

Infant Feeding Policy

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Ratified by:	Director of Public Health for NHSC and Cambridgeshire County Council, Director of Nursing (Clinical Redesign and Service Improvement) NHSC
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Please Note the Intention of this Document

This document has been developed in conjunction with the UNICEF UK Baby Friendly Initiative (BFI) and The Clinical Negligence Scheme for Trusts (CNST) Maternity Clinical Risk Management Standards. NHSC will ensure the Policy is compliant with the minimum requirements of each health Trust and the county council.

It is important that the document should follow any pre-existing guidance within the named organisations, in relation to style and format of documentation.

The named organisations are:

Cambridge University Hospitals NHS Foundation Trust (CUHFT)

Hinchingbrooke Healthcare NHS Trust (HHT)

Cambridgeshire Community Services NHS Trust (CCS)

Cambridgeshire County Council (CCC)

NHS Cambridgeshire (NHSC)

1 Introduction

1.1 Principles

These organisations believe that breastfeeding is the healthiest way for a woman to feed her baby and recognises the important health benefits now known to exist for both the mother and her child.

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. All staff that care for pregnant women will not discriminate against any woman in her chosen method of infant feeding and will fully support her when she has made that choice.

This Policy is in agreement with the Equity Act 2010, in that staff will ensure that any breastfeeding woman is facilitated to feed her baby in public places as well as healthcare facilities and Children's Centres.

1.2 Aims

To ensure that the health benefits 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.

To enable staff 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 continue breastfeeding exclusively for six months and then as part of their infant's diet to the end of the first year and beyond.

To encourage liaison between all healthcare professionals to ensure a seamless delivery of care, together with the development of a breastfeeding culture throughout the local community.

To encourage greater liaison between healthcare professionals and local authority staff for the benefit of all families.

1.3 In Support of this Policy

In order to avoid conflicting advice it is mandatory that all staff involved with the care of breastfeeding women adhere to this Policy. Any deviation from the Policy must be justified and recorded in the mother's and baby's notes.

The Policy should be implemented in conjunction with both the organisation's infant feeding guidelines* and the mothers' guide to the policy.

It is the individual healthcare professional's responsibility to liaise with the baby's medical attendants (paediatrician, general practitioner) should concerns arise about the baby's health.

No advertising of breast milk substitutes, feeding bottles, teats or dummies is permissible in any part of this organisation. The display of manufacturers' logos on items such as calendars and stationery is also prohibited.

No literature provided by infant formula manufacturers is permitted. Educational material for distribution to women and their families must be approved by the Infant Feeding Lead in each Trust.

Parents who have made a fully informed choice to artificially feed their babies should be shown how to prepare formula feeds correctly, either individually or in small groups, in the postnatal period. No routine group instruction on the preparation of artificial feeds will be given in the antenatal period as evidence suggests that information given at this time is less well retained and may serve to undermine confidence in breastfeeding.

2 Communicating the Infant Feeding Policy

This Policy is to be communicated to all healthcare staff who have any contact with pregnant women and mothers. All staff will have access to a copy of this Policy.

All new staff will be orientated to the policy as soon as their employment begins.

The policy will be effectively communicated to all pregnant women and mothers with the aim of ensuring that they understand the standard of information and care expected from this facility. Where a mothers' guide is used in place of the full Policy, the full version should be available on request in all areas which serve mothers and babies. A statement to this effect will be included on the mothers' guide. The guide will be available in languages commonly used by parents living within NHS Cambridgeshire and also available on audio tape. Hospital facilities will make an individual decision regarding the optimum method for ensuring that mothers are made aware of the Policy.

