Mid Essex Hospital Services NHS Trust

MANAGEMENT OF BREASTFEEDING IN THE POSTNATAL PERIOD	**CLINICAL GUIDELINES** **Register no: 09111** **Status:**

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1.0 Purpose

1.1 This guideline is designed to inform, and instruct Trust staff in how to support breastfeeding and help parents build a close loving relationship with their healthy term infants.

1.2 Mid Essex Hospital Services NHS Trust believe that all mothers have the right to receive clear and impartial information in a sensitive manner to enable them to make a fully informed decision as to how they feed their babies.

2.0 Equality and Diversity

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

3.0 Aims

3.1 Breastfeeding should be seen by all staff and parents as the normal way to feed a new-born baby.

3.2 All health care staff in contact with women should understand the importance of good documentation in relation to breastfeeding advice and support.

3.3 Breastfeeding women will be given consistent, evidence based and impartial advice by all members of staff.

3.4 Health care staff are able to discuss the value of skin to skin contact, encouraging and facilitating it, after birth and throughout the postnatal period.

3.5 To ensure that health care staff and parents are aware that facilitating mother and baby time together in skin contact will provide the foundation for a loving relationship regardless of feeding method.

3.6 To ensure that all health care staff and parents understand that young babies need to be kept close to their mothers as this is the biological norm.

3.7 All health care staff will support parents to understand their baby's need for frequent touch and sensitive visual and verbal communication. Educating parents that this is essential for optimal infant brain development and building strong, loving bonds. Parents should understand that meeting a babies needs for love and comfort will not make a baby demanding or 'spoilt', but rather ensure the best possible development for him/her.

3.8 Women should have the opportunity antenatally to discuss their feelings about feeding their baby. All mothers should be educated regarding the benefits of breastfeeding and understand the risks associated with formula feeding with health care staff thus enabling a fully informed decision regarding how they will feed their baby.

3.9 To enable health care staff to create an environment where more mothers choose to breastfeed their babies, confident in the knowledge that they will be given support and information to enable them to continue breastfeeding exclusively for six months and then as part of their infant's diet for as long as they wish to do so.

3.10 All breastfeeding mothers should have one-to-one time with a trained health care professional postnatally ensuring that they are supported with the basic principles of positioning and attachment and are able to hand express breastmilk.

3.11 To ensure mothers are confident identifying the signs of effective milk transfer and adequate intake before they are discharged home.

3.12 To ensure that parents know how to access appropriate help if they have concerns when at home.

4.0 Policy Statement
(Refer to the policy entitled 'Infant Feeding COP'; register number 12019)

4.1 Breastfeeding is an important Public Health measure. There is increasing evidence to demonstrate that breastfeeding provides short and long term benefits to both mother and infant. Breastfeeding offers complete nutrition, comfort and love for the development of healthy infants; human breastmilk has been shown to play an important role in the prevention of conditions such as gastroenteritis, respiratory infections, ear infections, allergies, obesity and juvenile onset insulin dependent diabetes mellitus. Mothers who breastfeed have a reduced risk of developing breast and ovarian cancer and osteoporosis.

4.2 Mid Essex Hospital Services NHS Trust promotes breastfeeding as the healthiest way for a mother to feed her baby and recognises the important health benefits known to exist for both the mother and child.

4.3 All mothers have the right to receive clear and impartial information to enable them to make a fully informed decision as to how they feed and care for their babies. Health care staff will not discriminate against any woman in her chosen method of feeding and will fully support her with her choice.

4.4 It is essential that all parents receive clear, concise and impartial information at appropriate times throughout the antenatal intrapartum and postnatal periods to allow them to make informed decisions.

4.5 There will be no discrimination against any parent in their chosen method of infant feeding and full support will be given to parents regardless of their chosen feeding method. This policy is designed to reflect best practice in infant feeding, not to dictate the choice of parents.

4.6 The Trust will provide appropriate staff education and training to ensure that women receive up to date, evidence based, consistent and impartial information to support their chosen method of infant feeding.

4.7 This guideline is strongly supported by the Maternity Management.
The following standards must be observed:

- The guideline should be implemented in conjunction with both the Trust's breastfeeding strategy and the mother's guide to the policy
- This guideline is designed to support breastfeeding in healthy term infants. Any infant where an underlying medical issue exists or a problem is suspected should be referred to the appropriate medical professional and a plan of care should be developed and documented as per the appropriate guideline.
- It is the midwives' responsibility to escalate to appropriate medical professional should any concerns arise over the health of the baby
- No advertising of breastmilk substitutes, feeding bottles, teats or dummies is permissible in any part of this trust. This includes any manufacturer's logos on calendars, diary covers, pens, posters and obstetric wheels.

