

Breastfeeding Policy

Principles

1. This Trust believes that breastfeeding is the normal and healthiest way for a woman to feed her baby and recognises the important health benefits (and risks of artificial feeding) for both mother and child.
2. All mothers have the right to make fully informed choices as to how to feed and care for their babies. The Trust will provide clear and impartial information to the mother and will ensure that all staff can and do fully support the woman in her choices.
3. Women are welcome to feed their babies anywhere in the Trust. If a mother requests privacy, she should be shown to one of the breastfeeding rooms, or a chair be provided in a quiet area.

Aims

1. To ensure that the health benefits of breastfeeding and the potential health risks of formula feeding are discussed with all women so that they can make an informed choice about how they will feed their baby.
2. To enable health care staff to create an environment where women will choose to exclusively breast feed, confident that they will be given support and information enabling them to do so.

In support of this policy

1. In order to avoid conflicting advice it is mandatory that all staff involved with the care of breastfeeding women adhere to this policy. Any deviation from the policy must be justified and recorded in the mother's and baby's notes.
2. The policy is paraphrased in the Trust's "Baby Feeding Policy" which is given to all mothers.
3. It is the individual midwife's responsibility to liaise with the baby's medical attendants (paediatrician, GP) should concerns arise about the baby's health.
4. No advertising of breastmilk substitutes, feeding bottles, teats or dummies is permissible in any part of the Trust. The display of manufacturers' logos on items such as calendars, stationery, diary covers, pens, teaching aids etc is prohibited.

5. No literature provided by infant formula manufacturers is permitted within the Trust or the community midwives' bases. Educational material for distribution to women and their families must be approved by the Infant Feeding Coordinator.
6. Parents who have made a fully informed choice to feed their babies artificially should be shown how to prepare formula feeds after their baby has been born, either singly or in small groups on the Ward. No group instruction on the preparation of artificial feeds should be given in the antenatal period. Appropriate information on sterilising bottles and artificial feeding will be provided by the Trust.
7. Compliance with this policy will be audited on an annual basis.

The Policy

Communicating the breastfeeding policy

- 1.1 This policy is to be communicated to all health care staff having any contact with pregnant women and mothers. All staff will receive a copy of this policy.
- 1.2 All new staff will be orientated to the policy as part of their induction programme on beginning their employment.
- 1.3 The policy will be displayed in all areas of the Trust which serve mothers and babies. Where a mother's version "Baby Feeding Policy" is displayed in place of the full policy, the full version will be available in each area on request. The policy will be available in written form and on audiocassette in English, Urdu, Bengali and Arabic.

Training health care staff

- 2.1 Midwives have the primary responsibility for supporting breastfeeding women and for helping them to overcome related problems.
- 2.2 All professional and support staff who have contact with pregnant women and mothers will receive training in breastfeeding management at a level appropriate to their contact. New staff will receive training as part of their induction programme or within six months of taking up their posts. The training is mandatory, with mandatory annual updates.

- 2.3 All clerical and ancillary staff will be orientated to the policy and receive training to enable them to refer breastfeeding queries appropriately.
- 2.4 Written curricula clearly covering all Ten Steps to Successful Breastfeeding will be available for all staff training.
- 2.5 The responsibility for providing and auditing training lies with the Infant Feeding Coordinator.

Informing pregnant women of the benefits and management of breastfeeding

- 3.1 All pregnant women should be given an opportunity to discuss infant feeding on a one-to-one basis with a midwife. During this visit the midwife will discuss skin-to-skin, and breastfeeding and its management, as outlined in the Antenatal Checklist, documenting this in the correct section of the woman's hand held notes.
- 3.2 All pregnant women should be informed of the benefits of breastfeeding and the risks of artificial feeding.
- 3.3 The physiological basis of breastfeeding should be clearly and simply explained to all pregnant women, together with good management practices which have been proven to protect breastfeeding and reduce common problems. The aim should be to give women confidence in their ability to breastfeed.

Initiation of breastfeeding

- 4.1 All mothers should be encouraged to hold their babies in skin-to-skin contact as soon as possible after the birth in an unhurried environment, regardless of their feeding method, as discussed in the antenatal period.
- 4.2 Skin-to-skin contact should never be interrupted at staff's instigation to carry out routine procedures.
- 4.3 If skin-to-skin is interrupted for clinical indication or maternal choice, it should be re-instigated as soon as mother and baby are able, on the postnatal wards as well as on delivery suite. Babies should be transferred to the ward skin-to-skin with their mothers, except for clinical indications or maternal choice.

