Belfast Health and Social Care Trust
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Reference No: SG 126/09

Title:	**Infant Feeding policy for the Maternity and Neonatal Services**			
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Ownership:	[redacted] Specialist Hospitals and Women's Health Director			
Approval by:	Directorate Governance Approval Standards and Guidelines Committee Executive Team Meeting		**Approval date:**	12/05/2020 09/06/2020 05/08/2020
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Version No.	4	**Supersedes**	V3 – April 2015 – April 2018 (previously called Breastfeeding Policy for the Maternity and Neonatal Services)	
Key words	Breastfeeding, Baby Friendly, infant feeding, feeding guidelines, expressing, neonatal			
Links to other policies	BHSCT Management of the breastfed infant 'at risk' of hypoglycaemia in the postnatal ward (2011) SG 159/10 BHSCT Breast fed infant – sleepy reluctant to feed (2011) SG 158/10 BHSCT Guidelines for the use of mothers own expressed breast milk (MEBM) including storage, defrosting and administering of MEBM in the RJMS (2016) SG 186/11 BHSCT Guidelines for the use of Donor Expressed Breast Milk (DEBM) including storage, administering, tracking and tracing of DEBM in the RJMS (2016) SG 185/11 BHSCT Enteral Tube Feeding: Administration of milk feeds via an orogastric (OGT) or nasogastric (NGT) tube to a baby in the RJMS (2016) SG 58/16 BHSCT Guidelines for teaching staff and parents how to clean a breast pump including safe use of a Steri-Sac bag™ (2017) SG 222/13 BHSCT Prevention and Management of Excessive Weight Loss in Breastfed and Formula Fed Neonates and Infants BHSCT Colostrum Oral Immune Therapy Guideline (draft)			

Date	Version	Author	Comments
03/06/2019	3.1	[redacted]	2015 policy updated in line with recent evidence changes to UNICEF Baby Friendly Initiative standards
23/07/2019	3.2	[redacted]	Additional Neonatal guidance added to meet with UNICEF UK Neonatal Standards.
01/02/2020	3.3	[redacted]	Circulated - no comments/ feedback received. Forwarded to Margaret Rogan.

August 2020	1		Final version

1.0 INTRODUCTION / PURPOSE OF POLICY

The purpose of this policy is to ensure that all staff in the Belfast Trust Maternity Services [Royal Jubilee Maternity Service and Mater Midwife Led Unit] including the Neonatal Services understands their role and responsibilities in supporting expectant and new mothers and their partners to feed and care for their baby in ways which support optimum health and well-being.

All staff are expected to fully comply with this policy. (All staff refers to staff who have contact with pregnant or breastfeeding women)

The Trust believes that breastfeeding is the healthiest way for a woman to feed her baby and recognises the important health benefits now known to exist for mother and infant[1, 2, 3 &4].

All mothers have the right to make a fully informed choice as to how they feed and care for their babies; therefore the provision of accurate, up-to-date and impartial information to all parents at an appropriate time is essential.

This policy is designed to ensure good professional practice, not to dictate the choices of mothers and Trust staff will support all women in their chosen method of infant feeding.

1.1 Objectives

To ensure that all staff have a clear consistent standardised framework on which to base their care.

To provide clarity for staff when providing patient care.

2.0 SCOPE OF THE POLICY

This policy is intended to provide guidance for all healthcare staff who care for women antenatally, intranatally and postnatally.

2.1 Outcomes

This policy aims to ensure that the care provided improves outcomes for children and families, specifically to deliver:

- information to all antenatal women on the value of and simple messages relating to the management of breastfeeding
- an increase in breastfeeding initiation rates
- an increase in breastfeeding rates on transfer home from Maternity Units
- an increase in breastfeeding rates at 10 - 14 day and beyond

- an increase in the number of babies receiving breastmilk in the neo-natal unit
- an increase in the number of babies discharged home from the neo-natal unit either breastfeeding or breastmilk feeding
- amongst mothers who choose to formula feed, an increase in those doing so as safely as possible, in line with Regional guidance (Bottlefeeding Guidelines PHA) [5]
- improvements in parents' experiences of care by ensuring consistent and accurate infant feeding information
- a reduction in the number of re-admissions for feeding problems to the Children's Hospital Services
- information to mothers on where to get help with breastfeeding challenges and other infant feeding issues following discharge.

2.2 Our commitment

The Belfast Trust Maternity Services are committed to:

- Providing the highest standard of care to support expectant and new mothers and their partners to feed their baby and build strong and loving parent- infant relationships. This is in recognition of the profound importance of early relationships to future health and well-being, and the significant contribution that breastfeeding makes to good physical and emotional health outcomes for children and mothers[6]. This commitment is supported by 'Breastfeeding – A Great Start the Northern Ireland regional Breastfeeding Strategy'[7]
- Ensuring that all care is mother and family centred, non-judgemental and that mothers' decisions are supported and respected.
- Working together across disciplines and organisations to improve mothers / parents' experiences of care.

