

**POLICY DOCUMENT**

**Breast Feeding Policy**

**Adopted by:** LCR PCT

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**Signature:**  
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## **INTRODUCTION**

Breastfeeding represents the healthiest and most empowering way for a woman to feed her baby. The health benefits of breastfeeding within the UK are well established<sup>2</sup> and women anecdotally report the sense of achievement and well being which successful breastfeeding brings.

All women have the right to make an informed and supported choice as to how they choose to feed their infants. This trust believes that the provision of factual and impartial information to all women is therefore essential. Trust staff will not discriminate against any woman in her chosen method of infant feeding and will support her in the choice she makes.

## **AIM OF THE BREASTFEEDING POLICY**

- To create a culture where more women choose to breastfeed their infants
- To create an environment which provides women with sufficient support and information to enable them to breastfeed their babies
- To discuss the health benefits of breastfeeding and the potential health risks of formula feeding with all pregnant women so that they can make an informed choice about feeding method
- To provide all health care staff who have contact with breast feeding women with the necessary skills and training to provide that support. This policy recognises that without specialised training health care staff may feel vulnerable and unsupported

## **APPLICATION OF THE POLICY**

It is essential that all staff adhere to this policy in order to avoid conflicting advice and information being given. Nonetheless it is recognised that staff make decisions in the light of professional judgement and in relation to Codes of conduct<sup>5</sup>. Any changes from the policy must be recorded in the notes of both mother and baby.

No advertising of breast milk substitutes, feeding bottles, teats or dummies is permissible throughout either the University Hospitals of Leicester (NHS) Trust or Leicestershire Primary Care Trusts. The display of logo's of the manufacturers of these products is also prohibited<sup>4</sup>.

As a global goal for optimum maternal and child health and nutrition all women should be encourage to practice exclusive breastfeeding from birth to six months of age<sup>4</sup>.

Parents who have made an informed choice not to breastfeed their babies should be shown how to prepare feeds correctly, preferably in the post natal period.

At each contact with the breastfeeding woman, the health professional should inquire how breastfeeding is progressing so that problems can be anticipated and addressed. Health care staff should take up any opportunities to work with the local community to promote breastfeeding.

## **THE TEN STEPS AND SEVEN POINT PLAN FOR SUCCESSFUL BREAST FEEDING**

The Ten steps to Successful Breastfeeding, developed by UNICEF<sup>21</sup>, are recognised as standard statements for maternity services, which aim to provide best practice in the support and promotion of Breastfeeding. All Trusts providing maternity services should therefore implement them<sup>6</sup>.

The Seven Point Plan for the Protection, Promotion and Support of Breastfeeding in the Community Health Care Settings extends and builds on the principles of the ten steps in order to make them appropriate for Community Health Care facilities. They represent standards for best practice and should be implemented by all those providing community health care for women and families.

## THE TEN STEPS IN PRACTICE

### **Have a written breastfeeding policy that is routinely communicated to all health care staff**

(Step 1 point 1)

- The breastfeeding policy will be clearly displayed in all public areas of maternity units and all community buildings owned by the trust, where care is given to mothers and babies.
- All advice given to breastfeeding women will reflect current research evidence and be responsive and appropriate to individual need
- All advice must be clearly documented in appropriate case notes
- A guide for parents to this policy will be displayed in all relevant areas of the trust

### **Train all staff in the skills necessary to implement the policy**

(Step 2 point 2)

- Breast feeding training will be mandatory within the trust and will include all staff directly involved in the care of the breastfeeding parents<sup>26</sup>
- All new staff will be orientated to the policy as part of their induction programme. This orientation will include those staff not directly involved in hands on care (clerical staff, domestic staff).
- Following orientation to the policy, those staff providing hands on care will receive breastfeeding training within 6 months of taking up the post.
- Those staff providing hands on care will receive a copy of the open learning pack and policy.

#### **Practice Recommendation:**

**All staff to attend mandatory induction to breastfeeding and annual updates**

## **Inform all pregnant women of the benefits and management of breastfeeding**

(Step 3 point 3)

- The benefits and management of breastfeeding and the potential hazards of breast milk substitutes will be discussed with all women in the antenatal period with an appropriate health professional <sup>7.8.9.</sup>
- An antenatal check list will be included in the woman's hand held notes to be completed with an appropriate health professional

### **Practice Recommendation:**

**Benefits of breastfeeding and potential hazards of breastmilk substitutes discussed in antenatal period**

**Antenatal checklist completed**

## **Help mothers to start breastfeeding soon after birth and maintain lactation.**

(Step 4 part of point 4)

