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<h1>Infant Feeding Guideline</h1> <p>Version:1:2018-2021</p>			
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Change Record

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Infant Feeding Guidelines

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1.0 Introduction

The purpose of this guideline is to ensure that all staff in NHS Lothian who provide care for pregnant women, infants and their families understands their role and responsibilities and how they should support families to feed and care for their infant in ways which support optimum health and well-being. It is recognised that babies within Neonatal and Special Care services will require different and/or additional care standards which are outlined within the Neonatal Infant Feeding guideline.

NHS Lothian supports and recognises the benefits of breastfeeding which has been shown to make a significant contribution to good physical and emotional health outcomes for mother, baby and society (Renfrew et al 2009; Baker et al 2008; Revai et al 2007; Quigley et al 2006 & 2007; Tung et al 2003; Beral et al 2002).

Strong and loving relationships between infants and their parents have a profound impact on the future health and wellbeing of the child including optimising infant brain development (Horta et al 2015). NHS Lothian recognises the importance in helping parents develop close and loving relationships with their babies regardless of their chosen method of feeding.

This guideline has been prepared to support the achievement of the following outcomes:

- An increase from baseline in any breastfeeding and exclusive breastfeeding rates at initiation, 10 days and 6-8 weeks and beyond
- Amongst parents who decide to formula feed their baby, that they are supported and guided to do so as safely as possible, in line with Health Scotland guidance
- An increase in babies being introduced to solid foods at around 6 months in line with Health Scotland guidance
- Improvements in parents' experiences of care

This guideline should be used in conjunction with the Improving Maternal and Infant Nutrition: A Framework for Action (Scottish Government 2011), the evidence and rationale for the UNICEF UK Baby Friendly Initiative standards (UNICEF 2013) and with the supporting clinical guidelines and information developed by NHS Lothian.

2.0 Who does this guideline apply to?

This guideline applies to all staff members who are caring for mothers and families in NHS Lothian hospital and community settings. It is recognised that babies within Neonatal and Special Care services will require different and/or additional care standards which are outlined within the Neonatal Infant Feeding guideline.

3.0 Definitions

Responsive feeding

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

International Code of Marketing Breast milk Substitutes

This was developed in 1981 by the general assembly of the World Health Organization (WHO), in close consultation with member states and other concerned parties. This Code, and a number of subsequent World Health Assembly (WHA) resolutions, recommends restrictions on the marketing of breast milk substitutes, such as infant formula, to ensure that mothers are not discouraged from breastfeeding and that substitutes are used safely if needed. The Code also covers feeding bottles and teats. (World Health Organisation 1981 & 2003).

UNICEF Baby Friendly Initiative (BFI)

The UNICEF UK Baby Friendly Initiative works with health professionals to help them to provide the best possible care so that all parents have the support they need to make informed choices about feeding and caring for their babies. It is believed that health facilities should provide this high standard of care for mothers and babies by adopting recognised best practice standards in support of breastfeeding.

4.0 Roles and responsibilities

NHS Lothian will provide mandatory training which is suitable for the roles and responsibilities of each staff group. They will ensure that training meets the UNICEF UK Baby Friendly Standards, that it is updated regularly and that the outcomes are frequently audited.

Line managers will be expected to ensure that new staff are orientated to the Infant Feeding policy and guideline on commencement of employment, that they complete training and supervised clinical practice within 6 months of taking up post and then attend ongoing updates. They will also be responsible for managing any practice issues and deficiencies.

All new staff in roles which provide care for pregnant women, infants and their families are expected to familiarise themselves with the Infant Feeding policy and guideline on commencement of employment. They should attend and complete all elements of the training within six months of commencement of employment to enable them to implement the policy as appropriate to their role. They will then ensure that they attend ongoing updates and other learning and education opportunities.

5.0 World Health Organisation (WHO) International Code of Marketing of Breast milk substitutes

Implementation of the World Health Organisation (WHO) International Code of Marketing of Breast milk Substitutes (WHO 1981) is mandatory throughout NHS Lothian services by all staff.

No sale, promotion and advertising of breast milk substitutes, feeding bottles, teats or dummies is permissible in any part of NHS Lothian. The display of manufacturers' logos on items such as calendars and stationery is also prohibited.

In addition, it is essential that any training packages used, or study days facilitated or attended, by professionals within NHS Lothian should be free from the advertising or sponsorship of infant formula milk manufacturers or any other companies who do not uphold the principles of the World Health Organisation (WHO) International Code of Marketing of Breast-milk Substitutes.

Staff should not provide infant formula milk manufacturing representatives with work contact details.

