

The Baby Friendly Initiative Infant Feeding Guidelines

Key Points

- Ensure that all staff at Frimley Health NHS Foundation Trust understand their role and responsibilities in supporting parents to feed and care for their baby in ways which support optimum health and well-being.
- All staff are expected to comply with these guidelines.
- Ensure the International Code of Marketing of Breast milk substitutes is implemented throughout the service.
- Neonatal care is in keeping with the BFI standards for information giving and support, in relation to infant feeding, encouraging close and loving relationships and valuing parents as partners in care.

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Print copies must be destroyed after use.**

Abbreviations

BFI	Baby Friendly Initiative
EBM	Expressed breast milk
NNU	Neonatal unit

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1.0 Purpose

The purpose of this Guideline is to ensure that all staff at Frimley Health NHS Foundation Trust understand their role and responsibilities in supporting parents to feed and care for their baby in ways which support optimum health and wellbeing.

All staff are expected to comply with this Guideline. This Guideline should be read in conjunction with the Maternity Infant Feeding Guideline and Neonatal enteral feeding guideline.

2.0 Outcomes

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

- Increases the number of babies receiving breastmilk.
- Increases breastfeeding initiation rates.
- Increases the number of babies who are discharged home breastfeeding or breastmilk feeding.
- Increases the proportion of mothers who chose to formula feed reporting that they have received proactive support to formula feed as safely as possible in line with Department of Health guidance.
- Improvements in parents' experiences of care

3.0 Our commitment

Frimley Health NHS Foundation Trust is committed to:

- Providing the highest standard of care to support parents with a baby on the neonatal unit 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 wellbeing, 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 centered, non-judgmental and that parents' decisions are supported and respected.
- Working together across disciplines and organizations to improve parents' experiences of care.

As part of this commitment the service will ensure that:

- All new staff are familiarised with the Guideline on commencement of employment.
- All staff receive training to enable them to implement the Guideline as appropriate to their role.
- All 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 using the Baby Friendly Initiative audit tool, parents' experience surveys (e.g., Care Quality Commission, Bliss Baby Charter audit tool, and family and friend's test.)

4.0 The International Code of Marketing Breast Milk Substitutes ensures:

- No advertising of Breast milk substitutes, feeding bottle, teats or dummies is permitted.
- Free or subsidised samples of breast milk substitutes may not be given to parents.
- In order to prevent conflicts of interest, distributors and manufacturers of breast milk substitutes are not permitted to give material or financial incentives to health care workers. The trust cannot accept offers to fund scientific or educational meetings.
- All documentation used and issued must fully support the implementation of these Standards.

5.0 Antenatal Conversations:

All parents will have a discussion with an appropriate member of staff at the earliest opportunity, ideally in the antenatal period for expected admissions. During this discussion the health care professional is expected to discuss:

- The importance of touch, skin to skin, bonding and relationship building for their baby's short and long term health and development
- The impact of breast milk to the sick or premature infant on their survival.
Administration of expressing pack – highlighting the importance of early and frequent expressing.

6.0 Care standards

Supporting parents to have a close and loving relationship with their baby

This service recognises the profound 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. This service is therefore committed to care which actively supports parents to develop a 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 contact with their baby as soon as possible after birth and throughout the baby's stay on the neonatal unit.

Enabling babies to receive breastmilk and to breastfeed

This service recognises the importance of breastmilk for babies' survival and health.

Therefore, this service will ensure that:

- A mother's own breastmilk is always the first choice of feed for her baby.
- Where a mother's breastmilk is not available, appropriate use of donor milk should be considered as the second choice.
- Mothers have a discussion regarding the importance of their breastmilk for their preterm or ill baby as soon as is appropriate.
- It is the joint responsibility of midwifery and neonatal unit staff to ensure that all mothers who are separated from their baby receive this information and support.
- A suitable environment conducive to effective expression is created.
- Mothers have access to comfortable chairs, curtains for privacy, effective breast pumps and equipment, including a range of different sized funnels.
- Mothers are enabled to express breastmilk for their baby, including support to:
 - Express as early as possible after birth (ideally within two hours)
 - Learn how to express effectively, including by hand and by pump.
 - Learn how to use pump equipment and store milk safely - see neonatal guideline: Expression, storage and administration of breast milk on NICU Express frequently (at least 8 to 10 times in 24 hours, including once at night with no long gaps) especially in the first two to three weeks following delivery, to optimise long-term milk supply.
 - Advised not to leave gaps longer than four hours in the day and six hours at night between expressions.
 - Overcome expressing difficulties where necessary, for example if less than 750ml in 24 hours is expressed by day 10-14.
 - Stay close to their baby (when possible) when expressing milk; staff will actively encourage bed-side expressing.
 - 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 to support optimum expressing and milk supply - these expressing assessments are located on EPIC breastfeeding NNU. Mothers are given an expressing log to help them monitor their expressing progress.
- Mothers receive care that supports the transition to breastfeeding, including support to:
 - Understand that it may take her baby a while to learn and to expect that some feeds will be more successful than others in the beginning.