- All women will be encouraged to hold their baby in skin to skin contact as soon as possible after birth in an unhurried environment, regardless of choice of feeding method <sup>19,23,24</sup>
- The period of skin to skin contact should ideally last thirty minutes or longer and end only at the mothers request
- All women will be given the appropriate level of help required to initiate the first breastfeed.
- Help must be available from a trained professional if assistance is required

### **Practice Recommendation:**

**Skin to skin contact offered within 30 minutes of birth, for as long as mother wishes  
Interrupted only at mother's request or medical indication**

**Reasons for not having skin to skin contact to be documented**

## Support mothers to establish and support breast feeding

(Step 5 and part of point 4)

- All breastfeeding women will be taught to correctly position their baby at the breast and to recognise the signs of good attachment<sup>23,24</sup>.
- All breastfeeding women will be taught the principles of hand expression. Should separation of the mother and baby at birth be unavoidable the responsibility of maintaining lactation is shared between the neonatal nurse and the midwife.
- Where breastfeeding women are separated from their newborn babies, they will be encouraged and supported to express their breast milk at least 6 –8 times in a 24 hour period. Prolactin levels are higher during the night so at least one should be during the night<sup>20, 21</sup>.
- Where separation of the mother and baby occurs in other circumstances, (for example admission to hospital, returning to work) an individual plan should be agreed with the mother to facilitate the continuation of breast feeding if this is what the mother wishes
- Where possible all explanations and instruction should be given to other key family members so they can provide support and encouragement for the breastfeeding mother, particularly following her discharge from hospital.

### **Practice Recommendation:**

**Ensure mothers are taught to recognise good positioning and attachment.**

**Ensure mothers are aware of how to hand express  
Involve other key family members in supporting breastfeeding**

## **Support mothers to breastfeed exclusively, with appropriately – timed introduction of complementary foods.**

(Step 6 Point 5)

- Newborn babies will be given no food or drink other than breast milk unless medically indicated. If supplements are prescribed they should be recorded in the babies hospital notes along with the reason<sup>23,24</sup>.
- Babies who are prescribed supplementary feeding should be cared for with reference to the policy for Hypoglycaemia and Babies who are reluctant to feed

- If supplementation is necessary, methods for supplementation should be discussed fully with the mother/parents and alternatives to a bottle offered.
- Prior to supplementation the potential impact on the establishment and maintenance of breastfeeding must be fully explained to the mother/ parents in order to enable them to make an informed decision.
- Staff should inform parents of the benefits of exclusive breastfeeding for 6 months. 4 months is the minimum age at which complementary food should be introduced.

Parents need to be informed about the benefits of breastfeeding to 1 year, and that the WHO recognises the value of breastfeeding for at least 2 years<sup>4</sup>.

**Practice Recommendation:**

**Always refer a baby for paediatric opinion if you are concerned about its ability to Breastfeed**

**Parents should be fully informed and able to make choices about the need for supplementation of breast milk**

**Type and amount of supplement should be documented in the babies' notes**

**Support mothers to keep their babies near them day and night**

(Step 7 part of point 4)

- There are no circumstances under which it is appropriate to separate a healthy mother and baby.
- In hospital, rooming in requires that the mother and baby be cared for together in any 24 hr period. This recommendation also applies to women who have undergone caesarean section.
- Mothers / parents should be given clear and impartial advice on the benefits of, and contraindications to, bed sharing using current bed sharing safety guidelines<sup>27</sup>
- Parents should be encouraged to keep their baby near them once at home. Parents should be encouraged to keep their babies in their bedroom at night for the first six months.

**Practice Recommendation:**

**Mothers and babies should be together whenever possible**

## Encourage Breast-feeding on demand

(Step 8 and part of point 4)

- All babies should be encouraged to have unrestricted access to the breast<sup>23,24</sup>.
- Baby led feeding will be advocated.
- Babies who are considered to be at risk of complications should be cared for with reference to the hypoglycaemia policy<sup>28</sup>.
- Babies who need extra help with feeding should be cared for with reference to the guidelines for babies who are reluctant to feed<sup>29</sup>.

### Practice Recommendations:

**Mothers should be taught to recognise feeding cues**

**Midwives should ensure they have a good knowledge of relevant baby feeding policies i.e. Hypoglycaemia Policy & Reluctant to feed policy**

## Give no artificial teats or dummies to breastfed babies

(Step 9 / part of point 4)

- All women / parents should be made aware of the possible detrimental effects of dummies / teats / nipple shields on the successful establishment and maintenance of lactation.

