Mid Essex Hospital Services NHS Trust

ARTIFICIAL FEEDING IN THE POSTNATAL PERIOD	CLINICAL GUIDELINES Register no: 09110 Status: Public

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1.0	Denise Gray - Clarification to point 10.0	January 2010
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1.0 Purpose

1.1 To ensure that parents are able to make informed decisions regarding infant feeding.

1.2 To provide parents who have made an informed choice to artificially feed with appropriate education and advice regarding safe sterilisation of equipment and making up formula feeds therefore ensuring the continuing health and wellbeing of their baby.

1.3 To ensure that parents who are artificially feeding are supported in the most appropriate way to feed their baby to maximise its health and wellbeing.

1.4 To ensure that parents who are artificially feeding understand the importance of skin to skin contact, responsive feeding and relationship building.

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2.0 Equality and Diversity

2.1 Mid Essex Hospitals NHS Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.

3.0 Policy Statement

3.1 Breastfeeding is the healthiest way for a mother to feed her infant. Breastfeeding offers important health benefits to both mother and baby and provides a unique interaction which both feeds and comforts.

3.2 All parents have the right to receive clear, impartial and evidence based information to enable them to make an informed choice regarding infant feeding.

3.3 Health care staff should not discriminate against any mother in her chosen method of infant feeding and will fully support her when she has made that choice.

3.4 The Trust will provide appropriate staff education and training to ensure that pregnant patients receive current, consistent and impartial information to support their chosen method of infant feeding.

4.0 Communicating the Artificial Feeding Guideline

4.1 This guideline is to be communicated to all health care staff that have contact with mothers. A copy is available for staff to view on the intranet.

4.2 All staff should be orientated to the artificial feeding guideline as soon as they commence employment with the trust. However, they should also be aware that MEHT recognises and promotes breastfeeding as the best way to feed a baby and should promote this accordingly.

4.3 This guideline should not be displayed on the ward and should only be available for mothers to view upon their specific request. Breastfeeding is always the preferred and recommended method of feeding.

5.0 What is Infant Formula?

5.1 Most infant formulas are made of cow's milk with added ingredients such as lactose, other carbohydrates, vegetable or other oils, vitamins and minerals to ensure that it is adequate to meet babies nutritional needs.

5.2 All formula milks available in the UK have to be of a similar composition to comply with EU compositional requirements this ensures that they are all nutritionally adequate for infants.

5.3 No brand or type of formula is closer to breastmilk than any other. The International Code of Marketing of Breastmilk Substitutes requires that as a health care professional you should not recommend any particular brand.

6.0 Types of Infant Formula.

6.1 First milks:

- These milks are often described as for "new-borns" or "stage 1".
- First milk is whey based therefore easier for babies to digest.
- First milk is recommended for the first year. This is adequate to meet babies nutritional needs for the first six months. At Six months it is advised to introduce solid foods. Full fat cow's milk can be introduced at one year of age and can replace formula at this time.

6.2 Other types of milk described as suitable from birth :

6.2.1 There are different types of formula milk available such as hungry baby or comfort milk. There is no evidence that any of these milks have any benefit. If parents wish to use any milk other than first milk this should be discussed and evidence based information provided to enable an informed choice. Parents can be directed to http://www.firststepsnutrition.org/pdfs/Infant_milks_%20a%20simple%20guide.pdf for a guide to the various types of formula milk.

6.3 Follow-on-milks:

6.3.1 Follow-on-milks are described as suitable for babies from six months of age. It is not necessary to move babies onto these milks. Follow-on-milks should never be used for babies under six months old as they are not nutritionally suitable. However, the labels can look very similar to first milks so parents need to read them carefully.

7.0 Provision of Artificial Formula in the Maternity Unit

7.1 All parents who express a wish to either formula feed their infants or use formula as a supplement should be advised that they will need to provide their own supplies for the duration of their stay in hospital. This does not apply to babies admitted to either the Neonatal Unit or Phoenix Ward where milk is supplied.

7.2 Mothers who are supplying their own formula milk should do so in ready-made cartons to minimise infection risk and ensure safe handling of milk.

