

Meeting
Lanarkshire NHS Board
Date 24 March 2010

Lanarkshire NHS Board
14 Beckford Street
Hamilton ML3 0TA
Telephone 01698 281313
Fax 01698 423134
www.nhslanarkshire.co.uk



SUBJECT: NHS LANARKSHIRE BREASTFEEDING POLICY

1. PURPOSE

To provide the Board with information on the revised NHS Lanarkshire breastfeeding policy and seek approval for the amendments which have been made. The revised breastfeeding policy requires to be confirmed by the Board to comply with UNICEF Accreditation.

2. CONTENT/SUMMARY OF KEY ISSUES

The Board last received a report regarding improving maternal and infant nutrition at its meeting in December 2009. This provided details of actions to improve breastfeeding, as well as details of a portfolio of projects to improve the nutrition of women of childbearing age, pregnant women and children under 5 years of age in deprived communities (£1.995 million additional Scottish Government funding (CEL36)).

The breastfeeding policy was omitted from the paper that went to the December 2009 Board meeting, therefore details of the revision to the policy are provided below.

3. ACTIONS

NHS Lanarkshire's joint hospital and community breastfeeding policy has recently undergone its annual review and has been amended to ensure it complies with revised UNICEF Baby Friendly Initiative standards. The principles and aims of the policy remain the same. Additions and enhancements have been made to particular elements of the policy, including:

- Being more explicit about how NHS Lanarkshire provides women with coping strategies for nighttime feeding;
- Further evidence in relation to the way NHS Lanarkshire engage with the wider community about breastfeeding;
- Further information on the support offered to women who are separated from their babies, in terms of maintaining lactation.

The policy can be found in Annex A and has been equality and diversity impact assessed.

4. CONCLUSIONS

NHS Lanarkshire Board are asked to note the content of this report and approve the revised breastfeeding policy.

5. FURTHER INFORMATION

If Board members wish further information or clarification on any issues please contact Ashley Goodfellow; Programme Manager for Maternal & Infant Nutrition on Telephone 01698 245134.

Paul Wilson
Executive Director for Nurses, Midwives and Allied Health Professions
08 March 2010

NHS Lanarkshire Breastfeeding Policy

Author: Anne Marie Lee	Authorised by: NHS Board Date: December 2007
1st Review Date: December 2008 Actual Review Date: September 2009 Lead Reviewers: A M Lee/W Drysdale	Authorised by: Date:
2nd Review Date: September 2010	

Principles

NHS Lanarkshire believes that breastfeeding is the healthiest way for a woman to feed her baby and recognises the important health benefits of breastfeeding, both short and long term, for the mother and her child.

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 infant feeding and, will fully support her when she has made that choice.

Aims

- To ensure that the health benefits of breastfeeding and the potential health risks of formula feeding are discussed with all women to enable them to make an informed choice about how they will feed their baby.
- To enable health care staff to create an environment where more women choose to breastfeed, confident in the knowledge that they will be given support and information to enable them to breastfeed exclusively for six months; and then as part of their infant's diet to the end of the first year and beyond.
- To encourage liaison between all health care professionals to ensure a seamless delivery of care that reflects best practice, together with the development of a breastfeeding culture throughout the local community.

In support of this policy

- In order to avoid conflicting advice it is mandatory that all staff involved with the care of pregnant and breastfeeding women adhere to this policy. The policy will be implemented in conjunction with the NHS Lanarkshire Infant Feeding Guidelines and the Mothers' Guide to the policy. Any deviation from the policy must be justified and recorded in the mother's and/or baby's health care records.
- It is the responsibility of all health care professionals to liaise with the baby's medical attendants (neo-natologist, paediatrician, GP) should concerns arise about the baby's health.
- No advertising of breastmilk substitutes, feeding bottles, teats or dummies is permissible in any part of NHS Lanarkshire premises. The display of milk company manufacturer's logos on items such as calendars and stationery is also prohibited.
- No literature provided by infant formula manufacturers is permitted. Educational material for distribution to women or their families must be approved by the Infant Feeding Strategy Group.
- Parents who have made a fully informed choice to artificially feed their babies 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 will be given in the antenatal period as evidence suggests that

information given at this time is less well retained and may serve to undermine confidence in breastfeeding.

