BREASTFEEDING POLICY

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Documents to read alongside this Policy:
- Hypoglycaemia guidelines for newborn babies
- Weight loss Guidance (Maternity)
- Maternity, Adoption and Paternity Guidance Notes Appendix 5
- Guidelines on combining breastfeeding and returning to work

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- Cardiff and Vale UHB Breastfeeding Strategy Group
- Breastfeeding Peer Supporter Groups
- Divisional Quality and Safety Groups
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OUT OF DATE POLICY DOCUMENTS MUST NOT BE RELIED ON
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<td>Section 6, Page 6 – Bullet 5 – word “responsive” added together with full definition, Bullet 8 – “and non stigmatising” added after “welcoming”. Section 7.3 – “Divisional” replaced with “Clinical Board” and all other references to “Divisions/Divisional” amended throughout policy to recognise change in organisational structures. Section 8.5.3, Page 11 – additional sentence added regarding promoting closeness and comfort. Section 8.6 – Reference to “responsive feeding” added. Section 8.8, Page 12 – new section added relating to the introduction of solid foods. Section 8.9, Page 12 – new section added relating to support for parenting and close relationships. Sections 8.10-8.12 – Sections renumbered due to addition of above two new sections.</td>
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1. INTRODUCTION

This document outlines Cardiff and Vale University Health Board’s (UHB) policy on breastfeeding. It has been developed in response to Welsh Government Breastfeeding Strategy and UNICEF UK Baby Friendly Initiative (BFI) Hospital and Community standards. This policy ensures 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 of mother and baby. And the significant contribution that breastfeeding makes to good physical and emotional health outcomes for children and mothers. Thus ensuring that all care is mother and family centred and non-judgemental. Mothers’ decisions will be supported and respected. This will include partnership working across disciplines and organisations to improve mothers’ / parents’ experiences of care.

This document identifies the mandatory standards and practices which staff involved in the care of mothers and babies should adhere to regarding infant feeding. All mothers, including staff returning to work following maternity leave, should be informed about the benefits and practice of breastfeeding and be given practical support and information regarding support systems, so that they can make informed choices about feeding their baby.

Healthcare staff will not discriminate against any woman in her chosen method of infant feeding and will fully support her decision.

2. POLICY STATEMENT

It is the policy of Cardiff and Vale University Health Board to ensure that parents receive information and support regarding breastfeeding.

Unless contraindicated as a result of a mother’s or baby’s health condition, breastfeeding will be actively encouraged as the preferred method of feeding.

In support of this policy the UHB will not permit in any of it’s premises or literature:-

- The advertising of breastmilk substitutes, feeding bottles, teats or dummies (except where this is within retail facilities provided on UHB premises under specific contractual arrangements e.g. commercial outlets in the concourse at UHW);
- The display of logos of manufacturers of these products on items such as calendars and stationery;
- The display or use of literature provided by manufacturers of breastmilk substitutes.
3. **SCOPE OF POLICY**

This policy applies to all staff employed by the UHB, including those with honorary contracts. It also applies to students and locum/agency staff working within UHB facilities/under contract to the UHB.

Whilst our Independent Primary Care Contractors are not mandated to follow the policy it does support a framework for good practice and may be complementary to guidance already adopted within that setting. As Independent Primary Care Contractors they are responsible for developing their own policies and procedures regarding promotion and support for breastfeeding.

4. **EQUALITY STATEMENT**

Cardiff and Vale UHB is committed to ensuring that we provide non-discriminatory services to our staff and to the public. All staff and patients are treated individually with dignity and respect. These principles run throughout our work and are reflected in our core values, our staff employment policies, our service standards and our Strategic Equality Plan and Equality Objectives. The responsibility for implementing the scheme falls to all employees and UHB Board members, volunteers, agents or contractors delivering services or undertaking work on behalf of the UHB.

An Equality Impact Assessment has been undertaken. We have received feedback on this policy and its functionality. We wished to ascertain if there was any impact on any groups in respect of gender, maternity and pregnancy, carer status, marriage or civil partnership issues, race, disability, sexual orientation, Welsh language, religion or belief, transgender, age or other protected characteristics. The assessment found that there was positive impact to the equality groups mentioned from the health gain benefits of breast feeding.

5. **AIM**

The aim of this policy is to ensure that all pregnant women and mothers with babies have information and support regarding breastfeeding in accordance with Welsh Government and UNICEF BFI (UK) standards.

