

## Clinical Guidance

# Evelina London Children's Community Infant Feeding Policy

### Summary

The purpose of this policy is to ensure that all Community Healthcare staff and Children's Centre staff (according to their role) understand their role and responsibilities within the community supporting pregnant women and parents with new babies to feed and care for their baby in ways which support optimum health and well-being.

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Change History		
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June 2016	Additional reference included. 3 World Health Organisation (WHO) (1981) International Code of	Paediatric clinical

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	Marketing of Breast-Milk Substitutes. Subsequent references re numbered. Wording changed to reflect inclusion of Southwark local authority in the UNICEF baby friendly initiative	guidelines group.
June 2019	Added referral pathways for specialist clinics, updated responsive feeding to include paced and responsive bottle feeding, added Southwark Breastfeeding Welcome Scheme. Additional reference included: 4 The Equality Act 2010 <a href="https://www.gov.uk/guidance/equality-act-2010-guidance">https://www.gov.uk/guidance/equality-act-2010-guidance</a>	ELCGC

## Evelina London Children's Community Infant Feeding Policy

### PURPOSE

GSTT Community Health Services, Lambeth Community Infant Feeding Midwives (CIF/MW), Community Infant Feeding Leads (Lambeth & Southwark), Lambeth Peer Supporters, Lambeth and Southwark Peer Helpers and Lambeth and Southwark Children Centres acknowledge the evidence that breastfeeding is the healthiest and normal way for a woman to feed her baby and recognises the important health benefits that exist for both the mother and her child.

The purpose of this policy is to ensure that all Community Health care staff and Children's Centre staff (according to their role) understand their role and responsibilities within the community, supporting pregnant women and parents with new babies 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. They must account for any deviation from the policy and this must be justified and recorded as appropriate in the mothers and/or baby's health care records.

### OUTCOMES

This policy aims to ensure that the care provided by GSTT Community and Lambeth and Southwark Children Centres improves outcomes for children and families, specifically to deliver:

- Support and information for Mothers to breastfeed exclusively from birth to 6 months and then as part of their infant's diet to the end of the first year and beyond.
- To ensure all Community Health care staff provide evidence based information in a consistent manner to enable mothers to make an informed choice on how they choose to feed their baby.
- Increase in breastfeeding rates at 6-8 weeks and beyond (1)
- Increase in the rate of babies being introduced to solid food around 6 months, in line with national guidance (2)
- Improvements in parents' experiences of community based care in regards to infant feeding and parent-child relationship-building. Offering enhanced individualised care, empowering mothers in their ability to breastfeed.
- To encourage collaborative working to ensure a seamless delivery of care, delivering consistent evidence based advice, together with the development of a breastfeeding culture throughout the local community.
- To improve of safe practices among mothers who have chosen to give their baby formula milk exclusively or partially with breastmilk.

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## **OUR COMMITMENT**

Guys & St Thomas' Community Health Services, Lambeth Community Infant Feeding Midwives, Community Infant Feeding Leads (Lambeth & Southwark), Lambeth Peer Supporters, Lambeth and Southwark Peer Helpers and Lambeth & Southwark Children Centres are committed to:

- 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 the 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 mothers decisions are supported and respected.

### **WORKING ACROSS DISCIPLINES AND ORGANISATIONS TO IMPROVE MOTHERS'/PARENTS' EXPERIENCES OF CARE:**

- Working with maternity services to ensure a seamless handover of care to the Health Visiting service to ensure that breastfeeding support services are available within the locality.
- Working in partnership with CIF/MW and Community Healthcare staff to share information and refer to appropriate services.
- Children's Centres are working collaboratively with CIF/MW and Health Visiting services providing support for parents and young babies.
- Working closely with local voluntary groups and volunteer Peer Helpers and paid Peer Supporters to improve support for mothers.