- Literature provided by infant formula manufacturers is not permitted to be distributed to mothers or their families. However, research based information on formula feeding can be disseminated to staff and provided to formula feeding mothers when deemed necessary.
- Antenatal education should be given to all women on the health benefits of breastfeeding. No antenatal instruction in the preparation of formula feeding is permissible.
- Parents who have made a fully informed decision to feed their babies artificially should be supported.
- Any deviation from the guideline must be justified and recorded in the patient's postnatal/neonatal health care records.
- Compliance with this guideline will be audited on an annual basis.
  (Refer to section 17.0)

5.0 Communicating the Breastfeeding Guideline

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

5.2 All staff should be orientated to the breastfeeding guideline and policy as soon as they commence employment with the trust.

5.3 The Infant feeding policy and breastfeeding guideline should be displayed in all areas of the Trust which serve mothers and babies. Where a mother's guide is displayed in place of the full policy, the full policy and guideline should be available to be viewed on request. A statement to this effect should be printed on the mothers guide. The policy should also be available in different languages.
(Refer to the guideline entitled 'Interpreting and translation policy' (09127A)

6.0 Antenatal Promotion of Breastfeeding

6.1 In the antenatal period all women should have the opportunity to discuss infant feeding choices, including but not exclusively, how to get breastfeeding off to a good start and how to tell if breastfeeding is going well. All mothers should be informed of the importance of responsive feeding and that a positive relationship begins to develop in utero including ways that mothers can establish this. Midwives can cover this information over a number of antenatal appointments or in a single session, infant feeding classes will also cover this. The discussion should then be documented on page 22 of the antenatal care records (See Appendix B).

6.2 Wherever possible breastfeeding should be mentioned at each antenatal appointment and opportunity given for pregnant women to ask pertinent questions (refer to Appendix A and B). Appropriate literature should be given during the antenatal period including the Trusts patient information leaflets on skin to skin and antenatal colostrum harvesting. UNICEF provide leaflets entitled "off to the best start" and "building a happy baby" both of which are available to download (see useful resources) and can be given to women if required.

6.3 During the antenatal period all mothers should be informed of the benefits of skin to skin contact with their baby and the importance early feeding.

6.4 All women should be advised to view the 'Bump to Breastfeeding' during the antenatal period. This can be viewed at www.bestbeginnings.org.uk/watch-fbtb

6.5 All pregnant women and breastfeeding mothers should be encouraged to take a 10mcg supplement of Vitamin D to ensure adequate supplies whilst breastfeeding.

6.6 All women should be informed of common breastfeeding problems and how to overcome them. They should also be informed of sources of support available in the event of breastfeeding difficulties in the postnatal period (Refer to Appendix E).

6.7 Parents should be provided with up to date information about breastfeeding but should not be asked to make a decision about feeding methods until after delivery and initiation of skin to skin.

7.0 Initiation of Breastfeeding

7.1 All mothers should be encouraged to hold their babies in skin to skin contact as soon as possible after delivery in an unhurried environment for as long as they wish preferably until after the first feed regardless of their chosen method of feeding.

7.2 Skin to skin contact should never be interrupted at staff instigation to carry out routine procedures.

7.3 If skin to skin contact is interrupted for clinical indication or maternal choice it should be re-instigated as soon as mother and baby are able.

7.4 All mothers should be encouraged to offer the first feed when mother and baby are ready, preferably within an hour of delivery. Assistance should be available from an appropriately trained member of staff.

7.5 Staff who are present at the birth should ensure correct documentation after offering mother feeding support on the maternal postnatal care records "conversations in the postnatal period" under the title "After Birth" (Refer to Appendix C).

8.0 Showing Mothers how to Breastfeed and how to Maintain Lactation

8.1 All mothers should be offered help with breastfeeding ideally within one hour and always within two hours of delivery. A midwife or MCA should be available to assist mothers with each breastfeed during her hospital stay. Mothers who have had general anaesthetic, narcotics, LSCS or have been separated for a period of time will need additional support.

