

BREAST FEEDING Clinical Operation Policy	Policy Register no: 12019 Status: Public
-----------------------------------------------------	---------------------------------------------------------

Developed in response to:	NHSLA/ CNST requirement The UNICEF Baby Friendly Initiative requirement NICE Guidance
Contributes to CQC Outcome No:	4

Consulted With	Post/Committee/Group	Date
Matt Bushell Dr Agrawal Miss Joshi Meredith Deane Zoe Oddy Marie Finch Dionne Wilson Deb Cobie Liz Stewart Sandie Morton Nance Diane Roberts Carole Hughes Sharon Pilgrim Judy Evans Sarah Moon	Director of Business Development and Performance Clinical Director for Women's, Children's and Sexual Health Directorate Consultant for Obstetrics and Gynaecology Head of Midwifery/Nursing for Women's, Children's Services Child Health Improvement Lead- Central Essex Community Services Health Improvement Specialist Breastfeeding-Central Essex Community Services Health Improvement Specialist Breastfeeding- Central Essex Community Services Maternity Risk Management Information Governance Manager Clinical Nurse Specialist Learning Disabilities Lead Midwife for Safeguarding Senior Community Midwife Advanced Neonatal Nurse Practitioner Practice Development Midwife Specialist Midwife for Guidelines and Audit	April 2012
Professionally Approved By		
Miss Rao	Lead Consultant for Obstetrics and Gynaecology	April 2012

Version Number	1.0
Issuing Directorate	Women's, Children's and Sexual Health Directorate
Approved by	Documents Ratification Group
Approved on	24th May 2012
Trust Executive Board Date	June/July 2012
Implementation date	14th June 2012
Next Review Date	April 2015
Author/Contact for Information	Denise Gray, Specialist Midwife Infant Feeding
Policy to be followed by (target staff)	Midwives, Neonatal Nurses, Paediatricians, ANNP
Distribution Method	Intranet and Website; Notified on Staff Focus
Related Trust Policies (to be read in conjunction with)	04071 Standard Infection Prevention 04072 Hand Hygiene 09110 Management of Artificial feeding in the postnatal period 09111 Management of Breast feeding in the postnatal period 09127 Routine postnatal care of women and their babies Learning Difficulties Policy

Document Review History

Review No	Reviewed by	Review Date

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

INDEX

- 1. Purpose of the Policy**
- 2. Aims**
- 3. Background**
- 4. Equality and Diversity**
- 5. Trust Policy**
- 6. Communicating the Policy**
- 7. Training Healthcare staff**
- 8. Informing Women of the Benefits and Management of Breast Feeding**
- 9. Supporting the Initiation of Breast Feeding**
- 10. Showing Women how to Breast Feed and how to Maintain Lactation even if they are Separated from their Babies**
- 11. Supporting Exclusive Breast Feeding**
- 12. Rooming-in**
- 13. Baby-led Feeding**
- 14. Use of Artificial Teats, Dummies and Nipple Shields**
- 15. Breastfeeding Support Groups**
- 16. A Welcome for Breast Feeding Families**
- 17. Medication**
- 18. Contraindications to Breast Feeding**
- 19. Breast Feeding and Substance Misuse**
- 20.0 Mothers with Additional Needs**
- 21. Targets and Key Performance Indicators**
- 22. Care for Mothers who have Chosen to Feed their Newborn with Infant Formula**
- 23. References**

Appendix A Equality Impact Assessment

Appendix B Support for Mothers who have a diagnosis of Learning Disability/Autism

1.0 Purpose of the Policy

- 1.1 To ensure that the health benefits of breast feeding as opposed to formula feeding are discussed with all parents and their families as appropriate, so that they can make an informed choice about how they feed their babies.
- 1.2 To create an environment that allows parents to choose to breast feed their babies and to provide parents with sufficient information and support to enable them to breastfeed exclusively for at least six months.
- 1.3 To enable all appropriately trained community staff/volunteers to provide support to breastfeeding mothers.
- 1.4 To promote the notion that breast feeding is the most natural way to feed a baby.
- 1.5 To encourage family and social support for the breast feeding mother and in particular from fathers/partners.
- 1.6 To provide support to mothers who return to work within the first six months to enable them to continue to breastfeed.

