Infant Feeding Policy

Version:	V3.0	
Summary:	The purpose of this policy is to ensure that all colleagues in the 0-19 service in Kirklees and the Public Health Early Years' Service (PHEYS) in Calderdale at Locala Community Partnerships understand their role and responsibilities in the supporting of expectant and new mothers and their partners to feed and care for their baby in ways which support optimum health and wellbeing.	
Ratified by	Policy Ratification Group	Date: November 2021
Has an Equality Impact Assessment been carried out?	Yes	Date: November 2021
Name of originator/author:	Infant Feeding Lead	
Executive Director	Chief Operating Officer	
Name of responsible committee:	Audit and Effectiveness Group	
Target audience:	Thriving Kirklees and PHEYS	
Date issued:	9th December 2021	
Next Review date:	November 2024	

Review and Amendment Log

Version No	Type of Change	Date	Description of Change
3.0	Full scheduled review	October 2021	

Contents

1. Introduction

Breastfeeding has a major role to play in promoting public health and reducing health inequalities. Breastfeeding, especially if sustained exclusively for the first six months of life can make a major contribution to an infant's health and development and is associated with better health outcomes for the mother. Breastfeeding is also associated with reducing healthcare costs as well as having a positive impact upon society as a whole[1]. This support will be provided whilst also ensuring that all care is mother and family centred, non-judgemental and that mothers' decisions are supported and respected.

2. Purpose

The purpose of this Policy is to ensure that all colleagues in the 0-19 service in Kirklees and the Public Health Early Years' Service (PHEYS) in Calderdale at Locala Community Partnerships understand their role and responsibilities in the supporting of expectant and new mothers and their partners to feed and care for their baby in ways which support optimum health and wellbeing. The 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 (Public Health Outcomes Framework 2018)[2]
- Increases in safe and responsive formula feeding
- Increases in the population of parents who introduce solid food to their baby in line with Department of Health guidelines.
- Improvements in parents' experiences of care as assessed through UNICEF Baby Friendly audit

3. Target Population

This policy is aimed at, and must be followed by, all colleagues working within the 0-19 service and PHEYS within Locala Health and Wellbeing (Locala). This includes those on secondments, temporary or honorary contracts, bank staff and pre and post registration students. The policy is applicable to all expectant and new mothers and their partners who are served by staff working within Locala.

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.

Locala colleagues 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 uses the terms Mother/Woman to identify the person who is pregnant with or has given birth to the infant. It is not intended to define the

gender of the pregnant or postpartum person and should be taken to include people who do not identify as women but are pregnant or have given birth. At other times, the term 'Parent' may be used to identify the parent who is chest or breastfeeding, formula or bottle feeding, this may not be the person who has given birth.

This policy aims to eradicate inequalities experienced by LGBT+ families; every family will be treated as individual and a bespoke care plan offered to support that family to meet their goals in terms of parenting and infant feeding.

This will differ in each family and may require plans around:

- Inducing lactation
- Chest feeding
- Shared breastfeeding

4. Explanation of Terms

There are no terms that require explanation.

5. Duties

5.1 Individual colleagues

Colleagues are responsible for reading, complying with and maintaining up-to-date awareness of policies as laid down in job descriptions and contracts of employment and for undertaking training as appropriate to enable them to comply with policies relevant to their roles and as colleagues of Locala.

The evidence and rationale for the Unicef Baby Friendly standards can be seen here: https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/advocacy/the-evidence-and-rationale-for-the-unicef-uk-baby-friendly-initiative-standards/

5.2 Managers

It is the responsibility of all line managers to ensure that they and the people they manage are conversant with this policy and its contents.

5.3 Responsible committee

It is the responsibility of the Audit and Effectiveness Group to monitor the implementation and effectiveness of this Policy via the annual BFI Audit submissions.

5.4 Chief Executive

The **Chief Executive** has overall responsibility for the strategic and operational management of Locala including ensuring that the organisation's procedural documents comply with all legal, statutory and good practice requirements.

6. Process

6.1 Locala Community Partnerships is committed to:

- Providing the highest standard of care to support expectant and new mothers and their partners to optimally feed their baby and build a strong and loving parent-infant relationship. 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 centred, non-judgemental and that mothers' decisions are supported and respected.
- Working together across disciplines and organisations to improve mothers'/parents' experiences of care.

