



Infant Feeding Policy

BCHC Policy Reference Number	CH 519
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Title:	Infant Feeding Policy
Version number:	Version 3
BCHC Policy Reference Number	CH 519
Governance Lead confirmed not Trust Wide document?	Yes
Is this policy new or a replacement for existing policies?	Replacement for Infant Feeding Policy - CH 519 – Version 2
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Name of Approving Committee/Group & Date:	Children & Families Division Clinical Forum 27/09/18
Name of Ratifying Committee & Date:	Children & Families Quality, Safety & Risk Committee 04/04/2019
Review Date:	04/04/2022
Date Issued:	13/06/2019
Date & Outcome of assessment for E&HRA	EHRA completed 18.03.19, no issues identified.
Target Audience	Birmingham Forward Steps - Early Years Service
Subject category of document	Clinical
Summary	This policy is to ensure that all Birmingham Forward Steps Early Years staff understand their role and responsibilities in supporting expectant and new mothers and their partners to feed and care for their baby in ways which support optimum health and well-being. It outlines the advice and support that will be given to families according to the UNICEF Baby Friendly Initiative.

Commencement of Consultation: Date 2018

Consultation History:

The following Committees, groups or individuals will be consulted in the development of this policy:

Name:	Date:
UNICEF UK Baby Friendly Initiative (BFI)	Version 2 reviewed and approved directly with BFI in May 2016. BFI content maintained in Version 3. BFI Policy

	Audit completed on Version 3 by Infant Feeding Co-ordinator April 2018 & March 2019.
HV Operational Manager	April 2018
Clinical Lead for Health Visiting	April 2018
Infant Feeding Strategy Group	May 2018
Infant Feeding Implementation Group	May 2018
Health Visiting Clinical Forum	27.09.18
Updated following consultation with QSRC	October 2018
Institute Health Visiting	01/2019
BFS partners	04/19

Previous Version History

Version No.	Lead	Date Change Implemented	Reason for Change/Development
Version 1	Caroline Fownes	16/04/2013	New for BCHC
Version 2	Caroline Fownes	10/02/2016	Replacement from breastfeeding to Infant Feeding Policy

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1. Introduction

Birmingham Forward Steps Early Years Service is committed to supporting mothers to breastfeed, to improve child health and reduce inequalities using an evidence based approach highlighting the health benefits to mothers and children by:

- Promoting close relationships between parents and their children through infant feeding
- Raising awareness that breastfeeding matters
- Providing effective professional infant feeding support to mothers and their families
- Ensuring that mothers have access to infant feeding support, encouragement and understanding in their community
- Restricting the advertising of formula milks, bottles, teats, dummies and baby foods

As part of this commitment the service will ensure that:

- All new Early Years staff are orientated to the policy on commencement of employment
- All new Early Years staff must attend training to enable them to implement the policy, if appropriate to their role. Such staff will attend this training within six months of commencement of employment
- The International Code of Marketing of Breast-milk Substitutes is implemented throughout the Early Years service
- All documentation fully supports the implementation of these standards
- Parents' experiences of care will be listened to, through regular audit and parents' experience surveys

2. Purpose

To ensure that all Early Years staff understand their role and responsibilities in supporting expectant and new mothers and their partners to feed and care for their baby in ways which support optimum health and well-being. All Early Years staff are expected to comply with the policy.

3. Scope

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 recorded in the mother's and/or baby's health care records. Early Years staff includes:

- Health Visitor
- Assistant Practitioner

- Community Public Health Staff Nurse
- Antenatal Infant Feeding Worker
- Family Support Worker
- Early Years Worker
- Parental & Emotional Wellbeing Practitioner
- Health Activity Worker
- Volunteer Co-ordinator

This policy is based on the UNICEF UK Baby Friendly initiative guidelines for Maternity, Health Visiting and Children’s Centres, and relevant NICE guidance and the Health Child Programme. Families in Birmingham should expect to receive a high standard of care and support to enable informed decisions in infant feeding. All staff are expected to comply with this policy.

4. Objectives

- To have skilled, innovative workforce, who are compassionate and caring, where staff and voluntary workers are empowered to take action, and where customer service and clinical leadership are at the heart of our services.
- To ensure expectant and new mothers and their partners are supported to feed and care for their baby to achieve optimum health and well-being. All Early Years staff and voluntary workers are expected to understand their role and responsibilities in supporting families.
- To develop effective partnerships working with stakeholders to provide integrated care and maximise the benefits of infant feeding knowledge, skills and expertise within the Early Years Service.
- To promote community Early Years services which listen to and communicate clearly and effectively with all stakeholders and members.
- To secure the future of the Early Years Service through effective contractual terms supported by robust information systems and integrated working practices to meet all statutory duties and targets.
- To deliver services in the most appropriate location, supported by an efficient estate and effective informatics infrastructure.

