Southern Health and Social Care Trust

Quality Care - for you, with you

Southern Health and Social Care Trust Infant Feeding Policy

Lead Policy Author & Job Title:	[redacted] **Infant Feeding Lead (Community)** [redacted] **Infant Feeding Lead (Maternity)** [redacted] **Infant Feeding Lead (Neonatal)**
Directorate responsible for document:	**Acute and CYPS**
Issue Date:	**01 February 2025**
Review Date:	**01 February 2028**

Policy Checklist

Policy name:	SHSCT Infant Feeding Policy
Lead Policy Author & Job Title:	[redacted]
Director responsible for Policy:	[redacted]
Directorate responsible for Policy:	Acute and CYPS
Equality Screened by:	[redacted]
Trade Union consultation?	Yes ☐ No ☐
Policy Implementation Plan included?	Yes ☐ No ☐
Date approved by Policy Scrutiny Committee:	Click here to enter a date.
Date approved by SMT:	Click here to enter a date.
Policy circulated to:	Eg Directors, Assistant Directors, Heads of Service for onward distribution to line managers, Global email, Staff Newsletter
Policy uploaded to:	Eg SharePoint, Trust website

Version Control

Version:	Version 1
Supersedes:	12th January 2022

Version History

Version	Notes on revisions/modifications and who document was circulated or presented to	Date	Lead Policy Author
Eg Version 1_0	Click here to enter text	31/12/2024	Click here to enter text
Eg Version 2_0	Click here to enter text	Click here to enter a date.	Click here to enter text

Table of Contents

Changes to previous version **(for reviewed policies only)**

1.0 New UNICEF UK BFI – Children's Services Standards 2022

2.0 New UNICEF UK BFI – Community Standards 2024

3.0 Data collection of admissions to the children's ward with feeding issues

4.0 Mothers wishing to breastfeed or express breastmilk are supported to do so on SHSCT premises.

5.0 Babies receiving human milk beyond one year old and receiving hospital care outside of Maternity and Neonatal settings in ways which support optimising health and wellbeing

6.0 Terminology updated which supports the LGBT community

INFANT FEEDING POLICY

1.0 INTRODUCTION

1.1 Background

The aim of this Policy is to ensure that all staff at the Southern Health and Social Care Trust 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 wellbeing.

All staff are expected to comply with this policy.

1.2 Purpose

The Policy has been written to aid SHSCT in the implementation and maintenance of the UNICEF Baby Friendly Initiative standards[1] and the recommendations of the current Breastfeeding Strategy for Northern Ireland[2].

1.3 Outcomes

This policy aims to ensure that the care provided improves outcomes for children and families, specifically to deliver:

- An increase in breastfeeding rates at initiation, on hospital discharge, 10-14 days, 6-8 weeks, 14-16weeks, 6 months and 1 year.
- An increase in the number of babies receiving breastmilk within the neonatal unit.
- When parents choose to formula feed, they report that they have received proactive support to feed their baby as safely as possible including guidance on responsive and paced bottle feeding. In-line with Public Health Agency Bottle Feeding Guidelines 2023[3], and UNICEF Guidance[1].
- Support parents to introduce solid food to their baby in line with nationally agreed guidance, currently 6 months[4].
- Improvements in parents' experiences of care.
- A reduction in the number of breastfed babies separated from their mother, when their mother needs to be readmitted.
- Increase the number of women receiving breastfeeding support, when readmitted to hospital.
- A reduction in the number of re-admissions for feeding problems.

- Evidence based Information provided to all antenatal women and their families on the value of breastfeeding and the importance of developing close and loving relationships with their unborn babies.
- Information to staff/mothers on where to get help with feeding issues.
- All parents irrespective of feeding understand the importance of developing close and loving relationships with their babies.

2.0 SCOPE OF THE POLICY

This policy applies to all mothers and babies within the SHSCT.

Please note, the terms 'woman' and 'mother' are used throughout. These terms should be taken to include people who do not identify as women, but who are pregnant or have given birth. Similarly, where the term 'parent' is used, this should be taken to include anyone who has main responsibility for caring for a baby.

3.0 ROLES AND RESPONSIBILITIES

The Southern Health and Social Care Trust under the guidance of the Chief Executive has responsibility 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 to future health and well-being, and the significant contribution that breastfeeding makes to good physical and emotional health outcomes for children and mothers.
- Ensure that all care is mother, and family centred, non-judgemental and that mothers' decisions are supported and respected.
- Working together across disciplines and organisations to improve mothers' / parents' experiences of care.
- Ensuring that mothers who wish to breast feed in any premises operated by the SHSCT are supported to do so.

As part of this commitment the Midwifery, Neonatal, Children's and Health Visiting service leads, with the support of managers and infant feeding leads, will ensure that:

- All new staff are familiarised with this policy on commencement of employment.
- All staff are trained to enable them to implement the policy as appropriate to their role. New staff receive this training within six months of commencement of employment.
- The International Code of Marketing of Breast-milk Substitutes[5] is implemented throughout the service.

- All documentation fully supports the implementation of these standards.
- Parents' experiences of care will be listened to through- Regular Audit, Parent experiences surveys and Care Opinion.
- Completion of annual Baby Friendly Initiative Audit.

4.0 KEY PRINCIPLES

4.1 Care Standards – Maternity Services

This section of the Policy sets out the care that the trust is committed to giving each expectant and new mother. It is based on the UNICEF UK Baby Friendly Initiative standards for maternity services and relevant NICE guidance.

Purpose

The purpose of this Policy is to ensure that all staff working within midwifery services of SHSCT 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.

Outcomes

This Policy aims to ensure that the care provided improves outcomes for children and families, specifically to deliver:

- Increase in breastfeeding rates at initiation, discharge from hospital and discharge from midwifery care.
- When parents choose to formula feed, they report that they have received proactive support to feed their baby as safely as possible including guidance on responsive and paced bottle feeding. In line with Public Health Agency Bottle Feeding Guidelines 2023[3] and UNICEF Information on formula and responsive feeding[6].
- Improvements in parents' experiences of care.
- Evidence based Information provided to all antenatal women and their families on the value of breastfeeding and the importance of developing close and loving relationships with their unborn babies.
- Information to staff/mothers on where to get help with feeding issues.
- All Parents irrespective of feeding understand the importance of developing close and loving relationships with their babies.

Our Commitment

SHSCT Maternity services 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 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-judgemental and that mothers' decisions are supported and respected.

Working together across disciplines and organisations to improve mothers' / parents' experiences of care.

As part of this commitment the service will ensure that:

- All new staff are familiarised with the policy on commencement of employment.
- All staff receive training to enable them to implement the policy as appropriate to their role:
  New staff should attend the 2-day UNICEF training (if not previously completed) within six months of commencement of employment. Staff that have completed the UNICEF 2-day training, should attend an annual ½ day infant feeding training update. New staff who have completed the 2-day training in another trust and student midwives should attend this update within 6 months of employment.
- The International Code of Marketing of Breast milk Substitutes[5] is implemented throughout the service.
- All documentation should support the implementation of the Baby Friendly standards including Antenatal Conversations in Pregnancy and Postnatal conversations forms[7] for the maternity team.
- Parents' experiences of care will be listened to, through regular audit, parents' experience surveys and care opinion.

