Southern Trust
Breastfeeding Policy
Policy Checklist

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<tr>
<th>Name of Policy:</th>
<th>Southern Trust Breastfeeding Policy</th>
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<tr>
<td>Purpose of Policy:</td>
<td>To ensure that all pregnant or breastfeeding women coming into contact with Trust Professionals will be supported in their choice about how they will feed their baby.</td>
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<tr>
<td>Directorate responsible for Policy:</td>
<td>Directorate of Acute Services Integrated Maternity and Women’s Health</td>
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<tr>
<td>Name and Title of Author:</td>
<td>Southern Trust Breastfeeding Policy Group</td>
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<tr>
<td>Does this meet criteria of a Policy?</td>
<td>Yes</td>
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<td>Southern Trust Breastfeeding Policy Group</td>
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<tr>
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<td><strong>Responsibility of (Name): Patricia McStay</strong></td>
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<tr>
<td><strong>Title:</strong> Head of Midwifery and Gynaecology</td>
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<tr>
<td><strong>Responsibility of (Name): Julie Mc Conville</strong></td>
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<td><strong>Title:</strong> Head of Health Visiting and School Nursing</td>
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1.0 **INTRODUCTION**

The Southern Health and Social Care Trust (hereafter referred to as the Trust) promotes breastfeeding as the healthiest way for mothers to feed their baby and recognises the short and long term benefits now known to exist for both mother and baby (Horta et al and IpS et al 2007). The Trust Breastfeeding Policy will therefore encourage all parents to make an informed choice regarding infant feeding.

This Trust Breastfeeding Policy has been developed with reference to standard texts and recent research, and through wide consultation with medical, midwifery, health visiting, and support group personnel in the hospital, community and voluntary sectors. The Policy has been developed in accordance with the Trusts key principles for policy development.

This policy will be audited on an annual basis.

Breast feeding statistics will be collected and disseminated throughout the Trust at the following times:
- Birth
- Discharge from hospital
- Primary visit by Health Visitor
- 8 weeks
- 4 months
2.0 PURPOSE

The Trust is committed to ensuring that health benefits of breastfeeding and the potential risks of formula feeding are discussed with all women, so that they can make an informed choice about how they will feed their baby.

3.0 AIMS

3.1 To ensure that Trust staff will support each woman in her chosen method of infant feeding and will fully support her when she has made her choice.

3.2 To increase breastfeeding rates for the benefits of the mother and baby by working towards the Ten Steps to Successful Breastfeeding and the Seven Point Plan (Appendix 1).

3.3 To create an environment where more women choose to breastfeed their babies and are given sufficient information and support to enable them to breastfeed exclusively for six months and then as part of their infants diet to the end of the first year and beyond.

3.4 To enable all healthcare professionals (See Appendix 5) within Trust who have contact with breastfeeding women to provide full and competent support through specialised training in all aspects of breastfeeding management.

3.5 To encourage liaison between hospital and community teams to ensure delivery of a seamless service, together with the development of a breastfeeding culture throughout the local communities.

4.0 **POLICY STATEMENT**

The Trust recognises that all staff must adhere to the Best Practice Standards as set out in the UNICEF Baby Friendly Initiative i.e. The Ten Steps to Successful Breastfeeding in the hospital setting, and The Seven Point Plan for the community setting (Appendix 1).

5.0 **SCOPE OF THE POLICY AND RESPONSIBILITIES:**

5.1 Adherence to the policy is mandatory by all staff involved in direct care of women and their baby.

5.2 Those health care staff not directly involved in the care of women and their baby should have an awareness of the existing policy and to know how to access the policy.

5.3 The sale of breast-milk substitutes has been discontinued in all Trust Facilities in line with Healthy Start.

5.4 All Trust staff will Comply with the WHO Code of Marketing of Breast Milk Substitutes is required throughout the Trust. Therefore the Trust does not permit the promotion and marketing of any breast milk substitutes, feeding bottles, dummies and teats.

5.5 Trust staff will not accept gifts such as diary covers, weight charts, posters, calendars, mugs or pens etc. from commercial companies relating to infant feeding.

5.6 Formula company representatives must approach a breastfeeding co-ordinator, infant-feeding advisor, Midwifery or Health Visiting manager to facilitate the cascading of information to staff.

