University Hospitals Bristol
NHS Foundation Trust

Infant Feeding Policy

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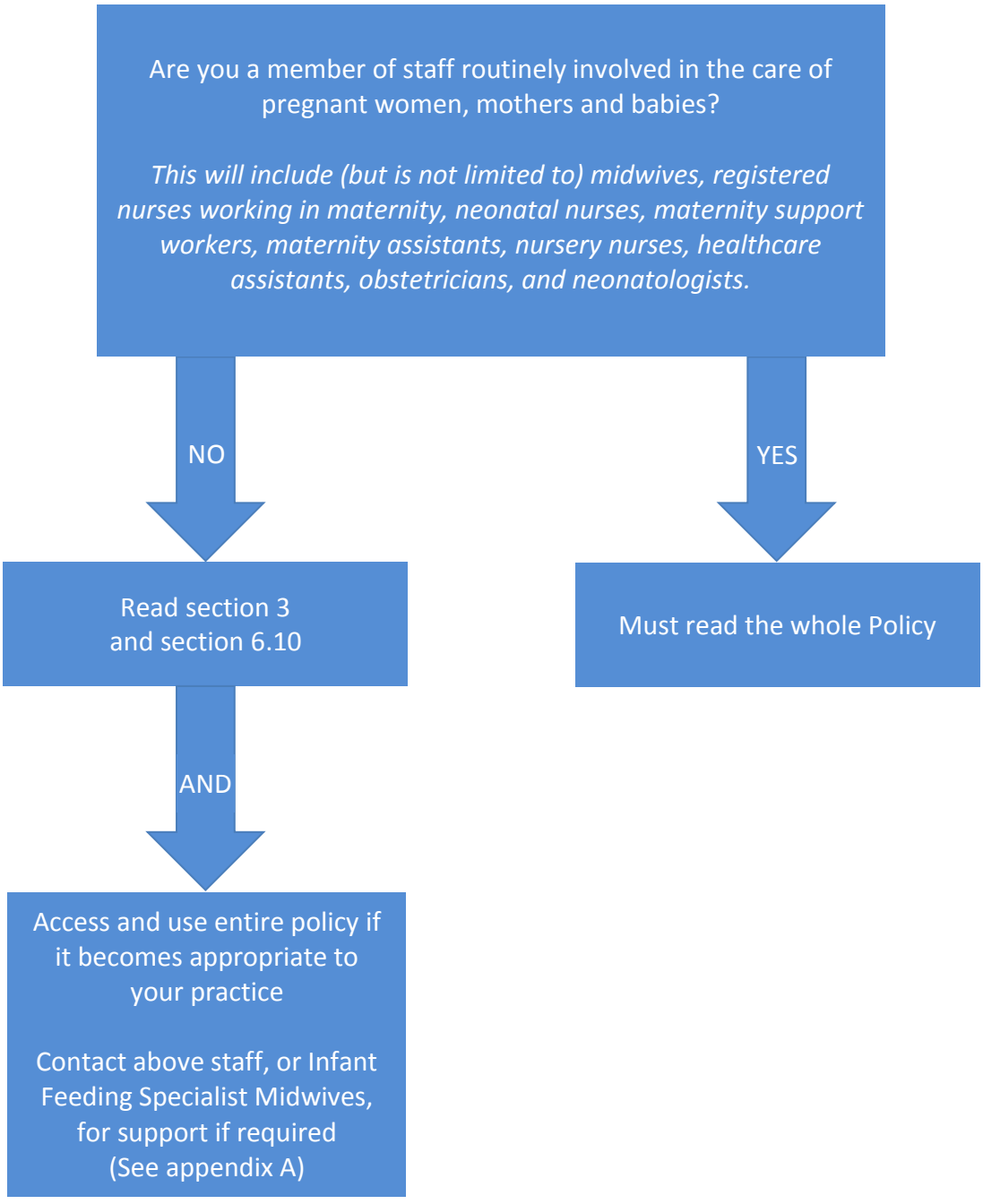
Document Abstract

The aim of this policy is to set out the standards of service that will be delivered within University Hospitals NHS Foundation Trust in relation to infant feeding. It is designed to provide information for staff, to enable them to support expectant or new mothers and parents to feed and care for their baby in ways which facilitate optimum health and wellbeing. This policy is consistent with the UNICEF UK Baby Friendly Initiative Standards for Maternity Services 2012, relevant National Institute for Health and Care Excellence (NICE) guidance, World Health Organisation recommendations (WHO) for breast feeding, and the International Code of Marketing of Breast-milk Substitutes.

