

Women, Children's and Outpatient Division

Breastfeeding Policy

Reader Information	
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1. Purpose

- 1.1 The Isle of Man Department of Health and Social Care believes that breastfeeding is the healthiest way for a woman to feed her baby and recognises the important health benefits now known to exist for both the mother and her child.
- 1.2 All mothers have the right to receive clear and impartial information to enable them to make a fully informed choice as to how they feed and care for their babies.
- 1.3 Health care staff will not discriminate against any woman in her chosen method of infant feeding and will fully support her when she has made that choice.
- 1.4 It is recognised best practice that a trained health care professional will be available to assist mothers with breast feeding at any time

2. The scope of this policy

- 2.1 The policy applies to all clinical and non-clinical workers within the DOH who are in contact with breastfeeding mothers.

3. The purpose of this policy

- 3.1 To ensure that the health benefits of breastfeeding and the potential health risks of formula feeding are discussed in the antenatal period with all women and their families where appropriate, so that they can make an informed choice about how they will feed their baby.
- 3.2 To enable health care staff to create an environment where more women choose to breastfeed their babies, confident in the knowledge that they will be given support and information to enable them to breastfeed exclusively for six months, and then as part of their infant's diet to the end of the first year and beyond.
- 3.3 To encourage liaison with all health care professionals to ensure a seamless delivery of care, together with the development of a breastfeeding culture throughout the local community.
- 3.4 In order to avoid conflicting advice it is mandatory that all staff involved with the care of breastfeeding women adhere to this policy.
- 3.5 Any deviation from the policy must be justified and recorded in the mother's and/or baby's health care records.

- 3.6 Advertising of breast milk substitutes, feeding bottles, teats, or dummies is not permissible in any part of the Department. The display of manufacturers' logos on items such as calendars and stationery is also prohibited.
- 3.7 Literature provided by infant formula manufacturers is not permitted.
- 3.8 Parents who have made a fully informed choice to artificially feed their babies should be shown how to prepare formula feeds correctly, either individually or in small groups, in the postnatal period.
- 3.9 Routine group instruction on the preparation of artificial feeds is prohibited in the antenatal period.
- 3.10 A printed leaflet will be given to all parents who choose to artificially feed their baby, prior to discharge, or where a mother has ceased breastfeeding.

4. Communicating the Breastfeeding Policy

- 4.1 This policy is to be communicated to all health care staff that has any contact with pregnant women and mothers. All staff will receive/have access to a copy of this policy.
- 4.2 All new staff in contact with mothers and their babies will be orientated to the policy as soon as their employment begins.
- 4.3 The policy will be effectively communicated to all pregnant women to ensure that they understand the standard of information and care expected. A parent's guide to the policy will be displayed in all areas of the Department's premises which serve mothers and babies to ensure that staff recognises its importance. The full policy will be available on request and a statement to this effect will be included on the parents guide.

5. Training health care staff

- 5.1 Midwives and/or Health Visitors have the primary responsibility for supporting breastfeeding women and for helping them to overcome related problems.
- 5.2 All staff who has contact with pregnant women and mothers will receive training in breastfeeding management at a level appropriate to their professional group. New staff will receive training within six months of taking up their post.
- 5.3 Midwives, Health Visitors and support staff will receive training in the skills needed to assist women who have chose to formula feed. This will include reconstitution of formula milk and sterilisation technique at a level appropriate to their role and responsibility.
- 5.4 The responsibility for ensuring that training is provided lies with the Head of Midwifery and the Manager of the Health Visiting Service

6. Informing pregnant women of the benefits and management of breastfeeding

- 6.1 Practitioners must ensure that all pregnant women are aware of the benefits of breastfeeding compared with formula feeding. Failure to discuss these issues with a women who states that they have chosen to feed their baby formula, does not adhere to the principle of informed choice.
- 6.2 All pregnant women must be given an opportunity to discuss infant feeding on a one-to-one basis with a midwife and/or health visitor. Such discussion must not solely be attempted during a group parent craft class. This should be achieved by 34 completed weeks of pregnancy and documented in women's notes.
- 6.3 The physiological basis of breastfeeding must be clearly and simply explained to all pregnant women, together with good management practices which have been proven to maintain breastfeeding and reduce common problems. The aim should be to give women confidence in their ability to breastfeed.

- 6.4 All pregnant women must be given basic practical instruction in breastfeeding to enable them to position the baby correctly and recognise correct attachment. A leaflet will be available for reference.
- 6.5 Parent education classes will reinforce the above information.

7. Supporting the initiation of breastfeeding

- 7.1 All Mothers are encouraged to hold their babies in skin-to-skin contact as soon as possible after delivery in an unhurried environment, regardless of their feeding method.
- 7.2 Skin to skin contact can be used at any time in the early and later postnatal period to help with breastfeeding, comfort unsettled babies and resolve difficulties with attachment and breast refusal.
- 7.3 Skin-to-skin contact must never be interrupted at staff's instigation to carry out routine procedures.
- 7.4 If skin to skin is interrupted for clinical reasons or maternal reasons it should be reinstated as soon as mother and baby are able.
- 7.5 All mothers are encouraged to offer the first breastfeed within two hours of delivery providing mother and baby are ready. Help must be available from a trained health care professional if needed.
- 7.6 All breastfeeding mothers will be given guidance about how to interpret and respond to their baby's suckling cues and feeding behaviour