3 Duties

3.1 Duties within the Organisations

3.1.1 Chief Executives

The overall responsibility for implementation of this Policy sits with the signatories of the Breastfeeding Strategy June 2010. The signatories were the Chief Executives of:

Cambridge University Hospitals NHS Foundation Trust (CUHFT)

Hinchingbrooke Healthcare NHS Trust (HHT)

Cambridgeshire Community Services NHS Trust (CCS)

Cambridgeshire County Council (CCC)

NHS Cambridgeshire (NHSC)

The Breastfeeding Strategy outlines the duties which include:

- Complying with this Policy
- Participating in the development of Action Plans
- Supporting the training programme

- Supporting the Infant Feeding Leads to undertake BFI audit to check progress towards achieving BFI accreditation .

3.1.2 Trust Board

NHS Cambridgeshire is the lead Organisation. The Board of this Organisation has agreed to ratify this Policy. Each Organisation will be responsible for informing their own Trust Board of the existence of this Policy.

3.1.3 Committees/Groups

The Steering Group has overall responsibility for infant feeding.

The Steering Group membership includes representation from all units and lay membership.

The operational responsibility sits with the designated Infant Feeding Leads for each organisation as highlighted in the BFI action plan, July 2010.

<p>Development and Consultation:</p>	<p>This Policy has been based on a Sample Policy from The UNICEF UK Breastfeeding Initiative (BFI) and the NHS Maternity Services Template Document for Newborn Feeding (2010)</p> <p>An initial Joint Breast Feeding Policy went out to all members of the Steering Group for consultation. Comments and changes were collated and then sent to BFI for approval. Version 3 of the Breastfeeding Policy incorporated the BFI Hospital Initiative review of August 2010</p> <p>The Lead authors, alongside the named Infant Feeding Leads for each Trust will take responsibility for co-ordinating the implementation, review and upkeep of this document.</p> <p>This Infant Feeding Policy has evolved from the Joint Breastfeeding Policy, based on the BFI framework and the Clinical Negligence Scheme for Trusts (CNST) Maternity Clinical Risk Management Standards.</p> <p>This document aims to meet the requirements of both organisations.</p>
<p>Dissemination</p>	<p>This Policy is to be disseminated to all staff that have any contact with parents-to-be and parents. All new staff will be directed to this Policy as part of their induction programme through their line manager.</p> <p>Current staff will be informed of this Policy through the Infant Feeding Leads for each Trust.</p> <p>The Policy will be available on each Trust's own Website.</p> <p>A Parents Guide to the Policy will be available in all areas that provide services for parents and babies.</p>
<p>Implementation</p>	<p>This Policy will be implemented through line management.</p> <p>Paper copies of this Policy will be made available by line managers to staff that do not have access to the internet.</p>

Training	Staff Training will be mandatory. The level of training will be appropriate to their professional group. Line managers will be responsible for staff attending and of any update training.
Audit	The implementation of this Policy and its guidelines will be audited annually using the BFI audit tool. Details of Monitoring Compliance with this Policy can be found in Section 10.
Review	The Breastfeeding Co-ordinators along with the Infant Feeding Leads will review the Policy every year or following any significant changes received from valid sources.
CQC Registration Requirements	This Policy supports compliance with Care Quality Commission registration requirements 9 and 24.
Links with other Documents	The Policy should be read in conjunction with: The Breastfeeding Strategy Document for NHSC (2010). Supporting Guidelines for Breastfeeding for each individual Trust (CUHFT, Hinchingsbrooke Health Care NHS Trust and Cambridgeshire Community services NHS Trust). UNICEF Baby Friendly Initiative (2010). Maternity Services Template Document for Newborn Feeding (2010). Early Years Nutrition Guideline NHSC (2010).
Equality and Diversity	Bridget Halnan and Wendy Lefort carried out a Rapid Equality & Diversity Impact Assessment and concluded the Policy is compliant with the PCT Equality and Diversity Policy.

3.1.4 Steering Group

The steering group takes overall responsibility for infant feeding and works to their terms of reference which is available via the chair.

3.1.4.1 Individual members of the steering group will link with their own unit's risk management committees.

3.1.4.2 The steering group will develop and review the Policy every 2 years in line with emerging evidence and National policies.