All staff are expected to adhere to this policy. It is particularly relevant to staff members involved in the care of pregnant women, new parents, and babies. Further associated trust guidelines to support and expand upon this policy are available for maternity services. These are listed in the appropriate section of this policy, and available via the Document Management Service (DMS).

Document Change Control				
Date of Version	**Version Number**	**Lead for Revisions**	**Type of Revision**	**Description of Revision**
23/09/2017	1.00	Kate Hewitt Infant Feeding Specialist Midwife	First version (replacing Breastfeeding Policy)	Final original version

Do I need to read this Policy?



Contents

1. Introduction

a) University Hospitals Bristol NHS Foundation Trust (UH Bristol) is committed to providing the highest standard of care when supporting expectant and new mothers, and their families, 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 optimal physical and emotional health outcomes for children and mothers.

b) There is growing acknowledgement that strong parent-infant attachment is crucial to the short and long term health of infants. Responsive, nurturing parenting begins during pregnancy. Healthcare providers such as UH Bristol are uniquely placed to inform and encourage parents to build healthy relationships with babies from the earliest stage. The 1001 Critical Days cross-party Manifesto identifies conception to age 2 as a critical period in determining a child's brain development and life chances. It also highlights additional support and early intervention as pivotal factors in enhancing outcomes for more vulnerable infants. All staff at UH Bristol have an important duty to safeguard children and adults against harm, and this is at the forefront of all care provision.

c) Breastfeeding is recognised internationally as an unequalled way of providing ideal food for the healthy growth and development of infants. The World Health Organisation (WHO) recommends that mothers exclusively breastfeed infants for the child's first six months, and that after that, breastfeeding should continue to form an important part of a child's diet and lifestyle, alongside complimentary foods, for two years and beyond. UH Bristol acknowledges that breastfeeding is the normal and healthiest way for a woman to feed her baby, and therefore that replacing some or all breast feeds with a breastmilk substitute (formula milk) at an early stage has an impact upon the health of that child.

d) UH Bristol recognises the role it has in providing complete and impartial information to parents, thus enabling them to make fully informed choices when deciding how to feed and care for their babies. It is committed to ensuring that all care is mother and family centred, non-judgemental, and that parents decisions are supported and respected.

e) The aim of this policy is to ensure staff within UH Bristol have clear guidance and information regarding infant feeding, and associated early parenting, in order to support expectant and new parents effectively and safely. The UNICEF UK Baby Friendly Initiative (BFI) offer comprehensive and highly regarded standards of care, with proven effectiveness. UH Bristol Maternity Services have been fully accredited to this scheme since 2007. BFI accreditation forms part of the Division of Women's and Children's Services Operating Plan 2017/18 and 2018/19. This policy is closely aligned with current BFI standards, WHO recommendations, and appropriate NICE guidance.

2. Purpose

The purpose of this policy is to ensure that all staff at UH Bristol 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. It has been developed in close conjunction with current BFI standards designed to meet and maintain full accreditation.

This policy aims to ensure that the care provided improves outcomes for mothers, newborn babies and their families. Specifically to deliver:

- An increase in the number of women who are supported and equipped in pregnancy to then feel they are able to make fully informed choices regarding responsive parenting and infant feeding
- An increase in breastfeeding initiation rates (see definitions)
- Amongst mothers who choose to formula feed, an increase in those doing so receiving support and timely advice to formula feed as safely as possible
- An increase in breastfeeding rates on discharge from midwifery care
- A reduction in the number of babies receiving supplementary formula feeds where care could have been improved
- An increase in the number of babies on NICU who are breastfed
- A reduction in the number of babies re-admitted with feeding problems
- An environment where mothers are encouraged to breastfeed, where care is supportive and non-judgemental, and in which The International Code of Marketing of Breastmilk Substitutes is implemented throughout
- A robust programme of appropriately specialised training and updates for all staff working with expectant and new mothers and newborn babies, to enable them to confidently and competently provide safe supportive care to relevant patients (and/or their carers) within UH Bristol
- A source of information and clear pathway for all staff at UH Bristol to follow, should they wish to seek further guidance and support on issues relevant to this Policy

3. Scope

All staff are expected to adhere to this policy, and to be aware of the principles which underpin it. Page 4 of this policy outlines expectations in terms of staff responsibility for familiarisation with the policy, according to their role within UH Bristol. Section 5 details duties, roles and responsibilities of staff at each level.