As part of this commitment the service will ensure that:

- All new staff are orientated to this policy on commencement of employment (ideally within the first week).
- All staff will receive training to enable them to implement the policy as appropriate to their role. New staff will receive this training within six months of commencement of employment.
- The International Code of Marketing of Breast-milk Substitutes [8] is implemented throughout the service.
- All documentation fully supports the implementation of these standards.
- Parents' experiences of care will be listened to through:
- Comment cards
- regular audit using the Baby friendly Initiative audit tool[9] (minimum annually)

3.0 ROLES/RESPONSIBILITIES

- CEO- overall responsibility for monitoring adherence to the policy
- Senior Management of Maternity Services- responsibility for implementation, monitoring compliance and updating of the policy
- Medical Obstetric/ Neonatal Teams in Maternity services and midwifery and Nursing teams -
  It is important that all Maternity Service staff implement and adhere to this policy to avoid conflicting advice. Any deviation from the policy should be recorded in the maternity records with the reason for the variance. This should be done in the context of professional judgement and codes of conduct.

4.0 KEY POLICY PRINCIPLES

4.1 Care Standards- Maternity Services

This section of the policy sets out the care that the Trust is committed to giving each and every expectant and new mother. It is based on the UNICEF UK Baby Friendly Initiative Standards for maternity services[10] and relevant NICE guidance. [11, 12]

4.2 Pregnancy

All pregnant women will have the opportunity to discuss feeding and caring for their baby with a health professional (or other suitably trained designated person). This discussion will include the following topics:

- The value of connecting with their growing baby in utero
- The value of skin to skin contact for all mothers and babies
- The importance of responding to their baby's needs for comfort, closeness and feeding after birth, and the role that keeping their baby close has in supporting this
- Feeding, including :

1. An exploration of what parents already know about breastfeeding
2. The value of breastfeeding as protection, comfort and food
3. Getting breastfeeding off to a good start.

4.3 Birth

- **All** mothers will be offered the opportunity to have uninterrupted skin to skin contact with their baby at least until after the first feed, for a minimum of one hour and for as long as they want, so that the instinctive behaviour of breast seeking (baby) and nurturing (mother) is given an opportunity to emerge.
- All mothers will be encouraged to offer the first breastfeed in skin to skin contact when the baby shows signs of readiness to feed. The aim is not to rush the baby to the breast but to be sensitive to the baby's instinctive process towards self-attachment.
- When mothers choose to formula feed they will be encouraged to offer the first feed in skin to skin contact ensuring the baby remains warm.
- Those mothers who are unable (or do not wish) to have skin to skin contact immediately after birth, will be encouraged to commence skin to skin contact as soon as they are able, or so wish.
- Mothers with a baby on the neonatal unit are:

➢ Enabled to start expressing milk as soon as possible after birth (ideally within **two** hours unless maternal health prevents this)

➢ Supported to express effectively at least 8 times within 24 hours including at night

It is the joint responsibility of midwifery and neonatal unit staff to ensure that mothers who are separated from their baby receive this information and support

Safety considerations

Vigilance as to the baby's well-being is a fundamental part of postnatal care in the first few hours after birth. For this reason, normal observations of the baby's temperature, breathing, colour and tone should continue throughout the period of skin contact, in the same way as would occur if the baby were in a cot. Observations should also be made of the mother, with prompt removal of the baby if the health of either gives rise to concern.

It is important to ensure that the baby cannot fall on to the floor or become trapped in bedding or by the mother's body. Particular care should be taken with the position of the baby, ensuring the head is supported so the infant's airway does not become obstructed.

Many mothers can continue to hold their baby in skin-to-skin contact during perineal suturing. However, adequate pain relief is required, as a mother who is in pain is unlikely to be able to hold her baby comfortably or safely. Mothers should be discouraged from holding their baby when receiving analgesia which causes drowsiness or alters their state of awareness (e.g. entonox).

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

4.4 Support for Breastfeeding

- Mothers will be enabled to achieve effective breastfeeding according to their needs including appropriate support with:
- positioning and attachment,
- hand expression,
- Understanding signs of effective feeding.
  This will continue until the mother and baby are feeding confidently.

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

- A formal feeding assessment will be carried out using BFI Maternity Breastfeeding Assessment Tool[13] in postnatal section of RHHR (Regional Hand Held Record) and/or PCHR (Personal Child Health Record) page 10 as often as required in the first week with a **minimum** of two assessments to ensure effective feeding and the well-being of mother and baby. These two standard assessments will take place both in hospital and in the Community settings on day 3 and day 5 as per BHSCT guidelines[14]. This assessment will include a dialogue / discussion with the mother to reinforce what is going well and where necessary develop an appropriate plan of care to address any issues that have been identified. On discharge to the Health Visitor the Community Midwife should file a copy of the completed page 10 (PCHR) into the MHHR or community notes.