6. **OBJECTIVES**

The objectives of this policy are to ensure that:

- Arrangements are in place to ensure that all relevant employees are aware of the content of the Breastfeeding Policy;
- Healthcare staff who care for mothers and babies receive appropriate training regarding breastfeeding;
- Pregnant women are informed of the benefits and management of breastfeeding;
- The initiation of breastfeeding is supported;
- Women are shown how to breastfeed and how to maintain lactation even if mother and baby are separated;
- Exclusive breastfeeding from birth to six months of age is supported;
- “Rooming-in” is supported;
- “Baby led” / responsive feeding is encouraged;
- The use of artificial teats and dummies whilst establishing breastfeeding is discouraged;
- Information about breastfeeding support groups is provided;
- A welcoming and non stigmatising environment for breastfeeding families is provided; and
- Care is provided for mothers who choose to feed their babies with infant formula.

**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 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.

7. **RESPONSIBILITIES**

7.1 **The Board**

The Board is responsible for ensuring adequate provision is made to facilitate the implementation and monitoring of this policy.

7.2 **Executive Director of Nursing**

The Executive Director of Nursing has delegated responsibility for ensuring the Clinical Boards have the appropriate arrangements in place for the effective implementation of this policy.

7.3 **Clinical Board Management Teams**

Clinical Board Management Teams are responsible for ensuring that this policy is implemented within their Clinical Board and Directorates. Where there are any difficulties in the implementation of this policy they will bring this to the attention of the Executive Director Nursing.

7.4 **Directorate Management Team**

Each directorate, where pregnant women and breastfeeding mothers are cared for, has a responsibility to ensure that staff are adequately supported
and provided with the training to implement these standards. They will also ensure that the environment of care is suitable for breastfeeding mothers to feed their infants where practicable and where this is not possible they will ensure that an appropriate care plan is established.

7.5 **Line Managers**

It is the responsibility of the UHB to support staff returning to work whilst breastfeeding, using the UHB Human Resources Maternity, Adoption and Paternity Guidance Notes, Appendix 5, Guidelines on Combining Breastfeeding and Returning to Work. Line Managers will ensure that these Guidelines are adhered to when staff are returning to work.

It is the responsibility of line managers/ward managers to ensure that staff are released to attend training. This should be incorporated within their Personal Development Plan and the departmental Training Needs Analysis where appropriate.

7.6 **Infant feeding Advisor (Maternity) & Breastfeeding Coordinator (Health Visiting)**

The Infant Feeding Advisor (Maternity) and Breastfeeding Coordinator (Health Visiting) have the responsibility for co-ordinating audit compliance with this policy within the Obstetrics and Gynaecology and Child Health Directorates. They will act as a resource on infant feeding issues within the Health Board and provide appropriate training to relevant staff, as detailed in the policy.

7.7 **Employees**

All employees should adhere to the policy standards. This includes:

- Mandatory breastfeeding training which is available for all those who care for mothers and their babies.
- Promoting breastfeeding and supporting breastfeeding mothers.
- Appropriately adhering to the policy for healthy, as well as sick babies.
- Reporting concerns about feeding issues to appropriate medical team/staff.
- When safeguarding issues arise they must be reported to the relevant Senior Staff Member and the All Wales Child Protection procedures adhered to.

8. **IMPLEMENTATION**

To ensure the implementation of this policy and the promotion of breastfeeding it will be necessary to ensure the following:
8.1 **To inform pregnant women of the benefits and management of breastfeeding.**

8.1.1 Healthcare staff who have contact with pregnant women will have a discussion with them about the benefits of breastfeeding to enable them to make an informed choice. The discussions will include; the value of connecting with their growing baby in utero, the value of skin contact 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 feeding. All staff aim to promote a loving relationship between infant and care givers to promote the infants development.

8.1.2 All pregnant women will be given an opportunity to discuss infant feeding with a midwife or health visitor. Such discussion will not solely be attempted during a group parenting class. This should be achieved by 34 completed weeks of pregnancy.

8.1.3 Pregnant women will be given the opportunity to have the physiological basis of breastfeeding clearly and simply explained to them, 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.

8.1.4 Routine group instruction in artificial feeding is prohibited, but one-to-one discussion, instruction and support for parents/carers is available in the postnatal period, if a mother has made an informed choice not to breastfeed her baby.

8.1.5 Antenatal breastfeeding workshops, where they exist, will reinforce this policy information, and be taught by staff trained and competent in teaching breastfeeding information and skills.

8.1.6 Community facility staff will inform mothers about/refer mothers to targeted interventions to promote breastfeeding, as appropriate.

8.2 **Supporting the initiation of breastfeeding**

8.2.1 All mothers will be encouraged to hold their babies in skin-to-skin contact as soon as possible after delivery, regardless of their intended feeding method. Skin–to-skin contact should last for at least one hour or until after the first breastfeed (whichever is sooner).

8.2.2 If skin-to-skin contact is interrupted for clinical reasons it should be re-instigated as soon as mother and baby are able.