8.2 Staff should ensure that mothers are offered the support necessary to acquire the skills of positioning and attachment. Parents also need information enabling them to recognise when the baby is feeding effectively. It is important that staff are able to explain the necessary techniques using a "hands off" approach to the mother, thereby helping her to acquire this skill.

8.3 All breastfeeding mothers should be taught the signs of common breastfeeding problems and how to overcome them if they arise. They should also be made aware of all available sources of support and appropriate contact numbers.

8.4 During the postnatal; period staff should ensure correct documentation after offering mother the above support on the maternal postnatal care records "conversations in the postnatal period" under the title "postnatal" (Refer to Appendix C).

8.5 All breastfeeding Mothers should be shown how to hand express their milk prior to discharge. A leaflet entitled 'Expressing and storing breastmilk' by the Breast Feeding Network should be available for women to use as a reference guide available here https://www.breastfeedingnetwork.org.uk/wp-content/pdfs/BFNExpressing_and_Storing.pdf

8.6 When a mother and her baby are separated for medical reasons, it is the responsibility of all health professionals caring for mother and baby to ensure that the mother is given help to express her milk and maintain her lactation.

- **Early** (ideally within the first 2 hours), **frequent** (eight- ten times in 24 hours including once at night) and **effective** (combining hand and pump expression when appropriate) expressing is crucial to ensuring a mother is able to maximise her milk production so that she can maintain her supply for as long as she wishes.
- For a mother with a baby on the neonatal unit with the correct support to express, she can aim to achieve an average milk volume of approximately 750-900ml in 24 hours a day 14.
- Delays in starting to express or any reduction in frequency or effectiveness of expression will compromise her long term supply. Early detection and correction of problems will help the mother to maintain confidence in her ability to produce milk for her baby.
- Maternity and neonatal staff should carry out a formal review at least once within the first 12 hours following delivery to support early expression and **at least four times within the first two weeks** to ensure that mothers are expressing effectively and to address any issues or concerns that they have.

8.7 All Staff should be competent setting up the breast pumps and should ensure that mothers are supported when using a pump ensuring correct technique and appropriate size shields are used.

8.8 Prior to discharge the midwife should discuss breastfeeding and the on-going support available in the community. The midwife should discuss and provide further information leaflets entitled 'Off to the best start' (if this has not been given out antenatally), 'Sharing a bed with your baby', 'Chelmsford New Baby Guide' and document on the postnatal proforma; which should be secured in the patient's health care records.
(Refer to the guideline for the 'Routine care for postnatal mothers and their babies'; register number 09127)

9.0 Supporting Exclusive Breastfeeding

9.1 Breastfed babies should not be given any water or artificial feed except for a clinical indication or with fully informed parental choice. The decision to offer supplementary feeds for clinical reasons should be made by an appropriately trained midwife or paediatrician. The reasons for supplementation should be fully discussed with parents and recorded in the baby's notes along with appropriate consent.

9.2 Artificial formula should be given to breastfed babies only after every other option has been explored. Every effort should be made to support the mother to express breastmilk which should then to be given to the baby via cup or syringe.
(Refer to the 'Guideline for Artificial Feeding in the Postnatal Period'; register number 09110)

9.3 Parents who request supplementation should be made fully aware of the possible health implications and the harmful impact such action may have on breastfeeding to enable them

to make a fully informed decision. These discussions should always be recorded in the baby's notes.

9.4 Formula supplementation is linked to a decrease in the duration of breastfeeding (Chantry et al. 2014). High supplementation rates are often an early indicator of issues regarding the implementation of the Unicef Baby Friendly Initiative maternity standards therefore frequent and accurate intermittent audit of supplementation will be carried out in order to provide an indicator for how well the Unicef maternity standards are being implemented and allow ongoing monitoring.
(Refer to Appendix D)

10.0 Rooming In

10.1 Mothers will normally assume primary responsibility for the care of their babies.

10.2 Separation of mother and baby will only normally occur where the health of either mother or baby prevents care being offered in the usual postnatal areas.

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

10.4 Babies should not be routinely separated from mothers at night. This applies to babies who are bottle fed as well as those who are breastfed. Mothers recovering from lower segment caesarean sections (LSCS) should be given appropriate care, but the policy of keeping mothers and babies together does still apply.