This policy aims to ensure that the care provided improves outcomes for children and families, specifically to:

- Build strong, loving relationships through infant feeding
- Provide care that is mother, father and family focused
- Increase breastfeeding rates at 6-8 weeks
- Increase responsive parenting practices
- For those babies that are formula fed, increase safe formula feeding practices, specifically an understanding that first milks are preferable (for the first year) and safe sterilisation and preparation guidelines are known and understood by the parents

- Increase the proportion of parents who introduce solid food to their baby in line with nationally agreed guidance
- Improve parents' experiences of care

It is the responsibility of all Early Years staff to liaise with the baby's Health Visitor or medical attendants (paediatrician, general practitioner) should concerns arise about the baby's health

5. Duties & Responsibilities

5.1 Trust Board

The Trust Board is responsible for ensuring that there are appropriate governance processes in place to support and monitor the quality of services delivered. Its governance processes will seek assurances of compliance with the standards stated.

5.2 The Head of Birmingham Forward Steps and Operational Managers

These are responsible for implementing this guidance.

5.3 Children & Families Quality, Safety & Risk Committee (C&F QSRC)

The Divisional QGRC is responsible for ratifying this Policy. It is responsible for monitoring the overall implementation of this policy. This will be achieved through the submission of annual reports from the Infant Feeding Coordinator.

5.4 Children & Families Clinical Forum (C&F CF)

C&F CF is the approving committee for this policy. It is responsible for seeking assurance of compliance and for reviewing the annual audit results of this policy.

5.5 Divisional Director of Nursing and Therapies (DDN&T)

The Divisional Director of Nursing and Therapies is the executive lead for this policy and is responsible for escalating any identified risks to the board. The DDN&T will support the implementation of this policy.

5.6 Early Years Practice Lead

The Early Years Practice Lead will oversee the clinical elements of this policy to ensure practice reflects the national guidelines and developments in the area of infant feeding.

5.7 Infant Feeding Co-ordinators

Infant Feeding Co-ordinators will co-ordinate the implementation of this Birmingham Forward Steps policy, providing city-wide strategic support, education, training and audit for the service across the ten districts in Birmingham.

This includes:

- Health Visitors, Assistant Practitioners, Community Public Health Staff Nurses, Antenatal Infant Feeding Workers, Early Years Practitioners and Family Support Workers (and any additional roles which are identified by the Infant Feeding Co-ordinators).

Early Years teams are responsible for collecting the required infant feeding data, at the ages specified by the service, to enable monitoring of breastfeeding rates.

All Early Years teams must participate and comply with the infant feeding audits, to enable best practice standards to be implemented and maintained. The International Code of Marketing of Breast milk Substitutes is implemented throughout the service.

All expectant mothers must be given an opportunity to discuss infant feeding on a one-to-one basis with a midwife and/or health visitor or other member of the health care team by 36 weeks gestation. Such discussion should not solely be attempted during a group parent craft class.

The physiological basis of breastfeeding should be clearly and simply explained to all pregnant women, together with good breastfeeding management practices which have proven to protect breastfeeding and reduce common problems. The aim should be to give women confidence in their ability to breastfeed.

Early Years staff will inform mothers about, and refer mothers to, interventions to promote and support breastfeeding, as appropriate, for example voluntary/paid peer supporters, support groups and the specialist knowledge and skills of the Infant Feeding Team.

- **Medical staff** can access the Infant Feeding Team for links to breastfeeding awareness information appropriate to their role and which reflects the UNICEF UK Baby Friendly Initiative Standards for Health Visiting, relevant NICE Guidance and the Healthy Child Programme.
- **All Children and Families Division employees, to include clerical employees and ancillary staff**, will have access to the Infant Feeding Team for links to breastfeeding awareness information appropriate to their role and which reflects the UNICEF UK Baby Friendly Initiative Standards for Health Visiting and Children's Centres, relevant NICE Guidance and the Healthy Child Programme, and/or be provided with training if appropriate to their role. Staff are responsible for ensuring they complete the specified training, appropriate to role, and have the knowledge

and skills to support the implementation of the UNICEF UK Baby Friendly Initiative endorsed by Birmingham Forward Steps.

It is the responsibility of staff involved in the care of pregnant women to ensure that they are given information about the benefits of breastfeeding and of the documented potential health risks of artificial feeding.

