PRINCIPLES

This facility 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 (1).

All mothers have the right to make a fully informed choice as to how they feed and care for their babies. The provision of clear and impartial information to all mothers at an appropriate time is therefore essential.

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. This policy is designed to ensure good professional practice, not to dictate the choices of mothers.

AIMS

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

To create an environment where more women choose to breastfeed their babies, and where more women are given sufficient information and support to enable them to breastfeed exclusively for at least 4 months (and preferably up to 6 months), and then as part of their infant’s diet for as long as they both wish (2).

To enable all health care staff who have contact with breastfeeding women to provide full and competent support through specialised training in all aspects of breastfeeding management.

To encourage liaison with other health care facilities and delivery of a seamless service, together with the development of a breastfeeding culture throughout the local community.

IN SUPPORT OF THIS POLICY

Adherence to this policy is required for all staff. Any deviation from the policy must be justified and recorded in the mother’s and/or baby’s health care records. This should be done in the context of professional judgment and codes of conduct. The policy should be implemented in conjunction with both the facility’s breastfeeding guidelines [where these exist] and the parents’ guide to the policy [where this exists].

It is the responsibility of all health care professionals to liaise with others should concerns arise about the baby’s health. Any guidelines for the support of breastfeeding in special situations and the management of common complications will be drawn up and agreed by a multi-disciplinary team of professionals with clinical responsibility for the care of mothers and babies.

1 From http://www.babyfriendly.org.uk/pol-both.asp
The policy and guidelines will be reviewed annually. Compliance with the policy will be audited on an annual basis.

No advertising of breast-milk substitutes, feeding bottles, teats or dummies is permissible in this Trust/health centre. The display of logos of manufacturers of these products on such items as calendars and stationery is also prohibited (3).

No literature provided by manufacturers of breast-milk substitutes is permitted. Educational materials for distribution to women or their families must be approved by the lead professional.

Parents who have made a fully informed choice to feed their babies artificially 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 this does not provide the information adequately and has the potential to undermine confidence in breastfeeding.

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, including those employed outside the facility. All staff will receive a copy of the 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 Trust premises/clinics/ parts of the health centre. [Where appropriate] The policy will also be accessible to women in other forms, for example on audio or video tapes and in appropriate languages.

Training Health Care Staff

2.1 Midwives and/or health visitors have the primary responsibility for supporting breastfeeding women and for helping them to overcome related problems.

2.2 All professional, clerical and ancillary 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 The responsibility for providing training lies with the lead professional [insert post], who will audit the uptake and efficacy of the training and publish results on an annual basis.

Informing Pregnant Women of the Benefits and Management of Breastfeeding

3.1 Every effort must be made 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 or health visitor. 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 and some of the common experiences they may encounter. The aim should be to give women confidence in their ability to breastfeed.
3.4 All materials and teaching should reflect the WHO/UNICEF Baby Friendly best practice standards.

**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 intended feeding method.

4.2 All women should be encouraged to offer the first breastfeed when mother and baby are ready. Help must be available from a midwife if needed.

**Showing Women how to Breastfeed and how to Maintain Lactation even if Mother and Baby are Separated**

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

5.2 Midwives and health visitors 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 the 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 outlining the process should be provided for women to use for reference.

5.4 It is the responsibility of those health professionals caring for both mother and baby to ensure the mother is given help and encouragement to express her milk and to maintain her lactation during periods of separation from her baby.

5.5 Mothers who are separated from their babies should be encouraged to express milk at least six to eight times in a 24 hour period.

**Supporting Exclusive Breastfeeding**

6.1 For around the first 6 months, breastfed babies should receive no water or artificial feed except in cases of medical 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 or paediatrician who has been appropriately trained. 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 Parents should always be consulted if supplementary feeds are recommended and the reasons discussed with them in full.

6.3 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 elect to supplement their baby’s breastfeeds with formula milk or other foods or drinks 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.

6.5 All weaning information should reflect the aim of exclusive breastfeeding for around 6 months and partial breastfeeding for at least the first year (2).

6.6 Data on infant feeding showing the prevalence of both exclusive and partial breastfeeding will be collected at the following ages: [for example: delivery, transfer home, 10 days, 6/8 weeks, 4 months, 1 year - we await national recommendations].
6.7 Breast-milk substitutes will not be sold by facility staff or on health care premises. [Formula milk may be exchanged for welfare tokens (and sold to families in receipt of Working Families Tax Credit) if there is no other local outlet providing this facility].

Rooming-in

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

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

7.3 There is no designated nursery space in the 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 who have delivered by Caesarean section should be given appropriate care, but the policy of keeping mother and baby together should normally apply.

7.5 Mothers will be encouraged to continue to keep their babies near them when they are at home. They 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 Mothers should be encouraged to continue to practise 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 affects on breastfeeding to allow 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 using a nipple shield must have the disadvantages fully explained to her prior to commencing use. She should be under the care of a skilled practitioner whilst using the shield and should be given every help to discontinue use as soon as possible.

Breastfeeding Support Groups

10.1 This facility 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 (or other means of contact) for infant feeding advisors [where these exist], community midwives, health visitors, and voluntary breastfeeding counsellors will be issued to all mothers and be routinely displayed in all areas relevant to maternity and child health. Details will be given of the times at which these advisors can be contacted.
10.3 Breastfeeding 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. Mothers will be enabled and supported to feed their infants in all public areas of Trust premises/the health centre.

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

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

Encouraging Community Support for Breastfeeding

12.1 Handover of care from midwife to health visitor will follow established procedure.

12.2 Health professionals should ask about 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.

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

12.4 Health care facilities will work with local breastfeeding support groups to raise society’s awareness of the importance of breastfeeding and to encourage the provision of facilities for breastfeeding mothers and infants through liaison with local businesses, authorities, community groups and the media.

12.5 Opportunities to influence or take part in educational programmes in local schools (e.g. as part of the role of school nurses) will be explored.


2. The COMA Working Group on the Weaning Diet (1994) recommends that ‘the majority of infants should not be given solid foods before the age of four months, and that a mixed diet should be offered by the age of six months’. The World Health Assembly (Resolution 47.5, 1994) recommends that babies should be exclusively breastfed until ‘about 6 months’.

3. The Infant Formula and Follow-on Formula Regulations 1995 stipulate a legal requirement that infant formula advertising should be restricted to baby care publications distributed through the health care system. There is no legal requirement for facilities in the UK to comply with the International Code of Marketing of Breast-milk Substitutes (WHO, Geneva, 1981). However, the requirements of the Baby Friendly Initiative are based on the International Code, which aims ‘to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breast-milk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.’ Articles 5 and 6 of the Code state that no promotion of breast-milk substitutes, bottles or teats should occur.