6.0 **RESPONSIBILITIES**

6.1 **Chief Executive**

The Trust Chief Executive, as ‘Accountable Officer’ has overall responsibility for ensuring that the aims of this policy are met. Has a responsibility to invest in training and education for all health care professionals regarding breast-feeding management and promotion.

6.2 **Senior Management**

All Trust Directors, Assistant Directors, Service Heads and Senior Managers have responsibility for the effective application of this policy. The awareness of the policy will be highlighted through Induction training provided for all new employees of the Trust.
The Trust Senior Management Team will provide protected time for staff to attend Breast-feeding management and training. Senior Managers/Clinical Directors/Ward Managers have a responsibility to ensure that staff within their area of responsibility, receive training and updating in a timely fashion, appropriate to their sphere of practice.

Senior Managers/Clinical Directors/Ward Managers have a responsibility to ensure that appropriate systems are in place to monitor and review staff performance, registration and training requirements.

6.3 Line Managers

Will facilitate staff updating and training as per policy and must be satisfied that each member of staff is competent to undertake their role.

7.0 DELIVERING THE POLICY

7.1 Communication of the Breastfeeding policy

7.1.1 A copy of the policy will be available to all health care professionals who have contact with pregnant or breastfeeding women.

7.1.2 Orientation to the policy will be included in the Trust’s staff induction programme and will take place within the first week of employment.

7.1.3 The full policy will be effectively communicated to pregnant women and new parents. The policy will also be displayed in all areas of Trust premises with the parents guide to the Trust Policy on Breastfeeding’ (Appendix 4).

7.1.4 A full copy of the policy should be available for members of the public if requested.

7.2 Training of all health care staff

7.2.1 The Trust will provide training for all health care staff as appropriate to their role and contact with breastfeeding mothers.

7.2.2 A training curriculum will be made available.

7.2.3 All Midwives, Health Visitors, Neonatal Nurses and Maternity Care Assistants working within the Trust will complete a 2 day Breastfeeding Training Programme in lactation management and an in-house practical skills review session on positioning and attachment and hand expression of breast milk.
7.2.4 All new employees will be orientated to the policy within the first week of employment and will receive full training within six months of taking up post.

7.2.5 All hospital medical staff (Appendix 5) who care for pregnant women and breastfeeding mothers will receive training in breastfeeding awareness, following commencement of employment.

7.2.6 General Practitioners 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.

7.2.7 Those who do not provide practical support for breastfeeding such as School Nurses, Nursing Auxiliaries, Health Visiting Assistants and Family Support Workers will be provided with a half-day breastfeeding awareness session at an appropriate level to their professional group.

7.2.8 Relevant hospital staff providing care for mothers and babies will be trained to teach bottle feeding mothers on how to safely prepare and store infant formula.

7.2.9 Clerical staff, receptionists, practice nurses and other Trust employees who have contact with pregnant and breastfeeding mothers will have a 2 hour training session on breastfeeding awareness and their responsibilities within the breastfeeding policy.

7.3 Informing all pregnant women about the benefits and management of breastfeeding.

7.3.1 All women will be given the opportunity to discuss breastfeeding at their booking visit and during any antenatal contacts as required. Discussions will be recorded in the antenatal infant feeding checklist (RCM 1991, NICE 2006).

7.3.2 Midwives and health visitors will be able to provide and record information given in the maternity hand held records on the health benefits of breastfeeding and best practice such as skin-to-skin contact and the first feed, rooming-in, breastfeeding on demand and the avoidance of supplementary feeds, dummies or teats.

7.3.3 The ante-natal infant feeding checklist will be completed on all pregnant women by 34 weeks of pregnancy by both hospital and community midwives and where possible by health visitors.

7.3.4 All parent-craft programmes will include discussion on:

- The health benefits of breastfeeding to mothers, babies and the community
- Skin to skin contact
南方信托哺乳政策

- Baby-led feeding
- The physiology of lactation
- Positioning and attachment
- Exclusive breastfeeding
- Disadvantages of using teats, dummies and nipple shields (while breastfeeding is being established) (WHO 1998)

7.3.5 No routine group instruction on the preparation of infant formula will be given during parent-craft classes. Prior to discharge from hospital mothers who are formula feeding will be provided with one-to-one instruction on preparation of formula feeds and sterilising feeding equipment. The community midwife will provide further instructions if required.

