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| INFANT FEEDING POLICY |
| **Statement of Intent** | To identify roles and responsibilities and guidance in supporting expectant and new mothers to feed and care for their baby. This is a mandatory policy for all SBC Community Health Staff in HV and FNP teams. |
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| **Document validity** | This document is due to expire in January 2020. After this date the document will become invalid.All colleagues should ensure that they are consulting the most current version of the document, which can be found on the SBC intranet. |
| **Applies to** | Health Visiting and Family Nurse Partnership |  |
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| **Equality & Diversity** | SBC Children, Families and Community Health Service is committed to promoting equality in all responsibilities – as providers of services, partners in the local economy and employers. This document will contribute to ensuring that all clients, potential clients and employees are treated fairly and respectfully, with regard to the protected characteristics of age; disability; gender reassignment; marriage or civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation. |

## This document has been developed by SBC Children’s Community Health Service, with support from peer reviewers and quality leads in GWH and Swindon Community Care services, as per the service level agreement.

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**Definitions**

NCT – National Childbirth Trust

BFI – Baby friendly initiative

SBC – Swindon Borough Council

##  Purpose

The purpose of this policy is to define the role and responsibilities of all staff in children’s services in supporting expectant and new mothers and their partners to feed and care for their baby in ways which support optimum health and well-being.

## Aim

This policy aims to ensure that all of our information, guidance, interventions and support, linked to the feeding of infants and young children, is based on best practice to improve outcomes, and specifically, deliver:

* + - Increase in breastfeeding rates at 6-8 weeks;
		- Increase in parents’ understanding of safe formula feeding in line with nationally agreed guidance;
		- Increases in the proportion of parents who introduce solid food to their baby in line with nationally agreed guidance;
		- Improvements in parents’ experiences of care;
		- Local indicators, breastfeeding and reduction in obesity.

## Our commitment

 SBC Children, Families and Community Health Service is committed to:

* + - Giving each and every expectant and new mother a service that is based on the UNICEF UK Baby Friendly Initiative standards for Health Visiting, relevant NICE guidance and the Healthy Child Programme;
		- Providing 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 and the significant contribution that breastfeeding makes to good physical and emotional health outcomes for children and mothers;
		- Ensuring that all care is mother and child centred, non-judgmental and that health visitors work together with parents in the best interests of the baby;
		- Working together collaboratively across disciplines and organisations to ensure that parents and their babies experience excellent care.

## As part of this commitment the Service will ensure that:

* + - All new HV and FNP staff will be supported to read and understand the Policy within one week of commencement of employment;
		- All Health Visiting and Family Nurse Partnership staff will be provided with training to enable them to implement the Policy as appropriate to their role. This will be provided within six months of commencing employment;
		- The [International Code of Marketing of Breast-milk](http://www.who.int/nutrition/publications/infantfeeding/9241541601/en/) Substitutes is implemented throughout the Service;
		- All documentation fully supports the implementation of these standards;
		- Parents’ experiences of care will be shared and reflected through regular audits and parents’ experience surveys.

# Responsibilities

It is the responsibility of Health Visitors and the Family Nurse Partnership to follow relevant operating procedures.

It is the responsibility of Health Visiting and Family Nurse Partnership staff to liaise with appropriate health professionals should concerns arise around the baby’s health.

Health Visitors and Family Nurses are responsible for collecting the required infant feeding data to enable monitoring of breast feeding rates.

All staff in Health Visiting and Family Nurse Partnership have a responsibility to communicate the infant feeding policy to parents.

# 5. Infant feeding procedures

All staff within Children’s Services will promote breastfeeding as the normal, healthy way to feed a baby.

The Infant Feeding Policy will be communicated effectively to pregnant woman at the antenatal visit and to all parents of young babies. This will include the provision and display of the parent guide to breastfeeding policy leaflet and on request the full policy.

## Pregnancy

Pregnant women will be provided with the opportunity to discuss feeding and caring for their baby with a member of the Health Visiting team, or Family Nurse Partnership. This discussion will include the following topics:

1. The value of connecting with their growing baby in utero;
2. The value of skin contact for all mothers and babies;
3. 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 this;
4. Feeding, including*:*
* An exploration of what parents already know about breastfeeding;
* The value of breastfeeding as protection, comfort and food;
* Getting breastfeeding off to a good start.

## Support for continued breastfeeding

A formal breastfeeding assessment using the BFI assessment tool in the child’s personal health record (red book) will be carried out at the new birth visit at 10–14 days, to ensure effective feeding of the baby and well-being of the mother and baby. This includes recognition of what is going well and the development, with the mother, of an appropriate plan of care to address any issues identified.

Mothers and babies identified with more complex breastfeeding challenges, or requiring additional support, will be referred or signposted to appropriate services, (e.g. Ear, Nose and Throat department for tongue tie, specialist infant feeding clinic).

Mothers will be offered opportunities for discussion about options for continued breastfeeding (including responsive feeding, expression of breastmilk and feeding when out and about or going back to work), according to individual need.

**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.

 The Service will work in collaboration with other local services to make sure that mothers have access to social support for breastfeeding.

 All breastfeeding mothers will be informed about the local support for breastfeeding, including Breastfeeding Counsellors and Breastmates peer support groups.

##  Exclusive breastfeeding

 Mothers who breastfeed will be provided with information about why exclusive breastfeeding leads to the best outcomes for their baby, and why it is particularly important during the establishment of breastfeeding.

 When exclusive breastfeeding is not possible, the value of continuing partial breastfeeding will be emphasized, and mothers will be supported to maximise the amount of breastmilk their baby receives.

 Mothers who give other feeds in conjunction with breastfeeding will be enabled to do so as safely as possible and with the least possible disruption to breastfeeding. This will include appropriate information, and a discussion regarding the potential impact of the use of a teat when a baby is learning to breastfeed.

##  Modified feeding regime

There are a small number of clinical indications for a modified approach to responsive feeding in the short term. Examples include: preterm or small for gestational age babies, babies who have not regained their birth weight and babies who are gaining weight slowly.

## Support for formula feeding

At the new birth visit, mothers who formula feed will have a discussion about how feeding is going. Staff will check that:

* + - Mothers who are formula feeding have the information they need to

enable them to do so as safely as possible. Staff may need to offer a demonstration and / or discussion about how to prepare infant formula;

* + - Mothers who formula feed understand about the importance of

 responsive feeding and how to:

1. Respond to cues that their baby is hungry;
2. Invite their baby to draw in the teat rather than forcing the teat into their baby’s mouth;
3. Pace the feed so that their baby is not forced to feed more than they want to;
4. Recognise their baby’s cues that they have had enough milk and avoid forcing their baby to take more milk than the baby wants.

## Introducing solid food

Health Visitors and Family Nurses will ensure that they have a timely discussion with parents about when, and how, to introduce solid food. This will include:

* Solid food should be started at around six months;
* Signs of developmental readiness for solid food;
* How to introduce solid food to babies;
* Appropriate food for babies.

## Support for parenting and close relationships

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

 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.

Parents will be given information about local parenting support that is available.

 **Recommendations for health professionals on discussing bed-sharing**

 **with parents**

Simplistic messages in relation to where a baby sleeps should be avoided. Neither blanket prohibitions nor blanket permissions reflect the current research evidence.

The current body of evidence overwhelmingly supports the following key messages, which should be conveyed to all parents:

* The safest place for your baby to sleep is in a cot by your bed;
* Sleeping with your baby on a sofa puts your baby at greatest risk;
* Your baby should not share a bed with anyone who:
	+ Is a smoker;
	+ Has consumed alcohol;
	+ Has taken drugs (legal or illegal) that make them sleepy.

The incidents of Sudden Infant Death Syndrome (SIDS- often called “cot death”) is higher in the following groups:

* + Parents’ in low socio-economic groups;
	+ Parents’ who currently abuse alcohol or drugs;
	+ Young mothers with more than one child;
	+ Premature infants and those with low birthweight.

