

BREASTFEEDING POLICY

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Target audience:	WPCT Worcestershire Childrens Centres

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This policy was approved the Clinical Policies and Guidelines Group, Worcestershire PCT.

INTRODUCTION

PRINCIPLES

Worcestershire PCT and Children's Centres believe that breastfeeding is the healthiest way for a woman to feed her baby and recognizes the important health benefits now known to exist for both the mother and her childⁱ.

Worcestershire PCT and Children's Centres believe that all mothers have the right to receive clear, impartial and timely information, to enable them to make fully informed decisions about feeding and caring for their babies.

Worcestershire PCT and Children's Centres believe in fully supporting mothers in their chosen method of infant feeding.

This policy is based on the UNICEF Baby Friendly 7 Point Plan for Sustaining Breastfeeding in the Community (Appendix 1).

AIMS OF THIS POLICY

IN SUPPORT OF THIS POLICY

- 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 mothers and or babies health care records.
- The policy should be implemented in conjunction with The Parents Guide to the Policy.
- It is the responsibility of all community healthcare professionals to liaise with the baby's medical attendants (paediatrician, General Practitioner) should concerns arise about the baby's health.
- No advertising of breast milk substitutes, feeding bottles teats or dummies is permissible in any part of this trust or any Children's Centre. This includes images and resources including toys that show babies been bottle fed, this is to promote breastfeeding as the norm. The display of manufacturers logo's on items such as calendars and stationary is also prohibited. In compliance with the WHO International Code for the Marketing of Breast milk Substitutes (Appendix 2).
- Members of the Health Visiting and Children's Centre's Teams will not meet with Formula milk representatives, individually or in groups. Information will be cascaded down from the Breastfeeding Coordinators via the Worcestershire Infant Feeding Group.
- No literature provided by infant formula companies is permitted. Educational material for distribution to women or their families must be approved by the Worcestershire Infant Feeding Group.
- Parents who have made a fully informed choice to artificially feed their babies should be shown how to prepare formula feeds correctly, either individually in small groups in the post natal period. No routine group instruction on the preparation of artificial feeds will be given in the antenatal period as evidence suggests that information given at this time is less well retained and may serve to undermine confidence in breastfeeding.
- To enable monitoring of breastfeeding rates Infant feeding data will be collected via the PCHR (Personal Child Health Record) at the following ages:
 - a. first feed following delivery
 - b. type of feeding on discharge from hospital
 - c. health visitor primary visit
 - d. 6 - 8 weeks immunisation & GP contact

- e. 3 months Immunisation contact
- f. 4 months immunisation contact.

The Policy

Communicating the Breastfeeding Policy

- 1.1 This policy is to be communicated to all health care / Children's Centre staff who have any contact with pregnant women and mothers. The policy is available on the PCT intranet / WCC Edulink. Hard copies will be in the policy folder in all bases.
- 1.2 All new staff who have contact with pregnant women and mothers will be orientated to the policy within the first week of their employment.
- 1.3 The policy will be communicated effectively to all pregnant women and parents of young babies via the Parents Guide and all parents may view the full version of the policy if they so wish and a statement to this effect is included in the parents guide (Appendix 3). The policy will be made available to non-English speakers via the local interpreter scheme, and this document can be made available in large print, Braille, audio, Easy Read and Unicef Word Free Communication Tool or other languages by contacting the designated interpreting service (Applied Language Solutions for WPCT staff).

Training Healthcare Staff

- 2.1 Health Visitors will have the primary responsibility for supporting breastfeeding women and for helping them to overcome related problems.
- 2.2 All professional / Children's Centre and support staff who have contact with pregnant women and mothers will receive training in breastfeeding management at a level appropriate to their professional group. New staff will receive training within six months of taking up their posts. Staff will be required to attend update sessions every two years as a minimum. The training will be provided by the Breastfeeding Co-ordinators, the curriculum will meet the Baby Friendly Standards.
- 2.3 Medical staff have a responsibility to promote breastfeeding and provide appropriate support to breastfeeding mothers. Information will be provided to enable them to do this.
- 2.4 All clerical / Children's Centre and ancillary staff will be orientated to the policy and receive training to enable them to refer breastfeeding problems appropriately.

