Infant Feeding Policy (Maternity / Neonatal)

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Document Type	Policy
Scope	All Maternity Services Employees, Executive team and neonatal services
Restrictions	None

Guideline Review and Amendment Log				
Version	Date	Author	Status	Comment
Version 4	June 2015	Jackie McKenna Sharon Tunnacliffe	Live	Title changed from breastfeeding to infant feeding New UNICEF standards added and old ones removed
Version 5	July 2015	Sharon Tunnacliffe Jackie McKenna	Live	Final amendments to assessment tools; New starters updated letter attached
Version 6	July 2017	Sharon Tunnacliffe Louise Smith	Live	Services reconfigured Recommencing staged approach to BFI accreditation.

Contents

ENGAGEMENT AND CONSULTATION

Key Individuals/Groups Involved in Developing this Document

Role/Description
Sharon Tunnacliffe - Infant feeding coordinator
Louise Smith – Senior sister neonatal Unit

Circulated to the following for consultation

Date	Role/Designation
June 2017	Obstetric consultant body Department team leaders
July 2017	Maternity clinical governance group
July 2017	Divisional Governance Group

Evidence Base
List any national guidelines, legislation or standards relating to this subject area Healthy Child Programme. Pregnancy and the First Five Years of Life. Department of Health 2009. https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life NICE, Postnatal care: breastfeeding and formula feeding: 02 June 2017. http://pathways.nice.org.uk/pathways/postnatal-care NICE guidance on maternal and child nutrition (NICE 2008) : http://www.nice.org.uk/ph112008 NMC Code: The Code for nurses and midwives (2014) The nursing and midwifery council. www.nmc.org.uk/standards /code Updated Baby Friendly standards (2014): www.unicef.org.uk/babyfriendly/standards

Equality Impact Assessment – Initial Assessment

Directorate: Women's Health	**Area:** Maternity services
Policy/Project Summary: Infant Feeding policy	

What are you seeking to achieve with this work? *What has prompted this change?* *What are the intended outcomes of this work?*	The purpose of the guidance is to ensure that all practitioners working with children and families within Mid Yorkshire NHS Trust (MYHT) have clear information and guidance for practice.
Who will be affected by it and why? *(e.g. Public, patients, service users, staff, etc.)*	Maternity and neonatal services. The Disability Discrimination Act requires that reasonable adjustments are made for people with disabilities

Information

What information is available about the current situation to assist decision making?
(e.g. data, intelligence, research or national guidelines; staff and patient experience)
UNICEF, NICE, NHS publications

Impact Analysis

Based on the information available, an assessment of the current situation and the changes being proposed is there the possibility of a differential impact (positive or negative) on the groups listed below?

	Y/N		Y/N
Disability	N	**Gender Reassignment & Transgender**	N
Gender/Sex	N	**Religion or Belief**	N
Race	N	**Pregnancy and Maternity**	N
Age	N	**Marriage & Civil Partnerships:**	N
Sexual Orientation	N	**Carers**	N

Rationale for Answers Above:
(Explain for each characteristic, why it is considered that there may or may not be an impact)

Summary of Actions Planned as a Result of the Assessment
(Indicate timescales and lead officers for each action)
A full impact assessment is not necessary.

The guidance influences working practice related to practitioners delivering safe, key messages to parent of babies on safe sleeping. It will be discussed with all families.

There is no anticipated negative impact upon clients. The negative impact on staff would be the inability to undertake the necessary contacts to deliver the information

Date: **June2017**
Name: **Sharon Tunnacliffe - Infant feeding coordinator**
Louise Smith – Senior sister neonatal Unit

1.0 Introduction

The purpose of this policy is to ensure that all staff at Mid Yorkshire Hospitals NHS Trust (MYHT) understands 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.

MYHT is committed to:-

- Providing the highest standard of care to support expectant mothers and new parents to feed their baby 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.
- Ensuring that all care is mother and family centred, non-judgemental and mothers' decisions are supported and respected.
- Working together across disciplines and organisations to improve mothers'/ parents' experiences of care.
- The international code of marketing of breastmilk substitutes is implemented throughout the service.

