

## **Sample joint hospital and community breastfeeding policy**

### **Principles**

This facility 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 both 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 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 continue breastfeeding 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, together with the development of a breastfeeding culture throughout the local community.

### **In support of this policy**

- a. 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.
- b. The policy should be implemented in conjunction with both the Trust's breastfeeding guidelines\* and the mothers'/parents' guide to the policy\*. (*\* where these exist*)
- c. 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.
- d. No advertising of breastmilk substitutes, feeding bottles, teats or dummies is permissible in any part of this Trust/health-care facility. The display of manufacturers' logos on items such as calendars and stationery is also prohibited.

- e. No literature provided by infant formula manufacturers is permitted. Educational material for distribution to women or their families must be approved by the lead professional.\* (*\* amend title of post if appropriate*)
- f. 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.
- g. Midwives and health visitors\* are responsible for collecting the required infant feeding data, at the ages specified by the Trust, to enable monitoring of breastfeeding rates. (*\* amend as necessary.*)

## **The policy**

### Communicating the breastfeeding policy

- 1.1 This policy is to be communicated to all health-care staff who have any contact with pregnant women and mothers. All staff will receive a copy of this policy.
- 1.2 All new staff will be orientated to the policy as soon as their employment begins.
- 1.3 The policy will be communicated effectively to all pregnant women and mothers of young babies. This will include a display of the policy in all areas of the maternity unit which serve mothers and babies. Where a mothers'/parents' guide is displayed or distributed in place of the full policy, the full version should be available on request. A statement to this effect will be included in the mothers'/parents' guide. The policy will also be available on audio tape and in the following languages: (\*). (*\* add language names, amend or delete this statement according to local needs*)

### Training health-care staff

- 2.1 Midwives and health visitors have the primary responsibility for supporting breastfeeding women and for helping them to overcome related problems.
- 2.2 All professional and 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.
- 2.3 Medical staff have a responsibility to promote breastfeeding and provide appropriate support to breastfeeding mothers. Information and/or training will be provided to enable them to do this.
- 2.4 All clerical and ancillary staff will be orientated to the policy and receive training to enable them to refer breastfeeding queries appropriately.

### Informing pregnant women of the benefits and management of breastfeeding

- 3.1 It is the responsibility of staff involved in the care of pregnant women to ensure that they are given information about the benefits of breastfeeding and of the potential health risks of formula feeding.
- 3.2 All pregnant women should be given an 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.
- 3.3 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.
- 3.4 Staff will inform mothers about/refer mothers to targeted community interventions to promote breastfeeding, as appropriate.

### Supporting the initiation of breastfeeding

- 4.1 All mothers should be encouraged to hold their babies in skin-to-skin contact as soon as possible after delivery in an unhurried environment, regardless of their feeding method.
- 4.2 Skin-to-skin contact should never be interrupted at staff's instigation to carry out routine procedures.
- 4.3 If skin-to-skin contact is interrupted for clinical indication or maternal choice it should be re-instigated as soon as mother and baby are able.
- 4.4 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.

### Showing women how to breastfeed and how to maintain lactation

- 5.1 All breastfeeding mothers should be offered further help with breastfeeding within six hours of delivery. A midwife should be available to assist a mother at all breastfeeds during her hospital stay.
- 5.2 Midwives 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.
- 5.3 All breastfeeding mothers should be shown how to hand express their milk. A leaflet should be provided for women to use for reference. Community staff should ensure that mothers have received this teaching and leaflet and be prepared to offer it if this is not the case. They should also 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.

- 5.4 An assessment of the mother and baby's progress with breastfeeding will be undertaken at the primary visit by community health-care staff 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 are secure. It will enable early identification of any potential complications and allow appropriate information to be given to prevent or remedy them.
- 5.5 As part of the initial breastfeeding assessment (see 5.4) staff will ensure that breastfeeding mothers know:
- the signs which indicate that their baby is receiving sufficient milk, and what to do if they suspect this is not the case;
  - how to recognise signs that breastfeeding is not progressing normally (e.g. sore nipples, breast inflammation);
  - why effective feeding is important and are confident with positioning and attaching their babies for breastfeeding.

They should be able to explain the relevant techniques to a mother and provide the support necessary for her to acquire the skills for herself.

- 5.6 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.
- 5.7 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.
- 5.8 Mothers who are separated from their babies should be encouraged to express milk at least six to eight times in a 24-hour period. They should be shown how to express breastmilk both by hand and by pump.
- 5.9 All breastfeeding mothers will be given information which will support them to continue breastfeeding and maintain their lactation on returning to work.

#### 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.
- 6.2 In hospital, no water or artificial feed should be given to a breastfed baby except in cases of clinical indication or fully informed parental choice. The decision to offer supplementary feeds for clinical reasons should be made by appropriately-trained midwife or paediatrician. 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.

- 6.3 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 made in the baby's notes.
- 6.4 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.
- 6.5 Breastmilk substitutes will not be sold by health-care staff or on health-care premises.

#### Rooming-in

- 7.1 Mothers will normally assume primary responsibility for the care of their babies.
- 7.2 Separation of mother and baby will normally occur only where the health of either mother or baby prevents care being offered in the postnatal areas.
- 7.3 There is no designated nursery space in the hospital postnatal areas.
- 7.4 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.
- 7.5 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. They should be given information (including issues related to bed sharing) to enable them to manage night-time feeds safely.

#### Baby-led feeding

- 8.1 Baby-led (or 'demand') feeding should be explained to mothers and encouraged for all babies unless clinically indicated. Hospital procedures should not interfere with this principle.
- 8.2 Community 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 be explained to all mothers and ways to cope with the challenges of night-time feeding discussed.

### Use of artificial teats, dummies and nipple shields

- 9.1 Staff will 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.
- 9.2 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 them to make fully informed choices about their use.

### Encouraging ongoing community support for breastfeeding

- 10.1 Contact details for midwives, health visitors, infant feeding advisors\* and other professional support will be given to all breastfeeding mothers before they leave hospital, together with contact details for voluntary breastfeeding counsellors\* and support groups\*. (*\* Amend according to local availability.*)
- 10.2 Community staff will confirm that mothers have this information and inform them about other local initiatives to support breastfeeding.

### A welcome for breastfeeding families

- 11.1 Breastfeeding will be regarded as the normal way to feed babies and young children.
- 11.2 Mothers will be enabled and supported to feed their infants in all public areas of Trust premises/the health centre\*. (*\* Amend as necessary.*)
- 11.3 Signs in all public areas of the facility will inform users of this policy.
- 11.4 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.
- 11.5 Community health-care staff 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.