Trust Policy

Plymouth Hospitals NHS
NHS Trust

Infant Feeding Policy

Date	Version
January 2016	Version 6.2

Purpose

The purpose of this policy is to provide clear guidance for healthcare professionals regarding their roles and responsibilities in ensuring that breastfeeding women are provided with a high standard of care in all clinical environments.

Who should read this document?

All staff. This policy applies to all trust employees, including locum, bank and agency staff working on behalf of the trust and involved in the direct care of patients.

Key messages

Plymouth NHS Trust attaches the highest importance to ensuring a culture that values high standards of patient care exists within the organisation.

Core accountabilities

Production	Director of Governance
Review and approval	Clinical effectiveness Committee
Ratification	Director of Nursing
Dissemination	Patient Safety & Effectiveness Manager
Compliance	BFI accreditation - full

Links to other policies and procedures

This policy must be applied to all Trust policies and procedures.

Version History

1	Feb 08	Reviewed and amended by PCT Breastfeeding Coordinator
2	Sep 08	Reviewed and amended by PHNT Public Health Midwife
3	Nov 08	Reviewed and amended following Consultation and Directorate Approval
4	Aug 09	Amended Following review by the Baby Friendly Initiative at Hospital Stage 1 Assessment
5	Aug 10	Amended following review by the Baby Friendly Initiative at Community Stage 1 Assessment
6	July 2014	Document Reviewed
6.1 **6.1**	September 2014 Jan 2016	Minor Amendment Amended in line with Baby Friendly Initiative (Unicef)

Last Approval	Due for Review
Jan 2016	Jan 2019

The Trust is committed to creating a fully inclusive and accessible service. By making equality and diversity an integral part of the business, it will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on the Trust Documents Network Share Folder (G:\TrustDocuments). Larger text, Braille and Audio versions can be made available upon request.

Contents

1 Principles

Plymouth Community Healthcare (CIC) and Plymouth Hospitals NHS Trust support the robust evidence base which endorses breastfeeding as the healthiest choice of infant feeding for both mother and baby. We recognise that all mothers have the right to receive clear and impartial information which is timely and accessible in order to make a fully informed choice about infant feeding. Healthcare practitioners are committed to supporting pregnant women, and new parents to care for their baby in ways which support optimum health, development and wellbeing.

2 Aims

To ensure that the health benefits of breastfeeding and the potential health risks associated with reconstituting and feeding formula milk are discussed with all women, their families and supporters, as appropriate, so that they can make a fully informed decision with regard to feeding their baby.

To enable healthcare practitioners to create an environment and culture which supports positive infant feeding experiences, where more women may choose to breastfeed their babies. This will include the provision of adequate information and support that enables them to breastfeed for as long as they choose to do so, ideally exclusively for the first six months and as part of a weaning diet for the remainder of the first year and beyond.

To ensure that parents, who chose to formula feed, are empowered to do so as safely as possible, through the provision of clear unbiased information and instruction in line with nationally agreed guidance.

To ensure parents receive appropriate and consistent information and advice in respect of the timely introduction of solid food, which is in line with nationally agreed guidance.

To improve the experiences and quality of care received by all our service users.

3 Our commitment

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.

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.

4 Supporting the Policy

Provide the appropriate level of mandatory training to all staff who are involved with the direct care of pregnant women and new mothers which enables them to adhere to this policy. New staff will receive training within 6 months of commencement of employment. *Any deviation from the policy must be justified and recorded in the mother's and baby's health care records.*

Ensure all newly recruited staff are familiarised with the policy during their period of induction. This policy is aligned too, and endorsed by, the Plymouth Breastfeeding Strategy.

Adhere to the international code of marketing of breast milk substitutes, which prohibits the sale of breast milk substitutes on their premises or by staff. No advertising of breast milk substitutes, bottles, teats and dummies is permissible in any of the health care premises, and should be discouraged in other premises used by PCH staff. The use of items which endorse or display infant formula marketing logos is prohibited; this includes promotional materials such as calendars, stationery, pens, mugs, obstetric wheels and weight chart. Under no circumstances is it acceptable for staff to be entertained by the representatives of companies producing such goods either on work premises or in work time. Health care facilities must not display products or posters concerning infant formula.