### **AS PART OF THIS COMMITMENT THE SERVICE WILL ENSURE THAT:**

- All community health care staff will be orientated to the policy on commencement of employment and receive training to enable them to implement the policy as appropriate to their role.
- All community health care staff will have access to this policy on the GSTT intranet and newly qualified staff will receive a copy as part of their preceptorship training.
- All staff employed by the Children Centres will be familiar with the policy on commencement of employment.
- All community health care and children centre staff will adhere to the GSTT Declaration on advertising of breast milk substitutes on Trust premises and within Children's Centres.
- The International Code of Marketing of Breast-milk Substitutes (3) is implemented throughout the community health service and Children Centres and the display of manufacturer's logos on items such as calendars, stationery, lanyards etc is prohibited.

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- The distribution of materials which promote breastmilk substitutes, feeding bottles, teats or dummies are prohibited. All literature produced for families should reflect the Baby Friendly standards and be approved by the Infant feeding team.
- Mothers will be supported to breastfeed their infants in all public areas of trust premises and Children Centres. Where appropriate a private room or area will be found.
- Information should be provided about places locally where breastfeeding is known to be welcomed and parents will be signposted to specific breastfeeding groups and Children Centres. e.g. NCT Breastfeeding Welcome Scheme in Southwark.
- Mothers will be given strategies and practical information regarding breastfeeding in public places. (4)
- Parents' experiences of care will be listened to and monitored by regular audits, evaluation and feedback to ensure a high quality service. (5)
- All documentation fully supports the implementation of the Baby Friendly standards. This is reflected in the breastfeeding assessment tool within the parent child health record and the documentation on the trust information system.

## **TRAINING STAFF**

- All community health care staff who have responsibility for supporting pregnant women and new mothers to breastfeed, will receive training within six months of commencement of employment to ensure that standards are consistently maintained. The attendance to this training is mandatory.
- The mandatory training comprises of two-days of classroom based training followed by clinical skills review. This training will be developed in line with the UNICEF guidance on training for health visiting services.
- The requirements for annual updates will be communicated to each staff group by the Community Infant Feeding Leads.
- All Children Centre staff, administrative and ancillary staff within each Health Visiting team will receive awareness training on how to implement the Baby Friendly standards as appropriate to their role. This will be delivered by the Community Infant Feeding Leads.
- A training database will be maintained by the Community Infant Feeding Leads and the uptake and efficacy of the training will be audited and results reported annually to both Lambeth and Southwark Infant Feeding Strategic Groups, Community Matrons and Team Leaders for each Health Visiting locality.

## **CARE STANDARDS**

This section of the policy sets out the care that the Community Infant Feeding Leads, Health Visiting Teams, CIF/MWs, Children Centres and Lambeth & Southwark Peer Support Service are committed to giving every expectant and new mother. It is based on the UNICEF UK Baby Friendly Initiative standards for health visiting (6), relevant NICE guidance (7) and the Healthy Child Programme (8)

## 1. Informing pregnant women of the benefits and management of breastfeeding and early relationships to the health and wellbeing of their baby

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 Visiting teams, CIF/MWs, Children Centres and the Peer Support Service 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.

- 1.1 Community health care staff will proactively support and recommend routine antenatal classes/breastfeeding workshops provided by community and maternity services. They will refer mothers if necessary to targeted interventions to support breastfeeding as appropriate.
  - Parent education classes
  - Lambeth Breastfeeding Groups/Southwark Breastfeeding Cafes
- 1.2 The service will work collaboratively to develop and support any locally operated antenatal intervention delivered with partner organisations.
- 1.3 We recognise the role Children Centres play in supporting antenatal interaction and all Children Centres should try to accommodate antenatal sessions wherever possible. If the sessions are not available in their centre, Children Centres should promote and publicise the antenatal/breastfeeding workshops held in other centres.
- 1.4 All antenatal classes and information provided to pregnant women should reflect the UNICEF UK Baby Friendly Standards and comply with the International Code of Marketing of Breast-Milk Substitutes. No routine group discussion on the preparation of artificial feeds should be given in the antenatal period.
- 1.5 All community health care staff providing antenatal information will have a discussion with expectant mothers regarding feeding. This conversation should be tailored to a mother's previous experience and a decision on how she will feed her baby should not be asked at this stage.