7.3.6 Pregnant women will be referred to targeted community interventions to promote breastfeeding as appropriate e.g. peer support initiatives

7.4. **Initiation of Breastfeeding as soon as possible following delivery:**

7.4.1 All mothers will be encouraged to hold their babies in skin-to-skin contact in an unhurried environment. This should be regardless of feeding method for at least one hour or until after the first breastfeed, (or as soon as the mother is able to respond in the case of Caesarean Section).

7.4.2 If skin-to-skin is interrupted it should be reinitiated as soon as possible.

7.4.3 All women will be offered help to initiate a first breastfeed as soon as both mother and baby are ready.

7.4.4 The first breastfeed should take place with appropriate help and support of the midwife.

7.4.5 The details of the first feed will be recorded in the midwifery notes in the infant section.

7.4.6 Skin-to-skin contact will also be recommended in the post-natal period and when at home, particularly if there are feeding difficulties or concerns about mother baby bonding.

7.4.7 There are a few circumstances when breastfeeding may be contraindicated (Appendix 2).

7.5. **Showing women how to breastfeed and how to maintain lactation even if separated from their baby**

7.5.1 All breastfeeding mothers will be offered further help with breastfeeding within 6 hours of delivery. A proactive approach to providing help with a breastfeed should be adopted rather than relying on the mother asking for help.
7.5.2 All midwives, neonatal nurses and health visitors, must ensure that all women receive a clear explanation on how to achieve and recognise correct positioning and attachment. The mother will be helped to acquire these skills independently (See Appendix 3) emphasis will be placed on explaining and demonstrating positioning and attachment rather than doing it for a mother.

7.5.3 While in hospital, all breastfeeding mothers will be taught the technique of expressing by hand and how to store their breast-milk. Information will be available in both verbal and written form.

7.5.4 Following discharge home, community staff will ensure the mother has received teaching on hand expression and been given a leaflet to support this information. Community staff will also ensure that breastfeeding mothers understand the value of hand expression for managing problems such as engorgement or blocked ducts.

7.5.5 Mothers who are separated from their babies will be encouraged as soon as possible following delivery, to express milk at least eight times in a 24 hour period, including night-time.

7.5.6 Mothers who are maintaining lactation by expressing for an ill or premature baby will be shown how to express milk by hand and by pump this support will be provided by both neonatal and post-natal staff.

7.5.7 An assessment of the mother and baby’s progress will be undertaken by the community midwife by Day 5 and the Health Visitor will revisit this at the primary visit. An individual care plan will be devised if necessary.

7.5.8 While in hospital midwives will ensure that all breast feeding mothers know how to recognise the signs of effective milk transfer.

7.5.9 As part of the feeding assessment community staff will ensure that all breastfeeding mothers know:

- The signs which indicate the baby is not receiving enough milk and what to do if they suspect this is the case
- How to recognise when breastfeeding is not progressing normally (e.g. sore nipples, mastitis)
- Why effective feeding is important and are confident with positioning and attaching their babies for breastfeeding

7.5.10 Mothers who are planning to return to work will be provided with information on combining breastfeeding and working and encouraged to prepare for returning to work as appropriate.
7.6 Breastfed newborn infants will not routinely be given supplementary feeds of water or formula.

7.6.1 Staff must have knowledge of the adverse effects of any introduction of supplementary feeds, i.e.

- Sensitisation of the atopic infant, i.e. family history of asthma and eczema (BPA Statement of the Standing Committee on Nutrition 1994)
- Giving water supplements can contribute to newborn jaundice due to the failure to stimulate the bowel to pass meconium as colostrum does (Khur and Paneth 1992, Feeding practices and early neonatal jaundice)
- Disruption and reduction of an adequate milk supply (RCM 1991)
- Diminution of mothers confidence resulting in early cessation of breastfeeding (White et al 1990)
- Causes destruction of the protective bacteria within the baby’s bowel increasing the risk of gastroenteritis and other intestinal conditions e.g. Necrotising Enterocolitis

7.6.2 Breastfed babies should receive no water or formula food except in cases of clear clinical indication or fully informed parental choice. The decision to offer supplementary feeds for clinical reasons should be made by an appropriately trained midwife or paediatrician. Parents will always be consulted if supplementary feeds are recommended and the reason discussed. Any supplements should be recorded in the health care records along with the indication.

