>	Answer		
1. What are the main aims and objectives of the document?	<ul style="list-style-type: none"> • Increase in breastfeeding rates at 6-8 weeks (1) • Amongst parents who chose to formula feed, increases in those doing so as safely as possible in line with nationally agreed guidance. • Increases in proportion of parents who introduce solid food to their baby in line with nationally agreed guidance. • Improvement in parents’ experiences of care. 		
2. Who will be affected by it?	Expectant and new mothers		
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	<p>Performance will be measured through use of the the Baby Friendly Initiative Audit Tool to Monitor Breastfeeding Support in the Community Services : postnatal breast and bottle feeding mother interview tools</p> <p>Outcome measures will be:</p> <p>scores of 80% or more on every question in the postnatal audit and full compliance with the policy audit tool.</p>		
4. What information do you already have on the equality impact of this document?	None		
5. Significant Service transformation & implementation of ECHO & skill mix should be considered.	Continually monitor patient audits for demographic changes or trends and create action plans/staff training as required.		
6. What other information do you need?			
<u>Step 2 - Assessing the Impact; consider the data and research</u>	Yes	No	Answer (Evidence)
1. Could the document unlawfully against any group?		√	
2. Can any group benefit or be excluded?		√	
3. Can any group be denied fair & equal access to or treatment as a result of this document?		√	
4. Can this actively promote good relations with and between different groups?	√		
5. Have you carried out any consultation internally/externally with			See consultation tracking summary

relevant individual groups?	√		
6. Have you used a variety of different methods of consultation/involvement	√		Groups across both cities have been consulted, including service users
Mental Capacity Act implications			
7. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information)		√	
<u>External considerations</u>			
8. What external factors have been considered in the development of this policy?	Y		Any change in National guidance and evidence, BFI standards
9. Are there any external implications in relation to this policy?		N	
10. Which external groups may be affected positively or adversely as a consequence of this policy being implemented?		N	

If there is no negative impact – end the Impact Assessment here.