### **THE DISCUSSION DURING THE ANTENATAL CONTACT SHOULD INCLUDE:**

- 1.6 The value of connecting with their growing baby in utero.
- 1.7 The value of skin contact for all mothers and babies.
- 1.8 The importance of responding to their baby's needs for comfort, closeness and feeding after birth, and how keeping your baby close can promote these responsive behaviours.
- 1.9 An exploration of what parents already know about breastfeeding
- 1.10 The value of breastfeeding as protection, comfort and food

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- 1.11 Getting breastfeeding off to a good start in ways that will optimise the mothers and baby's health and well-being.
- 1.12 To prepare mothers to overcome any feeding difficulties with a guided and robust discussion and enable them to gain confidence in their ability to breastfeed
- 1.13 Ensuring mothers are aware of where and how to access breastfeeding support at discharge from midwifery services.

### **SUPPORT FOR CONTINUED BREASTFEEDING**

## **2. Protect and support breastfeeding in all areas of the service**

- 2.1 Taking into consideration any existing care plans that have been made by maternity services. A formal breastfeeding assessment will be carried out at the New Birth Visit by a Health Visitor by day 14 to ensure effective feeding and well-being of the mother and baby.

This will be assessed by using the UNICEF Breastfeeding Assessment Tool (9) on the Health Visiting electronic data system and in the Parent Child Health Record. This assessment should include a dialogue/discussion with the mother to reinforce what is going well and where necessary develop an appropriate plan of care, to include referral where necessary and to address any issues that have been identified.

The referral pathway (10) consists of:

- 2.2 Mothers who require additional breastfeeding support will be given information with contact details of their local breastfeeding group and Peer Support phone line in Lambeth and breastfeeding cafe in Southwark.
- 2.3 Mothers who have more complex breastfeeding challenges, and need specialist breastfeeding support, will be referred to specialist breastfeeding services:
  - Lambeth Community Infant Feeding Midwives (see appendix I)
  - Southwark Breastfeeding Specialist Service (see appendix II)
- 2.4 Mothers will have the opportunity for a discussion about their options for continued breastfeeding. Open questions, careful listening and individual consultations will be key to ensuring that staff can meet each mother's needs. Topics of discussion might include:
  - Responsive feeding, (responding to feeding cues, when baby is distressed, lonely, when mother's breasts feel full, or to rest and relax)
  - Expression of breastmilk – value and technique of hand expressing discussed and written information given. Different reasons for expressing explored.
  - Night feeds – Explanation of why night feeds are important for milk production. Practical advice to cope with the challenges of night feeds and safety related to bed sharing discussed
  - Feeding in public places
  - Going back to work, plan made to maximize the mother's breastmilk and maintain lactation according to her situation.

**DEFINITION OF RESPONSIVE FEEDING**

The term responsive feeding is used to describe a feeding relationship which is sensitive, reciprocal, and about more than food. 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.

**3. EXCLUSIVE BREASTFEEDING**

3.1.1 Mothers who breastfeed will be provided with information about why exclusive breastfeeding leads to the best outcomes for their baby, and why it is particularly important during the establishment of breastfeeding (up to 6 weeks in most cases). For the first six months, no food or drink other than breast milk is to be recommended for a breastfed baby.

**SUPPORTING INFORMED DECISIONS ABOUT ALTERNATIVE FOOD/FLUIDS**

3.1.2 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 breastmilk their baby receives.

3.1.3 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 bottle feeding when a baby is learning to breastfeed. Paced and responsive bottle feeding to be discussed with bottle feeding mothers. Parents should also be informed that using a dummy can interfere with responsive feeding.