It is the responsibility of staff to ensure the highest standard of care is provided to support expectant and new mothers (together with their partners and/or families) to feed their babies and build strong and loving parent-infant relationships. This is in recognition of the profound 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. Care should be mother and family centred, non-judgemental and mothers' decisions supported and respected. Staff need to work together across disciplines and organisations to improve mother's /parents' experiences of care.

- **All partner organisations** will be offered access to Breastfeeding Awareness and/or Breastfeeding and Relationship Building training, in line with service capacity.
- **All Partner Organisations** will be invited to participate in the Infant Feeding Strategy Group and Infant Feeding Implementation Group, as appropriate to their role.
- **Peer Support Programme Lead** will support the Infant Feeding Co-ordinators with the education and training of staff and volunteers in line with UNICEF UK Baby Friendly Initiative standards and Birmingham Forwards Steps Baby friendly Initiative Action Plan. This includes the co-ordination and delivery of the breastfeeding peer support volunteer programme, working closely with Children's Centres, to co-ordinate the use of volunteers in the ten districts.
- **Antenatal Infant Feeding Workers** will be responsible, in each district, for the implementation of this policy, in accordance with the Birmingham Forward Steps Baby Friendly Initiative Action Plan and Infant Feeding Strategy and Implementation Group agenda. This includes supporting training, audit and peer support at a local level. This will be monitored by the Infant Feeding Co-ordinators.

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.

6. Definitions

Baby Friendly Initiative The Baby Friendly Initiative was introduced in 1991 by the WHO/UNICEF to increase breastfeeding rates worldwide.

Exclusive Breastfeeding	The infant has received only breast milk from his/her mother, or expressed breast milk and has no other liquids.
Breastfeeding	The infant is receiving breast milk, either directly from the breast or expressed. This definition may include exclusive, predominant and partial breastfeeding.
Bottle Feeding	The infant has received liquid or semi-solid food from a bottle with a teat. This term is irrespective of the nature of the liquid or semi-solid.
Artificial Feeding	The infant who is artificially fed receives no breast milk at all.
Responsive Feeding	Previously referred to as 'demand' or 'baby led' feeding. A feeding relationship which is sensitive, reciprocal, and about more than nutrition.

7.Procedures / Processes

7.1 Key principles of the UNICEF UK Baby Friendly Initiative

Birmingham Forward Steps Early Years Service is committed to:

- Providing evidence-based best practice standards of infant feeding from UNICEF UK Baby Friendly Initiative to expectant and new mothers (together with their families).
- Offering support to help them feed their babies and build strong and loving parent-infant relationships.
- Delivering care which recognises and supports the importance of building strong early relationships in order to optimise the future health and well-being of babies.
- Recognising the significant contribution that breastfeeding makes to good physical and emotional health outcomes for children and mothers.
- Ensuring that all care is mother and family centred, non-judgemental and those mothers' decisions are supported and respected.
- Working together across disciplines and organisations to improve mothers'/parents' experiences of care.

In line with the UNICEF Baby Friendly Initiative and the International Code of Marketing of Breast Milk Substitutes:

No advertising of breast milk substitutes, feeding bottles, teats or dummies is permissible in any part of this Trust. The display of manufacturers' logos on items such as calendars and stationery is also prohibited. Staff are trained to understand this requirement and are expected to remove any such advertisements they see on Trust premises or areas where they operate their Early Years services.

No literature provided by infant formula manufacturers is permitted and must be removed and disposed of immediately if found. Educational material for distribution to expectant and new mothers must be approved by the Infant Feeding Co-ordinator.

Parents who have made a fully informed choice to artificially feed their babies 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.

Staff breastfeeding training and all educational materials will reflect this policy, the UNICEF UK Baby Friendly Initiative Standards for Health Visiting and the International Code of Marketing of Breastmilk Substitutes. Information must be clearly presented and unbiased. All documentation must fully support the implementation of these standards.

Parents' experiences of care will be listened to, through regular audit and parents' experience surveys.

7.2 Communicating the Infant Feeding Policy

This policy is to be communicated to all Early Years staff in the Children and Families Division Health Visiting Service who has any contact with pregnant women and mothers, following the appropriate mechanisms in place to disseminate such information, for example intranet and email notifications. All other staff will have access to this policy via the Trust intranet. Awareness of this policy will be raised through e-bulletins and team meetings.

All new Early Years staff will be orientated to the policy as soon as their employment begins via their line manager and this will be reinforced at any Infant Feeding training sessions identified, as appropriate to role. This is a mandatory requirement and will be monitored by the Infant Feeding Team using data supplied on the Infant Feeding Induction Check List.

All Early Years staff (including ancillary staff) will be orientated to the policy and receive training to enable them to refer breastfeeding queries appropriately.

