NHS LOTHIAN
INFANT FEEDING POLICY

For Infants in NHS Lothian Hospitals and Community Settings.

To be reviewed May 2017
## Contents

### 1.0 Introduction

1.1 Principles

1.2 Aims

### 2.0 Organisational Support

2.1 Who this Policy affects

2.2 Policy Context

2.3 Communication of the policy

2.4 Training and support for staff

2.5 NHS Lothian premises – includes WHO code compliance

2.6 Monitoring the policy

### 3.0 Support for Infants, their Mothers and Families

3.1 During pregnancy

3.2 Immediately after birth

3.3 Early Postnatal period

3.3.1 Support for Breastfeeding

3.3.2 Support for Formula Feeding

3.3.3 Support for parenting and close relationships

3.4 Support for the first months of life

3.4.1 Support for Breastfeeding

3.4.2 Support for Formula Feeding

3.4.3 Support for parenting and close relationships

3.5 Introducing solids

3.6 Rooming in

### Appendices:

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>The NHS Lothian Breastfeeding and Infant Feeding Strategy</td>
</tr>
<tr>
<td>B</td>
<td>The UNICEF UK Baby Friendly Initiative</td>
</tr>
<tr>
<td>C</td>
<td>Effectiveness of Public Health Interventions to promote the duration of Breastfeeding – a systematic review (NICE 2005)</td>
</tr>
<tr>
<td>D</td>
<td>Postnatal care – NICE guidance QS37</td>
</tr>
<tr>
<td>E</td>
<td>MIN Framework</td>
</tr>
</tbody>
</table>
1.0 Introduction

NHS Lothian recognises that breastfeeding is the healthiest way for a woman to feed her baby and the important health benefits now known to exist for both the mother and her child.

This Policy outlines the standards of health professional support and care recommended within hospital and community settings, to enable pregnant women and new mothers in Lothian to achieve close and loving relationships with their baby and optimal infant nutrition as this has been shown to ensure the best outcomes for mothers and babies. It identifies who should provide the care and how it can be accessed.

1.1 Principles

NHS Lothian recognises and accepts the responsibility to provide accurate and up to date information on the nutritional and health needs of infants for the first year of life.

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

All parents have the right to support from health professionals to build their confidence and parenting skills as necessary.

Healthcare 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.

1.2 Aims

- To ensure that the health benefits of different types of 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 baby.
- To enable health-care staff to create an environment where more women choose to breastfeed their babies, are confident in the knowledge that they will be given support and information to enable them to continue breastfeeding exclusively for 6 months, and then as part of their infant’s diet to the end of the first year and beyond.
- To support liaison between health-care professionals so that there is a seamless delivery of care, together with the development of a positive breastfeeding culture throughout the local NHS facilities and the wider community.
- To forge links between health professionals and cultural groups, seeking to bridge gaps in understanding and provide support within the context of an individual’s societal and cultural norms.
• To provide the highest standard of care to support pregnant women and new mothers and their partners to feed their baby and build strong and loving parent-infant relationships. This is in recognition of the importance of early relationships to future health and well-being, and the significant contribution that breastfeeding makes to good physical and emotional health outcomes for children and mothers.

• To further the aspirations of Getting it Right for Every Child, that every child will be safe, healthy, achieving, nurtured, active, respected, responsible and included.
2.0 Organisational Support

2.1 Who this Policy affects

In order to avoid conflicting advice it is mandatory that all staff involved with the care of pregnant women and new mothers adhere to this policy. Any deviation from the policy must be justified and done within the context of professional judgement and code of conduct. For example, when there are recognised medical exceptions to breastfeeding and it is a clinician’s recommendation not to breastfeed. Any decisions should be 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 attendants (paediatrician, general practitioner) should concerns arise about the mother or baby’s health.

2.2 Policy Context

The Policy is designed to support the achievement of the objectives of the NHS Lothian “Framework for Action: Improving Breastfeeding and Infant Feeding across NHS Lothian 2011-2016” (Appendix A). The Policy has been developed in line with the principles of UNICEF UK Baby Friendly Initiative (Appendix B) and the requirements of Baby Friendly accreditation; the National Institute for Health and Clinical Excellence (NICE) (Appendix C) and the Scottish Government Maternal and Infant Nutrition Framework (Appendix D). It takes cognisance of the GIRFEC approach, giving all our children and young people the best possible start, http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright and the Scottish Government National outcomes that our children have the best start in life and are ready to succeed.

