

CONTROL RECORD			
Title	Breastfeeding Policy		
Reference	20		
Purpose	To enable Sheffield Primary Care Trust and Sheffield City Council to create an environment that is supportive of breastfeeding and meets the requirements of the Baby Friendly initiative.		
Audience	All women of childbearing age, their infants, partners and families in Sheffield.		
Issue	1	Issue date	June 2008
Version	2.0	Date	October 2010
Status	Revised	Review	June 2012
Owner	Public Health Directorate, NHS Sheffield		
Author	Caroline Burrows / Siobhan Horsley		
Assisted in the Development of the document	Maternal and Child Health Planning and Commissioning Group Maternal and Infant Nutrition sub-group		
Superseded Documents	Please refer to the version control table		
Main Changes from previous versions	Please refer to Appendix 3. These changes have been prompted by the Baby Friendly requirements		
Associated Documents			
Groups Consulted	Maternal and Child Health Planning and Commissioning Group, Maternal and Infant Nutrition sub-group, Clinical Effectiveness Group, Clinical Executive		
Approved by	Clinical Executive	Date	September 2010
Ratified by	Trust Board	Date	November 2010
Target audience	Health visitors, midwives, peer supporters and infant feeding co-ordinator		
Distribution list	Copy for all health visitors in policy box at base. Copy to be held by Sheffield Breastfeeding Peer Support. All peer supporters to have a copy of the Parent's Guide to the Breastfeeding Policy. Intranet for all staff to access.		
Method	Intranet <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> Hard copies		
Archived	Date		Location
Access			



Breastfeeding Policy

October 2010

The current versions of all policies can be accessed at the NHS Sheffield Intranet Site at <http://www.sheffield.nhs.uk/policies/>

VERSION CONTROL				
Version	Date	Author	Status	Comment
1.0	April 2007	Caroline Burrows / Anita Ellis	New	
2.0	Sept 2010	Caroline Burrows	Revised	Revised to meet Baby Friendly requirements

Contents

Section	Page
1. Principles	4
2. Aims	4
3. In support of this policy	4
4. The Policy	5
5. Review Date	9
6. Mental Capacity Act	9
7. Equality Impact Assessment	9
8. References	9
9. Bibliography	10

Appendices

Appendix A Mental Capacity Compliance Statement	11
Appendix B Equality Impact Assessment Tool	12
Appendix C Revisions	15
Appendix D Clinical Policies and Guidelines Appraisal Instrument	16

Sheffield Primary Care Trust and Sheffield City Council Early Years Breastfeeding Policy

1. Principles

1.1 Sheffield Primary Care Trust and Sheffield City Council Early Years 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.

1.2 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.

1.3 Employees, contractors and volunteers are required to adhere with this policy and will not discriminate against any woman in her chosen method of infant feeding and will fully support her when she has made that choice.

1.4 The Primary Care Trust and Sheffield City Council Early Years recognise that a parent may be caring for their child/children on their own or be in a heterosexual or same sex relationship. Partners and significant family members should be offered the appropriate information to enable them to support the mother's wish to breastfeed.

2. Aims

2.1 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.

2.2 To enable Sheffield Primary Care Trust and Sheffield City Council 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 of life with continued breast feeding beyond six months alongside appropriate solid food ¹

2.3 To encourage liaison with all health care professionals and Children's Centre staff to ensure a seamless delivery of care, together with the development of a breastfeeding culture throughout the local community.

3. In support of this policy

3.1 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/or baby's health care records.

3.2 The policy has been written in conjunction with the Jessop Wing, Sheffield Teaching Hospitals NHS Trust. The Breast Feeding Policy and its implementation will be based on the NHS National Institute for Clinical Excellence Promotion of

¹ Infant Feeding recommendation (2003) Department of Health London: The Stationery Office http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4097197

breastfeeding initiation and duration ² and the Parents Guide to the Breastfeeding Policy.