3.1.4.3 The steering group is hosted and chaired by NHSC and therefore receives the data from the county for 10 days and 6-8 weeks every quarter.

3.1.4.4 The committee communicates to the NHSC Board through circulation of their minutes and Heads of Service are informed by individual steering group members.

3.1.4.5 The committee has selected trainers who will train and assess clinical skills in the work place and using regular BFI audit will identify gaps in provision of care for breastfeeding mothers.

3.1.5 Nominated Directors

The Chief Executives of the partner organisations have endorsed a Breastfeeding Strategy committed to achieving The Baby Friendly Initiative across Cambridgeshire

3.1.5.1 Heads of Service have representation on the Steering Committee

3.1.5.2 Line managers are responsible for releasing staff for training and ensuring that the quality of care is in line with BFI standards

3.1.5.3 Risk managers in each unit will inform the Steering Committee of the CNST requirements and that systems are in place for reporting adverse outcome and trend analysis.

3.1.5.4 All staff have a responsibility to keep updated in their practice, maintain competencies and participate in audit to identify gaps in their provision of care for infant feeding.

4 Training Health Care Staff

- 4.1** Midwives, health visitors, neonatal staff and support staff working directly with them have the primary responsibility for supporting breastfeeding women and for helping them to overcome related problems.
- 4.2** 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 professional group.
- 4.3** Professional and support staff will receive training in the skills needed to assist mothers who have chosen to formula feed, including in the reconstitution of infant formula and sterilisation techniques, at a level appropriate to their role and responsibilities within the maternity service. (Each maternity service will be required to make an individual decision regarding which grades of staff will be required to teach mothers how to reconstitute infant formula.)
- 4.4** All clerical and ancillary staff will be orientated to the Policy and receive training to enable them to refer breastfeeding queries appropriately.
- 4.5** New staff will receive training within six months of taking up their posts.
- 4.6** The responsibility for providing training lies with the Infant Feeding Lead for each organisation, who will ensure that all staff receive appropriate training. A mechanism will be in place to ensure that all relevant staff are allocated to attend, records of attendance are maintained and an effective system is in place for ensuring non-attendees are followed up and their training needs are met. The Infant Feeding Lead will also audit uptake and efficacy of the training and publish results on an annual basis. The leads will use 'Practical Skills Reviews' to audit training as suggested in the BFI 'Train the Trainer' course.

- 4.7 Each maternity service's expectations in relation to newborn training will be included in the training needs analysis for the maternity service.

5 Care for all Mothers

5.1 Informing Pregnant Women of the Benefits and Management of Breastfeeding

- 5.1.1 Staff involved with the provision of antenatal care should ensure that all pregnant women are informed of the benefits of breastfeeding and the potential health risks of formula feeding. Staff will inform mothers about/refer mothers to targeted community interventions to promote breastfeeding as appropriate.
- 5.1.1 All pregnant women should be given an opportunity to discuss infant feeding on a one to one basis with a health professional. Such discussion should not solely be attempted during a group parentcraft class. This should be achieved by 34 completed weeks of pregnancy.
- 5.1.2 The physiological basis of breastfeeding should be clearly and simply explained to all pregnant women, 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.
- 5.1.3 Parent Education classes, where they exist, should reinforce the above.

5.2 Skin-to-Skin Contact and Offer of Help with a First Breastfeed

- 5.2.1 All mothers should be encouraged to hold their babies in skin-to-skin contact as soon as possible after delivery in an unhurried environment, regardless of their feeding method. Skin-to-skin contact should last for at least one hour or until after the first breastfeed (whichever is sooner).
- 5.2.2 Skin-to-skin contact should never be interrupted at staff's instigation to carry out routine procedures.
- 5.2.3 If skin-to-skin contact is interrupted for clinical indication or maternal choice it should be re-instigated as soon as mother and baby are able.
- 5.2.4 All mothers should be encouraged to offer the first breastfeed when mother and baby are ready. Help must be available from a midwife if needed.
- 5.2.5 Documentaion of skin-to-skin contact will be recorded in the records and be audited annually by the staff member with resonsibility for BFI implementation.
- 5.2.6 If skin-to-skin contact immediately after birth is not possible, then all mothers and babies will be offered skin-to-skin contact and help with the first breastfeed as soon as they are able. This will include a recommendation about Kangaroo care for mothers with a baby on the Neonatal unit.