Any further 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.

2.3 Communication of the policy

2.3.1 All staff will have access to a copy of this policy and it is to be specifically communicated to all health-care staff who have any contact with pregnant women and mothers of infant children.

2.3.2 All new staff who have contact with pregnant women, mothers and infants will be orientated to the policy during their induction period.
2.3.3 The policy will be made available to parents and general members of the public on the NHS Lothian website and by request. It will be made available in alternative languages and formats on request. Information about infant feeding will also be provided in alternative languages and formats from reputable providers.

2.3.4 The principles of the policy will be communicated effectively to all pregnant women and mothers of young babies with the aim of ensuring that they understand the standard of information and care expected from NHS Lothian staff.

2.3.5 Voluntary and third sector organisations have an important role to play in the promotion of breastfeeding and will be invited to contribute to the implementation of this policy as appropriate.

2.3.6 Community healthcare staff will use their influence wherever possible to promote awareness of the policy, the law surrounding breastfeeding in public and the wider needs of breastfeeding mothers in the local community, including cafes, restaurants and public facilities. Need for support to accommodate breastfeeding mothers should be directed to the local Infant Feeding Advisor.

2.4 Training and support for staff

2.4.1 All professional and support staff who have contact with pregnant women and mothers will receive training in breastfeeding and relationship building at a level appropriate to their role. New staff must complete the NHS Lothian Breastfeeding and Relationship Building Programme within six months of taking up their post. Appropriate staff in NHS Lothian will attend this to ensure that they are fully equipped to provide consistent messages to allow parents to make informed choices about how to feed their baby and include awareness of the impact of, and a sympathetic approach to, cultural differences.

2.4.2 Maternity and Health Visiting teams will undertake a one-day breastfeeding and relationship building update training every three years. Where the training gap is five years and over, the two day breastfeeding and relationship building training will be undertaken. In NHS Lothian these staff groups share the primary responsibility for supporting breastfeeding women and for helping them to overcome related problems therefore relevant training for these staff groupings will be a priority.

2.4.3 Medical staff have a responsibility to promote breastfeeding and provide appropriate support to breastfeeding mothers. Information and/or training will be provided to enable them to do this.

2.4.4 All clerical and ancillary staff will be orientated to the policy and receive training to enable them to refer breastfeeding queries appropriately.
2.4.5 Professional and support staff will have access to evidence based information needed to assist mothers who have chosen to formula feed. This will include the reconstitution of infant formula and equipment decontamination techniques. All the training will be at a level appropriate to the roles and responsibilities of staff.

2.4.6 NHS Lothian will work in partnership with a range of partner organisations to raise awareness of the importance of breastfeeding and to encourage the provision of suitable facilities for breastfeeding mothers and infants. Training will be offered to these partner organisations.

2.4.7 All materials and teaching will meet the WHO/UNICEF Baby Friendly Best Practice Standards.

2.5 **NHS Lothian premises – includes WHO code compliance**

2.5.1 Breastfeeding is regarded as the usual way to feed babies and infants.

2.5.2 Mothers will be enabled and supported to feed their infants in all public areas of NHS Lothian. Signs in all public areas of NHS Lothian facilities will inform users of this policy.

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

2.5.4 No literature provided by infant formula manufacturers is permitted. Educational material for distribution to women or their families must be approved by the NHS Lothian Maternal & Infant Nutrition Leads Group and distributed by the Infant Feeding Advisors. (NB: Where there is a clinical requirement appropriate literature on infant feeding will be discussed and made available to mother/carers.)

2.5.5 Formula manufacturers will be invited to inform NHS Lothian about their range of products and any updates/changes to products. Requests for contact from representatives of formula companies should be directed to an Infant Feeding Advisor. All information made available by NHS Lothian health care staff should be evidence based, clear, appropriate and free from advertising or sponsorship by formula, bottle or teat manufacturers.

2.5.6 Breast milk substitutes will not be sold by facility staff or on health care premises.

2.5.7 Any contact from an infant formula manufacturer representative should be redirected to an Infant Feeding Advisor or Maternal & 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.
2.5.8 Staff should avoid providing infant formula manufacturing representatives with work contact details.

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

### 2.6 Monitoring the policy

2.6.1 Maternity and Health Visiting teams have primary responsibility for accurately recording infant feeding information at birth, ten days and six weeks to enable monitoring of breastfeeding rates.