Informing Pregnant Women of the Benefits and Management of Breastfeeding

- 3.1 It is the responsibility of staff involved in the care of pregnant women to ensure that they are given information about the benefits of breastfeeding and the potential risks of formula feeding.
- 3.2 All pregnant women should be given a opportunity to discuss infant feeding on a one to one basis with a midwife and or health visitor or other member (e.g. Breastfeeding Support Worker) of the community healthcare / Children's Centre team. Such discussion should not solely be attempted during a group parent craft class.
- 3.3 The physiological basis of breastfeeding should be simply and clearly explained to all pregnant women together with good management practises which have been proven to protect breastfeeding and reduce common problems. The aim should be to give women confidence in their ability to breastfeed.
- 3.4 Pregnant women in areas of the local population where breastfeeding prevalence rates are lowest will be contacted by a Breast feeding Support Worker/ Children's Centre Breastfeeding Link Worker before 32 weeks gestation to attend an informal group or be offered 1:1 education about the benefits and management of breastfeeding.

Supporting the establishment and maintenance of lactation

- 4.1 An assessment of the mother and babies progress with breastfeeding will be undertaken at the primary visit by the Health Visitor and an individualised plan of care developed as necessary. This will build on initial information and support provided by the maternity services to ensure new skills and knowledge are secure. It will enable early identification of any potential complications and allow appropriate information to be given to prevent or remedy them.
- 4.2 As part of the initial breastfeeding assessment staff will complete the Breastfeeding Assessment Form (Appendix 4) and ensure that breastfeeding mothers know:
 - the signs which indicate that their baby is receiving sufficient milk, and what to do if they suspect this is not the case;
 - how to recognise signs that breastfeeding is not progressing normally (e.g. sore nipples, breast inflammation)
- 4.3 Mothers will be encouraged to continue to keep their babies near them so that they can learn to interpret their baby's needs.
- 4.4 Baby led feeding should be explained to mothers and encouraged for all healthy babies. Staff will ensure that mothers understand the nature of feeding cues and the importance of responding to them and that they have an awareness of normal feeding patterns including cluster feeding and growth spurts.
- 4.5 The importance of night feeding for milk production should be explained to all mothers. Ways to cope with the challenges with night time feeding will be discussed including issues relating to bed sharing to enable them to manage night time feeds safely.
- 4.6 Staff will not recommend the use of artificial teats or dummies during the establishment of breastfeeding. Parents wishing to use them should be advised of the possible detrimental effects such use may have on breastfeeding to enable them to make a fully informed choice. The information given and the parent's decision should be recorded in the PCHR.
- 4.7 The appropriate use of dummies for breastfeeding babies later in the postnatal period should be discussed with mothers together with the possible detrimental effects they may have on breastfeeding (in relation to demand feeding) to enable them to make fully informed choices about their use.
- 4.8 Staff should ensure that mothers are offered the support necessary to learn how to express their breast milk by hand. They should ensure that the mother is aware of the value of hand expression for example in the proactive treatment of a blocked duct to prevent the development of mastitis. Written information on hand expression should be provided for women to use for reference where this has not already been provided by the maternity services.
- 4.9 All breastfeeding mothers will be given information which will support them to continue breastfeeding and maintain their lactation on returning to work.

Supporting Exclusive Breastfeeding

- 5.1 For the first six months no food or drink other than breast milk is to be recommended for a breastfed baby except by an appropriately trained health or medical professional. If supplementary feeds are recommended reasons should be discussed in full with the parents. Any supplements which are prescribed or recommended should be documented in the babies PCHR along with the reason for supplementation.
- 5.2 Parents who elect to supplement their baby's breastfeeds should be made aware of the health implications and of the harmful impact supplementation may have on breastfeeding to allow them to make a fully informed choice.
- 5.3 All mothers should be encouraged to breastfeed exclusively for the first six months and to continue breastfeeding for at least the first year of life. They should be informed that solid foods are not recommended for babies under six months. All weaning information should reflect this ideal.