8. Showing women how to breastfeed and how to maintain lactation

- 8.1 All breastfeeding mothers should be offered further help with breastfeeding within 6 hours of delivery. A trained health care professional will be available to assist a mother at all breastfeeds during her hospital stay.
- 8.2 Health professionals should ensure that mothers are offered the support necessary to acquire the skill of positioning and attachment and will ask about the progress of breastfeeding at each contact with the mother. This will enable early identification of potential problems and allow an appropriate plan of care to be implemented and documented.
- 8.3 Healthcare professionals must be able to explain correct positioning and attachment to the mother and build on the basic practical instruction given in the ante-natal period and not simply attach the baby for the mother. This will allow the mother to acquire and develop these skills for herself.
- 8.4 All breastfeeding mothers should be shown how to hand express their milk. A leaflet should be provided for women to use for reference.
- 8.5 When a mother and her baby are separated for medical reasons, it is the responsibility of all health professionals caring for both mother and baby to ensure that the mother is given help and encouragement to express her milk and maintain her lactation during periods of separation.
- 8.6 Mothers who are separated from their babies must be encouraged to begin expressing as soon as possible after delivery as early initiation has long-term benefits for milk production.
- 8.7 Mothers who are separated should be shown how to express breast milk both by hand and by pump. They should be encouraged to express eight times in a 24hr period.
- 8.8 All breastfeeding mothers returning to work should be given information which will support them to continue breastfeeding and maintain lactation at this time.
- 8.9 Mothers will normally assume primary responsibility for the care of their babies. Separation of mother and baby will occur only when the health of the mother or her

baby prevents care being offered in the postnatal area. There is no designated nursery space. Babies should not be routinely separated from their mother at night. This applies to formula fed babies as well as breast fed babies.

- 8.10 Mothers must be encouraged to continue to practise baby-led feeding throughout the time they are breastfeeding. The importance of night-time feeding for milk production should be explained

9. Supporting exclusive breastfeeding

- 9.1 Baby led feeding should be encouraged for all babies unless clinically indicated. Hospital procedures must not interfere with the principle baby led feeding. All staff will ensure that mothers understand the nature of feeding cues and the importance of responding to them and that they have an awareness of normal feeding patterns including cluster feeding and "growth spurts".
- 9.2 It is acceptable for a mother to initiate a feed if she is concerned about the length of time her baby has been asleep or if her breasts become overfull. There is no "correct" time limit by which a baby must have had a feed if the baby is otherwise alert and well. Following holistic assessment of the baby's condition referral for a medical opinion should be made if the baby seems unwell irrespective of age.
- 9.3 Healthy term babies must be allowed to feed as often as they wish for as long as they wish. If the mother thinks the feed is excessively long, appropriate advice should be given.
- 9.4 No water or artificial feed should be given to a breast feeding baby except in cases of clinical indication or full informed parental choice.
- 9.5 Prior to introducing artificial milk to breastfed babies, every effort should be made to encourage the mother to express breast milk which can be given to the baby as an alternative via cup or syringe.
- 9.6 Parents must always be consulted if supplementary feeds are recommended for clinical reasons and these reasons discussed with them in full. The decision to offer supplementary feeds for clinical reasons should be made by an appropriately trained Midwife, Health Visitor or Paediatrician. Any supplements which are prescribed or recommended should be recorded in the baby's hospital notes or health record along with the reason for supplementation.
- 9.7 Parents who request supplementation should be made aware of the possible health implications and the harmful impact such action may have on breastfeeding to enable them to make a fully informed choice. A record of this discussion must be recorded in the baby's notes.
- 9.8 All mothers must be encouraged to breastfeed exclusively for 6 months and to continue breastfeeding for at least the first year of life. All weaning information should reflect this ideal.
- 9.9 Mothers must be able to breastfeed in all public areas of the hospital and community clinics. Signs will be on view to announce this.

10. Use of artificial teats, dummies and nipple shields

- 10.1 Health care staff should not recommend the use of artificial teats, or dummies during the establishment of breast feeding. If a breast fed baby seems unsettled then it is more appropriate to examine the feeding technique and seek improvements in management.
- 10.2 Nipple shields will not be recommended except in extreme circumstances and then for as short a time as possible. Any mother considering the use of a nipple shield must have the disadvantages fully explained to her prior to commencing use. She should remain under the care of a skilled practitioner whilst using the shield and should be helped to discontinue its use as soon as possible.

11. Encouraging ongoing community support for breastfeeding

- 11.1 Telephone numbers of Midwives, Health Visitors, and Local and National Breastfeeding Support Networks should be given to all breastfeeding mothers in the postnatal period.

12. Audit

- 12.1 Compliance with the policy will be audited annually using the UNICEF audit tool and relevant information collated and actioned.

13. Care for mothers who have chosen to feed their newborns with infant formula

- 13.1 Staff should ensure that all mothers who have chosen to feed their babies with infant formula are able to correctly sterilise equipment and make up a bottle of infant formula in accordance with current recommendations, in the early postnatal period and before discharge from hospital.
- 13.2 Staff should ensure that mothers are aware of effective techniques for formula feeding their babies.
- 13.3 Community midwives and Health Visitors will check and reinforce learning following discharge home.
- 13.4 Information should be reinforced by offering a bottle feeding leaflet.
- 13.5 Mothers should be given contact details of health professionals available for support with feeding issues.

14. References

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