The Rotherham NHS
NHS Foundation Trust

Ref No: 304

THE ROTHERHAM BREAST FEEDING POLICY

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Ratified by:	1. TRFT Obstetrics Policies and Procedures Group 2. TRFT Community Health Quality Governance Group 3. Rotherham Children's Board 4. TRFT Policy Ratification Group
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Name of originator/author:	Infant Feeding Co-ordinator, O&G Directorate, TRFT Public Health Specialist, NHS Rotherham
Name of responsible committee for approval:	TRFT Obstetrics Policies and Procedures Group TRFT C&YPS Clinical Governance Group TRFT Community Health Quality Governance Group
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Target audience:	All health care professionals and advisors who have face to face contact with pregnant women and breastfeeding mothers must adhere to the policy. All staff who work for TRFT and organisations covered by the policy should be aware of the policy.

Previous Versions

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Ratified by:	NHS Rotherham Clinical Governance Group (March 2008) Rotherham Children's Board (July 2008) TRFT Ratification Group (July 2008 and June 2010)
Date ratified:	Version 1 July 2008, |Version 2 June 2010
Name of originator/author:	Hazel Woodcock, Infant Feeding Co-ordinator, Obs and Gynae TRFT Rebecca Atchinson, Public Health Specialist, NHS Rotherham Vicky Wilkinson, Infant Feeding Coordinator NHS Rotherham
Name of responsible committee for approval:	TRFT Perinatal Group (March 2008) NHS Rotherham Clinical Governance Operational Group (Feb 2008)
Review date:	Feb 2010/June 2013
Target audience:	All health care professionals and advisors who have face to face contact with pregnant women and breastfeeding mothers must adhere to the policy. All staff who work for TRFT and organisations covered by the policy should be aware of the policy..

The 10 Golden Rules of this Policy

1	This is a joint breastfeeding policy that will be used across Rotherham NHS Foundation Trust, Rotherham Community Health Services and Local Authority owned Children's Centres. The policy encompasses the CNST standards for infant feeding and the UNICEF UK Baby Friendly Initiative best practice standards for maternity unit and community services. It applies to all staff.
2	All facilities have to comply with the WHO, 'International Code of Marketing of Breast milk Substitutes'. There must be no advertising or promotion of infant formula, follow-on formula, bottles, teats or dummies
3	In order to avoid conflicting advice, compliance with the policy is mandatory for all staff and volunteers involved with the care of pregnant women and breastfeeding mothers.
4	It describes how the policy will be communicated to staff, pregnant women and new mothers.
5	It outlines staff training requirements appropriate to their role.
6	It ensures staff and pregnant women are informed of the important health benefits known to exist for breastfeeding mothers and their babies, in line with WHO and Department of Health recommendations.
7	It identifies principles and practices that support the initiation of breastfeeding, help to prevent and manage breastfeeding problems and promote sustained breastfeeding.
8	All public facilities covered by the policy will provide a breastfeeding friendly environment for patients or clients.
9	Employees are supported to breastfeed when they return to work.
10	It identifies where mothers can obtain further support, both professional and voluntary, in hospital and at home.

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1. INTRODUCTION

1.1 Principles and Aims

Rotherham NHS Foundation Trust (TRFT) and the Local Authority, believe that breastfeeding is the healthiest way for a woman to feed her baby. They recognise the important health benefits known to exist for breastfeeding mothers and their children and encourage all services, including contracted services, to comply with this policy.

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 their babies.

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.

The policy is based on the UNICEF Baby Friendly Initiative (BFI) Best Practice Standards[1], in accordance with NICE Guidance [2.] These are

- The Ten Steps to Successful Breastfeeding – Best practice in the Maternity Services
- The Seven Point Plan for Sustaining Breastfeeding in the Community

Department of Health Infant Feeding Recommendations 2004 [3], in line with those of the World Health Organisation, are that

- Breast milk is the best form of nutrition for infants.
- Exclusive breastfeeding is recommended for the first six months of an infant's life.
- Six months is the recommended age for the introduction of solid foods for infants.
- Breastfeeding (and/or breast milk substitutes if used) should continue beyond the first six months, along with appropriate types and amounts of solid foods.

1.2 Benefits

Breastfeeding has a major role to play in promoting health and preventing disease in the short- and long-term for both infant and mother [4]. The longer the period of exclusive breastfeeding, the greater the health benefits to mother and

baby. Breastfeeding contributes to several current public health policy strategies and goals:

- Addressing inequalities in health
- Breaking the cycle of deprivation
- Reducing infant mortality (breastfeeding reduces the risk of sudden infant death syndrome)
- Reducing preventable infections and unnecessary paediatric admissions
- Halting the rise of obesity in under 11's
- Increasing breastfeeding initiation and duration rates, focussing on women from disadvantaged groups
- Cost benefits would be anticipated over time, as estimated by The National Institute of Health and Clinical Excellence (NICE), due to the increased rates of breastfeeding associated with the implementation of Baby Friendly Standards. For every 1% increase in women breastfeeding beyond 6-8 weeks, it is projected that savings of £½ a million pounds treatment costs could be saved [2].