7.3 Formula milk will be stocked in the Maternity unit to be given to babies only under the following circumstances:

- A clinical need defined by paediatric review

- Where mothers have been admitted as an emergency or from out of area and are unaware or unprepared to provide their own formula milk supplies
- Any other circumstance deemed extenuating following discussion with the Specialist Midwife for Infant feeding or the Senior Midwife on duty.

7.4 Where formula milk is supplied by the hospital this should be for the shortest possible period of time until either successful breastfeeding can be established or formula milk is provided by the mother or family.

8.0 Preparation of Formula Feeds within the Maternity Unit

8.1 Parents need to be informed that Formula milk for use in the hospital should be in ready to use cartons. The hospital does not have adequate storage and preparation facilities for powdered formula preparation.

8.2 Sterile bottles and teats will be provided by the hospital.

8.3 Once opened, cartons of ready-made formula should be decanted into 250ml sterile bottles, labelled and stored in the fridge in the milk kitchen on the postnatal ward. Once opened the milk can be stored for a maximum of 24 hours and then should be discarded.

8.4 When a baby requires feeding the required amount of milk should be poured into a 50ml sterile bottle and used as required.

8.5 All feeds, bottles and teats are intended for single use and as such should be discarded in a timely manner and not re-sterilised.

8.6 Cleaning of the milk kitchen is the responsibility of the maternity care assistants on duty and should be checked at the start of each shift to ensure good hygiene and infection prevention. Any milk stored in the fridge that is over 24 hours old, unlabelled or belongs to mothers who have been discharged should be discarded.

8.7 Any equipment requiring sterilisation should be cleaned in hot soapy water and sterilised using the cold water sterilisation method.

9.0 Provision of Artificial Formula in the Midwife Led Units

9.1 Mothers who deliver at or receive postnatal care within the Midwife-led Units should also provide their own formula milk if that is their preferred choice of feeding. A supply of formula milk will be available for the clinical needs as described in point 7.3.

9.2 Should any baby require clinical review for feeding difficulties it should be discussed with the paediatrician SHO/registrar on call via telephone or with the Specialist Midwife for Infant feeding prior to any formula milk supplement being administered.

10.0 Teaching Mothers How to Artificially Feed their Babies Safely

10.1 All mothers who formula feed should have a discussion prior to discharge regarding safe preparation of powdered formula; this should be documented on page 11 of the maternal postnatal care record. Written information should also be provided in the form of the UNICEF Guide to bottle feeding which is available at https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/leaflets-and-posters/guide-to-bottle-feeding/.

10.2 Prior to discharge mothers who formula feed will have a discussion about the importance of responsive feeding and encouraged to:

- Observe for feeding cues and feed responsively rather than to a fixed schedule.
- Invite the baby to draw in the teat rather than forcing the teat into the mouth
- Pace the feed so that the baby has time to recognise satiety.
- Recognise the cues that the baby is full and avoid forcing them to take more milk than they want.
- Hold the baby throughout the feed and establish eye contact.
- Minimise the amount of people who offer feeds.

10.3 Skin-to-skin contact is encouraged throughout the postnatal period regardless of feeding choices.

10.4 All parents will be supported to understand and meet a new born baby's needs including but not exclusive to:

- Responding to the baby's needs for food and comfort
- Understanding new born cues,
- Keeping babies close
- Responsive feeding
- Safe sleeping practice.

10.5 Mothers who bottle feed will be encouraged to hold their baby close during feeds and offer the majority of feeds to their baby themselves to help enhance the mother-baby bond.

10.7 All mothers should be encouraged to offer the first feed within an hour of delivery and in skin to skin contact.

10.8 All artificially feeding mothers should receive written literature on the correct methods of preparation of artificial formula and how to safely store feeds. Under no circumstances should this literature be given out during the antenatal period.

10.9 If a breastfeeding mother requests this information or is required to give her baby supplementary formula feeds for medical reasons then this information should be given, but this information should not freely be available to breastfeeding mothers.