2.0 Aims

- 2.1 This policy aims to ensure that the health benefits of breast feeding and the potential health risks of formula feeding are discussed with all women and their families to enable them to make an informed choice about how they will feed their babies.
- 2.2 This policy aims to enable the partnership to create an environment where more women choose to breast feed their babies and where women are given sufficient information and support to enable them to exclusively breastfeed for 6 months and then as part of their infant's diet beyond the first year.
- 2.3 This policy aims to encourage collaboration across all health care professionals to ensure a seamless delivery of care, together with the development of a breast feeding culture throughout the local community.

3.0 Background

- 3.1 Breastfeeding is an important Public Health measure. There is increasing evidence to demonstrate that breast feeding conveys short term and long term benefits to both infant and mother. As well as providing complete nutrition for the development of healthy infants, human breast milk has an important role to play in the prevention of conditions including gastroenteritis, respiratory infections, ear infections, allergies, obesity and juvenile onset insulin dependent diabetes mellitus. Mothers who breast feed have a reduced risk of developing breast and ovarian cancer and osteoporosis.
- 3.2 Central Essex Community Services and Mid Essex Hospital Trust (The Partnership) believes that breast feeding is the healthiest way for a mother to feed her baby and recognises the important health benefits now known to exist for both the mother and her child.
- 3.3 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. Health care staff will not discriminate against any woman in her chosen method of feeding and will fully support her when she has made that choice.

- 3.4 All parents have the right to make a fully informed choice as to how they feed and care for their babies. The provision of clear impartial information to all parents at an appropriate time is therefore essential.
- 3.5 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.

4.0 Equality and Diversity

- 4.1 The Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.
- 4.2 The Equality Impact Assessment Form (EIA) form has been compiled and the following categories were identified and are being addressed:
- Race and ethnicity
 - Religion, faith and belief
 - Disabilities
- (Refer to Appendix A for details of the EIA form)

5.0 Trust Policy

- 5.1 This policy is based on the UNICEF Hospital and Community Best Practice Standards and sample policies and the UNICEF guidance regarding the production and implementation of policies to support breast feeding
- 5.2 The policy is aimed at all health care workers within the auspices of Mid Essex who have contact with pregnant women, parents/carers of infants or their families. This includes GPs, Practice Nurses, Paediatricians, Health visiting Teams, Midwives, Dieticians, volunteer workers and any other relevant staff groups.
- 5.4 It is mandatory that all staff adhere to this policy to avoid conflicting advice. Any deviation from the policy must be justified and recorded in the mother's and/or baby's health-care records. The policy should be implemented in conjunction with Mid Essex Hospitals Trust Breast feeding guideline entitled 'Management of breast feeding in the postnatal period'; register number 09111 and the 'Mothers Guide to the Mid Essex breast feeding Policy'. This should be done in the context of professional judgement and codes of conduct.
- 5.5 It is the responsibility of all health care professionals to liaise with medical staff (paediatrician or GP) should concerns arise about the baby's health and wellbeing.
- 5.6 All guidelines that support infant feeding and the management of common complications will be drawn up and agreed by a multi-disciplinary team of professionals with clinical responsibility for the care of mothers and babies.
- 5.7 Health Visitors and midwives have the primary responsibility for supporting breast feeding women and their families and for helping them to overcome related problems.
- 5.8 Health care workers will attend regular training around breast feeding to ensure they are appropriately skilled and have current knowledge.

- 5.9 There should be no advertising of breast milk substitutes, feeding bottles, teats or dummies throughout the Mid Essex area. The display of logos or manufacturers details on any product including calendars and stationary is also strictly prohibited.
- 5.10 No literature provided by manufacturers of breast milk substitutes is permitted. Any educational materials for distribution to women or their families must be approved by a designated lead professional for the area.
- 5.11 Logos of infant formula manufactures must not be displayed in any premises where women are receiving care within Mid Essex. Display, promotion or advertising of breast milk substitutes, feeding bottles, teats or pacifiers is prohibited in any of these premises.
- 5.12 Parents who make 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 period. No routine group instruction on the preparation of artificial feeds may be given in the antenatal period as evidence suggests that information given at this time may be less well retained and may also serve to undermine breast feeding.
- 5.13 Women who are HIV positive are advised not to breast feed. All staff working with HIV positive mothers should be aware of guidance relating to breast feeding and HIV and should support women appropriately (see section below page 11).
- 5.14 Healthy start Vouchers and Healthy Start vitamin supplements will be promoted to families who are eligible to receive them.
- 5.15 The policy will be reviewed annually by the breast feeding group. Compliance with the policy will be audited on an annual basis to comply with Baby Friendly best practice.