Pregnancy

All pregnant women will have the opportunity to discuss feeding and caring for their baby with a health professional (or other suitably trained designated person). This discussion will include the following topics:

- 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. Keeping their baby close supports this concept.
- Antenatal Colostrum Harvesting.
- Feeding, including:
    - an exploration of what parents already know about breastfeeding.
    - the value of breastfeeding as protection, comfort, and food
    - getting breastfeeding off to a good start[35]

Information on breastfeeding support available, including the Online and Face to Face Antenatal Education Workshops - 'Getting ready for baby', Out of hours Health Visiting Infant feeding Helpline, Breastfeeding Support Groups, Peer Volunteers and the SHSCT Infant Feeding Website[8].

Birth

- All mothers will be offered the opportunity to have uninterrupted skin contact with their baby at least until after the first feed, for a minimum of 1 hour or for as long as they want. This supports the emergence of the instinctive behaviour of breast seeking (baby) and nurturing (mother).
- All mothers will be encouraged to offer the first breastfeed in skin contact when the baby shows signs of readiness to feed. The aim is not to rush the baby to the breast but to be sensitive to the baby's instinctive process towards self-attachment.
- When mothers choose to formula feed, they will be encouraged to offer the first feed in skin contact (additional care being taken to ensure baby remains warm).
- Those mothers 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.
- Mothers with a baby on the neonatal unit are:
    - Enabled to start expressing milk as soon as possible after birth (within two hours ideally unless maternal health prevents this).
    - Supported to express effectively at least 8-10 times within 24hours including at night. They will be shown how to express by both hand and electric pump. Expressing checklist completed using BFI expressing assessment form[9]. The check list is included in pack when a baby is in NNU.

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

Safety considerations (skin-to-skin)

Vigilance of the baby's well-being is a fundamental part of postnatal care immediately following and in the first few hours after birth. For this reason, normal observations of the baby's temperature, breathing, colour, and tone should continue throughout the period of skin-to-skin contact in the same way as would occur if the baby were in a cot (this includes calculation of the Apgar score at 1-, 5- and 10-minutes following birth). Care should always be taken to ensure that the baby is kept warm. Observations should also be made of the mother, with prompt removal of the baby if the health of either gives rise to concern.

Staff should have a conversation with the mother and her companion 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 onto the floor or become trapped in bedding or by the mother's body. Mothers 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 vital signs and level of consciousness should be continued throughout the period of skin-to-skin contact. Mothers 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 can continue to hold their baby in skin-to-skin contact during perineal suturing, providing they have adequate pain relief. However, a mother who is in pain may not be able to hold her baby safely. Babies should not be in skin-to-skin contact with their mothers when they are receiving Entonox or other analgesics that impact consciousness.

Babies

All babies should be routinely monitored whilst in skin-to-skin contact with mother or father. Observation to include:

- Checking that the baby's position is such that a clear airway is maintained: Observe respiratory rate and chest movement and 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.

Always listen to parents and respond immediately to any concerns raised.

Support for Breastfeeding

Mothers will be enabled to achieve effective breastfeeding according to their needs including appropriate support with:

- Positioning and attachment
- Hand expression
- Understanding signs of effective feeding

This will continue until the mother and baby are feeding confidently.

- Mothers 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.
- A formal feeding assessment will be carried out using the UNICEF Breastfeeding Assessment Tool for maternity[9] in the child's PCHR as often as required in the first week with a minimum of two breastfeeding assessments to ensure effective feeding and the wellbeing of the mother and baby.

These assessments should be carried out on Day 3 and Day 5 and at any other times when there is a concern about feeding. This assessment will include a discussion with the mother to reinforce what is going well and where necessary, develop an appropriate plan of care to address any issues that have been identified. For babies in the neonatal unit the breastfeeding assessment tool for Neonatal[9] will be used.

Mothers with a baby on the neonatal unit will be supported to express as effectively as possible within 2-6 hours of delivery and encouraged to continue to express at least 8 -10 times in 24 hours including once during the night. Parents should be shown how to hand express and use a breast pump.

In the early postnatal period, breastfeeding mothers will be given information both verbally and in writing about recognizing effective feeding **

During the early postnatal period, all breastfeeding mothers will be informed of the SHSCT Infant Feeding page[8]. Mothers will be provided with verbal and written information about local support services for breastfeeding and where to call for additional help including out of hours breastfeeding support. They will also be signposted to their local breastfeeding support group and peer support networks.

For those mothers who require additional support for more complex breastfeeding challenges a referral can be made using Referral Pathway for Specialist Breastfeeding Service to the appropriate service. (See Appendix 1 & 2).

Responsive Feeding

Responsive Feeding:
Is a term used to describe a feeding relationship which is sensitive, reciprocal, and is about more than nutrition. Staff should ensure that mothers can 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.
Find out more in the UNICEF UK's responsive feeding info sheet[6].
http://unicef.uk/responsivefeeding

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.

When exclusive breastfeeding is not possible, the value of continuing partial breastfeeding will be emphasised, and parents 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.

When in hospital a full record will be made of all supplements given, including the rationale for supplementation and the discussions had with parents. Supplements must either be fully informed maternal choice of clinically indicated and documented as such.

Supplementation rates will be audited continuously using the UNICEF supplementation audit tool[9].

Modified Short-Term Feeding Regimes
There are several clinical indications for short term modified responsive feeding regimes in the early days after birth. Examples include preterm or small for gestational age babies and babies who are excessively sleepy after birth, frequent feeding, including a minimum number of feeds in 24 hours, should be offered to ensure safety. Advice can be obtained from the trusts neonatal Hypoglycaemia Policy[10].

Other babies where there is a designated guideline include:

- Prolonged Jaundice [11]
- Faltering Growth Guidance NICE 75 [12]
- Those babies who are excessively sleepy after birth and are reluctant to feed babies with excessive weight loss [13]
- Weighing Babies in the First Two Weeks SOP (2022) (See Appendix 3)

Formula Feeding

Mothers who chose to formula feed will be enabled to do so as safely as possible by discussing how to sterilize equipment and prepare infant formula. The safest way to prepare formula is using freshly boiled water from a kettle as described in the PHA Bottle Feeding Guidance [3]. If mothers chose to use a formula preparation machine, they should be signposted to First Steps Nutrition Website [14] for more information.

Mothers who choose to formula feed will be advised First Stage Milk until 1 year (unless otherwise medically indicated). Parents are signposted to First Steps Nutrition Website[14] for more information.

Mothers who formula feed will discuss the importance of responsive feeding[6] and be encourage to:

- Identify and respond to feeding cues.
- Limit the number of people who feed the baby / encouraging mothers to feed their own baby.
- Encourage parents to alternate sides the baby is held when formula feeding.
- Pace the feed – enabling the baby to take control of the milk flow and volume (staff should explain paced feeding to parents in detail from the list below).

  Hold the baby close in a semi upright position and look into their eyes.

  Invite the baby to draw in the teat rather than forcing the teat into their baby's mouth.

  Hold the bottle horizontally (or just slightly tipped) in order that the baby can control the flow of milk.

  Follow the baby's cues for when they need a break (recognising that these will differ e.g. splayed fingers and toes, milk spilling out of mouth, stopping sucking, turning head away, pushing teat away); lower the teat in the

mouth so the flow ceases or remove the teat if that appears to be what the baby wants.

Avoid forcing the baby to complete the feed.

In partnership with the parent, all staff should complete the Bottlefeeding checklist within the PCHR.

Early postnatal period: support for parenting and close relationships

Skin-to-skin contact will be encouraged throughout the postnatal period for bonding and as a method of calming an unsettled baby. It can also be used for babies who are reluctant of feed and as a method of warming a baby that is cool.
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, rooming in, responsive feeding and safe sleeping practice). See recommendations on bed sharing and prevention of Sudden Infant Death at end of this Policy.
Mothers 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-baby relationship.
Parents will be given information about local parenting support that is available i.e. local Sure Start programmes and local Breastfeeding support groups. This information which is given to all mothers in their discharge pack will be updated regularly as groups, dates and times change.

