

## NEONATAL UNIT INFANT FEEDING POLICY

Issue Date	Review Date	Version
March 2021	March 2026	2

### Purpose

The purpose of this policy is to ensure that all staff at Derriford Neonatal Unit understand their role and responsibilities in supporting parents to feed and care for their baby in ways which support optimum health and well-being. All staff are expected to comply with this policy.

### Who should read this document?

All Trust staff involved in the direct care of neonatal 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.

### Accountabilities

<b>Owner</b>	Sarah Wilde Neonatal Unit Sister Emma Skedgell Nursery Nurse Lucy Stimpson Nursery Nurse
<b>Review and approval</b>	Women's and Children's Quality Assurance Group
<b>Ratification</b>	Director of Midwifery – Sue Wilkins
<b>Dissemination</b>	All staff involved in Clinical Neonatal Care
<b>Compliance</b>	Neonatal Clinical Educator/Line Manager

### Links to other policies and procedures

Plymouth Neonatal Intensive Care Unit Guideline(2011) Infant Mouth Care

Plymouth Neonatal Intensive Care Unit Guideline (2103) Enteral Feeding Pathway

Plymouth Neonatal Intensive Care Unit Guideline (2017) Management of Neonatal Hypoglycaemia

Plymouth Neonatal Intensive Care Unit Guideline (2017) Milk Preparation & Storage

Plymouth Neonatal Intensive Care Unit Guideline (2017) Parents Guide to the Infant Feeding Policy

Plymouth Neonatal Intensive Care Unit Guideline (2017) Skin to Skin (Kangaroo Care)

UNICEF (2014) The Baby Friendly Initiative for All Babies, UNICEF United Kingdom

### Version History

1	May 2018	Final Document
2	March 2021	Updated and approved

*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 Trust Documents.  
Larger text, Braille and Audio versions can be made available upon request.**

<b>Section</b>	<b>Description</b>	<b>Page</b>
1	Introduction	4
2	Purpose, including legal or regulatory background	4
3	Definitions	4
4	Duties	4
5	Care Standard One- Supporting parents to have a close and loving relationship with their baby	5
6	Care Standard Two- Enabling babies to receive breast milk and to breast feed when possible	6
7	Care Standard Three- Valuing parents as partners in care	7
8	Overall Responsibility for the Document	7
9	Consultation and Ratification	7
10	Dissemination and Implementation	8
11	Monitoring Compliance and Effectiveness	8
12	References and Associated Documentation	10
Appendix 1	Dissemination Plan	11
Appendix 2	Review and Approval Checklist	12
Appendix 3	Equality Impact Assessment	13

## **1 Introduction**

- 1.1 This policy aims to ensure that the care provided improves outcomes for infants and families, specifically to deliver:
- Increases in the number of babies receiving breast milk
  - Increases in breastfeeding initiation rates
  - Increases in the number of babies who are discharged home breastfeeding or receiving breast milk
  - Increases in the proportion of mothers who chose to formula feed reporting that they have received proactive support to formula feed as safely as possible, in line with Department of Health Guidance
  - Improvements in parent's experiences of care
- 1.2 Failure to comply with this policy could result in disciplinary action

## **2 Purpose, including legal or regulatory background**

- 2.1 The purpose of this policy is to ensure that all Derriford Neonatal Unit and Transitional Care Ward (TCW) staff understand their role and responsibilities in supporting parents/carers to feed and care for their baby to enhance optimum health and well-being. All staff are expected to comply with this policy.

## **3 Definitions**

- 3.1 Breast milk feeding babies receive breast milk via breast feeding, a gastric tube, bottle or cup.
- 3.2 The term 'Neonatal Unit' encompasses both the Neonatal Intensive Care Unit and Transitional Care Ward.

## **4 Duties and responsibilities of staff**

- 4.1 The matron and neonatal team are 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
  - 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 parent's decisions are supported and respected.
  - Working together across disciplines and organisations to improve parent's experiences of care

4.2 The Senior Matron and nursing team are responsible for ensuring that:

- All new staff are familiarised with the policy on commencement of employment
- All new staff receive training to enable them to implement the policy as appropriate to their role.
- New staff will receive this training within eight weeks of commencement of employment
- The international code of marketing of Breast-milk substitutes <sup>1</sup> is implemented throughout the service
- All documentation fully supports the implementation of these standards
- Parent's experiences of care will be listened to through:
  - Regular audit using the Baby Friendly Initiative audit tool, parent's experience surveys e.g. Care Quality Commission
  - Bliss Baby charter audit tool
  - Parent feedback cards
  - Care Quality Audit tool

<sup>1</sup> More information on the code: <http://www.unicef.org.uk/Baby-Friendly/Health-Professionals/going-Baby-Friendly/Maternity/The-International-Code-of-Marketing-of-Breastmilk-Substitutes>

## **5 Care standard one: Supporting parents to have a close and loving relationship with their baby**

5.1 This service recognises the profound importance of secure parent-infant attachment for the future health and well-being of the infant and the challenges that the experience of having a sick or premature baby can present to the development of this relationship. Therefore, this service is committed to care which actively supports parents to develop a close and loving bond with their baby.