As part of the commitment Locala Health and Wellbeing will ensure that:

Colleagues new into Locala 0-19 team and PHEYS

- Will be orientated to the policy during their induction training upon commencement of employment with Locala.
- Will receive the Foundation Infant Feeding training within 6 months of commencement of employment. Colleagues are only required to do this once.

Existing Colleagues within the Locala 0-19 team and PHEYS

- Will be orientated to the policy each time a new edition to the policy is launched or if any significant updates
- Will attend annual Infant Feeding updates
- Can attend the Foundation Infant feeding training again if a training need is identified, provided a course is available. Otherwise the Infant Feeding leads will address the training need on an individual basis
- Infant feeding leads are responsible for monitoring compliance with Infant Feeding training in conjunction with our Workforce colleagues
- The International Code of the Marketing of Breastmilk Substitutes[3] is implemented throughout Locala Community Partnerships and our partner agencies. It is the responsibility of the Infant Feeding leads, 0-19 team leaders, health visitor team leaders and the Children's

Business Unit Assistant Director of Operations to ensure adherence to the code.

- Parents' experiences of care will be listened to through audit as set out by UNICEF Baby Friendly audit procedure.
- Infant feeding data is collected and reported. The 0-19 service and PHEYS are required to provide infant feeding status data at the New Birth visit and the 6-8 week contact. This data is collected via the SystmOne templates for these episodes of care (see Appendix B). This data is then processed via our Performance Team and sent to Kirklees or Calderdale council on a quarterly basis to contribute to the Infant Feeding Dashboard. This data is used to monitor local trends in infant feeding and is used to inform service development.
- Breastfeeding is welcomed in all of our venues, quiet areas to breastfeed will be made available wherever possible.

6.2 Care Standards

This section of the policy sets out the care that the 0-19 service and PHEYS 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[4], the relevant NICE Guidance[5] and The Healthy Child Programme[6]

6.3 Antenatal Care

All pregnant women will have the opportunity to have a meaningful conversation around feeding and caring for their baby with a member of the 0-19 team in Kirklees or PHEYS in Calderdale. This will be delivered via a home visit or for multiparous women a telephone or video conversation will be offered. This conversation will include the following topics:

- The value of building a relationship with their growing baby in utero.
- The value of skin contact for all mothers and babies.
- The importance of promptly responding to their babies needs for comfort, closeness and feeding 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 and getting breastfeeding off to a good start.
- It is particularly important to ensure that multiparous women have the opportunity to discuss their thoughts about feeding and caring for their baby and discuss their previous experiences. It is crucial that these women are offered the information about responsive

parenting as they may not have had this information when they had their other children

6.4 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.

6.5 Support with Continued Breastfeeding

- A formal breastfeeding assessment using the UNICEF Breastfeeding Assessment Tool (see Appendix A)[7] must be carried out by a practitioner (usually a Health Visitor or School Nurse who has had Infant Feeding training and is competent in its use) at the birth visit approximately 10-21 days postnatally to ensure effective feeding and the wellbeing of mother and baby. This includes recognition of what is going well and the development of an appropriate care plan to address any issues identified.
- It is crucial that parents can identify that their baby is receiving enough milk
- For those mothers who require additional support for more complex breastfeeding challenges, a referral to the specialist service will be made. Details of this service are available via the Locala Single Point of Contact and Duty Health Visiting service. Colleagues are aware of the process of referral into the specialist service as documented within the Locala Breastfeeding pathway (see appendix C).
- Mothers will be informed of the breastfeeding support services that are available to them including breastfeeding peer support including support groups, 0-19 and PHEYS service and online organisations. This information can be found on the respective websites for both 0-19, PHEYS and Calderdale Peer Support. These sites will be continuously kept up to date to ensure accuracy of the information.
- For mothers who do not have access to the internet, colleagues should ensure that mothers are aware they can contact their 0-19 or PHEYS service by phone or SMS to access this information.
- Mothers will be made aware of the social support for breastfeeding available to them via our network of breastfeeding peer supporters. Information how peer support can be accessed in Kirklees is

available on the Thriving Kirklees Parents website, Calderdale Peer supporter Facebook page

- Mothers will have the opportunity for a conversation about their options for continued breastfeeding (including responsive feeding, expression of breastmilk and feeding when out and about and going back to work) according to individual need. These conversations should take place at the antenatal visit, birth visit, 6-8 week contact and at all contacts with the duty services and well baby clinic contacts as appropriate.
- Mothers will have the opportunity to discuss normal feeding patterns including 'cluster feeding' and 'growth spurts'.
- Mothers will have the opportunity to learn about the importance of night feeding for milk production and ways to cope with the challenges of night-time feeding. Colleagues should refer parents to the UNICEF publication Caring for your Baby at Night available on UNICEF Baby Friendly website (see later in the policy for discussions on bed sharing).