Parents within these groups will need more face to face discussion to ensure that these key messages are explored and understood. They may need some practical help, possibly from other agencies, to enable them to put them into practice.

## 6. Monitoring implementation of the Standards

Monitoring compliance with this policy will be undertaken at least annually, using the UNICEF UK Baby Friendly Initiative audit tool (2013 edition). All staff involved in undertaking audit will be trained in using the tool.

Audit results and action plans will be monitored through the Health Visitor Development Group and reported to the SBC Early Help and Specialist Health Quality and Performance Board. The results and action plans will also be shared with all HV and FNP teams through the breast feeding working group.

Breast feeding prevalence at 6-8 weeks of age will be monitored through SBC Quality and Performance Board, and is reported to the PHE Children and Young People’s Performance Framework.

Parents’ experiences of support with infant feeding care will be gathered through survey and service user experience method, and monitored through SBC EH and specialist health Quality and Performance Board.

**7. Associated documents**

Breastfeeding assessment form and checklist [Baby Friendly pages on infant feeding and relationship building for the PCHR (Red Book) - Baby Friendly Initiative](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/guidance-for-health-professionals/tools-and-forms-for-health-professionals/baby-friendly-pages-on-infant-feeding-and-relationship-building-for-the-pchr-red-book/)

 Division of ankyloglossia (tongue tie) for breastfeeding (2005)

<http://www.nice.org.uk/Guidance/IPG149>

Infection Prevention and Control Policy Hand hygiene procedure [Documents - Infection Prevention and Control Policy v2.pdf...](http://oneswindon/aboutsbc/groupdirectorate/ChildrenServices/Childrens%20Services%20Clinical%20Procedures/Documents/Forms/DispForm.aspx?ID=80)

Moving from the current to the new Baby Friendly Initiative standards - A guide for those working towards or maintaining Baby Friendly accreditation [Transition guidance: Moving from the current to the new Baby Friendly Initiative standards - Baby Friendly Initiative](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/guidance-for-health-professionals/implementing-the-baby-friendly-standards/moving-from-the-current-to-the-new-baby-friendly-initiative-standards/)

NICE guidance:

Postnatal care: Routine postnatal care of women and their babies (February, 2015) [Postnatal care up to 8 weeks after birth | Guidance and guidelines | NICE](https://www.nice.org.uk/guidance/cg37?unlid=101243203420166218759)

## 8. References

Gov.UK, 2015. Public Health Outcomes framework 2013 to 2016: [https://www.gov.uk/government/publications/healthy-lives-healthy-people-](https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency) [improving-outcomes-and-supporting-transparency](https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency)

Gov.UK, 2009. Healthy Child Programme: [https://www.gov.uk/government/publications/healthy-child-programme-](https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life) [pregnancy-and-the-first-5-years-of-life](https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life)

 NICE, 2008. Guidance on maternal and child nutrition: <http://www.nice.org.uk/ph11>

UNICEF UK BFI, 2016.

 [A guide for health workers to working within the Code - Baby Friendly Initiative](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/guidance-for-health-professionals/the-code/a-guide-for-health-workers-to-working-within-the-international-code-of-marketing-of-breastmilk-substitutes/)

 UNICEF UK BFI, 2016. Guide to the Baby friendly Initiative Standards.

 [Guide to the Baby Friendly Initiative Standards - Baby Friendly Initiative =](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/guidance-for-health-professionals/implementing-the-baby-friendly-standards/guide-to-the-baby-friendly-initiative-standards/)

UNICEF UK BFI, 2013. Sample infant feeding policy (health visiting) August 2013

[Sample infant feeding policies - Baby Friendly Initiative](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/guidance-for-health-professionals/tools-and-forms-for-health-professionals/sample-infant-feeding-policies/)

WHO, 1981. International code of marketing breast milk initiative

 [WHO | International Code of Marketing of Breast-Milk Substitutes](http://www.who.int/nutrition/publications/infantfeeding/9241541601/en/)

# 9. Consultation and Review

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| Document details and status | Name and title | Outcome | Date |
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