7.3 Training Early Years staff

All staff will be orientated to this policy and will have access to Breastfeeding and Relationship Building training every 3 years, relevant to role, as identified in the Birmingham Forward Steps Baby Friendly Initiative Action Plan. Infant Feeding Update training will be offered annually, in response to the UNICEF UK Baby Friendly Initiative audit findings. This training is a mandatory requirement for all Early Years staff to meet the core competencies for their roles

Early Years staff are responsible for ensuring their infant feeding training courses are completed in a timely manner and in line with this policy. Staff must recognise any new learning and adapt their practice accordingly, to ensure best practice standards are delivered.

Early Years staff are responsible for booking and completing their annual Practical Skills Review (PSR) within 6 weeks of completing training, to ensure they can effectively support mothers with positioning and attachment, and hand expressing breast milk.

Training attendance will be monitored by local leads/managers and overseen by the Infant Feeding Co-ordinators, to ensure compliance with the UNICEF UK Baby Friendly Initiative standards. Non- attendance will be monitored and escalated to Operational Managers by Line Managers and/or the Infant Feeding Co-ordinators.

Any areas of concern, poor practice or identified risks will be reported to Line Managers and/or Operational Managers (to include using mechanisms such as Datix) to ensure actions are taken to improve the quality of care delivered.

BCHCFT training will be cross referenced to the mandatory training policy and linked into Oracle Learning Management for reporting, monitoring purposes and to allow follow up of staff who still require training and/or are due update training.

Health Visitors have the primary responsibility for supporting new mothers and for helping them to overcome infant feeding related problems. Health Visitors will have access to the Infant Feeding Team and local Maternity Infant Feeding Leads for support and guidance, as appropriate.

It is the responsibility of all Early Years staff and voluntary workers to escalate any breastfeeding concerns to a health professional. Health professionals are responsible for liaising with the baby's medical attendants (Paediatrician, General Practitioner) should concerns arise about the baby's health or growth. Health visiting staff should follow the UK-WHO growth chart for guidance. Early Years staff have a responsibility to maintain professional boundaries. The Antenatal Infant Feeding Workers should monitor these standards locally for their district.

All professional and support staff, across the Early Years service, who have contact with expectant and new mothers will receive training in Breastfeeding and Relationship Building at a level appropriate to their professional group. New staff will receive training within six months of commencing in post.

All clerical and ancillary staff will have access to breastfeeding awareness information via the Infant Feeding Team, the Health Visiting intranet page, and/or be provided with training (if appropriate to their role).

Update training will be available annually for all staff who have received initial training or when significant policy/best practice changes occur. This update training is a mandatory requirement for the Health Visiting teams and identified Early Years staff.

7.4 Care standards

This section of the policy sets out the care that the Birmingham Forward Steps Early Years service is committed to giving each and every new mother, and expectant mothers. It is based on the UNICEF UK Baby Friendly Initiative standards for health visiting, relevant NICE guidance and the Healthy Child Programme.

The service recognises the significance of pregnancy as a time for building the foundations of future health and well-being and the role of Early Years staff to positively influence pregnant women and their families during antenatal contacts by:

- Providing evidence-based best practice standards of infant feeding from UNICEF UK Baby Friendly Initiative to expectant and new mothers (together with their families).
- Delivering care which recognises and supports the importance of building strong, early, and loving parent-infant relationships in order to optimise the future health and well-being of babies.
- Ensuring that all care is mother and family centred, non-judgemental and those mothers' decisions are supported and respected.
- Working together across disciplines and organisations to improve mothers/parents experiences of care.
- Working within the World Health Organisation (WHO) International Code of Marketing of Breastmilk Substitutes.

All pregnant women will have the opportunity to discuss feeding and caring for their baby with a health visitor. Early Years staff should support the following best practice standards when opportunities arise in the antenatal period.

Care discussions will include the following topics:

- The value of connecting with their growing baby in utero.
- The value of skin contact for all mothers and babies.
- The importance of responding to their baby's needs for comfort closeness and feeding after birth, and the role that keeping their baby close has in supporting this.

Feeding discussions will include the following topics:

- Their thoughts and feelings about feeding their baby
- an exploration of what parents already know about breastfeeding
- the value of breastfeeding as protection, comfort and food

- getting breastfeeding off to a good start

All Early Years staff will 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. This will include ensuring that:

- Antenatal contacts are used as an opportunity to discuss breastfeeding and the importance of early relationship building, using a sensitive and flexible approach.
- Proactive support and recommendation of the services provided by other organisations to pregnant women and mothers (e.g. antenatal programmes run by the maternity services, children's centres or voluntary organisations).
- The service works collaboratively to develop/support any locally operated antenatal interventions delivered with partner organisations.