- 4.4 All mothers should be encouraged to offer the first breastfeed when mother and baby are ready. Help must be available with recognising readiness and with positioning and attaching the baby if needed. “Experienced” mothers may also need help.
- 4.5 Formula milk should not be offered unless the mother specifically asks for it having made an informed choice to artificially feed her baby. Ideally, this will be after a first feed of colostrum.

Showing women how to breastfeed and how to maintain lactation

- 5.1 All breastfeeding mothers should be offered further help with breastfeeding within 6 hours of the baby’s birth. A member of staff should be available to assist a mother at all breastfeeds throughout her stay in the hospital and during visits to her from community staff after her discharge.
- 5.2 Staff should ensure that mothers are offered the support necessary to acquire the skills of positioning and attachment. They should be able to explain the appropriate techniques to a mother, so she can do it for herself and not have a member of staff attach the baby for her.
- 5.3 All breastfeeding mothers should be shown how to hand express their milk. A leaflet should be provided for the mother’s future reference.
- 5.4 When a mother and her baby are separated for medical reasons, it is the responsibility of all staff caring for both mother and baby to ensure that the mother is given help and encouragement to express her milk and maintain her lactation during periods of separation.
- 5.5 Mothers who are separated from their babies should be encouraged to begin expressing as soon as possible after the birth and thereafter to express at least 6 to 8 times in a 24 hour period, including at least once at night. They should be shown how to express both by hand and by pump.

Supporting exclusive breastfeeding

- 6.1 No water or artificial feed should be given to a breastfed baby except in cases of clinical indication or fully informed parental choice. The decision to offer supplementary feeds for clinical reasons should be made by an appropriately trained midwife or paediatrician, with informed consent given by the parents. Decisions and action should be documented in the baby's notes.
- 6.2 Prior to introducing artificial milk to breastfed babies, every effort should be made to encourage the mother to express breastmilk to be given to the baby via cup or syringe. This proactive approach will reduce the need to offer artificial feeds.
- 6.3 Parents who request supplementation should be made aware of the possible health implications and the harmful impact such action may have on breastfeeding to enable them to make a fully informed choice. A full record of this discussion should be made in the baby's notes.

Rooming-in

- 7.1 All mothers, irrespective of feeding method, will normally assume primary responsibility for the care of their babies. They will not be separated, even at night. Mothers recovering from a caesarean section should be given appropriate care but the policy of keeping mother and baby together will still apply.
- 7.2 Separation of mother and baby will normally only occur where the health of either mother or baby prevents care being offered on the postnatal ward.
- 7.3 There is no designated nursery space in postnatal areas.
- 7.4 Mothers wanting to leave the ward for any reason need to take responsibility for the care and safety of their babies.

Baby-led feeding

- 8.1 Demand feeding should be encouraged for all babies unless clinically indicated otherwise. Hospital procedures should not interfere with this principle. Staff should ensure that mothers understand what is meant by demand feeding and how to recognise their baby's readiness to feed.
- 8.2 Mothers should be informed that it is acceptable to wake their babies for feeding if their breasts become uncomfortably full or if their baby is not waking for feeds by him/herself. The importance of night-time feeding for milk production, and the baby's likely feeding patterns should be explained.

Use of artificial teats, dummies and nipple shields

- 9.1 Health care staff should not recommend the use of artificial teats and dummies during the establishment of breastfeeding. Parents wishing to use them should be advised of the possible detrimental effects such use may have on breastfeeding, to enable them to make a fully informed choice. A record of the discussion and the parents' decision should be recorded in the baby's notes.
- 9.2 Nipple shields will not be recommended except in extreme circumstances and then for as short a time as possible. Any mother considering the use of nipple shields must have the disadvantages fully explained to her prior to commencing use. She should remain under the care of a skilled practitioner whilst using the shield and should be helped to discontinue use as soon as possible.

Breastfeeding support groups

- 10.1 Whilst recognising that other health care facilities have their own responsibility to promote and support breastfeeding, this Trust supports co-operation with other health care professionals, lay organisations and voluntary support groups,.
- 10.2 An up-to-date list of contact telephone numbers and details of midwives, infant feeding advisors, health visitors, voluntary breastfeeding counsellors, breastfeeding help-lines and community based breastfeeding support groups will be displayed within the Trust and given to all mothers on discharge from the hospital.

Birmingham Women's Health Care
NHS Trust

Edgbaston, Birmingham B15 2TG

Telephone: 0121 472 1377

Fax: 0121 627 2602