

Meeting of
Lanarkshire NHS Board
28 November 2007

Lanarkshire NHS Board
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SUBJECT: JOINT BREASTFEEDING POLICY

1. PURPOSE

The purpose of this paper is to present the Joint Breastfeeding Policy for the Board's approval.

2. CONTENT/SUMMARY OF KEY ISSUES

Production of a Breastfeeding Policy is an essential requirement of the Unicef Baby Friendly accreditation process that the Maternity Services and Localities are working towards. The Policy is a key component of NHS Lanarkshire's Breastfeeding Strategy (2004) and will support implementation of the Infant Feeding Guidelines, launched 2006. The Policy was produced by a multidisciplinary group and has been endorsed by the NHS Lanarkshire Breastfeeding Strategy Group. The Policy has been appraised by Unicef and meets all the criteria however an annual review will be required.

The aim of the Policy is to ensure that the health benefits of breastfeeding are discussed with all women so that they can make an informed decision about how they will feed their baby, to enable health staff to create an environment where more women choose to breastfeed their babies and to encourage liaison between all health professionals to ensure seamless delivery of care.

Invest to Save funding has been approved to support Localities through the staged approach to Unicef accreditation

3. ACTIONS

Full implementation of the Unicef Baby Friendly Staged Approach to achieve accreditation for Maternity Services and Localities.

4. CONCLUSIONS

The Board is asked to ratify the Joint Breastfeeding Policy.

5. FURTHER INFORMATION

For further information or clarification of any issues in this paper please contact: Anne Marie Lee, Breastfeeding Coordinator, Law House, Tel (01698) 377628.

Dr D Moir
Director of Public Health
November 2007

NHS LANARKSHIRE

Joint Hospital and Community Breastfeeding Policy

Principles

NHS Lanarkshire believes that breastfeeding is the healthiest way for a woman to feed her baby and recognises the important health benefits now known to exist for both the mother and her child.

All mothers have the right to receive clear and impartial information to enable them to make a fully informed choice as to how they feed their babies.

Health care staff will not discriminate against any woman in her chosen method of infant feeding and will fully support her when she has made that choice.

Aims

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.

To enable health care 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 six months, and then as part of their infant's diet to the end of the first year and beyond.

To encourage liaison with all health care professionals to ensure a seamless delivery of care, together with the development of a breastfeeding culture throughout the local community.

In support of this policy

- a. 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/or baby's health care records.
- b. The policy should be implemented in conjunction with both NHS Lanarkshire Breastfeeding Guidelines and the mothers' guide to the policy
- c. Where any concerns arise regarding the baby's health it is the responsibility of health care professionals involved in the baby's care, to liaise with the general practitioner, neo-natologist or paediatrician as appropriate?
- d. No advertising of breastmilk substitutes, feeding bottles, teats or dummies is permissible in any part of NHS Lanarkshire premises. The display of milk company manufacturer's logos on items such as calendars and stationery is also prohibited.
- e. No Literature provided by infant formula manufactures is permitted. Educational material for distribution to women or their families must be approved by the Infant Feeding Strategy Group.

- f. Parents who have made a fully informed choice to artificially feed their babies should be shown how to prepare formula feeds correctly, either individually or in small groups, in the postnatal period. No routine group instruction on the preparation of artificial feeds will be given in the antenatal period as evidence suggests that information given at this time is less well retained and may serve to undermine confidence in breastfeeding.
- g. Data on infant feeding showing the prevalence of both exclusive and partial breastfeeding will be collected on transfer from the maternity services and at 6/8 weeks.
- h. 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 who have any contact with pregnant women and mothers, and all staff will receive a copy of this policy.
- 1.2 All new staff will be orientated to the policy as soon as their employment begins.
- 1.3 The policy will be displayed in all areas of NHS Lanarkshire's premises, which serve mothers and babies. Where a mothers' guide is displayed in place of the full policy, the full version should be available in each area on request. A statement to this effect will be included on the mothers' guide.
The policy will also be available on audiotape and in other languages as appropriate.

Training health care staff

- 2.1 Midwives, Public Health Nurses and medical staff 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 professional group. New staff will receive training within six months of taking up their posts.
- 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 The responsibility for providing training lies with the Breastfeeding Co-ordinator who will ensure that all staff receive appropriate training. She will also audit uptake and efficacy of the training and publish results on an annual basis.
- 2.5 Written curricula which clearly cover all of the Ten Steps to Successful Breastfeeding and the Seven Point Plan for the Protection, Promotion and Support of Breastfeeding in Community Health Care Settings will be available for staff training.

Informing pregnant women of the benefits and management of Breastfeeding

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

3.2 All pregnant women should be given an opportunity to discuss infant feeding on a one-to-one basis with a midwife and/or public health nurses. Such discussion should not solely be attempted during a group parentcraft class.

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.

Supporting the initiation of Breastfeeding

4.1 All mothers should be encouraged to hold their babies in skin-to-skin contact as soon as possible after delivery in an unhurried environment, regardless of their feeding method.

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 contact is interrupted for clinical indication or maternal choice it should be re-instigated as soon as mother and baby are able.

4.4 All mothers should be encouraged to offer the first breastfeed when mother and baby is ready. Help must be available from a midwife if needed.