2. PURPOSE

- To ensure that all parents are supported to make an informed decision about breastfeeding based upon accurate, consistent, independent and evidence based information.

- To ensure that breastfeeding mothers are supported to initiate and maintain lactation

- To enable all breastfeeding infants to breastfeed successfully in order to achieve adequate nutrition and optimum growth

These are best achieved by multi-agency support and the development of a breastfeeding culture. Good communication between health professionals and other agencies will ensure effective transfer of care from maternity to community services. All personnel have a responsibility to provide support and consistent information, to create a positive environment where more women choose to breastfeed their babies for as long as they wish to.

This policy covers Breastfeeding principles and practice for pregnant women, breastfeeding mothers and families in Rotherham. Formula feeding is covered in separate TRFT guidelines [3,5,6]. Co-sleeping and Parent and Infant Bed Sharing are covered in independent guidelines [7], see section 7.7 on page 16 for more information.

The standards in this policy should apply to any facilities that provide services for pregnant women, breastfeeding mothers and babies and their families.

In order to avoid conflicting advice, compliance with the policy is mandatory for all staff involved with the care of pregnant women and breastfeeding mothers. Sections 7.3 – 7.10 and 7.13 apply to staff with clinical professional responsibility for pregnant women, new mothers and babies. Any deviation must be justified and recorded in the mother's and/or baby's health care records.

It is the responsibility of all health care professionals to liaise with the baby's medical personnel (paediatrician, general practitioner) should concerns arise about the baby's health.

3. DUTIES

3.1 Roles and responsibilities

Rotherham NHS Foundation Trust	**Roles and Responsibilities**
Chief Executive	Support the initiative and promote as appropriate.
Head of Midwifery	Ensure policy is implemented, monitored and reviewed
Service Manager, Children & Young Peoples Services	Ensure policy is implemented, monitored and reviewed
Area Managers Children's Universal Health Services , Children & Young Peoples Services –	Take a lead in Ensuring policy is implemented, monitored and reviewed ensure orientation of new staff to the policy within 7 days of start date
Infant Feeding Coordinator and IF colleagues	Day to day policy implementation. Staff training, policy development, audit and clinical support/specialist resource
All clinical staff and medical staff O&G, CW, SCBU	Implement policy in clinical practice
The Health Visiting Team and Family Nurses	Implement policy in clinical practice
All non-clinical staff and volunteers	To be aware of the policy

Rotherham Metropolitan Borough Council/ Children's Centres	**Roles and Responsibilities**
Strategic Director Children and Young Peoples Services	Support the initiative and promote as appropriate.
Early Years and Childcare Strategic Manager	Ensure policy is implemented, monitored and reviewed
Children's Centres Managers	Ensure orientation to the policy for new staff within 7 days of start date and implement and adhere to relevant aspects of the policy in daily work
Children's Centre Staff	To implement and adhere to relevant aspects of the policy in daily work
Volunteers/ BF Peer Supporters	To be aware of the policy and adhere to its principles

3.2 Consultation and communication with stakeholders

Since first developed in 2008,the policy has been sent for comment to many partners: via TRFT Obstetrics and Gynaecology Infant Feeding Group, TRFT Perinatal Clinical Effectiveness Group, TRFT Sounding Board, the multidisciplinary TRIFIC group (The Rotherham Infant Feeding Initiatives Coordinating Group) and the Rotherham Breastfeeding and Infant Feeding Strategy Groups. 2012 revisions have been discussed with IF leads, TRFT obstetrics Policies and procedures group, C&YPS clinical governance group

3.3 Approval

The Rotherham NHS Foundation Trust
TRFT Obstetrics Policies and Procedures group, TRFT C&YPS Clinical Governance group**.**