- 3.3 It is the responsibility of all community health-care professionals to liaise with the baby's medical attendants (paediatrician, general practitioner) should concerns arise about the baby's health.
- 3.4 No advertising of breast milk substitutes, feeding bottles, teats or dummies is permissible in any part of Sheffield Primary Care Trust or Sheffield City Council Children's Centres. The display of manufacturers' logos on items such as calendars and stationery is also prohibited.
- 3.5 No literature provided by infant formula manufacturers is permitted. Educational material for distribution to women or their families must be approved by the Sheffield Maternal and Infant Feeding Policy Group.
- 3.6 Parents who have made a fully informed choice not to breastfeed their babies should be shown how to prepare formula feeds correctly, either individually or in small groups.
- 3.7 No routine group instruction on the preparation of formula feeds will be given in the antenatal period as evidence suggests that this may serve to undermine confidence in breastfeeding. Furthermore information given at this time is less well retained than information given postnatally.
- 3.8 Data on infant feeding showing the initiation and duration of both exclusive and partial breastfeeding will be collected. This will be collected at delivery, 6/8 weeks, and 6-13 months.
- 3.9 Compliance with this policy will be audited on an annual basis by the Infant Feeding Co-ordinator (s).

4. The Policy

4.1 Communicating the breastfeeding policy

- 4.1.1 All new staff will be orientated to the policy within a week of their employment beginning as part of their induction and signposted to the policy which will be available on the PCT intranet and in all Children's Centres.
- 4.1.2 This policy is to be communicated to all health-care staff and Early Years staff who have any contact with pregnant women and mothers. All staff will either receive a copy of this policy or have a copy in all staff bases.
- 4.1.3 All Children's Centres will have designated manager(s) responsible for ensuring that an up to date policy is available and will receive an annual briefing regarding the policy.
- 4.1.4 The policy will be communicated effectively to all pregnant women and parents of young babies. Where the parents' guide to the policy is displayed

² Promotion of breastfeeding initiation and duration; Evidence into Practice NHS National Institute for Clinical Excellence (July 2006 www.nice.org.uk/download.aspx?o=346169)

in all premises of the PCT and Children's Centres that serve mothers and babies, the full version will be available on request.

- 4.1.5 Independent contractors will be informed of the policy and offered education and training about the policy implementation.

4.2 Training health care staff

- 4.2.1 Health Visitors have the primary responsibility for supporting breastfeeding women and for helping them to overcome related problems. Breastfeeding peer support workers can support women with any issues arising from their breast feeding but must refer back to the health visitor if the problem is not resolved within a timely manner or non-breast feeding problems are raised.
- 4.2.2 All employees and volunteers who have contact with pregnant women and mothers will receive training in breastfeeding management at an appropriate level. New staff will receive training within six months of taking up their posts.
- 4.2.3 Medical staff have a responsibility to promote breastfeeding and provide appropriate support to breastfeeding mothers. Information and/or training will be provided to enable them to do this.
- 4.2.4 All clerical and ancillary staff will be orientated to the policy and receive training to enable them to refer breastfeeding queries appropriately.
- 4.2.5 The responsibility for providing and recording education and training lies with the Managing Director of Provider Services. Data will be available on request.

4.3 Informing pregnant women of the benefits and management of breastfeeding

- 4.3.1 It is the responsibility of health care workers to make pregnant women aware of the benefits of breastfeeding and of the potential health risks of formula feeding.
- 4.3.2 All pregnant women should be given an opportunity to discuss infant feeding on a one-to-one basis with a health care worker. Such discussion should not solely be attempted during a group parent craft class.
- 4.3.3 The physiological basis of breastfeeding should be clearly and simply explained to all pregnant women, together with good management practices, to support breastfeeding and reduce common problems. The aim should be to give women confidence in their ability to breastfeed.
- 4.3.4 Staff will inform mothers about/refer mothers to targeted interventions to promote breastfeeding, as appropriate.

4.4 Supporting the establishment and maintenance of lactation

- 4.4.1 An assessment of the mother and baby's progress with breastfeeding will be undertaken at the primary visit by the Health Visitor and an individualised plan of care developed as necessary. This will build on initial information and support provided by the maternity services, to ensure that new skills and knowledge are secure. It will enable early identification of any potential

complications and allow appropriate information to be given to prevent or remedy them.

- 4.4.2 As part of the initial breastfeeding assessment staff will ensure that breastfeeding mothers know:
- The signs which indicate that their baby is receiving sufficient milk, and what to do if they suspect this is not the case;
 - How to recognise signs that breastfeeding is not progressing normally (e.g. sore nipples, breast inflammation);
 - Why effective feeding is important and mothers are confident with positioning and attaching their babies for breastfeeding.

Health-care staff will be able to explain the relevant techniques to a mother and provide the support necessary for her to acquire the skills for herself.

