

Policy Number: CP07

# Breastfeeding Policy for Services Outside of Maternity

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## 1.0 Policy Statement (Purpose / Objectives of the policy)

This is an overarching policy to support breastfeeding/ breastmilk feeding mothers and babies throughout the Royal Wolverhampton NHS Trust, where those mothers may access services offered by the trust outside of Maternity Services. It will sit alongside the Infant Feeding Guideline currently active within the Maternity Services Policies and Guidelines.

### **As a Trust We Are Committed to:**

Provide the highest standard of care to support expectant and 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-judgmental and that mother's decisions are supported and respected.

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

As a Trust, we aim to work with, and comply too, those standards set out by UNICEF Baby Friendly Initiative and the WHO International Code of Marketing of Breastmilk Substitutes.

UNICEF UK Baby Friendly Initiative is based on a global accreditation program of UNICEF and the World Health Organization. It is designed to support breastfeeding and parent infant relationships by working with public services to improve standards of care.

## 2.0 Definitions

**Breastmilk** Milk from the breast. Human milk contains a balance of nutrients that closely matches infant requirements for brain development, growth and a healthy immune system. Human milk also contains immunologic agents and other compounds that act against viruses, bacteria, and parasites.

**Breastfeeding** Baby feeding directly from the breast, to provide nutrition, comfort and transfer of antibodies.

**Expressed breastmilk** breastmilk expressed by the mother from her breast.

**Lactation** The process of milk production

**Mastitis** is an inflammatory condition of the breast which may or may not be accompanied by infection. Inefficient removal of milk either due to ineffective positioning and attachment or restriction of breastfeeds is a significant contributing factor for mastitis.

**Safe Sleeping** National guidance to reduce the chance of sudden infant death syndrome the recommendation is that all babies should sleep on their back in a clear flat sleep space.

**UNICEF UK Baby Friendly** provides services with a roadmap for transforming care for all babies, their mothers and families. Through a staged accreditation programme, services are enabled to support families with feeding and to help parents build a close and loving relationship with their baby

WHO International Code on the Marketing of Breastmilk Substitutes is an international health policy framework to regulate the marketing of breastmilk substitutes in order to protect breastfeeding. It was published by the World Health Organisation in 1981, and is an internationally agreed voluntary code of practice. All services that work towards or have achieved the baby friendly standards will adhere to the code.

### 3.0 Accountabilities

Accountabilities lie within each area to implement and support mothers and babies when they are using their services. The infant feeding team can be contacted Monday to Friday to assist each area in order to support the implementation of this policy that respects the rights of the mother and baby but also recognizes the limitations that some areas may have in facilitating this policy.

### 4.0 Policy Detail

Staff to adhere to the already existing [Infant Feeding Guideline](#) found in Obstetrics and Gynaecology Services> Antenatal and postnatal> Infant Nutrition> Infant Feeding Guideline.

[http://intranet.xrwh.nhs.uk/pdf/departments/women&childrens/antenatalpostnatalguidelines/IN\\_Infant\\_Feeding\\_Guideline.pdf](http://intranet.xrwh.nhs.uk/pdf/departments/women&childrens/antenatalpostnatalguidelines/IN_Infant_Feeding_Guideline.pdf)

Further information specific to Breastfeeding Mothers as inpatients outside of Maternity services can be found in Attachment 1: [Inpatient Breastfeeding Mothers SOP](#)

[http://intranet.xrwh.nhs.uk/pdf/policies/AdultSurgicalGuidelines/GEN\\_SURG\\_05\\_Nursing\\_Mothers\\_on\\_Mainstream\\_Wards\\_v1\\_0.pdf](http://intranet.xrwh.nhs.uk/pdf/policies/AdultSurgicalGuidelines/GEN_SURG_05_Nursing_Mothers_on_Mainstream_Wards_v1_0.pdf)