5.2 All Parents Will:

- Have a discussion with an appropriate member of staff as soon as possible (either before or after the baby's birth) about the importance of touch, comfort and communication for their baby's health & development
- Be actively encouraged and enabled to provide touch, comfort and emotional support to their baby throughout their baby's health and development
- Be enabled to have frequent and prolonged skin contact with their baby as soon as possible after birth and throughout the baby's stay on the neonatal unit. (see Skin to Skin guideline/leaflet)

## 6 Care standard two: Enabling babies to receive breast milk and to breast feed when possible

- 6.1 This service recognises the importance of breast milk for babies' survival and health. Therefore, this service will ensure that:
- A mother's own breast milk is always the first choice of feed for her baby
  - Mothers have a discussion regarding the importance of their breast milk for their preterm or ill baby as part of antenatal counselling, where possible, or as soon after birth as possible.
  - The importance of early colostrum, and its role in reducing future morbidity and mortality. As part of this, if applicable, parents are made aware of the PERIPrem Care Bundle and are given a 'Parents Passport' if they have not yet received one.
  - A suitable environment conducive to effective expression is created
  - Mothers have access to effective breast pumps and equipment
- 5.3 Mothers are enabled to express breast milk for their baby, including support to:
- Express as early as possible after birth (Ideally within 1-2 hours)
  - Learn how to express effectively, including by hand and by pump
  - Learn how to use equipment and store milk safely (see Guideline for Milk Preparation and Storage)
  - Express frequently (at least 8-10 times in 24hours, 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 750mls in 24hours is expressed by day 10.
  - Stay close to their baby when expressing milk
  - Use their milk for mouth care, to provide comfort, when their baby is not tolerating oral feeds (see Mouth Care SOP) and later to tempt their baby to feed
- 5.4 A formal review of expressing is undertaken a minimum of four times in the first two weeks to support optimum expressing and milk supply (see Assessment of Breast milk Expression)
- 5.5 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 & attach their baby for breastfeeding
  - Recognise effective feeding
  - Overcome challenges when needed
  - Mothers are provided with details of voluntary support for breastfeeding which they can choose to access at any time during their baby's stay

5.5 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 mother's confidence and responsive feeding

## **7 Care standard three: Valuing parents as partners in care**

7.1 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.

7.2 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.

7.3 The service will ensure that parents who formula feed:

- Are provided with unbiased evidence based information on how to choose a formula brand, and the need to only use 'first milks' for the first year of life.
- Receive information about how to clean/sterilise equipment and make up a bottle of formula milk safely.
- Are able to feed this to their baby using a safe, paced, responsive technique, recognising when a baby is full or distressed. A Bottle Feeding Assessment is carried out at least once, to check parental knowledge. (see Bottle Feeding Assessment).
- Given the same information as families who have chosen to breastfeed regarding the importance of forming close and loving relationships and ways to promote this within the Neonatal unit, such as skin to skin.

## **8 Overall Responsibility for the Document**

8.1 Overall responsibility for this document will be held by the matron for Acute Paediatrics and Neonates.

## **9 Consultation and Ratification**

9.1 The design and process review and revision of this policy will comply with the developments and management of trust wide documents.

- 9.2 The review period for this document is set as three years from the last ratified date, or earlier if developments within or external to the trust indicate the need for a significant revision.
- 9.3 This document will be approved and ratified by the Neonatal Clinical Governance Team. Non-significant amendments to this document may be made, under guidance from the Clinical Governance Team, by the nominated author. These changes must be ratified by the Care Group manager and reported to the Clinical Governance Team. For non-significant amendments, an informal consultation will be restricted to named groups or grades that are directly affected by the proposed changes.

## **10 Dissemination and Implementation**

- 10.1 Following approval and ratification, this policy will be published in the Trust's formal documents library and all neonatal staff will be notified via email, it will also be published through the Trust's normal notification process.
- 10.2 Document control arrangements will be in accordance with The Development and Management of Trust Wide Documents.
- 10.3 The documents authors will be responsible for agreeing the training requirements associated with the newly ratified document with the Care Group Manager.

