

Greenwich staff policy and guide
on breastfeeding

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Principles

The Queen Elizabeth Hospital and Greenwich TPCT believes that breastfeeding is the healthiest way for a woman to feed her baby and recognises the important health benefits now known to exist for both the mother and her child. (1)

All mothers have the right to receive clear and impartial information to enable them to make a fully informed choice as to how they feed and care for their babies.

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.

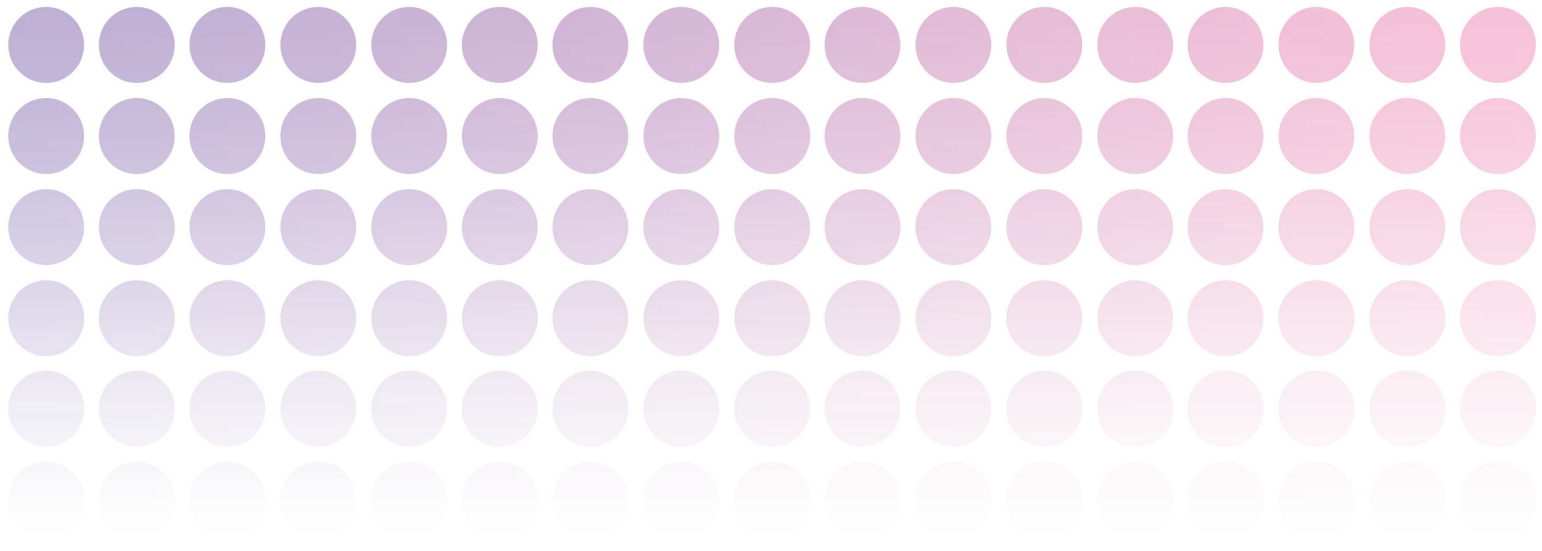
Aims

- To ensure that the health benefits of breastfeeding and the potential health risks of formula feeding are discussed with all women and their families as appropriate, so that they can make an informed choice about how they will feed their babies.
- To enable health care staff to create an environment where more women choose to breastfeed their babies, and where more women are given sufficient information and support to enable them to breastfeed exclusively for six months, and then as part of their infant's diet beyond the first year. (2)
- To encourage liaison with all health care professionals to ensure a seamless delivery of care, together with the development of a breastfeeding culture throughout the local community.



In Support of This Policy

- It is mandatory that all staff adhere to this policy to avoid conflicting advice. Any deviation from the policy must be justified and recorded in the mother's and/or baby's health care records. The policy should be implemented in conjunction with both the facility's breastfeeding guidelines and the parents' guide to the policy.
- It is the responsibility of all health care professionals to liaise with the baby's medical attendants (paediatrician, general practitioner) should concerns arise about the baby's health.
- No advertising of breastmilk substitutes, feeding bottles, teats or dummies is permissible in this Trust/health centre. The display of logos of manufacturers of these products on such items as calendars and stationery is also prohibited. (3)
- No literature provided by manufacturers of breast milk substitutes is permitted. Educational materials for distribution to women or their families must be approved by the lead professional.
- Breast milk substitutes will not be sold by QEH or GTPCT services or on health care premises.
- Parents who have made a fully informed choice to feed their babies artificially should be shown how to prepare formula feeds correctly, either individually or in small groups, in the postnatal period. No routine group instruction on the preparation of artificial feeds will be given in the antenatal period as evidence suggests that information given at this time is less well retained and may serve to undermine confidence in breastfeeding.
- Any guidelines for the support of breastfeeding in special situations and the management of common complications will be drawn up and agreed by a multi-disciplinary team of professionals with clinical responsibility for the care of mothers and babies.
- The policy and guidelines will be reviewed annually. Compliance with the policy will be audited on an annual basis.



