

Neonatal Unit Infant Feeding Policy

| Issue Date | Review Date | Version |
|-------------|-------------|-----------|
| August 2017 | August 2020 | Version 1 |

Purpose

The purpose of this policy is to ensure that all staff at Derriford Neonatal Unit understands 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 is 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.

Core accountabilities

| | |
|----------------------|--|
| Owner | Eileen Oliveira (Neonatal Clinical Educator) |
| Review | Neonatal Clinical Governance |
| Ratification | Neonatal Management Group |
| Dissemination | All in NICU |
| Compliance | Neonatal Clinical Education Team |

Links to other policies and procedures

This policy must be applied to all Trust policies and procedures

Version History

| | | |
|------------|-------------|--|
| V.1 | August 2017 | Draft by Eileen Oliveira |
| V.2 | May 2018 | Approved May 2018 Neonatal Clinical Governance Meeting |

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business 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 on StaffNET. Larger text, Braille and Audio versions can be made available upon request.

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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 breast milk feeding
- 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 parents' experiences of care

1.2 Failure to comply with this policy could result in disciplinary action

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.

3 DEFINITIONS

3.1 Breast milk feeding babies receive breast milk via a Naso Gastric Tube / bottle or cup.

4 DUTIES & RESPONSIBILITIES OF STAFF

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

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

- All new staff are familiarised with the policy on commencement of employment

- All staff receive training to enable them to implement the policy as appropriate to their role. New staff will receive this training within six months of commencement of employment
- The international code of marketing of Breast-milk substitutes ¹ is implemented throughout the service
- All documentation fully supports the implementation of these standards
- Parents' experiences of care will be listened to through: regular audit using the Baby Friendly Initiative audit tool, parents' experience surveys e.g. Care Quality Commission, Bliss baby charter audit tool, parent feedback cards and care Quality Audit tool

¹ 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 STANDARDS

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. 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)
- 5.2 **Enabling babies to receive breast milk and to breastfeed**
- 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 soon as is appropriate
 - 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 (please 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 feeding
- 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 when their baby is not tolerating oral feeds (see Mouth care Guideline) and later to temp 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 (Please see Assessment of Breast milk Expression) care plan

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

5.6 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 mothers' confidence and modified responsive feeding¹.

6 Valuing parents as partners in care

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.

6.1 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.

6.2 The service will ensure that parents who formula feed:

- Receive information about how to clean/sterilise equipment and make up a bottle of formula milk
- Are able to feed this to their baby using a safe technique

.....
¹ Responsive Feeding - The term responsive 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

7 MONITORING IMPLEMENTATION OF THE STANDARDS

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. 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.

7.1 **Outcomes will be monitored by:**

- Monitoring breast milk feeding rates
- Monitoring breastfeeding rates
- Monitoring the parent experience through Care Quality Assessment Tool (CQAT) and parent feedback forms

7.2 **Outcomes will be reported to:**

- Senior Nurse for neonates
- Infant feeding Group

8 Monitoring Compliance and Effectiveness of the Policy

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

| No | Minimum requirements | Evidenced by | NHSLA Standard |
|----|---|--|----------------|
| 1. | 80% compliance with Baby Friendly Standards http://www.unicef.org.uk/Documents/BabyFriendly/Guidance/BabyFriendlyGuidance12.pdf?epslanguage=en 20 | Baby Health records and Baby Friendly Audit. | |

8.2 Frequency

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 .

8.3 Undertaken by

Neonatal Senior Nurse /BFI Strategy group

8.4 Dissemination of results

At the NNU Management meeting.

8.5 Recommendations /Action plans

Implementation of the recommendations and action plan will be monitored by the BFI Strategy Group / Senior nurse.

8.6 Any barriers to implementation will be risk-assessed and added to the risk register.

8.7 Any changes in practice needed will be highlighted to Trust Staff via the Governance Managers' cascade system.

Unicef (2014) The Baby friendly Initiative For All babies, UNICEF 2014 United Kingdom

Breast feeding Policy

Skin to skin Guideline **Still to be ratified**

Infant Mouth care Guideline

Milk Preparation & Storage Guideline

| Dissemination Plan | | | |
|--------------------------------------|-------------------------------------|---------------------|-----------------------------|
| Document Title | Neonatal Unit Infant Feeding Policy | | |
| Date Finalised | May 2018 | | |
| Previous Documents | | | |
| Action to retrieve old copies | None | | |
| Dissemination Plan | | | |
| Recipient(s) | When | How | Responsibility |
| All Trust staff on Neonatal Unit | May 2018 | Email / Vital Signs | Information Governance Team |
| All bank nursing Staff | On Induction | | |

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

| Core Information | |
|---|--|
| Date | May 2018 |
| Title | Neonatal Infant Feeding Policy |
| What are the aims, objectives & projected outcomes? | This document has been compiled in line with the CQC and NHSLA requirements |
| 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 | This policy has been compiled by the Neonatal Clinical Education team. The policy has been circulated to members of the Neonatal Management Team for review and comments. | | | |
| 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 the NHS Trusts as well as the UNICEF UK Baby Friendly Initiative. | | | |
| 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 |
| | | | | |