7.6.3 Parents who elect to supplement their baby’s milk with formula milk or other foods or drinks should be made aware of the health implications and of the potential disadvantages of supplements on breastfeeding to allow them to make an informed choice. This discussion will be recorded in the maternity notes.

7.6.4 Parents who elect to feed their baby with formula milk should be trained by relevant staff to prepare formula feeds correctly.

7.6.5 All mothers will be encouraged to breastfed exclusively for the first six months and to continue breastfeeding for at least the first year of life. They should be informed that six months is the minimum age at which complementary foods should be considered. All weaning literature employed by the Trust will reflect the aim of exclusive breastfeeding for 6 months and beyond.

7.7 Rooming –in/Keeping mothers and babies together

7.7.1 While in hospital mothers will normally assume primary responsibility for the care of their babies. Mothers will be encouraged to keep their babies near them in hospital and at home.
7.7.2 Babies are not routinely separated from their mothers at night as there is no designated nursery space in the Trust hospitals. Staff will not offer to remove a baby from its mother. If a mother requests her baby to be cared for by staff, it will be explained that help will be given at the bedside to settle baby. If parents insist the baby is removed then it must be made clear that once the baby settles, he/she will be returned to the mother who will be responsible for subsequent care. Where a mother is unable to care for her infant for medical reasons, e.g. Caesarean section or pre-eclampsia, mother and baby should still remain together with the responsibility of caring for the baby being given to the midwifery staff until the mother is well enough to assume full responsibility for the infant (UNICEF/WHO 1994) **This care will continue at the mothers bedside.**

7.7.3 All mothers will be informed of the benefits, contra-indications and safety issues relating to bed sharing and co-sleeping.

7.7.4 Midwives and health visitors will inform all mothers of the importance of keeping their baby with them at home and will encourage mothers to sleep in the same room as their baby at night.

7.8 **Baby-led/Demand Feeding will be encouraged**

7.8.1 Breastfeeding mothers will be offered further assistance within 6 hours of delivery.

7.8.2 No restrictions will be placed on the frequency or duration of breastfeeds. Demand feeding will be encouraged for all healthy term babies unless clinically indicated.

7.8.3 While in hospital, breastfeeding mothers will be shown how to recognise signs of effective milk transfer and will be provided with written information on how to tell when breastfeeding is going well.

7.8.4 All breastfeeding mothers will be told what is meant by baby-led feeding and informed of the importance of baby-led feeding in order to maintain an adequate milk supply.

7.8.5 Community staff will ensure all breastfeeding mothers are aware of the importance of night feeds in maintaining a good milk supply and how to cope with night feeds.

7.8.6 Midwives and health visitors should help each mother to recognise feeding cues and the importance of responding to them and that they have an awareness of normal feeding patterns, including cluster feeding and growth spurts.

7.8.7 Babies who have a very brief or unsatisfactory initial feed, and those who
have a traumatic or complicated delivery require continual assessment of feeding.

7.8.8 Mothers will be encouraged to continue to practice baby-led feeding throughout the time they are breastfeeding.

7.8.9 All mothers and babies will have a breastfeeding assessment at Day 5 to determine whether effective milk transfer is taking place and if further breastfeeding support is required.

7.9. Give no artificial teats or pacifiers to breastfed babies

7.9.1 While in hospital breastfed babies requiring a supplement of expressed breast-milk or formula will be fed by syringe, cup or tube. Small volumes of colostrum should be fed by syringe; feeds over 10mls should be fed by cup.

7.9.2 Dummies are not recommended during the establishment of breastfeeding. Some parents may choose to use artificial teats and pacifiers and whilst it is their right to choose, it is the responsibility of both midwife and health visitor to give accurate information about the disadvantages and detrimental effects that these aids can have on breastfeeding. Staff must document in the mother’s records if she has made an informed decision to use these aids.

7.9.3 Nipple shields reduce stimulation of milk supply and may lead to rejection of the breast by the baby. Any mother using a nipple shield should be under the care of a skilled practitioner and given every help to discontinue use as soon as possible.