The Policy

Communicating the Breastfeeding Policy

1.1 This policy will be communicated to all health care staff who have any contact with pregnant women and mothers. All staff will receive a copy of this policy.

1.2 All new staff will be orientated to the policy as soon as their employment begins.

1.3 The policy will be displayed in all areas of the Queen Elizabeth Hospital and Greenwich Teaching Primary Care Trust, that caters for pregnant women or mothers.

Training Health Care Staff

2.1 Midwives, health visitors and SCBU staff have the primary responsibility for supporting breastfeeding women and for helping them to overcome related problems.

2.2 All professional and support staff who have contact with pregnant women and mothers will receive training in breastfeeding management at a level appropriate to their professional group. New staff will receive training within six months of taking up their posts.

2.3 All clerical and ancillary staff will be orientated to the policy and receive training to enable them to refer breastfeeding queries appropriately.

2.4 The responsibility for providing training lies with

the lead professional, who will audit the uptake and efficacy of the training and publish results on an annual basis.

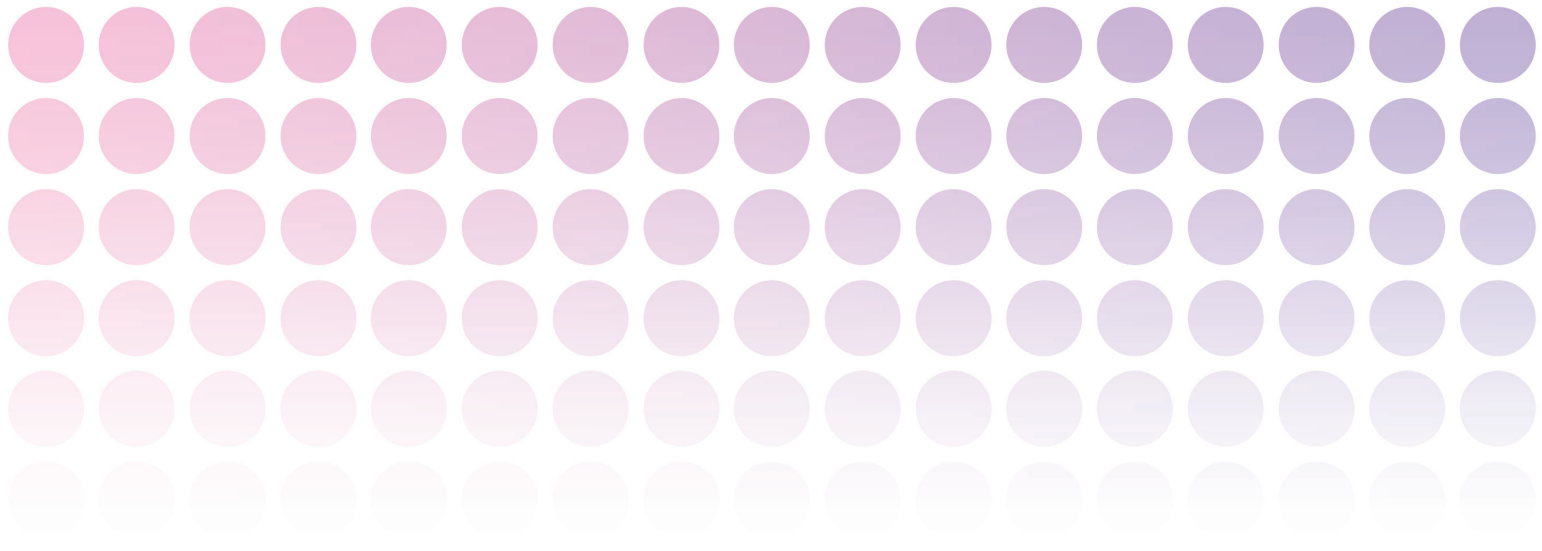
2.5 Written curricula which clearly cover all of the Ten Steps to Successful Breastfeeding and the Seven Point Plan for the Protection, Promotion and Support of Breastfeeding in acute and community health care settings will be available for staff training.

Informing Pregnant Women of the Benefits and Management of Breastfeeding

3.1 It is the responsibility of professional staff employed by the facility to ensure that all pregnant women are aware of the benefits of breastfeeding and of the potential health risks of formula feeding.

3.2 All pregnant women will be given an opportunity to discuss infant feeding on a one-to-one basis with a midwife or health visitor. Such discussion should not solely be attempted during a group parentcraft class.