2.0 Aims and Objectives

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

- Increase in breastfeeding initiation rates including increasing the number of babies on the neonatal unit who receive breast milk.
- Increase the number of babies who are discharged home form maternity and the neonatal unit breastfeeding or breastmilk feeding.
- Increase the breastfeeding rates at 10 days.
- Amongst mothers/parents who choose to formula feed, increase in those doing so as safely as possible, in line with nationally agreed / Department of Health guidance.
- A reduction in the number of readmissions for feeding problems.
- Improvements in parents' experiences of care.

3.0 Scope of the Policy

The policy must be followed by all staff who have contact with new mothers and their babies and work for Mid Yorkshire Hospitals Trust (MYHT) within Women's and Children's services, including anyone commissioned to provide a service and those staff on temporary or honorary contracts, secondments, pool and students.

Independent contractors are responsible for the development and management of their own procedural documents and for ensuring accountability and compliance with relevant legislation and best practice standards.

The policy should be implemented in conjunction with the Trust's Hypoglycaemia, Weight Loss Management Pathway, Reluctant feeder guidelines and Infant Safe Sleeping and the Risks of Bed Sharing policy.

4.0 Accountability

The Heads of Service has overall responsibility and accountability for overseeing the implementation of these guidelines, and for monitoring compliance.

Patient Service Managers/Matrons have accountability for ensuring that these guidelines are disseminated and implemented within all teams.

Team Leaders have responsibility for implementing these guidelines by ensuring that all practitioners are aware of and follow the guidelines

Team Leaders/line managers are responsible for ensuring that all new staff are familiarised with this policy on commencement of employment. All new staff will receive a letter informing them of their requirements (Appendix 5).

All staff have a responsibility to work within the policy, ensuring parents receive the information and the discussion is recorded within the parent and child electronic or paper record. All relevant documents will be completed in line with MYHT Health Care Records Management Policy (2017), and the NMC code (2015) and UNICEF standards (2014).

Parent's experience of care will be listened to through parent experience surveys e.g. Bliss Baby Charter audit tool; CQC survey of woman's experiences and any other mechanisms used locally.

5.0 Equality and Diversity

Mid Yorkshire Hospitals NHS Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. (see page 5). This policy is not intended to discriminate against any group or individual.

6.0 Care Standards

The section sets out the care that the Trust is committed to giving each and every expectant and new mother. It is based on the UNICEF UK Baby Friendly Initiative standards for maternity and Neonatal (UNICEF, 2014), relevant Nice guidelines (NICE, 2008; NICE, 2017) and the Healthy Child Programme (DOH, 2009).

6.1 Pregnancy

All pregnant women will have the opportunity to discuss feeding and caring for their baby with a health professional (or other suitably trained designated person). This discussion 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, including:

  a) an exploration of what parents already know about breastfeeding
  b) the value of breastfeeding as protection, comfort and food
  c) getting breastfeeding off to the best start.

6.2 Birth

- All mothers will be offered the opportunity to have uninterrupted skin contact with their baby at least until after the first feed and for as long as they want, so that the instinctive behaviour of breast seeking (baby) and nurturing (mother) is given an opportunity to emerge.
- All mothers will be encouraged to offer the first breastfeed in skin contact when the baby shows signs of readiness to feed. The aim is not to rush the baby to the breast but to be sensitive to the baby's instinctive process towards self-attachment.

- When mothers choose to formula feed they will be encouraged to offer the first feed in skin contact.
- Those mothers who are unable (or do not wish) to have skin contact immediately after birth, will be encouraged to commence skin contact as soon as they are able, or so wish.
- Mothers with a baby on the neonatal unit are:

  a) Enabled to start expressing milk as soon as possible after birth (within six hours).
  b) Supported to express effectively

- It is the joint responsibility of midwifery and neonatal unit staff to ensure that mothers who are separated from their baby receive this information and support.

Safety considerations

Vigilance as to the baby's well-being is a fundamental part of postnatal care in the first few hours after birth. For this reason, normal observations of the baby's temperature, breathing, colour and tone should continue throughout the period of skin contact, in the same way as would occur if the baby were in a cot. Observations should also be made of the mother, with prompt removal of the baby if the health of either gives rise to concern.

It is important to ensure that the baby cannot fall on to the floor or become trapped in bedding or by the mother's body. Particular care should be taken with the position of the baby, ensuring the head is supported so the infant's airway does not become obstructed.