Monitoring implementation of the standards

The SHSCT requires that compliance with this Policy is audited at least annually using the current UNICEF UK Baby Friendly Initiative audit tool[15].
Staff involved in carrying out this audit will be trained in the use of this tool.
Audit results will be reported to the local Maternity Unit Managers and the Head of Midwifery, an action plan will be agreed with the SHSCT Breast Feeding Strategy Group to address any areas of non-compliance that have been identified.

Monitoring Outcomes

Outcomes will be monitored by recording breastfeeding initiation rates and breastfeeding on discharge using NIMATS and the CHS.

Infant feeding data will be collated and reported to the Head of Midwifery and the SHSCT Breastfeeding Strategy Group via the Dashboard.

4.2 Care Standards – Neonatal

The purpose of this neonatal infant feeding section is to ensure that all staff within SHSCT neonatal services understand their role and responsibilities in supporting parents to feed and care for their baby in ways that support optimum health and well-being.

Staff working within the Neonatal Units are expected to comply with this Policy.

Outcomes

This Policy aims to ensure that care provided improves outcomes for children and families and to specifically deliver:

- Ensuring mothers are supported to establish early lactation.
- Increase the number of mothers expressing breastmilk in the first 24 hours following their baby's admission to the Neonatal Unit
- Increase the number of babies receiving breastmilk within the first 24 hrs after admission to the Neonatal Unit
- Support mothers of sick and preterm infants to provide breastmilk and make a successful transition to breastfeeding.
- When parents choose to formula feed, they report that they have received proactive support to feed their baby as safely as possible including guidance on responsive and paced bottle feeding. This information should be In-line with current Public Health Agency Bottle Feeding Guidelines[3] and UNICEF Responsive feeding guidance[6].
- Increases in the number of babies discharged home breastfeeding or being fed mothers own expressed milk.
- Enhance parents' experiences of care in the NICU providing them with 24 hr access to their baby.

Our commitment

SHSCT is committed to:

- Providing the highest standard of care to support parents with a baby on the Neonatal unit 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 family centred, non-judgmental and that parents' decisions are supported and respected.
- Working together across disciplines and organisations to improve parents' experiences of care.

As part of this commitment the service will ensure that:

- All new staff are familiarised with the policy on commencement of employment.
- All staff receive training to enable them to implement the policy as appropriate to their role. New staff receive this training within six months of commencement of employment.
- The International Code of Marketing of Breast-milk Substitutes is implemented throughout the service[5].
- All documentation fully supports the implementation of these standards.
- Parent's experience of care will be listened to, through regular audit using the Baby Friendly Initiative Audit Tool and Care Opinion.

Supporting parents to have a close and loving relationship with their baby.

This service recognises the profound importance of secure parent-infant attachment for the future health and well-being of the infant and the huge challenges that the experience of having a sick or premature baby can present to the development of this vital relationship.

Therefore, this service is committed to care which actively supports parents to develop a close and loving bond with their baby.

All parents will:

- have a discussion with staff as soon as possible (either before or after their baby's birth) about the importance of touch, comfort and communication for their baby's health and development.
- be actively encouraged and enabled to provide touch, comfort, and emotional support to their baby throughout their baby's stay on the neonatal unit.
- be enabled to have frequent and prolonged skin to skin contact with their baby as soon as possible after birth and throughout the baby's stay on the neonatal unit (SHSCT Neonatal Skin to Skin Guideline)[16].

Enabling babies to receive breastmilk and to breastfeed.

This service recognises the importance of breastmilk for babies' survival and health. Therefore, this service will ensure that:

- Mother's own breastmilk is always the first choice of feed for her baby.
- Mothers have a discussion regarding the importance of their breastmilk for their preterm or ill baby as soon as is appropriate.
- Mothers are provided with a colostrum pack and expressing diary.
- Mothers are assisted to commence expressing in a suitable environment conducive to effective expression.
- Mothers have access to effective breast pumps and equipment.

Mothers are enabled to express breastmilk for their baby, including support to:

- Express as early as possible after birth (ideally within two hours)

- Learn how to express effectively, including by hand and by pump
- Learn how to use pump equipment and store milk safely (SHSCT Guideline on collection, safe storage and use of breastmilk in neonatal/SCBU) [17].
- Express frequently (at least 8-10 times in 24 hours, including once at night) especially in the first two to three weeks following delivery, in order to optimise long-term milk supply.
- Overcome expressing difficulties where necessary, particularly where milk supply is inadequate, or if less than 750ml in 24 hours is expressed by day fourteen.
- Stay close to their baby when expressing milk, also be provided with a private expressing room if mother prefers privacy.
- Use colostrum and EBM for mouth care.
- A formal review of expressing is undertaken a minimum of four times in the first two weeks to support optimum expressing and milk supply using the UNICEF BFI Breastmilk expressing tool[**].
- Donor milk may be considered to establish enteral feeding when mothers own milk is unavailable[18].
- Mothers will be provided with a breast pump if required on discharge from hospital.

Mothers receive care that supports the transition to breastfeeding, including support to:

- Be close to their baby as often as possible.
- Recognise and respond to feeding cues.
- Skin-to-skin contact to encourage instinctive feeding behaviour.
- Position and attach their baby for breastfeeding.
- Recognise effective feeding.
- Overcome challenges when needed.

Parents are provided with details of voluntary support for breastfeeding in the community which they can choose to access at any time during their baby's stay. Mothers are supported through the transition to discharge home from hospital, including having the opportunity to stay overnight/for extended periods to support the development of mothers' confidence and modified responsive feeding.

Valuing parents as partners in care

This service recognises that parents are vital to ensuring the best possible short- and long-term outcomes for babies and therefore, should be considered as the primary partners in care.

The service will ensure that parents:

• have unrestricted access to their baby.

• are fully involved in their baby's care, with all care possible entrusted to them.

• are listened to, including their observations, feelings and wishes regarding their baby's care.

• have full information regarding their baby's condition and treatment to enable informed decision-making.

• are made comfortable when on the unit, with the aim of enabling them to spend as much time as is possible with their baby.

• parents who formula feed will receive information about how to clean/sterilise equipment, make up bottles of formula milk and feed this to their baby using a safe technique.

• parents that are formula feeding also receive information on the type (not brand) of milk best suited to their baby needs.

Monitoring implementation of the standards

The SHSCT requires that compliance with this Guideline is audited at least annually using the current UNICEF UK Baby Friendly Initiative audit tool[15].

Staff involved in carrying out this audit will be trained in the use of this tool.

Audit results will be reported to the NICU Managers and Head of Paediatrics, an action plan will be agreed with the SHSCT Breast Feeding Strategy Group to address any areas of non-compliance that have been identified.

Monitoring Outcomes

The outcomes will be monitored by:

• Monitoring expressing rates

• Monitoring Human Milk and Breastmilk feeding rates

• Monitoring Breastfeeding rates

• Badgernet, UNICEF Audit tool and Care Opinion

The outcome indicators will be reported on an annual basis to NICU Managers, Head of Paediatrics and their teams.

4.3 Care Standards - Health Visiting (HV)

This section of the Policy sets out the care that the health visiting service is committed to giving each expectant and new mother. It is based on:

- UNICEF UK Baby Friendly Initiative standards [1]
- Healthy Child Healthy Future Programme[19]
- Current Northern Ireland Breastfeeding Strategy[2]

Purpose

The purpose of this Policy is to ensure that all staff working within health visiting services of SHSCT 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.