The standards of care outlined in section 6 of this policy describe the care that UH Bristol is committed to consistently giving each and every expectant and new mother. Further associated trust guidelines to support and expand upon this policy are available for maternity services. These are listed in section 10 of this policy, and available via the Document Management Service.

4. Policy Statements

Safe and nurturing infant feeding, and the privacy and dignity of all parents, including breastfeeding mothers and babies, is to be supported in all UH Bristol settings. This is applicable to patients, parents of patients, staff, and visitors trust-wide. In accordance with The Equality Act 2010 mothers are entitled to breastfeed in all public areas, and/or areas to

which they would otherwise be permitted access, providing there are no security or safety concerns, and should be supported and encouraged to do so. If breast or bottle feeding parents request a more private area in which to feed, every reasonable effort should be made by staff to grant that request.

Staff members who are providing breastmilk for their child should refer to the Trust 'Maternity Leave Policy' (section 5.8.8), and/or 'Shared Parental Leave Policy' (section 7.15). They should seek support from their line managers, and Employee Services if required.

In accordance with the International Code of Marketing of Breastmilk Substitutes, no advertising of breastmilk substitutes, feeding bottles, teats or dummies is permissible in any part of the Trust. The display of manufacturer's logos on items such as stationery or lanyards is also prohibited. No literature provided by infant formula manufacturers is permitted anywhere in maternity services. This includes written materials intended for professionals and/or parents, that may or may not relate to infant feeding.

All practice and documentation relevant to this policy should fully support implementation of the policy. Any deviation from this policy must be justified and recorded clearly in the mothers and/or infants records. Any documentation and/or deviation must be in the context of professional judgement and codes of conduct, and fully take in to account the recommendations also made in the associated clinical guidelines, if appropriate. Effective use should be made of documentation tools within the maternity hand held notes for UH Bristol (and associated NHS Trusts), as these have been developed alongside the policy and BFI standards, and as such can be used as a comprehensive and reliable way of prompting and recording optimal care.

Any questions concerning the implementation of this policy can be answered by contacting the Infant Feeding Specialist Midwives or, if they are not available, an appropriately trained staff member of maternity services. All staff have a duty to work together across disciplines and organisations to ensure implementation of this policy, to maintain and improve patients experiences of care.

5. Definitions

For the purpose of this document the following definitions apply:

All staff

Applies to all employed members of UH Bristol, and also includes voluntary workers, students, locums and agency staff within the Trust.

BFI

The UNICEF UK Baby Friendly Initiative

Breastfeeding

When an infant receives breast milk direct from the breast, or breast milk expressed by the mother via hand / breastpump.

Breastmilk substitute

Usually formula milk. The International Code defines a breastmilk substitute as “any food being marketed or otherwise represented as a partial or total replacement of breastmilk, whether or not suitable for that purpose”.

DMS

Document Management Service – an online resource of current Trust policies and guidelines available to all staff.

Exclusive breastfeeding

When an infant receives only breastmilk from the mother, or expressed breast milk, and no other liquids or solids (with the exception of supplements, or medicines).

Formula feeding

When an infant receives a breastmilk substitute for all feeds, usually by teat from a bottle. Also termed bottle feeding.

Infant Feeding Specialist Midwives

Specialist Midwives employed by the Trust within maternity services, based at St Michaels Hospital.

Mothers

For the purposes of this Policy it is assumed that the mother of the baby is the main caregiver and has parental responsibility. It is accepted that sometimes this will not be the case, and in these situations the word ‘mother’ should be replaced with ‘responsible caregiver’, or other term appropriate to the specific circumstances.

NICE

National Institute for Health and Care Excellence.

NICU

Neonatal Intensive Care Unit. In UH Bristol this is at St Michaels Hospital.

PNWP

Post Natal Working Party – see section 5.6.

Responsive feeding

The term responsive feeding is used to describe a feeding relationship which is sensitive, reciprocal, and about more than nutrition.

UH Bristol: University Hospitals Bristol NHS Foundation Trust.

6. Duties, Roles and Responsibilities

6.1 Chief Nurse

Responsible at executive director level for ensuring that implementation of the policy is facilitated by an adequately resourced and managed workforce.

6.2 Senior Leadership Sub-Group

The Trust Clinical Quality Group report to the Trust Senior Leadership Team, who manage and monitor standards of service delivery at strategic level, including in relation to the policy, and agree deployment of resources, as part of implementation of the Trust Quality and Clinical Services Strategy.

6.3 Divisional Quality Assurance Committee

The Women's Services Quality Assurance Committee oversee the Women's Services Clinical Governance Group. The committee are specifically responsible for overall quality within the division, reporting to the Divisional Management Board regarding implementation of the policy as part of the Divisional Operating Plan.

