

# **NHS City and Hackney Breastfeeding policy**

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**POLICY REFERENCE INFORMATION**

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**DOCUMENT REVISION RECORD**

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Version 1	New Policy	N/A	Kate Dantes: Breastfeeding Coordinator Pernilla White: Public Health Strategist Sarah Rees: Public Health Strategist	November 2009

**RELATED POLICIES AND LEGISLATION**

UNICEF Baby Friendly Initiative model Community Breastfeeding Policy <a href="http://www.babyfriendly.org.uk/pdfs/sample_policy_community.pdf">www.babyfriendly.org.uk/pdfs/sample_policy_community.pdf</a>
Department of Health, <i>Infant Feeding recommendation</i> (2003, London: The Stationary Office) <a href="http://www.breastfeeding.nhs.uk/en/docs/FINAL_QA.pdf">http://www.breastfeeding.nhs.uk/en/docs/FINAL_QA.pdf</a>
NHS National Institute for Clinical Excellence, <i>Promotion of breastfeeding</i>

*initiation and duration. Evidence into Practice* (July 2006)  
[www.nice.org.uk/download.aspx?o=346169](http://www.nice.org.uk/download.aspx?o=346169)

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## 1. INTRODUCTION

### 1.1. Background

- 1.1.1. Breastfeeding is an important Public Health measure. There is increasing evidence to demonstrate that breastfeeding conveys short term and long term benefits to both infant and mother. As well as providing complete nutrition for the development of healthy infants, human breast milk has an important role to play in the prevention of conditions including gastroenteritis, respiratory infections, ear infections, allergies, obesity and juvenile onset insulin dependent diabetes mellitus<sup>1</sup>. Mothers who breastfeed have a reduced risk of developing breast and ovarian cancer and osteoporosis<sup>2</sup>.
- 1.1.2. All parents have the right to make a fully informed choice as to how they feed and care for their babies. The provision of clear impartial information to all parents at an appropriate time is therefore essential.
- 1.1.3. There will be no discrimination against any parent in their chosen method of infant feeding and full support will be given to parents regardless of their chosen feeding method. This policy is designed to reflect best practice in infant feeding, not to dictate the choice of parents.

### 1.2. Policy development

- 1.2.1. This policy is based on the UNICEF Community Best Practice Standards and sample policies and the UNICEF guidance regarding the production and implementation of policies to support breastfeeding<sup>3</sup>.
- 1.2.2. The policy has been circulated widely for consultation and has been approved by the Breastfeeding Steering Group (membership shown in Appendix one).

### 1.3. Purpose

- 1.3.1. To ensure that the health benefits of breastfeeding as opposed to formula feeding are discussed with all parents and their families as appropriate, so that they can make an informed choice about how they feed their babies.
- 1.3.2. To create an environment that allows parents to choose to breastfeed their babies and to provide parents with sufficient information and support to enable them to breastfeed exclusively for at least six months.
- 1.3.3. To enable all appropriately trained community staff/volunteers to provide support to breastfeeding women.
- 1.3.4. To promote the notion that breast feeding is the most natural way to feed a baby.
- 1.3.5. To encourage family and social support for the breastfeeding mother and in particular from fathers/partners.

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<sup>1</sup> <http://www.babyfriendly.org.uk/page.asp?page=20>

<sup>2</sup> [www.breastfeeding.nhs.uk](http://www.breastfeeding.nhs.uk)

<sup>3</sup> <http://www.babyfriendly.org.uk/page.asp?page=71>

1.3.6. To provide support to mothers who return to work within the first six months to enable them to continue to breastfeed.