Many mothers can continue to hold their baby in skin-to-skin contact during perineal suturing. However, adequate pain relief is required, as a mother who is in pain is unlikely to be able to hold her baby comfortably or safely. Mothers should be discouraged from holding their baby when receiving analgesia which causes drowsiness or alters their state of awareness (e.g. entonox).

Where mothers choose to give a first feed of formula milk in skin contact, particular care should be taken to ensure the baby is kept warm.

6.3 Support for breastfeeding

- Mothers will be enabled to achieve effective breastfeeding according to their needs (including appropriate support with positioning and attachment, hand expression, understanding signs of effective feeding). This will continue until the mother and baby are feeding confidently.
- Mothers will have the opportunity to discuss breastfeeding in the first few hours after birth as appropriate to their own needs and those of their baby. This discussion will include information on responsive feeding and feeding cues.
- A formal feeding assessment will be carried out using the appropriate breastfeeding assessment tool (Appendix 1) as often as required in the first week; with a minimum of two assessments to ensure effective feeding and the well-being of mother and baby.
- All mothers should be offered the breastfeeding assessment tool which is incorporated into the neonatal records. All assessments will include a discussion with the mother to reinforce what is going well and where necessary develop an appropriate plan of care to address any issues that have been identified.
- Mothers with a baby on the neonatal unit will be supported to express as effectively as possible and encouraged to express at least 8 times in 24 hours including once during the night. They will be shown how to express by both hand and pump and offered a copy of the UNICEF breast expression tool.
- Before discharge home, breastfeeding mothers will be given information both verbally and in writing about recognising effective feeding, when and where to call for additional help if they have any concerns.

- All breastfeeding mothers will be informed about the local support services for breastfeeding.
- For those mothers who require additional support for more complex breastfeeding challenges, should be sign posted to maternity breastfeeding specialist services.

Responsive feeding

The term responsive 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 (UNICEF 2014).

6.4 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.
- When exclusive breastfeeding is not possible, 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 a discussion regarding the potential impact of introducing a teat when a baby is learning to breastfeed.
- A full record will be made of all supplements given, including the rationale for supplementation and the discussion held with parents.
- Supplementation rates will be audited quarterly as a minimum.

6.5 Modified feeding regimes

There are a number of clinical indications for a short term modified feeding regime in the early days after birth. Examples include: preterm or small for gestational age babies and those who are excessively sleepy after birth. Frequent feeding, including a minimum number of feeds in 24 hours, should be offered to ensure safety (Refer to MYHT Identification and Management of Hypoglycaemia in the full term infant. 2017).

All healthy term babies who are reluctant to feed in the first 6 hours following birth (e.g. Jaundice or sleepy babies) should be clinically assessed using MYHT Management of reluctant feeding in healthy full term infants, 2017. If baby remains well then mother should be encouraged to spend time with baby in skin to skin

contact and be encouraged to hand express her breastmilk regularly until baby becomes more alert and interested in breastfeeding.

All mothers will be shown how to hand express and or use a hospital grade breast pump in order to obtain as much available colostrum as possible while also supporting the establishment of a good milk supply. All mothers will be taught how to cup and or syringe feed expressed breast milk to baby and supported to do so until baby becomes more interested in breastfeeding.

6.6 Supporting parents to have a close and loving relationship with their ill or premature baby

MYHT recognises the importance of secure parent/infant attachment for the future health and wellbeing of the infant and the challenges that the experience of having a sick or premature baby can present to the development of this relationship. MYHT is committed to care which actively supports parents to develop close and loving bond with their baby.

All parents will:

- Have a discussion with an appropriate member of staff as soon as possible (either before or after their baby's birth) about the importance of touch, comfort and communication for their baby's health and development.
- Be actively encouraged and enabled to provide touch, comfort and emotional support to their baby throughout their baby's stay on the neonatal unit.
- Be enabled to have frequent and prolonged skin to skin contact with their baby as soon as possible after birth and throughout the baby's stay on the neonatal unit.