- Midwives, Public Health Nurses and other staff groups are responsible for collecting the required infant feeding data, at the ages specified by NHS Lanarkshire, to enable monitoring of breastfeeding rates.
- Compliance with this policy will be audited on an annual basis.

The policy

Communicating the Breastfeeding Policy

- 1.1 This policy will be communicated to all healthcare staff who have contact with pregnant and/or breastfeeding women. Staff will receive a copy of this policy.
- 1.2 All new staff will be orientated to the policy on commencement of employment.
- 1.3 The Mothers' Guide to the policy will be displayed in all areas of NHS Lanarkshire's premises which serve mothers and babies. The full policy will be made available to the public on request and, be produced in other languages and forms as appropriate.

Training health care staff

- 2.1 Midwives, Public Health Nurses, GPs and other medical staff have responsibility for promoting and supporting breastfeeding and helping women to overcome related feeding problems. These staff groups will receive mandatory training at a level appropriate to their role. All professional staff who have contact with pregnant women and breastfeeding mothers will receive education and training in breastfeeding management at a level appropriate to their professional group. New staff will receive training within six months of taking up their post.
- 2.2 All clerical and ancillary staff will be orientated to the policy and receive training to enable them to refer breastfeeding queries appropriately.
- 2.3 Written curricula which clearly cover all of the Unicef UK/Baby Friendly Ten Steps to Successful Breastfeeding and, the Seven Point Plan for the Protection, Promotion and Support of Breastfeeding in Community Health Care Settings, will be integral to any breastfeeding training programme.

Informing pregnant women of the benefits and management of breastfeeding

- 3.1 It is the responsibility of professional staff to ensure that all pregnant women are made aware of the benefits of breastfeeding and the potential health risks of formula feeding.
- 3.2 All pregnant women will be given an opportunity to discuss infant feeding on a one-to-one basis, before 32 weeks, with a midwife and/or public health nurse. Such discussion should not solely be attempted during a group parentcraft class.
- 3.3 The physiological basis of breastfeeding should be clearly and simply explained to all pregnant women, together with evidence based management practices, which have been proven to sustain breastfeeding and reduce common problems. The aim should be to give women confidence in their ability to breastfeed.
- 3.4 Staff will inform mothers about/refer mothers to targeted interventions to promote breastfeeding, as appropriate.

Supporting the establishment of breastfeeding

- 4.1 Maternity staff should be proactive in the promotion of breastfeeding in the immediate post natal period and support thereafter should reflect the Expected Standards outlined in the NHS Lanarkshire Infant Feeding Guidelines.
- 4.2 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 feeding method.
- 4.3 Skin-to-skin contact should never be interrupted at staff's instigation to carry out routine procedures.
- 4.4 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.
- 4.5 All mothers should be encouraged to offer the first breastfeed when mother and baby are ready. Help must be available from a midwife if needed.
- 4.6 Skin-to-skin contact should be promoted at any stage within the hospital and community setting to: support breastfeeding; maintain or increase the baby's temperature; comfort unsettled babies; resolve difficulties with attachment and breast refusal.
- 4.7 All breastfeeding mothers should be offered further help with breastfeeding within 6 hours of delivery. A midwife should be available to assist a mother at all breastfeeds during her hospital stay.