11.0 Responsive Feeding

11.1 Responsive breastfeeding is the term used to describe the reciprocal nature of breastfeeding. A mother who feeds responsively will offer her baby her breast when he/she shows feeding cues, when he/she appears unsettled, when he/she seems lonely or needs comfort. It is also important for mothers to understand that responsive feeding includes her needs for example when her breasts are full or she just wants to have a sit down and spend time with her baby. Babies should not have access to the breast restricted in any way or for any reason they should feed as often and for as long as they want. Breastfed babies cannot be overfed or spoilt.

11.2 Staff should ensure that all new mothers are aware of the feeding cues and why they are important.

12.0 Use of Artificial Teats, Dummies and Nipple Shields

12.1 All parents should be aware that that the use of artificial teats and dummies is not recommended during the establishment of breastfeeding. Parents who wish to use them should be made aware of the possible detrimental effects such use may have on breastfeeding to enable them to make a fully informed decision. A record of any such discussion and the parents' decision should be documented in the notes.

12.2 Nipple shields should only be recommended in extreme circumstances and then for as short a period as possible. Any mother considering the use of a nipple shield must have the disadvantages fully explained to her prior to commencing use. She should remain under the care of an appropriately skilled practitioner whilst using the shield and should be helped to discontinue its use as soon as possible. If nipple shields are introduced then staff should clearly document the rationale and an appropriate feeding plan including a breastfeeding assessment.

13.0 Breastfeeding Support Groups

13.1 This trust supports co-operation between health care professionals and voluntary support groups whilst recognising that health care facilities have their own responsibility to promote breastfeeding.

13.2 Contact information for the postnatal ward, community midwives office and the specialist midwife for infant feeding should be given to all breastfeeding mothers in the postnatal period. (Refer to Appendix E)

13.3 Contact details for all voluntary breastfeeding counsellors and support groups will be issued to all mothers on the postnatal ward and be routinely displayed throughout the maternity unit. Contact details should be regularly checked and updated as necessary to ensure correct information is distributed.

13.4 Breastfeeding support groups will be invited to contribute to further development of the breastfeeding strategy through involvement in appropriate meetings.

14.0 Supporting Infant Nutrition

14.1 Mothers who make an informed decision to formula feed will be supported appropriately. Refer to the guideline entitled 'Management of artificial feeding on the postnatal ward'; register number 09110

14.2 Every breastfeeding mother should have a formal breast feeding assessment carried out prior to discharge home using the adapted Unicef breastfeeding assessment tool (See Appendix F) This assessment will include a 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. This should then be attached to the postnatal maternal records. A further breastfeeding assessment should be completed on or around day 5 and day 10.

14.3 Any baby where feeding problems are suspected within the first 28 days should be monitored with extra midwifery support, a breastfeeding assessment tool should be completed and a feeding plan commenced, if required the Specialist Midwife for infant feeding can be accessed for guidance and further support and referral to the specialist clinic can be completed via email to the infant feeding specialist. See Appendix H for referral form.

14.4 All babies should have their weight monitored in accordance with the postnatal guideline. ("Routine postnatal care of women and their babies" Guideline number 09127) Babies should be weighed naked, in a prone position at birth, 5 days and 10 days.

14.5 All babies readmitted to hospital with significant feeding problems or weight loss in the first 28 days of life should be referred to the Specialist Midwife for Infant Feeding. The proforma for babies admitted with feeding problems in the first 28 days of life should be completed as well as a datix to ensure correct follow up of all readmitted infants. The proforma and DATIX should be sent to the Specialist Midwife for Infant Feeding (Refer to Appendix G).

15.0 Staff and Training

15.1 Midwives should receive appropriate training in breastfeeding support and management at a level appropriate to their professional group in accordance with the 'Mandatory training policy for maternity services incorporating training needs analysis; register number 09062

15.2 Midwives and maternity care assistants have the primary responsibility for supporting pregnant women and new mothers to breastfeed and helping them to overcome any related problems.

15.3 All professional and support staff who have contact with pregnant women and mothers will receive appropriate training in breastfeeding support and management at a level appropriate to their professional group. New staff will receive training within six months of commencing their new position.

15.4 All clerical and ancillary staff will be orientated to the policy and receive training to enable them to refer breastfeeding queries appropriately.

15.5 The responsibility for training lies with the Specialist Midwife for Infant Feeding who will ensure that all staff receive appropriate training. It is also her responsibility to audit uptake and efficacy of the training and publish results on an annual basis.