7.5 Support for continued breastfeeding

A formal breastfeeding assessment using the Breastfeeding Assessment form in the Child Health Record (page 8a) will be carried out at the 'new birth visit' by a Health Visitor at approximately 10-14 days to ensure effective feeding and wellbeing of the mother and baby. This includes recognition of what is going well and the development of an appropriate individualised plan (produced together with the mother) of care to address any issues identified.

As part of the initial breastfeeding assessment health visitors and support staff will ensure that breastfeeding mothers know:

- the signs which indicate that their baby is receiving sufficient milk, and what to do if they suspect this is not the case
- how to recognise signs that breastfeeding is not progressing normally (e.g. sore nipples, breast inflammation)
- why effective feeding is important and to ensure mothers are confident with positioning and attaching their babies for breastfeeding

All Early Years staff (as appropriate to role) should be able to explain the relevant techniques to a mother and provide the support necessary for her to acquire the skills for herself.

- Mothers will be encouraged to continue to keep their babies near them so that they can learn to interpret their babies' needs. Mothers who are or wish to breastfeed their babies and who are separated from their babies should be encouraged to express breastmilk at least eight to ten times in a 24 hour

period. They should be shown how to express breastmilk by hand (or using a pump if this is the mother's preference).

- For those mothers who require additional support for more complex breastfeeding challenges a care plan should be written by their Health Visitor, in collaboration with the Mother/main care provider. The Health Visitor will have access to the Infant Feeding Team and local Maternity Infant Feeding Leads for specialist guidance regarding breastfeeding support and care planning for complex breastfeeding challenges, as appropriate. Mothers will be made aware of this as part of their care.
- Mothers will have the opportunity for a discussion about their options for continued breastfeeding (including responsive feeding, expression of breastmilk and feeding when out and about or going back to work), according to individual need.
- The service will work in collaboration with other local services, such as Volunteer Breastfeeding Peer Support Workers, to make sure that mothers have access to social support for breastfeeding.
- Breastfeeding mothers will be informed about the local support for breastfeeding. Details of local support available will be maintained by the Antenatal Infant Feeding Worker, who are responsible for communicating this to local networks and the Infant Feeding Team, who will hold and disseminate a city-wide list.

7.6 Responsive feeding:

Early Years 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 itself, tire mothers any more than caring for a new baby without breastfeeding.

7.7 Modified feeding regime:

There are a small number of clinical indications for a modified approach to responsive feeding in the short term. Examples include; preterm or small for gestational age babies, babies who have not regained their birth weight by 3 weeks of age, babies who are gaining weight slowly. Breast feeding should be viewed as the physiological norm and exclusive breast feeding should be supported when possible, and when this is not possible with the least possible disruption to breastfeeding. It remains the responsibility of the Health Visitor to identify if there is a need for a modified approach, and to monitor this closely.

An example of a modified approach to responsive feeding may include a short term need to wake a sleepy baby for a feed, rather than relying solely on the baby's feeding cues, for

example, if breastfeeding has yet to be established or if there is a clinical need, which may present itself in circumstances described above.

The rationale for a modified approach should be clearly documented, to include the planned review date, and should be closely monitored.

It is the responsibility of all Early Years staff and voluntary workers to escalate any breastfeeding concerns to a health professional. Health professionals are responsible for liaising with the baby's medical attendants (Paediatrician, General Practitioner) should concerns arise about the baby's health or growth. Health visiting staff should follow the UK-WHO growth chart for guidance.

7.8. Exclusive breastfeeding:

- Mothers who breastfeed will be provided with information about why exclusive breastfeeding leads to the best outcomes for their baby, and why it is particularly important during the establishment of breastfeeding (up to six weeks in most cases).
- When exclusive breastfeeding is not possible, or an informed choice is made by the mother to partially breastfeed, the value of continuing partial breastfeeding will be emphasised and mothers will be supported to maximise the amount of breastmilk their baby receives.
- 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. This will include appropriate information and discussion regarding the potential impact of the use of a teat when a baby is learning to breastfeed.

7.9 Support for responsive bottle feeding

At the New Birth Visit mothers of babies fed with infant formula will have an opportunity to discuss how their baby is feeding. Recognising that this information will have been discussed with maternity service staff, but may need revisiting or reinforcing; and being sensitive to a mother's previous experience, staff will check that these mothers:

- have the information they need to enable them to do so as safely as possible. Staff may need to offer a demonstration and/or discussion about how to prepare infant formula.
- understand about the importance of responsive feeding and how 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

All Early Years staff (as appropriate to role) should reinforce responsive feeding, during feeding discussions with mothers.