6.4 Divisional Clinical Governance Group

The Women's Services Clinical Governance Group oversee the Post Natal Working Party and are responsible for systematically reviewing the quality of patient care at clinical level, alongside other aspects, in relation to the policy across the division.

6.5 Head of Midwifery

Lead professional for maternity services responsible to ensure there is sufficient, appropriately qualified staff to undertake implementation of the policy in both hospital and community maternity services.

6.6 Post Natal Working Party

The Post Natal Working Party (PNWP) are responsible for:

a) Reviewing the policy from a multidisciplinary perspective every 3 years, or as often as necessary if new guidance becomes available or new training needs become apparent.

b) Overseeing the drive towards implementation of the policy and maintenance of BFI accredited standards of care at clinical level.

c) Assessing and improving upon patient experience in relation to the policy by way of patient feedback and complaints, and incident reporting.

d) Evaluating implementation of the policy via audit outcome reports, in order to co-ordinate any actions required to address issues identified, or to further improve outcomes.

6.7 Midwifery matrons and ward managers

a) Modern matrons and ward managers in maternity services are responsible for:

b) Dissemination of information related to the policy, as discussed and agreed at PNWP or with the Infant Feeding Specialist Midwives, to staff in their area, or delegation of the task to a suitable member of clinical staff accordingly.

c) Communicating with the Infant Feeding Specialist Midwives and/or PNWP, regarding clinical incidents, or staff or patient feedback of issues related to the policy, that they are made aware of in their area, as they deem appropriate.

6.8 Infant Feeding Specialist Midwives

The role of the infant feeding specialist midwives is to:

a) Write, review and update the policy, reporting to PNWP for multidisciplinary input and escalation for ratification and ensure availability on the DMS.

b) In liaison with the Practice Development Midwifery Team and managers tasked with recruitment and orientation, ensure that all new staff to maternity services and NICU receive a copy of this policy upon commencement of employment, and prior to any relevant training in relation to this policy.

c) Deliver training and updates in relation to the policy, for maternity services staff, at regular intervals, that is accessible and up to date. Record training attendance in the training database.

d) Ensure that monitoring standards are met as specified in section 7.2 of the policy, including clinical audit at least annually, using the most recent BFI audit tools. Delegate data collection for audit to suitably recruited staff members, having first provided comprehensive and task specific training in the role. Collate results of the audit and report findings to PNWP, taking the lead on creation and implementation of an action plan, if required.

e) Provide a source of support and information for all staff and service users in matters concerning the policy and/or associated supporting guidelines.

6.9 All appropriate staff in maternity services

All staff within UH Bristol maternity services involved in the care of pregnant women, new parents and babies are expected to make themselves familiar with and adhere to this policy, including section 6 which outlines care provision.

a) <u>Key workers</u>

Key workers are a group of staff who have expressed a particular interest in infant feeding, as a way of enhancing their existing professional practice, and/or to develop deeper knowledge in an area of personal interest. They have received in-depth training in the policy and 'Baby Friendly Annual 1:1' update tool, receive regular contact of up to date information from the Infant Feeding Specialist Midwives, and can be utilised as a source of enhanced support and guidance by staff in clinical areas.

b) Training

Staff in this group will receive training in infant feeding management and responsive parenting advice, to enable them to implement this policy, appropriate to their role.

New staff to maternity services will receive their initial training within 6 months of commencement of their role, and it is their responsibility to ensure that training is attended within this timeframe (subject to training place availability).

Maternity services staff are then expected to attend update sessions every two years as part of the Patient Safety Update study day, and in addition complete a 'Baby Friendly Annual 1:1' refresher with an appropriately trained member of staff every year.

If as a result of their Annual 1:1 or at any other time in their practice staff identify an area of infant feeding management that they feel would benefit from additional training or 1:1 time with an Infant Feeding Specialist Midwife, they are expected and encouraged to make contact and arrange for additional formal training, or a session to enable the specialist midwife to provide support and guidance.

c) Principles

Maternity services staff will practice in accordance with the policy at all times while employed in this trust. They will focus on listening to parents experiences of care, information giving and support, will not discriminate against any parent in their chosen method of infant feeding, and will respect cultural considerations should they occur. Care of pregnant women, new parents and babies should demonstrate implementation of the policy in full, alongside consideration of recommendations within the supporting guidelines for maternity services. Any deviation from this guidance is to occur only as stipulated in section 3 of this policy, and with a continuing priority of safe, evidence based, non-judgemental care centred around informed choice and the wellbeing of mothers and babies.