If the baby **requires** expressed breast milk or supplements, the following methods can be used, depending on the age of the baby, the training the health professional has received and the area of practice:-

Cups; spoons; nursing *supplementers*.<sup>23,24</sup>

- All parents will be given advice on the safe sterilisation of baby care equipment

### Practice Recommendations:

**Dummies should not be promoted**

**Promotion of breastmilk substitutes is prohibited.**

**Bottle feeding demonstrations should preferably be done with post natal mothers.**



## **Inform mothers of ongoing breastfeeding support**

(Step 10 / point 7)

- Prior to discharge from a post-natal ward staff should check that the woman feels confident in her ability to feed her baby, and that her progress with breastfeeding is assessed.
- Prior to discharge from a post-natal ward women should be provided with information on how to contact a midwife / health visitor / breastfeeding support group or organisation (UNICEF 2001, 2002).
- Fostering relationships between breastfeeding women is an important component of breastfeeding support. The opportunity to meet other breastfeeding women will be provided in the postnatal period.
- Prior to transfer from the midwife, women will be given information about the role of the health visitor and the breastfeeding support they will provide.

### **Practice Recommendations:**

**Staff should be encouraged to check on a mother's breastfeeding progress at each contact.**

**Assessing latching and attachment skills is particularly important**

**Breastfeeding support materials should be given to breastfeeding mothers prior to leaving hospital.**

**Contact numbers of breastfeeding support should be given to mothers**

## **Provide a welcoming atmosphere for breast feeding families**

(Point 6)

- Signs welcoming breastfeeding will be displayed in all public areas of trust premises to support and enable women to feed their babies. A suitable facility for breastfeeding should be made available to women who prefer privacy.

## **The Ten Steps to Successful Breastfeeding**

- Step 1** Have a written breastfeeding policy that is routinely communicated to all health care staff
- Step 2** Train all health care staff in skills necessary to implement the Policy
- Step 3** Inform all pregnant women about the benefits and management of breast feeding
- Step 4** Help mothers initiate breastfeeding soon after birth
- Step 5** Show mothers how to breast feed and how to maintain lactation, even if they should be separated from their infants
- Step 6** Give newborn infants no food or drink other than breast milk, unless medically indicated
- Step 7** Practice rooming in - allow mothers and infants to remain together 24 hours a day
- Step 8** Encourage breast feeding on demand
- Step 9** Give no artificial teats or dummies to breastfeeding infants
- Step 10** Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from hospital

## **The Seven Point Plan**

- Point 1** Have a written breastfeeding policy that is routinely communicated to all health care staff
- Point 2** Train all health care staff involved in the care of mothers and babies in the skills necessary to implement the policy
- Point 3** Inform all pregnant women about the benefits and management of breast feeding
- Point 4** Support mothers to initiate and maintain breastfeeding
- Point 5** Encourage exclusive and continued breastfeeding, with appropriately timed introduction of complementary foods
- Point 6** Provide a welcoming atmosphere for breastfeeding families
- Point 7** Promote co-operation between health care staff, breastfeeding support groups and the local community

## References and further information:

1. Ashmore S. (1997) Achieving Baby Friendly Status in a large city hospital. *Modern Midwife*; 7:15-19
2. Standing Committee on Nutrition of the Paediatric Association (1994)
3. Is breastfeeding beneficial in the UK? *Arc Dis Child*; 71:376-80
4. World Health Organisation (2002) *Infant and young child nutrition. Global Strategy on Infant and Young Child Feeding. Resolution WHA55.25*. WHO, Geneva  
[\[http://www.who.int/gb/EB\\_WHA/PDF/WHA55/ea5515.pdf\]](http://www.who.int/gb/EB_WHA/PDF/WHA55/ea5515.pdf)
5. Midwifery Code of Conduct (2002) Nursing and Midwifery Council.
6. National Breastfeeding Working Group. Chapter 3, Breastfeeding: Good Practice Guidance to the NHS. Department of Health 1995

## Reviews of the health benefits of breastfeeding and risks of artificial feeding

7. Heinig M J & Dewey K G (1997). Health effects of breastfeeding for mothers: a critical review. *Nutrition Research Reviews* 10: 35-56.
8. Heinig M J & Dewey K G (1996). Health advantages of breastfeeding for infants: a critical review. *Nutrition Research Reviews* 9: 89-110.
9. Standing Committee on Nutrition of the British Paediatric Association (1994). Is breast feeding beneficial in the UK? *Arch Dis Child* 71: 376-380.