2.6.2 Compliance with this policy will be audited at least annually using the UNICEF UK Baby Friendly Initiative audit tool (2013 edition). Staff involved in carrying out this audit will be trained on the use of this tool. Audit results will be reported to the Maternal and Neonatal Strategic Planning and Modernisation Group, NHS Lothian Corporate Management Team and CH(C)P subcommittees. An action plan will be agreed to address any areas of concern that have been identified by these committees.

2.6.3 Parents’ experiences of care will be listened to through regular audit and parents’ experience surveys (e.g. Care Quality Commission survey of women’s experiences of maternity services).

2.6.4 Data provided by the National Information Services Division (ISD) will be regularly presented to the CH(C)P subcommittees, Children’s Clinical Management Teams and NHS Corporate Management Team so that breastfeeding rates across the NHS Lothian area can be monitored and reviewed.

2.6.5 The NHS Lothian Infant Feeding Advisors have responsibility for providing education and training on infant feeding and will audit the uptake and efficacy of the training. A training report will be published annually for NHS Lothian.

### 3.0 Support for Infants, their Mothers and Families

#### 3.1 During pregnancy

3.1.1 It is the responsibility of staff involved in the care of pregnant women and their partners/families to support all pregnant women to recognise the importance of breastfeeding and early relationships for the health and well-being of their baby.
3.1.2 All pregnant women should have the opportunity to have a meaningful discussion that takes into account their individual circumstances and needs. This should be achieved by 34 completed weeks of pregnancy and should not be solely attempted during a group parent craft class. This should include:

• help to prepare mothers for feeding and caring for their baby in ways that will optimise their own and their baby’s well-being, and that keeping their baby close supports this
• to encourage women to start developing a positive relationship with their baby in utero
• to give women confidence in their ability to breastfeed.

3.1.3 Supporting written information should be available. Information about breastfeeding will also be provided in alternative languages and formats from reputable providers. Assistance with translation will be provided as appropriate. Information about skin to skin contact, how breastfeeding works, and practices which have been proven to protect breastfeeding and reduce common problems, should also be available and given if required.

3.1.4 Parent education classes should reinforce all of the above and staff will inform mothers of the services available locally to promote and support breastfeeding.

3.1.5 Staff who see parents during the pregnancy period out with routine antenatal contacts will also make the most of opportunities available to them to support the provision of information about feeding and caring for babies to pregnant women and their families.

3.1.6 Parents who have made a fully informed choice and decided not to breastfeed their babies should be given the opportunity to 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.

3.2 Immediately after birth

3.2.1 All mothers should be encouraged to hold their babies in skin-to-skin contact as soon as possible after birth. This should be in an unhurried environment, regardless of their feeding method. Skin-to-skin contact should last for at least one hour or until after the first breast feed is finished (whichever is sooner).

3.2.2 Staff should make every attempt to respect the baby’s “9 stage” physiological process in skin to skin contact, to explain this to parents as appropriate, and to refrain from interfering, particularly during rest periods and the familiarization phase. Skin-to-skin contact should never be interrupted at staff’s instigation so that they can carry out routine procedures. If skin-to-
skin contact is interrupted for clinical indication or maternal choice it should be re-commenced as soon as mother and baby are able. If mother is unable to have skin to skin contact with her baby, skin to skin contact with mother’s supporter is the next best option.

3.2.3 All mothers should be encouraged to offer the first breastfeed when the baby is ready. Help must be available from staff to ensure that correct/optimal positioning and attachment is achieved. Mothers who wish to formula feed should also be encouraged to offer the first feed whilst in skin to skin contact.

3.2.4 Mothers with a baby on the neonatal unit should be encouraged to start expressing milk as soon as possible after birth, ideally within six hours.

3.3 Early Postnatal period

3.3.1 Support for Breastfeeding

Exclusive Breastfeeding

3.3.1.1 In hospital, no water or artificial feed should be given to a breastfed baby except in the case of fully informed parental choice or clinical indication. The decision to offer supplementary feeds for clinical reasons should be made by an appropriately trained midwife, nurse or paediatrician. Parents should always be consulted if supplementary feeds are recommended and the reasons discussed with them in full. Prior to introducing artificial milk, every effort should be made to encourage the mother to express breast milk which is given to the baby via a cup or syringe. This proactive approach will reduce the need to offer artificial feeds. Any supplements which are prescribed or recommended should be recorded in the baby’s hospital notes or health record along with the reason for supplementation.