6.6 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 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 potential impact of the use of a teat when a baby is learning to breastfeed. Information must always be provided about how to make up feeds safely in line with the Department of Health Guidelines and that only first stage formula milks should be used. That formula milk can be discontinued at one year.
- When parents are 'mix feeding' colleagues will discuss the value of responsive bottle feeding and its role in brain development and in reducing overfeeding.

6.7 Modified Feeding Regimes

There are a small number of clinical indications for a modified approach to responsive feeding in the short term. Examples include: pre-term or

small for gestational age babies, babies who have not regained birth weight and babies who are gaining weight slowly. In such cases, colleagues should discuss such regimes with the baby's midwife, GP or Paediatrician or member of the Infant Feeding team as appropriate.

6.8 Support for Formula Feeding

There will be no routine group instruction on the preparation of formula feeds within the antenatal period as evidence suggests that information given at this time is less well retained and may serve to undermine confidence in breastfeeding.

At the birth visit parents who formula feed will have a discussion about how feeding is going; recognising that this information will have been discussed with maternity service colleagues, but may need revisiting or reinforcing and being sensitive to a mother's previous experience, colleagues will check that:

- Parents who are formula feeding have the information they need to enable them to do so as safely as possible. Colleagues may need to offer a demonstration and/or discussion about how to prepare infant formula.
- Parents who formula feed understand about the importance of responsive feeding and how to respond to cues that their baby is hungry, invite baby to draw in the teat rather than force the teat into their baby's mouth. Hold the bottle horizontally (or just slightly tipped) in order that the baby can control the flow of milk. Pace the feed so that their baby is not forced to feed more than they want.
- Parents who formula feed should be encouraged to do the majority of the feeds themselves and the reasons for this explained
- Parents will be encouraged to only give first milks.
- For parents who have formula fed their previous children the 0-19 or PHEYS practitioner must ascertain that they are making up the feeds as per the Department of Health guidelines and not make the assumption that they are
- For parents who have formula fed their previous children it is vital that they are given the information about responsive bottle feeding and its value in supporting infant brain development and reducing overfeeding
- Colleagues should advise parents that specialist infant formulas which include Lactose free infant formula, Anti-Reflux (thickened) infant formula and Soya infant formula will not be routinely prescribed but can be purchased over the counter (OTC). This is in line with regional guidelines published by South West Yorkshire Area Prescribing Committee. Colleagues can access further

guidance on the prescribing of Specialist Infant Formulas, cow's milk protein allergy (CMPA), gastro-oesophageal reflux disease (GORD), secondary lactose intolerance, faltering growth and formula feeding pre-term infants via this link:

https://www.swyapc.org/wp-content/uploads/2018/04/SWYAPC-Prescribing-Specialist-Infant-Formula-in-Primary-Care-FINAL-PDF.pdf

6.9 Introducing Solid Food

All parents will have a timely discussion about when and how to introduce solid foods including:

- That solid foods should be introduced at around 6 months
- Babies signs of developmental readiness for solid foods
- Appropriate foods for babies

This discussion should be had briefly at the birth visit, with colleagues informing parents that they should feed their baby on breastmilk, first stage formula milk or a mixture of both until around six months of age. In Kirklees this information must be reiterated at the 6-8 week contact as at the time of writing this policy there is not a commissioned 3-4 month contact where the introduction of solid foods can be discussed in more detail. In an attempt to bridge this gap in the service a text message is sent to all parents when their baby is 14 weeks old and again at 20 weeks. The text message states:

In preparation for weaning at 6 months, please look at the link attached:

Weaning | Start4Life (www.nhs.uk)

The link directs parents to weaning information on PHE Start for Life website. Parents can access one to one support around introducing solid foods at well baby clinics. If it is identified that a family requires more in depth, targeted information then a home visit will be offered from the 0-19 team to support the family.

