# Breast Feeding Policy

<table>
<thead>
<tr>
<th>Policy Author:</th>
<th>Health Promotion Manager</th>
</tr>
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<tbody>
<tr>
<td>Policy Owner (for updates)</td>
<td>Director of Nursing, Midwifery and Allied Health Professions</td>
</tr>
<tr>
<td>Engagement and Consultation Groups:</td>
<td>Breast Feeding Support group, Kirkwall.</td>
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## Approval Record

| Quality and Improvement Committee | 20/07/11 |

## Equality and Diversity Rapid Impact Assessment

| 02/03/11 |

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## Location and Access to Documents

| Location of master document | Health Promotion Manager folder on G drive |
| Location of backup document | EQIA folder on G drive |
| Location of E&D assessment | Attached |
| Access to document for staff | Blog |
| Access to document for public | NHSO website |

## Post holders names at last review

| Health Promotion Manager | Suzanne Baird |
| Director of Nursing, Midwifery and Allied Health Professions | Rhoda Walker |
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Introduction

Orkney Health Board believes that breastfeeding is the healthiest way for women to feed their babies and recognises the important health benefits now known to exist for both 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 to feed and care for their babies. Health Staff will not discriminate against any woman in her chosen method of infant feeding and will fully support her when she has made that choice.

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 feed their baby.

To enable health staff to create an environment where women can choose to breastfeed their babies, confident in the knowledge that they will be given support and information to continue to breastfeed exclusively for six months, and then as part of their infants diet to the end of the first year and beyond if they so wish.

In support of this policy:

- In order to avoid conflicting advice it is mandatory that all staff with the care of breastfeeding women adhere to this policy. Any deviation from the policy must be justified and written in the mother’s and baby’s notes.
- The policy should be used in conjunction with the Board’s breastfeeding guidelines and the mother’s guide to this policy.
- It is the responsibility of health professionals to liaise with the appropriate medical practitioner should concerns arise about a baby’s health.
- No advertising of breast milk substitutes, feeding bottles, teats, and dummies is allowed in any part of the Health Board premises. The display of manufacturers’ logos on items such as calendars and stationary 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 Women’s Health service manager and then by the Health Boards documentation group.
- Parents who are 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 should take place in the antenatal period as evidence suggests that information given at this time is not retained well and may serve to undermine confidence in breastfeeding.
- Compliance with this policy will be audited yearly.
• Midwives and Health Visitors are responsible for collecting the required infant feeding data at the ages specified by the Board, to enable monitoring of breastfeeding rates.

1. Communicating the breastfeeding policy

1.1 All Health care staff who have any contact with pregnant women and mothers will be orientated to this policy. They will also be made aware that a copy of it is in the Maternity Department and also that it can be found on the NHS Orkney Blog in electronic form.

1.2 All new staff who will have significant contact with pregnant women and new mothers will be orientated to the policy within the first week of employment.

1.3 A mothers’ guide to the policy will be displayed in all areas of the Health Board that serves mothers and babies. A full version will be available in the Maternity Unit on request. The Mother’s guide contains a statement that is available.

2. Training of health care staff

2.1 Midwives and Health Visitors have a primary responsibility for supporting breastfeeding mothers and for helping them to overcome related problems.

2.2 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. New staff will receive training within six months of taking up their posts.

2.3 All clerical and ancillary staff will be orientated to the policy and receive training to enable them to refer breastfeeding queries appropriately.

2.4 The Senior Clinical Midwife or other suitably qualified individual who is designated to undertake this role will facilitate access to training. Uptake and efficacy of this training will be audited by them annually and the results published.

2.5 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.
3. **Informing pregnant women of the benefits and management of breast feeding**

3.1 Staff involved with the provision of antenatal care should ensure that all pregnant women are informed about the benefits of breastfeeding and the potential health risks of formula feeding.

3.2 All pregnant women should be given the opportunity to discuss infant feeding on a one to one basis with their named midwife and Health Visitor and not just as part of a parenthood education class.

3.3 The physiological basis of breast feeding and good management practices which have been proven to reduce common problems and support breastfeeding should be clearly and simply explained to all pregnant women. The aim should be to give women confidence in their ability to breastfeed.