7.9.4 Breastfed babies in a neonatal unit will be fed by non-bottle means when mother is not available.

7.9.5 Babies being cared for in the neonatal unit may occasionally require a dummy in the event of separation for clinical indication. Parents will be supported to make an informed choice about dummy use and the benefits and possible risks to breastfeeding will be explained. As soon as baby starts learning to breastfeed dummy use will be discontinued.

7.10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from hospital or clinic.

7.10.1 Before discharge from hospital all breastfeeding mothers will be given written information on where to obtain out of hours breastfeeding support: Community Midwife, P/N ward, Health Visitor, Local breastfeeding support groups and telephone networks, National breastfeeding support organisations, Local peer support mothers.
7.10.2 Written information providing breastfeeding support contact details will be checked regularly in order to ensure all details are correct and updated as necessary.

7.10.3 Local voluntary breastfeeding support groups will be invited to further contribute to the future development of the breastfeeding policy through involvement in appropriate meetings.

7.10.4 Community staff will confirm that mothers have been provided with contact details of available support and inform them of local initiatives to support continued breastfeeding e.g. peer support and support groups

8.0 Welcoming atmosphere

8.1 Breastfeeding will be regarded as the normal way to feed babies and young children. Mothers will be enabled and supported to feed in all public areas of the Trust premises and GP surgeries. If a breastfeeding mother would prefer to breastfeed in private then a suitable space will be made available.

8.2 The Trust will clearly display signs welcoming mothers to breastfeed with confidence within Trust facilities. They will also inform users of this policy.

8.3 All staff including reception staff will be made fully aware of the Trust policy in relation to breastfeeding in public areas of Trust premises. The rights of the breastfeeding mother will be upheld over any complaint.

8.4 Community staff will ensure all breastfeeding mothers will be supported to develop strategies for breastfeeding outside the home and will provide information about places locally where breastfeeding families are welcome.

8.5 The Trust will encourage community support for breastfeeding by promoting breastfeeding as socially acceptable and encouraging participation in initiatives such as the Breastfeeding Welcome Scheme and through liaison with local businesses and employers, community groups and the media.

9.0 Legislative Compliance, Relevant Policies, Procedures and Guidance

When applying this policy the Trust must take cognisance of other relevant Trust and Regional Policies:

Relevant research papers and key documents in support of this policy include

Southern Trust Breastfeeding Policy

1.0 Literature Review

- Southern Area Health and Social Services Board (2003) Infant Feeding Guidelines. SHSSB
- The Blue Print for Action on Breastfeeding in Europe (2002)

This is not an exclusive or exhaustive list and staff should refer to other policies and procedures as appropriate.

10.0 Equality and Human Rights

This policy has been screened for equality implications as required by Section 75 and schedule 9 of NI Act 1998 using E Com screen criteria, no significant equality implication have been identified. The policy is therefore not subject to an equality impact assessment.

This policy has been considered under the terms of Human Rights Act 1998 and was deemed compatible with the European Convention Rights contained in the Act.

11.0 Policy Training/Educational Requirements

All healthcare professionals in contact with the pregnant woman must adhere to this policy. It is the responsibility of the individual practitioner and his/her line manager to identify training needs and to ensure that these are met / facilitated.
APPENDIX 1

Ten Steps to Successful Breastfeeding

For the protection, promotion and support of breastfeeding in the hospital setting

Every healthcare facility providing maternity services and care for newborn infants should:
1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within half an hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infant.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practice ‘rooming-in’ – that is to allow mothers and infants to remain together – 24 hours a day.
8. Encourage baby-led breastfeeding.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.
The Seven Point Plan

For the protection, promotion and support of breastfeeding in community and health care settings.

All health care providers for mothers and babies in the community should:

1. Have a written breast feeding policy that is routinely communicated to all health care staff

2. Train all healthcare staff involved in the care of mothers and babies in the skills necessary to implement the policy

3. Inform all pregnant women about the benefits and management of breastfeeding

4. Support mothers to initiate and maintain breastfeeding

5. Encourage exclusive and continued breastfeeding, with appropriately timed introduction of complementary foods

6. Provide a welcoming atmosphere for breastfeeding families

7. Promote co-operation between health care staff, breastfeeding support groups and the local community.
APPENDIX 2

It should be suggested that there may be special circumstances when breastfeeding may be contraindicated:

a) MEDICATIONS

Few maternally ingested drugs are contraindicated whilst breastfeeding. If this is the case an alternative may be available. Where there is concern, this should be discussed with either medical or pharmacy staff.