Staff engaging with infant formula milk manufacturing companies in their own time will not use their position within NHS Lothian to do so or in any way imply a connection between the organisation and these companies.

In line with Scottish Government guidance, staff will be directed to the First Steps Nutrition Trust resources which provide up to date, objective and evidence based information on infant formula milks.

Where professionals require additional information regarding any first infant milks they should ask one of the infant feeding advisors in the first instance.

Any contact from an infant formula milk manufacturer representative should be redirected to an Infant Feeding Advisor or Maternal and Infant Nutrition Lead.

This guideline recognises that for clinical reasons, there may be a need for contact with manufacturers of specialist feeds by, for example, dietetics staff. This must be limited to clinical need.

6.0 Care standards

This section of the guideline sets out the care that NHS Lothian is committed to giving each and every expectant and new mother and infant. It is based on the UNICEF UK Baby Friendly Initiative standards (2012).

6.1 Pregnancy

It is the responsibility of staff (Midwives, Health Visitors and Family Nurse Partnership) involved in the care of pregnant women and their partners/families to support all pregnant women to recognise the importance of breastfeeding and early relationships for the health and wellbeing of their baby.

All pregnant women should have the opportunity to have a meaningful discussion that takes into account their individual circumstances and needs. This should be achieved by 34-36 completed weeks of pregnancy and should not be solely attempted during a group parent education class where possible. The discussion should include the value of:

- Connecting with their growing baby *in utero*, and skin contact for all mothers and babies immediately after birth whenever possible
- 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

- Feeding, including an exploration of what parents already know and feel about breastfeeding, the value of breastfeeding as protection, comfort and food and getting breastfeeding off to a good start

Supporting written information should be available to all women. Information about breastfeeding will also be provided in alternative languages and formats from reputable providers. Assistance with translation will be provided as appropriate.

If the Health Visiting team or specialist services (e.g. Family Nurse Partnership) have a planned or opportunistic contact the most should be made of the visit and they should provide the same standard of antenatal information.

Services should work collaboratively to develop and or support any locally operated antenatal interventions delivered with or by partner organisations. Staff will proactively support and recommend the services provided (e.g. parent education programmes run by the maternity services, other NHS services or voluntary organisations).

6.2 At the birth

Skin to Skin contact: All mothers will be offered the opportunity to have uninterrupted skin contact with their baby as soon as possible after birth. When the infant is relaxed and in skin-to skin contact with its mother, it will go through a number of behavioural phases: a short birth cry, waking up, being active, resting, familiarisation, attaching and feeding and sleeping. This is referred to as ‘the first magical hour’ resulting in early optimal self regulation and feeding.

Environment: Staff will provide an environment which enables the baby to progress through the first magical hour without unnecessary interruption and for long as mother and baby wish. Disturbing the process before the baby has completed this sequence or trying to hurry through the stages, is counterproductive and may lead to problems at subsequent breastfeeds.

First feed: All mothers will be encouraged to offer the first breastfeed in skin contact when the baby shows signs of readiness to feed. Help should be available from staff to ensure that optimal positioning and attachment is achieved. Where mothers decide to formula feed they will be encouraged to offer the first feed in skin contact. Staff should be up to date with NHS Lothian Skin to Skin guideline. In instances where babies are unable to be breastfed for e.g. if babies are looked after or where there are concerns about mothers medication, staff should refer to the NHS Lothian Intranet where staff guidance will be kept up to date.

Delayed skin contact: If skin to skin is interrupted for clinical indication, or maternal choice, it should be recommenced as soon as baby and mother are able, or wish to do so. If a baby needs to be transferred to the neonatal unit then the mother should be supported to start expressing milk as early as possible after birth (ideally within 1-2 hours). It is the joint responsibility of Midwifery and Neonatal Unit (NNU) staff to ensure that mothers who are separated from their baby receive this information and support.

Safety: Vigilance as to the baby’s well-being is a fundamental part of 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 to concern. If mother is unable to have skin to skin contact with her baby, skin to skin with the mother's supporter is the next best option. 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. Staff should be aware of the staff only leaflet Keeping Babies Safe during Skin to Skin.

6.3 The first days, weeks and months of life

Support for parenting and close relationships

Ongoing skin-to-skin contact will be encouraged throughout the postnatal period.

Parents will be supported to understand their newborn baby's needs for food, comfort and emotional support, the importance of keeping baby close, verbal communication, frequent touch and safe sleeping practice. Staff should be up to date with the NHS Lothian Skin to Skin guideline and the information contained in the staff only leaflet Keeping Babies Safe during Skin to Skin.