- 5.4 Breast milk substitutes will not be sold by community health care staff or on healthcare or Children's Centre premises.

A Welcome for Breastfeeding Families

- 6.1 Breastfeeding will be regarded as the normal way to feed babies and young children.
- 6.2 Mothers will be enabled and supported to breastfeed their babies in all public areas of Trust and Children's Centre premises.
- 6.3 Signs in all public areas of the facility will inform uses of this policy.
- 6.4 All breastfeeding mothers will be supported to develop strategies for breastfeeding outside the home and will be provided with information about places locally where breastfeeding is known to be welcomed.
- 6.5 Community healthcare and Children's Centres staff will use their influence where ever possible to promote awareness of the needs of breastfeeding mothers in the local community including cafes restaurants and public facilities.

Encouraging Community Support for Breastfeeding.

- 7.1 All breastfeeding mothers will be provided with contact details of healthcare staff who can provide support for breastfeeding.
- 7.2 All breastfeeding mothers will be informed about local breastfeeding support groups and provided with contact numbers for volunteer breastfeeding counsellors and national help lines and organisations
- 7.3 All breastfeeding mothers will be contacted within 48hours of hospital discharge or home birth by a Breast Feeding Support worker. Support contact will continue until the baby is six weeks old or as long as the mother wishes. The Breast feeding Support worker will sign post mothers to local volunteer peer supporters and breastfeeding support groups.

Monitoring

This policy will be monitored using the UNICEF Baby Friendly Audit Tool once a year as a minimum.

Dissemination

The dissemination of this policy is primarily via the intranet. Staff are also informed of the publication of a reviewed policy via the PCT Staff Bulletin – 'Team Talk'.

Once this policy is reviewed and replaced the archiving arrangements for it will follow the process set out in the WPCT Archiving Policy.

Where paper copies of this policy are disseminated to designated clinical areas, confirmation of receipt by the clinical area is required. In these instances, an identified member of staff is clearly informed in writing whether any outdated paper document should be removed and destroyed. A form confirming receipt of the new paper policy document must be signed and returned to Clinical Governance by the member of staff from the clinical area. Paper copies of current clinical policies are kept in a clearly labelled folder at 'Policy Points' in clinical areas. It is the responsibility of each member of staff to know where their Policy Point is and to ensure that they are familiar with the content of the policies.

Staff are strongly discouraged from printing off or photocopying these guidelines and should understand that the internet version of the policy is the definitive version.

**UNICEF Baby Friendly
Seven Point Plan
- For sustaining breastfeeding in the community**

All providers of community health care should:

- 1.** Have a written breastfeeding policy that is routinely communicated to all healthcare staff
- 2.** Train all staff involved in the care of mothers and babies in the skills necessary to implement the policy
- 3.** Inform all pregnant women about the benefits and management of breastfeeding
- 4.** Support mothers to initiate and maintain breastfeeding
- 5.** Encourage exclusive and continued breastfeeding, with appropriately timed introduction of complementary foods
- 6.** Provide a welcoming atmosphere for breastfeeding families
- 7.** Promote co-operation between healthcare staff, breastfeeding support groups and the local community

Appendix 2

THE INTERNATIONAL CODE OF MARKETING OF BREASTMILK SUBSTITUTES (1981)

1. No advertising of breast milk substitutes in the health care system or to the public.
2. No free samples to be given to mothers or pregnant women.
3. No free or subsidised supplies to hospitals.
4. No contact between company marketing personnel and mothers.
5. Materials for mothers should be non-promotional and should carry clear and full information and warnings.
6. Companies should not give gifts to health workers.
7. No free samples to health workers except for professional evaluation or research at institutional level.
8. Materials for health workers should contain only scientific and factual information.
9. No pictures of babies or other idealising images on infant formula labels.
10. The labels of other products must provide the information needed for appropriate use so as not to discourage breastfeeding.

Governments are expected to adopt the Code as legislation.

Companies should comply with the Code, even if it has not been adopted as law.