8.2.3 All women will be encouraged to offer the first breastfeed when mother and baby are ready. Help will be available from a midwife/maternity care assistant (MCA) if needed.
8.2.4 All breastfeeding mothers will be offered further help with breastfeeding within six hours of delivery.

8.2.5 An appropriately trained health care professional should be available to assist a mother if necessary at all breastfeeds during her hospital stay.

8.2.6 Appropriately trained health care professionals will 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.

8.2.7 An assessment of breastfeeding will be carried out between postnatal day three to five, to determine whether effective milk transfer is taking place and whether further support with breastfeeding is required.

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

8.3 Showing women how to breastfeed and how to maintain lactation even if mother and baby are separated

8.3.1 It is the responsibility of those healthcare 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.

8.3.2 Mothers who are initially separated from their babies should be encouraged to begin expressing within 6 hours of birth, as long as there is no medical contraindication. Early initiation has long term benefits on milk production.

8.3.3 Mothers who are separated from their babies will be encouraged to express milk at least eight times in a 24-hour period, including getting up to express at least once during the night. They will be shown how to express their milk.

8.3.4 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. Community health-care staff should ensure that the mother is aware of the value of hand expression, for example in the proactive treatment of engorgement, blocked ducts and to prevent the development of mastitis.

8.3.5 All breastfeeding mothers will receive information, both verbal and in writing, about how to recognize effective feeding. This information will include:

- 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).

8.3.6 An assessment of the mother’s and baby’s progress with breastfeeding will be undertaken at the primary visit by health visiting staff and an individualised plan of care developed as necessary. And record in appropriate records. 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.

8.3.7 As part of the initial breastfeeding assessment community healthcare staff will 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);
- Why effective feeding is important and that they are confident with positioning and attaching their babies for breastfeeding.

8.3.8 Mothers who require hospital admission or day surgery whilst breastfeeding will be given the opportunity to agree an individual plan to try to accommodate the feeding and lactation needs of the mother and baby.

8.3.9 All breastfeeding mothers returning to work following maternity leave will be offered information which will support them to continue breastfeeding.

8.4 Supporting exclusive breastfeeding

8.4.1 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.

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

8.4.3 Parents who request supplementation will be made aware of the possible health implications and the 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.

8.4.4 Where newborn babies are categorised as ‘high risk’ of neonatal hypoglycaemia, staff will follow the hypoglycaemia guidelines, regardless of feeding method, following an explanation to the parents.
8.4.5 All mothers will be encouraged to breastfeed exclusively for around 6 months, as long as there are no medical contraindications, 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.

8.4.6 Breastfed babies should receive no additional water or artificial feed during the first six months, except in cases of medical indication or fully informed parental choice.

8.5 Rooming-in

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

8.5.2 Babies should not be routinely separated from their mothers. This applies to babies who are being bottle fed, as well as those being breastfed.

8.5.3 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. Closeness and comfort will be promoted and the importance this has on brain development.

8.5.4 All mothers will be given appropriate information about ensuring a safe sleeping environment whilst breastfeeding.

8.6 Baby-led feeding/Responsive Feeding

8.6.1 Baby-led/responsive feeding should be encouraged for all babies unless clinically indicated. Hospital procedures should not interfere with this principle. 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’.

8.6.2 Mothers should be encouraged to continue to practise baby-led feeding/responsive feeding throughout the time they are breastfeeding. The importance of night-time feeding for milk production should be explained to mothers. Ways to cope with the challenges of night-time feeding will be discussed, including issues related to bed sharing, to enable them to manage night-time feeds safely.

8.7 Use of Artificial Teats, Dummies

8.7.1 Health-care staff will not recommend the routine use of artificial teats or dummies during the establishment of breastfeeding. Parents wishing to use them should be advised of the possible detrimental effects 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.

8.7.2 The appropriate use of dummies for breastfeeding babies once breastfeeding is established should be discussed with mothers, together with the possible detrimental effects they may have on breastfeeding (in relation to baby-led feeding/responsive feeding), to enable them to make fully informed choices about their use.

8.7.3 Nipple shields will not be recommended except where clinically indicated and then only for as short a time as possible. The mother should be under the care of a skilled practitioner whilst using the shield and should be given help to discontinue use as soon as possible.

8.8. Introduction solid foods

All parents will receive a timely discussion about when and how to introduce solids. This will include:

8.8.1 That solids food should be started at around six months

8.8.2 Signs shown by babies of developmental readiness for solid food

8.8.3 How to introduce solid food to babies

8.8.4 Appropriate foods for babies.

8.9 Support for Parenting and close relationships

8.9.1 All parents will be supported to understand a baby's need (including encouraging frequent touch and sensitive verbal/visual communication, keeping babies close, responsive feeding and safe sleeping practice)

8.9.2 Mothers who bottle feed are encouraged to hold their baby close during feeds and offer the majority of feeds to their baby themselves to help enhance the mother-baby relationship.