6.7 Enabling babies to receive breastmilk and to breastfeed

MYHT recognises the importance of breastmilk for baby's survival and health, therefore MYHT will encourage:

- Mothers to offer their own breastmilk as the first choice of feed for their baby
- A discussion with mothers regarding the importance of their breastmilk for their preterm or ill baby as soon as it is appropriate
- A suitable environment conducive to effective expression
- Mothers will have access to effective breast pumps and equipment.

Mothers are enabled to express breastmilk for their baby, including support to:

- Express as early as possible after birth (ideally within 6 hours)
- Learn how to express effectively, including by hand and by pump.

- Learn how to use pump equipment and store milk safely in accordance with the Department of Health Guidelines.
- Staff will use the UNICEF breast expression assessment tool (Appendix 4).
- Express frequently (at least 8 times in 24 hours including once at night). Especially in the first two to three weeks following delivery in order to optimise long-term milk supply
- Overcome expressing difficulties where necessary, particularly where milk supply is inadequate, or if less than 750ml in 24hrs is expressed by day 10.
- Stay close to their baby when expressing milk.
- Use their milk for mouth care when their baby is not tolerating oral feeds, and later to tempt their baby to feed.

A formal review of expressing is undertaken a minimum of four times in the first two weeks using the UNICEF breast expression assessment tool to support optimum expressing and milk supply (Appendix 4).

Mothers receive care that supports the transition to breastfeeding, including support to recognise and respond to feeding cues

- Use skin to skin contact to encourage instinctive feeding behaviour
- Position and attach their baby for breastfeeding
- Recognise effective feeding
- Overcome challenges when needed

Mothers are provided with details of MYHT breastfeeding specialist clinics and voluntary support for breastfeeding which they can choose to access at any time during their baby's stay.

Mothers are supported throughout the transition to discharge home from hospital, including having the opportunity to stay overnight/for extended periods to support the development of mother's confidence and modified responsive feeding.

The service will work in collaboration with other local services to make sure that mothers have access to social support for breastfeeding.

6.9 Support for formula feeding

- Mothers who are formula feeding 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.
- Mothers who formula feed understand about the importance of responsive feeding and encouraged to:

  a) Respond to cues that their baby is hungry.
  b) Invite their baby to draw in the teat rather than forcing the teat into their baby's mouth.

c) Pace the feed so that their baby is not forced to feed more than they want to.
d) Recognise their baby's cues that they have had enough milk and avoid forcing their baby to take more milk than the baby wants.

6.10 Early postnatal period: support for parenting and close relationships

- Skin-to-skin contact will be encouraged throughout the postnatal period.
- All parents will be supported to understand a new born 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 will be 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. The infant feeding leads will take responsibility for receiving and disseminating updated information via the infant feeding champions.

6.11 Valuing parents as partners in care

This service recognises that parents are vital to ensuring the best possible short and long term outcomes for babies and therefore, should be considered as the primary partners in care.

The service will ensure that parents:

- Have unrestricted access to their baby unless individual restrictions can be justified in the baby's best interest.
- Are fully involved in their baby's care, with all care possible entrusted to them are listened to, including their observations, feelings and wishes regarding their baby's care.
- Have full information regarding their baby's condition and treatment to enable informed decision-making.
- Are made comfortable when on the unit, with the aim of enabling them to spend as much time as is possible with their baby.

The service will ensure that parents who formula feed:

- Receive information about how to clean/sterilise equipment and make up a bottle of formula milk.
- Are able to feed this to their baby using a safe technique.

6.12 Early postnatal period: Support for parenting and close relationships.

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

- 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

7.0 Implementation and Dissemination

This policy will, following ratification by Children's Clinical Governance Sub Group Committee, be disseminated to via team leaders. It will also be available on the Trust intranet.

New staff including students will be informed of these guidelines during the induction and preceptorship period.

8.0 Monitoring Compliance and Effectiveness

The MYHT requires that compliance with this policy is audited at least annually using the UNICEF UK Baby Friendly Initiative audit tool (2013 edition). Staff involved in carrying out these audits requires training on the use of this tool.
Outcomes will be monitored by:

- Monitoring breastmilk feeding rates.
- Monitoring breastfeeding rates.
- Formula usage across the services.

Audit results will be reported to the Head of Service, matrons and team leaders. An action plan will be developed by the Infant Feeding Service leads and agreed by Patient Service Managers/Matrons of the service to address any areas of non-compliance that have been identified.