A parent's guide to our breastfeeding policy

Useful contacts

Breastfeeding Support Worker
Telephone:

Health Visitor
Telephone:

National Breastfeeding Helpline
0300 100 0212
www.breastfeeding.nhs.uk

La Leche League
0845 120 2918
www.laleche.org.uk

National Childbirth Trust
0300 330 0771
www.nct.org.uk

Association of Breastfeeding Mother's Counselling Helpline
08444 122 949
www.abm.me.uk

The Breastfeeding Network's Supporter Line
0300 100 0210
www.breastfeedingnetwork.org.uk

This publication can be made available in other languages and alternative formats (including large print, audio tape, computer disc and Braille) on request from the Marketing Team on telephone number 01905 765915 or by emailing cmetcalf@worcestershire.gov.uk

To the best of our knowledge all information was correct at the time of printing: February 2010.

A parent's guide to our breastfeeding policy

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Sure Start Children's Centres
Worcestershire

NHS
Worcestershire

Find out more online:
www.worcestershire.gov.uk/publichealth



Find out more online:
www.worcestershire.gov.uk/publichealth



Breastfeeding is the healthiest way to feed your baby.

It reduces the risk of:

- Diarrhoea, vomiting and gastroenteritis
- Chest infections
- Being obese and developing type 2 diabetes and other illnesses later in life
- Ear infections
- Sudden infant death syndrome/cot death
- Developing eczema.

Breastfeeding is good news for mum as it:

- Lowers the risk of breast cancer
- Lowers the risk of ovarian cancer
- Lowers the risk of postnatal depression.

Ways in which we will support you to breastfeed

All staff supporting breastfeeding mothers are fully trained to help with breastfeeding.

Before your baby is born, you will have an opportunity to talk about feeding your new baby. This normally happens before you are 32 weeks pregnant but we encourage you not to make any decisions about feeding until your baby is born.

Following the birth of your baby you will be given time to have skin to skin contact. Cuddling your baby in this way encourages his first feed. It keeps baby warm and calm, regulates his heart rate and breathing.

We will teach you how to position and attach your baby correctly for feeds.

You will be shown how to hand express and safely store your milk and you will be given written information about this.

We will encourage you to feed your baby whenever he or she is hungry and will explain to you how you can tell if your baby is getting enough milk. The more feeds you give the more milk you will make.

We will give you information and advice on how to manage night feeds and to help you breastfeed when you are out and about.

Keeping your baby close, particularly at first, helps you get to know each other and to recognize when your baby needs to feed. We will give you information about sharing a bed with your baby safely.

We do not recommend the use of teats, dummies or nipple shields when your baby is learning to breastfeed. Babies suck differently at the breast and using these can confuse them. This may make it harder for them to learn to breastfeed well and for you to build up a good milk supply.

Most babies do not need to be given anything other than breast milk until they are around six months old. If for some reason your baby needs some other food or drink the reason will be fully explained to you.

We will help you recognize when your baby is ready for other foods and explain how these can be introduced (normally at around six months). Breastfeeding should continue as long as you and your baby wish.

We will give you information about how to continue breastfeeding should you wish to return to work or college.

We welcome breastfeeding anywhere in all our premises but if you would prefer somewhere private, please ask.

Please ask a member of staff if you wish to see the full policy.



