

THE MANAGEMENT OF BREAST FEEDING IN THE POSTNATAL PERIOD	CLINICAL GUIDELINES Register no: 09111 Status:
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1.2	Denise Gray – Post PFI move	May 2011

It is the personal responsibility of the individual referring to this document to ensure that they are viewing the latest version which will always be the document on the intranet

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1.0 Purpose of Guideline

- 1.1 This guideline is designed to inform, and instruct Trust staff in how to support breast feeding in healthy term infants.

2.0 Equality and Diversity

- 2.1 The 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 To ensure that breast feeding is seen by all staff and parents as the normal way to feed a newborn baby.
- 3.2 To ensure that the health benefits of breast feeding and the potential health risks of formula feeding are discussed with all patients, so that they are able to make a fully informed choice about how they will feed their baby.
- 3.3 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 up to the age of 2 years and beyond
- 3.3 To ensure that all members of staff in contact with breast feeding woman are competent and supported to give specialist and impartial advice.

4.0 Policy Statement

(Refer to the policy entitled 'Breast Feeding COP' (10086B))

- 4.1 The Trust believes that breast feeding is the healthiest way for a mother to feed her baby. We also recognise that breast feeding offers important health benefits to both mother and baby and provides a unique interaction which both feeds and comforts.
- 4.2 The Trust believes that all mothers have the right to receive clear and impartial information to enable them to make a fully informed choice as to how they feed and care for their babies.
- 4.3 Health care staff will not discriminate against any mother in her chosen method of infant feeding and will fully support her when she has made that choice.
- 4.4 The Trust will provide appropriate education and training to ensure that patient receives current, consistent and impartial information to support their chosen method of infant feeding.
- 4.5 This guideline is strongly supported by the Maternity Management and Supervisors of Midwives for the following reasons:
- To avoid conflicting advice; it is mandatory that all staff adhere to this policy. Any deviation from the policy must be justified and recorded in the patient's postnatal/neonatal health care records
 - The guideline should be implemented in conjunction with both the Trust's breast feeding policy and the mother's guide to the policy

- This guideline is designed to support breast feeding in healthy term infants. Any infant where an underlying medical issue exists or a problem is suspected should be referred to the appropriate guideline and a plan of care should be developed that supports this.
- It is the midwives' responsibility to liaise with medical staff should any concerns arise over the health of the baby
- No advertising of breast milk 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 mothers when deemed necessary
- Antenatal education should be given to patients on the health benefits of breastfeeding. No antenatal instruction in the preparation of formula feeding is permissible
- Parents who have made a fully informed choice to feed their babies artificially should be shown how to prepare formula feeds correctly, either individually or in small groups in the postnatal periods and any literature pertaining to making up of feeds or sterilising equipment should be distributed in the postnatal period only and not contain advertising of any brand of formula milk.
- Compliance with this guideline will be audited on an annual basis – see para 17.0

5.0 Communicating the Breastfeeding Guideline

- 5.1 This guideline is to be communicated to all health care staff that have any contact with pregnant patient and mothers. A copy is available for all staff to view on the intranet.
- 5.2. All staff should be orientated to the breast feeding guideline and policy as soon as they commence employment with the trust.
- 5.3. The policy and breast feeding 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.

6.0 Antenatal Promotion of Breast Feeding

- 6.1 All mothers should be informed of the benefits of breast feeding during the antenatal period. The infant feeding checklist in the patient's handheld notes should be completed by 34 weeks gestation to demonstrate discussion has taken place.
- 6.2 Wherever possible breast feeding should be mentioned at each antenatal appointment and opportunity given for pregnant women to ask pertinent questions. Appropriate literature should be given during the Antenatal period including 'The Mothers and Others Guide to Breast Feeding' wherever possible

- 6.3 All mothers should be informed of the benefits of skin to skin contact with their baby and the importance of early feeding initiation of feeding during the antenatal period.
- 6.4 All women should be advised to view the 'Bump to Breastfeeding' DVD during the Antenatal period. This can be viewed at www.bestbeginnings.org.uk/watch-fbtb
- 6.5 All pregnant women and breast feeding mothers should be encouraged to take a 10mcg supplement of Vitamin D to ensure adequate supplies whilst breastfeeding.
- 6.6 All pregnant mothers should be informed of common breast feeding problems and how to overcome them. They should also be informed of sources of support available in the event of breast feeding difficulties in the postnatal period.