9.0 References

Healthy Child Programme. Pregnancy and the First Five Years of Life. Department of Health 2009. https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life

NICE, Postnatal care: breastfeeding and formula feeding: 02 June 2017. http://pathways.nice.org.uk/pathways/postnatal-care

NICE guidance on maternal and child nutrition (NICE 2008): http://www.nice.org.uk/ph112008

NMC Code: The Code for nurses and midwives (2014) The nursing and midwifery council. www.nmc.org.uk/standards /code

Updated Baby Friendly standards (2014): www.unicef.org.uk/babyfriendly/standards

10. Associated Documentation

MYHT Management of reluctant feeding in healthy full term infants (2017)
MYHT Identification and Management of Neonatal Hypoglycaemia in full term infant (2017)
MYHT Management of early Neonatal jaundice (2011)

Appendix 1

How you and your midwife can recognise that your baby is feeding well					*This assessment tool was developed for use on or around day 5. If used at other times:
What to look for/ask about	√	√	√	√	Wet nappies: Day 1-2 = 1-2 or more Day 3-4 = 3-4 or more, heavier Day 6 plus = 6 or more , heavy
Your baby: has at least 8 -12 feeds in 24 hours*					
is generally calm and relaxed when feeding and content after most feeds					
will take deep rhythmic sucks and you will hear swallowing*					Stools/dirty nappies: Day 1-2 = 1 or more, meconium Day 3-4 = 2 (preferably more) changing stools
will generally feed for between 5 and 40 minutes and will come off the breast spontaneously					
has a normal skin colour and is alert and waking for feeds					
has not lost more than 10% weight					
Your baby's nappies: At least 5-6 heavy, wet nappies in 24 hours*					Sucking pattern: Swallows may be less audible until milk comes in day3-4 Feed frequency: Day 1 at least 3-4 feeds. After day 1 young babies will feed often and the pattern and number of feeds will vary from day to day. Being Responsive to your baby's need to breastfeed for food, drink, comfort and security will ensure you have a good milk supply and a secure happy baby.
At least 2 dirty nappies in 24 hours, at least £2 coin size, yellow and runny and usually more*					
Your breasts:					
Both Breasts offered at each feed					
Breasts and nipples are comfortable					
Nipples are the same shape at the end of the feed as the start					
How using a dummy/nipple shields/infant formula can impact on breastfeeding?					
Date					Care plan commenced: Yes/No:
Midwife's initials					
Midwife: if any responses not ticked: watch a full breastfeed, develop a care plan including revisiting positioning and attachment and/or refer for additional support. Consider specialist support if needed.					

Appendix 2: Parents daily feeding assessment sheet from birth **Name: - ……**

Breast Feeding is going well if: Tick each box that applies or put x if not	**Day of birth**	**Day 1**	**Day 2**	**Day 3**	**Day 4**	**Day 5**	**Day 6**	**Day 7**	**Day 8**	**Day 9**	**Day 10**	**Speak to a member of staff if you are concerned or if:**
Your baby has at least 6-8 feeds in 24 hrs on day of birth, Increasing to 8-10 in 24 hrs by day 2.												Your baby is sleepy and has less than 6 feeds in 24hrs on day of birth Your baby has less than 8 feeds in 24 hours from day 1
Your baby is feeding for between 5 – 40 minutes each feed. Always offer the second breast at each breastfeed.												• Your baby consistently feeds for 5 minutes or less each feed. • Your baby consistently feeds for longer than 40 minutes each feed • Your baby always falls asleep on the breast and/or never finishes the feed himself
Your baby has normal skin colour												Your baby appears jaundiced (yellow discolouration of the skin) Most jaundice is not harmful, it is important to check your baby in the first week of life for jaundice. Yellow colouring usually appears around the face first, then spreads to the body, arms and legs. A good time to check is when you are changing a nappy.
Your baby is usually calm while feeding and is content after most feeds.												Your baby comes on and off the breast frequently during the feed or refuses to breastfeed.
Your baby has the right number of wet and dirty nappies (see over)												Your baby is not having the right number of wet and dirty nappies (see over)
Breastfeeding is comfortable												• You are having pain in your breast or nipples which does not disappear after the baby's first few sucks. • Your nipple comes out of the baby's mouth looking white, pinched or flattened on one side or is cracked or bleeding
When your baby is 2-3 days old and beyond **you should be able to hear your baby swallowing frequently** during feeds.												• You cannot tell if your baby is swallowing any milk when your baby is 2-3 days old and beyond. • You think your baby needs a dummy • You feel you need to give your baby formula milk