6.10 All staff

All staff in UH Bristol, including those identified in sections 6.1 to 6.9, are responsible for:

a) Listening to new parents, ensuring they feel supported, and encouraged to parent their baby in a way that is nurturing and responsive

b) Maintaining a non-judgemental environment that supports breastfeeding as the normal way to feed babies, but that does not discriminate against any parent in their chosen method of infant feeding

c) Ensuring The International Code is adhered to (as detailed in section 3)

d) Being aware of, accessing and implementing the policy, as appropriate, and, if working in another part of the Trust, seeking guidance or support from staff in maternity services if they so wish

All staff in UH Bristol can access support 'ad-hoc' from the Infant Feeding Specialist Midwife Team, and may be able to attend enhanced training alongside maternity services staff

depending on how appropriate it is to their role, and subject to arrangements in terms of training opportunity and clinical availability. Contact details for the Infant Feeding Specialist Midwives are shown in Appendix A.

It is the responsibility of all health care professionals in UH Bristol to liaise with others should concerns arise about a baby or mother's health in relation to this policy.

7. Care Provision

This section of the policy sets out the care that the Trust is committed to giving each and every expectant and new mother. It is based on the UNICEF UK Baby Friendly Initiative standards for maternity services and relevant NICE guidance. Further recommendations for care can be found in the associated guidelines, as detailed, and as per section 9.

7.1 Pregnancy

All pregnant women will have the opportunity to discuss feeding and caring for their baby with a health professional (or other suitably trained designated person). This discussion will ideally take place at around 28 weeks gestation, and/or other times appropriate to needs, and will include the following topics:

- 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 this
- 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

Refer to the current handheld Maternity Notes for UH Bristol (and linked NHS Trusts in the region), and to clinical guideline 'Giving Patient Information During The Antenatal and Postnatal Period' for further recommendations.

7.2 Birth

All mothers of well infants will be offered the opportunity to have uninterrupted skin contact with their baby at least until after the first feed (breast or formula milk) and for as long as they wish. This will give opportunity for instinctive feeding behaviour in the baby and nurturing behaviour in the mother to emerge.

Vigilance as to the baby's well-being is a fundamental part of postnatal care in the first few hours after birth. For this reason, normal observations of the baby's temperature, breathing, colour and tone should continue throughout the period of skin contact, in the same way as

would occur if the baby were in a cot. Observations should also be made of the mother, with prompt removal of the baby if the health of either gives rise to concern.

All mothers of well infants will be encouraged to offer the first breastfeed in skin contact when the baby shows signs of readiness to feed. Mothers will be encouraged and supported to allow the baby time to follow their instinctive behaviour towards self attachment.

When mothers choose to formula feed they will be encouraged to offer the first feed in skin contact. Where mothers choose to give a first feed of formula milk in skin contact, particular care should be taken to ensure the baby is kept warm.

Those mothers who are unable (or do not wish) to have skin contact immediately after birth, will be encouraged to commence skin contact as soon as they are able, or so wish.

Mothers separated from their baby, for example with a baby on the neonatal unit, are:

- Enabled to start expressing milk as soon as possible after birth (within six hours)
- Supported to express effectively
- Encouraged and supported to have frequent and prolonged periods of skin contact with her baby as soon as possible after the birth, as often as possible.

It is the joint responsibility of staff caring for the mother and staff caring for the baby to ensure that mothers who are separated from their baby receive this information and support.

See section 6.7 for further care provision for mothers with a baby on NICU.

7.3 Support for on-going breastfeeding

Mothers will be enabled to achieve effective breastfeeding according to their needs (including appropriate support with positioning and attachment, hand expression, and understanding signs of effective feeding). This should be supported and enhanced by encouraging use of written information such as the Trust 'Baby Feed Chart', and/or leaflets such as 'Off to the Best Start'. This will continue until the mother and baby are feeding confidently.

Mothers will have the opportunity to discuss breastfeeding in the first few hours after birth as appropriate to their own needs and those of their baby. This discussion will include information on feeding cues and responsive feeding, in 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.

On transfer to the community midwifery team, postnatal breastfeeding mothers will be given information both verbally and in writing about recognising effective feeding and where to call for additional help if they have any concerns.

A formal feeding assessment will be carried out using the Breastfeeding Assessment Tool in the handheld Maternity Notes, as often as required, with a minimum of two assessments in the first 10 days, to ensure effective feeding and the well-being of mother and baby. This

assessment will include a dialogue / discussion with the mother to reinforce what is going well and where necessary develop an appropriate plan of care to address any issues that have been identified. Mothers should be encouraged to use the tool themselves to learn how to confidently assess how feeding is going.