Rotherham Metropolitan Borough Council
Rotherham Children's Board

3.4 Ratification:

The Rotherham NHS Foundation Trust
TRFT Policy Ratification Group

4. *DEFINITIONS AND ABBREVIATIONS*

Appropriate training	Training in breastfeeding knowledge and support skills for clinical staff; training in the importance and awareness of the policy for non-clinical staff
Breastfeeding management/good management practices	Evidence based practices which promote successful breastfeeding, reduce difficulties and ensure correct recognition and treatment of any problems
Informed choice	Information is given on the risks and benefits of any particular practice, to enable clients to make decisions
Parents	This applies to mothers and fathers, partners, grandparents and significant others
Breastfeeding initiation	Infant begins breastfeeding soon after birth. Infant receives breast milk at least once in the first 48 hours (DH definition)
Lactation	The production of breast milk by the mother
Exclusive breastfeeding	Infant receives mother's milk only
Effective breastfeeding	The infant suckles correctly and receives enough milk
Demand feeding	Infants feed in response to hunger and behaviour, not to strict time schedules
Express/Expressing milk	Mother obtains breast milk manually or using a breast pump
Breast milk substitutes	Infant formula suitable for babies in the first 6 months of life
Supplements	Infant formula or other oral fluids given in addition to breast milk
Early cessation of breastfeeding	Breastfeeding is discontinued before 6 months or before the mother wishes to
Adequate nutrition and optimum growth	Growth and weight gain in line with DH and WHO Growth Charts
BFI	Unicef UK Baby Friendly initiative
C&YPS	Children's and young Peoples' Services (TRFT)
CNST	Clinical Negligence Scheme for Trusts
DH	Department of Health
NICE	National Institute for Clinical Excellence

TRFT	The Rotherham NHS Foundation Trust
RMBC	Rotherham Metropolitan Borough Council
WHO	World Health Organisation
TRIFIC	The Rotherham Infant Feeding Initiatives Coordinating Group. Replaced in 2010 by Rotherham Infant Feeding Strategy group
SCBU	Special Care Baby Unit
BP	Breastfeeding Policy
IF	Infant Feeding
O&G	Obstetrics and Gynaecology
CW	Children's Ward
UNICEF	United Nations Children's Fund

5. EQUALITY IMPACT ASSESSMENT

TRFT aims to design and implement services, policies and measures that meet the diverse needs of its service, population and workforce, ensuring that none are placed at a disadvantage. An equality impact assessment has been undertaken in relation to this policy utilising the approved documentation. An updated copy of the Equality Impact Assessment is attached to this document in Appendix 2.

6. REVIEW AND REVISION ARRANGEMENTS

The policy will be reviewed every 3 years, or sooner in light of UNICEF Baby Friendly Criteria and Department of Health policy when appropriate.

7. THE BREASTFEEDING POLICY

7.1 Communicating the breastfeeding policy

- The policy will be communicated to all health care staff in TRFT and the Health Community who have contact with pregnant women and new mothers. Line managers will orientate new staff to the policy within 7 days of commencing employment. Infant Feeding Coordinators will discuss the policy at training. The policy will be on the relevant, respective intranet

sites. A hard copy will reside in all areas covered by this policy, if no intranet access is available.

- New staff will be orientated to the policy as part of their induction process. This will be in line with their level of professional responsibility as in 7.2.1 and 7.2.2.
- The policy will be displayed in all areas that provide services for new mothers and babies, to support effective communication of the breastfeeding policy, so that pregnant women and new mothers understand the standard of information and care expected from the facility.
- The guide will state that the full policy is available on request, that mothers are welcome to breastfeed in any public areas and that staff will assist them to find privacy if the mother prefers.

7.2 Training Healthcare Staff

7.2.1 Staff who have primary responsibility for providing care for pregnant women and new mothers, including nursing staff on Special Care Baby Unit

- Staff will receive essential training on breastfeeding management and the breastfeeding policy appropriate to their professional group.
- Updates will take place at regular intervals, at least every 3 years. This will be audited and reported annually by the lead professional for breastfeeding in the relevant organisation.
- New staff will be orientated to the policy as part of their induction process, within 7 days. They will receive a copy or directed to the policy with their induction pack and receive training within 6 months.
- Staff training must include the skills necessary to assess effective breastfeeding.
- Written curricula for all Infant feeding training will cover the Baby Friendly Initiative standards for the hospital and community.
- Medical staff (Paediatricians, Obstetricians and G.P's) will receive appropriate information and training to enable them to promote and support breastfeeding mothers.
- Midwives, health visitors and medical staff have primary responsibility for helping breastfeeding women overcome related problems.

7.2.2 Staff who have or may have contact with pregnant women and new mothers but who do not have professional responsibility for their care

- Staff in areas providing support services for pregnant women and new mothers and babies will receive policy awareness training, including the Baby Friendly Initiative Standards.

- Managers of staff in other Rotherham hospital departments and community areas must ensure that staff are aware of the Breastfeeding Policy.
- All premises will provide a breastfeeding, friendly, welcoming atmosphere and where possible provide breastfeeding, friendly facilities. Adverts and other formula feeding promotional material should be removed from all facilities covered by this policy, (see 7.11 and 7.12).