- Mothers with a baby on the neonatal unit will be supported to express as effectively as possible. Therefore they will be encouraged to express ideally within 2 hours of the birth and at least 8 times in 24 hours including at least once during the night with no longer than a 5 hour gap between any 2 expressions. They will be shown how to express by both hand and pump.

- Before transferring to the care the care of the Community Midwives, breastfeeding mothers will be given information both verbally and in writing about recognising effective feeding.

- All breastfeeding mothers, on discharge/transfer home, will receive both written and verbal information about the local support services for breastfeeding and where to call for additional help, if required. These include contacts for hospital wards and community midwives, local support groups, voluntary National Breastfeeding helpline services and Peer support where available.

- For mothers requiring additional support for more complex breastfeeding challenges, a referral to the BHSCT Infant feeding Lead should be made. Referrals should be through the midwife/health professional using the digital referral pathway. See appendix 1 for referral form and appendix '2' referral pathway. Breastfeeding mothers will be made aware that specialist help can be sought

Responsive Breastfeeding

The term responsive feeding (previously referred to as 'demand' or 'baby-led' feeding) is used to describe a feeding relationship which is sensitive, reciprocal, and about more than nutrition. Staff should ensure that mothers have the opportunity to discuss this aspect of feeding and reassure mothers that:

- breastfeeding can be used to feed, comfort and calm babies;
- breastfeeds can be long or short,
- breastfed babies cannot be overfed or 'spoiled' by too much feeding

and that breastfeeding itself will not, tire mothers any more than caring for a new baby without breastfeeding. http://unicef.uk/responsivefeeding

4.5 Exclusive breastfeeding

- Mothers who breastfeed will be provided with information about why exclusive breastfeeding leads to the best outcomes for their baby and why it is particularly important during the establishment of breastfeeding.

- When exclusive breastfeeding is not possible, the value of continuing partial breastfeeding will be emphasised and mothers will be supported to maximise the amount of breastmilk their baby receives.

- Mothers who give other feeds in conjunction with breastfeeding will be enabled to do so as safely as possible and with the least possible disruption to breastfeeding. This will include appropriate information and a discussion regarding the potential impact of introducing a teat when a baby is learning to breastfeed.

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

- Supplementation rates will be audited continuously by the NIMATS system and intermittently using the Baby friendly Audit Tool

4.6 Modified feeding regimes

- There are a number of clinical indications where employing a modified feeding regime in the **short term may** be necessary. Identifying these babies and providing a proactive approach following the appropriate guidance together with ensuring frequent feeding, including a minimum number of feeds in 24 hours, should be offered to ensure safety.

- For babies who would be deemed at a greater risk of hypoglycaemia, advice can be obtained from the BHSCT Guideline for the Identification and Management of Infants >35weeks gestation 'at risk' of Hypoglycaemia[15]

- Other groups of babies where a modified regime **may** be indicated are

  - Jaundice which is not resolving
  - Weight loss greater than 10% of birth weight at 72 hours in accordance with guideline[14]
  - those who are excessively sleepy after birth and reluctant to feed[16]

- Where a mother decides to only express to provide her milk for her baby, either by choice or in a situation where medically diagnosed anatomical variations occur (e.g. cleft palate, Edwards syndrome) making feeding at

the breast insurmountable, she should be supported to do so with appropriate information to enable her.

4.7 Formula feeding

- Mothers who have chosen to formula feed will be encouraged to give the first feed in skin to skin contact.

- Mothers will be enabled to formula feed as safely as possible through the offer of a demonstration and / or discussion about how to prepare infant formula in the post-natal period.
https://www.publichealth.hscni.net/publications/bottlefeeding

- Mothers who formula feed will have a discussion about the importance of choosing a first Infant milk for the first year of their baby's life.

- Mothers will have a discussion about the importance of responsive bottle feeding and be encouraged to:

➢ respond to cues that their baby is hungry.
➢ invite their baby to draw in the teat rather than forcing the teat into their baby's mouth.
➢ pace the feed so that their baby is not forced to feed more than they want to.
➢ Recognise their baby's cues that they have had enough milk and avoid forcing their baby to take more milk than the baby wants.

4.8 Early postnatal period: support for parenting and close relationships

- Skin-to skin contact will be encouraged throughout the postnatal period for bonding, as a method of calming an unsettled baby, for warming up cool babies and it can also help with babies who are reluctant to feed.

- All parents will be supported to understand a new-born baby's needs (including encouraging frequent touch and sensitive verbal/visual communication, keeping babies close, responsive feeding and safe sleeping practice).

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

- Parents will be given information about local parenting support that is available i.e. Breastfeeding mother groups, Peer Support and Sure Start programmes. The list given to all mothers on discharge will be updated regularly.