Ensure that no literature or education material endorsed by infant formula manufacturers are permitted for use. Educational materials provided for pregnant women and their families should be approved by the Great expectations quality assurance group or designated service lead.

Ensure that no group instruction on the preparation of formula feeds will be routinely given in the antenatal period. Parents who have made an informed choice to feed their babies formula should be instructed on how to prepare feeds safely, in the postnatal period. This should be supported by literature/guidance approved for use in the facility. (See appendix 2: minimising the risks associated with formula feeding).

Ensure robust Data collection systems are implemented and adhered too, which effectively record the method of infant feeding at specific times: birth, discharge from hospital, 10 – 14 day primary assessment and 6-8 weeks.

Seek feedback from parents who have experience of using our services, through audit, surveys, focus groups and research to ensure that the policy is implemented effectively and to support the design of future service delivery which is responsive to need.

5 Communicating the infant feeding policy

This policy is to be communicated to all healthcare practitioners who have contact with pregnant women and new mothers and to all new staff at the beginning of their employment. An electronic copy of this policy is available via local intranet. Written copies of the policy should be made available to staff and service users on request, in all clinical and public areas where services are delivered.

The parent's guide to the infant feeding policy will be given to all women early in pregnancy, and will be on display in all health care settings used by pregnant women and parents.

Translated versions of the parent's guide to the policy, are available via the Plymouth latch-on

website in Kurdish Sorani and Polish. Requests for interpretation of the policy or for women with specific language or learning needs will be addressed on an individual basis.

6 Care standards

This section of the policy sets out the care that the health service is committed to giving each and every expectant and new mother. It is based on the United Nations International Children's Emergency Fund **(**UNICEF), UK Baby Friendly Initiative standards, relevant National Institute for Clinical Excellence (NICE) guidance 11/37 and the Healthy Child Programme.

All pregnant women will have the opportunity to discuss feeding and caring for their baby with a member of the health team (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 contact for all mothers and their 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.
- An exploration of what parents already know about breastfeeding.
- The value of breastfeeding as protection, comfort and food.
- Getting breastfeeding off to a good start and managing expectations.

- The service recognises the significance of pregnancy as a time for building the foundations of future health and well-being and the potential role of health workers to positively influence pregnant women and their families. Staff will therefore make the most of opportunities available to them to support the provision of information about feeding and caring for babies to pregnant women and their families. This will include ensuring that:

- Antenatal contacts are used as an opportunity to discuss breastfeeding and the importance of early relationship building, using a sensitive and flexible approach.
- The health teams will proactively support and recommend the services provided through partnerships or by other organisations to mothers (e.g. Great Expectations, children's centres or voluntary organisations).
- The service works collaboratively to develop / support any locally operated antenatal interventions delivered with partner organisations.

Healthcare practitioners have a responsibility to protect and promote breastfeeding and to support all mothers in avoiding or overcoming any challenges or problems related to feeding.

All staff who provide services for pregnant women and new parents will receive mandatory training in infant feeding and breastfeeding Management at a level appropriate to their individual needs. New staff will receive training within 6 months of appointment. All staff will be required to undertake annual updating in Essential Skills of Breastfeeding Management at a level appropriate to their needs.

Infant feeding and Breastfeeding Management training will comply with UNICEF Baby Friendly Initiative best practice standards, and will be the responsibility of the health care facilities designated breastfeeding lead.

Medical practitioners in both, Primary and acute care facilities, have a responsibility to promote breastfeeding and provide an appropriate level of support, guidance and (when applicable) intervention to breastfeeding mothers. Information and training will be made available to practitioners to enable this to achieve.

All clerical and ancillary staff will be orientated to the policy and offered infant feeding awareness training as and when requested.