- 4.4.3 Skin-to-skin contact should be promoted at any stage within the community setting to support breastfeeding, comfort unsettled babies and resolve difficulties with attachment and breast refusal.
- 4.4.4 Mothers should be encouraged to keep their babies near them for the first six months of life so that they can learn to interpret their babies' health and emotional needs and feeding cues.
- 4.4.5 Baby-led or demand feeding should be explained to mothers and encouraged for all healthy babies. 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".
- 4.4.6 The importance of night feeding for milk production should also be explained to all mothers. Ways to cope with the challenges of night-time feeding will be discussed, including issues relating to bed sharing, to enable them to manage night-time feeds safely
- 4.4.7 All mothers will be given appropriate information about the benefits of and contraindications to bed sharing³.
- 4.4.8 It is the responsibility of those health professionals caring for the mother to ensure she is given help and encouragement to express her milk and to maintain her lactation during periods of separation from her baby.

Staff should ensure that mothers are offered the support necessary to learn how to express their breastmilk by hand. They should ensure that the mother is aware of the value of hand expression, for example in the proactive treatment of a blocked duct to prevent the development of mastitis.

- 4.4.9 All breastfeeding mothers returning to work should be given information that will support them to continue breastfeeding and maintain lactation at this time.

³ A guide for breastfeeding mother; Sharing a bed with your baby – http://www.babyfriendly.org.uk/items/resource_detail.asp?item=328&nodeid=

- 4.4.10 All staff should not recommend the use of artificial teats or dummies during the establishment of breastfeeding. Parents wishing to use them should be advised of the possible detrimental effects such use might have on breastfeeding to enable them to make a fully informed choice. The information given and the parents' decision should be recorded in the baby's health record.
- 4.4.11 The appropriate use of dummies for breastfeeding babies in the postnatal period should be discussed with mothers, together with the possible detrimental effects they may have on breastfeeding (in relation to demand feeding), to enable them to make a fully informed choice about their use.
- 4.4.13 Nipple shields will not be recommended except when necessary and this should be documented.
- 4.4.14 Occasionally mothers are advised against breastfeeding for specific medical reasons e.g. HIV. Information given to these women should be given by a specialist in the field and modified appropriately ⁴

4.5 Supporting exclusive breastfeeding

- 4.5.1 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. If supplementary feeds are recommended, the reasons should be discussed in full with the parents. Any supplements which are prescribed or recommended should be documented in the baby's health record along with the reason for supplementation.
- 4.5.2 All mothers should be encouraged to breastfeed exclusively for around 6 months and to continue breastfeeding for a least the first year of life. All weaning information should reflect this.
- 4.5.3 Parents who elect to supplement their baby's breastfeeds with formula milk, water or juice should be made aware of the health implications and of the harmful impact supplementation may have on breastfeeding to allow them to make a fully informed choice.
- 4.5.4 Breast milk substitutes will not be sold by Sheffield Primary Care Trust or Sheffield City Council employees or on premises owned and occupied by SPCT/SCC or for which SPCT/SCC holds the lease.

4.6 Welcome for breastfeeding families

- 4.6.1 Breastfeeding will be regarded as the normal way to feed babies and young children.
- 4.6.2 Mothers will be enabled and supported to feed their infants in all public areas within Sheffield Primary Care Trust and Sheffield City Council Early Years premises and signs will be displayed in all public places to inform users of this policy.

⁴ HIV in Pregnancy Guideline. Produced by Blood Borne Viruses in Pregnancy Group (June 2006) Sheffield Teaching Hospitals NHS Trust

- 4.6.3 Organisations will ensure that their Staff makes comfortable arrangements for mothers who would prefer privacy to breastfeed.
- 4.6.4 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.
- 4.6.5 Staff will use their influence wherever possible to promote awareness of the needs of breastfeeding mothers in the local community, including cafes, restaurants and public facilities.

4.7 Encouraging community support for breastfeeding

- 4.7.1 Sheffield Primary Care Trust and Sheffield City Council supports cooperation between health care professionals and other breastfeeding supporters (for example; Peer support programmes).
- 4.7.2 All breastfeeding mothers will be provided with contact details of the National help lines as well as the details of a Health Care Worker with primary responsibility for supporting them (refer to Breastfeeding support leaflet in Sheffield).
- 4.7.3 All breastfeeding mothers will be provided with up to date details and contact numbers of breastfeeding counsellors and support groups. Contact details will be given to all mothers in the maternity unit before being discharged and will be available in all Children's Centres. They will also be routinely displayed in all public areas of health premises.
- 4.7.4 Breastfeeding support groups will be invited to contribute to further development of the breastfeeding policy through involvement in appropriate meetings.