Outcomes

This Policy aims to ensure that the care provided improves outcomes for children and families, specifically to deliver:

- Increase in breastfeeding rates at all HCHF contacts.
- When parents choose to formula feed, they report that they have received proactive support to feed their baby as safely as possible including guidance on responsive and paced bottle feeding. In-line with Public Health Agency Bottle Feeding Guidelines[20] and UNICEF Information on formula and responsive feeding[6].
- Support parents to introduce solid food to their baby in line with nationally agreed guidance, currently 6 months[4].
- Improvements in parents' experiences of care
- Evidence based Information provided to all antenatal women and their families on the value of breastfeeding and the importance of developing close and loving relationships with their unborn babies.
- Information to staff/mothers on where to get help with feeding issues.
- All Parents irrespective of feeding understand the importance of developing close and loving relationships with their babies.

Our Commitment

SHSCT Health Visiting services 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 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-judgemental and that mothers' decisions are supported and respected.
- Working together across disciplines and organisations to improve mothers' / parents' experiences of care.

As part of this commitment the service will ensure that:

All new staff are familiarised with the policy on commencement of employment.

All staff receive training to enable them to implement the policy as appropriate to their role:

New staff should attend the 2-day UNICEF training (if not previously completed) within six months of commencement of employment. Staff that have completed the UNICEF 2-day training, should attend an annual ½ day infant feeding training update. New staff who have completed the 2-day training in another trust and student HVs should attend this update within 6 months of employment.

The International Code of Marketing of Breast-milk Substitutes[5] is implemented throughout the service.

All documentation fully supports the implementation of these standards.

Parents' experiences of care will be listened to, through regular audit, parents' experience surveys and care opinion.

Health Visiting Antenatal Contact

The Department of Health, Healthy Child Healthy Future[19] (2010) document promotes that all women should be offered an antenatal contact at home by the health visiting service. Antenatal women within the SHSCT should be offered a contact by the health visitor after 28 weeks gestation.

This contact should include a discussion on the following topics:

- The value of connecting with their growing baby in utero.
- The value of skin contacts 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.
- 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.
- Hand expression and Colostrum harvesting (if appropriate).

- Breastfeeding when out and about.
- Breastfeeding support available.

All antenatal women should be signposted to the following resources:

- Antenatal Infant Feeding workshops.
- SHSCT Infant feeding page.
- Breastfeeding groups.
- Other support available.

The health visitor should complete the UNICEF antenatal conversation form[7] at this contact.

Support for Continued Breastfeeding

New Birth Visit (Day 10-14)

A formal breastfeeding assessment including observing a feed is completed using the UNICEF Breastfeeding Assessment tool[9] to ensure effective feeding and wellbeing of mother and baby. This includes recognition of what is going well and the development in partnership with the mother an appropriate plan of care to address any issues identified.

For those mothers who require additional support for more complex breastfeeding challenges a referral can be made using Referral Pathway for Specialist Breastfeeding Support to the appropriate service. (Appendix 1) Mothers will be informed of this pathway.

The following should be discussed:

- Hand expression
- PHA Guidance on Vitamin D[21] for mothers and babies
- Skin to skin
- Breastfeeding support available including Breastfeeding Support Groups, Peer Support Volunteers, SHSCT Infant Feeding page[8]
- Relationship building and brain development.
- Responsive breastfeeding
- Growth monitoring

The UNICEF Postnatal conversation sheet[7] should be commenced.

Ongoing Support

To support all mothers to maximise breastmilk, for longer term breastfeeding the following should be discussed:

- Expression and storage of breast milk

- Feeding when out and about[22] and PHA Breastfeeding Welcome Here scheme
- Going back to work, including signposting to the PHA Breastfeeding and Returning to Work leaflet[23] and advise of Trust Health Improvement scheme 'Back to work' pack that is available to all mothers who live in the SHSCT.
- Signpost all Trust Employees to SHSCT policy on Supporting Breastfeeding employees[24].

If additional support is required, a breastfeeding assessment should be completed and a Level 2 care plan initiated, as agreed with mother. When more complex breastfeeding challenges arise, a referral can be made using Referral Pathway for Specialist Breastfeeding Support. (Appendix 2).

The service will work in collaboration with Breast feeding Support Groups, Peer Support Mothers and Sure Starts, to ensure that mothers have access to social support for breastfeeding.

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 should 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. Find out more in UNICEF UK's responsive feeding info sheet[6]

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.
- 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 breastmilk 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 bottle-feeding when a baby is learning to breastfeed.

When a mother introduces formula, it's important that the HV has a discussion to enable her to make an informed feeding choice. Including the following:

- Potential impact of formula on breast milk supply
- How to maximise breastmilk
- Sterilisation of bottles, the safe preparation of formula, first stage milk formula and paced bottle feeding.

Health visitors should complete the bottle-feeding checklist in the PCHR.

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 SHSCT Guidelines on the prevention and management of the Excessive weight loss in the Breastfed neonate and NICE guidelines for Faltering Growth (2017)[12]. Regional Faltering Growth Policy currently in draft format (2025).

It is important that mothers realise that once the baby has achieved a normal pattern of feeding/growth, responsive feeding should re-commence.

Support for Formula Feeding

At the new birth visit mothers who formula feed will be enabled to do so as safely as possible through the offer of a demonstration and/or discussion about how to sterilise equipment and prepare infant formula. HVs will acknowledge that this information will have been discussed by maternity staff but may need revisiting or reinforcing. They will always be sensitive to a mother's previous experience, when providing this information

This discussion will include how to sterilise equipment and prepare infant formula. The safest way to prepare formula is using freshly boiled water from a kettle as described in PHA guidelines[3]. If Mothers chose to use a formula preparation machine, signpost them to First Steps Nutrition Website[14].

SHSCT staff do not promote, advertise, or endorse any formula brand. First stage formula milk until 1 year is advised, unless otherwise medically indicated.

Mothers who choose to formula feed will be signposted to evidence based information at First Steps Nutrition[14].

Mothers who formula feed will have a discussion about the importance of responsive feeding[20 25] and be encouraged to:

- Identify and respond to cues that their baby is hungry.
- Limit the number of people who feed the baby / encouraging mothers to feed their babies themselves.
- Encourage parents to alternate sides when formula feeding.
- Pace the feed so that their baby is not forced to feed more than they want to. Paced feeding enables the baby to take control of the milk flow and volume (needed with enough detail from the list below to demonstrate that the staff member understands how to pace the feed and why this is important)
- Hold the baby close in semi-upright position and look into their eyes.
- Invite the baby to draw in the teat rather than forcing the teat into their baby's mouth.
- Hold the bottle horizontally (or just slightly tipped) in order that the baby can control the flow of milk.
- Follow the baby's cues for when they need a break or when they have had enough milk (recognising that these will differ e.g. splayed fingers and toes, milk spilling out of mouth, stopping sucking, turning head away, pushing teat away); lower the teat in the mouth so the flow ceases or remove the teat if that appears to be what the baby wants
- Avoid forcing the baby to complete the feed.

In partnership with the parent, all staff should complete the Bottle-feeding checklist within the PCHR[26].

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 e.g. absence of tongue thrust, sitting unaided and able to bring food to their mouth.
- The risks of early introduction of solids e.g. replaces breastmilk, gut maturity.
- How to introduce solid food to babies[4 27].
- Appropriate foods for babies[27].

Support for Parenting and Close Relationships

- All parents should be supported to understand the importance of a close and loving relationship with their babies and how to develop these. This discussion will include how oxytocin and cortisol (stress hormone) impacts on their baby's brain development.
- 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 most feeds to their baby themselves to help enhance the mother-baby relationship.