Safe Sleep Practices

Recommendations for health professionals on discussing safe sleep and bed-sharing with parents in relation to safety and prevention of Sudden Infant Death syndrome (SIDS)

Simplistic messages in relation to where a baby sleeps should be avoided; neither blanket prohibitions nor blanket permissions reflect the current research evidence.

The current body of evidence overwhelmingly supports the following key messages, which should be conveyed to all parents:

- The safest place for your baby to sleep is in a cot by your bed.
- Sleeping with your baby on a sofa puts your baby at greatest risk.
- Your baby should not share a bed with anyone who:
  - is a smoker
  - has consumed alcohol
  - has taken drugs (legal or illegal) that make them sleepy.

The incidence of SIDS (often called "cot death") is higher in the following groups:

- parents in low socio-economic groups
- parents who currently abuse alcohol or drugs
- young mothers with more than one child
- premature infants and those with low birthweight

Parents within these groups will need more face to face discussion to ensure that these key messages are explored and understood. They may need some practical help, possibly from other agencies, to enable them to put them into practice e.g. Sure Start or Smoking Cessation support services.

Information in the Birth to 5 book[17] and the Lullaby trust in relation to sudden infant death[18] can reinforce this message

CARE STANDARDS – NEO-NATAL

The BHSCT Regional Neonatal Service is committed to;

- Providing the highest standard of care to support parents with a baby on the
  Neonatal unit to feed their baby and build strong and loving parent-infant relationships. This is in recognition of the profound importance of early relationships to future health and well-being, and the significant contribution that breastfeeding makes to good physical and emotional health outcomes for children and mothers.

- Ensuring that all care is mother and family centred, non-judgmental and that
  parents' decisions are supported and respected.

- Working together across disciplines and organisations to improve parents' experiences of care.

All staff are expected to comply with this policy.

In line with the training requirements detailed in this BHSCT Breastfeeding Policy all Neonatal unit staff will receive orientation and training in breastfeeding and relationship building and in particular will be supported to implement the BFI Neonatal Standards.

The International Code of Marketing of Breast-milk Substitutes is implemented throughout the Neonatal Service.

Supporting parents to have a close and loving relationship with their baby

This service recognises the profound importance of secure parent-infant attachment for the future health and well-being of the infant and the huge challenges that the experience of having a sick or premature baby can present to the development of this vital relationship.

Therefore, this service is committed to care which actively supports parents to develop a close and loving bond with their baby.

All parents will:

- Have a discussion with an appropriate member of staff as soon as possible (either before or after their baby's birth) about the importance of touch, comfort and communication for their baby's health and development.

- Be actively encouraged and enabled to provide touch, comfort and emotional support to their baby throughout their baby's stay on the neonatal unit.

- Be enabled to have frequent and prolonged skin to skin contact (Kangaroo care) with their baby as soon as possible after birth and throughout the baby's stay on the neonatal unit.

Enabling babies to receive breastmilk and to breastfeed

This service recognises the importance of breastmilk for babies' survival and health. Therefore, this service will ensure that:

- A mother's own breastmilk is always the first choice of feed for her baby

- Mothers have a discussion regarding the importance of their breastmilk for their preterm or ill baby as soon as is appropriate

- Mothers are assisted to commence expressing in a suitable environment conducive to effective expression

- A suitable environment conducive to effective expression is provided

- Mothers have access to effective breast pumps and equipment

- Mothers are enabled to express breastmilk for their baby, including support to:

- express as early as possible after birth (ideally within two hours)

- learn how to express effectively, both by hand and by pump

- learn how to use pump equipment and store milk safely in accordance with advice in the BHSCT Guidelines for the use of Mothers own expressed breastmilk [19]

- express frequently (at least eight times in 24 hours, including once at night) especially in the first two to three weeks following delivery, in order to optimise long-term milk supply

- overcome expressing difficulties where necessary, particularly where milk supply is inadequate, or if less than 750ml in 24 hours is expressed by day 14

- stay close to their baby when expressing milk (or other suitable location if preferred)

- use their milk for mouth care when their baby is not tolerating oral feeds, and later to tempt their baby to feed

- A formal review of expressing is undertaken a minimum of four times in the first two weeks to support optimum expressing and milk supply using the local assessing expressing tool based on UNICEF BFI 'Neonatal Accessing Expressing tool'[20]- See appendix 3

- Mothers receive care that supports the transition to breastfeeding, including support to:

- recognise and respond to feeding cues

- use skin-to-skin contact to encourage instinctive feeding behaviour

- position and attach their baby for breastfeeding

- recognise effective feeding

o overcome challenges when needed (This may include specialist lactation support provided by the Neonatal and Maternity Infant Feeding Leads)

- Mothers are provided with details of professional and voluntary support for breastfeeding which they can choose to access at any time during their baby's stay.

- Mothers are supported through the transition to discharge home from hospital, including having the opportunity to stay overnight/for extended periods to support the development of mothers' confidence and modified responsive feeding.

- Before discharge, mothers will be provided with information on how to access support in the community (Health professional, support groups, Breastfeeding peer volunteers or voluntary breastfeeding helplines).

Support for Formula feeding parents of babies in Neonatal Unit

The service will ensure that parents who formula feed:

- receive information about how to clean/sterilise equipment and safety prepare a bottle of formula milk
- are able to feed this to their baby 'responsively' using a safe technique.
- **See point 4.7 for more details**

Valuing parents as partners in care

This service recognises that parents are vital to ensuring the best possible short and long term outcomes for babies and therefore, should be considered as the primary partners in care. Every effort will be made to ensure that there

is effective communication between the family and health care team at all times.

The service will ensure that parents:

- have unrestricted access to their baby unless individual restrictions can be justified in the baby's best interest
- are fully involved in their baby's care, with all care possible entrusted to them
- are listened to, including their observations, feelings and wishes regarding their baby's care
- have full information regarding their baby's condition and treatment to enable informed decision-making
- are made comfortable when on the unit, with the aim of enabling them to spend as much time as is possible with their baby.

5.0 IMPLEMENTATION OF POLICY

5.1 Dissemination

Following ratification by the Standards and Guidelines Committee and approval by the Policy Committee this guideline will be published on the Belfast Trust Intranet Site 'Specialist hospitals and Womens Health' section and staff will be informed. The policy and guidelines section is regularly accessed by Maternity Services staff. All appropriate Staff should have accessed and read the policy within 3 months of being published on the Hospital Website.

5.2 Resources

All staff will be informed when this revised guideline is published on BHSCT intranet site and requested to read same.

- Gillian Weir- Neonatal Breastfeeding Lead
- Barbara Spratt- Maternity Infant Feeding Lead
- Nikki Lyttle- Neonatal Dietician

The content of the policy will be referred to during the following formal training sessions:

- In house 2 day 'Breastfeeding management and Relationship Building' course
- Infant Feeding Update- 2 yearly mandatory training sessions

5.3 Exceptions

This guideline applies only to those health care professionals who care for breastfeeding women and babies.

6.0 MONITORING

Belfast Trust Maternity Services requires that compliance with this policy is audited at least annually using the UNICEF UK Baby Friendly Initiative audit tool for Maternity Services and the audit tool for Neonatal services (2016 edition) [9].

Staff involved in carrying out this audit require training on the use of this tool.

This guideline contains the current evidenced based thinking on this topic and if practice changes this guideline will be updated

Monitoring outcomes

Outcomes will be monitored by:

- the UNICEF UK Baby Friendly Initiative audit tool (as above)
- Monitoring breastfeeding initiation and discharge rates using NIMATS
- Monitoring exclusive and partial breastfeeding rates on discharge using NIMATS
- Monitoring number of infants receiving breastmilk in the Neonatal unit
- Monitoring the number of infants discharged breastfeeding from the Neonatal unit
- Reporting on neo-natal statistics provided by 'Badgernet'
- Monitoring duration rates to capture later statistics via Child Health System
- Responses to the Neonatal Network for Northern Ireland, regional discharge questionnaire.
- Comment card feedback from mothers
- Parents' experiences of care will be listened to through: regular audit using the Baby Friendly Initiative audit tool and parents' experience surveys such as Tiny Life.

Outcomes will be reported to:

- Maternity Services Management team and the Neonatal Unit Management Team. An action plan will be agreed to address any areas of non-compliance that have been identified.

7.0 EVIDENCE BASE / REFERENCES

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- Department of Health, Social Services and Public Safety. 'Breastfeeding – A Great Start. A Strategy for Northern Ireland' 2013-2023 (June 2013) Accessed 04/06/2019 www.health-ni.gov.uk/publications/breastfeeding-strategy

- Working within the International Code of Marketing of breastmilk Substitutes: A Guide for Health Workers UNICEF BFI (Updated Feb 2019) Accessed 04/06/2019 www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2016/10/Working-within-The-Code-Guide-for-Health-Workers.pdf

- The UNICEF UK Baby Friendly Initiative audit tool (2016 edition) designed specifically for this purpose. Available from Infant Feeding Leads as purchase only access.

- Updated Baby Friendly Standards: Accessed 04/06/2019 www.unicef.org.uk/babyfriendly/standards

- NICE postnatal care guidance: Accessed 04/06/2019 www.nice.org.uk/cg037

- NICE guidance on maternal and child nutrition: www.nice.org.uk/ph11
- UNICEF UK BFI Maternity Breastfeeding Assessment Sample tool. Accessed 04/06/2019 www.unicef.org.uk/BabyFriendly/Resources/Guidance-for-Health-Professionals/Forms-and-checklists/Breastfeeding-assessment-form/
- BHSCT Weighing of breastfed babies (2009) SG 153/09
- BHSCT 'Management of the breastfed infant 'at risk' of hypoglycaemia in the postnatal ward (2011) SG 159/10
- BHSCT Breast fed infant – sleepy reluctant to feed (2011) SG 158/10
- Northern Ireland Public Health Agency, 'Birth to Five book' (03/2019) www.publichealth.hscni.net/publications/birth-five (accessed on 04/06/2019)
- The Lullaby Trust: Safer Sleep advice /www.lullabytrust.org.uk/safer-sleep-advice/ (accessed on 04/06/2019)
- BHSCT Guidelines for the use of mothers own expressed breast milk (MEBM) including storage, defrosting and administering of MEBM in the Royal Jubilee Maternity Service. (RJMS) (2016) SG 186/11
- UNICEF BFI Neonatal Assessing Expressing checklist www.unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/assessment-of-breastmilk-expression-checklist/ accessed 04/06/2019
- NICE Guideline: Mastitis and Breast Abscess (Oct 2018). Accessed on 04/06/2019 https://cks.nice.org.uk/mastitis-and-breast-abscess

8.0 CONSULTATION PROCESS

This policy was widely circulated during the consultation process to Maternity Service Management, a UNICEF Baby Friendly Initiative representative, Key workers represented on the Breastfeeding Steering group and Neonatal Medical and Nursing Staff in BHSCT.

9.0 APPENDICES / ATTACHMENTS

Appendix 1 Referral form for those requiring Breastfeeding help including how to access Specialist Breastfeeding Support

Appendix 2 Referral Pathway for Specialist Breastfeeding Service

10.0 EQUALITY STATEMENT

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this policy should be subject to a full impact assessment has been carried out. The outcome of the Equality screening for this policy is:

Major impact ☐

Minor impact ☐

No impact. ☐

11.0 DATA PROTECTION IMPACT ASSESSMENT

New activities that involve collecting and using personal data can result in privacy risks. In line with requirements of the General Data Protection Regulation (GDPR) and the Data Protection Act 2018 the Trust has to consider the impacts on the privacy of individuals and ways to mitigate against the risks. Where relevant an initial screening exercise should be carried out to ascertain if this policy should be subject to a full impact assessment. The guidance for conducting a Data Protection Impact Assessments (DPIA) can be found via this **link.**
The outcome of the DPIA screening for this policy is:

Not necessary – no personal data involved ☐

A full data protection impact assessment is required ☐

A full data protection impact assessment is not required ☐

If a full impact assessment is required the author (Project Manager or lead person) should go ahead and begin the process. Colleagues in the Information Governance Team will provide assistance where necessary.

12.0 RURAL IMPACT ASSESSMENTS

From June 2018 the Trust has a legal responsibility to have due regard to rural needs when developing, adopting, implementing or revising policies, strategies and plans, and when designing and delivering public services.
It is your responsibility as policy or service lead to consider the impact of your proposal on people in rural areas – you will need to refer to the shortened rural needs assessment template and summary guidance on the Belfast Trust Intranet. Each Directorate/Division has a Rural Needs Champion who can provide support/assistance in this regard if necessary.

13.0 REASONABLE ADJUSTMENTS ASSESSMENT

Under the Disability Discrimination Act 1995 (as amended), the Trust has a duty to make reasonable adjustments to ensure any barriers disabled people face in gaining and remaining in employment and in accessing and using goods and services are removed or reduced. It is therefore recommended the policy explicitly references "reasonable adjustments will be considered for people who are disabled - whether as service users, visitors or employees.

SIGNATORIES
(Policy – Guidance should be signed off by the author of the policy and the identified responsible director).

_____ **Date:** 12/05/2020
Author

_____ **Date:** 05/08/2020
Director

Appendix 1

Belfast Health and Social Care Trust
caring supporting improving together

Referral Pathway for those requiring Breastfeeding help including how to access Specialist Breastfeeding Support

- Some breastfeeding mother's require additional help and support while breastfeeding.
- Each mother transferred from Hospital to Community within the BHSCT Maternity Service receives a comprehensive leaflet providing details about the various types of help she may receive. These include contact numbers for:-
  - the post-natal ward areas of BHSCT.
  - the Community Midwife bases in Belfast
  - Specialist Breastfeeding Support (Infant Feeding Leads)
  - the Peer Support service
  - the local breastfeeding support groups including other relevant information about them.
  - various National Voluntary Breastfeeding helpline numbers and details.

The PHA NI Website is also mentioned which has further information about other breastfeeding support groups in Northern Ireland. www.breastfedbabies.org

- These details therefore provide varying levels of support to mothers both in a Peer and a professional capacity.
- Each of the people involved are aware of their remit and responsibilities in relation to supporting breastfeeding mothers. E.g. the Peer supporters- support mothers when breastfeeding is going well and can help with some basic concerns relating to breastfeeding. They are trained to and are encouraged to refer back to the Health Professional anything they feel is outside their remit.
- Breastfeeding Specialists are **not** required for all breastfeeding challenges, many of which could be resolved with careful breastfeeding assessment and appropriate advice from Midwives and Health Visitors using the local policies and guidelines to support this. Please see flow chart over (appendix 3) which outlines the steps required before referral is needed to a Breastfeeding specialist.
- Some breastfeeding mothers and babies may need referred to other Professionals for help and this is included in the referral pathway. E.g. A baby with a tongue-tie or a mother with mastitis.
- If it is felt that a 'specialist' referral is necessary a Breastfeeding Assessment should be completed along with the referral form and emailed to: Specialistbfsupport-SM Specialistbfsupport@belfasttrust.hscni.net
- Please continue, to find assessment sheet and referral pathway

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Specialist Infant Feeding Support Referral Form

Mothers Name : Baby's Name and DOB:

Address:

Telephone number:

Brief Feeding history: (Gestation at birth, weight, feeding history, medical concerns etc)

Current plan of care: (plan agreed whilst specialist support requested)

Breastfeeding assessment form *If only responses in the right hand column are noted - watch a full breastfeed, develop an action plan including re-visiting positioning and attachment and/or refer to specialist practitioner. Any additional concerns should be followed up as needed*

What to Observe Ask about:	**Answer indicating Effective feeding**	Tick	**Answer suggestive of a problem**	Tick
Urine Output	At least 5-6 heavy wet nappies in 24 hours*		Fewer than 5-6 nappies in 24 hours, or nappies that do not feel heavy*	
Appearance and frequency of stools	2 or more in 24 hours; normal appearance (i.e. at least £2 coin size, yellow, soft/runny)*		Fewer than 2 in 24 hours or abnormal appearance*	
Baby's Colour	Normal skin colour: alert good tone		Jaundiced worsening or not improving: baby lethargic, not waling to feed; poor tone	
Weight (following initial post-birth loss)	If reweighed not lost more than 10% of birth weight – see Weight Guidelines		Weight loss greater than 10%	
Number of feeds in last 24 hours	At least 8 feeds In a 24 hour period* Generally calm and relaxed		Fewer than 8 feeds in last 24 hours*	
Sucking Pattern during feed	Initial rapid sucks changing to lower sucks with pauses and soft swallowing*		No change in sucking pattern, or noisy feeding (e.g clicking)*	

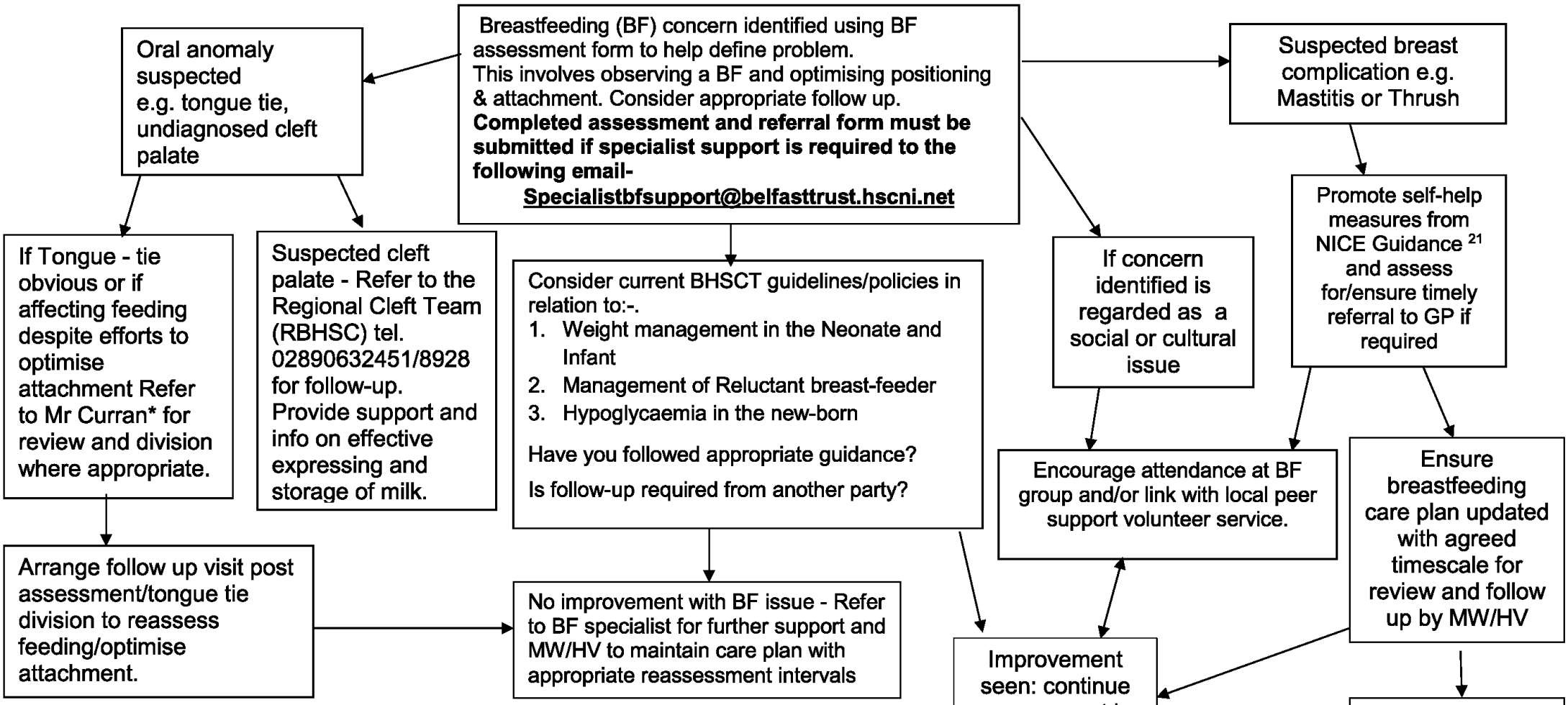
Length of feed	Baby feeds 5 – 30 minutes at most feeds		Baby comes on and off the breast frequently during the feed, or refuses to breastfeed Baby consistently feeds for less than 5 minutes or longer than 40 minutes	
End of feed	Baby lets go spontaneously, or does so when breast is gently lifted		Baby does not release the breast spontaneously, mother removes baby	
Offer of second breast?	Second Breast offered. Baby feeds from second breast or not, according to appetite		Mother restricts baby to one breast per feed, or insists on two breasts per feed	
Baby's behaviour during feeds	Baby content after most feeds		Baby unsettled after feed	
Shape of either nipple at end of feed	Same shape as when feed began, or slightly elongated		Misshapen or pinched at the end of the feeds	
Mother's report on her breasts and nipples	Breasts and nipples comfortable		Nipples sore or damaged, engorgement or mastitis	
Use of dummy/nipple shield/formula?	None Used		Yes (state which) Ask why: Difficulty with Attachment? Baby not growing? Baby unsettled	