#### **1.4. Supporting policy implementation**

- 1.4.1. The policy is aimed at all health care workers within the auspices of NHS City and Hackney who have contact with pregnant women, parents/carers of infants or their families. This includes GPs, Practice Nurses, Paediatricians, Health Visiting Teams, Midwives, Dieticians, volunteer workers and any other relevant staff groups.
- 1.4.2. It is mandatory that all health care workers (including volunteer workers) adhere to this policy to avoid giving conflicting guidance and support. Any deviation from the policy must be justified and recorded in the mother's and/or baby's health care records. This should be done in the context of professional judgement and codes of conduct.
- 1.4.3. It is the responsibility of all staff and volunteers to liaise with appropriate health care professionals should concerns arise about the baby's health.
- 1.4.4. Health Visitors and midwives have the primary responsibility for supporting breastfeeding women and their families and for helping them to overcome related problems.
- 1.4.5. Health care workers and volunteers will attend regular training around breastfeeding to ensure they are appropriately skilled and have current knowledge.
- 1.4.6. Use of literature provided by manufacturers of infant formula is prohibited for all PCT employees and volunteers. Educational materials produced by infant formula companies must not be distributed to women and their families. All educational materials must be approved by the NHS City and Hackney Breastfeeding Coordinator before use.
- 1.4.7. Logos of infant formula manufactures must not be displayed in any premises where women are receiving care from NHS City and Hackney health care workers or volunteers. Display, promotion or advertising of breast milk substitutes, feeding bottles, teats or pacifiers is prohibited in any of these premises.
- 1.4.8. Parents who have made a fully informed choice to feed their babies artificially should be given appropriate support and education on an individual basis. During the antenatal period parents must not be offered instruction in the preparation of artificial feeds, as this has the potential to undermine breastfeeding.
- 1.4.9. Women who are HIV positive are advised not to breastfeed<sup>4</sup>. All staff working with HIV positive mothers should be aware of guidance relating to breastfeeding and HIV and should support women appropriately (see section 2.8.1).

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<sup>4</sup> Department of Health, *HIV and Infant Feeding* (2004).

- 1.4.10. Healthy Start Vouchers and Healthy Start vitamin supplements will be promoted to families who are eligible to receive them.
- 1.4.11. The policy will be reviewed annually by the breastfeeding steering group.
- 1.4.12. Compliance with the policy will be audited on an annual basis.

## **2. THE POLICY**

### **2.1. Communicating the breastfeeding policy**

- 2.1.1. This policy is to be communicated to all health care workers and volunteer workers who have any contact with pregnant women, parents/carers and their families.
- 2.1.2. All new staff will be orientated to the policy as soon as their employment begins as part of their induction and signposted to the policy which will be available on the PCT intranet.
- 2.1.3. The policy (or a mother's guide to the policy\*) will be displayed in all premises of the PCT including General Practice premises and Children's Centres (in agreement with the Learning Trust) that serve mothers and babies.

\*in which case, the full policy will be available on request.

### **2.2. Training health care staff**

- 2.2.1. All health care workers and volunteers, including GPs, who come into contact with pregnant women, parents/carers or their families, will receive mandatory training in breastfeeding management at an appropriate level. New staff will receive training within six months of taking up their post.
- 2.2.2. All clerical and ancillary staff in contact with pregnant women, parents/carers or their families will be orientated to the policy and will be given guidance to enable them to refer breastfeeding queries appropriately.
- 2.2.3. The responsibility for providing and recording education and training lies with the PCT Breastfeeding Coordinator. Data about the audit, uptake and efficacy of the training will be available on request.
- 2.2.4. Written curricula which clearly cover all of the UNICEF Seven Point Plan for Sustaining Breastfeeding in the Community<sup>5</sup> will be available for all staff training.

### **2.3. Informing pregnant women of the benefits and management of breastfeeding**

- 2.3.1. It is the responsibility of all health care workers and volunteer workers in contact with pregnant women to ensure that these women are aware of the benefits of breastfeeding to both baby and mother and of the potential health risks of formula feeding.

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<sup>5</sup> <http://www.babyfriendly.org.uk/page.asp?page=71> [Accessed 14<sup>th</sup> April 2009]

- 2.3.2. All pregnant women should be given an opportunity to discuss infant feeding on a one-to-one basis with a health care worker. Such discussion should not solely be confined to group parent craft classes.
- 2.3.3. The physiological basis of breastfeeding should be clearly and simply explained to all pregnant women, together with good management practices which have been proven to protect breastfeeding and reduce common problems. The aim should be to give women confidence in their ability to breastfeed.
- 2.3.4. Information will be provided to women about local services to support and promote breastfeeding including targeted services.