The importance of Vitamin D supplementation for mothers and babies is widely documented and it is recognised that a large proportion of the population of pregnant and breastfeeding mothers are already at risk of low Vitamin D. Vitamin D deficiency in babies has also been listed as a factor in several deaths of babies in the Black Country CDOP regional report. This policy would, therefore, like to highlight the need to continue vitamin D supplementation for both mother and baby if the mother is an inpatient especially due to the environment and lack of exposure to the outside and sunlight. Please follow the following hyperlink for further guidance

<http://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2017/01/Vitamin-D-supplementation-for-breastfed-babies-Unicef-UK-Statement.pdf>

### 5.0 Equipment Required

Where breastfeeding is the main source of nutrition for a baby every effort should be made to ensure the baby accompanies the mother on her admission (if mother is admitted). A cot should be provided to ensure safe sleeping and another adult may also need to accompany the mother to provide support.

Where it not possible to be facilitate a baby remaining with the inpatient mother due to services limitations or mother's health condition, every effort should be made to protect the mother's breastfeeding relationship and milk supply. This may require accessing a

breast pump, and breast pump parts for the mother to use. Not only will this protect her milk supply but it will also act to minimize the risk of mastitis from sudden cessation from breastfeeding. Breast pumps and equipment can be accessed by contacting the Maternity Infant Feeding Team (Monday- Friday 08:00-16:00) or ward D10.

## 6.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation of this policy require additional revenue resources	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff.	No
	Other comments	

## 7.0 Equality Impact Assessment

All reasonable efforts have been made to eliminate any possible equality and diversity discrimination. It is important that information is delivered to parents/guardians in an appropriate manner and translation services are utilized as required. Information on Infant Feeding in different languages is available on the UNICEF UK website

<http://www.unicef.org.uk/BabyFriendly/Resources/Resourcesin-other-languages/>

## 8.0 Maintenance

The Specialist Midwife for Infant Feeding will be responsible for ensuring that the policy is regularly reviewed to ensure that it reflects up to date practice and adheres to UNICEF UK Baby Friendly standards

## 9.0 Communication and Training

Staff will be shown how to support the mother to use the breast pump when accessed from Maternity.

All staff will be informed of the policy through existing communication systems

## 10.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Evaluation
Compliance with this policy	Specialist Infant Feeding Midwife	The UNICEF UK Baby Friendly Initiative audit tool (2013 edition).	Annual	Antenatal and Postnatal

## 11.0 References

UNICEF UK (2012) The evidence and rationale for the UNICEF UK Baby Friendly Initiative standards. [The evidence and rationale for the Unicef UK Baby Friendly Initiative](#)

NICE (2021) Postnatal Care, NICE quality standard 37  
<https://www.nice.org.uk/guidance/NG194>

## Part A - Document Control

To be completed when submitted to the appropriate committee for consideration/approval

<b>Policy number and Policy version:</b>  CP07  Version 1.0	<b>Policy Title</b>  Breastfeeding Policy for Services Outside of Maternity	<b>Status:</b>  Final		<b>Author:</b> Samantha Ball Infant Feeding Specialist Midwife  <b>Director Sponsor:</b> Director of Nursing and Midwifery
<b>Version / Amendment History</b>	<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Reason</b>
	1.0	June 2021	Samantha Ball	Implementation of policy
<b>Intended Recipients:</b> All Staff working outside of Maternity Services				
<b>Consultation Group / Role Titles and Date:</b> Women's and Neonatal Forum – July 2021				
<b>Name and date of Trust level group where reviewed</b>		Trust Policy Group – August 2021		
<b>Name and date of final approval committee</b>		Trust Management Committee – September 2021		
<b>Date of Policy issue</b>		October 2021		
<b>Review Date and Frequency</b> (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)		August 2024		
<b>Training and Dissemination:</b>				
<ul style="list-style-type: none"> <li>• Available on Trust Intranet page</li> <li>• Through training of new staff</li> <li>• Use of existing communication channels in dept.</li> </ul>				
<b>To be read in conjunction with:</b>				
<ul style="list-style-type: none"> <li>• Maternity Infant Feeding Guideline</li> <li>• Inpatient Breastfeeding Mother's SOP</li> <li>• Mastitis SOP</li> </ul>				
<b>Initial Equality Impact Assessment (all policies):</b> Completed Yes / No Full Equality Impact assessment (as required): Completed Yes / No / NA If you require this document in an alternative format e.g., larger print please contact Policy Administrator8904				
<b>Monitoring arrangements and Committee</b>		As per Section 10		
<b>Document summary/key issues covered.</b>				
<p>Infant feeding, support for new and expectant mothers and partners. Ensuring that all care is mother and family centred, non-judgemental and that mother's decisions are supported and respected.</p>				

