


TRUST POLICY FOR INFANT FEEDING

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	2	January 2006	K Payne R McLean Infant Feeding advisors	Due for review
	3	March 2010	K Payne R McLean Infant Feeding advisors	Due for review
	4	Sept 2014	K Payne Infant Feeding advisor	Review
	5	March 2015	K Payne Infant Feeding advisor	Merge of Newborn Feeding (B8) guideline with Policy
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7	June 2023	K. Thompson - Infant Feeding Advisor	Review - no changes	
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To be read in conjunction with: Maternity & Neonatal guidelines: Managing Hypoglycaemia in the Newborn Baby (H7) / Neonatal Jaundice (N6) Care of the Newborn (N5) / Babies Sharing their Mothers' Bed / Co-Sleeping (B7)				
In consultation with and Date: Regional specialist infant feeding group				
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Contact for Review	Joanna Harrison-Engwell
Approving Executive Signature	 Garry Marsh, Executive Chief Nurse

Infant Feeding Policy

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1. Introduction

This policy a collaborative infant feeding policy commissioned as part of maternity transformation in Derby and Derbyshire Hospitals and Community health services.

2. Purpose

The purpose of this joint policy is to ensure that all staff at Chesterfield Royal Hospital NHS Foundation Trust (CRHFT), the **University Hospitals of Derby and Burton NHS Foundation Trust** (UHDB), Derbyshire Community Health Services (DCHS), Derbyshire Healthcare NHS Foundation Trust (DHFT) and Derbyshire County Council (DCC) Children’s Centres understand their role and responsibilities in supporting expectant and new mothers and families to feed and care for their baby in ways which support optimum health and well-being in line with UNICEF UK Baby Friendly Standards (2014). All staff should work to ensure that this policy is implemented within their everyday practice, taking into account local needs and individual organisational guidelines.

Throughout this policy the term “we” should be taken to mean staff who are employed by these organisations.

We are committed to providing the highest standard of care to support expectant and new mothers and their partners with feeding their baby and building 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.

We will ensure that all care is mother and family centred, non-judgemental and parents feel their decisions are supported and respected.

The NHS 2019 Long Term Plan (LTP) acknowledges the role politics and society has to play in this major public health issue by mandating UNICEF UK's BFI maternity accreditation across all maternity services.

The evidence suggests that increasing breastfeeding prevalence will impact on core indicators highlighted in the NHS Long Term Plan public health priorities including cancer, cardiovascular disease, maternity and neonatal health, stroke, diabetes and respiratory care (Kings Fund, 2019). Receiving breast milk is also a strong determinant on children and young people's health (Victoria et al, 2016).

We are committed to improving breastfeeding rates by implementing the Baby Friendly Standards. This includes giving information to parents about the value of breastfeeding, ways to get it off to the best start, ways to develop a responsive, close and loving relationship with their baby, supporting them to breastfeed for as long as they wish and protecting parents from the unethical marketing practices by formula milk companies that undermine breastfeeding. It also encourages collaborative working across professional boundaries and organisations to improve infant feeding support for all families, and reflects the NHS plan to redesign and expand neonatal standards to support neonatal services to put babies and their families at the heart of care.

The UNICEF UK BFI Initiative is required because it has the knowledge, experience; credibility and infrastructure to work with the NHS to embed standards that support health services transform their care. Leaders and clinicians within the organisations are expected to take responsibility for making the UNICEF UK Baby Friendly Standards a reality and work together across disciplines and organisations to improve families' experiences of care.

3. Outcomes

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

- Services promoting responsive parent child relationships
- An increase in collaborative working across professional boundaries and organisations to improve infant feeding, health and wellbeing outcomes for all families.
- An increase in breastfeeding rates at initiation.
- An increase in breastfeeding rates at 6-8 weeks.
- Amongst parents who chose to formula feed at least 80% doing so responsively and as safely as possible in line with nationally agreed guidance
- Increase in the proportion of parents who introduce solid food to their baby in line with nationally agreed guidance, with support for continuing breastfeeding beyond the first six months through accurate, impartial information on when to introduce appropriate foods.
- Improvement in parents' experiences of care with at least 80 % score on all items on the Baby Friendly mother's audit.