7.10 Introducing solid food:

Early Years staff should ensure that all parents receive a timely guidance for the introduction of solid foods and vitamin supplements, to optimise health and wellbeing. This should include, where possible, the use of the 'Introducing Solid Foods, giving your baby a better start in life' leaflet to discuss:

- That solid food should be started at around six months
- Babies signs of developmental readiness for solid food
- How to introduce solid food to babies
- Appropriate foods for babies

7.11 Support for parenting and close relationships:

All parents will be supported to understand a baby's needs (including encouraging frequent touch and sensitive verbal/visual communication, keeping babies close, responsive feeding and safe sleeping practice).

Mothers who bottle feed are encouraged to hold their baby close during feeds and offer the majority of feeds to their baby themselves to help enhance the mother-baby relationship.

Parents will be given information about local parenting support that is available, such as local Children's Centre groups and support services.

7.12 Night time feeding

The importance of night feeding for milk production should be explained to all mothers. Coping with the challenges of night-time feeding will be discussed, including issues related to bed sharing, using the safe sleeping messages within 'Caring for your baby at night: A guide for parents' leaflet. This is to enable parents to manage night-time feeds safely.

Recommendations for Early Years staff on discussing bed-sharing with parents:

Simplistic messages in relation to where a baby sleeps should be avoided; neither blanket prohibitions nor blanket permissions reflect the current research evidence.

The current body of evidence overwhelmingly supports the following key messages, which should be conveyed to all parents:

- The safest place for your baby to sleep is in a cot by your bed
- Sleeping with your baby on a sofa puts your baby at greatest risk

- Your baby should not share a bed with anyone who:
 - Is a smoker
 - Has consumed alcohol
 - Has taken drugs (legal or illegal) that make them sleepy
 - Is excessively tired (this includes illness/health conditions which affect the consciousness or induce drowsiness) to the point that it would affect their ability to respond to the baby.

The incidence of Sudden Infant Death Syndrome (SIDS) is higher in the following groups:

- Parents in low socio-economic groups
- Parents who currently abuse alcohol or drugs
- Young mothers with more than one child
- Premature infants and those with low birthweight

Parents within these groups will need more face to face discussions to ensure that these key messages are explored and understood. They may need some practical help, possibly from other agencies, to enable them to put them into practice.

7.13 A Welcome for Breastfeeding Families

Breastfeeding will be regarded as the normal way to feed babies and young children.

Mothers will be enabled and supported to breastfeed their infants in all public areas used by the Early Years Service within Trust premises and Children's Centres by providing a respectful and welcoming environment.

All breastfeeding mothers will be supported to develop strategies for breastfeeding outside the home by:

- Providing practical tips (with examples of positive experiences) and encouragement to increase confidence when breastfeeding out and about, breastfeeding a toddler/older child, and the benefits of longer term breastfeeding
- Involving partners and family members during antenatal and postnatal contacts to promote positive attitudes towards breastfeeding
- Promoting the positive actions of the Equality Act 2010, to offer breastfeeding women a comfortable, safe environment to breastfeed outside of the home, to include

information on local places which other mothers recommend as 'breastfeeding welcome'

Early Years staff are expected to recognise the impact of a predominant bottle feeding culture locally, which may generate a lack of confidence for a mother when breastfeeding in public, restricting activities outside the home and creating a barrier to continued breastfeeding. This policy aims to support mothers to breastfeed with confidence in public and ensure all facilities are welcoming of breastfeeding families.

7.14 Encouraging Community Support for Breastfeeding

All breastfeeding mothers will be provided with contact details for breastfeeding support within their district. This should include Early Years staff, breastfeeding counsellors, support groups, peer support, local initiatives, and local and national help lines. It is the responsibility of the Antenatal Infant Feeding Workers to develop and maintain these resources and disseminate within their local networks.

Birmingham Forward Steps will work collaboratively with other organisations to promote and support breastfeeding in Birmingham.

Many women returning to work are unaware that it is possible to continue breastfeeding after they have returned to work, and employers may not recognise their role in supporting mothers to continue to breastfeed. Early Years staff are responsible for providing practical information during pregnancy and the postnatal period about combining work and breastfeeding. This should include supporting women to facilitate discussions with their employers and child care providers. Mothers may wish to explore negotiating breastfeeding breaks or changes to their working pattern, a private environment to express with facilities for safe storage of breast milk at work, and practical tips to continue breastfeeding for as long as they choose.

Birmingham Forward Steps supports collaborative working with health care professionals, voluntary peer support programmes and voluntary support groups, whilst recognising that health care providers have their own responsibility to promote and support breastfeeding.