3.1.4 If supplementary feeds are necessary this should be prescribed by an appropriately trained health or medical professional. The reasons should be discussed in full with the parents and any supplements which are prescribed or recommended, should be documented in the baby's health record along with the reason for supplementation.

**MODIFIED FEEDING REGIME**

3.1.5 There are a small number of clinical indications for a modified approach to responsive feeding in the short term. Examples include: preterm or small for gestational age babies, babies who have not regained their birth weight and babies who are gaining weight slowly. Babies with jaundice and babies of mothers with medical conditions, such as, diabetes. In this instance a feeding plan will be put in place and reviewed as necessary. (Refer to Guys and St Thomas’ / Kings College Hospital guidelines).

**4. SUPPORT FOR FORMULA FEEDING**

For mothers who have made an informed decision to formula feed, at the new birth visit they will have a discussion about how feeding is going. (Recognising that this

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information will have been discussed with maternity service staff, but may need revisiting or reinforcing; and being sensitive to a mother's previous experience.)

- 4.1.1 Mothers who are formula feeding should be given the information they need to enable them to do so as safely as possible. This could include visual guidance such as videos or written material about how to prepare infant formula.
- 4.1.2 Mothers who formula feed need to be informed about the importance of responsive feeding and how to:
  - Respond to cues that their baby is hungry.
  - Hold baby close to you in a slightly upright position.
  - Gently rub the teat above the baby's top lip to encourage baby to open his/her mouth and poke their tongue out.
  - Place the teat into the front of baby's mouth allowing baby to draw it further in.
  - Allow just enough milk to cover the teat and pace the feed to meet baby's needs, gently removing it if baby appears to want a break.
  - Never force baby to take a whole feed as they will know when they have had enough.
  - Discard any leftover milk.

## INTRODUCING SOLID FOOD

### **5. The Department of Health guidelines state:**

- 5.1.1 The appropriate introduction of solid food is around 6 months for both breast and formula fed babies.
- 5.1.2 All parents will be signposted to and be given the opportunity to attend their local groups for advice on introduction to solid foods. They will also have a timely discussion about when and how to introduce solid food including:
  - That solid food is recommended at around 6 months.
  - Babies' signs of developmental readiness
  - Information about gut maturity and allergic sensitisation
  - Appropriate foods for babies at this stage

### **6. SUPPORT FOR PARENTING AND CLOSE RELATIONSHIPS**

Encouraging a close, mother-baby relationship is important in the early days and weeks following birth. These help establish secure attachment between parents and their baby.

- 6.1 All parents will be supported to understand a baby's needs and that babies are used to being held and benefit greatly from this in the early days and weeks (including encouraging frequent touch and sensitive verbal/visual communication, keeping babies close, responsive feeding and safe sleeping practice).
- 6.2 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

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the mother- baby relationship. This should be discussed sensitively with the mother and including close family members where possible.

- 6.3 Parents will be given information about local community services that are available: postnatal support, parenting groups, baby massage within Health Centres/Children Centres.

### **RECOMMENDATIONS FOR HEALTH PROFESSIONALS ON DISCUSSING BED-SHARING WITH PARENTS**

Simplistic messages in relation to where a baby sleeps should be avoided; neither blanket prohibitions nor blanket permissions reflect the current research evidence.

The current body of evidence overwhelmingly supports the following key messages, which should be conveyed to all parents:

- The safest place for your baby to sleep is in a cot by your bed
- Sleeping with your baby on a sofa puts your baby at greatest risk
- Your baby should not share a bed with anyone who:
  - is a smoker
  - has consumed alcohol
  - has taken drugs (legal or illegal) that make them sleepy.

The incidence of SIDS (often called “cot death”) is higher in the following groups:

- Parents in low socio-economic groups
- Parents who currently abuse alcohol or drugs
- Young mothers with more than one child
- Premature infants and those with low birthweight

Parents within these groups will need more face to face discussion to ensure that these key messages are explored and understood. They may need some practical help, possibly from other agencies, to enable them to put them into practice.