15.6 A teaching programme which clearly supports all the UNICEF baby friendly initiative maternity standards will be available for staff training

15.7 All wards areas have a copy of the breastfeeding policy and all staff are expected to familiarise themselves with the content in order to provide breastfeeding support without conflicting advice.

15.8 All staff who provide care for pregnant women should ensure that they are aware of the benefits of breastfeeding and the risks of artificial feeding.

15.9 All pregnant women should be given the opportunity to discuss infant feeding on a one to one basis with a midwife. Discussions regarding infant feeding should not be solely undertaken during a group antenatal class.

15.10 The physiological basis of breastfeeding should be clearly and simply explained to all pregnant women, together with good management practices which have been proven to protect breastfeeding and reduce common problems. The aim should be to give mothers confidence in their ability to breastfeed.

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.

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 new-borns
- 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 new-borns 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 80% is required for each requirement. Where concerns are identified more frequent audit will be undertaken.

17.4 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.

17.5 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.

17.6 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 posted on the guideline notice boards in each clinical area 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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21.0 Useful resources

Baby Friendly Initiative research resources: www.unicef.org.uk/BabyFriendly/Research

Information for health care professionals on meaning full conversations in pregnancy
https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2016/10/meaningful_conversations.pdf

Building a happy baby leaflet https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2018/04/Building-a-happy-baby-leaflet.pdf

Full version of “off to the best start” https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2010/11/otbs_leaflet.pdf

Baby Milk Action: www.babymilkaction.org/

Baby-led breastfeeding:

Biological nurturing: www.biologicalnurturing.com

First Steps Nutrition Trust: www.firststepsnutrition.org/

From bump to breastfeeding: www.bestbeginnings.org.uk/fbtb

Unicef Baby Friendly Initiative. Awards table: baby friendly services near me.

BFN expressing and storage information https://www.breastfeedingnetwork.org.uk/wp-content/pdfs/BFNExpressing_and_Storing.pdf

International Baby Food Action Network - IBFAN: www.ibfan.org./

Appendix A

Having meaningful Conversations with mothers

Keeping conversations woman-centred: Key tips

1. Agree an agenda The conversation should be a two-way partnership to ensure it remains mother-centred. Find out what she wants to talk about and address her needs first. She will then be more open to what you have to say.	**5. Find out and build on information she Knows** Don't overload with facts and figures. Try to tailor the information to individual needs and expand on what she already knows. It is neither useful nor effective to list all the health benefits to breastfeeding if she has had previous bad experience, and this will make her feel a failure.
2. Ask open questions This will help you to explore feelings and emotions and will provide a clearer outline of her story and previous experience. Use phrases like "tell me about" and "how do you feel about" to help to encourage her to talk.	**6. Show empathy** Remember the importance of walking in the other person's shoes. If she reports a previous bad experience or she says the thought of breastfeeding makes her feel sick, don't dismiss these feeling as they matter to her.
3. Listen actively Making eye contact, smiling and nodding all help to show you are listening and will encourage more discussion.	**7. Remain neutral** Avoid being judgmental, even if you don't agree with what is being said.
4. Reflect back This shows you have heard what was said and helps clarify any misunderstandings. You can say things like "you feel that breastfeeding isn't for you because…" or "you are anxious that…"	**8. Don't collude** Sometimes in an effort to be kind, it may be tempting to say things like "it doesn't matter if you breastfeed or not – you baby will do just as well". Kindness is important but as a health professional you have a duty of care to provide evidence-based information. You can talk about the importance of developing a close and nurturing relationship with her baby but don't patronise her with information that she knows is incorrect.

Extract from UNICEF
Having meaningful Conversations with mothers
A guide to using the Baby Friendly signature sheets
Full document available at https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2016/10/meaningful_conversations.pdf

Appendix B

Conversations in pregnancy: Key points

Remember: explore what parents already know → accept → offer relevant information*

Encouraging parents to connect with their baby	Taking time out to connect: talking to baby, noticing and responding to movements
Skin contact	The value of skin contact What this means for mother and baby
Responding to baby's needs	How closeness, comfort and love can help baby's brain develop Responsive feeding
Feeding	Value of breastfeeding as protection, comfort and food How to get off to a good start

Confirmation that a conversation has taken place to cover relationship building, responsiveness and feeding, as per mother's needs

	Signature:	Date:	Comments:
1			
2			
3			

*refer to the health professionals' guide for more information

Conversations in the postnatal period: Key points

Remember: explore what parents already know → accept → offer relevant information*