3.3.1.2 Parents who request supplementation should be made aware of the possible health implications and the impact that such action may have on breastfeeding. This approach will enable parents to make a fully informed choice. A record of this discussion and the parents’ decision should be made in the baby’s notes or health record. However healthcare 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.

3.3.1.3 Supplementation rates will be audited

All Breastfeeding, including exclusive and mixed

3.3.1.4 After the first feed, all breastfeeding mothers should be offered further help with breastfeeding around six hours after birth. An appropriately trained practitioner should be available to assist a mother at all breastfeeds during her hospital stay.
3.3.1.5 Midwives and other members of the healthcare team should ensure that mothers are offered the support necessary to acquire the skills of positioning and attachment. They should be able to explain the necessary techniques to a mother, thereby helping her to acquire this skill for herself.

3.3.1.6 All nursing, midwifery and medical care should be planned to minimise disruption to the breastfeeding relationship. If a baby requires surgery, pre-operative fasting times should be shorter and the baby should be returned to the breast as soon as clinically appropriate. If a mother requires treatment or surgery, medical staff should, where possible, try to minimise disruption to breastfeeding by prescribing medicines, treatments or anaesthetics that do not adversely affect the breastfed baby.

3.3.1.7 All breastfeeding mothers should be shown how to hand express their milk. Written information should be provided for women to use for reference.

3.3.1.8 Any equipment used for collection and storage of breast milk should be exclusive to each mother and her baby.

3.3.1.9 When a mother and her baby are separated for medical reasons, it is the responsibility of all health professionals caring for both mother and baby to ensure that the mother is given help and encouragement to express milk and maintain her lactation during periods of separation. Mothers who are separated from their babies, including those on the neonatal unit, should be encouraged to begin expressing as soon as possible after birth as early initiation has long-term benefits for milk production. Mothers should be shown how to express breast milk both by hand and by pump and supported to express milk at least eight times in a 24-hour period.

3.3.1.10 Prior to transfer from hospital to home, all breastfeeding mothers will receive the following information, both verbally and in writing:
- How to recognise effective feeding, including the signs which indicate that their baby is receiving sufficient milk, and what to do if this is not the case and how to recognise signs that breastfeeding is not progressing normally (e.g. sore nipples, breast inflammation).
- Understanding the nature of responsive feeding and normal feeding patterns, including cluster feeding and ‘growth spurts’.
- The importance of night feeding for milk production and ways to cope with the challenges of night-time feeding.
- All sources of national and local support for breastfeeding should be identified including telephone numbers of midwives and community health care staff who will provide help with breastfeeding and other professional support.
- Contact details for NHS and voluntary breastfeeding support groups, peer support programs and national breastfeeding helpline numbers.

3.3.1.11 Mothers who give other feeds in conjunction with breastfeeding should be enabled to do so as safely as possible with the least possible disruption to
breastfeeding. They will be supported to maximise the amount of breastmilk their baby receives.

3.3.1.12 A formal assessment of breastfeeding will be carried out by maternity staff at approximately 72 hours of age (day 3), and again on postnatal day five to determine whether the baby is feeding effectively and to identify when more support with breastfeeding is required.

3.3.1.13 For those mothers who require additional support for more complex breastfeeding issues a referral to the specialist breastfeeding service will be made. Mothers will be informed of this pathway.

3.3.2 Support for Formula Feeding

3.3.2.1 Parents who have chosen to formula feed will be advised to offer whey based formula milks until the child is one year old and then to offer full fat cow’s milk or a suitable alternative for vegan infants or those diagnose with a cow’s milk allergy. There is no evidence of any need for “follow-on” or “toddler” baby milk products – parents should be discouraged from using these products.

3.3.2.2 Mothers who bottle feed should be encouraged to hold their baby close during feeds and undertake the majority of feeds to their baby themselves

3.3.2.3 Mothers who formula feed will have a discussion about the importance of responsive feeding and be encouraged to:

- respond to cues that their baby is hungry
- invite their baby to draw in the teat rather than forcing the teat into their baby’s mouth
- pace the feed so that their baby is not forced to feed more than they want to
- recognise their baby’s cues that they have had enough milk and avoid forcing their baby to take more milk than the baby wants.

3.3.2.4 During the early postnatal period and before discharge from hospital, staff will ensure that all mothers who have chosen to feed their newborn with infant formula are informed how to correctly sterilise equipment, make up a formula feed and be aware of effective feeding techniques. Community midwifery staff will check and reinforce this learning following the mothers transfer from hospital to home.