10.10 Breastfeeding mothers should only supplement with artificial formula if expressing breast milk is not a viable option.
(Refer to the 'Guideline for the Management of Breast Feeding in the Postnatal Period'; Register number 09111)

11.0 Rooming In

11.1 Mothers will normally assume primary responsibility for the care of their babies. Separation of mother and baby will normally only occur where the health of either mother or baby prevents care being offered in the usual postnatal areas.

11.2 There is no designated nursery space in the postnatal areas.

11.3 Babies should not routinely be separated from mothers at night. This applies to artificially fed babies as well as those who are breastfed.

12.0 Responsive Feeding

12.1 Responsive feeding should be encouraged for all babies unless clinically indicated. Hospital procedures should not interfere with this principle wherever possible.

12.2 All parents should understand what is meant by responsive feeding prior to discharge.

12.3 Artificially fed babies who are reluctant to feed or display any signs or symptoms of a feeding problem should have an individualised plan of care developed following the same procedures that would be employed for a breastfed infant.

12.4 Medical review should be sought if an artificially fed infant displays any indications of ill health.

12.5 Babies admitted to the Neonatal Unit and Phoenix Ward, or with additional medical needs should be managed according to the relevant guidelines. This should be supported by a documented plan of care.

13.0 Support Prior to Discharge

13.1 Telephone numbers for community midwives should be given on discharge from the hospital. Parents should also receive the UNICEF information leaflet entitled 'Guide to Bottle feeding'. The midwife should document this on page 8 of the maternal postnatal care record

13.2 Prior discharge formula feeding mothers should be shown how to sterilise equipment and make up feeds as safely as possible. In addition, they should have support with feeding techniques to ensure that mother and baby have a pleasant feeding experience.

14.0 Supporting Infant Nutrition

14.1 All babies should have their weight monitored in accordance with NICE Public Health guidance PH11 maternal and infant nutrition unless otherwise indicated. They should be weighed naked at birth, 5 days and 10 days prior to discharge from midwifery care.

14.2 Any baby where feeding problems are suspected within the first 28 days should be monitored with extra midwifery support and referral to the Specialist Midwife for Infant feeding for guidance.

14.3 All babies referred back to hospital with significant weight loss or feeding problems in the first 28 days of life should be referred to the Specialist Midwife for Infant Feeding.

14.4 The appropriate reporting proforma for babies readmitted with feeding problems in the first 28 days of life should be completed with risk event form attached to ensure correct follow up of all readmitted infants. The reporting proforma and attached risk event form should be sent to the Specialist Midwife for Infant Feeding.
(Refer to Appendix A)

15.0 Staffing and Training

15.1 Midwives will receive training in artificial feeding, support and management in accordance with the 'Mandatory training policy for maternity services incorporating training needs analysis. (Register number 09062)

15.2 All midwifery and obstetric staff are required to ensure that their knowledge and skills are up-to-date in order to complete their portfolio for appraisal and meet the requirements of their governing body.

15.3 Midwives and maternity care assistants have the primary responsibility for supporting parents however they choose to feed their baby.

15.4 All healthcare staff working in postnatal areas should be able to instruct mothers on the safe preparation and storage of artificial formula.

15.5 All staff working in postnatal areas should be aware of the appropriate literature to give to artificially feeding mothers to ensure they are confident in the preparation and safe storage of formula milk. This information should not routinely be distributed to breastfeeding mothers.

15.6 The responsibility for updating literature and ensuring staff are aware of current artificial feeding guidelines lies with the Specialist Midwife in infant feeding. It is her responsibility to ensure that artificially feeding mothers are given relevant information but that breastfeeding promotion remains a priority.

16.0 Infection Prevention

16.1 All staff should follow Trust guidelines on infection prevention by ensuring that they effectively 'decontaminate their hands' before and after each procedure.

16.2 All mothers should be taught the importance of good hand hygiene when caring for their baby. This is particularly important when sterilising equipment and making artificial feeds for their babies.

16.3 All mothers should be provided with up to date information on safe sterilisation of feeding equipment prior to discharge from the Hospital.