In Calderdale families will receive a face to face or phone contact at 3-4 months where they will receive information about introducing their baby to solid foods at 6 months based on first steps nutrition information:

https://static1.squarespace.com/static/59f75004f09ca48694070f3b/t/5a5a41479140b7e31a75ccbc/1515864404727/Eating_well_the_first_year_Sep_17_small.pdf

6.10 Support for Parenting and Close Relationships

- All parents will be supported to understand a baby's needs, including encouraging frequent touch and sensitive verbal and

visual communication, keeping babies close, responsive feeding and safe sleeping practices

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

Parents will be given information about any local parenting support that is available.

6.11 Recommendations for Health Professionals on Discussing Bed-sharing with Parents

Simplistic messages in relation to where a baby sleeps should be avoided; neither blanket prohibitions nor blanket permissions reflect the current research evidence. The current body of evidence overwhelmingly supports the following key messages which should be conveyed to all parents:

- The safest place for your baby to sleep is in a cot by your bed for at least the first 6 months of your baby's life
- Sleeping with your baby on a sofa or arm chair puts your baby at greatest risk
- Your 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 Sudden Infant Death Syndrome '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

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.

Further information on guidelines for discussing bed sharing with parents can be found here:

https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/leaflets-and-posters/co-sleeping-and-sids/

There is also a guide for parents Caring for your Baby at Night which can be viewed here:

Caring for your baby at night leaflet - Baby Friendly Initiative (unicef.org.uk)

6.12 Vitamin Supplementation

The Department of Health recommends that:

Babies from birth to one year of age who are being breastfed should be given a daily supplement containing 8.5 to 10mcg of vitamin D to make sure they get enough. Healthy Start vitamin drops are the current product of choice although they contain less than the recommended dose of vitamin D. Vitamin D supplements containing the recommended dose can be purchased from pharmacies and supermarkets for those not eligible for Healthy Start vitamins.

Babies fed infant formula should not be given a vitamin D supplement until they are having less than 500ml (about a pint) of infant formula a day, because infant formula is fortified with vitamin D

Children aged 1 to 4 years old should be given a daily supplement containing 10mcg of vitamin D. Healthy start vitamins are adequate.

Healthy Start Vitamins

The Department of Health recommends that all children aged six months to five years are given vitamin supplements containing vitamins A, C and D every day.

Women and children receiving Healthy Start food vouchers also get vitamin coupons to swap for free Healthy Start vitamins. Healthy Start vitamins are specifically designed for pregnant and breastfeeding women and growing children. Practitioners should inform parents where they can swap coupons for vitamins in their area.

For those families who do not receive Healthy Start vouchers they should be advised that they can purchase vitamin supplements from supermarkets and pharmacies.

6.13 Communicating the Infant Feeding Policy

This policy is to be communicated to all Locala colleagues who have any contact with new and expectant mothers. Colleagues will have access to this policy via SharePoint.

Colleagues will inform clients that the policy exists as required and that it can be viewed through the Thriving Kirklees Parent website and Calderdale.

6.14 Monitoring the Implementation of the Standards

Locala Community Partnerships and UNICEF require that compliance with the policy is audited at least annually using the UNICEF UK Baby Friendly audit tool (2019) edition. Colleagues involved in carrying out this audit require training on the use of the audit tool. Audit results will be reported to the relevant Operational Managers, Locala's clinical governance structure and the Baby Friendly Guardian and an action plan will be agreed to address any areas of non-compliance that have been identified.

Monitoring Outcomes

Outcomes will be monitored by:

- monitoring breastfeeding initiation rates through data collected through the two child health departments and then processed by data analyst at Kirklees or Calderdale Council (Local Authority).
- monitoring breastfeeding rates at birth visit and 6-8 weeks. This is done through the SystmOne record and data recording is now mandatory (a read code must be entered to enable the practitioner to move on through the template). See Appendix B for template example.
- monitoring improvements in parents' experience of care via UNICEF UK Audit tool.
- Outcomes will be reported to:
    - Operational Manager
    - Performance team
    - Kirklees Infant Feeding and Early Nutrition group which report to commissioners within Kirklees Council and within Calderdale the Infant Feeding Advisory Forum

7. Equality Impact Assessment

Locala Community Partnerships aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

An Equality Impact Assessment Tool is used during ratification processes to establish whether its policies and practices would further, or had furthered, the aims set out in the section 149 (1) of the [Equality Act 2010]. Any outcomes have been considered in the development of this policy.