- Recognise and respond to feeding cues.
 - Use skin-to-skin contact to encourage instinctive feeding behavior.
 - Expressing a little from a full breast to make the breast a bit softer, tempting the baby to feed with a drop of milk expressed onto the end of the nipple for baby to lick.
 - Position and attach their baby for breastfeeding.
 - Recognise effective feeding through observing her baby feed, looking for signs of good attachment and watching / listening for sucks and swallows.
 - Overcome challenges when needed with the support of the bedside nurse, or if specialist support required the breastfeeding volunteers and infant feeding team.
- Mothers are provided with details of voluntary support for breastfeeding which they can choose to access at any time during their baby's stay.
 - Mothers are supported through the transition to discharge home from hospital, including having the opportunity to stay overnight/for extended periods to support the development of mothers' confidence and modified responsive feeding.
 - Mothers are provided with information about all available sources of support before they are transferred home and are provided with information about all available sources of support.

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 and responsive technique. All nurses will know how to teach paced/responsive bottle feeding.

7.0 Monitoring implementation of the standards

Frimley Health NHS Foundation Trust requires that compliance with this Guideline is audited frequently using the UNICEF UK Baby Friendly Initiative neonatal audit tool. Staff audits will be completed quarterly and parental audits every 6 months, this will continue during the implementation of the standards. Staff involved in carrying out this audit require training on the use of this tool. Audit results will be reported to the Head of service, Head of division, Matron, Unit manager, and Neonatal Baby Friendly accreditation strategy group. An action plan will be implemented to address any areas of non-compliance that have been identified.

8.0 Monitoring outcomes

- Monitoring time of first expression
- Monitoring time baby first receives EBM
- Monitoring breastmilk feeding rates
- Monitoring breastfeeding rates
- Monitoring breastfeeding and bottle-feeding rates at discharge

Outcomes will be reported to: NICU clinical governance.

References

- 1 UNICEF UK Baby Friendly Initiative (2019) Working within the International Code of Marketing of Breast-milk substitutes [Accessed online]
<http://unicef.uk/thecode>
- 2 UNICEF UK Baby Friendly Initiative (2019) Baby Friendly Standards: Standards for health services [Accessed online]
[Baby Friendly Standards - Baby Friendly Initiative \(unicef.org.uk\)](http://unicef.org.uk/babyfriendlystandards)
- 3 UNICEF UK Baby Friendly Initiative (2016) Responsive feeding:
<http://unicef.uk/responsivefeeding>
4. UNICEF UK Baby Friendly Initiative (2019) Audit tool
[Audit tools - Baby Friendly Initiative \(unicef.org.uk\)](http://unicef.org.uk/audittools)
5. Neonatal infant feeding Guideline – trust-wide

Full version control record

Version:	1.0
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This guideline has been registered with the Trust. However, clinical guidelines are guidelines only. The interpretation and application of clinical guidelines will remain the responsibility of the individual clinician. If in doubt, contact a senior colleague or expert. Caution is advised when using guidelines after the review date.

This guideline is for use in Frimley Health NHS Foundation Trust hospitals only. Any use outside this location will not be supported by the Trust and will be at the risk of the individual using it.

Version History

Version	Date	Guideline Lead(s)	Status	Comment
1.0	October 2023	Neonatal Infant feeding lead.	Final	Inline with the BFI Policy, adapted into a Guideline.

Related Documents

Document Type	Document Name
Guideline	Nutrition and Enteral Feeding on the NNU