5.3 Rooming In (keeping babies close)

- 5.3.1 Mothers will normally assume primary responsibility for the care of their babies.
- 5.3.2 Separation of mother and baby will normally only occur where the health of either mother or baby prevents care being offered in the postnatal areas.
- 5.3.3 There is no designated nursery space in the postnatal areas.
- 5.3.4 Babies should not be routinely separated from their mothers at night. This applies to babies who are being bottle-fed as well as those being breastfed. Mothers recovering from caesarean section should be given appropriate care, but the policy of keeping mothers and babies together should normally apply.

6 Care for Breastfeeding Mothers

6.1 Showing Women How to Breastfeed and How to Maintain Lactation

- 6.1.1 All breastfeeding mothers should be offered further help with breastfeeding within six hours of delivery. A midwife or an appropriately trained Maternity Care Assistant should be available to assist a mother at all breastfeeds during her hospital stay.
- 6.1.2 Staff should ensure that mothers are offered the support necessary to acquire the skills of positioning and attachment. They should be able to explain the necessary techniques to a mother, thereby helping her to acquire this skill for herself.
- 6.1.3 All breastfeeding mothers should be shown how to hand express their milk. A leaflet should be provided for women to use for reference.
- 6.1.4 Prior to transfer home, all breastfeeding mothers will receive information, both verbal and in writing about how to recognise effective feeding to include:
- 6.1.5 The signs which indicate that their baby is receiving sufficient milk and what to do if they suspect this is not the case;
- 6.1.6 How to recognise signs that breastfeeding is not progressing normally (e.g. sore nipples, breast inflammation).
- 6.1.7 An assessment of breastfeeding will be carried out at around day 5 to determine whether effective milk transfer is taking place and whether further support with breastfeeding is required and this will be recorded in the mother's and baby's records.
- 6.1.8 When a mother and her baby are separated for medical reasons, it is the responsibility of all health professionals caring for both mother and baby to ensure that the mother is given help and encouragement to express her milk and maintain her lactation during periods of separation.

- 6.1.9 Mothers who are separated from their babies should be encouraged to begin expressing as soon as possible after delivery as early initiation has long-term benefits for milk production.
- 6.1.10 Mothers who are separated from their babies should be encouraged to express milk at least eight times in a 24 hour period. They should be shown how to express breast milk both by hand and by pump.
- 6.1.11 All breastfeeding mothers will be given information which will support them to continue breastfeeding and maintain their lactation on returning to work.

6.2 Supporting Exclusive Breastfeeding

- 6.2.1 No water or infant formula should be given to a breastfed baby except in cases of clinical indication or fully informed parental choice. The decision to offer supplementary feeds for clinical reasons should be made by an appropriately trained midwife or paediatrician. Reasons for supplementation should be fully discussed with parents and recorded in the baby's notes.
- 6.2.2 Prior to introducing infant formula to breastfed babies, every effort should be made to encourage the mother to express breastmilk to be given to the baby via cup or syringe. This pro-active approach will reduce the need to offer artificial feeds.
- 6.2.3 Parents who request supplementation should be made aware of the possible health implications and the harmful impact such action may have on breastfeeding to enable them to make a fully informed choice. A full record of this discussion should be made in the baby's notes.
- 6.2.4 For the first six months, no food or drink other than breastmilk is to be recommended for a breastfed baby except by an appropriately trained health or medical professional.
- 6.2.5 Breastmilk substitutes will not be sold by healthcare staff or on healthcare premises.