8. Consultation Process

A consultation process was carried out with key stakeholders in the development of this policy. These stakeholders included colleagues from both

Kirklees and Calderdale as well as appropriate Corporate Enablers such as Safeguarding, Quality and Professional Practice.

9. Dissemination and Implementation

9.1 Dissemination

All 0-19 and PHEYS colleagues are orientated to the Infant Feeding policy during their induction process upon employment with Locala. Colleagues can access the policy via the Clinical Policy section of Sharepoint, via the staff Intranet site, Elsie. The policy is discussed at all Infant Feeding training and peer support training sessions. The Infant Feeding leads are responsible for ensuring the policy is disseminated and discussed.

The Quality Team will place the ratified document in the Clinical Policy section of the colleague SharePoint. Any previous versions will be archived.

9.2 Competence/Training

Competence in delivering the Baby Friendly standards is achieved through all 0-19 and PHEYS colleagues participating in an ongoing programme of Infant Feeding training. This includes one off completion the two day Unicef Baby Friendly Foundation Infant Feeding training, which is followed by a one to one Practical Skills review to assess competence. Colleagues must also complete a half day yearly update as part of maintaining their competence. There is also an E-Learning Infant Feeding module available on ESR. This is intended as an introduction to Infant Feeding, as an adjunct to the mandatory Infant Feeding training programme and can be used when learning gaps are identified. The Infant Feeding Policy is discussed at all Infant Feeding training sessions. The one to one Practical Skills reviews and the Unicef Audit programme enable the identification of knowledge gaps and this information is used to inform the content of the Infant Feeding training programme.

Individual practitioners are accountable for achieving, maintaining and collating evidence of competence. They are accountable for ongoing assessment of their competence and engaging in development to support ongoing maintenance where this competence is required to deliver care within their caseload. Colleagues may utilise a range of development opportunities to support achievement and maintenance of competence, some examples are listed **here.**

Individual practitioners are accountable for only carrying out aspects of care for which they are deemed competent at the time and in the circumstances the care is required. In circumstances where colleagues deem themselves not competent to proceed colleagues are responsible for alerting a more experienced colleague so further assessment and

safe delivery of care can be arranged.

Evidencing competence

A guide to reporting/evidencing support can be found here ESR holds evidence of training (e learning and internal face to face). It is possible to add external CPD to ESR to create a record. The guide to do this is **here.**

10. Monitoring Compliance with the Document

10.1 Process for Monitoring Compliance

The UNICEF Baby Friendly accreditation process requires ongoing audit of colleagues' adherence to the Infant Feeding policy, which directly reflects the UNICEF Baby Friendly standards. Audit results must be submitted annually to UNICEF Baby Friendly UK and prior to an external assessment, which is usually every 2 years. A verified audit tool provided by UNICEF is used. Infant Feeding leads and those colleagues trained in BFI audit are responsible for carrying out audit. When shortfalls are identified from audit these areas are integrated into the mandatory Infant Feeding training programme. If an individual colleague is non-compliant with the policy then further training will be offered by the Infant Feeding leads. The results of the audit process will be presented annually to Children's business unit quality manager. Resulting action plans from the audit process will be monitored by the Infant Feeding leads, Baby Friendly Guardian, business unit Operations Manager and UNICEF Baby Friendly UK.

10.2 Key Performance Indicators

We do not have any commissioned Key Performance Indicators for Infant Feeding however we work towards:

- maintaining full UNICEF Baby Friendly accreditation
- enabling colleagues adhere to the Infant Feeding policy by ensuring that at least 80% of colleagues in 0-19 service and PHEYS have completed Foundation Infant Feeding training and an annual update
- increasing breastfeeding rates at 6-8 weeks
- ensuring parents have the opportunity to feedback about their experiences of care, through the UNICEF Baby Friendly audit process and client feedback mechanisms

11. References/Bibliography

UNICEF UK (2012) Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK October 2012, accessed 23.4.15, https://www.unicef.org.uk/babyfriendly/about/preventing-

disease-and-saving-resources/

Public Health Outcomes Framework 2018, accessed26.06.18, https://fingertips.phe.org.uk/profile/public-health-outcomes-framework