After birth

All mothers are offered support with
- Unhurried skin contact
- Recognising early feeding cues
- Offering the first feed in skin contact

Signature:	Date:	Comments:

Postnatal

All mothers are offered support to
- Appreciate the importance of closeness and responsiveness for mother/baby wellbeing
- Hold their baby for feeding
- Understand responsive feeding

Breastfeeding mothers are offered support to
- Hand express
- Value exclusive breastfeeding
- Understand how to know their baby is getting enough milk
- Access help with feeding when at home

Mothers who formula feed are offered support to
- Sterilise equipment and make up feeds
- Feed their baby first milks
- Limit the number of people who feed their baby

	Signature:	Date:	Comments:
1			
2			
3			

Breastfeeding Assessments

Breastfeeding assessments carried out using the breastfeeding assessment form (minimum of two in the first ten days) and an appriopriate plan of care made. This may include referral for additional/specialist support.

	Signature:	Date:	Comments:
1			
2			
3			

*refer to the health professionals' guide for more information

Appendix D

Categories of Supplement

Taken from the UNICEF Baby friendly initiative audit tool for maternity services Guidance and Interview forms March 2016

Clinically indicated with optimum care given

These are the supplements given for clinical reasons to premature, small-for-gestational-age or ill babies who have not breastfed despite good efforts being made and after attempts to express breastmilk for the baby. The reasons for giving the supplement will have been clearly explained to the parents. The written records will clearly state why the supplement was given and the care and information given to the parents prior to supplementation.

Clinically indicated but care could have been improved

These are supplements given to babies based on clinical need, but where the care prior to the supplement being given or the record keeping could have been improved. This would include supplements given for a clinical reason prior to any attempt to breastfeed the baby or express breastmilk.
Supplements which are clinically indicated but where care could have been improved often indicate that other standards such as offering skin contact, offering help with breastfeeding, teaching mothers to position and attach their babies for breastfeeding and to hand express breastmilk need to be improved and so this is where efforts should be directed in order to reduce the number of supplements given.

Fully informed maternal decision

These are supplements given at the mother's request where a member of staff has listened to the mother's concerns and supported her to consider alternative strategies where appropriate. The records clearly state that a discussion has taken place and appropriate support offered. There is an indication that the mother has been supported to continue breastfeeding / maximise the amount of breastfeeds / milk given / return to full breastfeeding.

Maternal request without fully informed decision

These are supplements given at the mother's request, but where there is evidence that she did not have full information or where the record keeping is poor.
Supplements given as a result of maternal request but where the mother was not offered enough information and support to breastfeed indicate that staff require more training in communication skills and reminders to listen and offer information at an appropriate time.

Staff suggestion for non-clinical reasons

These are supplements given at the staff's suggestion for non-clinical reasons (with or without the mother's consent), or supplements given which would not be helpful to the clinical condition cited.
Supplements given at the staff's suggestion for non-clinical reasons indicate that staff require more training in how to implement the breastfeeding policy appropriately. If training has already been given and these supplements are only given by certain members of staff, then one-to-one supervision may be required.

N.B. supplements of water are always considered not justified as there is no reason why a breastfed baby should require water.

Appendix E

Local Breastfeeding Support

Chelmsford Breastfeeding Groups	
Wednesday 10.00am – 11.30am	All Saint's Church Springfield Green Chelmsford CM1 7HS Amanda 07732 405125
Wednesday 1pm – 2.30pm	Maldon Library, Carmelite House White Horse Lane Maldon CM9 5FW Sarah 07976 827895
Thursday 10.00am - 11.30am (under 1's group)	Dengie Children's Centre Ormiston Rivers Academy Southminster Road Burnham-on-Crouch CM0 8QB
Friday 10.00am – 11.30am	Silver End Children's Centre Village Hall, Broadway Silver End CM8 3RQ
Every other Tuesday 12.30pm-2.30pm	La Leche League The Link, Trinity Methodist Church, Rainsford Road Chelmsford CM1 2XB
Breastfeeding Groups in Essex	
Tuesday 10.30am-12.30pm	Queens theatre Billet Lane Hornchurch RM11 1QT
Wednesday 12.30pm-2.00pm (Term time only)	Breast friends Brentwood Merrymead House Brentwood CM13 9FE
Thursday 12.30pm-2.00pm	Billericay Breast friends Cafe Sunnyside Children's Centre, Rosebay Ave, Billericay CM12 0GH 07939810340
Every other Thursday 10.00am-12noon	Pink Parachute 6 North Street Hornchurch RM11 1QX
Friday 12.30pm-2.30pm (Term time only)	SS17 Bras Hardie Park Cafe Stanford-le-Hope SS17 0PB 07889545998