6.3 Baby Led Feeding

Baby led (ie feeding when the baby shows signs of wanting to feed) should be explained and encouraged for all babies unless clinically indicated. Hospital/Community procedures should not interfere with this principle. Staff will ensure that mothers understand the nature of feeding cues and the importance of responding to them and that they have an awareness of normal feeding patterns, including cluster feeding and 'growth spurts'. Mothers should be informed that it is acceptable to wake their baby for feeding if their breasts become overfull. The importance of night-time feeding for milk production should be explained.

6.4 Use of Artificial Teats, Dummies and Nipple Shields

- 6.4.1 Staff should not recommend the use of artificial teats and dummies during the establishment of breastfeeding. Parents wishing to use them should be advised of the possible detrimental effects such use

may have on breastfeeding to enable them to make a fully informed choice. A record of the discussion and parents' decision should be recorded in the baby's records.

6.4.2 Nipple shields will not be recommended except in extreme circumstances and then only for as short a time as possible. Any mother considering the use of a nipple shield must have the disadvantages fully explained to her prior to commencing use. She should remain under the care of a skilled practitioner whilst using the shield and should be helped to discontinue its use as soon as possible.

6.4.3 The appropriate use of dummies for breastfeeding babies later in the postnatal period should be discussed with mothers.

6.5 Breastfeeding Support Groups

6.5.1 The NHS Trusts support cooperation between healthcare professionals and voluntary support groups whilst recognising that healthcare facilities have their own responsibility to promote breastfeeding.

6.5.2 Sources of national and local support should be identified and mothers given verbal and written information about these prior to transfer home from hospital, to include:

6.5.2.1 telephone numbers of midwives, infant feeding advisors and other professional support;

6.5.2.2 contact details for voluntary breastfeeding counsellors and support groups and national breastfeeding helpline numbers.

6.5.3 Breastfeeding support groups will be invited to contribute to further development of the Policy as it relates to breastfeeding through involvement in appropriate meetings.

7 Care for Mothers Who Have Chosen to Feed their Newborn with Infant Formula

7.1 All mothers who choose not to breastfeed will be offered the opportunity to bottle feed in skin-to-skin contact with their baby and be taught how to bottle feed while holding their baby close.

7.2 Staff should ensure that all mothers who have chosen to feed their newborn with infant formula are able to correctly sterilise equipment and make up a bottle of infant formula during the early postnatal period and before discharge from hospital.

7.3 Staff should ensure that mothers are aware of effective techniques for formula feeding their baby.

7.4 Community midwives should check and reinforce learning following the mother's transfer home.

7.5 All information given should follow guidance from the Department of Health. Information should be reinforced by offering the Department of Health Bottle Feeding leaflet (or local equivalent).

- 7.6 Mothers should be given contact details of health professional support available for feeding issues once they have left hospital.

8 Weighing Babies

- 8.1 In all cases staff should comply with their unit's guideline.
- 8.2 Each unit must ensure their scales are class III and calibrated annually.

9 System for Reporting Babies Re-admitted to Hospital with Feeding Problems

- 9.1 Each unit will describe the system for reporting babies re-admitted with feeding problems.
- 9.2 Each unit will consider when an incident should be reported and the system for reviewing the data. This should include infants who are re-admitted to the paediatric wards.
- 9.3 Every unit accepting these referrals will appoint a person responsible for monitoring these admissions.
- 9.4 All staff must be aware of the system in place for referring infants with feeding problems.