4. **Initiation of breastfeeding**

4.1 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 chosen feeding method.

4.2 Skin-to-skin contact should not be interrupted to carry out routine procedures.

4.3 If skin-to-skin contact is interrupted for a clinical or maternal choice it should be re-instigated as soon as mother and baby are able.

4.4 All mothers should be encouraged to offer their first breastfeed when mother and baby are ready. Help must be available from a midwife if needed. Evidence based practice advises that the baby is offered the breast within two hours of delivery.

5. **Showing mothers how to breastfeed and how to maintain lactation**

5.1 All breastfeeding mothers should be offered further help with breastfeeding within 6 hours of delivery. A midwife or appropriately trained support worker should be available to assist a mother at all breastfeeds during her hospital stay.

5.2 Midwives 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 the skills herself.

5.3 All breastfeeding mothers should be shown how to hand express their milk. A leaflet should be provided for women to use for reference. Community staff should ensure that mothers have received this teaching and leaflet and be prepared to offer it if this is not the case. They should also 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.

5.4 An assessment of the mother’s and baby’s progress with breastfeeding will be undertaken at the primary visit by community health care staff and an individualised plan of care developed as necessary. This will build on initial information and support provided by maternity services, to ensure 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.

5.5 As part of the initial breastfeeding assessment (see 5.4) 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 that this is not the case.
- how to recognise the signs that breastfeeding is not progressing normally (eg/sore nipples, breast inflammation etc.)
- why effective feeding is important and are confident with positioning and attaching their babies for breastfeeding.

They should be able to explain the relevant techniques to a mother and provide the support necessary for her to acquire the skills for herself.

5.6 When a mother who has chosen to breastfeed and her baby are separated for medical reasons, it is the responsibility of all professionals caring for them to ensure that the mother is given help and encouragement to express her milk and maintain lactation during periods of separation.

5.7 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.

5.8 Mothers who are separated from their babies should be encouraged to express milk at least six to eight times in a 24 hour period. They should be shown how to express breast milk by hand and by pump.

5.9 All breastfeeding mothers will be given information which will support them to continue breastfeeding and maintain lactation on returning to work. This should include being given a copy of “Breastfeeding and returning to work”, published by Health Scotland. Mothers will be informed that an employer is obliged to let her continue breastfeeding at work. The booklet summarises the key legislation that affects a breastfeeding women returning to employment.

NHS Orkney will encourage and support local employers to adopt best practice in meeting the needs of breastfeeding mothers returning to work.
In recognising the importance of breastfeeding to the health of both mother and baby NHS Orkney supports the rights of its employees to continue to breastfeed for as long as they wish when they return to work. NHS Orkney’s Maternity Leave Policy details the support to be offered to breastfeeding employees.

6. Supporting exclusive breastfeeding

6.1 No water or artificial feed 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 clinician. Reasons for supplementation should be fully discussed with parents and recorded in the baby’s notes.

6.2 Prior to introducing artificial milk to breastfed babies, every effort should be made to encourage the mother to express breast milk to be given to the baby via cup or syringe. This proactive approach will reduce the need to offer artificial feeds.

6.3 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.

6.4 With babies who are reluctant to feed early instigation of expressing milk is advised to stimulate milk production and ensure babies obtain early breast milk.

6.5 All mothers will be encouraged to breastfeed exclusively for the first 6 months and to continue breastfeeding for at least the first year of life. They should be informed that solid foods are not recommended for babies under 6 months. All weaning information should reflect this ideal.

6.5 Breast milk substitutes will not be sold by health care staff or on health care premises

7. Rooming-in

7.1 Mothers will normally assume full primary responsibility for the care of their babies.

7.2 Separation of mother and baby will normally only occur where the health of either prevents this occurring.

7.3 There is no designated nursery space in the maternity unit to support the principle that babies should be with close to their mothers.

7.4 Babies should not be routinely separated from mothers at night. This applies to babies who are formula fed as well as those who are breastfed. Mothers who have
undergone caesarean section should be given appropriate care but should be kept together.

7.5 Mothers will be encouraged to continue to keep their babies near them when they are at home so that they can learn to interpret their babies’ needs. They should be given information (including issues related to bed-sharing) to enable them to manage night-time feeds safely.