If you are thinking of introducing formula feeds please check?	**Yes**	**NO: I need to Speak to a member of staff about this before introducing formula?**
• Have you discussed this with your health care provider? • Are you aware that any amount of breastmilk is beneficial to your baby and that you can speak to your health care provider about this? • Do you know which milk to buy? • Do you feel confident about making up feeds and has anyone shown you how to make up formula feeds and discussed sterilisation of equipment? • Have you had any help with how to safely bottle feed?		
Were you offered an opportunity to discuss how you should hold your baby for bottle feeds and how to recognise that baby has had enough milk?		
Has anyone talked to you about responsive bottle feeding?		

Appendix 3

What should my baby's nappies should look like in the first week?

The contents of your baby's nappies will change during the first week.

These changes will help you know if feeding is going well. Speak to your midwife if you have any concerns

Baby's Age	Wet Nappies	Dirty Nappies
Day of birth- 1 day old	1-2 or more per day,* urates may be present	1 or more dark green/black, 'tar like' called meconium
2-3 days old	3 or more per day, nappies feel heavier	2 or more, changing in colour and consistency – brown/ green/ yellow becoming looser (changing stool)
4-5 days old	5 or more heavy wet **	2 or more yellow; may be watery
6– 28 days old	6 or more heavy wet	2 or more at least the size of a £2 coin yellow, watery and seedy.

*Urates are dark pink/ red / salmon coloured substance; many babies pass this in the first couple of days.
If seen after the first couple of days tell your midwife, as this may be a sign that your baby is not getting enough milk.

** If you're not sure if your disposable nappies are wet, add 2-4 tablespoons of water to a dry nappy.
This will give you an idea of what to look/ feel for.

Appendix 4 – Breast Expression Checklist

Mother's name…… Baby's name……..DOB…..

What to oberve/ask about/discuss	Answer indicating effective feeding	✓	✓	✓	✓	✓	✓
Frequency of expression	Atleast 8 times in 24hrs inluding once during the night						
Timings of expression	Timings work around the mother's lifestyle With no gaps of longer than 4 hours(day time) and six hours (night time)						
Stimulating milk ejection	Uses breast massage, relaxation, skin contact and/or being close to baby. Photos or items of baby clothing to help stimulate oxytocin						
***Hand Expression**	*Confident with technique. Appropriate leaflet provided						
Using a breast pump	Access to electric pump. Effective techinique including suction settings, correct breast shield fit. Switching breasts (or double pumping) to ensure good breast drainage. Uses massage and/or breast compression to increase flow						
Breast condition	Mother reports breast fullness prior to expression which softens following expression. No red areas or nipple trauma						
Milk flow	Good milk flow. Breasts feel soft after expression						
Milk volumes	Gradual increases in 24hr volume at each assessment.						
Safe storage of expressed breast milk	Use of sterilised container Stored in the fridge (at the back, never in the door) for up to 5 days at 4° or lower Stored in the ice compartment of a fridge for 2 weeks or up to 6 months in a freezer Defrost, once thawed, use straight away, can warm up to body temperature. Not to use microwave						
Ongoing support	Care plan in the mother's record to support feeding with date of review						
Health Professional to initial and date							

***Hand expresssion may not need to be reviewed every time**
Ensure support is provided to improve positioning and attachment and importance of skin to skin contact

Appendix 5 – Letter to new starters

The accreditation mark

The Mid Yorkshire Hospitals NHS Trust Joint Infant feeding Policy

Dear new colleague

MYHT is working towards UNICEF baby friendly standards. We are required to ensure that everyone new into the Trust is orientated to our infantfeeding policy within one week of employment.