7.0 Initiation of Breast Feeding

- 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, 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.

8.0 Showing Mothers how to Breast Feed and how to Maintain Lactation

- 8.1 All breastfeeding mothers should be offered help with breast feeding within 6 hours of delivery. A midwife or MCA should be available to assist mothers at all breastfeeds during her hospital stay.
- 8.2 Staff should ensure that mothers are offered the support necessary to acquire the skills of positioning and attachment; and recognise when her baby is feeding effectively. It is important they are able to explain the necessary techniques to the mother thereby helping her to acquire this skill for herself.
- 8.3 All breast feeding mothers should be taught the signs of common breast feeding problems and how to overcome them with self help mechanisms. They should also be made aware of all available sources of support and appropriate contact numbers.
- 8.4 All breast feeding Mothers should be shown how to hand express their milk. A leaflet entitled 'Expressing and storing breast milk' by the Breast Feeding Network should be available for women to use as a reference guide.
- 8.5 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 during periods of separation.

- 8.6 Mothers who are separated from their babies should be encouraged to begin expressing as soon as possible after delivery as early initiation has long term benefits for milk production.
- 8.7 Mothers who are separated from their babies should be encouraged to express milk at least eight times in a 24 hour period including at least once during the night. They should be taught to express both by hand and using a pump. For Mothers of premature babies this should be increased to 8-10 expressions including two overnight (between midnight and 6.00am)
- 8.8 Prior to discharge the midwife should discuss breast feeding and on-going support in the community. The midwife should discuss and provide further information leaflets entitled 'Off to the best start', '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 Breast Feeding

- 9.1 No water or artificial feed should be given to a breastfed baby except in clinical indication or 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.
- 9.2 Artificial formula should be given to breastfed babies only after every other option has been considered. Every effort should be made to encourage the mother to express breast milk to be given to the baby via cup or syringe. A proactive approach will reduce the need for artificial feeds to be given.
(Refer to the 'Guideline for Artificial Feeding on the Postnatal ward'. 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 choice. These discussions should always be recorded in the baby's notes.

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 should still apply wherever possible.

11.0 Baby-led Feeding

- 11.1 Demand feeding should be encouraged for all babies unless clinically indicated. Hospital procedures should not interfere with this principle wherever possible. Staff should ensure that mothers are aware of what is meant by demand feeding.
- 11.2 Mothers should be informed that it is acceptable to wake their babies if their breasts become overfull. The importance of night time feeding for milk production should be explained.
- 11.3 Staff should ensure that all new mothers are aware of the importance of feeding cues.

12.0 Use of Artificial Teats, Dummies and Nipple Shields

- 12.1 All staff should be aware that that the use of artificial teats and dummies should not be recommended during the establishment of breast feeding. Parents who wish to use them should be made aware of the possible detrimental effects such use may have on breast feeding to enable them to make a fully informed choice. A record of any such discussion and the parents' decision should be recorded in the notes.
- 12.2 Nipple shields should only be recommended in extreme circumstances and then for as short a time 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.

13.0 Breast Feeding 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 Telephone numbers of midwives, the Specialist midwife for infant feeding and other professional support should be given to all breastfeeding mothers in the postnatal period. (Refer to Appendix A)
- 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 policy through involvement in appropriate meetings.