7.3 Information and Support in Pregnancy

- All pregnant women will be informed about the benefits (particularly health benefits) of breast-feeding. No pregnant women will be asked directly about intended feeding method. The potential risks associated with formula milk will be discussed with all women, even if they decline discussions on breastfeeding formula feeding can be discussed in more detail on an individual basis if a pregnant woman clearly and independently states she wants to bottle feed.
- The physiological basis of breastfeeding should be clearly and simply explained to all women, together with good management practices proven to protect breastfeeding and reduce common problems.
- All pregnant women should be given an opportunity to discuss infant feeding on a one to one basis with a health professional. The timing of this should be in line with UNICEF Baby Friendly Initiative requirements. This discussion is important in order to adhere to the principle of informed choice and should not solely be attempted during a group parent craft class. It should be documented in the mother's pregnancy record.
- This information should be verbal, written (Trust recommended leaflets) and available in other formats. Translation services will be used as necessary.
- Wherever possible information should be offered for partners and key family members in appropriate formats.
- It is important to address the needs of all parents regardless of their social, religious and cultural background. Information will be available in relevant languages or a medium accessible to the individual.
- The communication of breastfeeding information, advice and support offered will be adapted as appropriate to individual needs; this would include women with sensory, physical and learning disabilities.
- If clinically indicated some pregnant women may be taught on a 1:1 basis how to express colostrum to support preparation for breastfeeding and reduce formula supplementation e.g. mothers with diabetes. This should not be before 36 weeks of pregnancy. Verbal and written information about this will be given, including arrangements for storing colostrum at home and in hospital [8]
- Mother-to-mother support groups and breast-feeding peer supporters play an important role in antenatal information and support.
- Staff will inform mothers about/ refer mothers to targeted community interventions to promote breastfeeding as appropriate.

- Breastfeeding information sessions which take place as part of TRFT parent craft programmes will follow recommendations from the infant feeding coordinator about content and resources(See section11 Associated policies)

7.4 Supporting the Initiation of Breastfeeding

- All mothers will be encouraged to hold their babies in skin-to-skin contact as soon as possible after delivery. This should be in an unhurried environment, regardless of the feeding method, and should be explained to the mother.
- Skin to skin contact should last for at least one hour or until after the first breastfeed (whichever is sooner).
- This contact should not be interrupted at staff's instigation to carry out routine procedures. If interrupted for a clinical reason or maternal choice it should be resumed as soon as possible.
- All mothers should be assisted to offer a first feed when mother is ready and baby is responsive, unless medically contra-indicated. Help must be available from a midwife if needed.
- All mothers with babies admitted to SCBU should be shown and encouraged to hand express as soon as possible after delivery whilst on labour ward.
- Skin to skin contact should be promoted at any stage as a means of supporting breastfeeding, comforting babies and resolving difficulties with breast attachment and breast refusal.

7.5 Maintaining Lactation

- Midwifery staff will proactively offer all breast-feeding mothers further assistance within 6 hours of birth. A midwife should be available to assist a breastfeeding mother at any point during her hospital stay.
- Staff will help mother and baby to be comfortable and privacy will be maintained as desired by the mother.
- All mothers will be given support in the skills necessary to position and attach their babies themselves comfortably and effectively at the breast.
- Hospital and community staff will ensure mothers know why good positioning and attachment is important, and the signs which indicate their baby is receiving sufficient milk and what to do if they suspect this is not happening. Staff will teach mothers to recognise early signs of ineffective breastfeeding e.g. sore nipples, breast inflammation and reduced urine and stool output in their baby. Staff should be able to support mothers to acquire the skills to position and attach their babies for effective breastfeeding and ensure mothers are confident with the relevant techniques.
- Each mother will be shown how to hand express her milk, and written information will be given (or information in other appropriate formats) on expressing and storing breast milk and where to obtain further advice if

required. Community staff should ensure that mothers have received this teaching and leaflets and be prepared to offer it if this is not the case. They should also ensure that the mother is aware of the value of hand expressing, for example in the proactive treatment of a blocked duct to prevent the development of mastitis.

- Mothers of babies on Special Care who wish to breast-feed will be given support and assistance to express milk by hand and by pump to maintain lactation. Hand expressing on the 1st day is the most effective way of collecting colostrum.
- Mothers who are separated from their babies should be helped to begin expressing as soon after birth as possible and to express at least 8 times in 24 hours. More frequent expressing–may benefit some mothers of preterm and very low birth weight infants[9]. Early initiation of expressing has long term benefits for milk production. Mothers should be shown how to express by hand and by pump.
- All breastfeeding mothers will be provided with Trust recommended postnatal breastfeeding literature in appropriate formats.
- An assessment of the mother and baby's progress with breastfeeding and the effectiveness of milk transfer will be undertaken between day 3 and 5 by maternity services and an individualised plan of care developed as necessary.
- This assessment will be carried out again at the primary visit by community health care staff and an individualised plan of care developed as necessary. This will build on initial information and support provided by the maternity services, to ensure new skills and knowledge is secure. It will assess effective milk transfer and enable early identification of any potential complications and allow appropriate information to be given to prevent or remedy them using an individualised plan of care.
- Staff must be aware that ineffective breastfeeding and failure to recognise problems can result in hypernatraemic dehydration or other serious consequences for a baby's health, particularly in the first two weeks of life. As part of clinical assessment babies must be weighed in accordance with recommended Trust practice.
- Early cessation of breastfeeding may also have adverse consequences for the mother's health.
- Management of breastfeeding problems should be in line with TRIFIC Guidelines [5], NICE Guidance [2,4] and should include liaison with appropriate colleagues or medical referral when necessary.
- Rarely, there may be medical contraindications to breastfeeding. Experienced breastfeeding support should be available to ensure that mothers are not unnecessarily advised against breastfeeding.
- All breastfeeding mothers returning to work must be given information, in appropriate formats which will support them to continue breastfeeding.
- Handover of care from midwife to health visitor will include information on feeding.