The Infant Feeding policy is available on the Trust intranet here:
http://intranet.midyorks.nhs.uk/departments/integratedcare/neonatal/
Or click on trust policies and search for the infant feeding policy
If you are a:

- Midwife
- Children's Nurse
- Neonatal Nurse
- Paediatric Doctor
- Obstetric Doctor
- Employed to work in maternity, or neonatal and children services
- Work in direct contact with pregnant or new mothers

You should read the whole policy within the first week of your employment and **return the leads named below .**

Maternity, Neonatal and staff who are employed by the Mid Yorkshire Hospitals Trust should attend a 1 day UNICEF Breastfeeding and Relationship building course within 6 months of their start date.
Your team leader or infant feeding champion will provide you with further details.

If you have any questions please contact:
Maternity or Neonatal staff: Sharon Tunnacliffe 07887993561.
Neonatal unit: Louise Smith /Lesley Matthews 01924 541952.

NAME		**Maternity/ Neonatal/ Paediatric staff return to:** Sharon Tunnacliffe : Ward 18a Pinderfields Hospital Aberford Road, Wakefield WF14DG **Or For Neonatal staff return to:** Louise Smith Neonatal Unit, Pinderfields Hospital Aberford Road, Wakefield WF14DG
POSITION		
AREA OF WORK		
PHONE		
EMAIL		
I have read the Mid Yorkshire Hospitals NHS Trust Policy on Infant feeding		Signed: Date:

Appendix 6 - Checklist for the Review and Approval of Procedural Documents
To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

	Title of document being reviewed:	Yes/No/ Unsure	Comments
1.	**Title**		
	Is the title clear and unambiguous?		
	Is it clear whether the document is a guideline, policy, protocol or standard?		
2.	**Rationale**		
	Are reasons for development of the document stated?		
3.	**Development Process**		
	Is the method described in brief?		
	Are individuals involved in the development identified?		
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?		
	Is there evidence of consultation with stakeholders and users?		
4.	**Content**		
	Is the objective of the document clear?		
	Is the target population clear and unambiguous?		
	Are the intended outcomes described?		
	Are the statements clear and unambiguous?		
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?		
	Are key references cited?		
	Are the references cited in full?		
	Are local/organisational supporting documents referenced?		
6.	**Approval**		
	Does the document identify which committee/group will approve it?		
	If appropriate, have the joint Human Resources/staff side committee (or equivalent) approved the document?		
7.	**Dissemination and Implementation**		
	Is there an outline/plan to identify how this will be done?		
	Does the plan include the necessary training/support to ensure compliance?		
8.	**Document Control**		
	Does the document identify where it will be held?		
	Have archiving arrangements for superseded documents been addressed?		
9.	**Process for Monitoring Compliance**		

	Title of document being reviewed:	Yes/No/ Unsure	Comments
	Are there measurable standards or KPIs to support monitoring compliance of the document?		
	Is there a plan to review or audit compliance with the document?		
10.	**Review Date**		
	Is the review date identified?		
	Is the frequency of review identified? If so, is it acceptable?		
11.	**Overall Responsibility for the Document**		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?		

Individual Approval			
If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.			
Name		Date	
Signature			

Committee Approval			
If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.			
Name		Date	
Signature			

Document Control Summary	
Document Title	Infant Feeding policy
Author (s) and Grade (s)	Sharon Tunnacliffe - Infant feeding coordinator Louise Smith – Senior Sister Neonatal Unit
Department	Women & Children's services
Date of Production	July 2017
Planned implementation date:	August 2017
Purpose/Aim of Document	Consistent and safe care
Circulated to	See page 4
Status	Live
Update Frequency	Annually
Next Review Date	August 2020
Approved By	Maternity Clinical Governance Group Family & Clinical Support Services Divisional Governance Group

Document Checklist to be filled in by Ratifying Committee	
Is the Document using the correct Template?	Yes
Is the Circulation List Representative?	Yes
Is there an Evidence Base (where required)?	Yes
Is it signed off at the appropriate level?	Yes
Does it have an Equalities Impact Assessment that is satisfactory?	Yes
Does it need to go to other committees for ratification?	No

Infant Feeding Policy (Maternity / Neonatal)

These guidelines have been approved by the Maternity Clinical Governance Group

Signed:

Gill Pownall
Head of Midwifery

Signed:

Chitra Rajagopalan
Head of Clinical Service

Approved at the Women's Clinical Governance Group

Date: 19.7.17

Approved at Family & Clinical Support Services Divisional Governance Group

Date: