**Infant Feeding Policy**

**Version: 2**

| **Summary:** | This policy sets out the requirements, as per the Baby Friendly Initiative for practitioners to promote, support and maintain breastfeeding in families with infants and young children; to support their choice to formula feed in a safe manner and to adopt responsive feeding practices |
| **Keywords (minimum of 5):** (To assist policy search engine) | Breastfeeding, infant feeding, bottle feeding, baby friendly initiative; responsive feeding, responsive parenting |
| **Target Audience:** | This policy applies to all members of the Health Visiting Team, Family Nurse Partnership Team and their managers within Children’s Division of Southern Health NHS Foundation Trust. |
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Quick Reference Guide for the Infant Feeding Policy

For quick reference, this page summarises the actions required by this policy. This does not negate the need to be aware of and to follow the further detail provided in this policy.

1. The purpose of this policy is to ensure that all staff at Southern Health (NHS) Foundation Trust (herein after called SHFT) 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.

2. All staff are expected to comply with the policy and adherence to this Infant Feeding Policy will:
   - Ensure that the care provided improves outcomes for children and families, specifically to deliver:
     - increases in breastfeeding rates at 6-8 weeks
     - safe bottle feeding amongst parents who chose to formula feed, in line with nationally agreed guidance
     - an increase in safe and responsive feeding in babies who are formula fed, in line with nationally agreed guidance (UNICEF 2015)
     - increases in the proportion of parents who introduce solid food to their baby in line with nationally agreed guidance
     - improvements in parents’ experiences of care

3. This Infant Feeding Policy provides a commitment from SHFT and relevant employees to:
   a. provide and attend the Infant Feeding training programme
   b. conduct and share the audit cycle
   c. develop and maintain the resources
   d. work to maintain the UNICEF Baby Friendly Initiative via adherence to the Health Visiting Standards namely:-
      i. Support for pregnant women
      ii. Continued breastfeeding
      iii. Informed decisions re: other food for babies
      iv. Close and loving relationships
   e. work in collaboration with relevant infant feeding organisations and provider partners
   f. support local initiatives including the development of Breastfeeding Welcome Schemes
   g. promote and develop local mechanisms to support vitamin supplementation
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Infant Feeding Policy

1. Introduction

1.1 The purpose of this policy is to ensure that all staff at Southern Health (NHS) Foundation Trust (herein after called SHFT) 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.

1.2 SHFT believe that breastfeeding is the healthiest way for a woman to feed her baby and recognises the important health benefits known to exist for both the mother (Baker et al. 2008; Beral et al. 2002; Cumming and Klineberg 1993; Tung et al. 2003) her child (Digirolam et al 2005; Hoddinott et al 2008; Horta et al 2007; Ip et al 2007; Owen et al 2002; Quigley et al 2002 & 2006; Renfrew et al 2009 a; Revai et al 2007) and society (UNICEF 2012a).

1.3 SHFT recognises the importance in helping parents develop close and loving relationships with their babies to optimise infant brain development.

1.4 All mothers have the right to receive clear and impartial information to enable them to make a fully informed choice as to how they feed and care for their babies. (UNICEF Baby Friendly Initiative 2008).

1.5 Community health-care staff will not discriminate against any woman in her chosen method of infant feeding and will fully support her when she has made that choice (Nursing and Midwifery Council 2012).

1.6 All staff are expected to comply with the policy and adherence to this Infant Feeding Policy will:-

Ensure that the care provided improves outcomes for children and families, specifically to deliver:
- increases in breastfeeding rates at 6-8 weeks
- safe bottle feeding amongst parents who chose to formula feed, in line with nationally agreed guidance
- an increase in safe and responsive feeding in babies who are formula fed, in line with nationally agreed guidance (UNICEF 2015)
- increases in the proportion of parents who introduce solid food to their baby in line with nationally agreed guidance
- improvements in parents’ experiences of care

1.7 Ensure that the importance of breastfeeding and the potential health risks of formula feeding are discussed with all women so that they can make an informed choice about how they will feed their baby.

1.8 Enable community staff within SHFT and Primary Care to create an environment where more women choose to breastfeed their babies, confident in the knowledge that they will be given support and information to enable them to breastfeed exclusively for six months, and then as a complement to appropriate solid foods until 2 years or beyond, as mother and baby desire (World Health Organisation 2003).

1.9 Facilitate a discussion with pregnant women regarding realistic expectations of their infant feeding choice and the importance of responsive feeding (see section 3.14 and 5.27 for full explanation) techniques for all babies with strategies to manage postnatal challenges.
1.10 Encourage liaison with all health-care professionals to ensure a seamless delivery of care, together with the development of a breastfeeding culture throughout the local community.

1.11 Raise the awareness of breastfeeding for all Southern Health Foundation Trust and SHFT employees.

1.12 Work to maintain the UNICEF Baby Friendly Initiative via adherence to the Health Visiting Standards namely:-

- Support for pregnant women
- Continued breastfeeding
- Informed decisions re: other food for babies
- Close and loving relationships


2. Who does this policy apply to?

2.1 SHFT is committed to maintaining the standards and the status UNICEF Baby Friendly Initiative Accreditation by:-

-Providing the highest standard of care to support expectant and new mothers and their partners 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 that mothers’ decisions are supported and respected.

-Working together across disciplines and organisations to improve mothers’/parents’ experiences of care.

2.2 The audience for this policy includes all members of the Health Visiting Team, Family Nurse Partnership Team and their managers within the Children’s Division within SHFT.

2.3 The policy is to be implemented via the following service commitment :-

-All new staff are familiarised with the policy on commencement of employment
-All staff receive training to enable them to implement the policy as appropriate to their role. New staff receive this training within six months of commencement of employment.
  The International Code of Marketing of Breastmilk Substitutes is implemented throughout the service.
-All documentation fully supports the implementation of these standards.
-Parents’ experiences of care will be listened to, through: regular audit, parents’ experience surveys, add other locally mechanisms

2.4 Parents who have made a fully informed choice to feed their babies with infant formula should be shown how to prepare formula feeds safely ensuring an understanding of the importance of responsive feeding, the use of first (stage) milk as the alternative to breastmilk, sterilising techniques and evidence based information on formula feeding.
whilst adhering to the principles of The Code. No routine group instruction on the preparation of artificial feeds will be given in the antenatal period as evidence suggests that information given at this time is less well retained and may serve to undermine confidence in breastfeeding.

3. Definitions

3.1 Breastfeeding Local Implementation Groups (LIGs)
A multi-agency group within each locality to support SHFT’s maintenance of the BFI accreditation of the BFI standards with front-line representation from colleagues within partnerships and colleagues as 3.6 below

3.2 Breastfeeding Support Groups
Groups set in community-focused safe venues, facilitated by a practitioner with sound breastfeeding knowledge. The facilitator could be a SHFT member of staff, a Children Centre worker or BF Volunteer within the Third Sector. Regular groups are offered throughout the year which is accessible to all breastfeeding mothers in the community. Details of all breastfeeding groups are available on the SHFT website http://www.southernhealth.nhs.uk/services/childrens-services/breastfeeding-service/breastfeeding-groups/?q=0%7eBlackfield%7e&aps=2063364%7e%5bMV%5dCOUNTRY%3den-GB%7e
To maintain an up to date directory it is the responsibly of the providers of each group to notify the website manager of SHFT on both an ad hoc basis / six monthly reminders

3.3 Corporate Induction Programme
A course offered to all new staff within 3 months of their commencement of employment with SHFT and to be completed within 6 months of their start date. Infant feeding is NOT covered in the course

3.4 Family Nurse Partnership Team
The Family Nurse Partnership (FNP) is a preventive programme, offered to first-time young mother and their families aged 19 years and under in defined areas of SHFT. The same family nurse works with families from early pregnancy up until the child is two. The programme’s primary focus is the future health and well-being of the child and mother. The team comprises Family Nurses, a Supervisor and Quality Support Officer.

3.5 Hampshire Infant Feeding Network and Clinical Reference Group (previously & BFI Project Steering Group)
Multi agency group formed with the purpose to discuss strategic mechanisms to sustain and increase breastfeeding initiation and prevalence, improve feeding experiences for women across Hampshire. Attendees include senior level representation from Public Health, Clinical Commissioning Groups, Maternity Services, Health Visiting Services, Children Centre and Breastfeeding Voluntary Groups

3.6 Health Visiting Team
A team of practitioners who work with a defined population to deliver services that promote the health and well-being of children, young people and their families. Team members will include all or some of the following practitioners: Health Visitors (Specialist Community Public Health Nurses), Community Nursery Nurses and Health Care Support Workers.

3.7 Healthy Start
A UK-wide government scheme to improve the health of low-income pregnant women and families on benefits and tax credits. Women who are at least 10 weeks pregnant
and families with children under four years old qualify for Healthy Start under certain financial criteria.

3.8 **Infant Feeding Champions**
Members of the Health Visiting Team/Family Nurse Partnership Team who, with training and resources, undertake an additional role to support staff with their delivery of infant feeding information. - see Appendix A - For the Infant Feeding Champion Role Descriptor

3.9 **International Code of Marketing Breastmilk Substitutes**
This was developed in 1981 by the general assembly of the World Health Organization (WHO), in close consultation with member states and other concerned parties. This Code, and a number of subsequent World Health Assembly (WHA) resolutions, recommends restrictions on the marketing of breast milk substitutes, such as infant formula, to ensure that mothers are not discouraged from breastfeeding and that substitutes are used safely if needed. The Code also covers feeding bottles and teats. (World Health Organisation 1981 & 2003)

3.10 **Medical Staff**
Paediatricians within the hospital and community settings and General Practitioners in the community

3.11 **Personal Child Health Record**
This record is the main record of each child’s growth and development and is given to every child born in the UK. In Hampshire this record is currently distributed by our midwifery services after the birth. In collaboration with our Trust neighbours we have personalised the infant feeding pages to reflect our standards.

3.12 **Primary Care**
General Practitioners and their associated staff including Practices Nurses and Receptionists.

3.13 **Responsive feeding**
The term responsive feeding is used to describe a feeding relationship which is sensitive, reciprocal, and about more than nutrition. See 5.2.7 below

3.14 **Third Sector**
Term used for voluntary organisations. Within the context of this policy, 3rd Sector refers to breastfeeding voluntary organisations such as the National Childbirth Trust, Breastfeeding Network, La Leche League and the Association of Breastfeeding Mothers and non-profit making associations.

3.15 **UNICEF Baby Friendly Initiative (BFI)**
The UNICEF UK Baby Friendly Initiative works with health professionals to help them to provide the best possible care so that all parents have the support they need to make informed choices about feeding and caring for their babies. It is believed that health facilities should provide this high standard of care for mothers and babies by adopting recognised best practice standards in support of breastfeeding. The level of care provided by SHFT has been confirmed by formal external assessment and is accredited as Baby Friendly (initially in December 2013 with recertification assessment achieved in December 2015)

4. **Duties / Responsibilities**

4.1 All healthcare staff will promote breastfeeding as the normal healthy way to feed a baby.
4.2 Midwives, health visitors and family nurses have the primary responsibility for supporting breastfeeding women and for helping them to overcome related difficulties in accordance with the health professionals employing organisation's policies, guidelines and protocols.

4.3 All staff are responsible for ensuring their compliance to this policy to protect the establishment and maintenance of lactation for all women who choose to breastfeed their babies. Any deviation from the policy must be justified and recorded in the mother's notes and/or baby's Personal Child Health Record.

4.4 Clinical Team Leads and Area Managers are responsible for ensuring adequate dissemination and implementation of this policy. They are responsible for ensuring adequate facilities and resources are available to adhere to this policy; for the release of staff to attend Trust Breastfeeding Training including the Practical Skills Review;

4.5 SHFT commits to audit compliance with this policy.

4.6 It is the responsibility of all community health-care professionals to liaise with the baby's medical attendants (General Practitioner or Paediatrician) should concerns arise about the baby's health.

4.7 No advertising of breastmilk substitutes, feeding bottles, teats or dummies is permissible in any part of SHFT. The display of manufacturers' logos on items such as calendars and stationery is also prohibited. In addition, it is essential that any training packages used, or study days attended, by professionals within SHFT should be free from the advertising or sponsorship of formula manufacturers or any other companies who do not uphold the principles of the International Code of Marketing Breastmilk Substitutes (World Health Organisation 1981)

4.8 Educational material for distribution to women or their families relating to infant feeding must be approved by the lead professional to ensure compliance with the above

4.9 Members of the Health Visiting Teams within SHFT and staff in General Practitioner settings in Primary Care are responsible for collecting the required infant feeding data and audit information, at the specified times to enable monitoring of breastfeeding rates.

5. Main policy content

5.1 Care standards

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

5.1.1 The précis version of this policy for parents will be made available within the Personal Child Health Record with HV team members and family nurses advising parents of this resource (see Appendix C - Parents Guide to the Community Infant Feeding Policy)

5.1.2 The parents’ guide will also be available in other languages relevant for SHFT

5.1.3 The policy will be available on the SHFT website and in appropriate publications.
5.1.4 Where a parents’ guide is displayed or distributed in place of the full policy, the full version will be available on request.

5.2 Support for pregnant women

SHFT supports the view that pregnancy is the right time for health visitors and family nurses to begin to talk to parents about feeding and parenting expectations - see Appendix D - Antenatal Conversations

5.2.1 All pregnant women will have the opportunity to discuss feeding and caring for their baby with a member of the health visiting / Family Nurse Partnership team. This discussion will include the following topics:

- The value of connecting with their growing baby in utero.
- The value of skin to 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:
  - an exploration of what parents already know about breastfeeding
  - the value of breastfeeding as protection, comfort and food for their infant plus maternal health benefits
  - getting breastfeeding off to a good start

5.2.3 Skills in promotional interviewing will facilitate a discussion about infant feeding so that the woman can make an informed choice. Enquiring about and recording a woman's feeding intention during pregnancy is not helpful as this does not encourage further discussions about breastfeeding. Additionally, a woman may feel inhibited to change her mind later in pregnancy if she has been encouraged to voice a decision too early (UNICEF undated).

5.2.4 It may be appropriate to discuss the physiological basis of breastfeeding during pregnancy, together with good management practices which have been proven to protect breastfeeding and reduce common problems. The aim should be to give women confidence in their ability to breastfeed and the knowledge that local support networks are available in the postnatal period.

5.2.5 Resources will be made available to support staff and remind women of the key messages including Off to the Best Start NHS leaflet http://www.unicef.org.uk/Documents/Baby_Friendly/Leaflets/4/otbs_leaflet.pdf

5.2.6 Staff will inform mothers about targeted interventions and breastfeeding groups to promote breastfeeding.

5.2.7 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. This term is highly relevant for parents providing their babies with milk in a bottle to ensure that feeds are conducted by one person and with a paced technique so their babies are participatory in the feeding experience.

5.3 Support for continued breastfeeding

5.3.1 A formal breastfeeding assessment will be conducted at the primary birth visit by 10-14 days using SHFT breastfeeding assessment within the baby's Personal Child Health
Record (See Appendix E- Breastfeeding Assessment Form) and RiO system to ensure effective feeding and well-being of the mother and baby. This includes:

- recognition of what is going well
- the development, with the mother, of an appropriate plan of care to address any issues identified.

5.3.2 SHFT will work in collaboration with other local services to make sure that mothers have access to social support for breastfeeding. All breastfeeding mothers will be informed about the local support for breastfeeding. [http://www.southernhealth.nhs.uk/services/childrens-services/breastfeeding-service/breastfeeding-groups/?q=0%7eBlackfield%7e&aps=2063364%7e%5bMV%5dCOUNTRY%3den-GB%7e]

5.3.3 For those mothers who require additional support for more complex breastfeeding challenges a referral to the specialist service will be made which can include:

- a discussion with the Infant Feeding Champions and Infant Feeding Lead
- appropriate signposting to other services delivered by health visiting, midwifery and 3rd sector BF services

If a baby is unable to feed directly from the breast, and it is the mothers’ desire to breastfeed, SHFT staff will support the mother to express her breast milk and provide for her baby via a method appropriate to the babies developmental needs.

Mothers will be informed of this pathway and will have the opportunity for a discussion about their options for continued breastfeeding including, according to individual need:

- responsive feeding
- importance of night-time feeds - see 5.5.2
- expression of breastmilk
- feeding when out and about
- going back to work

5.3.4 Welcoming Atmosphere 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 of premises whilst acknowledging that some mothers may prefer to feed in private.

Signs in all public areas of the facility will inform users of this policy and of their welcome to breastfeed.

All breastfeeding mothers will be supported to develop strategies for breastfeeding outside the home and will be provided with information about places locally where breastfeeding is known to be welcomed.

Staff will use their influence and relationship with relevant partners wherever possible to promote awareness of the needs of breastfeeding mothers in the local community, including cafes, restaurants and public facilities.

Employees of SHFT who return to work whilst breastfeeding will be supported in the continuation and maintenance of their lactation via expression of breast milk within a safe environment.
5.3.5 **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 on the use of a teat on baby’s feeding technique and on-going lactation. All discussions to be documented in the baby’s health record along with the reason for supplementation.

5.4 **Informed decisions re: other food for babies**

5.4.1 **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, babies who are gaining weight slowly.

5.4.2 **Support for formula feeding**
At the primary birth visit mothers who formula feed will have a discussion about how feeding is going. 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:

- Mothers who are formula feeding will have the information they need to enable them to do so as safely as possible. Staff may need to offer an individual demonstration and / or discussion about how to prepare infant formula.
- Mothers who formula feed understand about the importance of responsive feeding by
  - responding to feeding cues
  - inviting their baby to draw in the teat rather than forcing the teat into their baby’s mouth
  - pacing the feed so that their baby is not forced to feed more than they want
  - recognising their baby’s cues that they have had enough milk
  - understanding the link between responsive feeding behaviour and brain development
- Mothers understand where to access additional information about formula feeding
  See Appendix F – Top Tips For Responsive Bottle Feeding

5.4.3 **Vitamin supplementation**
All parents will have a timely discussion about the importance of vitamin supplementation by providing

- evidence based information reflecting the Department of Health Guidelines on vitamin supplementation and introduction of solid foods
- information about the Healthy Start Vitamin scheme for eligible families
  personalised detail regarding Vitamin D supplementation – see Appendix G - Vitamin D Resources

SHFT will provide a robust system to order and distribute women’s’ and children’s vitamins, and report back relevant statistics thus providing detail on the uptake across Hampshire.
5.4.4 **Introducing solid food**
All mothers will be encouraged to breastfeed exclusively for the first 6 months and then as a complement to appropriate solid foods until 2 years or beyond, as mother and baby desire. They should be informed that solid foods are not recommended for babies under six months (UNICEF Baby Friendly Initiative 2008). All information and resources about the introduction of solid foods should reflect the Department of Health recommendations.

All parents will have a timely discussion about when and how to introduce solid food including:
- 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
- where to access additional information about the introduction of solids

See Appendix H - Healthy Weight Resources

5.5 **Support for parenting and close relationships**

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

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

All mothers will be given information about local parenting support that is available

5.5.2 **Recommendations for health professionals on discussing bed-sharing with parents**
All parents will have a timely and appropriate discussion about the location on where baby sleeps within the context of safe sleeping including:
- the importance of night feeding for milk production
- ways to cope with the challenges of night-time feeding
- bed sharing and techniques to feed lying down,

The current body of evidence overwhelmingly supports the following key messages, should be conveyed to all parents:
- the safest place for a baby to sleep is in a cot by mothers bed
- sleeping with a baby on a sofa puts a baby at greatest risk
- a 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.

The incidence of SIDS (often called “cot death”) 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

It is recognised that parents within these groups will need more face to face discussion 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.

6. **Training Requirements** - please also refer to TNA

6.1 Health Visiting and Family Nurse Partnership Teams have a shared responsibility with General Practitioner / Primary Care colleagues for supporting breastfeeding women and for helping them to overcome related problems in accordance with NICE Postnatal Guidelines and BFI recommendations.

**As part of this commitment the service will ensure that:**

6.2 **Health Visiting and Family Nurse Partnership Team Members**

All new staff are familiarised with the policy on commencement of employment.

All professional and support staff who have contact with pregnant women and mothers will receive training in breastfeeding management at a level appropriate to their role.

New staff will complete the training within six months of taking up their posts. It is acknowledged that some new starters may have achieved a similar BF Training in recent previous posts; in such cases a Practical Skill Review will be conducted by a member of SHFT Breastfeeding Training Team to ascertain the individual learning needs.

The Breastfeeding Training Programme for all front line staff will include a mandatory3 Day Breastfeeding and Relationship Building course including background reading and 3 Practical Skill Reviews. This will be followed by updates attended on an annual basis and additional educational sessions for Infant Feeding Champions.

6.2.1 The responsibility for ensuring training is provided lies with the Infant Feeding Lead and Breastfeeding Training Team.

Clinical Service Leads and Area Managers are responsible for ensuring staff have access to and attend training about breastfeeding promotion and/or management as appropriate for their role.

6.2.2 All training will be based upon the BFI Accreditation process and the Baby Friendly Standards (Health Visiting) within this Infant Feeding Policy. It is expected that SHFT staff who have achieved the breastfeeding training will adhere to the recommendations within the training curriculum.

6.2.3 Under the guidance of the Infant Feeding Lead, designated members of SHFT staff within the Health Visiting Teams will receive additional training to take responsibility for delivery of the breastfeeding training and/or conducting Practical Skills Reviews.

6.2.4 The Infant Feeding Lead will maintain a training matrix for all Health Visiting and Family Nurse Partnership Team members. This tool will be shared with Area Managers, Clinical Team Leads and LEaD.

6.2.5 The Infant Feeding Lead will co-ordinate regular audits to monitor the staff knowledge and competence of breastfeeding basic management.

6.2.6 All clerical and ancillary staff will be orientated to the policy, the themes of the WHO Code and receive awareness training to enable them to manage and refer breastfeeding queries appropriately.
6.3 **Medical Staff**

6.3.1 In addition to their action & support of breastfeeding challenges it is recommended that medical staff refer any feeding issues to a suitably trained SHFT member of staff for on-going management.

6.3.2 General practitioners have a responsibility to promote breastfeeding and provide appropriate support to breastfeeding mothers. Information & training will be offered to enable them to do this.

6.4 **The International Code of Marketing of Breast-milk Substitutes** is implemented throughout the service

6.5 All documentation fully supports the implementation of these standards.

7. **Monitoring Compliance**

7.1 **Monitoring implementation of the standards**

7.1.1 The SHFT Health Visiting Service and Family Nurse Partnership will comply with this policy is via audit processes at least annually using the UNICEF UK Baby Friendly Initiative audit tool (2013 edition)

7.1.2 The Infant Feeding Lead will co-ordinate regular audits to monitor compliance on all aspects of this policy including:

- communication of the Infant Feeding Policy
- staff knowledge and competence of breastfeeding basic management
- information provided for and recalled by pregnant and postnatal women
- non advertising of formula milk/ products
- welcome atmosphere for breastfeeding in health service premises and groups

7.1.3 Parents’ experiences of care will be listened to, through regular audit, parents’ experience surveys, and other local mechanism

7.1.4 Staff involved in carrying out the audits will be adequately trained on the use of tool.

7.1.5 Audit results will be reported to the SHFT Head of Children’s Services and shared with Area Managers and Clinical Team Leads whereby a Trust and local action plan will be agreed to address any areas of non-compliance that have been identified.

7.2 **Outcomes**

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

- increases in breastfeeding rates at 6-8 weeks 1
- amongst parents who chose to formula feed, increases in those doing so as safely as possible in line with nationally agreed guidance
- increases in the proportion of parents who introduce solid food to their baby in line with nationally agreed guidance
- improvements in parents’ experiences of care

7.2.2 **Monitoring outcomes**

Outcomes will be monitored by:
• Monitoring breastfeeding initiation rates plus the breastfeeding prevalence at the Health Visiting Primary Birth Visit (10-14 days) and the 6-8 weeks General Practitioner contact
• Audit results as 7.1 above

Outcomes will be reported to Head of Service for reporting to the Executive Board Area Managers, Clinical Team Leads, Infant Feeding Champions and all Health Visiting/Family Nurse Partnership Team Members and shared at appropriate forums with other partnership agencies

8. Policy Review

8.1 It is recommended that this Infant Feeding Policy is reviewed in 3 years unless circumstances decree an earlier review date.

9. Associated Trust Documents

• Health Visiting Overarching Policy
• Antenatal Assessment Guideline
• Children’s Centres & Health Visiting Teams Collaborative Working Guideline
• Clinic Contacts by Health Visiting Teams Guideline
• GP Communication Guideline
• Healthy Start Guideline
• Healthy Weight Guideline 0 – 19 Years
• Management of Babies At Risk of Obesity Guideline
• Management of Children and Young People who are Overweight or Obese 2015
• Neo-natal Jaundice Guidelines
• New Birth Contact Guideline
• One Year Health Review Guideline
• Perinatal Mental Health Guideline
• Two Year Health Review Guideline

10. Supporting References


Child Health Promotion Programme (CHPP) (DH Updated 2009)


Health visitor implementation plan 2011-15: a call to action (DH 2011)


NICE guidance on maternal and child nutrition 2008: http://www.nice.org.uk/ph11


UNICEF. 2012a. Preventing Disease and Saving Resources - the potential contribution of increasing Breastfeeding Rates in the UK

UNICEF UK Baby Friendly Initiative
Updated Baby Friendly standards: www.unicef.org.uk/babyfriendly/standards

UNICEF UK Baby Friendly Initiative
BF Assessment Sample tool available at

UNICEF 2012d BFI Audit Tools


Appendix A  Infant Feeding Champions Role Descriptor – page 1

Infant Feeding Champion Role.
Key Functions
The role of Infant Feeding Champion requires a special interest in the subject of infant feeding and a willingness to develop the skills and knowledge required to become an expert resource for others.

The role sits within the Universal and Universal Plus level of the Healthy Child Programme and supports the initiation and continuation of breastfeeding within the framework of the Baby Friendly Initiative (BFI) and the new Health Visiting Standards.

Responsibilities of Role
- Liaison
  The Infant Feeding Champion is responsible for ensuring that evidence based practice is embedded within teams using a whole team approach. The dissemination of recommendations and changes to practice should be achieved through regular updates to teams via the Infant Feeding Lead, Deputy, Breastfeeding Trainers and Practical Skill Reviewers. It is the responsibility of the Infant Feeding Champion to promote partnership working to support the provision and signposting of breastfeeding support services to families, and to ensure that teams have up-to-date information on local service provision. Planning for, and representation at, their Local Implementation Group will provide the opportunity to link with breastfeeding partners to share knowledge and plan services. The Infant Feeding Champion will develop links with the Children’s Division policy group to contribute, when required, to the development, modification and updating of policies, guidelines and audit processes.

- Education and Training
  One of the key responsibilities of the Infant Feeding Champion is to support the provision of training and education within the teams via discussions, supervision joint visits, team meetings or more formal settings. All champions will be provided with additional training opportunities and resources in breastfeeding, infant feeding and vitamin supplementation. Infant Feeding Champions will be able to model sound feeding knowledge; recognise when they need to source additional information and challenge observed non evidence based care. Infant Feeding Champions will be expected to contribute to the education programme and facilitation of related public health campaigns delivered to all members of the Health Visiting and Family Nurse Partnership Teams in line with the BFI programme and associated work streams. The champions will contribute to the development and updating of the education programme and the provision of bespoke training to partner agencies and other divisions within Southern Health NHS Foundation Trust. They will also provide educational support to students on the pre-registration and Specialist Community Public Health Nursing pathways.
Appendix A  Infant Feeding Champions Role Descriptor – page 2

- **Resource**
  The Infant Feeding Champions will offer advice and expertise to team colleagues on basic breastfeeding management, early identification and supervision of the more complex breastfeeding situation. They will work within teams to support the delivery of up-to-date, evidenced-based interventions for families to improve feeding outcomes and experiences for women. They will ensure that teams have access to information and local resources to support them in the delivery of care and identify to their Team Leader if additional resources are required.

- **Baby Friendly Accreditation**
  Health Visiting Services successfully achieved Baby Friendly Accreditation in Dec 2013 with an ongoing work plan to maintain standards and work towards recertification in Dec 2015. The audit cycle is key to this process and the Infant Feeding Champion’s participation, engagement and support is crucial to the smooth running of the premises, staff and parental audits and actions plans thereafter. There is an expectation that the Infant Feeding Champion will play a key role, as their team representative, in supporting the BFI processes.

**Role requirements**
In order to meet the responsibilities of the role of Infant Feeding Champion, individuals will need to maintain their own expertise and personal development by attending training, supervision, Local Implementation Groups and conferences as required. Objectives should be set with their line manager as part of the appraisal process and they should be supported to meet the responsibilities of the role alongside their clinical practice. Ongoing support on breastfeeding issues will be provided by the Infant Feeding Lead, Deputy, Breastfeeding Trainers and Practical Skill Reviewers. As well as reporting on their activity in this role at their management one-to-one’s and as needed with the Infant Feeding Lead, it is expected that the Infant Feeding Champions also provide a quarterly report to their Team Leader on their activities in this role and the impact they are having within the locality.
Aims

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

Ways in which we can help mothers to get feeding off to a good start

During your pregnancy, you will be able to discuss infant feeding with your maternity and health visiting team member or your family nurse who will answer any questions you may have.

All the staff have been specially trained to help you to breastfeed your baby. They will be able to explain how to position your baby at the breast, to help with feedings in the early days and provide ongoing support. Staff will also be able to advise and support should you choose to bottle feed your baby.

We can:

- recommend skin to skin as soon as possible after birth and keep your baby close whenever you can so that you can get to know each other
- encourage you to recognise your baby’s early feeding cues:
  - feed your baby whenever he or she seems to be hungry
  - recognise when your baby is getting enough milk
  - limit who gives the bottle feeds, invite your baby to take the teat, pace the feed and never force a “full feed”.

Parents’ Guide to the Community Infant Feeding Policy
Appendix B  Parents Guide to the Community Infant Feeding Policy  page 2

- discuss responsive feeding for all babies which includes noticing your baby’s need for closeness, comfort and love. This is important as it helps your baby’s brain development
- show you how to express your breastmilk
- give you information about how to manage night feeds
- discuss avoiding bottles, dummies and nipple shields whilst breastfeeding is being established
- help you consider vitamin supplementation for you and your baby
- provide information to help you feed your baby whilst out and about. We welcome breastfeeding in all our premises and have a Breastfeeding Welcome Scheme in public venues
- discuss why most babies do not need anything other than milk until around six months of age
- help you to recognise when your baby is ready for other foods (normally around six months) and explain how these can be introduced
- provide you with a list of people who you can contact for extra help and support.

This is your guide to the infant feeding policy. If you wish to see the full policy it can be accessed from our Trust website.
All babies and their parents are different, but, as your Health Visiting team, we hope this information will be useful throughout your pregnancy. We are happy to discuss any previous infant feeding experiences as well as current feeding issues – just ask for help.

Try talking to your baby, massage your bump and notice any baby movements while you are pregnant

This will help you, your partner and other children in your family to connect with your baby and allow you to think about how life is going to be after birth.

Importance of early skin-to-skin contact and keeping your baby near you

This keeps you both warm and calm, promotes bonding and helps you recognise early feeding cues to assist with establishing your feeding. The closeness and comfort of a feed and a cuddle will help your baby to feel safe.
Respond to your baby’s needs

Responding to your baby’s feeding cues, and feeding/cuddling as often and for as long as your baby needs is important for a close relationship which supports brain development. By watching your baby feed you will learn when your baby is hungry, full, needs a cuddle or a nappy change. However you choose to feed it is quite normal for a baby to want to feed up to 16 times in 24 hours in the early days and weeks.

Getting comfortable for a feed

It is important that you are in a comfortable position for both you and baby to enjoy the feed. Make sure your baby is positioned close to you and ensure your baby is attached to your breast so that it is pain-free for the entire feed. This will help your baby get enough milk and make sure you produce plenty of milk. If feeding is not a comfortable experience for you, please do ask for help.

If your baby is having milk from a bottle try to tempt by touching the top lip with the teat to encourage the teat to be drawn into the mouth. Your baby will show clear signs when full – this may be before the bottle is empty. It may help if only one or two people feed your baby in the early few days so your baby gets used to their feeding techniques.
Importance of breastfeeding

For your baby
A reduced risk of diarrhoea, urinary tract, chest and ear infections, obesity and diabetes.

For you
A reduced risk of pre-menopausal breast cancer, ovarian cancer and osteoporosis.

Other useful information

Safe bottle feeding
Please make sure you have the up-to-date information on sterilising equipment, making up milk feeds and safe storage of milk.

Milk is good for six months
Milk feeds will provide all the nutrition for your baby until around six months of age when your baby will show developmental signs they are ready to start solid food.

Breastfeeding outside of the home
As your confidence increases we hope you will enjoy many outings with your baby. We are happy to discuss tips to help make feeding your baby easier while out and about.
Going back to work or study
Nearer the time we can help you make an individual plan for you to continue breastfeeding when you are away from your baby.

More information can be found at:
Bump to Breastfeeding: www.bestbeginnings.org.uk

Building a Happy Baby leaflet and national breastfeeding helplines - visit Southern Health NHS Foundation Trust www.southernhealth.nhs.uk

At your local breastfeeding support group

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How to know if my baby is breastfeeding well

Breastfeeding assessment form

<table>
<thead>
<tr>
<th>To observe and ask about</th>
<th>Answer indicating effective feeding (√)</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
</table>
| Urine output             | *Wet nappies increase each day. 1 on Day 1, 2 on Day 2, 3 on Day 3, 4 on Day 4, up to Day 6.  
*From Day 6: At least six heavy wet nappies in 24 hours |   |   |   |
| Appearance and frequency of bowel actions ('poos') | *Meconium passed   
*By Day 3, stools changing to a lighter, runnier greenish stool   
*From Day 4 at least 2 yellow stools a day, size of £2 coin. After 4-6 weeks some babies can go a few days or more without passing a stool. Breastfed babies are never constipated |   |   |   |
| Weight                   | At Day 5 – less than 10% weight loss |   |   |   |
| Baby’s wellbeing         | Normal skin colour; alert; good tone |   |   |   |
| Number of feeds          | At least 8 12 feeds in 24 hours (after 48 hours old) |   |   |   |
| Sucking pattern during feed | Initial rapid sucks changing to slower sucks with pauses and swallowing (may be less audible until milk comes in) |   |   |   |
| Length of feed           | Baby feeds for between 5-40 minutes at most feeds |   |   |   |
| End of the feed          | Baby lets go spontaneously, or does so when breast is gently lifted |   |   |   |
| Offer of second breast?  | Second breast offered. Baby feeds from second breast or not, according to appetite |   |   |   |
| Baby’s behaviour during and after feeds | Baby calm and relaxed during a feed and content after most feeds |   |   |   |
| Mother’s nipple shape after a feed | Nipples are the same shape after a feed as when the feed began |   |   |   |
| Mother’s report on her breasts and nipples | Breasts and nipples are comfortable |   |   |   |
| Use of dummy / nipple shields / artificial milk? | None used |   |   |   |

<table>
<thead>
<tr>
<th>Visit</th>
<th>Date</th>
<th>Time</th>
<th>Print Name</th>
<th>Designation</th>
<th>Sign</th>
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<td>1</td>
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<td>3</td>
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</table>
Plan of care

At primary visit

- Breastfeeding assessment completed
- Discussion with mother about:
  - Signs that baby is getting enough milk (suck/swallow pattern, urine output, stools)
  - Signs that breastfeeding is not progressing normally (e.g., sore nipples, breast inflammation) – and where to get help
  - Positioning and attachment (importance and confidence)
  - Responsive feeding (keeping the baby close, early feeding cues, feeding for comfort as well as nutrition)
  - Night feeds (importance and safe management)
  - Importance of exclusive breastfeeding for first 6 months
  - Use of teats (risks if introduced too early)
  - Use of dummies (risks for responsive feeding)
  - Hand expression (why it's useful and how to do it)

- Information given/confirmed:
- Contact information for:
  - Health professional
  - Local community-based breastfeeding support
  - National support nos.
    (incl. National Breastfeeding Helpline)
  - Help outside office hours (NB: does not have to be 24 hrs)
- Relevant leaflets given and explained
- Mother advised to access ‘From bump to breastfeeding’ online

At primary visit or as soon as possible afterwards

- Discussion with mother about:
  - Breastfeeding outside the home (tips and local information)
  - When to introduce solids (at around 6 months)
  - Options for maintaining breastfeeding on return to work
Top Tips for responsive bottle feeding

If you have decided to bottle feed your baby the following information will help you and your baby experience a close and loving feeding experience.

**Offer feeds when your baby is showing signs of early feeding cues:**
Moving their eyes, wriggling, waving, rooting, sucking fists, making murmuring noises, crying is the last resort.

**The magic of skin-to-skin contact:**
Helps to relax you and your baby and increases oxytocin (love hormone) which supports optimal brain development and a loving relationship.

**Feeding is a partnership:**
Hold your baby close when feeding and look into baby’s eyes.
Limit the number of people who feed your baby so you can learn what your baby wants.

**Invite your baby to feed by:**
Touching the upper lip with the teat, wait for baby’s mouth to open and their tongue to poke out.
Place the teat at the front of your baby’s mouth and allow baby to draw the teat in.

**There is no need to rush a feed:**
Ensure there is milk in the teat and pace the feed to your baby’s needs.
Offer frequent breaks for winding.

**Your baby knows when they are full:**
Never force your baby to take the whole feed, their appetite changes with each feed like yours.
Discard any milk left over.

**Ask your Health Visitor for the up-to-date information on making up feeds safely, sterilising and types of milks to use.**
Vitamin D - Who, how and why?

Pregnant and breastfeeding women should take a vitamin D Supplement of 10 ug

When to recommend Vitamin D for babies and children

Is the baby/child fed 500ml or more of infant formula per day?

Is the baby/child fed 500ml or more of infant formula per day?

The baby doesn’t need vitamins until they are 6 months old or having less than 500ml of infant formula per day

Has the mother taken Vitamin D during pregnancy?

No

Yes

The baby doesn’t need vitamins D until they are 6 months old.

Give the baby/child Vitamin D from 1 month old

Give the baby/child Vitamins D

Yes

No

No

Is the baby/child fed 500ml or more of infant formula per day?

Important: If the baby is under one month, only give vitamin D under medical advice. The flow chart applies to full term babies only, not premature babies. If a baby was premature please consult with a doctor regarding vitamin supplements.
Vitamin D

Implication of low levels of vitamin D in children.
Vitamin D is essential for healthy skeletal growth and bone health. Vitamin D is necessary for the uptake of calcium into bones. Severe deficiency can result in Rickets (among children) and Osteomalacia (among Adults).

Sources of Vitamin D
- Dietary:
  - Oily fish
  - Eggs
  - Supplemented Breakfast Cereals
  - Mushrooms
  - Fortified Spreads

The main natural source is from the action of the sunlight on the skin. Short periods of sun exposure without sun cream is recommended but always remember to protect babies/children's skin when in the sun for long periods.

Who?
Pregnant women, breastfeeding women and babies over 6 months having less 500 ml of formula.

Why?
Vitamin D regulates calcium in the body, which keeps bones and teeth strong and healthy. A deficiency of Vitamin D can cause children's bones to soften and can lead to rickets.

Where from?
Healthy Start vouchers for those eligible. www.healthystart.nhs.uk
Vitamin D supplements can be purchased from supermarkets or pharmacies. Dose is 10ug (micrograms) for adults or 2ug (micrograms) for babies/children.

Recommendations
The Department of Health recommends that you give your child vitamin drops containing Vitamins A, C and D between the ages of six months and five years.

Where to recommend mothers to get Vitamin D Supplements
Those eligible for Healthy Start Vouchers receive free Vitamin D drops/tablets. For further information on Healthy Start visit: www.healthystart.nhs.uk
Those not eligible for Healthy Start may purchase Vitamin Supplements from pharmacies or supermarkets. Remember to check: they contain 10 ug for adults and 7 ug for babies/children.

For further information speak to your Health Visiting Team or visit www.healthystart.nhs.uk
Appendix G - Healthy Weight 1 – Understanding Healthy Weight

Understanding healthy weight

Weight is fantastic for assessing your baby’s health. A normal, healthy baby will roughly follow a ‘centile line’ as explained in the growth chart section. Their length should be within two centiles of their weight.

There is no ‘best’ centile. Which is healthy for your baby depends on where they start out – their birth weight – and factors they inherit from their parents. Healthy bottle fed babies should follow the same growth patterns as breast fed infants.

Crossing centiles up and down may be a worry. Underweight babies are rare and these days we are much more worried about babies that cross the centiles upwards. It means that your baby is putting on weight too fast.

Overweight is never an easy topic to broach but it is, without doubt, the most worrying risk to the future health and happiness of your baby. If your baby is overweight they are much more likely to stay overweight as a toddler, child, teenager and adult. Eating habits for life develop in the first few days and weeks.

Risk factors for overweight include either parent being overweight or obese, bottle feeding, early solids, unhealthy snacks, ‘rewarding’ with food or drink.

We want to help you prevent your baby becoming overweight and so avoid all the health problems known to be linked to overweight as a child and adult.
Tips for keeping your baby a healthy weight

Breast feed
There is no doubt that this is the best method. Breast fed babies ‘self-regulate’ their intake, i.e. they know when they are full and stop feeding.

Bottle feed with care
A baby’s appetite varies just like yours. Don’t encourage your baby to finish every bottle or increase the volume too soon.

A baby cannot help but swallow the milk which flows from a teat when put into their mouth. So it is easy to think that a crying baby is hungry because they take milk if offered. If you do this every time your baby cries or seems unsettled this can train your baby to take more than they need – a habit which can set in for life. Your health visitor will talk to you about ‘paced’ feeding.

Wait to introduce solids until your baby is around 6 months old. Parents sometimes misinterpret cues as being hunger and start too soon.

Set the rules about who can feed your baby. Family and friends are wonderful but tend to ‘spoil’ children with food as treats making this an everyday event.

Encourage activity from an early age. Start with letting your baby lie on a babymat and kick.

Understand that if either parent is overweight or obese the risks to your baby are much higher. This doesn’t mean that it is inherited and unavoidable. It just shows how difficult it is to change unhealthy eating habits that run in families. But it is possible!
Tips for Toddlers and Older Children

Preventing and managing weight problems aren’t just about diet – it is also about behaviour around eating. Children – especially toddlers – need clear boundaries. Don’t let all those good eating habits disappear as your baby gets older. These are some tips for enjoying food and preventing problems:

Make mealtimes a family and social event. Sit together at a table and turn off the TV. We all tend to eat more when distracted by a screen. This also encourages slower eating which in turn reduces the volume we eat.

As they begin to finger feed and use a spoon let your toddler feed himself – they are pretty good at regulating what they need whereas we tend to keep encouraging more.

Set boundaries about eating – children often demand food or insist they are hungry when you know they have had enough to eat. They are often bored and/or thirsty.

Don’t let your older children get into the habit of helping themselves to food from the cupboards or fridge between meals – again this is often a sign of boredom and the calories soon add up! Make sure they always ask and if you think they have had enough to eat or there is a meal coming up, don’t allow it.

Remember that being hungry is normal as a mealtime approaches – otherwise we would have no appetite! Children need to learn to wait.

Don’t worry if your toddler refuses something to eat – adults create fussy children because we tend to over interpret likes and dislikes. In fact children can’t make real choices much before they are 4 or 5. Offer them what you expect them to eat and if they choose not to eat it don’t be tempted to offer something else at that mealtime.

Try to avoid drinks laden with sugar – this includes pure fruit juice. These aren’t great for teeth either! Tooth decay is totally preventable.

Try not to reward with food and don’t let others either. If grandparents want to offer treats suggest sticker books, reading books or an outing.
Appendix H – LEAD (Leadership, Education & Development) Training Needs Analysis.

If there are any training implications in your policy, please complete the form below and make an appointment with the LEAD department (Deputy Head of LEAD or LEAD Strategic Education Lead) before the policy goes through Policy Board.

<table>
<thead>
<tr>
<th>Training Programme</th>
<th>Frequency</th>
<th>Course Length</th>
<th>Delivery Method</th>
<th>Trainer(s)</th>
<th>Recording Attendance</th>
<th>Strategic &amp; Operational Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breastfeeding and Relationship Building Programme</td>
<td>Attendance will be once (within 6 months for new starters) followed by an annual update. All course will be a mandatory requirement to attend</td>
<td>Initial course is 19.5 Annual Update is a 4 hour group session or one hour individual session</td>
<td>SHFT venues across the Trust will be booked. Initial course is 15.5 taught hours over 3 days, 1 hour reading and 3 hours practical skill review = 19.5 hours The Annual Update will be a facilitated workshop and every 3rd year a one hour individual session</td>
<td>Breastfeeding Training Team – consisting of 5 BFI Train the Trainers who will facilitate the taught days. All Infant Feeding Champions in 2015 have been trained to conduct the post course PSRs</td>
<td>LEaD Department and Infant Feeding Lead</td>
<td>Strategic Lead = Director for Children’s Division Operational Lead = Infant Feeding Lead</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Division</th>
<th>Target Audience</th>
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</thead>
<tbody>
<tr>
<td>MH/LD</td>
<td>Adult Mental Health</td>
<td>Any staff member with contact with families and babies – e.g. Perimental Health Team</td>
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<tr>
<td></td>
<td>Learning Disabilities</td>
<td>Any staff member with contact with families and babies</td>
</tr>
<tr>
<td></td>
<td>Older Persons Mental Health</td>
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</tr>
<tr>
<td></td>
<td>Specialised Services</td>
<td>Any staff member with contact with families and babies</td>
</tr>
<tr>
<td></td>
<td>TQtwentyone</td>
<td>Any staff member with contact with families and babies</td>
</tr>
<tr>
<td>ICS</td>
<td>Adults</td>
<td>N/A</td>
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<tr>
<td>Children’s &amp; Wellbeing</td>
<td>All staff with contact with families and babies e.g. Community Health Teams, Nurses and Receptionists</td>
<td></td>
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<tr>
<td>Dental</td>
<td>Any staff member with contact with families and babies</td>
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<tr>
<td>Corporate Services</td>
<td>All (HR, Finance, Governance, Estates etc.)</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Other Agencies**

<table>
<thead>
<tr>
<th>General Practice</th>
<th>GPs, Reception Staff</th>
<th>Offered taught sessions on BF issues relevant to Primary Care with handouts; BF Policy; and follow on information as appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice Nurses</td>
<td></td>
<td>Welcome to attend the 3 day Breastfeeding and Relationship Building Programme at a cost determined and organised by LEaD</td>
</tr>
<tr>
<td>Children Centre</td>
<td>Family Outreach Workers</td>
<td>Welcome to attend the 3 day Breastfeeding and Relationship Building Programme at a cost determined and organised by LEaD</td>
</tr>
<tr>
<td>Acute Hospital</td>
<td>Paediatric Nurses</td>
<td>Welcome to attend the 3 day Breastfeeding and Relationship Building Programme at a cost determined and organised by LEaD</td>
</tr>
</tbody>
</table>
Appendix I – Equality Impact Assessment/Equality Analysis Screening Tool

Equality Impact Assessment (or ‘Equality Analysis’) is a process of systematically analysing a new or existing policy/practice or service to identify what impact or likely impact it will have on different groups within the community.

For guidance and support in completing this form please contact a member of the Equality and Diversity team on 01256 376358.

<table>
<thead>
<tr>
<th>Name of policy/service/project/plan:</th>
<th>Infant Feeding Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Number:</td>
<td>SH CP 89</td>
</tr>
<tr>
<td>Department:</td>
<td>Children’s Division</td>
</tr>
<tr>
<td>Lead officer for assessment:</td>
<td>Lynn Timms, Baby Friendly Lead</td>
</tr>
<tr>
<td>Date Assessment Carried Out:</td>
<td>18th Dec 2012</td>
</tr>
</tbody>
</table>

1. Identify the aims of the policy and how it is implemented.

<table>
<thead>
<tr>
<th>Key questions</th>
<th>Answers / Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Briefly describe purpose of the policy:</td>
<td>The purpose of this policy is to support the Government guidance and provide a formalised framework for the promotion of breastfeeding and support of safe formula feeding within Southern Health Foundation Trust (SHFT)</td>
</tr>
<tr>
<td>• How the policy is delivered and by whom</td>
<td>All parents have the right to receive clear and impartial information to enable them to make a fully informed choice as to how they feed and care for their babies. This policy will enable community staff within SHFT and Primary Care to create an environment where more women choose to breastfeed their babies, confident in the knowledge that they will be given support and information to enable them to breastfeeding exclusively for six months, and then as a complement to appropriate weaning foods until 2 years or beyond, as mother and baby desire (WHO and UNICEF Global Strategy for Infant and Young Child Feeding- Geneva 2003).</td>
</tr>
<tr>
<td>• Intended outcomes</td>
<td>The policy is integral to SHFT’s work towards the UNICEF Baby Friendly Initiative via the Seven Point Plan for Sustaining in the Community (Baby Friendly Initiative 1992)</td>
</tr>
<tr>
<td></td>
<td>The Healthy Child Programme (HCP) (DH March 2009) is key to delivering the Key Performance Indicators for improving health and wellbeing of children, particularly in support of breastfeeding</td>
</tr>
<tr>
<td></td>
<td>Southern Health NHS Foundation Trust (SHFT) are committed to working towards the UNICEF Baby Friendly Initiative Accreditation.</td>
</tr>
<tr>
<td>Provide brief details of the scope of the policy being reviewed</td>
<td>The audience for this policy includes all members of the Health Visiting/ Family Nurse Partnership Team and their managers within Children’s Division SHFT.</td>
</tr>
</tbody>
</table>
The policy should be implemented in conjunction with SHFT’s breastfeeding pathway.

Parents who have made a fully informed choice to artificially feed their babies will be supported in their decision and provided with evidence based information for safe management of their formula feeding.

This policy is a review of the previous Breastfeeding Policy Version 2.

The Baby Friendly Accreditation is an International Scheme with the development of a Breastfeeding/ Infant Feeding Policy being an important requirement within the BFI process.

2. Consideration of available data, research and information

Monitoring data and other information involves using equality information, and the results of engagement with protected groups and others, to understand the actual effect or the potential effect of your functions, policies or decisions. It can help you to identify practical steps to tackle any negative effects or discrimination, to advance equality and to foster good relations.

Please consider the availability of the following as potential sources:

- **Demographic** data and other statistics, including census findings
- Recent research findings (local and national)
- Results from consultation or engagement you have undertaken
- Service user monitoring data
- Information from relevant groups or agencies, for example trade unions and voluntary/community organisations
- Analysis of records of enquiries about your service, or complaints or compliments about them
- Recommendations of external inspections or audit reports

<table>
<thead>
<tr>
<th>Key questions</th>
<th>Data, research and information that you can refer to</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 What is the equalities profile of the team delivering the service/policy?</td>
<td>The Equality and Diversity team will report on Workforce data on an annual basis.</td>
</tr>
<tr>
<td>2.2 What equalities training have staff received?</td>
<td>All Trust staff have a requirement to undertake Equality and Diversity training as part of Organisational Induction (Respect and Values) and E-Assessment</td>
</tr>
<tr>
<td>2.3 What is the equalities profile of service users?</td>
<td>The Trust Equality and Diversity team report on Trust patient equality data profiling on an annual basis</td>
</tr>
<tr>
<td>2.4 What other data do you have in terms of service users or staff? (e.g. results of customer satisfaction surveys, consultation findings). Are there any gaps?</td>
<td>The Trust is preparing to implement the Equality Delivery System which will allow a robust examination of Trust performance on Equality, Diversity and Human Rights. This will be based on 4 key objectives that include: 1. Better health outcomes for all 2. Improved patient access and experience 3. Empowered, engaged and included staff</td>
</tr>
</tbody>
</table>
4. Inclusive leadership

Additionally,

- Regular Service user feedback are received
- Breastfeeding Group evaluation Tool is being developed
- BFI Audit tools used to ascertain feedback from antenatal and postnatal women

<table>
<thead>
<tr>
<th>2.5</th>
<th>What engagement or consultation has been undertaken as part of this EIA and with whom? What were the results?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SHFT colleagues who have commented on this policy include:-</td>
</tr>
<tr>
<td></td>
<td>Area Managers, Clinical Team Leads, Breastfeeding Training Team and Infant Feeding Champions within Children’s Division</td>
</tr>
<tr>
<td></td>
<td>Hampshire Breastfeeding &amp; Baby Friendly Initiative Project Steering Group - attendees include representation from Hampshire PCT and Midwifery/ Infant Feeding experts within Hampshire Hospital NHS Trust</td>
</tr>
<tr>
<td></td>
<td>SHFT Local Implementation Groups - representations from 3rd Sector, Community Midwifery, Children’s Centre, Maternity Services Liaison Committee (MSLC), Breastfeeding &amp; Infant Nutrition Champions and Modern Matron</td>
</tr>
<tr>
<td></td>
<td>Service users – via Children Centres, 3rd Sector and MSLC</td>
</tr>
<tr>
<td></td>
<td>BFI Officers as part of Stage 2 assessment and advice on this review document</td>
</tr>
</tbody>
</table>

Comments have been collated and included within this review document as indicated on pages 2 & 3 above.
<p>| 2.6 | If you are planning to undertake any consultation in the future regarding this service or policy, how will you include equalities considerations within this? | As above |</p>
<table>
<thead>
<tr>
<th>Positive impact (including examples of what the policy/service has done to promote equality)</th>
<th>Negative Impact</th>
<th>Action Plan to address negative impact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td>Applied to all protected characteristics: Community health-care staff will not discriminate against any woman in her chosen method of infant feeding and will fully support her when she has made that choice (Nursing and Midwifery Council 2012). Young parents will be offered support and resources specific to their requirements</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Infant Feeding Policy
Version: 2
February 2016
| Disability | Applied to all protected characteristics: All mothers have the right to receive clear and impartial information to enable them to make a fully informed choice as to how they feed and care for their babies. (UNICEF Baby Friendly Initiative 2008).

There is no reason why any person with a learning disability should not breastfeed, with adequate support from health professionals and peer supporters. In most cases a woman with a physical disability would be able to breastfeed given support as required. |
|---|---|
| best practice standards has been shown to increase breastfeeding rates | Information not available in alternative formats in response to individual needs

In certain circumstances women may be advised not to breastfeed, for example if they have HIV | Southern Health will respond positively to requests of reasonable adjustments and provide information appropriate to the needs of the patient |
<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Feeding Policy</td>
<td>from health professionals and peer supporters.</td>
</tr>
<tr>
<td>Gender Reassignment</td>
<td>All patients will be treated with dignity and respect</td>
</tr>
<tr>
<td>Marriage and Civil Partnership</td>
<td>All patients will be treated with dignity and respect</td>
</tr>
<tr>
<td>Pregnancy and Maternity</td>
<td>All patients will be treated with dignity and respect</td>
</tr>
<tr>
<td>Race</td>
<td><strong>Applied to all protected characteristics:</strong> All mothers have the right to receive clear and impartial information to enable them to make a fully informed choice as to how they feed and care for their babies. (UNICEF Baby Friendly Initiative 2008). National data on ethnicity has shown that mothers from ethnic minority groups There may potentially be a language barrier that prevents information being understood Southern Health will respond positively to provide interpreting and translation to support patients if their first language is not English</td>
</tr>
</tbody>
</table>
(Asian, Black, mixed and other ethnic origins) are considerably more likely to breastfeed compared to white mothers.

<table>
<thead>
<tr>
<th>Religion or Belief</th>
<th>The service will respect religion, belief and non-belief and will always provide a professional service with dignity and respect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>We recognise the importance that partners play in the decision to and sustainability of breastfeeding. Fathers, partners and grandparents have an important role regarding choice of infant feeding method</td>
</tr>
<tr>
<td></td>
<td>National Infant Feeding Surveys have revealed that those least likely to breastfeed are young mothers, those that have never worked or who work in manual jobs, and those who leave full time education at 16 years. This group of women therefore need to be a priority focus in order to tackle health inequalities</td>
</tr>
<tr>
<td></td>
<td>A potential barrier to women breastfeeding is the belief that</td>
</tr>
<tr>
<td></td>
<td>Please see below (Sex)</td>
</tr>
</tbody>
</table>

Religion or Belief

The service will respect religion, belief and non-belief and will always provide a professional service with dignity and respect

Sex

We recognise the importance that partners play in the decision to and sustainability of breastfeeding. Fathers, partners and grandparents have an important role regarding choice of infant feeding method

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A potential barrier to women breastfeeding is the belief that
<table>
<thead>
<tr>
<th><strong>Sexual Orientation</strong></th>
<th>The service will not discriminate against LGB couples and will not make assumptions regarding sexual orientation of patients</th>
</tr>
</thead>
</table>

breastfeeding in public places is unacceptable. This belief can prevent breastfeeding women from accessing services in public places. Some mothers would prefer somewhere private to breastfeed for other reasons, such as they are still learning to breastfeed in the early weeks.