6.0 Communicating the Breastfeeding Policy

- 6.1 This policy is to be communicated to all staff who have any contact with pregnant women, parents/carers and their families.
- 6.2 All new staff will be orientated to the policy as soon as their employment begins as part of their induction and signposted to the policy which will be available on the CECS and Mid Essex intranet.
- 6.3 The policy (or a mother's guide to the policy*) will be displayed in all premises of Mid Essex including General Practice premises and Children's Centres that serve mothers and babies. The policy will be effectively communicated to all pregnant women with the aim of ensuring that they understand the standard of information and care expected from this partnership. A *mother's guide will be used in place of a full policy, and the full version will be available in each area on request. A statement to this effect will be included on the mother's guide. The policy will also be available in electronic form

7.0 Training Healthcare Staff

- 7.1 Maternity unit staff and locality health visiting teams have the primary responsibility for supporting breastfeeding women and helping them to overcome related problems. All professional, GPs and support staff who come into contact with pregnant women, parents/carers or their families will receive Mandatory training in breast feeding management at a level appropriate to their professional group.
- 7.2 New staff will receive training within 6 months of commencing their posts. Health professionals will receive training in the skills needed to support mothers who have

chosen to formula feed which will include the safe preparation and storage of formula feeds and safe sterilisation of feeding equipment. Professional and support staff will receive training at a level appropriate to their roles and responsibilities.

- 7.3 Medical staff have a responsibility to promote breast feeding and provide appropriate support to breast feeding mothers. Information and training will be provided to enable them to do this.
- 7.4 All clerical and ancillary staff will be orientated to the policy and will receive training to enable them to refer breast feeding queries appropriately.
- 7.5 Written curricula which clearly cover all of the UNICEF Ten steps to successful breast feeding and Seven Point Plan for Sustaining Breastfeeding in the Community will be available for all staff training.

8.0 Informing Pregnant Women of the Benefits and Management of Breast Feeding

- 8.1 It is the responsibility of all health professionals within the partnership to ensure that all pregnant women are aware of the benefits of breast feeding and the potential health risks of formula feeding.
- 8.2 All pregnant women should be given the opportunity to discuss infant feeding on an individual basis with a health care professional. Discussions regarding infant feeding should not solely be attempted during a group parent craft class. This should be achieved by 34 weeks completed weeks of pregnancy. All women should also receive an antenatal breastfeeding pack with a full explanation of the contents and 'The Mothers and Others Guide to Breastfeeding', ideally between 28-34 weeks pregnant.
- 8.3 The physiological process of breast feeding 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 being to give women confidence in their ability to breastfeed.
- 8.4 All parent education classes should reinforce the messages detailed above.
- 8.5 All health professionals and staff will inform mothers about targeted interventions to promote breastfeeding and where appropriate, directly refer women to these services.
- 8.6 Information will be provided to women about local services to support and promote breast feeding including targeted services.

9.0 Supporting the Initiation of Breast Feeding

- 9.1 An assessment of the mother and baby's progress with breast feeding will be undertaken at the primary visit by community healthcare staff and an individualised plan of care developed as necessary. The assessment will ensure that breast feeding women understand and be aware of the following:
 - Know the signs which indicate that their baby is receiving sufficient milk and what to do if they suspect that this is not the case
 - Know how to recognise signs that breast feeding is not progressing normally (e.g. sore nipples, inflammation)
 - Know why effective feeding is important and are confident with positioning and attachment. Health care workers should ask about, and where possible observe, the progress of breast feeding at each contact with a breast feeding mother. This will

enable early identification of any potential complications and allow appropriate information to be given to prevent or remedy them.