Appendix 4

Breastfeeding Assessment Tool

Urine Output	IS THIS APPROPRIATE TO THE AGE OF THE BABY ? At least 6 heavy wet nappies in 24 hours, after day 5			Fewer than 6 wet nappies in 24 hours or they do not feel heavy		
Appearance and frequency of stools <i>NB Not a reliable sign beyond 4 weeks</i>	2 or more in 24 hours :normal in appearance(i.e. at least £2 coin size , yellow, soft ,runny, after day 5			Fewer then 2 stools in 24 hours or abnormal appearance		
Baby's colour, alertness and tone	Normal skin colour , alert, good tone			Jaundice worsening or not improving; baby lethargic, not waking to feed; poor tone		
Weight, if over 72 hours	<8% loss or greater but with effective management plan in place			Static weight or continued weight loss		
Number of feeds in last 24 hours.	At least 8-10 in last 24 hours			Fewer then 8 in last 24 hours		
Baby's behaviour during feeds	Generally calm and relaxed			Baby comes on and off the breast frequently during the feed, or refuses to breastfeed		
Sucking pattern during feed	Initial rapid sucks changing to slower sucks with pauses and soft swallowing			No change in sucking pattern, or noisy feeding (e.g. clicking)		
Length of feed	Baby feeds for 10-40 minutes at most feeds			Baby consistently feeds for less than 10 minutes or longer than 40 minutes		
End of the feed	Baby lets go spontaneously, or does so when breast is gently lifted			Baby does not release the breast spontaneously, mother removes the baby		
Offer of second breast?	Second breast offered. Baby feeds from second breast or not according to appetite			Mother restricts baby to one breast per feed, or insists on two breasts per feed		
Baby's behaviour after feeds	Baby content after most feeds			Baby unsettled after feeding		
Shape of either nipple at end of feed	Same shape as when feed began, or slightly elongated			Misshapen or pinched at the end		
Mother's report on her breasts and nipples	Breasts and nipples comfortable			Nipples sore or damaged; engorgement or mastitis		
Use of dummy/nipple shields/formula?	None used			Yes (<i>state which</i>) Ask why: Difficulty with attachment? Baby not growing? Baby unsettled?		

If any boxes in right-hand column are ticked it is essential to observe a full breastfeed and develop an individualised care plan, including revisiting positioning and attachment and /or referring appropriately. Any additional concerns about the baby's well-being should be followed up as necessary.

When the baby is discharged to the Health Visitor, please leave this form with the red book

REFERENCES

The International Code for the Marketing of Breast milk Substitutes. (1981 WHO)

UNICEF Baby Friendly Initiative www.babyfriendly.org.uk

Equality Impact Assessment Report Template

1. Name of policy or function Breastfeeding Policy Worcestershire PCT and Children's Centres
2. Responsible Manager Liz Altay
3. Date EIA completed 22/10/09
4. Description of aims of function/policy

To ensure that the health benefits of breastfeeding and the potential health risks of formula feeding are discussed with all women and their families so that they can make an informed choice about how they will feed their babies.

To enable community healthcare / Children's Centre staff 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 6 months, and then as part of their infant's diet for as long as they both wish¹

To liaise with all healthcare professionals to ensure a seamless delivery of care together with the development of a breastfeeding culture throughout the local communities

4. Brief summary of research and relevant data
5. Methods and outcomes of consultation Circulated as per circulation list pages 2 and 3 of policy
6. Results of Initial Screening or Full Equality Impact Assessment

Initial or Full Equality Impact Assessment?	
Equality Group	Assessment of Impact
Race	Low
Gender	Low
Disability	Low
Age	Low
Sexual Orientation	Low
Religion or Belief	Low
Human Rights	low

7. Decisions and or recommendations (including supporting rationale)
8. Equality action plan (if required) Attached
9. Monitoring and review arrangements (include date of next full review) 22/10/10

Department	Children and Young People
Directorate	Public Health
Director	Richard Harling
Report produced by and job title	Anthea Griffiths/Penny Turton
Date report produced	22/10/09
Date report published	15/12/09

Action plan

Negative Impact identified	Action required to address the issues	Monitoring Arrangements/How would you measure impact/outcomes in practice	Target date for completion	Responsibility	Progress to date
5a	The policy states information will be provided in relevant languages using the local interpreter scheme Applied Language Solutions	Baby Friendly Audit tool section 3 Information for pregnant women question 1b asks what written materials were given and did the midwife /interpreter discuss them with you	<i>N/A continuous audit cycle</i>	<i>Bf Co-ordinators</i>	<i>Baseline audit performed</i>
Yes potentially the Gypsy /Traveller/Migrant communities do not access services readily.	<i>Liase with other agencies to identify other services in place in order to provide Bf information and support</i>	<i>Improved Bf rates in targeted communities</i>	<i>ongoing</i>	<i>BF co-ordinators</i>	<i>Data collection in place</i>