The WHO Code for Marketing of Breastmilk Substitutes, accessed 23.4.15, http://www.unicef.org.uk/BabyFriendly/Health-Professionals/The-Code/

Updated Baby Friendly standards (2012) www.unicef.org.uk/babyfriendly/standards

NICE Guidance on Maternal and Child Nutrition (2014), accessed 23.4.15, http://www.nice.org.uk/ph11

Healthy Child Programme (2009), accessed 26.6.18, https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life

UNICEF Breastfeeding Assessment Tool (2008), accessed 26.06.18, https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/breastfeeding-assessment-tools/

UNICEF Sample Infant Feeding Policy (2015), accessed 20.03.15, http://www.unicef.org.uk/BabyFriendly/Resources/Guidance-for-Health-Professionals/Writing-policies-and-guidelines/Sample-infant-feeding-policies/

12. Associated Policy Documentation

Department for Constitutional Affairs (2005) Mental Capacity Act 2005 Code of Practice.

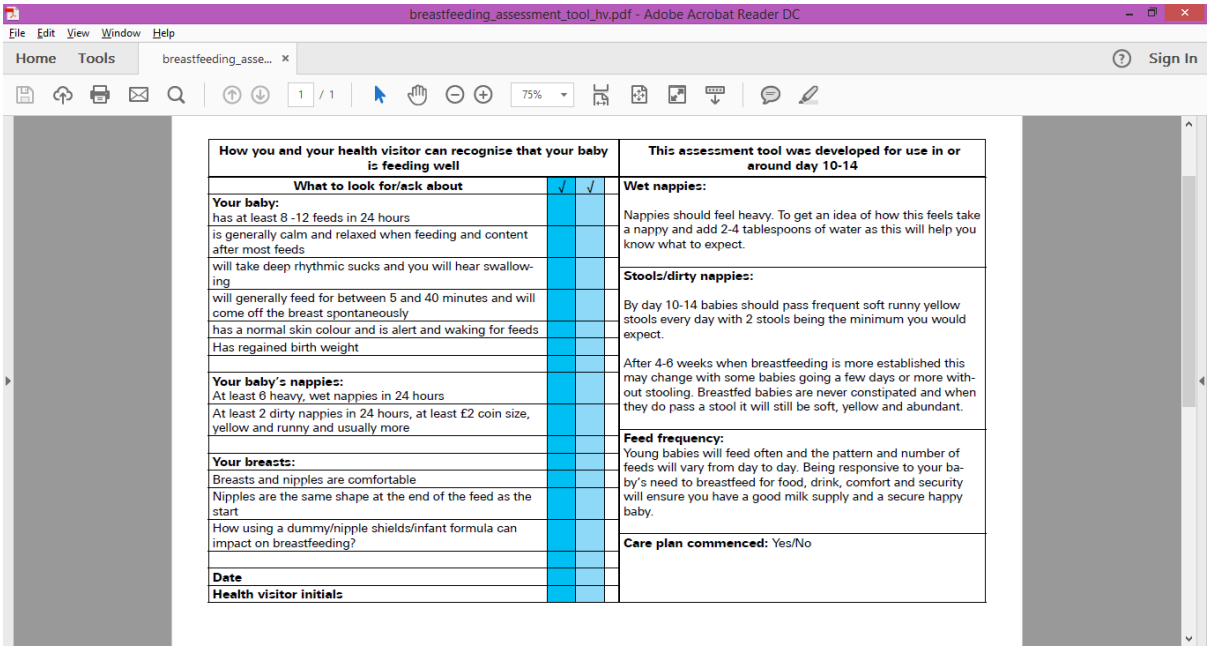
Mental Capacity Act Code of Practice

Department of Health (2009) Reference Guide to Consent for Examination or Treatment. Second Edition.