## **2.4. Supporting the establishment and maintenance of lactation**

- 2.4.1. An assessment of the mother and baby's progress with breastfeeding will be undertaken at the primary visit by community healthcare staff and an individualised plan of care developed as necessary. The assessment will ensure that breastfeeding women;
- Know the signs which indicate that their baby is receiving sufficient milk and what to do if they suspect that this is not the case.
  - Know how to recognise signs that breastfeeding is not progressing normally (e.g. sore nipples, inflammation).
  - Know why effective feeding is important and are confident with positioning and attachment. Health care workers should ask about, and where possible observe, the progress of breastfeeding at each contact with a breastfeeding mother. This will enable early identification of any potential complications and allow appropriate information to be given to prevent or remedy them.
  - Know where and how to access help (both support groups and telephone contact).
- 2.4.2. Handover of care from Midwife to Health Visitor will follow standard procedure in the form of written communication (within the Midwifery Discharge Summary) to ensure a seamless transition of care for new mothers.
- 2.4.3. All women should be contacted within 24 hours post birth or transfer to home by a Midwife (either in person or by telephone) to discuss feeding, as part of wider discussions.
- 2.4.4. Skin-to-skin contact should be promoted at any stage within the community setting to support breastfeeding, comfort unsettled babies and resolve difficulties with attachment and breast refusal.
- 2.4.5. Health care workers and volunteer workers with the primary responsibility for supporting breastfeeding should ensure that mothers are offered the help and information necessary to acquire the skill of hand expression of breast milk. They should be able to explain the value of and the necessary techniques for hand expression to the mother, thereby helping her to acquire this skill for herself. A leaflet on expressing should be provided to all breastfeeding women.
- 2.4.6. Baby-led or demand feeding should be promoted for all healthy babies. The importance of night feeding for milk production should also be explained to mothers.

- 2.4.7. Mothers should be encouraged to keep their babies near them so that they can learn to interpret their babies' needs and feeding cues.
- 2.4.8. All mothers will be given appropriate information about safe bed sharing and a leaflet should be given to all mothers.
- (See: Sharing a bed with your baby – A guide for breastfeeding mothers <http://www.babyfriendly.org.uk/pdfs/sharingbedleaflet.pdf>)
- 2.4.9. All breastfeeding mothers returning to work should be given information that will support them to continue breastfeeding and maintain lactation at this time.
- 2.4.10. Health care workers should not recommend the use of artificial teats or pacifiers during the establishment of breastfeeding. Parents wishing to use them should be advised of the possible detrimental effects such use might have on breastfeeding to enable them to make a fully informed choice.
- 2.4.11. Nipple shields will not be recommended except in extreme circumstances and then only for as short a time as possible. Women using shields should be under the care of a skilled practitioner and be supported to discontinue its use as soon as possible.

## **2.5. Supporting exclusive breastfeeding**

- 2.5.1. All mothers should be encouraged to breastfeed exclusively for at least six months, not to introduce other food or drink before six months and to continue breastfeeding for at least the first year of life. All weaning information should reflect this.
- 2.5.2. For the first six months, water or formula feed is not recommended except in cases of medical indication or fully informed parental choice. Parents who elect to supplement their baby's breastfeeds with formula milk should be made aware of the health implications and of the harmful impact supplementation may have on breastfeeding to allow them to make a fully informed choice.
- 2.5.3. The advertising or sale of breast milk substitutes, feeding bottles, teats and pacifiers and distribution of samples of breast milk substitutes, feeding bottles, teats and pacifiers is prohibited (unless supported by appropriate medical reasoning) on any NHS City and Hackney premises and by any NHS City and Hackney staff or volunteers.
- 2.5.4. Representatives from companies selling infant formula or other equipment associated with artificial feeding may liaise with the PCT Breastfeeding Coordinator only. They are prohibited from having contact with any other staff member.

## **2.6. Providing a welcome for breastfeeding families**

- 2.6.1. Breastfeeding will be regarded as the normal way to feed babies and young children.
- 2.6.2. Mothers will be enabled and supported to feed their infants in all NHS City and Hackney premises and signs welcoming breastfeeding will be displayed.

2.6.3. Breastfeeding women will be supported to develop strategies for breastfeeding outside the home and will be provided with information about places locally that are known to welcome breastfeeding.

2.6.4. Health care workers will work in the local community to increase awareness of the needs of breastfeeding women in places such as cafes, restaurants and public facilities.

## **2.7. Promoting cooperation between health professionals, support groups and the local community**

2.7.1. NHS City and Hackney supports cooperation between health care professionals and voluntary support groups.

2.7.2. All breastfeeding mothers will be provided with contact details of a health visitor for support with breastfeeding.

2.7.3. All breastfeeding mothers will be provided with up to date details and contact numbers of breastfeeding counsellors and support groups including local and national services. Contact details will be routinely displayed in all public areas of health premises and Children Centres.

2.7.4. Breastfeeding support groups will be invited to contribute to further development of the breastfeeding policy through involvement in appropriate meetings.

2.7.5. This policy complements the Homerton Hospital Breastfeeding Policy<sup>6</sup> which outlines breastfeeding policy for women delivering at Homerton Hospital or who are under the care of Homerton Hospital Community Midwifery Services.