Mothers separated from their baby will be supported to express as effectively as possible and encouraged to express at least 8 times in 24 hours including once during the night. They will be shown how to express by both hand and pump.

All breastfeeding mothers will be informed about the local breastfeeding peer support groups. Use of written supporting information such as the 'postnatal checklist' or 'sources of support' section in the maternity handheld notes, or Trust patient leaflet 'Community Breastfeeding Support' is appropriate, and encouraged, and can be revisited to reiterate information on available support.

If mothers require additional support for more complex breastfeeding challenges, contact should be made with the Infant Feeding Specialist Midwifery team to discuss on a case by case basis, and a referral for consultation with the mother made if/as appropriate. Contact details for the Infant Feeding Specialist Midwives are shown in Appendix A of this policy.

7.4 Exclusive breastfeeding and use of supplementary formula feeds

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.

No water or artificial feed shall be given to a breastfed baby unless the mother has made a fully informed choice to do so, or it is clinically indicated, with no other reasonable alternative, and the mother has given fully informed consent. If it is necessary to give a baby a feed in addition or instead of a breastfeed, any expressed milk from the mother will be given as the first preferred alternative, whenever possible and appropriate.

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 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 introducing a teat when a baby is learning to breastfeed.

A full record will be made of all supplements given, including the rationale for supplementation and the discussion held with parents.

Supplementation rates will be audited continuously, with sampling of records at least 6 monthly, and parent experiences annually, using the BFI audit tools.

7.5 Modified feeding regimes

There are a number of clinical indications for a short term modified feeding regime in the early days after birth. Examples include babies who have been identified as being at risk of hypoglycaemia, babies in 'transitional care', and babies who are excessively sleepy after birth.

Guidance concerning the identification and management of the feeding requirements of these babies is defined in the following Trust Clinical Guidelines:

- 'Breastfeeding Management for Term Healthy Babies'
- 'Prevention and early detection of hypoglycaemia in the newborn'
- 'Monitoring Feeding and Fluid Balance in the Term Infant'
- 'Cue Based Feeding Guideline'
- 'Admission criteria to ward 76' (transitional care) guideline

Mothers of these babies will be encouraged to have frequent and prolonged periods of skin contact with their baby/babies as much as possible. Frequent feeding, including a minimum number of 8 feeds in 24 hours, will be encouraged and supported to ensure safety. Individualised care plans will carefully take into account stimulation and maintenance of the mother's milk supply, by expression if necessary, as well as the nutritional requirements of the baby.

7.6 Formula feeding

Mothers who choose to formula feed their baby will be enabled to do so as safely as possible through the offer of a demonstration and / or discussion about how to prepare infant formula. They will be advised that 'first milk' is recommended for the entire first year and that other types of milk (including those marketed as 'follow on milks') are not necessary unless medically indicated, and under the guidance of a suitably qualified health professional.

Mothers who choose to formula feed will also have a discussion about the importance of responsive feeding, specifically to include and encourage:

- Responding to feeding cues, including when the baby has had enough milk
- Beginning, pacing and ending the feed so that their baby is not forced to feed more than they want to
- Holding their baby close during feeds and limiting the number of people that feed the baby, to enhance relationship building between the baby and mother (or other main caregiver).

Use of written supporting information such as the 'postnatal checklist' section in the maternity handheld notes, and/or patient leaflets on safe and responsive bottle feeding, is appropriate, and encouraged, and can be revisited to reiterate advice.

7.7 Support for parents with a baby in NICU

In recognition of the importance of breast milk for the health and survival of babies on NICU, in addition to the statements within the above sections, UH Bristol will ensure that:

- Mothers will have a discussion about the importance of their breastmilk for their unwell or preterm baby as soon as is appropriate, and prior to the birth if possible.

- A mothers own milk is always prioritised as the first choice of feed for her baby, and donor milk will be sourced as a second choice in accordance with the 'Guideline for the use of Donor Breast Milk'.
- Mothers are supported to stay close to their baby as much as possible.
- In order to be enabled to express breastmilk for their baby mothers will be provided with:
  - Advice and support to initiate expressing as soon as possible after the birth (ideally within 6 hours)
  - Guidance on how to express effectively by hand and by pump
  - Explanation of and access to breast pumps and equipment, including safe milk storage
  - Support with establishing and maintaining milk supply, specifically with the advice that milk should be expressed a minimum of 8 times in 24 hours. Mothers with a baby or babies born earlier than 28 weeks gestation should be advised to express ideally 10-12 times in 24 hours for the first two weeks to stimulate catch up growth of the breast and milk production.