8. Implementation

Following ratification the procedural document's author/lead will ensure (in discussion with the Committee's Secretary) that the document is forwarded to the Quality and Standards Assurance Team (Q&SAT). The Q&SAT will make final checks, amend the footer and forward to the Library for uploading to the intranet. Once uploaded to the intranet the Library will inform the Communication Team to ensure notification appears in the next Staff E-Newsletter.

The partner agencies of Birmingham Forward Steps will ratify appropriately through their own organisations.

9. Duty of Candour

The Trust recognises it has a duty of candour under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20. Under this duty it has a responsibility to be open and transparent with patients, families and carers in relation to their care and treatment and has specific requirements when things go wrong. This will include informing people about any clinical incident, providing reasonable support, providing truthful information and an apology when things go wrong. If an incident occurs which involve a breach of the requirements of this policy, staff and managers should consider following the guidance set out in the Being Open incorporating Duty of Candour Policy available on the trust intranet site.

10. Implications

Training Implications

See section 7.3

Financial implications

The implementation of this policy requires no additional financial resource.

Legal Implications

This policy is in line with the Equality Act 2010, specifically the right to breastfeed in public places. The Equality Act 2010 states that it is discrimination to treat a woman unfavourably because she is breastfeeding. It applies to anyone providing services, benefits, public bodies, further and higher education bodies and associations.

An EHRA has been conducted on this policy and where possible all negative impacts identified at the time of development have been considered, reduced, removed or justified. If at the time of implementation a negative impact is identified, please inform the responsible manager or the Trust secretary so that any relevant action can be taken.

11. Process for Monitoring Compliance

Outcomes will be reported to Head of Children's Services, as appropriate.

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements	Acting on recommendations and Lead(s)	Change in practice and lessons to be shared
<p>What key element(s) need(s) monitoring as per local approved policy or guidance? Where NHSLA criteria exist, these elements will be the criterion's minimum requirements (those itemised a, b, c etc)</p>	<p>Name the lead and what is the role of the multidisciplinary team or others if any.</p>	<p>What tool will be used to monitor/check/observe/asses/inspect/ authenticate that everything is working according to this key element from the approved policy? This could be an audit, or risk assessment document</p>	<p>How often is the need to monitor each element? How often is the need complete a report? How often is the need to share the report?</p>	<p>Who or what committee will the completed report go to and how will this be monitored. How will each report be interrogated to identify the required actions and how thoroughly should this be documented in e.g. meeting minutes.</p>	<p>Which committee, department or lead will undertake subsequent recommendations and action planning for any or all deficiencies and recommendations within reasonable timeframes?</p>	<p>How will system or practice changes be implemented the lessons learned and how will these be shared?</p>
<p>The Divisional QSRC is responsible for approving this Policy. They are responsible for monitoring the overall implementation of this policy.</p>	<p>Key Responsibility Divisional QSRC</p> <p>Infant Feeding Co-ordinator to evidence policy using the Unicef Baby Friendly Initiative Audits. These include: A Welcome environment to Breastfeed, Health Visiting Staff Knowledge and Skills, and Parents Experiences of Care</p>	<p>Baby Friendly Initiative Audit Report</p>	<p>Annual</p>	<p>C&FQSRC</p>	<p>Infant Feeding Team, Infant Feeding Strategy Board and Implementation Group members</p>	<p>Infant Feeding Team to amend staff training plans to reflect audit results, as appropriate. Results to feed into the Infant Feeding Strategy Board meetings for action</p>

<p>Health visiting teams are responsible for collecting the required infant feeding data as specified by the commissioning organisation.</p>	<p>Lead: Infant Feeding Co-ordinator</p> <p>Key Responsibility: Health Visiting Team Leaders</p>	<p>EPR (RIO)</p>	<p>Monthly monitoring</p> <p>Quarterly Reporting.</p>	<p>Service Support Business Intelligence</p> <p>Department of Health</p>	<p>Service Support Business Intelligence</p> <p>Infant Feeding Team</p> <p>Head of Health Visiting Service</p>	<p>Infant Feeding Team will monitor and improve data collection mechanism, as appropriate. Annual Breastfeeding rates will be disseminated.</p>
<p>Data on infant feeding showing the prevalence of both exclusive and partial breastfeeding will be collected at:</p> <ul style="list-style-type: none"> • 6-8 weeks <p>This will increase with the introduction of Phase 2 of the DH Breastfeeding Indicators, to include collecting data at:</p> <ul style="list-style-type: none"> • primary visit • 6 weeks • 4 months. <p>Target of 100% data coverage and a 2% increase in Breastfeeding Prevalence.</p>	<p>Health visiting teams will continue to collect infant feeding data as per DH Breastfeeding Indicators. This will be recorded on the Child Health system by each Health Visiting team.</p>	<p>EPR (RIO)</p> <p>Child Health record NI 53ii:</p>	<p>Monthly monitoring.</p> <p>Quarterly Reporting.</p>	<p>Service Support Business Intelligence</p> <p>Department of Health</p> <p>Head of Health Visiting Service</p>	<p>Service Support Business Intelligence</p> <p>Infant Feeding Team</p> <p>Head of Health Visiting Service</p>	<p>Infant Feeding Team will monitor.</p> <p>Business Intelligence will work with Head of Health Visiting to improve data collection mechanism, as appropriate.</p> <p>Annual Breastfeeding rates will be disseminated by Infant Feeding Co-ordinator.</p>