3.3 The physiological basis of breastfeeding will 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.



Supporting the Initiation of Breastfeeding

4.1 All mothers will be encouraged to hold their babies in skin-to-skin contact as soon as possible after delivery in an unhurried environment, regardless of their intended feeding method.

4.2 If skin-to-skin contact is interrupted for clinical reasons it should be re-instigated as soon as mother and baby are able.

4.3 All women will be encouraged to offer the first breastfeed when mother and baby are ready, as soon as possible after delivery. Help will be available from a trained member of staff at this time.

4.4 Skin-to-skin contact will be promoted at all stages within the community setting to support breastfeeding, comfort unsettled babies and resolve difficulties with attachment and breast refusal.

Showing Women how to Breastfeed and how to Maintain Lactation even if the Mother and Baby are Separated

5.1 All breastfeeding mothers will be offered further help with breastfeeding within 6 hours of delivery.

5.2 A trained member of staff will be available to assist a mother at all breastfeeds during her hospital stay.

5.3 Midwives and health visitors will ensure that mothers are offered the support necessary to

acquire the skills of positioning and attachment. They must be able to explain the necessary techniques to the mother, thereby helping her to acquire this skill for herself.

5.3 All breastfeeding mothers will be shown how to hand express their milk. A leaflet outlining the process should be provided for women to use for reference.

5.4 It is the responsibility of those health professionals caring for both the mother and baby to ensure the mother is given help and encouragement to express her milk and to maintain her lactation during periods of separation from her baby.

5.5 Mothers who are separated from their babies will be encouraged to begin expressing as soon as possible after delivery as early initiation has long term benefits on milk production.

5.6 Mothers who are separated from their babies will be encouraged to express milk at least six to eight times in a 24 hour period (including at night). They will be shown how to express by hand and by pump.

5.7 Handover of care from midwife to health visitor will follow standard procedure in the form of written communication to ensure a seamless transition of care for mothers.

5.8 All breastfeeding mothers returning to work should be given information which will support them to continue breastfeeding and maintain lactation at this time.



Supporting Exclusive Breastfeeding

6.1 For the first 6 months, breastfed babies should receive no water or artificial feed except in cases of medical indication or fully informed parental choice. In hospital, no water or artificial feed should be given to a breastfed baby unless prescribed by a midwife or paediatrician who has been appropriately trained. Once home, no water or artificial feed is to be recommended for a breastfed baby by a member of staff unless s/he is trained in lactation management.

6.2 Prior to introducing artificial milk to breastfed babies, every effort must be made to encourage the mother to express breastmilk which can be given to the baby as an alternative.

6.3 Parents must always be fully informed and consent obtained if supplementary feeds are required. Any supplements which are prescribed or recommended must be recorded in the baby's hospital notes or health record along with the reason for supplementation.

6.4 Parents who request supplementation should be made aware of the possible health implications and the harmful impact such action may have on breastfeeding to enable them to make a fully informed choice. A record of this discussion should be recorded in the baby's notes.

6.5 All mothers will be encouraged to breastfeed exclusively for 6 months and to continue breastfeeding for at least the first year of life. All weaning information should reflect this ideal (2)

6.6 Data on infant feeding showing the prevalence

of both exclusive and partial breastfeeding will be collected at the following ages: delivery, transfer home: 10 days, 6-8 weeks, 6 months, 1 year.

Rooming-in

7.1 Mothers will normally assume primary responsibility for the care of their babies.

7.2 Separation of mother and baby while in hospital will normally occur only where the health of either the mother or her infant prevents care being offered in the postnatal areas.