7.8 Support for parenting and close relationships throughout the early postnatal period

Skin-to-skin contact will be encouraged throughout the postnatal period regardless of feeding choices.

All mothers will be enabled to stay with their baby 24 hours a day ('rooming in') and be responsible for meeting their baby's needs with the support of staff whenever required. Babies will not be routinely separated from their mothers. Separation should only occur for acceptable clinical or safety reasons, or as a result of fully informed choice by the mother, with safe alternative arrangements in place. Mothers of babies needing treatment in NICU or elsewhere will be supported to stay in close proximity to their baby as much as possible, and viewed as 'partners in care', meeting their babies needs themselves whenever safe and appropriate.

All parents will be supported to understand a new born baby's needs, including encouragement of:

- frequent touch and comfort
- sensitive verbal/visual communication
- a swift and caring response when a baby cries
- keeping babies close
- responsive feeding

- safe sleeping practice (see associated Trust guideline 'Bed sharing and co-sleeping with newborn babies')

UH Bristol supports co-operation between health care professionals and charity funded or voluntary support mechanisms, whilst recognising that the Trust has a duty to provide first line care, especially if health or safeguarding concerns arise in relation to this policy.

Parents will be given information about local parenting support that is available in addition to the care provided by maternity services. In Bristol this consists of (but is not limited to):

- Breastfeeding support groups
- 1:1 peer support schemes
- Mother to mother and trained peer supporter / breastfeeding counsellor run groups on social media
- Parenting support accessed via Children's Centres, Health Visiting services (when it becomes appropriate for care to be handed over), and Bristol City Council, the website for which will be used as the source of up to date information, specifically the page 'Breastfeeding in Bristol' which reliably signposts national as well as local sources of help and support for parents

8. Standards and Key Performance Indicators

8.1 Applicable Standards

UNICEF UK BFI Standards for maternity services

NICE Guidance PH11, QS98, CG37

8.2 Monitoring Standards

Rolling programme of local audit and feedback, reported to PNWP, (who are then responsible for action planning as indicated,) including:

- Audit of standards corresponding to this policy, using the BFI audit tools at least annually: Data collected by way of interview with staff and mothers to qualitatively assess care, and analyse vs. corresponding care standards, in line with this policy and as stipulated by BFI in relation to their expectations for accreditation. This data is submitted to BFI annually as evidence of on-going internal audit and compliance.
- Feedback of care provided in maternity services, including issues related to infant feeding (both antenatally and postnatally):
    - 'Friends and Family' comment cards (both outpatient and inpatient services)
    - Encouragement of mothers and their supporters to provide positive and negative feedback informally in clinical areas. Staff provided with training in accordance with the Trust 'Complaints and Concerns Policy' to support them in

their role and ensure that informal feedback is dealt with appropriately, and staffing in clinical areas is made clear to enable escalation if required.

- Formal complaints procedure made available to users of maternity services via the Trust Patient Support and Complaints Team.
- Maternity Services Liaison Committee 'Maternity Voices'
- On-going liaison with local representatives from parent support associations, with more formal structured opportunities for feedback at regular intervals, including the National Childbirth Trust, Banardo's, and 'service user' representation at PNWP itself.

- Feedback of specialist services such as the Tongue Tie Clinic to ensure positive patient experience and effective outcome: Informal collation of comment cards and verbal feedback, with formal surveys conducted periodically.
- Audit of supplementation rates (relating to section 6.4) retrospectively, and on a continuous basis from January 2017, with analysis of patient experience and rationale using enhanced BFI audit tools at least every 6 months.
- Staff experience and valued input assessed continually via discussion at interactive training update study days, and frequent contact in clinical areas both in hospital and during community base visits designed for the purpose, by the Infant Feeding Specialist Midwives.

'Baby Friendly Accreditation' is assessed externally by UNICEF UK Baby Friendly Initiative Representatives on a regular basis, approximately every three years.

The extent to which UH Bristol has chosen to implement NICE Guideline PH11, and the associated Quality Standard QS98 will be assessed and reported to the Trust Clinical Effectiveness Group.

Breastfeeding and re-admission rates are recorded continually and reported to PNWP, BFI, and CQC when requested.

Combined, the above measures successfully address the aims of this policy, as listed in section 2.