Healthcare practitioners and support staff who are involved in the delivery of postnatal care will receive training in the skills needed to assist mothers who have chosen to formula feed.to enable them to:

(See appendix 2 minimising the risks associated with formula feeding)

7 Communicating the benefits of Breastfeeding

All staff that provide health care to women during pregnancy have a responsibility to ensure that they are aware of the benefits of breastfeeding, and of the potential risks associated with preparing and feeding infant formula.

All pregnant women should be given an opportunity to discuss infant feeding on a one to one basis with a trained member of staff. Such discussion should take place before 34 weeks gestation and not solely be attempted during a group parent education class.

All pregnant women should be encouraged to register with a local children's centre and receive information about the Great Expectations antenatal programme.

All pregnant women should be offered a clear and simple explanation of how breastfeeding works, during their routine antenatal care. This should include information about effective management practices which have been proven to protect breastfeeding and reduce common problems. The aim is to instil confidence in women regarding their ability to breastfeed and/or provide breast milk for their baby, until such time when their baby is able to breastfeed.

Information given to support infant feeding practices will be monitored using agreed record keeping standards and audit cycles.

All information and resources provided for practitioners and parents will be in line with the UNICEF Baby Friendly Initiative and international code.

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 breast milk 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 the use of a teat when a baby is learning to breastfeed.

Staff will provide all pregnant women with information about accessing community interventions which promote and support breastfeeding.**8**	**Initiation of Infant Feeding**

All mothers should be encouraged (unless medically contra-indicated) to hold their babies in skin-to-skin contact as soon as possible after delivery, regardless of their chosen method of feeding. Mothers and families will be informed of the beneficial effects of prolonged skin to skin contact.

Skin to skin contact should be facilitated in an unhurried environment, lasting for at least 1 hour or until after the first feed (whichever is sooner). It should not be interrupted for routine procedures or routinely for transfer of mother and baby from Delivery Suite and/or Maternity theatre/recovery.

If skin to skin contact is interrupted for clinical reasons, it should be recommenced as soon as reasonably possible and continued for as long as the mother wishes.

Vigilance as to the baby's well-being is a fundamental part of the 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 of 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. entotox).

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

All mothers should be supported to recognise and respond to their infants early feeding cues and should be encouraged to offer the first feed when their baby is ready. An experienced member of the midwifery care team must be available to help the mother if needed, and to observe at least one feed. A discussion should be had, if appropriate at this point on responsive feeding. (Please see section 12).

All breastfeeding mothers will be offered further assistance with breastfeeding, by an appropriately skilled practitioner, within 6 hours of delivery.

A Breastfeeding assessment should be offered at each contact between the mother and her health carer or if a mother requests it.

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

9 Sustaining breastfeeding and/or lactation, even if mother and baby are separated

An appropriately trained member healthcare practitioner should be available to help and support each mother with as many feeds as required, whilst also encouraging the development of confidence and independence.

Healthcare staff must ensure that all mothers are offered support to acquire the skills of correct positioning and attachment. They should be able to explain and demonstrate, using props where appropriate, the necessary techniques to enable the mother to become skilled and to recognise good attachment.

All breastfeeding mothers should be shown how to hand express breast milk. Written and visual information should be given to support this. Community staff should ensure that the mothers have received this teaching and literature and be prepared to offer it again if necessary. 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.

Any mother who is separated from her baby or who are unable to feed their baby for medical or other reasons should be helped and encouraged to express their breast milk within 4 hours after delivery or sooner if possible. The physiological reasons for this in terms of milk production should be explained to the mother.

Mothers who are separated from their baby or who are unable to feed their baby should be encouraged to express breast milk at least eight to ten times in 24 hours. This should include at least one night feed (between 2-4am), with the rationale for this explained clearly. These mothers must be shown how to express by hand and how to use a breast pump.

An assessment of feeding will be carried out at every routine postnatal contact by a suitably trained healthcare practitioner. Initial breastfeeding assessment to be completed minimum of discharge from hospital and day 5.The breastfeeding/formula checklist should then be completed by the health visiting team at the primary visit (10-14 days) and documented in line with PCH record keeping standards. If additional feeding support is required, a personalised plan of care should be agreed in partnership with the mother.

Handover of care between practitioners/healthcare providers must include information regarding mother and infant's feeding history. A full feeding assessment should be undertaken prior to discharge from midwifery care, and again at the Primary visit by a senior member of the Specialist community Public health nursing team.

When there are feeding concerns an individual a care plan should be discussed and documented. This will build on the information and support already provided and reinforces new skills and knowledge. It will enable early detection of complications and allow appropriate information to be given to prevent or remedy them.

- Prior to discharge from midwifery care, all mothers will receive information both verbally and in writing about the importance of building a close and loving relationship and how to recognise effective feeding to include:

- Support to recognise and understand their baby's needs, including encouraging touch, gentle/soothing communication, keeping baby close, safe sleeping, responsive feeding and giving eye contact.
- The signs which indicate that their baby is receiving sufficient milk, and what to do if they suspect that this is not the case.

- How to recognise signs that breastfeeding is not progressing normally (e.g. sore nipples, breast inflammation, mother concerned).

- Why effective feeding is important and are confident with positioning and attaching their babies to breastfeed.

All mothers should be given written information about local and National sources of breastfeeding support; this will include Children centres and Latch-on groups. Mothers should be encouraged to access the Plymouth latch-on network and volunteer peer support service.

Breastfeeding mothers returning to work or study should have access to information and support which will enable them to maintain lactation and continue breastfeeding.

10 Support for continued breastfeeding

No water or formula feeds should be offered to a breastfed baby until they show developmental signs of readiness for weaning at approximately six months of age, unless clinically indicated or as a result of fully informed parental choice. Clinical indication requires that an appropriately trained member of staff prescribes or recommends additional water or artificial feed.

Prior to the introduction of formula milk to a breastfed baby, the views and wishes of the infant's mother should be paramount. Support and encouragement to continue feeding and/or to express breast milk should be promoted as the most favourable alternative to formula feeds.

Parents should always be consulted if supplementary feeds are prescribed or recommended and the reasons discussed with them in full. This applies to all wards including Central Delivery Suite, Transitional Care Ward and Neonatal Intensive Care Unit. Any supplements given must be recorded in the mother and baby's records together with the rationale.

Mothers who request supplementation should be made aware of the health implications and the potentially negative impact this may have on lactation. A record of this discussion should be recorded in the mother's and the baby's notes.

All mothers should be encouraged to exclusively breastfeed for the first six months, and to continue breastfeeding alongside the gradual introduction of solid food for at least the first year and beyond.

Mothers should receive information, both in writing and verbally, about the timely introduction of food other than breast milk (weaning). This must include the risks associated with weaning before the infant is developmentally ready, prior to 6 months of age, and the negative impact on lactation.

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 breast milk their baby receives.

11 Formula Feeding

Mothers who formula feed will be enabled to do so as safely as possible through the offer of a demonstration and/or discussion about how to prepare infant formula.

Mothers who formula feed will have a discussion about the importance of responsive 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 that the baby wants.

12 Support for parenting and building a close relationship

Mothers will assume primary responsibility for the care of their baby in the immediate postnatal period, unless there is a contraindication. They will receive information about the importance of keeping their baby near them at all times in order to develop the mother-infant relationship.

Separation of mother and baby while in hospital will normally occur only where the health of either the mother or her infant prevents care being offered together in the postnatal areas.

Mothers who have undergone a caesarean section or assisted delivery should be given appropriate personalised care and assistance to feed their baby, whilst maintaining the policy of rooming-in.

All mothers will be given appropriate information about caring for their baby at night and the benefits of keeping their baby in close proximity. Parents should receive information about minimising the risks associated with bed sharing. Contra-indications to bed sharing i.e. either parent smokes, bed sharing should be strongly advised against.