- Know where and how to access help (both support groups and telephone contact)

- 9.2 All mothers should be encouraged to hold their babies in skin to skin contact as soon as possible after delivery in an unhurried environment, regardless of their intended feeding method. Skin to skin contact should last for at least one hour or until after the first breastfeed (whichever is sooner).
- 9.3 If skin to skin contact is interrupted for clinical reasons it should be re-instigated as soon as mother and baby are able.
- 9.4 All women should be encouraged to offer the first breast feed when mother and baby are ready. Help should be available from Maternity staff if needed.
- 9.5 Skin to skin contact should be promoted at any stage within the community setting to support breast feeding, comfort unsettled babies and resolve difficulties with attachment and breast refusal.
- 9.6 Handover of care from Midwife to Health Visitor will follow standard procedure in the form of written communication (within the Midwifery Discharge summary) to ensure a seamless transition of care for new mothers. This will be audited annually by the Mid Essex Breastfeeding Service
- 9.7 All women should be contacted within 24 hours post birth or transfer to home by a Midwife (either in person or by telephone) to discuss feeding, as part of wider discussions.

10.0 Showing Women how to Breast Feed and Maintain their Lactation even if Mother and Baby are Separated

- 10.1 All breast feeding mothers should be offered further help with breastfeeding within 6 hours of delivery.
- 10.2 A midwife or maternity care assistant should be available to assist a mother if necessary at all breastfeeds during her hospital stay.
- 10.3 Infants who are initially reluctant to breast feed should be managed in accordance with the guideline entitled 'Management of babies that are reluctant to breast feed'; register number 11043)
- 10.4 Maternity and Health Visiting teams should ensure that mothers are offered the support necessary to acquire the skills of positioning and attachment. They should be able to explain the necessary techniques to the mother, thereby helping her to acquire the skills for herself.
- 10.5 Prior to transfer home, all breast feeding mothers should be shown how to hand express their milk. The leaflet 'Off to the Best Start' which outlines the process should be provided for women to use as reference.
- 10.6 Community based health professionals should ensure that Mothers is aware of the value of hand expression, for example in the proactive treatment of a blocked duct to prevent the development of mastitis. A leaflet on hand expression should be provided for women to use for reference.

- 10.7 Prior to transfer home, all breast feeding mothers will receive information, both verbal and in writing about how to recognise effective feeding cues to include:
- The signs which indicate their baby is receiving sufficient milk, and what to do if they suspect this is not the case
 - How to recognise that breast feeding is not progressing normally (e.g. sore nipples, breast inflammation).
- 10.8 An assessment of breast feeding will be carried out at around day five to determine whether effective milk transfer is taking place and whether further support with breastfeeding is required.
- 10.9 An assessment of the mother and baby's progress with breast feeding will be undertaken at the primary visit by the Health Visiting team and an individualised plan of care developed as necessary. This will build on initial information and support provided by the maternity services, to ensure new skills and knowledge is secure. It will enable early identification of any potential complications and allow appropriate information to be given to prevent or remedy them.
- 10.10 It is the responsibility of those health professionals caring for both mother and baby to ensure the mother is given help and encouragement to express her milk and maintain her lactation during periods of separation from her baby. 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 on milk production. Mothers who are separated from their babies should be encouraged to express milk at least 8 times in a 24 hour period. They should be shown how to express by hand and by pump.
- 10.11 All breast feeding mothers returning to work should be given information which will support them to continue breastfeeding and maintain lactation at this time.
- 10.12 Mothers should be encouraged to keep their babies near them so that they can learn to interpret their babies' needs and feeding cues.
- 10.13 All mothers will be given appropriate information about safe bed sharing and a leaflet should be given to all mothers.

11.0 Supporting Exclusive Breastfeeding

- 11.1 For the first six months, breast-fed babies should receive no water or artificial feed except in cases of medical indication or fully informed parental choice. In hospital, no water or artificial feed should be given to a breastfed baby unless prescribed by a Midwife or paediatrician who has been appropriately trained. Once home, no water or artificial feed is to be recommended for a breastfed baby by a member of staff unless they are trained in lactation management.
- 11.2 Prior to introducing artificial milk to breast-fed babies, every effort should be made to encourage the mother to express breast milk which can be given to the baby as an alternative.
- 11.3 Parents should always be consulted if supplementary feeds are recommended and the reasons discussed with them in full. Any supplements which are prescribed or recommended should be recorded in the baby's hospital notes or health record along with the reason for supplementation.