Infant Feeding Support Contact Details

Mid Essex Hospital Trust Specialist Midwife for Infant Feeding
Available Monday-Friday 08.00-16.00
Landline 01245513676
Mobile 07887636741

National Breastfeeding Helpline: **0300 100 0212**. Open 09.30-21.30 everyday including weekends and bank holidays
https://www.breastfeedingnetwork.org.uk/

La Leche League helpline: **0345 120 2918**. Open 08.00-23.00 everyday including weekends and bank holidays
https://www.laleche.org.uk/get-support/

The National Childbirth Trust Breastfeeding helpline: **0300 330 0700.** Open 08.00-00.00 everyday including weekends and bank holidays
https://www.nct.org.uk/parenting/breastfeeding-concerns

Association of Breastfeeding Mothers helpline: **0300 330 5453.** Open 09.30-22.30 everyday including weekends and bank holidays
https://abm.me.uk/

TAMBA- Twins and Multiple Birth Association: **0800 138 0509** Open 10 am everyday including weekends and bank holidays
To contact specialist twin peer supporters tambabreastfeeding@gmail.com
www.tamba.org.uk

NHS choices
https://www.nhs.uk/conditions/pregnancy-and-baby/breastfeeding-help-support/

Start for life Breastfeeding friend on Facebook messenger
https://www.messenger.com/t/Start4LifeBreastfeedingFriend

Breastfeeding Assessment Tool

To be completed for all breastfeeding mothers prior to discharge from hospital (ideally within first 24 hours), day 5 and day 10 or if any concerns are identified.

How you and your midwife can recognise that your baby is feeding well				
What to look for/ask about	√	√	√	√
Day				
Your baby: has at least 8 -12 feeds in 24 hours*				
is generally calm and relaxed when feeding and content after most feeds				
will take deep rhythmic sucks and you will hear swallowing*				
will generally feed for between 5 and 40 minutes and will come off the breast spontaneously				
has a normal skin colour and is alert and waking for feeds				
has not lost more than 10% weight				
Your baby's nappies: At least 5-6 heavy, wet nappies in 24 hours*				
At least 2 dirty nappies in 24 hours, at least £2 coin size, yellow and runny and usually more*				
Your breasts: Breasts and nipples are comfortable				
Nipples are the same shape at the end of the feed as the start				
Understands how using a dummy/nipple shields/infant formula can impact on breastfeeding				
Date				
Midwife's initials				
Midwife: if any responses not ticked: watch a full breastfeed, develop a care plan including revisiting positioning and attachment and/or refer for additional support. Consider specialist support if needed.				
Feeding plan commenced: Yes/No: Plan to be documented in main notes if required.				

*This assessment tool was developed for use on or around day 5.
If used at other times:

Wet nappies:	**Stools/dirty nappies:**
Day 1-2 = 1-2 or more	Day 1-2 = 1 or more, meconium
Day 3-4 = 3-4 or more, heavier	Day 3-4 = 2 (preferably more) changing stools
Day 6 plus = 6 or more, heavy	
Sucking pattern: Swallows may be less audible until milk comes in day 3-4	**Feed frequency:** Day 1 at least 3-4 feeds After day 1 young babies will feed often and the pattern and number of feeds will vary from day to day. Being responsive to your baby's need to breastfeed for food, drink, comfort and security will ensure you have a good milk supply and a secure happy baby.

Adapted from © Unicef UK Baby Friendly Initiative Breastfeeding assessment tool.

Mid Essex Hospital Services NHS
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 & Treatment		
DATIX completed	**Yes** ☐	**No** ☐
DATIXWEB number		

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

Referral to Infant Feeding Specialist Clinic

Friday 09.00-11:30 appointment only NIPE room, Broomfield hospital.

Mother	
Hospital number	
Name	
Contact information including email address	
Baby	
DOB	
Birth Weight	
Brief summary of feeding issue and what help has been provided.	

Completed forms to be emailed to Cher.smith@nhs.net via an nhs.net account.

Cher Smith Specialist Midwife for Infant Feeding
Landline 01245 513676
Mobile 07887636741