## **7. MONITORING IMPLEMENTATION OF THE STANDARDS**

- 7.1 Guys and St Thomas’s Health Visiting services and Lambeth and Southwark Children Centres are required to demonstrate compliance with this policy. This policy will be audited annually using the UNICEF UK Baby Friendly Initiative audit tool (2013 edition) 7/8. Staff involved in carrying out this audit require training on the use of this tool. The audit process will include:

- Staff audit questionnaires – Quarterly
- Mothers’ audit – face-to-face & telephone interviews – six monthly
- Compliance with the code – All areas – six monthly

- 7.2 Audit results will be reported to Head of Nursing & Universal Children Services. An action plan will be agreed by Breastfeeding Strategic Groups’ members to address any areas of non-compliance that have been identified.

## **8. MONITORING OUTCOMES**

Outcomes will be measured by:

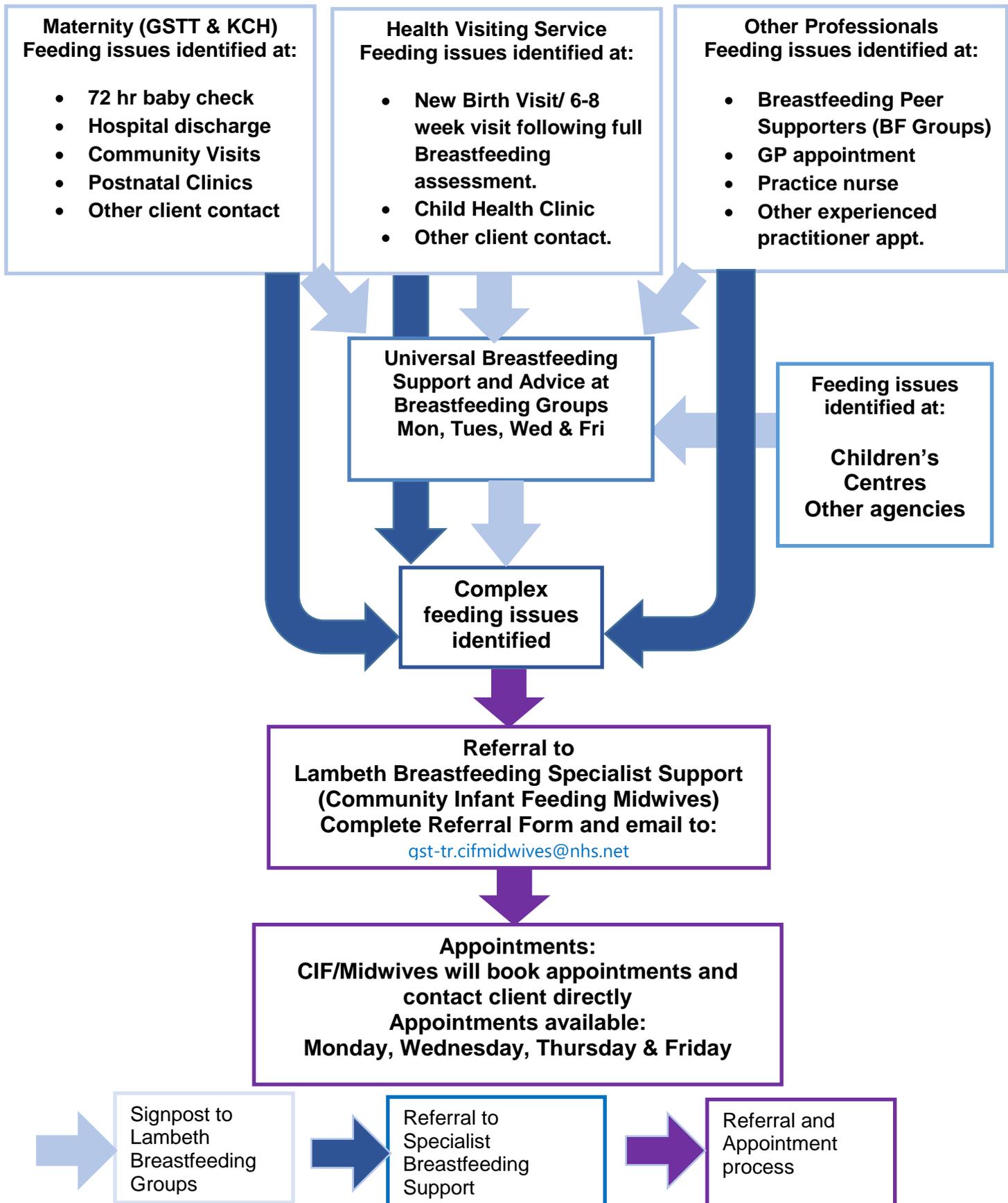