10 Monitoring Compliance with the Document

10.1 Process for Monitoring Compliance

- 10.1.1 Compliance with this Policy is mandatory.
- 10.1.2 Audit of the compliance will be undertaken by the named professional from each Trust charged with implementing/monitoring and updating this Policy. This will be on an annual basis using the BFI Audit Tool.
- 10.1.3 This will be enhanced by monitoring: patient complaints, individual patient reviews, risk management, clinical annual audit using BFI criteria, staff meetings, clinical supervision and practical skills reviews.
- 10.1.4 Non-compliance with the Policy will be reported through the line management channels for each Trust.
- 10.1.5 Any deficiencies should be identified and an action plan developed by the relevant Infant Feeding Leads to enable care to be improved and brought in line with requirements.
- 10.1.6 These action plans will be monitored by the risk management team of the relevant unit as well as the original deficiency identified.
- 10.1.7 Heads of Service will be informed of audit results and subsequent action plans.
- 10.1.8 Evaluation, including further audit, will be carried out to ensure that the actions implemented have met the requirements.
- 10.1.9 Specific audit of supplementation rate and re-admission rates in babies up to 28 days with feeding problems and the indications for these to be carried out.

10.2 Standards/Key Performance Indicators

10.2.1 All mothers are supported in feeding their babies whatever their chosen method in all care settings 100%.

10.2.2 Initiation and continuance rates increase year on year by 2%.

10.2.3 Improve the disparity between geographical areas within Cambridgeshire for initiation and continuation rates by 2% each year.

Note: staff will need to use their own Trusts guidelines referred to in this document.

References

Bartington S, Griffiths L, Tate A, Dezateux C and the Millennium Cohort Study Child Health Group. (2006). 'Are breastfeeding rates higher among mothers delivering in Baby Friendly accredited maternity units in the UK?' *International Journal of Epidemiology*. Available at: <http://ije.oxfordjournals.org>

Breastfeeding Strategy Document for NHS Cambridgeshire (2010)

Broadfoot M, Britten J, Tappin DM and Mackenzie JM. (2005). 'The Baby Friendly Initiative and breastfeeding rates in Scotland'. *Archives of Disease in Childhood Fetal Neonatal Edition*, 90:F114-F116. Available at: <http://fn.bmjournals.com>

DH (2004) Infant Feeding Recommendations. London :DH

DH (2001) Optimal Duration of Exclusive Breastfeeding and Introduction of weaning (CACN/!)& www.doh.gov.uk/scan/scan0107.pdf

Dyson L, Renfrew M, McFadden A, McCormack F, Herbert G, Thomas J. (2006). *Promotion of breastfeeding initiation and duration: Evidence into practice briefing*. NICE. Available at: www.nice.org

East Lancashire Hospitals NHS Trust/NHS Blackburn with Darwen/NHS Lancashire (2009) Infant Feeding Manual: Version Three

Equity Act (2010)

Innocenti Declaration (2005) www.innocenti15.net

Kramer M, Chalmers B, Hodnett E, Sevkovskaya E, Dzihovich I, Shapiro S, et al. (2001). 'The Promotion of Breastfeeding Intervention Trial (PROBIT): a randomized trial in the republic of Belarus'. *The Journal of the American Medical Association* 285:413-20. Available at: <http://jama.ama-assn.org>

National Institute for Health and Clinical Excellence (NICE). (2006). *NICE clinical guideline 37 Routine postnatal care of women and their babies*. London: NICE. Available at: www.nice.org.uk

National Institute for Health and Clinical Excellence (NICE). (2010 [2008]) *NICE Clinical guideline 62. Antenatal care: routine care for the healthy pregnant woman*. London: NICE. Available at: www.nice.org.uk

National Institute for Health and Clinical Excellence (NICE). (2008) *NICE Public health guidance 11. Improving the nutrition of pregnant and breastfeeding mothers and children in low-income households.* London: NICE. Available at: www.nice.org.uk

NICE (2006a) Postnatal care: Routine postnatal care of women and their babies. NICE Clinical Guideline NoCG 37. NICE London

NICE (2008) Improving the nutrition of pregnant and breastfeeding mothers and children in low income households