<p>The Infant feeding Coordinators will ensure that this policy is audited using the UNICEF UK Baby Friendly audit tool (2013 edition). Target 80%.</p> <p>Which includes:</p> <ul style="list-style-type: none"> • Environment • Staff • Parents 	<p>Lead: Infant Feeding Co-ordinator</p> <p>Key Responsibility: Oracle Learning Management</p>	<p>OLM</p> <p>Infant Feeding Team Training Database and monitoring systems that are in place.</p>	<p>At least annually</p>	<p>Audit results will be reported to the Infant Feeding Strategy Board</p>	<p>Infant Feeding Co-ordinator.</p>	<p>Infant Feeding Team will address any areas of non compliance that have been identified with the support of service leads and staff.</p>
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12. Evidence

DH (2009) Commissioning Local Breastfeeding Support services

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DH (2009b) The Healthy Child Programme – pregnancy and the first five years

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf

DH (2011a) Guide to bottle Feeding: how to prepare infant formula and sterilise feeding equipment to minimise the risks to your baby, UNICEF BFI, FSA

DH (2011c) The Health Visitor Implementation Plan: A call to action, February

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213759/dh_124208.pdf

DH (2011d) Healthy lives, healthy people White paper: Update and way forward

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216142/dh_129334.pdf

DH/UNICEF (2015) Introducing solid foods: giving your baby a better start in life

<https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2008/02/Start4Life-Introducing-Solid-Foods-2015.pdf>

First Steps Nutrition Trust

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NICE (2013) Postnatal Care. NICE quality standard 37. July

<https://www.nice.org.uk/guidance/qs37/chapter/Quality-statement-5-Breastfeeding>

Renfrew MJ, Pokhrel S, Quigley M McCormick F, Fox-Rushby J, Dodds R, Duffy S, Trueman P, Williams T (2012a) Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK, UNICEF UK BFI

https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2012/11/Preventing_disease_saving_resources_policy_doc.pdf

RCPCH Position Statement on Breast feeding (2018)

<https://www.rcpch.ac.uk/resources/position-statement-breastfeeding-uk>

RCPCH State of Child Health (2017)

<https://www.rcpch.ac.uk/resources/state-child-health-2017-full-report>

UNICEF UK (2019) Caring for your baby at night. A guide for parents
<https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2018/08/Caring-for-your-baby-at-night-web.pdf>

UNICEF UK (2012) Guide to the Baby Friendly Initiative standards
https://www.unicef.org.uk/wp-content/uploads/sites/2/2014/02/Baby_Friendly_guidance_2012.pdf

UNICEF (1992) UN Convention on the rights of the child. Enforced in UK January 15th 1992
https://www.unicef.org.uk/wp-content/uploads/2010/05/UNCRC_summary.pdf

UNICEF UK Baby Friendly Initiative (2008) The Seven Point Plan for Sustaining Breastfeeding in the Community, London
<http://www.unicef.org.uk/babyfriendly>

UNICEF (2010a) A guide to infant formula for parents who are bottle feeding
<https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2016/12/Parents-guide-to-infant-formula.pdf>

UNICEF (2010b) The health professionals guide to 'A guide to infant formula for parents who are bottle feeding'
<https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2016/12/Health-professionals-guide-to-infant-formula.pdf>

UNICEF/DH (2012) Start4Life: Guide to bottle feeding
https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2008/02/start4life_guide_to_bottle_feeding.pdf

UNICEF (2013) Breastfeeding on the worldwide agenda
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<https://www.who.int/nutrition/publications/infantfeeding/9241561300/en/>

World Health Organisation (1981) The International Code of Marketing of Breast milk Substitutes. Geneva. WHO
https://www.who.int/nutrition/publications/code_english.pdf