DH Consent to Treatment

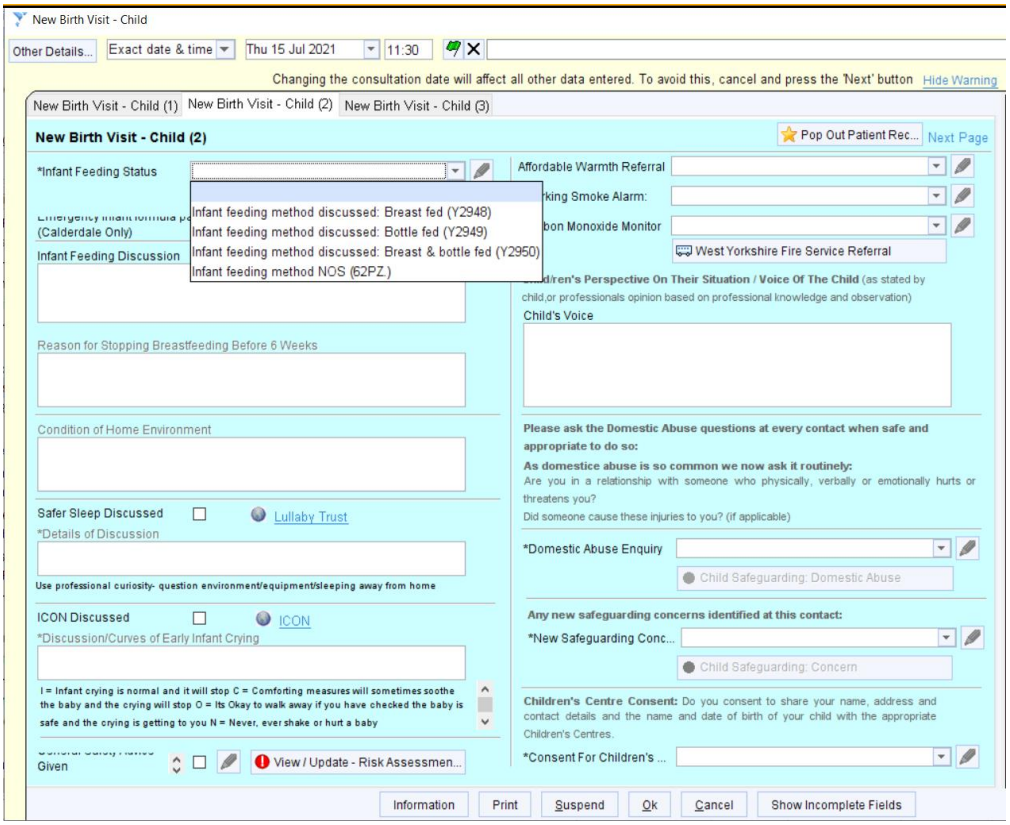
Locala CIC. (2013) Communications Policy – incorporating clinical record keeping.

Appendix A – Unicef Breastfeeding Assessment Tool



How you and your health visitor can recognise that your baby is feeding well			This assessment tool was developed for use in or around day 10-14
What to look for/ask about	√	√	**Wet nappies:** Nappies should feel heavy. To get an idea of how this feels take a nappy and add 2-4 tablespoons of water as this will help you know what to expect.
Your baby: has at least 8 -12 feeds in 24 hours			
is generally calm and relaxed when feeding and content after most feeds			
will take deep rhythmic sucks and you will hear swallowing			**Stools/dirty nappies:** By day 10-14 babies should pass frequent soft runny yellow stools every day with 2 stools being the minimum you would expect. After 4-6 weeks when breastfeeding is more established this may change with some babies going a few days or more without stooling. Breastfed babies are never constipated and when they do pass a stool it will still be soft, yellow and abundant.
will generally feed for between 5 and 40 minutes and will come off the breast spontaneously			
has a normal skin colour and is alert and waking for feeds			
Has regained birth weight			
Your baby's nappies: At least 6 heavy, wet nappies in 24 hours			
At least 2 dirty nappies in 24 hours, at least £2 coin size, yellow and runny and usually more			
			Feed frequency: Young babies will feed often and the pattern and number of feeds will vary from day to day. Being responsive to your baby's need to breastfeed for food, drink, comfort and security will ensure you have a good milk supply and a secure happy baby.
Your breasts:			
Breasts and nipples are comfortable			
Nipples are the same shape at the end of the feed as the start			
How using a dummy/nipple shields/infant formula can impact on breastfeeding?			**Care plan commenced:** Yes/No
Date			
Health visitor initials			

Appendix B – Screenshot of SystmOne Template for recording Infant Feeding Status



Appendix C- Infant Feeding Pathway