In support of this policy

- All new staff will be familiarised with this policy on commencement of employment.
- All staff will receive training to enable them to implement the policy as appropriate to their role. New staff who are expected to give breastfeeding

management support, will receive this training within six months of commencement of employment.

- The International Code of Marketing of Breast-milk Substitutes (World Health Organisation (World Health Organisation (WHO), 1981) (appendix A) and subsequent amendments will be implemented throughout the organisations.
- All documentation fully supports the implementation of UNICEF UK BFI standards.
- All materials and programmes produced for staff or families reflect UNICEF UK BFI standards.
- Parents' experiences of care will be listened to through: regular audit, parents' experience, user satisfaction surveys, and other mechanisms that are available locally.

4. The NHS Plan

Over the next 10-years the Government policy, underpinned by National Institute for Health and Clinical Excellence (NICE) guidance, promotes the adoption and implementation of the UNICEF UK BFI as the best evidence-based vehicle to promote, protect and support breastfeeding and ensure safe bottle feeding; giving every child the best start in life. The UNICEF UK BFI programme is the recognised mark of quality care included in NICE antenatal (CG62), postnatal clinical guidance (CG37), postnatal quality standards (QS37), maternal and child nutrition guidance (PH11) and faltering growth guidance (CG75).

This policy is based on the UNICEF UK Baby Friendly Initiative standards (UNICEF 2014), Guidance on Maternal and Child Nutrition (NICE, 2014) and the Healthy Child Programme pregnancy and the First Five Years (Department of Health (DOH), 2009).

5. Exclusive Breastfeeding

Mothers who breastfeed will be given information about why exclusive breastfeeding leads to the optimal outcomes for their baby. Women will be encouraged to initiate breastfeeding and to continue to do so exclusively for the first 6 months, with continued breastfeeding alongside the introduction of complementary feeding for at least a year, or as long as they both wish.

When exclusive breastfeeding is not possible, the value of continuing partial breastfeeding will be emphasised and mothers will be supported to maximise the amount of breast milk 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.

6. Modified Feeding Regime

There are 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 lost more than 10% of their birth weight or have not regained their birth weight by 21 days, babies who are gaining weight slowly.

7. Support for Formula Feeding

Staff will ensure that mothers who formula feed have evidence-based information on safe preparation and storage of formula milk and are able to implement this as safely as possible. Staff may need to offer a demonstration along with a discussion about how to prepare infant formula, checking parental understanding.

Staff will ascertain that parents understand about the importance of responsive feeding including:

- recognising and responding to cues that their baby is hungry
- holding baby close in a semi-upright position, encouraging eye-contact, inviting their baby to draw in the teat rather than forcing the teat into their baby's mouth
- pacing the feed so that their baby is not forced to feed more than they require
- recognising their baby's cues that indicate when they have had enough milk. This will help to avoid their baby taking more milk than the baby wants.
- offering the majority of feeds to their baby themselves.

8. Introducing Solid Food

All parents will have a timely discussion regarding the introduction of solid food including:

- solid food should be started around six months
- babies' signs of developmental readiness for solid food
- how to introduce solid food to babies, including "Baby Led Weaning"
- appropriate foods for babies
- safety aspects of introducing solid food
- signposting to appropriate resources including the "Start4Life" "Introducing Solid Foods" leaflet via websites.

9. Support for Parenting and Close Relationships

All parents/ carers 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 practices.

Parents will be signposted to local parenting support.

10. Bed Sharing

All parents are to be supported to understand information about bed sharing and reducing the risk of sudden infant death as recommended by NICE (2014) CG37). It is important to listen and offer information appropriate to their needs. Simplistic messages in relation to where a baby sleeps should be avoided; neither blanket prohibitions nor blanket permissions reflect the current research evidence.

As part of the discussion, inform parents that babies wake frequently in the night and that this is normal and not modifiable, as they are not capable of 'learning' to defer their needs. Use the Lullaby Trust 'Safer Sleep: Saving Babies Lives – A Guide for Parents' or the UNICEF UK 'Caring for your Baby at Night' resources. Also refer parents to the BASIS online Baby Sleep Information Source.