## **11 Monitoring Compliance and Effectiveness**

- 11.1 Derriford Neonatal Unit requires that compliance with this policy is audited at least annually using the UNICEF UK Baby Friendly Initiative audit tool (2016 edition). Staff involved in carrying out this audit require training on the use of this tool.
- 11.2 Audit results will be reported to the Senior Nurse and an action plan will be agreed by Neonatal Management team to address any areas on non-compliance that have been Identified.
- 11.3 Outcomes will be Monitored by:
- Breast milk feeding rates
  - Breastfeeding rates
  - The parent experience through the Care Quality Assessment Tool (CQAT)
  - Parent feedback forms
  - PERIPrem Care Bundle figures
- 11.4 Outcomes will be Reported to:
- Senior Nurse for neonates

11.5 In order to monitor compliance with this policy, the audible standards will be monitored as follows:

Standard Number	Minimum Requirements	Evidenced By:
Standard One	80% compliance with Baby Friendly Standards  <a href="http://www.unicef.org.uk/Documents/BabyFriendly/Guidance/BabyFriendlyGuidance2012.pdf?epslanguage=en">http://www.unicef.org.uk/Documents/BabyFriendly/Guidance/BabyFriendlyGuidance2012.pdf?epslanguage=en</a>	Baby health records and Baby Friendly Audit
Standard Two	80% compliance with Baby Friendly Standards  <a href="http://www.unicef.org.uk/Documents/BabyFriendly/Guidance/BabyFriendlyGuidance2012.pdf?epslanguage=en">http://www.unicef.org.uk/Documents/BabyFriendly/Guidance/BabyFriendlyGuidance2012.pdf?epslanguage=en</a>	Baby health records and Baby Friendly Audit
Standard Three	80% compliance with Baby Friendly Standards  <a href="http://www.unicef.org.uk/Documents/BabyFriendly/Guidance/BabyFriendlyGuidance2012.pdf?epslanguage=en">http://www.unicef.org.uk/Documents/BabyFriendly/Guidance/BabyFriendlyGuidance2012.pdf?epslanguage=en</a>	Baby health records and Baby Friendly Audit

11.6 In each financial year, the senior nurse will audit the Neonatal Infant Feeding policy to ensure compliance and a formal report will be written and presented to the Neonatal team.

11.7 Undertaken by Neonatal Senior Nurse /BFI Strategy group

- Plymouth Neonatal Intensive Care Unit Guideline(2011) Infant Mouth Care
- Plymouth Neonatal Intensive Care Unit Guideline (2103) Enteral Feeding Pathway
- Plymouth Neonatal Intensive Care Unit Guideline (2017) Management of Neonatal Hypoglycaemia
- Plymouth Neonatal Intensive Care Unit Guideline (2017) Milk Preparation & Storage
- Plymouth Neonatal Intensive Care Unit Guideline (2017) Parents Guide to the Infant Feeding Policy
- Plymouth Neonatal Intensive Care Unit Guideline (2017) Skin to Skin (Kangaroo Care)
- UNICEF (2103) Assessment of Breast milk Expression
- UNICEF (2019) Bottle Feeding Assessment Tool
- UNICEF (2014) The Baby Friendly Initiative for All Babies, UNICEF United Kingdom
- PERIPrem Care Bundle. Available from: <https://www.weahsn.net/our-work/transforming-services-and-systems/periprem/periprem-project/>

<b>Core Information</b>				
<b>Document Title</b>	Neonatal Unit Infant Feeding Policy			
<b>Date Finalised</b>	March 2021			
<b>Dissemination Lead</b>	Katie Hoffman			
<b>Previous Documents</b>				
<b>Previous document in use?</b>	None			
<b>Action to retrieve old copies.</b>	Not required			
<b>Dissemination Plan</b>				
<b>Recipient(s)</b>	<b>When</b>	<b>How</b>	<b>Responsibility</b>	<b>Progress update</b>
Preceptee Nurses	At Induction	Face to face	BFI Team	
Current staff	Once ratified	Email	BFI Team	
New medical staff	On employment	Email	BFI Team	

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

Core Information				
Manager	Katie Hoffman			
Directorate	Women and Children			
Date	22/03/2021			
Title	Neonatal Unit Infant Feeding Policy			
What are the aims, objectives & projected outcomes?	The aim of this policy is to ensure that all staff at Derriford Neonatal Unit understand their role and responsibilities in supporting parents to feed and care for their baby in ways which support optimum health and well-being. All staff are expected to comply with this policy. It is projected that this policy will help to increase rates of infants receiving breastmilk and to increase support offered to families who chose to formula feed.			
Scope of the assessment				
Collecting data				
Race	This document has no impact in this area			
Religion	This document has no impact in this area			
Disability	This document has no impact in this area			
Sex	This document has no impact in this area			
Gender Identity	This document has no impact in this area			
Sexual Orientation	This document has no impact in this area			
Age	This document has no impact in this area			
Socio-Economic	This document has no impact in this area			
Human Rights	This 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	Service Line Director, Ward Manager, clinical Educators & BFI Strategy Group			
External involvement and consultation	Unicef Baby friendly Initiative			
Action Plan				
Action	Owner	Risks	Completion Date	Progress update
Monitoring of outcomes and feedback	Katie Hoffman			

