

Stockport Joint Hospital and Community Breastfeeding Policy

Principles

This policy is endorsed by the following organisations: Stockport NHS Foundation Trust, Stockport Primary Care Trust, Stockport Metropolitan Borough Council. These facilities believe that breastfeeding is the healthiest way for a woman to feed her baby and recognises the important health benefits now known to exist for both the mother and the 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 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 so that they can 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 their babies, 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 with all health care professionals to ensure a seamless delivery of care, 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 breastfeeding women adhere to this policy. 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 both the Trust's Parent's guide to the policy.

It is the responsibility of all health care professionals to liaise with the baby's medical attendants (paediatrician, general practitioner) should concerns arise about the baby's health.

No advertising of breastmilk substitutes, feeding bottles, teats or dummies is permissible in any part of this Trust/health care facility. The display of 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 Specialist Midwife Stockport Breastfeeding Co-ordinator.

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.

Data on infant feeding showing the prevalence of both exclusive and partial breastfeeding will be collected on transfer from the maternity services and at 6-8 weeks.

Compliance with this policy will be audited on an annual basis.

POLICY

Communicating the breastfeeding policy

This policy is to be communicated to all health care staff who have any contact with pregnant women and mothers. All staff will be informed that the policy is accessible on the intranet and in each clinical area.

All new staff will be orientated to the policy as soon as their employment begins, and made aware that they should access this via the intranet and/or a paper copy in each clinical area.

The policy will be displayed in all areas of Stockport Foundation Trust and PCT which serve mothers and babies. Where a Parent's guide is displayed in place of the full policy, the full version should be available in each area on request. A statement to this effect will be included on the Parent's guide.

Training health care staff

Midwives, health visitors and medical staff have the primary responsibility for supporting breastfeeding women and for helping them to overcome related problems.

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

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

The responsibility for providing training lies with the Specialist Midwife Stockport Breastfeeding Co-ordinator, who will ensure that all staff receive appropriate training. She will also uptake and efficacy of the training and publish results on an annual basis.

Written curricula which clearly cover all of the Ten Steps to Successful Breastfeeding and the Seven Point Plan for the Protection, Promotion and Support of breastfeeding in the Community Health Care Settings will be available for staff training.

Informing pregnant women of the benefits and management of breastfeeding.

It is the responsibility of professional staff employed by Stockport Foundation Trust and the PCT to ensure that all pregnant women are aware of the benefits of breastfeeding and of the potential risks of formula feeding.

All pregnant women should be given the opportunity to discuss infant feeding on a one-to-one basis with a midwife and/or health visitor. Such discussion should not solely be attempted during a group parentcraft class.

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

Supporting the initiation of breastfeeding

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.

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

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.

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.

Skin-to-skin contact should be promoted at any stage within the community setting to support breastfeeding, comfort unsettled babies and resolve difficulties with attachment and breast refusal.

Showing women how to breastfeed and how to maintain lactation.

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.

An appropriately trained member of staff 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 a mother, thereby helping her to acquire this skill for herself.

All breastfeeding mothers should be shown how to hand express their milk. A leaflet should be provided for women to use for reference.

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.

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 of milk production.

Mothers who are separated from their babies should be encouraged to express at least six to eight times in a 24 hour period. They should be shown how to express breastmilk by hand and by pump.

Handover of care from midwife to health visitor will follow standard procedure in the form of written communication to ensure a seamless transition of care for mothers.

Community health professionals should ask where possible observe the progress of breastfeeding at each contact with a breastfeeding mother. This will enable early identification of any potential complications and allow appropriate information to be given to prevent or remedy them.

All breastfeeding mothers returning to work should be given information which will support them to continue breastfeeding and maintain lactation at this time.

Supporting exclusive breastfeeding

For the first six months, breastfed babies should receive no water or artificial feed except in cases of clinical 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 s/he is trained in lactation management.

Prior to introducing artificial milk to breastfed babies, every effort should be made to encourage a mother to express breastmilk which can be given to the baby as an alternative.

Parents should 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.

Parents who request supplementation should be made aware of the possible health implications and the harmful impact such action may have on breastfeeding to enable them to make a fully informed choice. A record of this discussion should be recorded in the baby's notes.

All mothers should be encouraged to breastfeed exclusively for 6 months and to continue breastfeeding for at least the first year of life. All weaning information should reflect this ideal.

Data on infant feeding showing the prevalence of both exclusive and partial breastfeeding will be collected at the following ages; delivery, transfer home,.....

Breastmilk substitutes will not be sold by a facility or on health care premises. (Formula milk may be exchanged for Healthy Start Vouchers if there is no local outlet providing this facility).

Rooming in

Mothers will normally assume primary responsibility for the care of their babies. Separation of mother and baby will normally only occur where the health of either mother or baby prevents care being offered in the postnatal areas.