11. Useful websites to signpost staff and parents to:

DCHS Health Visiting website: and Derbyshire Healthy Family Service for 0-3 years:

www.abm.me.uk

www.babyfriendly.org.uk

<http://www.basisonline.org.uk/>

www.bliss.org.uk

www.breastfeedingnetwork.org.uk

www.chesterfieldroyal.nhs.uk

www.dchs.nhs.uk/home/our-services/find_services_by_topic/healthvisiting

www.derbyshirehealthyfamily.org.uk

www.feedgood.scot

www.firststepsnutrition.org

www.henry.org.uk

www.kellymom.com

www.lcgb.org

www.lullabytrust.org.uk

www.nct.org.uk

www.southernderbyshireccg.nhs.uk

www.tongue-tie.org.uk

www.uhdb.nhs.uk

12. References

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UNICEF UK Baby Friendly Initiative (2014) UNICEF UK Baby Friendly Initiative Standards [online]. Available from [http:// https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2014/02/Guide-to-the-Unicef-UK-Baby-Friendly-Initiative-Standards.pdf](http://https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2014/02/Guide-to-the-Unicef-UK-Baby-Friendly-Initiative-Standards.pdf) (last accessed 12th August 2019)

World Health Organisation (1981) International Code of Marketing of Breast-milk Substitutes: World Health Organisation: Geneva

International Code of Marketing of Breast-milk Substitutes

The Code is an integral tool to help protect babies' rights; enabling families to make infant feeding choices free from commercial influence, with full understanding of what is in their child's best interest, and giving babies the best possible chance to grow, develop and flourish in their critical foundation years.

Definition of a breastmilk substitute

Any food being marketed or otherwise presented as a partial or total replacement for breast milk, whether or not suitable for that purpose.

Aim of the Code

The aim of this Code is to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breast-feeding 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.

Scope of the Code

The Code applies to the marketing and practices related thereto, of the following products: breast-milk substitutes, including infant formula; other milk products, foods and beverages, including bottle-fed complementary foods, when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breast milk; feeding bottles and teats. It also applies to their quality and availability and to information concerning their use.

The Code also sets standards for the labelling and quality of products and for how the law should be implemented and monitored within countries.

Restricting marketing does not mean that the products cannot be sold, or that factual and scientific information about them cannot be made available. Neither does it restrict parent's choice. It simply aims to make sure that their choices are made based on full, impartial information, rather than misleading, inaccurate or biased marketing claims.

What does this mean for practice?

To maintain and increase their profits, breastmilk substitutes companies need to persuade parents to formula feed rather than breastfeed, to choose their formula milk rather than a competitor's and to use their brand of baby food as early and as much as possible.

Health care workers are widely trusted by the public and have constant access to new parents, making them the ideal conduit for relaying a company's messages. Health care workers are therefore frequent targets for marketing tactics. Influence from companies can be subtle and can involve research, education and supplies or materials often related to topics that seem to have nothing to do with feeding babies.

Baby Friendly accreditation requires services to implement the requirements of the Code.

UHDB NHS Foundation Trust must therefore ensure that there is:

- No advertising for infant feeding products anywhere within public services.
- No contact between company personnel and pregnant women or mothers.
- No items bearing company logos on public service premises or used by its staff. Examples include: mugs, stationery, diary covers, key fobs, lanyards, pens, tourniquets, gestational / age in weeks calculators, weight conversion charts, post-it note pads.
- No free samples to health professionals or mothers.
- Only scientific and factual information, free from commercial bias, used in the care of babies and their parents.

Shops based in hospitals

Many hospitals, particularly those built recently, have independently run shops within their buildings. These shops often sell formula milk, bottles, teats and dummies. Selling these products does not violate the Code, but the active promotion of them does. Therefore, store managers should be asked to avoid overt displays and promotions as this would contravene the Code and UK law.

For more information visit

UNICEF UK Baby Friendly Initiative - <https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2016/10/Working-within-The-Code-Guide-for-Health-Workers.pdf>

First Steps Nutrition - <https://www.firststepsnutrition.org/>