- 11.4 Parents who request supplementation should be made aware of the possible health implications and the harmful impact such action may have on breast feeding to enable them to make a fully informed choice. A record of this discussion should be recorded in the baby's notes.
- 11.5 All mothers should be encouraged to breastfeed exclusively for 6 months and to continue breast feeding for at least the first year of life. They should be informed that solid foods are not recommended for babies under the age of 6 months. All weaning information should reflect this advice.

12.0 Rooming-in

- 12.1 Mothers will normally assume primary responsibility for the care of their babies. Separation of mother and baby while in hospital will normally occur only where the health of either mother or her infant prevents care being offered in the postnatal areas. If there is no designated nursery space in the hospital postnatal areas babies should not be routinely separated from their mothers at night. This applies to babies who are bottle fed as well as those being breast-fed. Mothers who deliver via caesarean section should be given appropriate care, but the policy of keeping mother and baby together should normally apply.
- 12.3 Mothers will be encouraged to continue to keep their babies near them when they are at home so that they can learn to interpret their baby's needs and feeding cues. All mothers will be given appropriate information about co-sleeping including the leaflet 'sharing a bed with your baby'. All co-sleeping advice should be in accordance with the MEHT guideline entitled 'Management of bed sharing'; register number 0909.

13.0 Baby-led Feeding

- 13.1 Baby-led or demand feeding should be promoted for all healthy babies unless clinically indicated. Hospital procedures should not interfere with these principles. Staff will ensure that mothers understand the nature of feeding cues and the importance of responding to them and that they have an awareness of normal feeding patterns, including cluster feeding and growth spurts. The importance of night feeding for milk production should also be explained to mothers.
- 13.2 Mothers should be encouraged to continue to practise baby-led feeding throughout the time they are breast feeding. The importance of night time feeding for milk production should be explained to mothers.
- 13.3 All breast feeding mothers returning to work should be given information that will support them to continue breast feeding and maintain lactation at this time effects

14.0 Use of Artificial Teats, Dummies and Nipple shields

- 14.1 Health professionals should not recommend the use of artificial teats or dummies during the establishment of breastfeeding. Parents wishing to use them should be advised of the possible detrimental effects on breastfeeding such use might have on breastfeeding to enable them to make a fully informed choice. The information given and the parent's decision should be recorded in the appropriate health record.
- 14.2 The appropriate use of dummies for breast feeding babies later in the postnatal period should be discussed with mothers, together with the possible detrimental effects they may have on breastfeeding (in relation to demand feeding), to enable them to make fully informed choices about their use.

14.3 Nipple shields will not be recommended except in extreme circumstances and then only for as short a time as possible. Any mother considering using a nipple shield must have the disadvantages fully explained to her prior to commencing use. She should be under the care of a skilled practitioner whilst using the shield and should be given help to discontinue use as soon as possible.

15.0 Breastfeeding Support Groups

15.1 All mothers should be encouraged to breast feed exclusively for at least six months, not to introduce other food or drink until around six months and to continue breast feeding for at least the first year of life and up to 2 years and beyond. All weaning information should reflect this.

15.2 For the first six months, water or formula feed is not recommended except in cases of medical indication or fully informed parental choice. Parents who elect to supplement their baby's breast feeds with formula milk should be made aware of the health implications and of the harmful impact supplementation may have on breast feeding to allow them to make a fully informed choice.

15.3 This partnership supports co-operation between health professionals and the additional voluntary support groups whilst recognising that health professionals have their own responsibility to promote breast feeding.

15.4 Sources of national and local support should be identified and mothers given verbal and written information about these prior to transfer home from hospital, to include:

- Telephone numbers of midwives
- Infant feeding advisors
- Health visitors and health
- Improvement specialist who will provide support with breastfeeding
- Other professional support
- Contact details for voluntary breast feeding support (including breastfeeding peer supporters)
- Local and national breast feeding helpline numbers

15.5 Health visiting teams will ensure mothers have all of the above information, together with details of all local initiatives to support breast feeding.

15.6 Mothers with a learning disability can overcome most obstacles with additional support tailored to their needs. For example breastfeeding can be taught through behavioural modelling, using visual manuals and audiotape instructions, and using simple behavioural instructions in an accessible format. They will also learn more effectively and gain in confidence where they are given praise and feedback, and where feeding tasks/techniques are broken down into simpler parts.
(Refer to Appendix B)

15.7 Breast feeding support groups (including breastfeeding peer supporters) will be invited to contribute to further development of the breast feeding policy through involvement in appropriate meetings including the Mid Essex Breast feeding Strategy group.