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

13 Responsive feeding

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 breastfeeding will not, in and of itself, tire mothers any more than caring for a new baby without breastfeeding.

Healthcare providers should ensure that mothers understand what is meant by responsive feeding and that they know how to recognise their baby's cues for readiness to feed. This should include an awareness of normal feeding patterns, including cluster feeding and 'growth spurts'. The importance of night time feeding in relation to milk production should also be explained.

Responsive parenting and feeding should be encouraged throughout the baby's infancy.

14 Use of artificial teats, dummies and nipple shields

Healthcare practitioners should not routinely recommend the use of artificial teats or dummies

whilst breastfeeding is being established, (in exceptional circumstances, dummies may be used for pre-term infants, where non-nutritive sucking is indicated to stimulate development). Parents, who wish to use a teat/dummy before breastfeeding is established, will be informed about the potential interference with responsive feeding and the establishment of breastfeeding. A record of this discussion and the outcome should be recorded in the mother's and baby's health records.

The appropriate use of dummies for breastfeeding babies later in the postnatal period should be discussed with mothers, including possible detrimental effects that it may have on breastfeeding, to enable them to make a fully informed choice.

Nipple shields will not be recommended except in extreme cases and if used should be discontinued as soon as possible. If a mother wishes to use a nipple shield, the disadvantages should be explained to her, and she should be given continuing care whilst using the shield. Indication for use, discussion and outcome should be recorded in the mother's health records.

15 Support for infant feeding in the community

All health care providers are encouraged to work collaboratively, whilst recognising their own responsibilities to promote, protect and support breastfeeding.

All mothers will be given telephone contact details for the midwifery service and 24 hour help on discharge from hospital or following a home birth, and for health visiting support on transfer from midwife to health visitor.

Information and contact details for local and national parenting support groups and children's centres will be issued to all mothers and be routinely displayed around the Maternity Unit and in other health care facilities used by pregnant women and families.

Breastfeeding peer supporters will be invited to be actively involved in the development of breastfeeding promotion and support in Plymouth. Peer supporters should be considered a valuable member of the integrated children and family services team. Health care practitioners should seek to obtain feedback from peer supporters following their contact with mothers during the antenatal and postnatal period.

Peer supporters should be inducted into the hospital/community setting, and a clear explanation given of any relevant policy and procedures which must be adhered to i.e. infection control, fire safety, safeguarding, etc.

16 Welcoming breastfeeding families

Breastfeeding should be valued as the normal physiological way to feed babies and young children, affording the best long term health outcomes.

Mothers are welcome to feed their infants in all public areas of this health care facility. These areas will display signs to inform users that breastfeeding is welcome.

If a breastfeeding mother wishes to feed her baby in privacy, every effort should be made to find her a suitable facility.

All mothers will be made aware of their right to breastfeed, free from discrimination (Equality Act 2010). Support to develop strategies for breastfeeding outside the home and will be provided with information about places that are engaged in the local breastfeeding welcome kite mark scheme.

17 Promoting support for breastfeeding in the wider community

Healthcare practitioners should promote and encourage a breastfeeding culture within the wider community. Plymouth City Wide Breastfeeding Strategy supports this, aiming to make Plymouth a breastfeeding friendly city.

Healthcare practitioners will utilise opportunities to engage with volunteers, colleagues, retailers, local authority, businesses and education to raise awareness of the importance of breastfeeding, and to promote good facilities for breastfeeding women.

Healthcare practitioners and volunteers will be encouraged to participate in raising awareness of the importance of breastfeeding as part of wider educational activities in local schools, colleges, further education establishments and during student placements, as appropriate to their role.