7.3 There is no designated nursery space in the hospital postnatal areas.

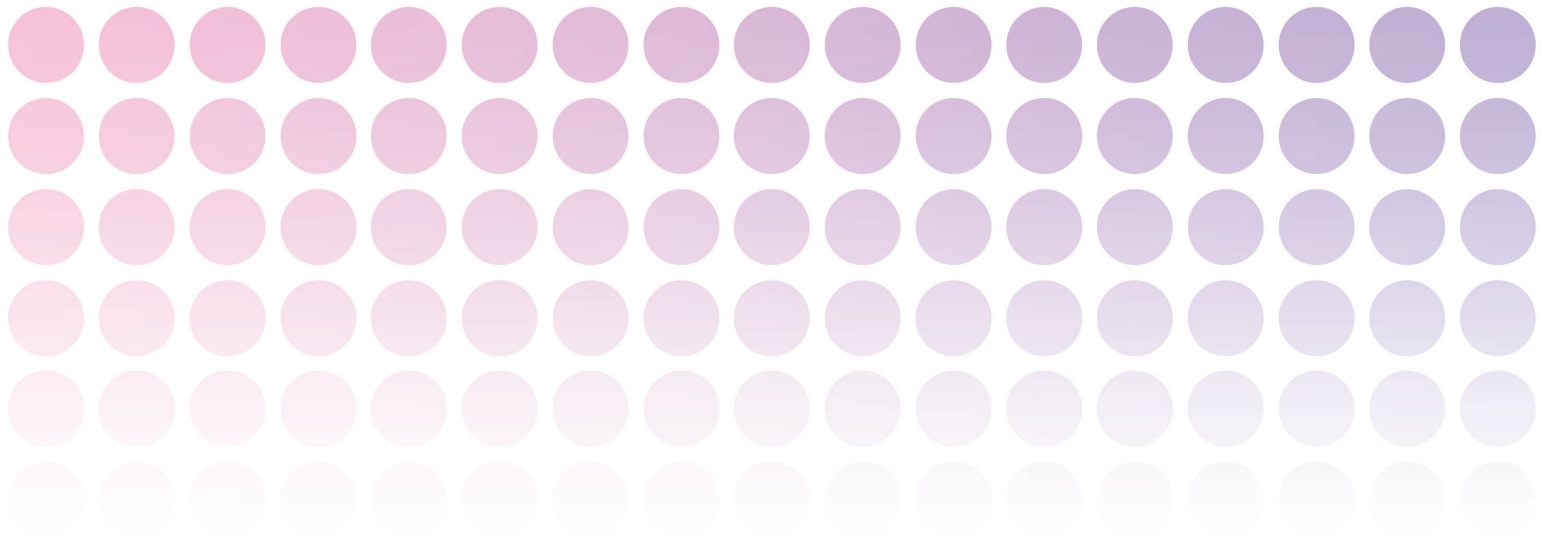
7.4 Babies will not be routinely separated from their mothers at night. This applies to babies who are being bottle fed as well as those being breastfed. Mothers who have delivered by Caesarean section should be given appropriate care, but the policy of keeping mother and baby together should normally apply.

7.5 Mothers will be encouraged to continue to keep their babies near them when they are at home so that they can learn to interpret their babies needs and feeding cues.

7.6 All mothers will be given appropriate information about the benefits of and contraindications to bed-sharing.

Baby-led Feeding

8.1 Demand feeding will be encouraged for all



babies unless clinically indicated. Hospital procedures should not interfere with this principle.

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

Use of Artificial Teats, Dummies and Nipple Shields

9.1 Health care staff must not recommend the use of artificial teats or dummies during the establishment of breastfeeding. Parents wishing to use them should be advised of the possible detrimental effects on breastfeeding to allow them to make a fully informed choice. The information given and the parents' decision should be recorded in the appropriate health record.

9.2 Nipple shields will not be recommended except in extreme circumstances and then only for as short a time as possible. Any mother considering using a nipple shield must have the disadvantages fully explained to her prior to commencing use. She should be under the care of a skilled practitioner whilst using the shield and should be given every help to discontinue use as soon as possible.

Breastfeeding Support Groups

10.1 The QEH and GTPCT supports co-operation between health care professionals and voluntary support groups whilst recognising that health care facilities have their own responsibility to promote breastfeeding.

10.2 All breastfeeding mothers will be provided with contact details for midwives and health visitors for support with breastfeeding.

10.3 Telephone numbers (or other means of contact) for voluntary breastfeeding counsellors and support groups will be issued to all mothers and be routinely displayed in all areas relevant to maternity and child health.

10.4 Contact details of professional and voluntary support should be regularly updated to ensure correct information is given to mothers.

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

A Welcome for Breastfeeding Families

11.1 Breastfeeding will be regarded as the normal way to feed babies and young children. Mothers will be enabled and supported to feed their infants in all public areas of the QEH and GTPCT premises.

11.2 Comfortable facilities will be made available for mothers who prefer privacy.

11.3 Signs in all public areas of the facility will inform users of this policy.

ANY ACTION TAKEN WHICH DOES NOT COMPLY WITH THIS POLICY MUST BE RECORDED WITH AN EXPLANATION IN THE MOTHER AND BABY RECORDS.

References

1. Standing Committee on Nutrition of the British Paediatric Association (1994): Is breastfeeding beneficial in the UK? Arch Dis Child, 71: 376-80.
2. In May 2003, the Department of Health adopted the World Health Organisation's recommendation that babies be exclusively breastfed for the first 6 months of their lives.
3. The Infant Formula and Follow-on Formula Regulations 1995 stipulate a legal requirement that infant formula advertising should be restricted to baby care publications distributed through the health care system. There is no legal requirement for facilities in the UK to comply with the International Code of Marketing of Breastmilk Substitutes (WHO, Geneva, 1981). However, the requirements of the Baby Friendly Initiative are based on the International Code, which aims 'to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breastmilk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.' Articles 5 and 6 of the Code state that no promotion of breastmilk substitutes, bottles or teats should occur.



Queen Elizabeth Hospital 
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