16.0 A Welcome for Breast Feeding Families

- 16.1 Breast feeding will be regarded as the normal way to feed babies and young children. Mothers will be enabled and supported to feed their infants in all public areas of Mid Essex. Comfortable facilities will be made available for mothers who prefer privacy. Signs in all public areas occupied by the partnership will inform users of this policy. All breastfeeding mothers will be supported to develop strategies for breastfeeding outside the home and will be provided with information about places locally where breastfeeding is known to be welcomed.
- 16.2 Community health professionals will use their influence wherever possible to promote awareness of the needs of breastfeeding mothers in the local community, including cafes, restaurants and public facilities.
- 16.3 All breastfeeding mothers will be provided with up to date details and contact numbers of breast feeding counsellors and support groups including local and national services. Contact details will be routinely displayed in all public areas of health premises and Children Centres.
- 16.4 Breast feeding support groups will be invited to contribute to further development of the breast feeding policy through involvement in appropriate meetings

17.0 Medication and Breast Feeding

- 17.1 Medications taken by the mother may be passed to the baby through breast milk. Women should be encouraged to inform their doctor and pharmacist that they are breast feeding. Where a mother is taking prescribed or over the counter medication, advice should be sought regarding safe breast feeding.

18.0 Contra-indications to Breast Feeding

18.1 Infants Born to Human Immuno-deficiency Virus (HIV) Positive Mothers

- 18.2 In line with Department of Health guidance, women infected with HIV should be advised not to breastfeed in order to reduce the risk of transmission. They should be given support and guidance around safe artificial feeding. However, if a mother who is HIV positive still wishes to breast feed, specialist advice should be sought.
- 18.3 All training for healthcare professionals should include information about appropriate advice to be given to HIV positive mothers.
- 18.4 Staff should be aware that some women from cultures where breast feeding is the norm may be concerned that by not breastfeeding they are signalling their HIV status. In these circumstances staff may need to provide additional support to help prevent deductive disclosure of a woman's HIV status.
- 18.5 This policy complements MEHT guideline entitled 'Management of breast feeding in the postnatal period'; register number 09111; which outlines breast feeding policy for women delivering within Mid Essex Hospital Services NHS Trust or who are under the care of MEHT Community Midwifery Services.

19.0 Breast Feeding and Substance Misuse

- 19.1 Breast feeding is not advisable if the mother is:

- Chaotically using drugs
- Using large quantities of different drugs (poly drug use)
- Injecting drugs
- Using crack cocaine or cocaine
- Using large doses of amphetamines

19.2 In all other situations where the mother is using harmful substances, seek specialist advice from midwifery or specialist addictions staff.

20.0 Mothers with Additional Needs

20.1 Any mother identified as having additional needs will have her infant feeding care plan discussed during the antenatal period and documented as part of her pre birth assessment of needs. This will include the following mothers:

- Those with Learning difficulties including physical or mental impairment
- Mothers with mental health disorders
- Mothers with safeguarding concerns
- Any mother identified as vulnerable

20.2 Mothers who fall into any of these groups should still be facilitated to breastfeed wherever possible if that is their wish. Advice should be sought from the breastfeeding team and other relevant specialists

21.0 Targets and Key Performance Indicators

21.1 Data on method of feeding will be collected by Community Midwives on transfer to Community Midwifery care and by Health Visitors or GPs at the time of the 6-8 week review. The collection of this data for all babies under the care of the Trust is mandatory.

21.2 Breastfeeding at 6-8 weeks is a Vital Sign indicator and submission of data by the Trust is mandatory. The Trust is monitored on both prevalence of breast feeding and completeness of data collection.

21.3 GP's, Health Visitors and all other staff involved in carrying out 6-8 week reviews must ensure that all data arising from the review are recorded correctly on 'System One' (NHS records system used within the community) and in full in the Personal Child Health Record (PCHR) and the tear-off slip is returned to the Health Visiting team within required time limits.

21.4 The Health Visiting and Breast Feeding team are responsible for recording all information relating to breastfeeding at 6-8 weeks in the 'System One'.