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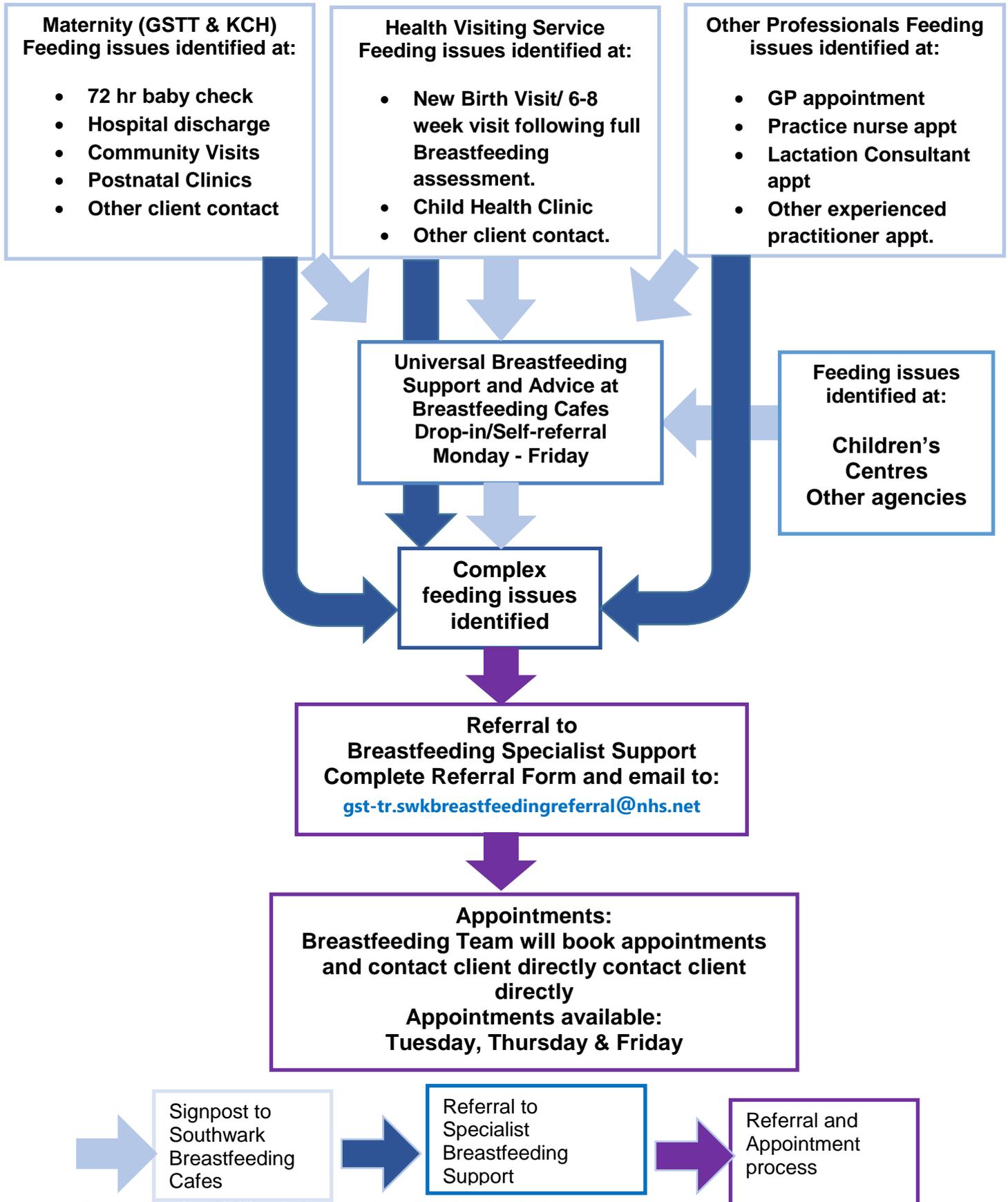
- 8.1 Monitoring breastfeeding initiation rates.
- 8.2 Increase in breastfeeding rates at 6-8 weeks. (1)
- 8.3 Breastfeeding assessment forms at Lambeth Breastfeeding Groups and Southwark Breastfeeding Cafes to identify any feeding concerns and make an appropriate plan of care. (11)
- 8.4 Amongst parents who choose to formula feed, an increase in the safe preparation, in line with nationally agreed guidance. This will be measured using the UNICEF Baby Friendly audit tool (2013 edition). (12)
- 8.5 Increase in the proportion of parents who introduce solid food to their baby around 6 months of age as recommended by the Department of Health and The World Health Organisation. This will be measured using the UNICEF Baby Friendly audit tool (2013 edition). (12)
- 8.6 Improvements in parents' experiences of care. This will be measured using the UNICEF audit tool (2013 edition). (12)

