Family Nursing & Home Care

Infant Feeding Policy

April 2023

Document Profile

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Title	Infant Feeding Policy
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Version control / changes made

Date	Version	Summary of changes made	Author
	New Policy	Supersedes the Breastfeeding Guidelines	
July 2019	1.1	Slow weight gain Appendix 2 added to policy 9.7.19	
April 2023	2.0	General updating for clarity and to acknowledge the involvement of others in infant feeding. Diversity issues considered. Vitamin D supplementation added – see 3.2. Section 3.7 - reference made to bottle feeding assessment tool at 10-14 day visit.	Debra Hennessy

CONTENTS

1. INTRODUCTION

FNHC recognises that there is a diverse range of family formations, and this policy has endeavoured to use inclusive language throughout in an attempt to reflect this diversity. For ease of understanding, the policy uses the term 'mother' to describe the birthing parent but recognises that some birthing parents do not identify with this term.

1.1 Rationale

Unicef and the World Health Organisation recommend exclusive breastfeeding up to 6 months of age, with continued breastfeeding along with appropriate complementary foods up to two years of age or beyond. Over the last 20 years Baby Friendly has championed breastfeeding and supported women to feed their babies. The programme has now expanded to support early attachment between all babies and their parents, whether breast or formula feeding. UNICEF (2017).

Family Nursing & Home Care (FNHC) began work towards full Baby Friendly accreditation in 2018.

Family Nursing & Home Care is committed to:

- 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
- 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 family centred, non-judgemental and that parents' decisions are supported and respected
- working together across disciplines and organisations to improve parents' experiences of care

As part of this commitment, the service will ensure that:

- all new staff are familiarised with the policy on commencement of employment
- all staff receive training to enable them to implement the policy as appropriate to their role
- new staff receive this training within six months of commencement of employment
- the International Code of Marketing of Breast-milk Substitutes is implemented throughout the service
- all documentation fully supports the implementation of these standards
- parents' experiences of care will be listened to, through regular audit and parents' experience surveys

1.2 Scope

The purpose of this policy is to ensure that all staff at Family Nursing & Home Care understand their role and responsibilities 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. All staff are expected to comply with the policy.

1.3 Role and Responsibilities

Chief Executive Officer - has overall responsibility for ensuring there are effective arrangements in place so that staff are appropriately trained and competent to effectively fulfil their role within the organisation and to maintain the safety of patients.

Director of Governance and Care – will ensure systems are in place to update this policy in line with evidence based practice

Baby Friendly Initiative Lead - will oversee the implementation and promotion of the policy across the organisation. They will be responsible for monitoring and reviewing the policy as necessary.

Education and Development – is responsible for ensuring that education governance arrangements are in place

Operational Leads - are responsible for ensuring that high standards are maintained within their areas of responsibility and the standards set out in this policy are adhered to.

Team Leaders – It is the responsibility of each team leader to ensure staff attend all relevant statutory and mandatory training; and to monitor attendance on a routine basis. They are also responsible for facilitating adherence to the policy within their team.

Employee – it is the responsibility of each staff member to ensure they attend all relevant mandatory training and other training if relevant for their role to keep up to date and comply with this policy.

2. POLICY

This policy aims to ensure that the care provided improves outcomes for children and families, specifically to deliver:

- An increase in breastfeeding rates at 6-8 weeks and 9-12 months.
- Education around safe practice for parents who choose to formula feed in line with nationally agreed guidance, (UNICEF, 2008)
- 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, advice and support, (Public Health England, 2013).

3. PROCEDURE

This section of the policy sets out the care that the health visiting service is committed to giving each and every expectant and new parent. It is based on the UNICEF UK Baby Friendly Initiative standards for health visiting, relevant NICE guidance and the Healthy Child Programme (NICE 2008).

3.1 Pregnancy

UNICEF UK Baby Friendly Initiative strongly supports the view that pregnancy is the right time for health visitors to begin to talk to parents and will therefore assess this aspect of the service when it is applicable.

As routine antenatal contact is part of the commissioned service, all pregnant women and their partner will have the opportunity to discuss feeding and caring for their baby with a member of the health visiting team (or other suitably trained designated person).