7.6 Supporting exclusive breastfeeding

- For the first 6 months, mothers should be encouraged to exclusively breastfeed their babies. Babies should not be given, or recommended to have, water or artificial feeds, except for a clinical indication or when parents have made a fully informed choice. Parents should always be consulted about clinical indications for supplementation. Supplements should be recorded in the health record along with the reason for supplementation.
- Mothers of babies receiving supplements should be offered support from a health care professional trained in breastfeeding management or referred appropriately.
- If parents request for advice regarding supplements or choose to use supplements, discussion of the disadvantages in relation to health and to breastfeeding should be documented in the notes, whilst at the same time supporting parents in their choice.
- 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.
- When a mother is unable to put her baby to the breast expressed breast milk will be offered, when available, before artificial formula.
- Weaning information should include the recommendation not to introduce solids before 6 months of age
- Mothers will be encouraged to continue breastfeeding beyond 6 months for at least the first year of life
- Prescribing should ensure medication is compatible with continued breastfeeding and further information sought from TRFT Pharmacy Medicines Information Department if required – see section 11 - TRFT Drugs and Breastfeeding Guideline 2011

7.7 Rooming In

- In hospital mothers and babies should stay together. There should be no designated nursery space in hospital postnatal areas. Mothers will normally assume primary responsibility for the care of their babies.
- Babies should not be routinely separated from mothers at night, whether breast or bottle fed.
- Separation of mother and baby should only occur if the health of either the mother or baby prevents care being offered in the postnatal areas
  or with the fully informed consent of the mother which should be documented in the notes.
- Mothers recovering from Caesarean section and others requiring additional care, should be given appropriate care, but the principle of keeping mother and baby together should normally apply.
- At home, mothers should be encouraged to continue to keep their babies near them, to help recognise their babies' needs and feeding cues.

- All mothers will be told and given written information on the benefits, of bed sharing for breastfeeding and the contraindications and potential risks associated with co-sleeping, to enable mums to manage night time feeds safely [7]. All information will be in line with current advice from the Foundation for the Study of Infant Death and the Department of Health.

7.8 Baby Led Feeding

- No restriction should be placed on the duration or frequency of feeds
- Baby led (demand) feeding should be encouraged for all babies for the duration of breastfeeding, unless regular timed feeds are clinically indicated.
- Staff should explain to mothers that demand feeding can include waking the baby to feed if the mother has overfull breasts.
- The importance of night time feeds for milk production should be explained and ways to cope with the challenges of night time feeding discussed
- All staff will ensure that mothers are aware of baby feeding cues and the importance of responding to them. Normal feeding patterns, including cluster feeding and 'growth' spurts will be explained.

7.9 Use of Artificial Teats, Dummies and Nipple Shields

- Health care staff should not recommend the use of artificial teats or dummies during the establishment of breastfeeding. The appropriate use of dummies for breastfeeding babies later in the postnatal period should also be discussed with mothers. Parents who wish to use them should make an informed choice. Discussion of the possible detrimental effects on breastfeeding should be recorded in the notes.
- Cup feeding, in preference to bottle, is currently the recommended method for any supplements given to a breastfed baby.
- Nipple shields should only be used as a last resort measure for breastfeeding difficulties, and then only for as short a time as possible. The mother should make a fully informed choice. Evidence suggests that temporary use of nipple shields will occasionally support preterm breastfeeding The possible detrimental effects on breastfeeding should be discussed and recorded in the notes. Skilled support should be given to discontinue use of the shield as soon as possible.

7.10 Community Support for Breastfeeding

- Prior to discharge from hospital, all mothers will be given details of how to contact their community midwife and at handover of care, details of their health visitor team.
- All breastfeeding mothers will be provided with local and national contact numbers for breastfeeding support before they leave hospital. These will be regularly updated and must include both professional and voluntary support.

- Community healthcare staff will ensure mothers have the above information together with details of all local initiatives to support breastfeeding e.g. Breast pump loan scheme.
- Details on how to access local support will be displayed in facilities covered by this policy.
- Breastfeeding mothers will be contacted within 48 hours of discharge from hospital (or within 48 hours of a home birth) by a peer supporter. Details about the available breastfeeding community support will be explained.
- Staff will inform mothers of the local breast pump loan scheme and provide details about accessing the service.
- Co-operation between health professionals and voluntary support groups will be encouraged, including involvement in policy development.

7.11 Facilities for Breastfeeding Mothers

- Breastfeeding will be regarded as the normal way to feed babies and young children.
- Mothers will be supported to develop strategies for breastfeeding outside the home.
- Mothers will be supported to breastfeed in all public places covered by this policy, and comfortable facilities must be available for mothers who prefer privacy. Signs giving this information will be displayed in public areas.
- Staff will inform mothers about the 'Breastfeeding Friendly Rotherham Award' scheme, which will help them to identify public places that support breastfeeding and the facilities they can provide.
- Wherever possible, community healthcare staff will promote awareness in the community of the needs of breastfeeding mothers.
- Organisations and contracted services covered by this policy will support women to maintain breastfeeding when they return to work.

7.12 The Promotion of Breast Milk Substitutes

- No advertising of breast milk substitutes, teats or dummies, using text or logo, are permissible by employees or in facilities covered by this policy.
- No promotion of study sessions or educational materials by formula manufacturers is permissible by employees or in facilities covered by this policy.
- Health professionals must not display infant formula logos or such items as calendars, pens, stationery or diaries etc.
- All facilities covered by this policy will be audited annually in line with Baby Friendly Initiative requirements, to ensure compliance with the above points.
- Company representatives will only have direct access to the Obstetrics and Gynaecology Infant Feeding Group, Paediatric Dieticians, Infant Feeding Coordinators and other Infant Feeding Leads. Information or important changes in the constituents of artificial milk will be disseminated, by the above members of staff.

- There must be no sale of infant formula on Trust premises which are under the direct control of Trust management or by Trust employees in any settings.

7.13 Information on formula feeding

- Demonstration of the preparation of formula feeds will not be part of a routine antenatal programme, as evidence suggests this may undermine confidence in breastfeeding. Demonstrations will only be performed with a woman on an individual basis if she clearly and independently states she wants to bottle feed.
- Information on formula feeding, including discussion of feed preparation, can be given in pregnancy, alongside the benefits and management of breastfeeding, in line with informed choice principles.
- Parents who have made an informed choice to formula feed, or whose babies are receiving formula temporarily, will be made aware of effective feeding techniques and taught how to prepare and store feeds correctly in line with DH guidance.
- This information should be provided before discharge from hospital or as required subsequently in the postnatal period. This Hospital advice should be reinforced in community.

  See Guideline for the care of formula feeding mothers and their babies [6].

7.14 Monitoring of Breastfeeding Rates

- It is the responsibility of all health care professionals to ensure data forms relating to breastfeeding are completed properly to ensure accurate data collection.
- Rates of breastfeeding initiation and duration in hospital will be monitored by TRFT Infant Feeding Coordinator in line with Care Quality Commission requirements and local performance targets.

8. DISSEMINATION AND IMPLEMENTATION

- The policy will be placed on the TRFT and Local Authority Intranet Sites and where necessary a paper copy will be held in relevant departments and community facility policy files.

- Electronic version will be sent by email from the authors to relevant hospital and community Heads of Departments/Services.

- A guide to the policy will be displayed in all facilities providing services for pregnant women and new mothers.

- Following each organisations ratification of the policy it will be communicated to staff via training and new staff induction processes. See also 7.1 and 7.2.

- Implementation will be through staff training, applying the best practice standards outlined in Section 7 and through audit mechanisms and feedback to staff. Working towards formal Baby Friendly Accreditation will also ensure implementation of the policy.

- All Trust employees taking maternity leave should receive verbal and written information on returning to work and breastfeeding.

- A copy of the policy will be placed on each organisation Document Management System.

- All copies of the old version will be destroyed. A copy of version 1 will be stored manually and electronically in the Infant Feeding Coordinator's Office at TRFT.

- It is the responsibility of the Infant Feeding Leads to disseminate the policy, ensure its implementation and review this policy.

9. MONITORING COMPLIANCE WITH AND THE EFFECTIVENESS OF THE POLICY

9.1 Process for Monitoring Compliance and Effectiveness

Audit/Monitoring Criteria	Process for Monitoring e.g. audit/survey	Audit / Monitoring performed by	Audit / Monitoring frequency	Audit / Monitoring reports distributed to	Action plans approved and monitored by
UNICEF UK BFI Best Practice Standards for Hospital Maternity Units and Community Health Settings	UNICEF UK BFI Hospital and Community Audit Tools[1]	Infant Feeding Leads	At least annually. Individual sections of the audit tool may be done 1 – 6 monthly, depending on agreed audit cycle, results and action plan	TRFT Infant Feeding Group, Relevant managers, Rotherham IF Strategy Group, Clinical Effectiveness Group	Infant Feeding Leads

Training	Database	Infant Feeding Leads	Monthly	TRFT Infant Feeding Group, Relevant managers	Infant Feeding Leads

[1] Within the BFI Audit Tool there are 6 audit topics for BFI hospital maternity unit standards and 5 for BFI community health services standards to monitor compliance with BFI standards. These audit key clinical care points of the policy. Timing of audit topics varies from monthly to annually, depending on results and guidelines within the audit tool. Most topics are audited 3 – 6 monthly. Action plans are an integral part of the audit tool results sheets

9.2 Standards/Key Performance Indicators

Breastfeeding initiation rates = 65.5 %

10. REFERENCES

1. UNICEF UK Baby Friendly Initiative Sample Joint Hospital and Community Breastfeeding Policy www.babyfriendly.org.uk

2. NICE Clinical Guidance 037 Routine Postnatal Care for Women and their Babies July 2006. National Institute for Health and Clinical Excellence

3. Infant Feeding Recommendations. Department of Health 264898 1p 70k Nov 2004

4. NICE Effective Action Briefing on the initiation and duration of breastfeeding July 2006. National Institute for Health and Clinical Excellence

5. The Rotherham Infant Feeding Guidelines 2007. The Rotherham Infant Feeding Initiatives Coordinating Group (TRIFIC Group)

6. Guidelines for the care of formula feeding babies and their mothers 2010. The Rotherham NHS Foundation Trust.

7. Co-sleeping and Parent and Infant Bed Sharing Guidelines 2009. NHS Rotherham Community Health Services.

8. Antenatal expression of colostrum. La Leche League 2010

9.Principles to promote the initiation and establishment of lactation in the mother of a preterm or sick infant. September 2008. Liz Jones. Paper in Unicef UK Baby Friendly News. Full version at www.babyfriendly.org.uk/items/item_detail.asp?item=536

11. ASSOCIATED POLICIES/PROCEDURES/DOCUMENTATION

- Infants at risk of Hypoglycaemia: Wharncliffe/Labour Ward Guideline 2008 http://10.151.130.48/Docs/2907/4630/hypoglycaemia%20guideline%20final%20sept%202008.doc

- Rotherham NHS Foundation Trust Maternity and Adoption Leave and Pay Scheme http://10.151.130.48/Docs/2972/3080/Maternity%20handbook%20June%2008%20Final.doc

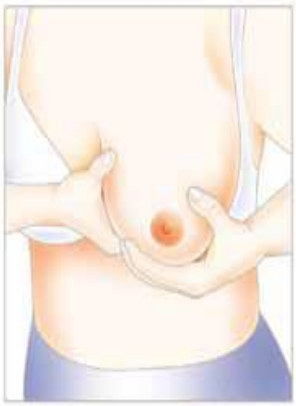
- TRFT Drugs and Breastfeeding Guideline 2011 - www.ukmicentral.nhs.uk

- Guideline for content of breastfeeding Parentcraft sessions – Hazel Woodcock, Infant Feeding Coordinator 2008

- Expressing Colostrum in Pregnancy, TRFT information sheet 2012 Hazel Woodcock, Infant Feeding Coordinator & Dr S. Rutter Consultant Obstetrician

Appendix 1

Hand Expression of Colostrum in Late Pregnancy
Information for Mothers with Diabetes



This leaflet has been designed for women who have or develop diabetes during pregnancy and who are having a discussion with the diabetes midwife or infant feeding coordinator about expressing colostrum from 36 weeks of pregnancy in readiness for breastfeeding.

Women who have had breast reduction surgery may also wish to discuss this with their midwife or a member of the infant feeding team

This leaflet should be used with the following 2 leaflets:

Diabetes and Pregnancy	**Rotherham NHS Foundation Trust**
Off to the Best Start	**Department of Health**

Preparation for Breastfeeding:

It may help to learn more about breastfeeding and what to expect in the early days – your midwife and the diabetes team will discuss breastfeeding with you during pregnancy and you can also attend one of the evening breastfeeding workshops with the infant feeding coordinator

It may also help to practise the technique for hand expressing milk before you go into labour. This means that:

1. If you need to express colostrum for your baby in the first few days to help correct a low blood sugar you already know how to do this so it will be easier.
2. Any colostrum you express before birth can be kept frozen and brought into hospital to give your baby if needed.

Not all babies need extra colostrum – babies who breastfeed well will get what they need when they feed from your breast, and research has shown that breastfeeding is actually better than formula feeding to help your baby maintain a healthy blood sugar level! Babies who formula feed are also more likely to develop childhood diabetes. WE encourage all mothers to have skin to skin contact with their baby for at least one hour after birth, and until the first feed has taken place. Skin to skin supports baby's natural feeding reflexes and helps to get breastfeeding off to a good start.