These will be monitored by the Infant Feeding Coordinators and the Breastfeeding Strategy Groups' members, so that improvements or lack of improvement in outcomes can be identified, and appropriate plans made.

Outcomes will be reported to:

General Manager, Community Childrens Services, Head of Nursing & Universal Children Services, Evelina London Clinical Governance Coordinator, Baby Friendly Group Members and Commissioners





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### References

- 1 Public Health Outcomes framework 2016 to 2019: <https://www.gov.uk/government/publications/public-health-outcomes-framework-2016-to-2019>
- 2 NHS outcomes framework and public health outcomes framework in England; Northern Ireland Breastfeeding Strategy, 'Investing in a Better Start: promoting Breastfeeding' in Wales; 'Improving Maternal and Infant Nutrition; A Framework for Action' in Scotland
3. World Health Organisation (WHO) (1981) International Code of Marketing of Breast-Milk Substitutes
4. The Equality Act 2010 <https://www.gov.uk/guidance/equality-act-2010-guidance>
5. NHS constitution 2019 available at <https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>
- 6 Updated Baby Friendly standards, [www.unicef.org.uk/babyfriendly/standards](http://www.unicef.org.uk/babyfriendly/standards)
- 7 NICE guidance on maternal and child nutrition: <http://www.nice.org.uk/ph11>
- 8 Healthy Child Programme: <https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life>
9. Sample tool available at: [https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2018/07/breastfeeding\\_assessment\\_tool\\_hv.pdf](https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2018/07/breastfeeding_assessment_tool_hv.pdf)
10. Health Visiting Standard Operating Procedure 2018
- 11 Public Health Outcomes framework 2016 to 2019 : <https://www.gov.uk/government/publications/public-health-outcomes-framework-2016-to-2019>
- 12 Sample tool available at: [https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2018/07/breastfeeding\\_assessment\\_tool\\_hv.pdf](https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2018/07/breastfeeding_assessment_tool_hv.pdf)
- 13 The UNICEF UK Baby Friendly Initiative audit tool (2016+) is designed specifically for this purpose.