This discussion will include the following topics:

- the value of connecting with their growing baby in utero
- the value of skin to skin contact for all parents 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 this

3.2 Feeding

Exclusively breastfed babies from birth to one year and those who are combination feeding receiving less than 500ml of formula milk per day should receive Vitamin D supplementation following NHS guidelines Vitamin D - NHS (www.nhs.uk)

Conversations with parents around feeding their infants should include

- 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

3.3 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 parents have the opportunity to discuss this aspect of feeding and reassure them 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
- breastfeeding will not, in and of itself, tire mothers any more than caring for a new baby without breastfeeding

(UNICEF 2017)

The service recognises the significance of pregnancy as a time for building the foundations of future health and well-being and the potential role of health visitors to positively influence pregnant women and their families. Staff will therefore make the most of opportunities available to them to support the provision of information about feeding and caring for babies to pregnant women and their families.

This will include ensuring that:

- all expectant parents are offered antenatal contact and the opportunity to discuss breastfeeding and early relationship building

- spontaneous antenatal contacts (such as visits to clinic) are used as an opportunity to discuss breastfeeding and the importance of early relationship building, using a sensitive and flexible approach

Members of the health visiting team proactively support and recommend the services provided by other organisations to parents (e.g. antenatal programmes run by the maternity services, children's centres or voluntary organisations).

The service works collaboratively to develop / support any locally operated antenatal interventions delivered with partner organisations.

3.4 Support for Continued Breastfeeding

A formal breastfeeding assessment using the UNICEF tool in Personal Child Health Record (Red Book) will be carried out at the 'new baby review' or 'birth visit' at approximately 10–14 days to ensure effective feeding and well-being of the mother and baby.

This includes recognition of what is going well and the development, with the parents, of an appropriate plan of care to address any issues identified.

For those mothers who require additional support for more complex breastfeeding challenges a referral to the specialist service will be made. Where tongue-tie is suspected, the Tongue Tie Recognition and Referral Pathway will be followed.

Parents will be informed of this pathway.

Mothers will have the opportunity for a discussion about their 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.

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 to include Breastfeeding Buddies group and Child Health Clinic support.

3.5 Exclusive Breastfeeding

Mothers who breastfeed and their partners 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*.

* Up to 6 weeks in most cases (UNICEF 2017)

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

Parents 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.

3.6 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
- babies who are gaining weight slowly

The Slow Weight Gain Pathway is included in the appendices.

3.7 Support for Formula Feeding

A formal Bottle Feeding assessment using the UNICEF tool in Personal Child Health Record (Red Book) will be carried out at the 'new baby review' or 'birth visit' at approximately 10–14 days to ensure the safe preparation of feeds and that feeding is going well.

Recognising that this information will have been discussed with maternity service staff, but may need revisiting or reinforcing; and being sensitive to parents previous experience, staff will check that:

- parents 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.
- Parents who formula feed understand about the importance of responsive feeding and how to:
    - respond to cues that their baby is hungry
    - invite their baby to draw in the teat rather than forcing the teat into their baby's mouth
    - pace the feed so that their baby is not forced to feed more than they want to
    - recognise their baby's cues that they have had enough milk and avoid forcing their baby to take more milk than the baby wants

(UNICEF 2008)

3.8 Introducing Solid Food

All parents will have a timely discussion about when and how to introduce solid food delivered through HV contacts and regular open access weaning workshops. To include the following guidance:

- that solid food should be started at around six months
- babies' signs of developmental readiness for solid food
- how to introduce solid food to babies
- appropriate foods for babies

(UNICEF 2008)

3.9 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)

Parents 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 parents/baby relationship.

Local parenting support that is available for parents will be discussed as follows;

- The Bridge
- MECSH programme
- Baby Steps programme
- CNN pop in and play groups
- Breastfeeding buddies
- Child Health Clinics.

3.10 Safe Sleeping

The safest place for the baby to sleep is in a cot beside the bed. However some parents may choose to sleep with their baby in bed. Some may fall asleep with their baby while feeding, whether they intend to or not. It is known that breastfeeding and co-sleeping are strongly linked (BASIS 2020), therefore it is important to advise the following safety precautions:

- keep the baby away from pillows
- ensure the baby cannot fall out of bed or become trapped between the mattress and wall
- ensure the bedclothes cannot cover their baby's face or head
- beware leaving the baby alone in bed, as even very young babies can wriggle to the edge or under the bed clothes

SIDS risk is raised if the baby shares a bed with anyone who:

- is a smoker
- has consumed alcohol
- has taken any drugs (legal or illegal) that make either parent sleepy
- the baby is:
- premature
- born < 2,500kg

Encourage parents to:

- put their baby down on her back to sleep, never on her front or side
- have the cot beside the parents' bed for at least the first six months
- have a firm, flat cot mattress – soft beds, bean bags and sagging mattresses are not suitable
- not overdress the baby
- not cover the baby with too much bedding (no more than parents would use for themselves)

- ensure the bedding is not able to cover the baby's head
- keep the room temperature not too hot (16-20ºC is ideal)
- a smoke-free zone for the baby to sleep

(Lullaby Trust 2018)

4. CONSULTATION PROCESS

Name	Title	Date
Michelle Cumming	Operational Manager, Child and Family Services	13.02.2023
Abi Cooper	Team Lead Health Visiting	13.02.2023
Claire Harvey	MECSH Lead / Health Visitor	13.02.2023

5. IMPLEMENTATION PLAN

Action	Responsible Person	Planned timeline
Email to all staff	Education and Development Administrator	Within 2 weeks following ratification
Policy to be placed on the Procedural Document Library	Education and Development Administrator	Within 2 weeks following ratification
Staff to sign up to documents if relevant	Operational Leads	Within 2 weeks following ratification

6. MONITORING COMPLIANCE

The FNHC Health Visiting service requires that compliance with this policy is audited at least annually using the UNICEF UK Baby Friendly Initiative audit tool (2019 edition).

Staff involved in carrying out this audit require training on the use of this tool.

Audit results will be reported to the Operational Lead for Child and Family Services and an action plan will be agreed by the Project Manager for Baby Friendly implementation to address any areas of non-compliance that have been identified.

The UNICEF UK Baby Friendly Initiative audit tool (2019 edition) is designed specifically for this purpose.

6.1 Monitoring Outcomes

The following outcomes will be monitored at 9-12 months respectively:

- breastfeeding initiation rates
- 6-8 week breastfeeding rates
- Introducing solids after 6 months
- Parental experience

Outcomes will be reported to the Operational Lead for Child and Family services.

7. EQUALITY IMPACT STATEMENT

Family Nursing & Home Care is committed to ensuring that, as far as is reasonably practicable, the way services are provided to the public and the way staff are treated reflects their individual needs and does not discriminate against individuals or groups on any grounds. See introduction for equality statement specific to this policy.

This policy document forms part of a commitment to create a positive culture of respect for all individuals including staff, patients, their families and carers as well as community partners. The intention is to identify, remove or minimise discriminatory practice in the areas of race, disability, gender, sexual orientation, age and 'religion, belief, faith and spirituality' as well as to promote positive practice and value the diversity of all individuals and communities.

The Family Nursing & Home Care values underpin everything done in the name of the organisation. They are manifest in the behaviours employees display. The organisation is committed to promoting a culture founded on these values.

Always:

- ✓ Putting patients first
- ✓ Keeping people safe
- ✓ Have courage and commitment to do the right thing
- ✓ Be accountable, take responsibility and own your actions
- ✓ Listen actively
- ✓ Check for understanding when you communicate
- ✓ Be respectful and treat people with dignity
- ✓ Work as a team

8. GLOSSARY OF TERMS

Antenatal

During pregnancy

ENT

Ear, Nose and Throat

Exclusive Breastfeeding

The baby only receives breastmilk with no additional food or fluids

Formula feeding

Manufactured breast milk substitute

Frenulotomy

Surgical procedure to release tongue tie

Healthy Child Programme

Programme of care delivering public health services to children and young people aged 0-19 years

International Code of Marketing of Breast-milk Substitutes

An international health policy framework for breastfeeding promotion adopted by the World Health Assembly of the World Health Organization in 1981

In utero

Within the mothers womb

NICE Guidance

The National Institute for Health and Care Excellence

Pace feeding

Feeding that at a rate and quantity that meets the baby's needs

Red Book

Family held records

Responsive feeding

Recognising that feeds are not just for nutrition, but also for love, comfort and reassurance between baby and parents.

SIDS

Sudden Infant Death Syndrome

Tongue Tie

Caused by a short band of connective tissue restricting the movement of the tongue

UNICEF UK Baby Friendly Initiative

The programme supports maternity, neonatal, health visiting and children's centre services to transform their care and works with universities to ensure that newly qualified midwives and health visitors have the strong foundation of knowledge needed to support families.

9. REFERENCES

BASIS (2020) https://www.Basisonline.org.uk

Healthy Child Programme: https://www.gov.uk/government/publications/healthy-child-programmepregnancy-and-the-first-5-years-of-life

Lullaby Trust (2008) https://lullabytrust.org.uk

NHS guidance (2023) Vitamin D - NHS (www.nhs.uk)

NICE (2008) NICE guidance on maternal and child nutrition http://www.nice.org.uk/ph11

Public health England. Public Health Outcomes framework 2013 to 2016: https://www.gov.uk/government/publications/healthylives-healthy-people-improving-outcomes-and-supporting-transparency

UNICEF (2008) https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2008/02/start4life_guide_to_bottle_-feeding.pdf

UNICEF (2008)https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2008/02/introducing-solid-foods.pdf

UNICEF (2018) http://www.unicef.org.uk/BabyFriendly/Resources/Guidance-for-Health-Professionals/Forms-and-checklists/Breastfeeding-assessment-form/

http://www.unicef.org.uk/BabyFriendly/Health-Professionals/Going-Baby-Friendly/Maternity/The-International-Code-of-Marketing-of-Breastmilk-Substitutes-/

UNICEF (2018) Updated Baby Friendly standards: www.unicef.org.uk/babyfriendly/standards

World Health organization www.who.int/topics/breastfeeding/en

10. APPENDIX

Appendix 1 Equality Impact Screening Tool

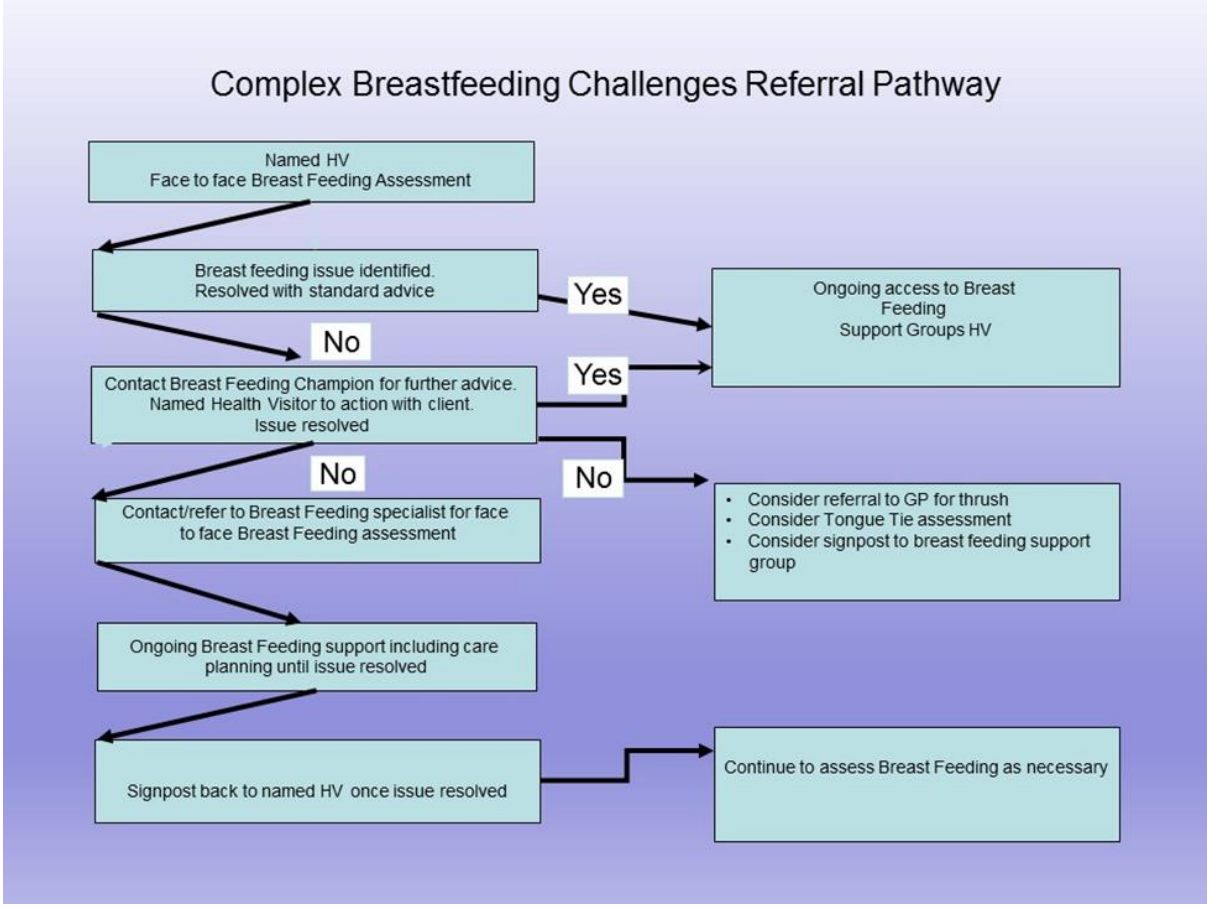
Stage 1 - Screening			
Title of Procedural Document: Infant Feeding Policy			
Date of Assessment	15.11.2022	Responsible Department	Child and Family Service
Name of person completing assessment	Debra Hennessy	Job Title	BFI Lead

Does the policy/function affect one group less or more favourably than another on the basis of :		
	Yes/No	**Comments**
• Age	No	
• Disability Learning disability; physical disability; sensory impairment and/or mental health problems e.g. dementia	No	
• Ethnic Origin (including hard to reach groups)	No	
• Gender reassignment	No	
• Pregnancy or Maternity	No	
• Race	No	
• Sex	No	
• Religion and Belief	No	
• Sexual Orientation	No	
If the answer to all of the above questions is NO, the EIA is complete. If YES, a full impact assessment is required: go on to stage 2, page 2		

Stage 2 – Full Impact Assessment			
What is the impact	**Level of Impact**	**Mitigating Actions** (what needs to be done to minimise / remove the impact)	**Responsible Officer**

Monitoring of Actions
The monitoring of actions to mitigate any impact will be undertaken at the appropriate level

10.1 Complex Breastfeeding Challenges Referral Pathway



10.2 Slow Weight Gain Pathway

Weight gain	Management plan
Baby not back to birth weight at new birth visit	Plan 1, moving to plan 2 and 3 if necessary
Slow weight gain. (Crossing two centile spaces in one month for average baby, one centile space in one month for baby born below 9th centile, crossing three centile spaces in one month for a baby born above 91st centile)	Plan 1, moving to plan 2
Static or falling weight	Plan 1 moving to Plan 2 and then 3 if necessary

Plan 1	Plan 2	Plan 3
Observe a full breastfeed ensuring effective positioning and attaching, and milk exchange. **Evaluate** frequency/amount of urine and stools. **Complete** and document a full breastfeeding assessment. Consider if baby shows signs of being **unwell**. Ensure **at least** 8 feeds in 24 hours including night time feeds and if not advise parents to wake the baby so he gets 8 feeds. **Reiterate** early feeding cues. Consider any family/environmental **barriers to breastfeeding.** **Discourage** dummy use. Suggest **Skin to Skin** to encourage breastfeeding. **Signpost** to Breastfeeding Buddies group. **Reweigh in one week.** If weight increases, continue to offer support weekly until an ongoing upward trend is seen for at least two weights 2-4 weeks apart. **If no minimal weight gain, move to Plan 2.** **If the baby develops other concerning symptoms, review immediately and consider medical referral.**	**Carry out plan 1 and liaise** with the BFI lead. Consider **switch feeding** for sleepy babies. **Express** breast milk after every feed (or as often as mum can manage) and offer this to the baby as a top up. **Massage** breast before expressing. **Consider** if a GP review is necessary. Contact parents to review in 2-3 days. **Reweigh in one week.** If weight gain of less than 28g per day, move to plan 3. **If the baby develops other concerning symptoms, review immediately and consider medical referral.**	**Carry out Plans 1 and 2 and liaise** with BFI lead. **Refer** to GP to exclude underlying illness. **Refer** through Complex feeding challenges pathway. Consider introducing formula **ONLY IF** • expressed breast milk unavailable • measures to improve milk supply and transfer have been tried for at least 10-14 days. • Baby's weight has been static or minimal increase for more than one week. • Baby appears unwell/dehydrated. • Underlying illness has been excluded. Begin with one additional feed rather than a top up (formula or EBM) of 25-30mls/kg in 24 hours. Timing as convenient for parents. Contact parents in 2-3 days and weigh in One week. Continue to monitor effectiveness of baby's feeding through period of supplementation. Gradually reduce supplementation in line with number of wet/dirty nappies as appropriate for age. Weigh weekly until upward trend demonstrated.

10.3 Suspected Tongue Tie Recognition and Referral Pathway

Referral Pathway