17.0 Audit and Monitoring

17.1 Audit of compliance with this guideline will be considered on an annual audit basis in accordance with the Clinical Audit Strategy and Policy (register number 08076), the Corporate Clinical Audit and Quality Improvement Project Plan and the Maternity annual audit work plan; to encompass national and local audit and clinical governance identifying key harm themes. The Women's and Children's Clinical Audit Group will identify a lead for the audit.

17.2 As a minimum the following specific requirements will be monitored:

- Process for supporting mothers who are breastfeeding
- Process for supporting mothers who are artificially feeding
- Process to be followed if a problem with feeding is identified
- Process for weighing newborns
- Maternity service's expectations in relation to staff training, as identified in the training needs analysis, regarding breast and artificial feeding methods
- System for reporting newborns re-admitted to hospital with feeding problems during the first 28 days of life

17.3 A review of a suitable sample of health records of patients to include the minimum requirements as highlighted in point 17.2 will be audited. A minimum compliance 75%

is required for each requirement. Where concerns are identified more frequent audit will be undertaken.

12.2 The findings of the audit will be reported to and approved by the Multi-disciplinary Risk Management Group (MRMG) and an action plan with named leads and timescales will be developed to address any identified deficiencies. Performance against the action plan will be monitored by this group at subsequent meetings.

12.3 The audit report will be reported to the monthly Directorate Governance Meeting (DGM) and significant concerns relating to compliance will be entered on the local Risk Assurance Framework.

12.4 Key findings and learning points from the audit will be submitted to the Patient Safety Group within the integrated learning report.

18.0 Guideline Management

18.1 As an integral part of the knowledge, skills framework, staff are appraised annually to ensure competency in computer skills and the ability to access the current approved guidelines via the Trust's intranet site.

18.2 Quarterly memos are sent to line managers to disseminate to their staff the most currently approved guidelines available via the intranet and clinical guideline folders, located in each designated clinical area.

18.3 Guideline monitors have been nominated to each clinical area to ensure a system whereby obsolete guidelines are archived and newly approved guidelines are now downloaded from the intranet and filed appropriately in the guideline folders. 'Spot checks' are performed on all clinical guidelines quarterly.

18.4 Quarterly Clinical Practices group meetings are held to discuss 'guidelines'. During this meeting the practice development midwife can highlight any areas for further training; possibly involving 'workshops' or to be included in future 'skills and drills' mandatory training sessions.

19.0 Communication

19.1 A quarterly 'maternity newsletter' is issued and available to all staff including an update on the latest 'guidelines' information such as a list of newly approved guidelines for staff to acknowledge and familiarise themselves with and practice accordingly.

19.2 Approved guidelines are published monthly in the Trust's Focus Magazine that is sent via email to all staff.

19.3 Approved guidelines will be disseminated to appropriate staff quarterly via email.

19.4 Regular memos are sent via email to notify staff of the latest revised guidelines and how to access guidelines via the intranet or clinical guideline folders.

20.0 References

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Useful resources

Baby Milk Action: www.babymilkaction.org/

First Steps Nutrition Trust: www.firststepsnutrition.org/

The International Code of Marketing of Breast-milk Substitutes: www.babymilkaction.org//regs/fullcode.html

UNICEF Guide to bottle feeding: https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/leaflets-and-posters/guide-to-bottle-feeding/.

UNICEF responsive formula feeding https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2018/02/Infant-formula-and-responsive-bottle-feeding.pdf

Guide to formula milk http://www.firststepsnutrition.org/pdfs/Infant_milks_%20a%20simple%20guide.pdf

Appendix A

Mid Essex Hospital Services NHS Trust

Reporting Proforma for Babies with Feeding Problems

First 28 Days of Life

First Name	**Surname**
NHS No	**Hospital No**
Mothers Name	
Address	
DOB	**Birth Weight**
Type of Feeding	**Weight Loss**
Ward	**Date & Time of Admission**
Summary of Admission and Treatment	
Risk Event Form Attached	**Yes** ☐ **No** ☐

Please forward this proforma to Lead Midwife for Infant Feeding and complete the electronic risk event form on DATIXWEB