8.10 Breastfeeding support groups

8.10.1 The UHB supports co-operation between healthcare professionals and voluntary support groups whilst recognising that healthcare organisations have their own responsibility to promote breastfeeding.

8.10.2 Sources of national and local support should be identified and mothers given verbal and written information

- Telephone numbers of midwifery led unit, national breastfeeding helpline numbers and contact details of breastfeeding clinics/support groups which will provide support with breastfeeding and other professional support.
- Contact details for voluntary breastfeeding counsellors and local mother-to-mother peer support groups.

8.10.3 Community healthcare staff will ensure mothers have the above information, together with details of all local initiatives to support breastfeeding.

8.10.4 Breastfeeding support groups will be invited to contribute to further development of the breastfeeding policy through involvement in appropriate meetings.

8.11 **A welcome for breastfeeding families**

8.11.1 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 UHB premises.

8.11.2 Comfortable facilities will be made available for mothers who prefer privacy, where these are available.

8.11.3 All breastfeeding mothers will be supported to develop strategies for breastfeeding outside the home.

8.11.4 Community healthcare staff will use their influence wherever possible to promote awareness of the needs of breastfeeding mothers in the local community, including cafes, restaurants and public facilities.

8.12 **Care for mothers who have chosen to feed their newborn with infant formula**

8.12.1 Staff will ensure that all mothers who have chosen to feed their newborn with infant formula are able to correctly sterilise equipment and make up a bottle of infant formula during the early postnatal period and before discharge from hospital.

8.12.2 Staff will ensure that mothers are aware of effective techniques for formula feeding their baby. And recommended all babies remain on first milks.

8.12.3 Community midwives will check and reinforce learning following the mothers transfer home.

8.12.4 All information given should follow guidance from the Department of Health and Welsh Government and UNICEF UK BFI. Information should be reinforced by offering appropriate literature.

8.12.5 Mothers with newborn babies will be given contact details of health professional support available for feeding issues.
8.12.6 Midwives and health Visitors will ensure all mothers are informed of responsive feeding / and the importance of closeness and comfort on babies development.

9. RESOURCES

This policy recognises good practice which should already be in place within the UHB. It is not envisaged that there will be any additional resource requirements, however, where a cost is identified to ensure the effective implementation of this policy it will be met by individual directorates as appropriate.

10. TRAINING

10.1 All professional and support staff who have contact with pregnant women and new mothers will be orientated to the Breastfeeding Policy during their induction period as new staff.

10.2 Those employed within the Women and Childrens Clinical Board will participate in Breastfeeding Awareness training within six months of appointment, at a level appropriate to their professional group.

10.3 All professional and support staff will, when identified as part of a Training Needs Analysis, receive training in the skills needed to assist mothers who have chosen to formula feed, including the reconstitution of infant formula and sterilisation techniques.

10.4 All clerical and ancillary staff, working in clinical areas where mothers and babies are cared for, will be orientated to the policy and receive training to enable them to refer breastfeeding queries appropriately.

11. AUDIT

Periodic audit of policy standards is practiced, by maternity, paediatric/neonatal and community (health visiting) staff. The aim of which is to identify areas of practice needing improvement and ensure that training and supervision is adjusted according to audit results.

Audit findings will be reported to the appropriate Clinical Board and Directorate Quality and Safety group meetings.

12. DISTRIBUTION

This policy, together with the Equality Impact Assessment, will be available on the UHB intranet, clinical portal system and internet site.

Parents/ carers will be able to access the policy, in clinical areas where mothers and newborn babies are cared for on request.
13. **MONITORING AND REVIEW**

The implementation of this policy will be monitored by the Obstetrics and Gynaecology and Child Health Directorates as well as Clinical Board Quality and Safety Groups. It will be reviewed to reflect the findings of any monitoring, together with changes in guidance or legislation. As a minimum it will be reviewed 3 years after the date of approval.

14. **REFERENCES**

All Wales Guidelines for Identifying and Managing Weight Loss in Breastfeeding Babies in the Early Post Natal Period (2011)

Birth to Five (2011) Welsh Government

National Institute for Health and clinical Excellence Postnatal Care Pathway- updated October 2011

*Hypoglycaemia guidelines for newborn babies Sept 2012*

*Maternity, Adoption and Paternity Guidance Notes Appendix 5 Guidelines on combining breastfeeding and returning to work*

UNICEF Baby Friendly Initiative UK (2010)