14.0 Supporting Infant Nutrition

- 14.1 All mothers who express a wish to formula feed should receive instruction on correct preparation of feeds prior to discharge from hospital. (Refer to the guideline entitled 'Management of artificial feeding on the postnatal ward'; register number 09110)
- 14.2 All breastfeeding mothers should be receive a breastfeeding assessment at 5 days postnatal to ensure optimal positioning and attachment are achieved and to resolve any early breastfeeding difficulties that may have arisen

- 14.2 All babies should have their weight monitored in accordance with Department of Health guidelines 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 Lead Midwife for Infant Feeding for guidance.
- 14.3 All babies referred back into 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 with attached risk event form to ensure correct follow up of all readmitted infants. The proforma and risk event form should be sent to the Specialist Midwife for Infant Feeding.
(Refer to Appendix C)

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 patients and mothers to breastfeed and helping them to overcome any related problems.
- 15.3 All professional and support staff who have contact with pregnant patients 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 in 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 covers all Ten Steps to Successful Breastfeeding will be available for all staff training. (Refer to Appendix B)
- 15.7 All wards areas will have a copy of the breastfeeding policy and all staff will be expected to familiarise themselves with the contents in order to provide breastfeeding support without conflicting advice.
- 15.8 Informing pregnant patients of the benefits and management of breastfeeding
- 15.9 All staff involved with pregnant patients during the antenatal period should ensure that they are informed of the benefits of breastfeeding and the potential health risks of artificial feeding.

15.10 All pregnant patients 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.

15.11 The physiological basis of breastfeeding should be clearly and simply explained to all pregnant patients, 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, the Maternity annual audit work plan and the NHSLA/CNST requirements. The Audit Lead in liaison with the Risk Management 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.

17.4 The findings of the audit will be reported to and approved by the Maternity 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 Maternity Directorate Governance Meeting (MDGM) 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.

17.7 Key findings and learning points will be disseminated to relevant staff.

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

Righard L and Alade M.O. Effect of Delivery room routines on success of first breastfeed
Lancet 1990; 336: 1105-1107

Royal College of Midwives. Successful Breastfeeding. 3rd Edition. London:Churchill Livingstone 2002

Unicef Baby Friendly Initiative. The ten steps to successful Breastfeeding.

National Institute for Clinical Excellence. Postnatal Care Guidelines CG37 (2006)
London. NICE

National Institute for Clinical Excellence. Maternal and Child Nutrition PH11. (2008).
London. NICE

Breastfeeding Support Groups

All breastfeeding mothers should be given a list of support groups at the time of discharge.

There are various ways of accessing breastfeeding support but it is important to remember that many of the support services are run by volunteers- often mothers who have breastfed.

Support services available to women include:

- Community Midwife/MCA
- Infant feeding Midwife- 07887 636746/01245 513676
- Health Visitor
- Peer Supporters
- Local Breastfeeding groups

Other support services:

National Breastfeeding Helpline: 0300 100 0212

www.breastfeeding.nhs.uk

The Breastfeeding network Supporterline: 0300 100 0210

www.breastfeedingnetwork.org.uk

Enquiries: enquiries@breastfeedingnetwork.org.uk

La Leche League helpline: 0845 120 2918

www.laleche.org.uk

Enquiries: enquiries@laleche.org.uk

The National Childbirth Trust Breastfeeding helpline: 0300 33 00 771

www.nctpregnancyandbabycare.com

Association of Breastfeeding Mothers helpline:

0870 401 7711

www.abm.me.uk

Enquiries: info@abm.me.uk

TAMBA- Twins and Multiple Birth Association:

01483 304442

www.tamba.org.uk

Enquiries: enquiries@tamba.org.uk

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

**Proforma for Babies with Feeding Problems
(First 28 Days of Life)**

Baby's Surname:			
Baby's Hospital Number:			
Baby's NHS Number			
Mother's Surname:			
Mother's First Name			
Mother's Hospital Number:			
Address:			
Date of Birth:			
Date & Time of Admission:			
Ward:			
Type of Feeding:			
Birth Weight:			
Weight Loss:			
Summary of Admission & Treatment:			
Datix Form Attached:	Yes:		No:

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