All parents will be given information about local parenting support that is available within the locality by their Health Visitor.

Monitoring Implementation of the Standards

The SHSCT requires that compliance with this Policy is audited at least annually using the current UNICEF UK Baby Friendly Initiative audit tool.

Staff involved in carrying out this audit will be trained in the use of this tool.

Monitoring Outcomes

- Monitor breastfeeding rates quarterly (CHS stats)
- UNICEF Annual Mothers and Staff Audits

Audit results will be reported to UNICEF UK BFI and all staff including Health Visiting Managers, Senior Managers and the Breastfeeding Strategy Group. If the UNICEF BFI standards are not met, an action plan will be put in place and standards revisited.

4.4 Care standards for Hospital based Children's Services

The purpose of this infant feeding section is to ensure that all staff within SHSCT Children's Services understand their role and responsibilities in supporting parents to feed and care for their baby in ways that support optimum health and well-being.

Staff working within Children's Services are expected to comply with this Policy.

Outcomes

This policy aims to ensure that the care provided improves outcomes for children and families, specifically to deliver an increase in the number of:

- parents who are enabled to continue to develop and maintain a close and loving relationship with their child during hospital treatment
- babies receiving human milk
- mothers who report being supported with expressing and maximising breastmilk use
- babies who are discharged home breastfeeding and/or human milk feeding
- parents who chose to formula feed reporting that they have received proactive support to formula feed as safely and as responsively as possible in line with current local and national guidance
- families who report not being separated from their child during their stay.

Additionally, it aims to improve parents' experiences of care, including those related to shared decision making and the support provided to care for their child as they wish, and

Our commitment

SHSCT Hospital base Children's service is committed to:

- Providing the highest standard of care to support parents to feed their baby and to continue to build strong and loving parent-infant relationships
- Ensuring that all care is family-centred, non-judgmental and that the decisions of parents/primary caregivers are supported and respected
- Working together across disciplines and organisations to improve parents'/primary caregivers' experiences of care.

As part of this commitment the service will ensure that:

- All new staff are familiar with the policy on commencement of employment and regular subsequent checks are made to ensure that the policy is being followed
- All staff receive training to enable them to implement the policy as appropriate to their role
- New staff receive this training within six months of commencement of employment and the service will maintain accurate records of training
- The International Code of Marketing of Breastmilk Substitutes (the Code) is implemented throughout the service.
- All documentation fully supports the implementation of these standards
- Parents'/primary caregivers' experiences of care are always listened to, including through regular audit using the Baby Friendly Initiative audit tool, parent experience surveys and Care Opinion.

Care standards.

Each standard listed below is facilitated in a family-centred way which ensures joint decision-making between healthcare providers and parents, including listening to parents'/primary caregivers' views and wishes. The service recognises the importance of supporting all families with their feeding choices and is committed to providing evidence-based care relating to all aspects of early childhood feeding.

1. **Enable babies to continue to breastfeed and/or to receive human milk when possible.**

This service recognises the importance of human milk for babies' health. Therefore, this service will ensure that:

- Breastfeeding will be respected as a response to infants' needs for comfort, love and food
- Families who are breastfeeding/feeding with human milk have a discussion with an appropriate member of staff regarding the continued importance of breastfeeding and human milk for their baby
- Breastfeeding and infant feeding histories are undertaken and appropriate care plans are created following effective assessment to enable continued and effective feeding
- Mothers are supported to breastfeed responsively according to the infant's care requirements and staff will support families in care planning relating to alternative ways to provide milk feeds if responsive breastfeeding is not possible due to the infant's condition
- A mother's own breastmilk is always the first choice of feed for the baby, including using breastmilk for mouth care if the baby is unable to have oral feeds, and later to tempt the baby to feed or when re-introducing feeding

- A suitable environment that allows mothers to effectively express breastmilk is created across the service
- Mothers are supported to express breastmilk for their baby as required. This includes:
    - access to effective breast pumps and equipment
    - information on how to express effectively, including by hand and by pump, according to individual needs
    - information on how to store milk safely within the hospital setting and at home
    - allowing mothers to stay close to their baby (when possible) when expressing milk.
- A formal review of expressing is undertaken as required to support effectiveness, with assistance provided to overcome any challenges
- Mothers receive care that supports the transition to (or back to) breastfeeding, including support to:
    - recognise and respond to feeding and comfort cues
    - use skin-to-skin contact to encourage instinctive feeding behaviour
    - position and attach their baby for breastfeeding
    - recognise effective feeding
    - overcome challenges when needed.
- Families are provided with details of support for breastfeeding which they can choose to access at any time during their baby's stay
- A pathway is provided to enable specialist support with expressing and/or breastfeeding as and when required or when requested by the mother/family (Appendix 2)
- Mothers are enabled to stay with their baby at all times, including overnight, in order to support confidence and responsive breastfeeding or modified responsive breastfeeding as appropriate
- Families are provided with information about all available sources of support within the community; this may include breastfeeding support groups, how to access breast pump equipment and other sources of support available through health professionals and the voluntary sector when discharged home
- The philosophy of care across the service supports breastfeeding and enables an appropriate environment in which to feed comfortably and in privacy if requested by the mother.

2. Implement evidence-based practices related to giving foods or fluids other than breastmilk

The service will ensure that:

- Families are supported in their feeding choices and are enabled to do so as safely as possible and with the least possible disruption to breastfeeding

- Bottle feeding and infant feeding histories are undertaken, and appropriate care plans are created following effective assessment to enable continued and effective feeding
- Families who are bottle feeding (expressed human milk or infant formula) are supported to do so safely and responsively and be encouraged 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 in response to the baby's behavioural and stress cues
    - recognise when the baby has had enough at an individual feed and avoid forcing the baby to finish the bottle.
- Staff will support families in care planning relating to alternative ways to provide milk feeds if responsive bottle feeding is not possible due to the infant's condition
- Families who are using infant formula will be supported to make up and/or prepare feeds safely in line with local and national policy
- Families are provided with information on using a first milk for the first year and then moving to cow's milk, unless medically indicated
- All families who are giving solid foods or fluids other than breastmilk are provided with evidence-based information and guidance, according to local and national policy, on providing their infant's food and drinks in a safe way that optimises their infant's health
- Families who wish to provide their own food for their child are supported to do so
- There is no advertising of breastmilk substitutes, bottles, teats or dummies anywhere in the service.

3. Supporting close and loving relationships whilst valuing parents as partners in care

This service recognises the profound importance of secure parent-infant attachment for the future health and wellbeing of the infant, in addition to the challenges that the experience of a baby requiring care from hospital-based services can have. Therefore, this service is committed to care which actively supports parents to continue to develop a close and loving relationship with their baby, and to ensuring that parent/primary caregivers will:

- Have ongoing, family-centred conversations with the healthcare team to enable referral or signposting to appropriate support services if required
- Have unrestricted access to their baby unless individual restrictions can be justified in the baby's best interest
- Be supported to be fully involved in their baby's care, with as much care as is possible entrusted to them

- Be listened to (e.g. observations, feelings and wishes) regarding their baby's care
- Receive full information regarding their baby's condition and treatment to enable informed decision-making
- Be provided with a level of comfort when on the unit, with the aim of enabling them to spend as much time as is possible with their baby including comfortable beds and chairs, washing facilities and the provision of food and drinks
- Be actively encouraged to provide comfort and emotional support for their baby, including skin-to-skin contact, comfort touch and responding to behavioural cues
- Be supported to understand safe sleep guidance and practice both within the hospital environment and at home.