3.3.2.5 Mothers will be given contact details of health professional support for feeding issues once they have left hospital.
3.3.3 Support for parenting and close relationships

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

3.3.3.2 Parents will be supported to understand their newborn baby’s needs, the importance of keeping baby close, verbal communication, frequent touch and safe sleeping practice.

3.3.3.3 Parents will be supported to understand the importance of love and nurture in promoting each child’s optimal brain development and gradual maturation into a confident and secure adult.

3.3.3.4 Responsive feeding (previously referred to as ‘demand’ or ‘baby-led’ feeding) is used to describe a feeding relationship which is sensitive, reciprocal, and about more than nutrition. Staff should ensure that mothers have the opportunity to discuss this aspect of feeding and reassure mothers that: breastfeeding can be used to feed, comfort and calm babies; breastfeeds can be long or short, breastfed babies cannot be overfed or ‘spoiled’ by too much feeding and breastfeeding will not, in and of itself, tire mothers any more than caring for a new baby without breastfeeding.

3.4 Support for the first months of life

3.4.1 Support for Breastfeeding

3.4.1.1 For the first six months, no water or artificial feed is to be recommended for a breastfed baby. If necessary, any other recommendation should only be given by an appropriately trained health or medical professional.

3.4.1.2 A formal assessment of the mother and baby’s progress with breastfeeding will be undertaken at the notification visit by the Health Visitor and an individualised plan of care created as necessary. This will build on the initial information and support provided by the Maternity Services, to ensure new skills and knowledge are secure.

3.4.1.3 As part of the initial breastfeeding assessment, health visiting teams will ensure that breastfeeding mothers know:
   • How to recognise effective feeding, including the signs which indicate that their baby is receiving sufficient milk, and what to do if this is not the case and how to recognise signs that breastfeeding is not progressing normally (e.g. sore nipples, breast inflammation).
   • why effective feeding is important and are confident with positioning and attaching their baby for breastfeeding. Relevant techniques will be explained to a mother as well as offering further support in breastfeeding skill development, being prepared to offer teaching again should this be necessary/desired.
3.4.1.4 Staff will confirm that mothers have the information and be prepared to reiterate and supply additional written information regarding:
- Why exclusive breastfeeding leads to the best outcomes for their baby
- Understanding the nature of responsive feeding; normal feeding patterns, including cluster feeding and ‘growth spurts’.
- The importance of night feeding for milk production and ways to cope with the challenges of night-time feeding discussed.
- The value of hand expression, for example in the proactive treatment of a blocked duct to prevent the development of mastitis
- All sources of national and local support for breastfeeding including telephone numbers of community health care staff who will provide help with breastfeeding and other professional support contact details for NHS and voluntary breastfeeding support groups, peer support programs and national breastfeeding helpline numbers.
- A discussion about options for continued breastfeeding according to individual need to include: responsive feeding, expression of breastmilk, feeding when out and about and going back to work. Where available, information will be provided about places locally where breastfeeding is known to be welcomed.

3.4.1.5 Health professionals should ask about, and document, the progress of feeding at each contact with a mother to enable early identification, remedy and prevention of potential complications.

3.4.1.6 Mothers who give other feeds in conjunction with breastfeeding will be enabled to do so as safely as possible and with the least possible disruption to breastfeeding. The value of continuing partial breastfeeding (when exclusive breastfeeding is not possible / has not been chosen) will be explained.

3.4.1.7 For those mothers who require additional support for more complex breastfeeding issues a referral to the specialist breastfeeding service will be made. Mothers will be informed of this pathway.

3.4.1.8 All breastfeeding mothers will be given information which will support them to continue breastfeeding and maintain their lactation on returning to work. (NB: NHS Lothian has a separate Return to Work Policy for employees.)

3.4.1.9 NHS Lothian will work in collaboration with other partners and services to make sure that mothers have access to social support for breastfeeding.

3.4.2 Support for Formula Feeding

3.4.2.1 Mothers who are formula feeding will be given the information they need to be enabled to do so as safely as possible. Staff will ensure that all mothers who have chosen to feed their newborn with infant formula are informed how to correctly sterilise equipment, make up a formula feed and be aware of effective feeding techniques.
3.4.2.2 Parents will be advised to offer whey based formula milks until the child is one year old and then to offer full fat cows milk or a suitable alternative for vegan infants or those diagnose with a cow’s milk allergy.

