

Title:

Neonatal Infant Feeding Guideline

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Neonatal Infant Feeding Guidelines

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1.0 Introduction

This guideline informs all staff at the Neonatal Unit, the Royal Infirmary of Edinburgh and the Special Care Baby Unit, St John's Hospital Livingston, of their role and responsibilities in supporting parents to feed and care for their baby in ways which optimise health and well-being.

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 (Baker et al 2008; Beral et al 2002; Quigley et al 2006 & 2007; Renfrew et al 2009; Revai et al 2007; Tung et al 2003; Woodman 2017).

Strong and loving relationships, communication and touch 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; UNICEF UK 2017a; UNICEF UK 2017b). NHS Lothian recognises the importance in helping parents develop close and loving relationships with their babies in Neonatal and Special Care services regardless of their chosen method of feeding.

The Neonatal Infant Feeding Guideline is to support staff to provide information and standards of care for all pregnant women, new mothers, infants and families within NHS Lothian. The information, guidance and care standards set out within this guideline reflect the principles of the UNICEF Baby Friendly Initiative (UNICEF UK 2017c), are applicable to all staff and should be read in conjunction with guidance on gut priming and enteral feeding of the newborn, expressing, labelling, storing and transporting expressed breastmilk (EBM), undertaking mouthcare, using donor milk and transitioning feeding regimens in addition to the NHS Lothian Infant Feeding Policy.

2.0 Who does this guideline apply to?

This guidelines applies to all NHS Lothian staff in hospital and community settings in particular Neonatal and Special Care services.

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).

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 this guideline and the Infant Feeding Policy 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 this guidance and the Infant Feeding Policy 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 this guideline and Infant Feeding 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 Breastmilk Substitutes

Implementation of the World Health Organisation (WHO) International Code of Marketing of Breastmilk Substitutes (WHO 1981; UNICEF UK 2013) is mandatory throughout NHS Lothian services by all staff.

No sale, promotion and advertising of breastmilk 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 policy 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 new mother, parent and infant within Neonatal and Special Care services. It is underpinned by the UNICEF UK Baby Friendly Initiative Neonatal standards (UNICEF UK 2017c).

6.1 Supporting parents to have a close and loving relationship with their baby

Neonatal and Special Care services recognise 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, these services are committed to care which actively supports parents to develop a close and loving relationship with their baby. All parents will:

- Be offered a discussion with an appropriate member of staff as soon as possible (either before or after their baby's birth) about the importance of touch, comfort and communication for their baby's health and development
- Be actively encouraged and enabled to provide emotional support and physical care in response to their baby's physiological and behavioural cues
- Be enabled to have frequent and prolonged skin contact with their baby, as appropriate to baby's condition and parents' wishes, as soon as possible after birth and throughout the baby's stay on the Neonatal and Special Care Baby Units

6.2 Enabling babies to receive breastmilk and to breastfeed

Neonatal and Special Care services recognise the importance of breastmilk for babies' survival and health. Therefore, these services will:

- Promote a mother's own breastmilk as being the first choice of feed for her baby
- Offer a mother a discussion regarding the importance of her breastmilk for her as soon as is appropriate
- Provide an environment conducive to effective breastmilk expression
- Enable mothers to have access to effective breast pumps and associated equipment
- Provide mothers with details of voluntary support for breastfeeding which they can choose to access at any time during their baby's stay

6.3 Expressing breastmilk

Mothers are enabled, according to their needs, to express breastmilk for their baby, including support to:

- Express as early as possible after birth (ideally within 1-2 hours)
- Express effectively: using hand and pump expression, using massage, relaxation, deep breathing and or guided imagery techniques
- Wash, dry and store breast pump equipment safely
- Label, store and transport expressed breastmilk
- Express frequently (at least eight times in 24 hours, 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 for a baby's needs, or if less than 500-700ml is expressed by two weeks of baby's life
- Stay close to their baby when expressing milk
- Use their milk for mouth care when their baby is not tolerating oral feeds, and later to tempt their baby to feed

Expressing breastmilk

Mothers should be enabled to express breastmilk as early as possible after birth (ideally within 1-2 hours). A formal review undertaken a minimum of four times in the first two weeks of baby's life with ongoing assessment as appropriate to the needs of the mother to support optimum expressing and milk supply. Mothers should be supported and encouraged to express frequently, especially in the first two to three weeks following delivery to optimise long-term milk supply. It is the responsibility of all staff to support a mother throughout labour ward, postnatal ward, neonatal unit and beyond to have a conversation with, and support a mother to express breastmilk and achieve optimum milk supply for their baby.

6.4 Transition to breastfeeding

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 and attach their baby for breastfeeding
- Recognise effective feeding
- Overcome challenges when needed

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; that breastfeeds can be long or short, breastfed babies cannot be overfed or 'spoiled' by too much feeding, and that breastfeeding will not, in and of itself tire mothers any more than caring for a new baby without breastfeeding.

6.5 Supporting bottle and/or formula feeding

Parents receive information and care that supports the transition to bottle feeding (NHS Health Scotland 2016), including support to:

- Recognise and respond to feeding cues
- Use different feeding positions according to their baby's physiological and behavioural needs
- Overcome challenges when needed

Parents receive information about how to:

- Safely clean and store feeding equipment
- Safely make up a bottle of formula milk
- Select bottle feeding equipment that is right for them

Responsive bottle feeding

The term responsive feeding is used to describe a 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 the 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 the baby has had enough milk.

7.0 Valuing parents as partners in care

In support of the cultural values within UNICEF Baby Friendly Neonatal standards guidance, Neonatal and Special Care services recognise and value parents as primary partners in care. These services will ensure that parents:

- Have access to their baby 24/7 within reasonable parameters. In practice there will be times when parents are asked to leave the ward for patient safety reasons, and to enable complex, sensitive and confidential discussions about practical aspects of babies' care that need to take place at the bedside
- 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 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
- Are supported through the transition to discharge home from hospital, including;
 - having the opportunity to stay overnight for extended periods, where possible, to consolidate knowledge and caring skills
 - support to understand responsive feeding including recognition of feeding cues and when baby is feeding well
 - information about accessing ongoing care and support in the community
 - support the development of confidence and have the opportunity to ask questions and or clarify information

8.0 Monitoring implementation of the Neonatal Care Standards

Outcome measures will map to the activities/initiatives of the Newborn Care Collaborative, the Scottish Patient Safety Programme quality improvement agenda and any other locally agreed indicators will be reported through these initiatives, including but not limited to:

- Mode of feeding in babies within specified timeframes
- Incidence of necrotising enterocolitis in inborn babies <1501g or <30 weeks
- Parents' experiences of the care that they and their baby received in the NNU and or SCBU

NHS Lothian Neonatal and Special Care services will audit compliance with the guideline and policy using the UNICEF UK Baby Friendly Initiative audit tool (2016 edition). These audit results will be reported to the Neonatal Clinical Nurse Manager and an action plan will be agreed by the Neonatal Baby Friendly Implementation Working Group to address any areas of non-compliance that have been identified.

9.0 Associated documents

NHS Lothian Infant Feeding Guidelines

NHS Lothian Infant Feeding Policy

10 Supporting references

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