Quigley M.A., Kelly Y.J., Sacker A.S. (2007) 'Breastfeeding and Hospitalization for Diarrheal and Respiratory Infection in the United Kingdom Millennium Cohort Study'. *Pediatrics*, 119: e837- e842. Available at: <http://pediatrics.aappublications.org>

Tufts-New England Medical Center Evidence-Based Practice Center, Boston, Massachusetts. (2007). *Breastfeeding and Maternal Health Outcomes in Developed Countries. AHRQ Publication No. 07-E007.* Rockville, MD: Agency for Healthcare Research and Quality. U.S. Department of Health and Human Services. Available at: www.ahrq.gov

UNICEF UK Baby Friendly Initiative. (2008) *Implementation Guidance.* London: UNICEF UK Baby Friendly Initiative. Available at: www.babyfriendly.org.uk

World Health Organisation (WHO). (2007). *Evidence on the long-term effects of breastfeeding.* Geneva, Switzerland: WHO. Available at: <http://whqlibdoc.who.int>

World Health Organisation (WHO). (1981) *International Code of Marketing of Breastmilk Substitutes.* Geneva, Switzerland: WHO. Available at: www.babymilkaction.org

World Health Organisation (WHO), UNICEF. (1989). *Protecting, promoting and Supporting Breastfeeding. The Special Role of the Maternity Services. A joint WHO/UNICEF Statement.* Geneva, Switzerland: WHO. Available at: www.who.int

www.babyfriendly.org.uk for information relating to the "10 steps to successful breastfeeding" and the "7 point plan" and details of all Baby Friendly standards

WHO(2004) www.who.int/foodsafety/publications/micro/en/es contents. pdf

11 Associated Documentation

This section should provide a cross reference to any other related organisational procedural document(s).

Breastfeeding Strategy Document 2010 for NHS Cambridgeshire

Appendix A - The Baby Friendly Initiative

The Baby Friendly Initiative is a worldwide programme of the World Health Organization and UNICEF. It was established in 1992 to encourage maternity hospitals to implement the Ten Steps to Successful Breastfeeding and to practise in accordance with the International Code of Marketing of Breastmilk Substitutes.

The UNICEF UK Baby Friendly Initiative was launched in the UK in 1994 and, in 1998, its principles were extended to cover the work of community healthcare services in the Seven Point Plan for Sustaining Breastfeeding in the Community.

The Baby Friendly Initiative works with the healthcare system to ensure a high standard of care for pregnant women and breastfeeding mothers and babies. We provide support for healthcare facilities that are seeking to implement best practice, and we offer an assessment and accreditation process that recognises those that have achieved the required standard.

Appendix B - Ten Steps and Seven Point plan to Successful Breastfeeding

Step 1 – Have a written breastfeeding policy that is routinely communicated to all healthcare staff.

Step 2 – Train all staff in the skills necessary to implement the breastfeeding policy.

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

Step 4 – Help mothers initiate breastfeeding soon after birth.

Step 5 – Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants.

Step 6 – Give no food or drink other than breast milk to breastfeeding babies.

Step 7 – All mothers and babies to room-in together while in hospital.

Step 8 – Encourage breastfeeding on demand.

Step 9 – No teats or dummies to be given to breastfed babies during the establishment of breastfeeding.

Step 10 – Identify sources of national and local support for breastfeeding and ensure that mothers know how to access these prior to discharge from hospital.

7 Point Plan for sustaining breastfeeding in the community.

1. Have a written policy that is routinely communicated to all healthcare staff.
2. Train all staff involved in the care of mothers and babies in the skills necessary to implement the policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Support mothers to initiate and maintain breastfeeding.
5. Encourage exclusive and continued breastfeeding, with appropriately-timed introduction of complementary foods.
6. Provide a welcoming atmosphere for breastfeeding families.
7. Promote co-operation between healthcare staff, breastfeeding support and the local community.