Babies should not be routinely separated from their mothers at night. This applies to babies who are being bottle fed as well as those being breastfed.

Mothers recovering from caesarean section should be given appropriate care, but the policy of keeping mothers and babies together should normally apply.

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 babies' needs and feeding cues.

All mothers will be given appropriate information about the benefits of and contraindications to bed-sharing.

Baby-led feeding

Baby led feeding (also known as demand feeding) should be encouraged for all babies unless clinically indicated. Hospital procedures should not interfere with this principle.

Staff should ensure that mothers understand what is meant by demand feeding. Mothers should be informed that it is acceptable to wake their baby for feeding if their breasts become overfull. The importance of night time feeding for milk production should be explained.

Mothers should be encouraged to continue to practise baby-led feeding throughout the time they are breastfeeding.

Use of Artificial Teats, Dummies and Nipple Shields

Health care staff 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 such use may have on breastfeeding to enable them to make a fully informed choice. The information given and the parents' decision should be recorded in the appropriate health record.

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

Encouraging ongoing community support for breastfeeding.

All breastfeeding mothers will be provided with contact details for community midwives, health visitors and voluntary breastfeeding support agencies.

Telephone numbers of midwives, health visitors Breastfeeding co-ordinator and other professional support should be given to all breastfeeding mothers in the postnatal period.

Contact details for voluntary breastfeeding counsellors and support groups will be issued to all mothers and be routinely displayed in all areas relevant to maternity and child health.

Contact details of professional and voluntary support should be regularly updated to ensure correct information is given to mothers.

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

Stockport Foundation Trust, PCT and Metropolitan Borough Council should use their influence wherever and whenever possible to encourage a breastfeeding culture in the local community.

Stockport Foundation Trust, PCT and Metropolitan Borough Council and the local authorities will work with local breastfeeding support groups to raise awareness of the importance of breastfeeding and to encourage the provision of facilities for breastfeeding mothers and infants through liaison with local businesses, authorities, community groups and the media.

A welcome for breastfeeding families

Breastfeeding 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 Trust premises/the health centres.

Comfortable facilities will be made available for mothers who prefer privacy.

Signs in all public areas of the facility will inform users of this policy.

Appendix 1

A Health Worker's Guide to the International Code of Marketing of Breast-milk Substitutes

The code seeks to encourage and protect breastfeeding and to control incorrect marketing practices used to sell products for artificial feeding. The code applies to: artificial milks for babies; other products used to feed babies, especially when they are marketed for use in feeding bottles. The code also applies to feeding bottles and teats.

Summary of the International Code.

The code includes these 10 important provisions,

- 1.No advertising of all these products to the public
- 2.No free samples to mothers or members of their families
- 3.No promotion of products in health care facilities, including no free samples
4. No company personnel to advise mothers or members of their families
5. No gifts or personal samples to health care workers
6. No words or pictures of idealizing artificial feeding, including pictures of infants on the labels of products
7. Information to health care workers should be scientific and factual
8. All information on artificial feeding, including the labels, should explain the benefits of breast-feeding and the costs and hazards associated with artificial feeding
9. Unsuitable products, such as sweetened condensed milk, should not be promoted for babies
10. All products should be of a high quality and take account of the climatic and storage conditions of the country where they are used

Appendix 2

The Global Criteria for acceptable medical reasons for Supplementation

A few medical indications (in a maternity facilities) may require that individual infants be given additional fluids or foods either in place of breast milk or additional to it.

It is assumed that severely ill babies, babies in need of surgery and very low birth-weight babies (less than 1,000 grams) will be in a special care unit. Their feeding will be individually decided, given their particular nutritional requirements and functional capabilities, though breast-milk is recommended whenever possible. The infants in special care units are likely to include:

Very low birth-weight pre-term babies (less than 1,000 gram or below 32 weeks gestation)

Infants with severe dysmaturity with potentially severe hypoglycaemia, and who do not improve through increased breastfeeding or being given breast-milk

For babies who are well enough to be with their mothers on the maternity ward, there are very few indications for supplement use. In order to assess whether a facility is inappropriately using fluids or breast-milk substitutes, any infant receiving additional supplements must be diagnosed as:

Infant of mother with a severe maternal illness (e.g. psychosis, eclampsia or shock)

Infants with inborn errors of metabolism (e.g. Galactosaemia, phenylketonuria, Maple Syrup Urine Disease)

Infants with acute water loss (e.g. phototherapy where increased breastfeeding is not providing adequate hydration)

Infants whose mothers are taking medication which is contra-indicated when breast-feeding (e.g. cytotoxic drugs, radio-active drugs and anti-thyroid drugs, other than Propylthiouracil)

When breast-feeding has to be temporarily delayed or interrupted, mothers should be helped to establish or maintain their lactation, for example through manual, hand or electric expression of milk in preparation for breastfeeding to recommence .

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