4.5 Skin-to-skin contact should be promoted at any stage within the hospital and community setting to support breastfeeding, comfort unsettled babies and resolve difficulties with attachment and breast refusal.

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 delivery. A midwife should be available to assist a mother at all breastfeeds during her hospital stay.

5.2 Midwives should ensure that mothers are offered the support necessary to acquire the skills of positioning and attachment. They should be able to explain the necessary techniques to a mother, thereby helping her to acquire this skill for herself.

5.3 All breastfeeding mothers should be shown how to hand express their milk. A leaflet should be provided for women to use for reference.

5.4 When a mother and her baby are separated for medical reasons, it is the responsibility of all health professionals 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 delivery as early initiation has long-term benefits for milk production.

5.6 Mothers who are separated from their babies should be encouraged to express milk at least six to eight times in a 24-hour period with at least one at night. They should be shown how to express breastmilk both by hand and by pump.

5.7 Handover of care from midwife to public health nurse will follow standard procedure in the form of written communication to ensure a seamless transition of care for mothers.

5.8 Community health professionals should ask about and where possible observe the progress of breastfeeding at each contact with a breastfeeding mother. This will enable early identification of any potential complications and allow appropriate information to be given to prevent or remedy them.

5.9 All breastfeeding mothers returning to work should be given information, which will support them to continue breastfeeding and maintain lactation at this time.

Supporting exclusive breastfeeding.

6.1 For the first six months, breastfed babies should receive no water or artificial feed except in cases of clinical indication or fully informed parental choice. In hospital, no water or artificial feed should be given to a breastfed baby unless prescribed by a midwife, neo-natologist or paediatrician who has been appropriately trained in the management of breastfeeding. Once home, no water or artificial feed is to be recommended for a breastfed baby by a member of staff unless s/he is trained in lactation management.

6.2 Prior to introducing artificial milk to breastfed babies, every effort should be made to encourage the mother to express breastmilk, which can be given to the baby as an alternative.

6.3 Parents should always be consulted if supplementary feeds are recommended and the reasons discussed with them in full. Any supplements, which are prescribed or recommended, should be recorded in the baby's hospital notes or health record along with the reason for supplementation.

6.4 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 record of this discussion should be recorded in the baby's notes.

6.5 All mothers should be encouraged to breastfeed exclusively for 6 months and thereafter beyond the first year as part of the infants diet. All weaning information should reflect this ideal.

6.6 Data on infant feeding showing the prevalence of both exclusive and partial breastfeeding will be collected at the following stages: delivery, transfer home and around 10 days, and *6/8 weeks*.

6.7 Breastmilk substitutes will not be sold by facility staff or on health care premises.

Rooming-in

7.1 Mothers will normally assume primary responsibility for the care of their babies.

7.2 Separation of mother and baby will normally only occur where the health of either mother or baby prevents care being offered in the postnatal areas.

7.3 There is no designated nursery space within Wishaw General Hospital postnatal areas.

7.4 Babies should not be routinely separated from their mothers at night. This applies to babies who are being bottle fed as well as those being breastfed. Mothers recovering from Caesarean section should be given appropriate care, but the policy of keeping mothers and babies together should normally apply.

7.5 Mothers will be encouraged to continue to keep their babies near them when they are at home so that they can learn to interpret their babies needs and feeding cues.

7.6 All mothers will be given appropriate information about the benefits of and contraindications to bed sharing.

Baby-led feeding

8.1 Demand feeding should be encouraged for all babies unless clinically indicated. Hospital procedures should not interfere with this principle.

8.2 Staff should ensure that mothers understand what is meant by demand feeding. Mothers should be informed that it is acceptable to wake their baby for feeding if their breasts become overfull. The importance of night-time feeding for milk production should be explained.

8.3 Mothers should be encouraged to continue to practice baby-led feeding throughout the time they are breastfeeding.

Use of Artificial Teats, Dummies and Nipple shields

9.1 Health care staff should not recommend the use of artificial teats or dummies during the establishment of breastfeeding. Parents wishing to use them should be advised of the possible detrimental effects such use may have on breastfeeding to enable them to make a fully informed choice. The information given and the parents' decision should be recorded in the appropriate health record.

9.2 Nipple shields will not be recommended except in extreme circumstances and then only for as short a time as possible. Any mother considering the use of a nipple shield 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 its use as soon as possible.

Encouraging ongoing community support for breastfeeding

10.1 NHS Lanarkshire supports co-operation between health care professionals and voluntary support groups whilst recognising that health care facilities have their own responsibility to promote breastfeeding.

10.2 Telephone numbers of midwives, Public Health Nurses, and other professional support should be given to all breastfeeding mothers in the postnatal period. This information will include out of hours contacts.

10.3 Contact details for Community Mothers peer support programmes, support groups, and external lay support organizations will be issued to all mothers and be routinely displayed in all areas relevant to maternity and child health.

10.4 Contact details of professional and voluntary support should be regularly updated to ensure correct information is given to mothers.

10.5 Local breastfeeding mothers and support groups will be invited to contribute to further development of the breastfeeding policy through involvement in appropriate meetings.

A welcome for breastfeeding families

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

11.2 Mothers will be enabled and supported to feed their infants in all public areas of NHS Lanarkshire premises.

11.3 Comfortable facilities will be made available for mothers who prefer privacy.

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