18 Monitoring compliance and effectiveness

- Data collection to show the duration of exclusive and any breastfeeding at specific times (birth, discharge from hospital, primary assessment and 6-8 weeks) is an essential requirement. It is the responsibility of all health care professionals to complete appropriate records as required.
- Compliance with the infant feeding policy will be audited on an annual basis.
- It is the responsibility of the health care facility to provide staff with an appropriate level of education and information to fulfil their role and comply with the infant feeding policy.
- It is the responsibility of the health care facility to ensure mechanisms are in place to monitor and record staff education in relation to breastfeeding and orientation to the infant feeding policy.

19 References

UNICEF UK (accessed on line 2008) *Baby friendly initiative implementation guidance*. http://www.babyfriendly.org.uk/pdfs/implementation_guidance.pdf

Breastfeeding mothers and medicines – general guidance — Appendix 1

The following principles should be followed when prescribing for breastfeeding mothers:

- Avoid unnecessary drug use and limit use of over-the-counter (OTC) products.
- Breastfeeding mothers should seek advice on the suitability of OTC products.
- Assess the benefit/risk ratio for both mother and infant.

- Avoid use of drugs known to cause serious toxicity in adults or children.
- Drugs licensed for use in infants do not generally pose a hazard.
- Neonates (and particularly premature infants) are at greater risk from exposure to drugs via breast milk, because of immature excretory functions and the consequent risk of drug accumulation.
- Choose a regimen and route of administration which presents the minimum amount of drug exposure to the infant and where possible enables continued breastfeeding.
- It is best to avoid long-acting preparations, especially those of drugs likely to cause serious side effects (e.g. antipsychotic agents), as it is difficult to time feeds to avoid significant amounts of drug in breast milk.
- Multiple drug regimens may pose an increased risk especially when adverse effects such as drowsiness pose further risks to safe parenting.
- Infants exposed to drugs via breast milk should be monitored for unusual signs or symptoms.
- Avoid new drugs if a therapeutically equivalent alternative that has been more widely used is available. A robust assessment of the balance of benefit to risk requires data both on the drug's passage into breast milk and its effects in infants: there is rarely enough information available for new drugs to allow such an assessment to be made. If a drug with limited data is deemed to be clinically necessary or for any further information, contact the UK Drugs in Lactation Advisory Service for further advice - click here for contact details. http://www.breastfeedingnetwork.org.uk/detailed-information/drugs-in-breastmilk/

Minimising the risks associated with formula feeding | Appendix 2

There are a number of names and terms used for infant milks, which include: ‘breast milk substitutes’, ‘artificial milks’ or ‘formula milks’.

This policy adopts the term ‘infant formula’ to mean a food that can meet all an infant’s nutritional needs during the first six months of life and which complies with the regulatory framework of the Infant Formula and Follow-on Formula Regulations 2007.

Further reading: Infant milks in the UK, A practical guide for health professionals May 2012. Authors: Helen Crawley and Susan Westland. The Caroline Walker Trust.

- **All** parents must be empowered with clear, relevant and unbiased information to enable them to make a fully informed feeding choice.

It is recommended that Health professionals adhere to the principals of the infant feeding policy, to ensure that all parents receive optimal information regarding infant feeding practices. In addition:

All parents who are not breastfeeding their baby need to know how to:

- Safely reconstitute infant formula (make up a feed).
- Give a feed, which optimises the interaction between a baby and its caregiver.
- Utilise the feeding experience as a time for learning about their baby, engaging in communication, and becoming attuned with each other.
- Recognise feeding cues and signs that their baby's appetite is satiated in order to respond to their needs and avoid overfeeding.
- Sterilise feeding equipment.

Following the baby's birth, and an informed decision, Information and practical demonstrations relating to feeding infant formula, should only be given on a one to one basis, (National Institute of Clinical Excellence (NICE) 2008).