Babies whose mothers have diabetes will have their blood sugar checked regularly after birth and should feed every 2 – 3 hours in the first 24 – 48 hours. However, some babies can be sleepy during this time while they are learning to breastfeed, especially if born preterm - before or around 37 weeks, or if you have been given Pethidine or Diamorphine for pain relief in labour. If baby has a low blood sugar but cannot latch on strongly enough at the breast to feed easily, you can hand express colostrum to give your baby instead. While small volumes of formula milk are occasionally necessary temporarily, this will only be used if breast milk is not available. Don't worry, your baby will soon learn to breastfeed more easily and all the maternity unit staff are trained to help and support you before and after you go home (you and your baby should stay in hospital for at least 24 hours after birth)

How to hand express

Read the leaflet 'Off to the Best Start' which describes how to hand express – this should not be uncomfortable. The midwife will also show you how to do this using a demonstration knitted breast.
You may be able to express more easily after a warm bath or shower. Massaging your breast before you start will also help you to express more easily. Try to use both breasts each time you express. Don't worry - there is no evidence that expressing in this way will trigger labour. Later on, when your baby is older, some breastfeeding mothers find they prefer hand expressing to using a breast pump
From 36 weeks you can practise this technique and any colostrum you express can be collected in a small sterile container and stored in the container or in sterile syringes in your freezer at home – we will give you some of these to use before birth, along with labels to label each container or syringe with your full name and the date you expressed.

You can collect colostrum at 2 or 3 sessions in one day and add it to the same container. Bring one into hospital with you when you go into labour, preferably in a cool bag, – this can be used within 24 hours of removal from the freezer. More colostrum can be brought into hospital and put in the hospital freezer if needed.
Breast milk or colostrum can be frozen for up to 6 months in a main freezer with temperature minus 18 degrees Centigrade, and for up to 2 weeks in the freezer compartment at the top of your fridge.

If you have any questions or would like to discuss this further, please contact the infant feeding coordinator's office on the number below

Infant Feeding Coordinator
Obstetrics & Gynaecology Directorate
01709 424265
March 2012

Appendix 2

The Rotherham NHS
NHS Foundation Trust

EQUALITY IMPACT ASSESSMENT (EIA) INITIAL SCREENING TOOL

Document Name: The Rotherham Breastfeeding Policy 2012 Date/Period of Document: 2013

Lead Officer: Vicky Wilkinson, Infant Feeding Coordinator Directorate: O&G Reviewing Officers: Obstetric Policies and procedures Group
C&YPS Quality Governance GROUP

1❑ Function	❑ Policy	❑ Procedure	❑ Strategy	❑ Joint Document, with who?
Describe the main aim, objectives and intended outcomes of the above: Promotion of breat feeding.				

*You must assess **each** of the 9 areas separately and consider how your document in section 1 may affect people's human rights.*

2.	**Assessment of possible adverse impact against any minority group**			
Could the document in section 1 have a **significant** negative impact on equality in relation to each area below?		**Response**		**If yes, please state why and the evidence used in your assessment**
		Yes	**No**	
1	**Age**?		/	
2	**Sex** (Male and Female?		/	
3	**Disability** (Learning Difficulties/Physical or Sensory Disability)?		/	
4	**Race** or Ethnicity?		/	
5	**Religion and Belief**?		/	
6	**Sexual Orientation** (gay, lesbian or heterosexual)?		/	
7	**Pregnancy and Maternity**?		/	
8	**Gender Reassignment** (The process of transitioning from one gender to another)?		/	
9	**Marriage and Civil Partnership**?		/	

You need to ask yourself:

- Will the document create any **problems** or **barriers** to any community of group? **No Although me do not breastfeed, the policy contains several references to the importance of paternal and wider parental involvement for BF support**
- Will any group be **excluded** because of the this document? **Yes/No**
- Will the document have a negative impact on **community relations**? **Yes/No**

If the answer to any of these questions is yes, you must complete a full Equality Impact Assessment

3. Positive impact:				
Could the document have a **significant** positive impact on equality by reducing inequalities that already exist? Explain how will it meet our duty to:		**Response**		**If yes, please state why and the evidence used in your assessment**
		Yes	**No**	
1	Promote **equal opportunities**	/		universal standards of care will help increase breastfeeding support across all groups including lower socio economic groups which tend to have lower BF rates.
2	Get rid of **discrimination**		/	
3	Get rid of **harassment**		/	
4	Promote **good community relations**		/	
5	Promote **positive attitudes** towards disabled people		/	
6	Encourage **participation** by disabled people		/	
7	Consider **more favourable treatment** of disabled people		/	
8	Promote and protect **human rights**		/	

4. Summary On the basis of the information/evidence/consideration so far, do you believe that the document will have a positive or negative adverse impact on equality?						
Positive	*Please rate, by circling, the level of impact*					**Negative**
HIGH	**MEDIUM**	**LOW**	**NIL**	**LOW**	**MEDIUM**	**HIGH**
Date assessment completed: 2013	Is a full equality impact assessment required?		❑ Yes (documentation on the intranet)		❑ No	