## **2.8. Medication**

2.8.1. Medications taken by the mother may be passed to the baby through breast milk. Women should be encouraged to inform their doctor and pharmacist that they are breastfeeding. Where a mother is taking prescribed or over the counter medication, advice should be sought regarding safe breastfeeding.

## **2.9. Infants born to HIV-positive mothers**

2.9.1. In line with Department of Health guidance, women infected with HIV should be advised not to breastfeed in order to reduce the risk of transmission.<sup>7</sup> They should be given support and guidance around safe artificial feeding. However, if a mother who is HIV positive still wishes to breastfeed, specialist advice should be sought.

2.9.2. All training for healthcare professionals should include information about appropriate advice to be given to HIV positive mothers.

2.9.3. Staff should be aware that some women from cultures where breastfeeding is the norm may be concerned that by not breastfeeding they are signalling their

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<sup>6</sup> Homerton Hospital (2006). *Breastfeeding Policy* is available on request from Homerton Midwifery Department.

<sup>7</sup> Department of Health, *HIV and Infant Feeding* (2004).

HIV status. In these circumstances staff may need to provide additional support to help prevent deductive disclosure of a woman's HIV status.

## **2.10. Breastfeeding and substance misuse**

2.10.1. Breastfeeding is not advisable if the mother is:

- Chaotically using drugs
- Using large quantities of different drugs (poly drug use)
- Injecting drugs
- Using crack cocaine or cocaine
- Using large doses of amphetamines

2.10.2. In all other situations where the mother is using harmful substances, seek specialist advice from midwifery or specialist addictions staff.

## **3. Targets and key performance indicators**

3.1.1. Data on method of feeding will be collected by Community Midwives on transfer to Community Midwifery care and by Health Visitors or GPs at the time of the 6-8 week review. The collection of these data for all babies under the care of NHS City and Hackney is mandatory.

3.1.2. Breastfeeding at 6-8 weeks is a Vital Sign indicator and submission of data by the PCT is mandatory. The PCT is monitored on both prevalence of breastfeeding and completeness of data collection.

3.1.3. GPs, Health Visitors and all other staff involved in carrying out 6-8 week reviews must ensure that all data arising from the review are recorded correctly and in full in the Red Book and the tear-off slip is returned to Child Health within required time limits.

3.1.4. The Child Health Department are responsible for recording all information relating to breastfeeding at 6-8 weeks in the Child Health Information System.

## **4. Accountability and responsibility for policy implementation**

4.1.1. The PCT Breastfeeding Coordinator is responsible for the implementation of this policy. The work of the Breastfeeding Coordinator including the implementation of this policy is overseen by the City and Hackney Breastfeeding Steering Group.

## 5. Appendix one

### Breastfeeding Steering Group membership

- Sharrion Brown: Children's Centre Midwife, Learning Trust.
- Liz Clyro: Service user representative.
- Suzanne Cohen: La Leche League Leader, La Leche League.
- Philippa Cox: Consultant Midwife, Homerton Hospital.
- Kate Dantes: Breastfeeding Coordinator, NHS City and Hackney Community Health Services.
- Tairu Drameh: Health Intelligence Manager, NHS City and Hackney.
- Jose Figueroa: Consultant in Public Health, NHS City and Hackney.
- Grace Graham: Extending Services Coordinator, Children's Centre Area E.
- Channa Landa: Breastfeeding Project Coordinator, JuMP.
- Jane Pearl: Consultant Midwife, Homerton Hospital.
- Sarah Rees: Public Health Strategist, NHS City and Hackney.
- Gitit Rottenberg: Director of Jewish Maternity Services, JuMP.
- Alison Russell: Midwife, Homerton Hospital.
- Talitha Ryan: Senior Children's Centre Dietician, NHS City and Hackney Community Health Services.
- Marcia Smikle: Service Development Manager, Children and Families Service, NHS City and Hackney Community Health Services.
- Venetia Strangwayes-Booth: Specialist Worker, NCT.
- Rachel Turner: Specialist Trainee in Public Health, Homerton Hospital.
- Hannah Van der Puije: Children and Families Nurse Manager, NHS City and Hackney Community Health Services.
- Jocelyn Walder: Infant Feeding Coordinator, Homerton Hospital.
- Jane Wilkinson: GP, Lawson Practice.
- Pernilla White: Public Health Strategist, NHS City and Hackney.