<p><b>Key words for intranet searching purposes</b></p>	<p>Breastfeeding Infant Feeding Guideline</p>
<p><b>High Risk Policy?</b> <b>Definition:</b></p> <ul style="list-style-type: none"> <li>• Contains information in the public domain that may present additional risk to the public e.g. contains detailed images of means of strangulation.</li> <li>• References to individually identifiable cases.</li> <li>• References to commercially sensitive or confidential systems.</li> </ul> <p>If a policy is considered to be high risk it will be the responsibility of the author and director sponsor to ensure it is redacted to the requestee.</p>	<p><b>No</b></p>

(Part B)

## Ratification Assurance Statement

**Name of document: Breastfeeding Policy for Services Outside of Maternity**

**Name of author: Samantha Ball** **Job Title: Infant Feeding Midwife**

I, the above named author confirm that:

- The Policy) presented for ratification meet all legislative, best practice and other guidance issued and known to me at the time of development of the said document.
- I am not aware of any omissions to the said document, and I will bring to the attention of the Executive Director any information which may affect the validity of the document presented as soon as this becomes known.
- The document meets the requirements as outlined in the document entitled Governance of Trust- wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines(OP01).
- The document meets the requirements of the NHSLA Risk Management Standards to achieve as a minimum level 2 compliance, where applicable.
- I have undertaken appropriate and thorough consultation on this document and I have detailed the names of those individuals who responded as part of the consultation within the document. I have also fed back to responders to the consultation on the changes made to the document following consultation.
- I will send the document and signed ratification checklist to the Policy Administrator for publication at my earliest opportunity following ratification.
- I will keep this document under review and ensure that it is reviewed prior to the review date.

Signature of Author: Samantha Ball

Date: 08.04.2021

Name of Person Ratifying this document (Director or Nominee):

Job Title:

Signature:

- I, the named Director (or their nominee) am responsible for the overall good governance and management of this document including its timely review and updates and confirming a new author should the current post-holder/author change.

To the person approving this document:

Please ensure this page has been completed correctly, then print, sign and email this page only to:  
The Policy Administrator

## IMPLEMENTATION PLAN

To be completed when submitted to the appropriate committee for consideration/approval

<b>Procedure/Guidelines number and version</b>	<b>Title of Procedure/Guidelines</b>	Breastfeeding Policy for Services Outside of Maternity
<b>Reviewing Group</b>	Women's and Neonatal Forum	<b>Date reviewed:</b> <b>19 July 2021</b>
<b>Implementation lead: Print name and contact details</b> <b>Samantha Ball ext 85578</b>		
<b>Implementation Issue to be considered (add additional issues where necessary)</b>	<b>Action Summary</b>	<b>Action lead / s (Timescale for completion)</b>
Strategy; <b>Consider</b> (if appropriate) 1. Raise awareness of Policy at the Senior Nurse meetings	Add to agenda for next meeting	ASAP following governance approval
Training; Consider 1. Make staff aware of policy and how to contact infant feeding team for support.	Wards Managers add to ward meeting agenda and also cascade via email	ASAP following governance approval
Financial cost implementation Consider Business case development	Decision from senior matrons about who will fund a centralised breast pump, pump kit and cot in order to facilitate women remaining with their babies as inpatients	During senior matrons meeting
<b>Other specific issues / actions as required e.g. Risks of failure to implement, gaps or barriers to implementation</b>	Failure to implement may mean a detriment to the physical and mental health of both mother and infant if separated.	