Medications and mothers milk by Tom Hale

b) MATERNAL HEALTH

In the event of a mother being HIV positive

c) INFANT HEALTH

When inborn errors of metabolism are present, requiring a special diet, e.g. Galactosaemia.
Appendix 3

Teaching the mother to achieve and recognise correct positioning.

- Ensure mother and baby are comfortable
- Baby held close- nose to nipple
- Baby’s head and body in alignment with freedom to allow the baby to tilt his head back
- Baby’s mouth wide open, lips not pursed. If attachment is good it may not be possible to view the bottom lip so checking the bottom lip being ‘phlanged outwards’ should be discouraged as this can lead to detachment.
- Baby’s shoulders and neck will be supported to enable the baby’s head to fall backwards accommodating the instinctive position of the baby during feeding. (However if the baby is premature or the baby is neurologically affected and has poor muscle tone, support of the head will be necessary).
- Advise the mother to bring the baby to the breast with the chin leading
- If visible, more areola at baby’s nose and top lip and the chin will indent the breast tissue
- No clicking or smacking or ‘slurping’ sounds to be heard
- No drawing or dimpling of cheek pads
- Quiet sound of swallowing is heard with effective feeding
- Changes to the sucking patterns as the feed progresses.
- Baby will detach from the breast when the breast has been effectively drained. If the baby requires more, the other breast can be offered.

(Fletcher and Harris 2000)
Appendix 4

A parents Guide to the Southern Trust Breastfeeding Policy

Aims
We support the right of all parents to make informed choices about infant feeding. All our staff will support you in your decisions. We believe that breastfeeding is the healthiest way to feed your baby and we recognise the important benefits which breastfeeding provides for both you and your child. We therefore encourage you to breastfeed your baby.

Ways in Which We Will Help Mothers to Breastfeed Successfully:

- All the staff have been specially trained to help you to breastfeed your baby.
- During your pregnancy, you will be able to discuss breastfeeding individually with a midwife or health visitor who will answer any questions you may have.
- We recommend that you hold your new baby against your skin as soon as possible after birth.
- The staff will not interfere or hurry you but will be there to support you and to help you with your first breastfeed.
- A midwife will be available to explain how to put your baby to the breast and to help with feeds in the early days. A health visitor will provide support later on.
- We will show you how to express your breastmilk and we will give you written information about this.
- We recommend that you keep your baby near you whenever you can so that you can get to know each other. If any medical procedures are necessary in hospital, you will always be invited to accompany your baby. We will give you information and advice about how to manage night feeds once you are at home.
- We will encourage you to feed your baby whenever he or she seems to be hungry and we will explain to you how you can tell that he or she is getting enough milk.
- We recommend that you avoid using bottles, dummies and nipple shields while your baby is learning to breastfeed. This is because they can make it more difficult for your baby to learn to breastfeed successfully and for you to establish a good milk supply.
- Most babies do not need to be given anything other than breastmilk until they are six months old. If for some reason your baby needs some other food or drink before this, the reason will be fully explained to you by the staff.
• We will help you to recognise when your baby is ready for other foods (normally at about six months) and explain how these can be introduced.
• We welcome breastfeeding on our premises. We will give you information to help you breastfeed when you are out and about.
• We will give you a list of people who you can contact for extra help and support with breastfeeding, or who can help if you have a problem.

(This is your guide to the breastfeeding policy. Please ask a member of staff if you wish to see the full policy.)

Appendix 5

Trust Health Care Staff

• Obstetricians
• Paediatricians
• General Practitioners
• All doctors in contact with the pregnant woman or breastfeeding mother
• Nurses and Midwives (Hospital and Community)
• Health Visitors
• School Nurses
• Paediatric Nurses
• Practice Nurses
• Maternity Care Assistants
• Nursing Auxiliaries
• Health Visiting Assistants
• Social Workers
• Family support workers
• Clerical Staff
• Receptionists
• Voluntary support workers
• Breastfeeding support workers