## Significant studies into the health benefits of breastfeeding and risks of artificial feeding since the above reviews were published

10. Alm B et al (2002). Breast feeding and the sudden infant death syndrome in Scandinavia, 1992-95. *Arch Dis Child* 86: 400-402.
11. Anderson JW et al (1999) Breastfeeding and cognitive development: a meta-analysis. *Am J Clin Nutr* 70: 525-35
12. Armstrong J et al (2002). Breastfeeding and lowering the risk of childhood obesity. *Lancet* 359: 2003-04.
13. Collaborative Group on Hormonal Factors in Breast Cancer (2002). Breast cancer and breastfeeding: collaborative reanalysis of individual data from 47 epidemiological studies in 30 countries, including 50 302 women with breast cancer and 96 973 women without the disease. *Lancet* 360: 187-95.

14. Labbok NM, Hendershot GE (1987) Does breastfeeding protect against malocclusion? An analysis of the 1981 Child Health Supplement to the National Health Interview Survey. *Am J Prev Med* 3: 227-32.
15. Oddy WH et al (2002). Maternal asthma, infant feeding, and the risk of asthma in childhood. *J Allergy Clin Immunol* 110: 65-7
16. von Kries R et al. (1999) Breastfeeding and obesity: cross sectional study. *BMJ* 319: 147-150.

A fuller review can be viewed at <http://www.babyfriendly.org.uk/health.asp>

## International statements and recommendations

17. World Health Organisation (1981). *International Code of Marketing of Breastmilk Substitutes*. WHO, Geneva [[http://www.who.int/nut/documents/code\\_english.PDF](http://www.who.int/nut/documents/code_english.PDF)]. This is recommended as a minimum measure for adoption as national legislation to protect parents from inappropriate marketing of breastmilk substitutes. UK legislation (Infant Formula and Follow-on Formula Regulations 1995) does not incorporate all parts of the Code.
18. World Health Assembly (2001). *Infant and young child nutrition. Resolution WHA54.2*. WHO, Geneva [[http://www.who.int/gb/EB\\_WHA/PDF/WHA54/ea54id4.pdf](http://www.who.int/gb/EB_WHA/PDF/WHA54/ea54id4.pdf)].
19. Committee on the Rights of the Child (2002). *Concluding observations of the Committee on the Rights of the Child: United Kingdom of Great Britain and Northern Ireland*. CRC/C/15/Add.188 [[http://www.babyfriendly.org.uk/pdfs/CRC\\_UK\\_02.pdf](http://www.babyfriendly.org.uk/pdfs/CRC_UK_02.pdf)].

## UK data and information

20. Hamlyn B et al (2002). *Infant feeding 2000*. The Stationery Office, London [<http://www.doh.gov.uk/public/infantfeedingreport.htm>].
21. Department of Health (1995). *Breastfeeding: Good Practice Guidance to the NHS*. Department of Health, London.
22. The Audit Commission (1997). *First class delivery. Improving maternity services in England and Wales*. Audit Commission, London.
23. UNICEF UK Baby Friendly Initiative (2001). *Implementing the Baby Friendly best practice standards*. UNICEF, London [<http://www.babyfriendly.org.uk/impguide.pdf>].
24. UNICEF UK Baby Friendly Initiative (2002). *Preliminary consultation report - Proposal to introduce best practice standards for breastfeeding education provided to midwifery & health visiting students*. UNICEF, London [<http://www.babyfriendly.org.uk/pdfs/consultationpaper.pdf>].

25. Tappin DM et al (2001). Breastfeeding rates are increasing in Scotland. *Health Bulletin* 59(2):102-113 [<http://www.scotland.gov.uk/health/cmobulletin/hb592-08.asp>]. In Scotland, feeding method is recorded on the Guthrie card, making it possible to compile information on the incidence of breastfeeding by hospital of birth and postcode. The latest national infant feeding survey (15) found breastfeeding prevalence to be rising faster in Scotland than elsewhere in the UK.
26. Lang S and Dykes F. (1996) WHO/UNICEF Baby Friendly Initiative – educating for success. *British Journal of Midwifery*; 5: 12-16
27. Bed sharing (UNICEF/SIDS 2003)
28. Hypoglycaemia of the Newborn . DOH 2001
29. Guidelines for the Management of healthy Term Babies who are Reluctant to feed (UHL(NHS) Trust. 2001)
30. Management of Hypoglycaemia in the post natal wards. UHL (NHS) Trust. 2004.
31. Thermal Protection of the Newborn. UHL (NHS) Trust. 2004.