Parents will be supported to understand the importance of love and nurturing in a secure parent-infant relationship for future optimal health and wellbeing of the infant.

Parents will be given information about the availability of local parenting support from their midwife, health visitor or family nurse.

Support for breastfeeding

Mothers will have the opportunity to discuss breastfeeding as appropriate to their own needs and those of their baby. This discussion (and demonstration where appropriate) will include information on responsive feeding, feeding cues, positioning and attachment, hand expression and understanding signs of effective feeding. This will continue until the mother and baby are feeding confidently.

Responsive breastfeeding

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.

A formal feeding assessment will be carried out by the midwife, health visitor and family nurse using the breastfeeding assessment tool as often as required to ensure effective feeding and the well-being of mother and baby. This assessment will include a discussion with the mother, reinforcing what is going well and where necessary developing and

recording an appropriate plan to address any issues that have been identified. This should be recorded on appropriate systems including TRAK and parent held records.

Breastfeeding mothers will be given information both verbally and in writing from their midwife, health visitor and family nurse about recognising effective feeding and where to access local support including (voluntary organisations, support groups and peer supporters) and specialist support (if required).

For those mothers who require additional support for more complex breastfeeding challenges there should be a discussion and breastfeeding assessment with their midwife, health visitor or family nurse in the first instance.

Supplemental feeding

There may be clinical indications for a short term supplementation in the early days after birth. Refer to the Reluctant Feeder guideline and Hypoglycaemia guideline on the NHS Lothian intranet.

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, including expressed breast milk.

Mothers who give formula feeds in conjunction with breastfeeding will be supported 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 way any additional milk is given. A full record will be made of supplements given, including the rationale for supplementation and the discussion with parents. Supplementation rates will be audited within maternity service settings.

Support for formula feeding

Mothers who formula feed will be enabled to do so as safely as possible in line with Health Scotland guidance, Formula Feeding: How to feed your baby safely (2016). Being sensitive to a mother's previous experience, staff will check that mothers are aware of the key points: cleaning and storing equipment, making up one feed at a time with water at the correct temperature.

Mothers should be supported to responsively feed their baby, using the appropriate whey based milk and offered a demonstration about how to prepare formula safely. These points should be highlighted in subsequent contacts by the health visitor or family nurse.

Responsive bottle 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: by holding their baby close during feeds and offering the majority of feeds to their baby themselves that this will help enhance the mother-baby relationship. Mothers who bottle 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 whilst recognising when the baby has had enough milk.

7.0 Rooming in

Babies should not be routinely separated from their mothers at night. This applies to babies regardless of feeding method.

Mothers will be encouraged to continue to keep their babies near them when they are at home so that they can learn to recognise their baby's feeding cues.

Staff should be up to date with the NHS Lothian Bed Sharing guideline and the information contained in the staff only leaflet Keeping Babies Safe During Skin to Skin. Families should be signposted to the UNICEF Caring for your baby at night: A Guide for Parents (UNICEF 2017) which provides guidance on supporting safe infant sleep.

8.0 Use of artificial teats and dummies

Staff will not recommend the use of artificial teats and dummies during the establishment of breastfeeding. Those parents wishing to use them should be offered a discussion of the possible detrimental effects such use may have on recognising feeding cues and breastfeeding. The information given and the parents' decision should be recorded in the appropriate health record systems.

9.0 Introducing solid foods

All parents will have a timely discussion about when and how to introduce solid food including:

- that solid food should be started at around six months
- babies' signs of developmental readiness for solid food
- how to introduce solid food to babies
- appropriate foods for babies

Only approved evidence based resources should be used to support this discussion, such as the Health Scotland resource Fun First Foods (2016).

10.0 Monitoring and review

Element to be monitored	How	Frequency	Reporting
Care Standards across Neonatal, Maternity and Community services	UNICEF staff and mother audits Patient experience feedback	In line with UNICEF requirements for services	<ul style="list-style-type: none"> • Ward staff • Community teams • Local steering groups • Clinical manager groups • UNICEF
Outcomes as specified in	TRAK System and	Quarterly and annually	<ul style="list-style-type: none"> • All staff • Clinical manager

purpose of policy	Information Services Division (ISD)		groups <ul style="list-style-type: none"> • Local planning groups
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11.0 Associated Documents

This guideline should be read in conjunction with the NHS Lothian Infant Feeding Policy, NHS Lothian Neonatal Infant Feeding Guideline and other supporting clinical guidelines which can be found on the NHS Lothian staff intranet.

12.0 Supporting References

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