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10. Associated Trust Documentation

UH Bristol Operating Plan:

- Division of Women's and Children's Services Operating Plan 2017/18 and 2018/19

UH Bristol Trust Policies:

- Complaints and Concerns Policy: Version 6.5 (2016)
- Maternity Leave Policy: Version 4.1 (2015)
- Shared Parental Leave Policy: Version 1 (2015)

UH Bristol Trust Clinical Guidelines:

- Admission Criteria to Ward 76
- Bed Sharing and Co-sleeping with Newborn Babies
- Breastfeeding Management for Term Healthy Babies
- Cue Based Feeding Guideline
- Giving Patient Information in the Antenatal and Postnatal Period
- Immediate Care of the Newborn
- Monitoring Feeding and Fluid Balance in the Term Infant
- Neonatal Thermal Care
- Prevention and Early Detection of Hypoglycaemia in the Newborn
- Use of Donor Breast milk for Newborn Infants

Other:

- Baby Feed Chart

11. Appendix A – Monitoring Table for this Policy

The following table sets out the monitoring provisions associated with this Policy.

Objective	Evidence	Method	Frequency	Responsible	Committee
Standards of care are maintained as stipulated in the Policy	See section 7	Audit	Annually	Infant Feeding Specialist Midwives	Post Natal Working Party, overseen by governance structure as set out in section 5
The Policy reflects up to date evidence and guidance, particularly in accordance with UNICEF UK Baby Friendly Initiative Standards	See section 7	Document review	Every three years, or more frequently if necessary to meet new changes in legislation / evidence-base	Infant Feeding Specialist Midwives	Trust Clinical Quality Group

12. Appendix B – Dissemination, Implementation, and Training Plan, and Support Pathway

Plan Elements	Plan Details
The Dissemination Lead is:	Infant Feeding Specialist Midwives
This document replaces existing documentation:	Yes
Existing documentation to be replaced:	Breast Feeding Policy (Version 8)
This document is to be disseminated to:	All staff within maternity services involved in the care of pregnant women, new parents and babies. All divisional representatives, for dissemination trust wide.
Method of dissemination:	Email to above staff and initial poster awareness campaign highlighting availability on DMS
Training is required:	Yes
The Training Lead is:	Rolling training programme already in existence (for maternity services only) led by the Infant Feeding Specialist Midwives.

Contact information for support with policy:
Patients: Maternity patients booked with St Michaels Hospital maternity services requiring care in relation to this policy should always in the first instance seek the advice of their named community midwife linked to their GP surgery, or otherwise the out of hours midwifery service which can be provided via Central Delivery Suite on the telephone numbers below (up to 28 days postpartum). Staff: The Infant Feeding Specialist Midwives are based at St Michaels Hospital. They provide a service in maternity services, generally available five days a week and can be contacted by staff in the following ways: Email: InfantFeedingMidwives@UH Bristol.nhs.uk Telephone: x25164 or 0117 3425164 If the Infant Feeding Specialist Midwives are not available, midwifery staff can be contacted 24 hours a day via the following telephone numbers. It would be appropriate and preferable to speak to a 'key worker' (as described in section 5.8) if possible: Ward 73 (postnatal ward): x25769 or 0117 3425769 Ward 76 (transitional care postnatal ward): x25276 or 01173425276 Central Delivery Suite: x25213 or 01173425213 Midwife Led Birthing Unit: x21807 or 0117 3421807 Antenatal Clinic: x25297 or 0117 3425297

13. Appendix C - Equality Impact Assessment

Query	Response	
What is the aim of the document?	To set out the standards of service that will be delivered within University Hospitals NHS Foundation Trust in relation to infant feeding.	
Who is the target audience of the document (which staff groups)?	Staff routinely involved in the care of pregnant women, mothers and babies, particularly in maternity services.	
Who is it likely to impact on **and how**?	**Staff**	☑
	Patients	☑
	Visitors	☑
	Carers	☒
	Other	☒
Does the **document** affect one group more or less favourably than another based on the 'protected characteristics' in the Equality Act 2010**:**	**Age** (younger and older people)	☒
	Disability (includes physical and sensory impairments, learning disabilities, mental health)	☒
	Gender (men or women)	☒
	Pregnancy and maternity	☒
	Race (includes ethnicity as well as gypsy travelers)	☒
	Religion and belief (includes non-belief)	☒
	Sexual Orientation (lesbian, gay and bisexual people)	☒
	Transgender people	☒
	Groups at risk of stigma or social exclusion (e.g. offenders, homeless people)	☒
	Human Rights (particularly rights to privacy, dignity, liberty and non-degrading treatment)	☒