5. Review Date

June 2012

6. Mental Capacity Act

- 6.1 Having considered and completed the MCA compliance statement at Appendix A, the MCA is not applicable to this policy

7. Equality Impact Assessment

- 7.1 A completed equality impact assessment and action plan are available (see Appendix B)

8. References

A guide for breastfeeding mothers

http://www.babyfriendly.org.uk/items/resource_detail.asp?item=328&nodeid=

HIV in Pregnancy Guideline. Produced by Blood Borne Viruses in Pregnancy Group (June 2006) Sheffield Teaching Hospitals NHS Trust

Infant Feeding recommendations, Department of Health (2003). London: The Stationary Office
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4097197

Promotion of breastfeeding initiation and duration. Evidence into Practice. NHS National Institute for Clinical Excellence (July 2006).
www.nice.org.uk/download.aspx?o=346169

9. Bibliography

NHS National Institute for Clinical Excellence (accessed in July 2006)

Sheffield Breastfeeding Policy 2004

UNICEF Baby Friendly Initiative model Community Breastfeeding Policy
www.babyfriendly.org.uk/pdfs/sample_policy_community.pdf

Appendix A

Mental Capacity Act Compliance Statement

Any policy, guideline or procedure which deals with circumstances where a service user has a decision to make, or has to be consulted, or their agreement is required, must include a **Mental Capacity Act policy compliance statement** setting out:

Mental Capacity Act Compliance Statement	Number of paragraph in policy, guideline or procedure where referenced or N/A
What service user decisions / consent / agreement may need to be sought during the operation of the policy / guideline or procedure	N/A
For each level of decision-making, who will be required to assess the client's mental capacity at each level	N/A
What decisions staff may not make under the policy / guideline / procedure	N/A
How the existence of advance decisions, an Enduring Power of Attorney, Lasting Power of Attorney or deputy will be identified and recorded	N/A
Any other specific guidance that the policy / guideline / procedure requires staff to follow in relation to mental capacity	N/A

To provide practical support for staff, a link to the Mental Capacity Act 2005 Implementation Guidance can be found at: <http://nww.sheffield.nhs.uk/policies/clinical.php#m> and can be included in the electronic version of the document being developed.

This **Mental Capacity Act compliance statement** is a consideration for all policies, guidelines and procedures. Where the MCA does not apply, authors need to make this clear in a statement to this effect inserted at the Mental Capacity Act section of the policy, guideline or procedure.



Appendix B

**Equality Impact Assessment and Action Plan
Full equalities impact assessment**

Directorate: **Public Health** Service:

Piece of work being assessed: **Breastfeeding Policy**

Aims of this piece of work: **To enable Sheffield Primary Care Trust and Sheffield City Council to create an environment where more women choose the breastfeed their babies**

Name of lead person: **Caroline Burrows** Other partners/stakeholders involved:

Date of assessment: **14/07/2010**

Who is intended to benefit from this piece of work? **Health professionals, mothers, parents, carers**

Single Equality Scheme strand	Baseline data and research on the population that this piece of work will affect	Is there likely to be a differential impact?
Gender	The policy is aimed at all members of staff and the public but is predominantly written to support mothers, parents, carers of infants aged 0-1 and their families. However, often it is the mother who has the most regular contact with health professionals at this time.	Yes
Race	The Sheffield population is made up of many different ethnicities and languages.	Yes
Disability	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 from health professionals and peer supporters. In certain circumstances	No

	women may be advised not to breastfeed, for example if they have HIV (see HIV in Pregnancy Guideline. Produced by Blood Borne Viruses in Pregnancy Group (June 2006) Sheffield Teaching Hospitals NHS Trust) or may be unable to breastfeed because they have previously had a mastectomy.	
Sexual orientation	The policy encourages support from staff, partners and families regardless of sexual orientation	No
Age	The policy is written for all ages of staff and members of the public, and is aimed specifically at people of childbearing years to enable them to make informed decisions regarding feeding their child.	No
Religion/belief	There is no evidence that any religious or spiritual belief makes it more or less likely that a woman will or will not breastfeed.	No
Human Rights	This policy does not impact on human rights	No