21.5 Accountability and responsibility for policy implementation

21.6 The Mid Essex Breastfeeding Coordinators and Specialist Midwife for Infant Feeding are responsible for the implementation of this policy. The work of the Breastfeeding Coordinators including the implementation of this policy is overseen by the Breast Feeding Group.

22.0 Care for Mothers who have Chosen to Feed their Newborn with Infant Formula

- 22.1 All Health Care Professionals should ensure that mothers who have chosen to feed their newborn with infant formula are able to correctly sterilise equipment and make up a bottle of infant formula during the early postnatal period and before discharge from hospital.
- 22.2 Staff should ensure that mothers are aware of effective techniques for formula feeding their baby.
- 22.3 Community Midwives will check and reinforce learning following the mother's transfer home.
- 22.4 All information given should follow guidance from the Department of Health and literature given to mothers should reflect that mothers should be given contact details of health professional support available for feeding issues once they have left hospital.
- 22.5 Representatives from companies selling infant formula or other equipment associated with artificial feeding may liaise with the Trust Breast Feeding Coordinators and Specialist Midwife for Infant Feeding only. They are prohibited from having contact with any other staff members within the Trust.

23.0 References

<http://www.babyfriendly.org.uk/page.asp?page=20>

www.breastfeeding.nhs.uk

<http://www.babyfriendly.org.uk/page.asp?page=71>

Department of Health, HIV and Infant Feeding (2004)

<http://www.babyfriendly.org.uk/page.asp?page=71>

Department of Health, HIV and Infant Feeding (2004)

<http://www.babyfriendly.org.uk/page.asp?page=71>

Valuing People (DOH, 2001)

Good Practice Guidance on Working with Parents with a Learning Disability (DoH/DfES 2007)

'Inclusive support for parents with a learning disability' (Mencap 2011)

Equality Impact Assessment (EIA)

Title of document being impact-assessed: **Breast Feeding COP (10086B)**

Equality or human rights concern (see guidance notes below)	Does this item have any differential impact on the equality groups listed? Brief description of impact.	How is this impact being addressed?
Gender	Not an Issue	
Race and ethnicity	Language Barrier Access to female staff	Literature in a variety of languages to support infant feeding Female staff available Interpreting and translation Policy (09127)
Disability	Not an Issue	
Religion, faith and belief	Religious Practices	Religious beliefs supported Private feeding areas
Sexual orientation	Not an Issue	
Age	Not an Issue	
Transgender people	Not an Issue	
Social class	Not an Issue	
Carers	Not an issue	

Date of assessment: 15/05/12

Names of Assessor (s): Denise Gray – Specialist Midwife for Infant Feeding

Support for Mothers who have a diagnosis of Learning Disability/Autism

A person with an IQ of less than 70 can be diagnosed as having a learning disability. Around 7% of adults with a learning disability are parents and this figure is steadily rising but most have a mild to borderline impairment, which may make it difficult to identify them as they may not have a formal diagnosis.

Considerations for successful Breastfeeding:

It may be useful for Professionals to understand that Mothers with a learning disability whose special needs have to be adequately addressed by making some reasonable adjustments in care provision.

Some Mothers with LD/Autism may be reluctant to ask for support or say when they don't understand, issues surrounding feeding because of fears that this will raise child protection concerns.

Early intervention, practical and emotional support with breastfeeding improves outcomes and should be facilitated by someone with a positive attitude to people with learning disabilities

Communication issues

Mothers with LD/Autism can take comments made by health professionals at a literal level and therefore the tone and verbal instruction may be misunderstood: it is important to avoid jargon and idiom. They may also need the same information to be repeated several times.

Women with learning disabilities may not understand or remember the standard information given out during the antenatal period, and may appear to be unprepared for breastfeeding following birth.

Information needs to be presented in an accessible format which learning disabled Mothers can understand and relate to. Any resources offered should be highly visual and words and language used should be in plain English.

Written resources need to have:

- Pictures and colour
- Few words on a page
- Simple words
- Clear ordering of information
- Pictures containing only one item at a time.
- DVDs are a good way of communicating information.

Key Organisations:

CHANGE (www.changepeople.co.uk)

This is an organisation working for the rights of people with learning disabilities. They produce illustrated, easy read books for parents with learning disabilities: My Pregnancy, My Choice; You and Your Baby 0-1; you and Your Little Child 1-5.