Showing women how to breastfeed: Supporting and maintaining breastfeeding

- 5.1 As part of the initial breastfeeding assessment maternity and community staff will explain the relevant techniques to a mother and provide the support necessary for her to acquire confidence in her ability to breastfeed. This will include:-
- Why effective feeding is important and that the mother is confident with positioning and attachment.
 - How to recognise signs that breastfeeding is not progressing normally (e.g. sore nipples, breast inflammation).
 - The signs which indicate that the baby is receiving sufficient milk and what to do if she suspects this is not the case.
 - The support necessary to learn how to express breastmilk by hand
- 5.2 Separation of mother and baby will only occur where the health of either mother or baby prevents care being offered in the postnatal areas or if there has been fully informed maternal choice. Mothers will normally assume primary responsibility for the care of their babies. When a mother and her baby are separated for medical reasons, it is the responsibility of all health professionals caring for both mother and baby to ensure that the mother is given help and encouragement to express her milk and maintain her lactation during periods of separation.
- 5.3 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.
- 5.4 Mothers who are separated from their babies should be encouraged to express milk at least six to eight times in a 24 hour period with at least one at night. They should be shown how to express breastmilk both by hand and by pump.
- 5.5 Mothers will be encouraged to keep their babies near them so that they can learn to interpret the baby's needs; in Wishaw Maternity all mothers and babies will room-in together including at night.
- 5.6 Baby-led or 'demand' feeding should be explained to mothers and encouraged for all healthy babies. Staff will ensure that mothers understand: the nature of feeding cues and the importance of responding to these, normal feeding patterns, including cluster feeding and 'growth spurts'. Mothers should be informed that it is acceptable to wake their baby for feeding if their breasts become overfull.
- 5.7 The importance of night-time feeds and the impact this has on feeding for milk production should be explained to all mothers. Coping strategies around potential challenges of night-time feeding will be discussed, including issues related to bed sharing to enable safe management of night-time feeds.

- 5.8 Staff will not recommend the use of artificial teats, dummies or nipple shields during the establishment of breastfeeding; parents wishing to use them should be advised of the potential detrimental impact on breastfeeding of their use to enable them to make a fully informed choice. The information given and the parents' decision should be recorded in the baby's health record.
- 5.9 The appropriate use of dummies for breastfeeding 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 fully informed choice about their use.
- 5.10 Staff should ensure that the mother is aware of the value of hand expression; for example in the proactive treatment of a blocked duct to prevent the development of mastitis. Written information on hand expression should be available for women to use for reference.
- 5.11 All breastfeeding mothers will be given information to support them to continue breastfeeding and maintain their lactation on returning to work.
- 5.12 An assessment of the mother and baby's progress with breastfeeding will be undertaken at the primary visit by community healthcare staff and an individualised plan of care developed as necessary. This will build on initial information and support provided by the maternity services; ensure that new skills and knowledge are secure; enable early identification of potential complications; provide an opportunity to discuss strategies to prevent or resolve feeding problems.

Supporting exclusive breastfeeding

- 6.1 For the first six months, no food or drink other than breastmilk is to be recommended for a breastfed baby except by an appropriately-trained health or medical professional. If supplementary feeds are recommended, the reasons for this should be discussed fully with the parents. Any supplements which are prescribed or recommended should be documented in the baby's health record, and the Maternity or Community Pathway, along with the reason for supplementation.
- 6.2 Parents who elect to supplement their baby's breastfeeds should be made aware of the health implications and the harmful impact supplementation may have on breastfeeding to allow them to make a fully informed choice.
- 6.3 All mothers will be encouraged to breastfeed exclusively for the first six months and to continue breastfeeding for at least the first year of life. They should be informed that solid foods are not recommended for babies under six months. All weaning information should reflect this ideal.
- 6.4 Breastmilk substitutes will not be sold by NHS Lanarkshire.
- 6.5 Should a breastfeeding mother be admitted for general care to Hairmyres, Wishaw or Monklands hospitals, staff will provide or seek appropriate support to enable the mother to sustain breastfeeding.

A welcome for breastfeeding families

- 7.1 Breastfeeding will be regarded as the normal way to feed babies and young children.
- 7.2 Mothers will be enabled and supported to breastfeed their infants in all public areas of NHS Lanarkshire. Signs in all public areas of the facility will inform users of this policy.
- 7.3 All breastfeeding mothers will be supported to develop strategies for breastfeeding outside the home. Information will be provided about local places where breastfeeding is known to be welcomed.

Encouraging community support for breastfeeding

- 8.1 All breastfeeding mothers will be given written information about how they can access breastfeeding support including: health professionals (midwives, public health nurses, clinical breastfeeding support workers); breastfeeding support groups; breastfeeding peer supporters (Community Mothers); national groups; help lines and out of hours support.
- 8.2 Community health-care staff will use their influence wherever possible to promote awareness of the needs of breastfeeding mothers among the local community including cafes, restaurants and public facilities.