Monitoring implementation of the standards

SHSCT Hospital base Children's service requires that compliance with this policy is audited at least annually using the UNICEF UK Baby Friendly Initiative audit tool for hospital-based children's service. Staff involved in carrying out this audit require training on the use of this tool. Audit results will be reported to the [insert title of head of service and head of division] and an action plan will be agreed by [insert appropriate committee / board or working party] to address any areas of improvement and/or non-compliance that have been identified.

Monitoring outcomes

Outcomes will be monitored in the following age categories:

- ≤8 weeks
- >2 months – ≤6 months
- >6 months – ≤12 months
- >12 months – ≤ 24 months

Outcomes will be monitored through the following:

1. Feeding method on admission to the hospital setting:
   - The percentage of mothers breastfeeding/human milk feeding on baby's admission to the paediatric ward/unit (in-patient care)
   - The percentage of mothers breastfeeding/human milk feeding when their baby enters the hospital setting, (Emergency Department (ED) and paediatric assessment units (PAU)).

2. Feeding method on discharge from the hospital setting:
   - The percentage of mothers breastfeeding/human milk feeding their baby on discharge from the paediatric ward (in-patient care)
   - The percentage of infants breastfeeding/human milk feeding when they leave the hospital setting (ED or paediatric assessment units (PAU))

3. Intermittent audit of family experience in relation to infant feeding will be carried out to monitor outpatient clinics, as defined by each service, but may include:
   - Babies reviewed for jaundice
   - Static/faltering growth
   - Infant feeding problems
   - Admissions related to infection
   - [Other as specified by the service]

4. Baby Friendly mother/primary caregiver audits will collect information on progress over time related to the standards, e.g. responsive feeding, breast and bottle feeding, introducing solids, safe sleep, close and loving relationships etc.

Outcomes will be reported to:

[Insert title of appropriate head of service / head of division, committee / board or working party]

5.0 SUPPORT FOR MOTHERS BREASTFEEDING ON TRUST PREMISES AND RECEIVING CARE IN TRUST

Support for breastfeeding mothers on Trust Premises.

If a breastfeeding mother is within Trust premises, she is welcome to breastfeed anywhere. However, if she requests a private place to feed, all efforts should be made to accommodate this. Staff should signpost mothers to the nearest infant feeding rooms (Appendix 4) if available or any private area.

Support for breastfeeding mothers receiving care within an Acute Setting.

1. When a breastfeeding mother is admitted to an acute setting, please contact the Hospital Infant Feeding Lead or Maternity unit for advice and support.
2. The support a breastfeeding mother needs will depend on the nature of the illness and the treatment required.
3. All clinicians' concerned need to know the mother is breastfeeding and need to plan all treatment with this in mind, as well as planning to prescribe treatment which is compatible with breastfeeding. It is appropriate to seek the support of the Pharmacy and Infant Feeding Team to support discussion on the safety of breastfeeding and drugs in breastmilk.
4. Information on drugs and breastfeeding can also be found at: Drugs in Breastmilk factsheets - The Breastfeeding Network [28].
5. The options for care then need to be explained to the mother and the aim should be to protect the breastfeeding relationship.
6. The trust must make every effort to facilitate the baby staying with the mother, a side room should be provided. This will support on-going milk production

and the protection it provides for mother and baby. If the mother is unwell and unable to care for her baby, consideration should be given to accommodate the partner/one named person who can care for the baby, whilst minimising separation.

7. If this is not possible then the trust must make provision for another family member to bring the baby in for frequent short visits to breastfeed. Provide facilities and support for the mother to express breastmilk is she wishes to maintain lactation and aim to take any expressed breast milk home regularly to feed to the baby when separated from the mother.
8. Mothers need information about any planned treatment, and accurate, evidence-based, up-to-date information about any drug treatments and effects they may have on her and her baby.
9. If the mother is on medications definitely known to be incompatible with breastfeeding but only on a short-term course, continue to provide facilities and support for her to express breastmilk and maintain supply. This milk should be discarded, and breastfeeding can resume once the medication has stopped. It is appropriate to contact the Infant Feeding Team who can support communication on this subject.
10. If the mother needs to start longer-term therapy with medications incompatible with breastfeeding, such as chemotherapy, provide facilities and support the mother to express and discard any breastmilk and decrease the supply gradually, considering individual comfort. It is appropriate to contact the Infant Feeding Team who can support your planning of this process.
11. Mothers may require investigative procedures such as an MRI or CT scan. In most cases a mother can continue to breastfeed. For further information please refer to the breastfeeding network for medical procedures whilst breastfeeding. Medical procedures Archives - The Breastfeeding Network [29].
12. If the mother needs isolation care, continue to provide facilities and support to express breastmilk and maintain supply, supporting access to the family to take the milk home to the baby.

Supporting a mother to express her breast milk in an Acute Setting

If supporting a mother to express her breastmilk. A hospital grade breast pump can be provided from the maternity ward as well as pump sets and storage containers. If a suitable fridge is unavailable to store the mother's milk, then all expressed breastmilk should be clearly labelled and stored in the maternity milk fridge until arrangements can be made to transport it home. Details must include a hospital sticker, the date and time the milk was expressed. Guidance on the safe storage of breastmilk can be found on the breastfeeding networks website. Expressing and storing breastmilk - The Breastfeeding Network [30]

6.0 Recommendations for Health Professionals Discussing Sudden Infant Death Syndrome

For further Information refer to UNICEF Caring for your baby at night[31] and the Lullaby Trust: Safer sleep [32].

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

All Parents are provided with key messages for safe sleep Safe Sleeping A6 Card[33] through a face-to-face discussion with their Midwife and Health Visitor (leaflet available on PHA website). All parents are provided with the Birth to Five book / pdf [34] at discharge from maternity ward.

Caring for a baby at night can be challenging for any parent, therefore a sensitive, empathetic conversation about safe sleep, including co-sleeping, and feeding management should be offered to every new parent. Caring for your Baby at Night and when Sleeping [31]. offers a useful structured approach. Parents can be signposted to the Lullaby Trust for further information How to reduce the risk of SIDS for your baby - The Lullaby Trust[32].

Professionals can signpost to other agencies who can offer support to parents.

7.0 Recommendations for Health Professionals on Discussing Co-Sleeping with Parents.

The current body of evidence overwhelmingly supports the following key messages, which should be conveyed to all parents:

The safest place for baby to sleep is on a clear, flat sleep space which is easy to create in a cot or Moses basket.

This should be in the same room as parent/carer day and night for the first 6 months.

Sleeping with a baby on a sofa/armchair puts baby at the greatest risk of SIDs and should be always avoided.

All Health Professionals will discuss the potential risks of co-sleeping in conjunction with current advice.

Parents will be advised that baby should not share a bed with anyone who:

- is a smoker

- has consumed alcohol

- has taken drugs (legal or illegal) that make them sleepy

Or if baby has a Low birth weight or born prematurely (born before 37 weeks)

8.0 IMPLEMENTATION

8.1 Dissemination

This Policy is relevant to all staff who work with parents / carers that have responsibility for a new baby. Dissemination of this policy will be done through:

- Local staff briefings including training
- New staff induction programmes
- Trust Intranet

9.0 RESOURCES

Resources required to implement this Policy include mandatory infant feeding update training for all staff.

10.0 EXCEPTIONS

Presently there are no areas unable to comply with the arrangements laid down in the guideline.

11.0 MONITORING

Monitoring arrangements have been stated in each individual section area for Maternity, Neonatal, Children's and Health Visiting services.