Equalities Impact Assessment Action Plan

Strand	Issue	Action required	How will you measure the impact/outcome?	Timescale	Lead
Gender	Fathers, partners and grandparents have an important role regarding choice of infant feeding method, but much of the communication from health providers is with the mother	- ensure that opportunities are taken up to promote consistent infant feeding messages across the family, e.g. Breastfeeding Friendly City initiative, social marketing	This will be informed by evaluation of the social marketing interventions	ongoing	Caroline Burrows
Race	Consistent infant feeding messages to be accessible to	- Consistent infant feeding messages provided in a sensitive	Audit of hand held records/Child Health	Yearly	

	people of all races	manner to parents during routine contact with health professionals, and utilising existing language support where required e.g. translators, language line.	records to monitor provision of breastfeeding information. Monitor Breastfeeding initiation and duration rates by ethnic group.		
--	---------------------	---	---	--	--

Each strand may have many issues and each issue may have many actions. Please ensure that each action is in a separate row.

Appendix C – revisions to the Breastfeeding Policy

Item	Revision
1.4	Reworded for clarity
2.3	Reference to Children's Centres added due to increased role in breastfeeding peer support
3.5	Reworded to reflect change in name from Maternal and Infant Feeding Policy group to Maternal and Infant Nutrition Group
4.1.2 – 4.1.4	Additions for clarity and further detail
4.2.1	Addition for clarity over role of health visitors and peer support workers
4.2.3 – 4.2.4	Additions for clarity over roles of medical, clinical and ancillary staff
4.3.4	Addition regarding referral to targeted interventions
4.4.1-4.4.2	Addition of further detail regarding breastfeeding assessment
4.4.6	Addition of further detail regarding the importance of night feeding
4.5.1	Reworded for clarity
4.5.3	Addition of further detail of risks of supplementation with additional fluids
4.6.4 – 4.6.5	Addition to promote breastfeeding friendly public places and access to these

D– Clinical Policies and Guidelines Appraisal Instrument

	Yes	No	N/A	Comments
Rationale				
1. Is the rationale for the clinical policy/guideline clearly defined?	✓			
Policy/Guideline Development Group				
2. Is the group responsible for guideline development clearly identified?	✓			
3. Is there a clear description of the individuals involved in guideline development?	✓			
4. Does the group represent all key disciplines?	✓			
Context and Content				
5. Are the reasons for developing the guidelines clearly stated?	✓			
6. Are the objectives clearly identified?	✓			
7. Is there a clear description of the patients/staff/groups to which this guideline applies?	✓			
8. Are there any circumstances in which exceptions might be made in using this guideline? If so are the circumstances of this exception clearly documented?	✓			
Clarity				
9. Do the guidelines describe the condition/process to be treated/detected/prevented?	✓			
10. Are the possible management options clearly stated?	✓			
11. Are the recommendations clearly stated?	✓			
12. Are the health benefits/potential harms and risks/costs of utilising the guideline clearly identified?	✓			
13. Are there implications for services if implemented?	✓			
Identification and interpretation of Evidence				
14. Are the sources of information used to devise the policy or procedure clearly described? E.G. National Guidelines/Codes of Practice	✓			Refers to UNICEF guidance
15. If so are they adequate?	✓			
16. Is there a satisfactory description of the method used to interpret and assess the strength of evidence and formulate appropriate recommendations?	✓			

	Yes	No	N/A	Comments
17. Is there an indication of how the views of interested parties were taken into account?	✓			
Rigour of Development				
18. Were the guidelines independently reviewed prior to publication/issue?	✓			Reviewed by Maternal and Infant Nutrition group
19. Were the guidelines piloted and if so has this been effectively evaluated?			✓	
Application				
20. Are the staff that should receive this policy clearly identified?	✓			
21. Are there any staff awareness raising/training sessions required as a result of the new/revised guidelines? If yes, have training and development leads been informed of this?	✓			
22. Are methods of dissemination and implementation of the procedure/policy clearly identified?	✓			
Updating				
23. Has a date for reviewing or updating the guidelines been agreed?	✓			
24. Has an individual/group responsible for this process been clearly identified?	✓			
Monitoring				
25. Does the policy/guideline define measurable outcomes that can be monitored?	✓			
26. Has a process for monitoring and evaluating the effectiveness of the policy/guideline been agreed including, testing awareness and obtaining evidence of policy/procedures being put in place?	✓			