3.4.2.3 Mothers who formula feed will have a discussion with a health professional about the importance of responsive feeding and be encouraged to:
- respond to cues that their baby is hungry
- invite their baby to draw in the teat rather than forcing the teat into their baby’s mouth
- pace the feed so that their baby is not forced to feed more than they want to
- recognise their baby’s cues that they have had enough milk and avoid forcing their baby to take more milk than the baby wants.

3.4.2.4 Mothers who bottle feed will be encouraged to hold their baby close during feeds and undertake the majority of feeds to their baby themselves

3.4.2.5 Ongoing information about formula feeding can be accessed from health visiting teams and at Well Baby Clinics within the local community. Where there is a clinical requirement, parents can access specialist and clinical nutrition advice from suitably qualified practitioners e.g. paediatric dietitians. Information on formula feeding for health professionals will be collated by the Formula Forum and disseminated via NHS Lothian Infant Feeding website and Advisors.

3.4.3 Support for parenting and close relationships

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

3.4.3.2 Parents will be supported to understand their newborn baby’s needs, the importance of keeping baby close, verbal communication, frequent touch and safe sleeping practice

3.4.3.3 Parents will be supported to understand the importance of love and nurture in promoting each child’s optimal brain development and gradual maturation into a confident and secure adult.

3.4.3.4 Responsive feeding (previously referred to as ‘demand’ or ‘baby-led’ feeding) is used to describe a feeding relationship which is sensitive, reciprocal, and about more than nutrition. Staff should ensure that mothers have the opportunity to discuss this aspect of feeding and reassure mothers that: breastfeeding can be used to feed, comfort and calm babies; breastfeeds can be long or short, breastfed babies cannot be overfed or ‘spoiled’ by too much feeding and breastfeeding will not, in and of itself, tire mothers any more than caring for a new baby without breastfeeding.
3.5 Use of artificial teats, dummies and nipple shields

3.5.1 Staff will not recommend the use of artificial teats and dummies during the establishment of breastfeeding. Those parents wishing to use them should be advised of the possible detrimental effects such use may have on breastfeeding. The information given and the parents’ decision should be recorded in the appropriate health record.

3.5.2 Nipple shields will not be recommended except in extreme circumstances and then only for as short a time as possible. Any mother considering the use of a nipple shield must have the disadvantages fully explained to her. The information given and the mother’s decision should be recorded in the appropriate health record. She should remain under the care of a skilled practitioner whilst using the shield and should be helped to discontinue its use as soon as possible.

3.5.3 If indicated, the use of dummies for breastfeeding babies later in the postnatal period will be discussed with mothers, together with the possible detrimental effects dummies may have on breastfeeding (in relation to responsive feeding) to enable mothers to make informed choices about the use of dummies.

3.5.4 If the baby requires any supplement or medicine it should be given by syringe, spoon or cup.

3.6 Introducing solids

3.6.1 All mothers will be encouraged to breastfeed exclusively for the first six months and to continue breastfeeding for at least the first year of life. They should be informed that solid foods are not recommended for babies under six months. All weaning information should reflect this ideal.

3.6.2 All parents will have a timely discussion with a member of their Health Visiting team about when and how to introduce solid food including their babies’ signs of developmental readiness for solid food, how to introduce solid food to babies and appropriate foods for babies.

3.7 Rooming in

3.7.1 If a breastfeeding mother or her child is admitted to any NHS facility, either postnatal or at any time, the aim should be to room them together. Babies should not be routinely separated from their mothers at night. This applies to babies regardless of feeding method. Mothers recovering from caesarean section should be given appropriate care, but the policy of keeping mothers and babies together should normally apply.
3.7.2 There is no designated nursery space in the hospital postnatal areas and mothers will normally assume primary responsibility for the care of their babies.

3.7.3 Breastfeeding mothers require access to a healthy diet and regular fluids. So, during a hospital admission all breastfeeding mothers should be advised of facilities available for food and drinks. Staff should assist mothers to have time for meals and to care for themselves.

3.7.4 The chosen method of feeding and current feeding history should be discussed and recorded in the care plan. Support to continue breastfeeding should be offered. Mothers and babies should be cared for in an environment with facilities that meet their need for privacy.

3.7.5 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 baby’s needs. They will be given appropriate information, including information related to bed sharing, to enable them to manage night time feeds safely.