12.0 REFERENCES

1. UNICEF Baby Friendly standards: Baby Friendly Standards - Baby Friendly Initiative
2. DOH: Breastfeeding - A Great Start: A Strategy for Northern Ireland 2013-2023 – under review: doh-breastfeeding-strategy-final-review.PDF
3. Public Health Agency: Bottlefeeding January 2024: Bottlefeeding | HSC Public Health Agency
4. Public Health Agency: Weaning Made Easy moving from milk to family meals January 2024: Weaning made easy: moving from milk to family meals (English and translations) | HSC Public Health Agency
5. A guide for health workers to working within the International Code of Marketing of Breastmilk Substitute: The International Code of Marketing of Breastmilk Substitutes - Baby Friendly Initiative
6. UNICEF Responsive Feeding: Responsive Feeding Infosheet - Baby Friendly Initiative
7. UNICEF: Antenatal and postnatal conversations: Guidance for antenatal and postnatal conversations - Baby Friendly Initiative

8. SHSCT Infant Feeding Webpage: Infant Feeding | Southern Health & Social Care Trust
9. UNICEF Breastfeeding Assessment Tools 2023: Breastfeeding Assessment Tools - Baby Friendly Initiative
10. SHSCT NNNI Care pathway for the Identification and Management of Late Pre-Term and Full-Term Babies at Risk of Neonatal Hypoglycaemia, February 2020
11. NICE: Jaundice in Newborn Babies under 28 days www.nice.org.uk/guidance/cg98
12. NICE: Faltering growth: recognition and management of faltering growth in children: Overview | Faltering growth: recognition and management of faltering growth in children | Guidance | NICE
13. SHSCT Managing Term, Sleepy Baby Guide, 2021
14. First Steps Nutrition Trust: Infant Milks: Infant milks for health workers — First Steps Nutrition Trust
15. UNICEF UK Baby Friendly Initiative audit tool available from Breastfeeding Coordinator as purchase only access.
16. SHSCT Skin to Skin contact – parents and babies procedure in Neonatal/SCBU, July 2024
17. SHSCT Procedure For The Collection, Storage and Use of Breast Milk in Neonatal/SCBU and receipt of Donor Milk From Milk bank, September 2023
18. UNICEF: The use of Donor Human Milk in Neonates. BAPM April 2023: Revised BAPM Framework on the use of donor human milk in neonates - Baby Friendly Initiative
19. DOH: Healthy Child, Healthy Future. A Framework for the Universal Child Health Promotion 2010: Healthy Child, Healthy Future | Department of Health
20. UNICEF Infant formula and responsive bottle feeding: Infant formula and responsive bottle feeding - Baby Friendly Initiative
21. Public Health Agency: Vitamin D and you Leaflet: January 2024 Vitamin D and you | HSC Public Health Agency
22. Public Health Agency: Breastfeeding Out and About: Breastfeeding out and about | HSC Public Health Agency
23. Public Health Agency: Breastfeeding and returning to work: Breastfeeding and returning to work | HSC Public Health Agency
24. SHSCT, Breastfeeding and returning to Work Policy, June 2023
25. UNICEF A Guide to Bottle feeding: Guide to bottle feeding leaflet - Baby Friendly Initiative
26. UNICEF Bottle feeding assessment tool: Bottle feeding assessment tool - Baby Friendly Initiative
27. First Steps Nutrition Trust: Eating Well Resources: Eating Well resources — First Steps Nutrition Trust
28. The Breastfeeding Network: Drugs in Breastmilk factsheets - The Breastfeeding Network
29. The Breastfeeding Network: Medical procedures Archives - The Breastfeeding Network
30. The Breastfeeding Network: Expressing and storing breastmilk - The Breastfeeding Network
31. UNICEF Caring for you baby at night: Caring for your baby at night leaflet - Baby Friendly Initiative
32. Lullaby Trust: Safer sleep reduces the risk of SIDS: How to reduce the risk of SIDS for your baby - The Lullaby Trust

33. Public Health Agency: Safer Sleeping – Reducing the risk of sudden infant death: Safer sleeping - Reducing the risk of sudden infant death | HSC Public Health Agency
34. Public Health Agency: Birth to Five Book 2024: Birth to five | HSC Public Health Agency
35. Public Health Agency: Off to a Good Start 2023 Off to a good start | HSC Public Health Agency
36. SHSCT Guidelines for the Management and Administration of Expressed Breast milk and donor milk, August 2022

Public Health Agency: Supporting Breastfeeding Looked After Children Regional Guidance Supporting Breastfeeding

NICE Postnatal Care Guidance 2021 Overview | Postnatal care | Guidance | NICE

Linked to other policies:

SHSCT Guidelines on the Prevention and Management of Excessive Weight Loss in the Breastfed Neonate (SHSCT Faltering Growth SOP - NG75)

SHSCT Skin to Skin in Theatre Protocol, July 2021

SHSCT Protocol for the management of the Breastfeeding Healthy Term baby that is reluctant to breastfeed Reluctant Breastfeed, August 2022

SHSCT Guideline for the Management of Suspected Tongue Tie, July 2022

SHSCT Policy: Breastfeeding and Returning to Work, February 2022

13.0 CONSULTATION PROCESS

Consultation was sought from:

Lead Paediatricians

Lead Nurses for Public Health

Head of Service for Public Health

Family Nurse Partnership

Head of Service for Midwifery

Lead Midwives

Practice Development Midwives

Risk Management Midwife

Consultant Midwife

Head of Service for Neonatal and Childrens Service

Neonatal Manager

UNICEF BFI Lead for Northern Ireland

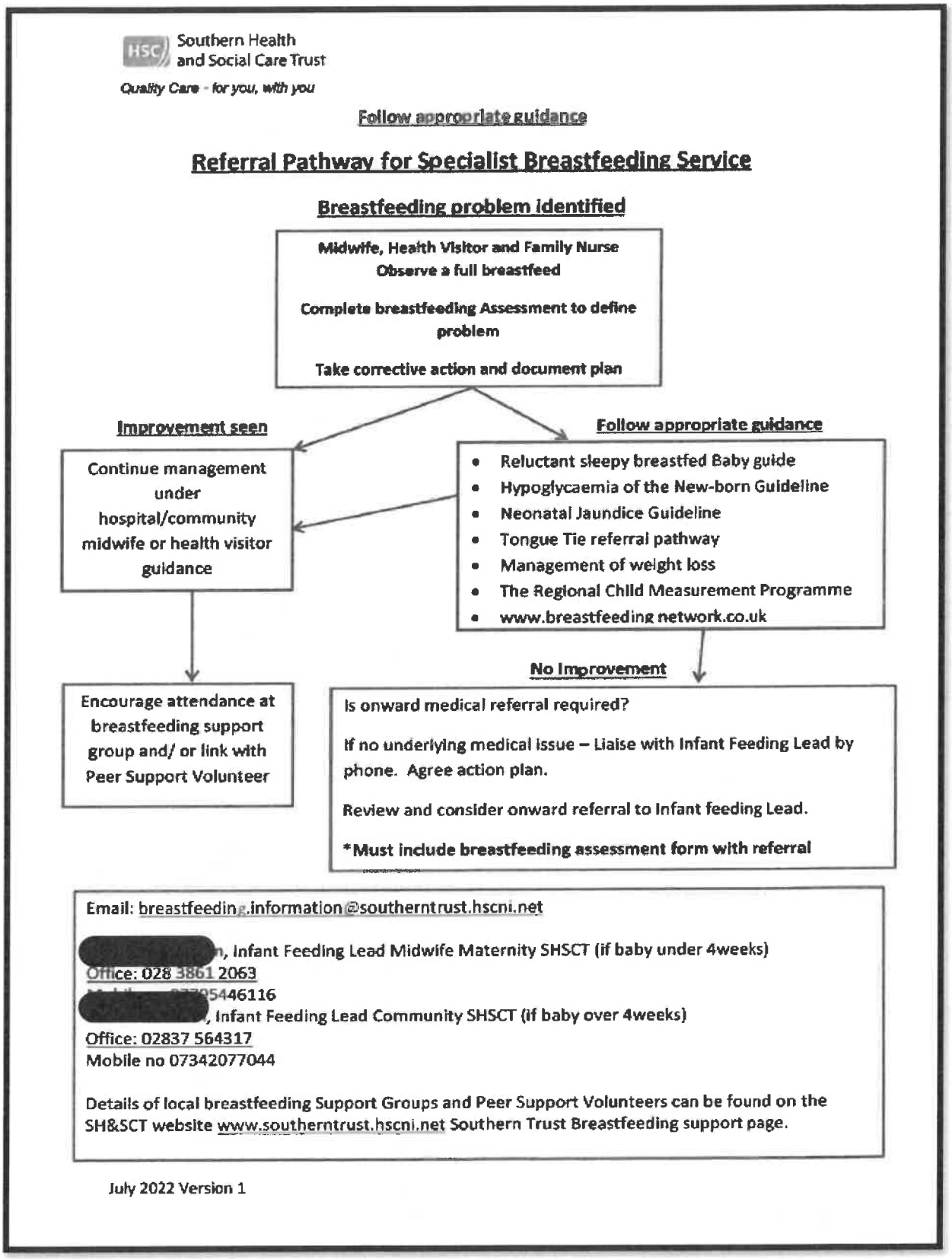
14.0 EQUALITY STATEMENT

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this Guideline should be subject to a full impact assessment has been carried out. The outcome of the equality screening for this Guideline, procedure, guideline or protocol is:

Major impact	
Minor impact	
No impact	

APPENDICES:

15.0 Appendix 1



Southern Health and Social Care Trust

Quality Care - for you, with you

Follow appropriate guidance

Referral Pathway for Specialist Breastfeeding Service

Breastfeeding problem identified

Midwife, Health Visitor and Family Nurse
Observe a full breastfeed

Complete breastfeeding Assessment to define problem

Take corrective action and document plan

Improvement seen

Continue management under hospital/community midwife or health visitor guidance

Encourage attendance at breastfeeding support group and/ or link with Peer Support Volunteer

Follow appropriate guidance

- Reluctant sleepy breastfed Baby guide
- Hypoglycaemia of the New-born Guideline
- Neonatal Jaundice Guideline
- Tongue Tie referral pathway
- Management of weight loss
- The Regional Child Measurement Programme
- www.breastfeeding network.co.uk

No Improvement

Is onward medical referral required?

If no underlying medical issue – Liaise with Infant Feeding Lead by phone. Agree action plan.

Review and consider onward referral to Infant feeding Lead.

*Must include breastfeeding assessment form with referral

Email: breastfeeding.information@southerntrust.hscni.net

[redacted], Infant Feeding Lead Midwife Maternity SHSCT (if baby under 4weeks)
Office: 028 3861 2063
[redacted]5446116
[redacted], Infant Feeding Lead Community SHSCT (if baby over 4weeks)
Office: 02837 564317
Mobile no 07342077044

Details of local breastfeeding Support Groups and Peer Support Volunteers can be found on the SH&SCT website www.southerntrust.hscni.net Southern Trust Breastfeeding support page.

July 2022 Version 1

Southern Health and Social Care Trust

Quality Care - for you, with you

Referral form for Specialist Breastfeeding Support – Acute and Community

Child's Name: **Childs H&C:**		**Child's Date of Birth**	
Mother's Name: **Mothers H&C:**		**Mother's Address** **Mother's Telephone:**	
Name of GP: **Referrer Name :**		**Referral date:** **Referrer Contact number :**	
Language:		**Interpreter required:**	
Child's Birth Weight:		**Child's current Weight:**	
Breastfeeding assessment completed: **Full feed observed:** ☐ **Plan implemented:** ☐		**Feeding improved after breastfeeding support and plan in place:** Choose an item.	
Please note key findings Baby:		**Please note key findings: Mother:**	
Baby has difficulty in latching on	☐	**Cracked nipples**	☐
Baby slips off breast	☐	**Breast engorgement even after feeds**	☐
Excessive weight loss	☐	**Blocked duct**	☐
Slow or no weight gain	☐	**Mastitis**	☐
Constant/frequent feeds not associated with growth spurt	☐	**Pain or 'grating' sensation during a feed**	☐
Clicking noises while feeding	☐	**Nipples misshapen after a feed**	☐
Baby not content after most feeds	☐	**Poor milk supply**	☐

Southern Health and Social Care Trust

Quality Care - for you, with you

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

Southern Health and Social Care Trust

Quality Care - for you, with you

Additional Information:

Completed by specialist/Infant Feeding Lead: .....

Date seen: .....

Member of staff present: .....

History and additional notes:

Challenges identified:

Outcomes:

Follow up:

Referral form to be sent to: breastfeeding.information@southerntrust.hscni.net

[redacted], Infant Feeding Lead Midwife. Maternity SHSCT (**if baby under 4weeks**)
Office: 028 3861 2063
Mobile No.: 07795446116
Email [redacted]@southerntrust.hscni.net

Ruth McGowan, Infant Feeding Lead Community SHSCT (**if baby over 4weeks**)
Office: 02837 564317
Mobile No.: 07342077044
Email [redacted]@southerntrust.hscni.net

Details of local breastfeeding Support Groups and Peer Support Volunteers can be found on the SH&SCT website www.southerntrust.hscni.net Southern Trust Breastfeeding support page.

Southern Health and Social Care Trust

Quality Care - for you, with you

Standard Operating Procedure

Weighing Babies in the first two weeks

1. All babies are weighed on Day 3 either in hospital or community
2. If weight loss is > 7%
   - Observe a full feed (breast feed or bottle).
   - Complete a breastfeeding assessment using the Breastfeeding Assessment Tool in the PCHR (red book).
   - Improve positioning and attachment.
   - Frequent feeds at least 3hrly encourage skin contact and biological nurturing//ajd back feeding. • Observe urine and stools output.
   - Observe suck and swallow pattern.
   - Observe baby's colour, alertness and tone. • Observe for any signs of infection.
3. Offer Day 4 visit for further support, encouragement and confidence building.
4. Reweigh the baby on Day 5
   Complete the Breastfeeding Assessment Tool in the PCHR Book, if appropriate.
5. If weight loss is 10-12%
   Please repeat the actions as above and in addition, if baby breastfed:
   - Express and offer EBM after each feed.
   - Consider switch feeding i.e. from one breast to the other more quickly (a temporary measure until baby feeds effectively and lactation improves).

   Review to exclude illness. Reweigh in
   24-48 hrs.
6. Consider Referral Pathway for Specialist Breastfeeding Services.
   [redacted]@southerntrust.hscni.net
   [redacted]@southerntrust.hscni.net
   Mobile 07795446116
   Office 028 37561326
7. If there is no improvement following feeding support or if baby continues to lose weight refer baby to short stay paediatric assessment unit or paediatrician on call. Telephone 028 37561965

Always weigh naked on regularly maintained scales (October – 2022)

18.0 Appendix 4

Breastfeeding Rooms (Acute)

Craigavon Area Hospital – Broadway Corridor (Beyond main reception)

Daisy Hill Hospital Newry - Antenatal Clinic (First Floor)