UNICEF UK Baby Friendly Initiative 2016. Adapted from checklists used in the Oxford Radcliffe NHS Trust and East Lancashire Hospitals NHS Trust

Staff name: **Role**: **Date**

Please Email to: **Specialistbfsupport@belfasttrust.hscni.net**

Appendix 2 - Referral Pathway for Specialist Breastfeeding Service



BHSCT Breastfeeding Specialist can be contacted
Infant Feeding Lead, Royal Jubilee Maternity Service- [redacted](answer phone)
[redacted]
Infant Feeding Lead, BHSCT Community Services – [redacted]
[redacted]
Breastfeeding Peer Support Co-ordinator- [redacted]
[redacted]

***Tongue –Tie** referrals should be made in writing via e-mail to [redacted] – [redacted] and password protected.

Expressing Assessment Form

The purpose of this assessment is to identify any problems early so that measures can be put in place.

Please complete the table below (**a minimum of 4 assessments are required within the first 2 weeks of birth**)

Remember -hand expressing should be taught within first 2 hours of birth where possible.

What to observe	Key–✓=Yes x = No N/A=Not Applicable	D1	D3	D7	D10
Frequency of expression	At least **8** times in **24** hours including once during the night.				
Timings of expression	Expressing timings work around her lifestyle with no gaps of longer than 5 hours at any time. (Consider travel, other children etc.)				
Stimulating milk ejection	Using breast massage, relaxation, skin contact and/or being close to baby. Photos or items of clothing to help **stimulate oxytocin**.				
***Hand expression**	Confident with technique. Refer to pages 31 and 32 of 'Off to a good start' book.				
Using a breast pump	Access to electric pump. Effective technique including suction settings, correct breast shield fit. Double pumping (or switching breasts) to ensure good breast drainage. Uses massage and/or breast compression to increase flow.				
Breast condition	Mother reports breast fullness prior to expression which softens following expression. No red area or nipple trauma.				
Milk flow	Good milk flow. Breasts feel soft after expression.				
Milk Volumes	Gradual increases in 24hr volume at each assessment. (Encourage use of diary)				

*Hand expression may not need to be reviewed each time

NB – Days 1,3,7,10 are suggested times to formally assess expression using this tool. They are not exclusive and staff are encouraged to provide on-going support and encouragement to all mothers.

Infants Name: **DOB:**

Hospital Number:

Mum's Name:

D1 – Information/support provided

Date: Signed:

D3 – Information/support provided

Date: Signed:

D7 – Information/support provided

Date: Signed:

D10 – Information/support provided

Date: Signed:

Adapted from UNICEF UK Baby Friendly Initiative 'Assessment of Expression' form, Revised 2019