The following leaflets are recommended for parental use:

- **Guide to bottle feeding**

How to prepare infant formula and sterilise feeding equipment to minimise the risks to your baby. (NHS. Quote: 302064 Guide to bottle feeding)

- **A guide to infant formula for parents who are bottle feeding**

(UNICEF UK Baby Friendly Initiative Leaflet amended 01/10/2010)

The following supporting information is recommended for use by healthcare professionals:

- **The health professional's guide to: "A guide to infant formula for parents who are bottle feeding"**

(UNICEF UK Baby Friendly Initiative, October 2010)

Consultation and Dissemination Plan | Appendix 3

Core Information	
Document Title	Breastfeeding policy
Date Finalised	July 2014
Dissemination Lead	Director of Governance
Previous Documents	

Previous document in use?	Yes, electronic version on Trust Documents Network Share Folder
Action to retrieve old copies	To be managed by the Information Governance Team.
Consultation	
Trust Clinical Executive (TCE)	Summary framework presented on X.
HMSC	Summary framework presented on X.
Chief Executive's Briefing	Summary framework presented on X.
Team Brief	Summary framework presented on X.

Dissemination Plan

Recipient(s)	When	How	Responsibility	Progress update
All Trust staff	July 2014	Vital Signs	Information Governance Team	

Equalities and Human Rights Impact Assessment | Appendix 4

Core Information	
Manager	Director of Corporate Business
Date	July 2014
Title	Breastfeeding policy

Scope of the assessment
The document has been circulated with the accompanying Equality Impact Assessment to all Executive Directors, Directors and Heads of Department. The document has been compiled in line with CQC and NHSLA requirements.

Collecting data	
Race	The document has no impact in this area.
Religion	The document has no impact in this area.
Disability	The document has no impact in this area.
Sex	The document has no impact in this area.
Gender Identity	The document has no impact in this area.
Sexual Orientation	The document has no impact in this area.
Age	The document has no impact in this area.
Socio-Economic	The document has no impact in this area.
Human Rights	The document has no impact in this area.
What are the overall trends/patterns in the above data?	There are no trends/patterns in this data.
Specific issues and data gaps that may need to be addressed through consultation or further research	Trust wide documents can be made available in a number of different formats and languages if requested. No further research is required as there are no further equality issues.

Involving and consulting stakeholders	
Internal involvement and consultation	This policy has been compiled by the Director of Governance. The policy has been circulated for consultation to members of the Risk & Assurance Review Group.
External involvement and consultation	This policy has been developed with reference to the practices of other NHS Trusts and the 2012/13 NHSLA Risk Management Standards for NHS Trusts.

Impact Assessment	
Overall assessment and analysis of the evidence	This assessment has shown that there is no anticipated impact on race or disability groups.

Action Plan

Action	Owner	Risks	Completion Date	Progress update

None	-	-	-	-

Review and approval checklist — Appendix 5

Review		
Title	Is the title clear and unambiguous?	Yes
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Yes
	Does the style & format comply?	Yes
Rationale	Are reasons for development of the document stated?	Yes
Development Process	Is the method described in brief?	Yes
	Are people involved in the development identified?	Yes
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Yes
	Is there evidence of consultation with stakeholders and users?	Yes
Content	Is the objective of the document clear?	Yes
	Is the target population clear and unambiguous?	Yes
	Are the intended outcomes described?	Yes
	Are the statements clear and unambiguous?	Yes
Evidence Base	Is the type of evidence to support the document identified explicitly?	Yes
	Are key references cited and in full?	Yes
	Are supporting documents referenced?	Yes
Approval	Does the document identify which committee/group will review it?	Yes
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Yes
	Does the document identify which Executive Director will ratify it?	Yes
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	Yes
	Does the plan include the necessary training/support to ensure compliance?	Yes
Document Control	Does the document identify where it will be held?	Yes
	Have archiving arrangements for superseded documents been addressed?	Yes
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes
	Is there a plan to review or audit compliance with the document?	Yes
Review Date	Is the review date identified?	Yes
	Is the frequency of review identified? If so is it acceptable?	Yes
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes

Approval (Executive Director Ratification)	
I am satisfied that this document complies with the Trust's requirements.	
Name	**Greg Dix**
Title	**Director of Nursing**
Date	**8th July 14**

Signature	