8. Baby-led feeding

8.1 Demand feeding should be encouraged for all babies unless clinically indicated. Staff should ensure that mothers understand what is meant by feeding on demand.

8.2 Community 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”. The importance of night-time feeding for milk production should be explained to all mothers and ways of coping with the challenges of night–time feeding discussed.

9. Use of artificial teats, dummies and nipple shields

9.1 The above should not be recommended during the establishment of breastfeeding. Parents wishing to use them should be advised as to 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 the parent’s decision should be entered into the baby’s record.

9.2 Nipple shields should not be encouraged and only used for as short a time as possible. Any mother wishing to use one should have the disadvantages fully explained to her prior to commencing use. She should be under the care of a skilled practitioner whilst using the shield and should be helped to discontinue its use as soon as possible. If nipple shields are used they may affect milk supply therefore it may be recommended to express milk in order to increase supply if used for a brief period of time.

9.3 The appropriate use of dummies for breastfeeding babies later 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 fully informed choices about their use.

10. Breastfeeding support groups

10.1 The Health Board supports co-operation between health care professionals and voluntary support groups to support breastfeeding.
10.2 Contact details for midwives, health visitors and other professional support will be given to all breastfeeding mothers before they leave hospital along with details of National support help lines and websites.

10.3 Community staff will confirm that mothers have this information and inform them about local initiatives to support breastfeeding.

10.4 A sample of women who attend the weekly breastfeeding support group in Orkney will have been asked for their contribution to the development of this breast feeding policy.

11. **A welcome for breastfeeding families**

11.1 Breastfeeding will be regarded as the normal way to feed babies and young children.

11.2 If a mother needs to breastfeed her child whilst on Health Board premises she will be enabled and supported to do so.

11.3 Signs in all public areas of the facility will inform users of this policy.

11.4 All breast feeding 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.

11.5 Community health care 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.
AIMS

Orkney Health Board supports the rights of all parents to make informed choices about infant feeding. All Health Board staff will support you in your decision. We believe that breastfeeding is the healthiest way to feed your baby and we recognise the important benefits which breastfeeding provides for both you and your child. We therefore encourage you to breastfeed your baby.

Ways in which we will help you to breastfeed successfully-

√ All staff have been specially trained to help you to breastfeed your baby.

√ During your pregnancy, you will be able to discuss breastfeeding individually with a midwife who will answer any questions you may have.

√ You will have the opportunity to hold your new baby against your skin soon after birth. The staff will not interfere or hurry you but will be there to support you and help you with your first breastfeed.

√ A midwife will be available to explain how to put your baby on the breast correctly and to help you with feeds whilst you are in hospital.

√ You will be shown how to express your breast milk and you will have written sheet on this to refer to once you are home.

√ We recommend that you keep your baby near to you whenever you can so that you get to know each other. If any medical procedures are necessary in hospital, you will always be invited to accompany your baby. We will give you information and advice about how to manage night feeds once you are home.

√ We encourage you to feed your baby whenever he or she seems to be hungry and we will explain to you how you can tell that they are getting enough milk.

√ Most babies do not need to be given anything other than breast milk for their first six months. If for some reason your baby needs some other feed, this will be explained to you by the staff before you are asked to give your permission.
√We recommend that you avoid using bottles, dummies and nipple shields whilst your baby is learning to breastfeed. This is because they can change the way your baby sucks, meaning that it can be more difficult for your baby to breastfeed successfully.

√We will give you a list of people who you can contact for extra help and support with breastfeeding, or can help if you have a problem.

√We will help you recognize when your baby is ready for other foods (normally at about six months old) and explain how these can be introduced.

√We welcome breastfeeding on our premises. We will give you information to help you breastfeed when you are out and about.

(This is your guide to the breastfeeding policy. Please ask a member if staff if you wish to see the full policy.)
<table>
<thead>
<tr>
<th>Positive Impacts (Note the groups affected)</th>
<th>Negative Impacts (Note the groups affected)</th>
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<tr>
<td>This policy has positive impacts on women breastfeeding and staff in that it reduces uncertainty as to when and where breastfeeding is appropriate. It will have a positive effect on the health of babies.</td>
<td>There are no negative impacts.</td>
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**Additional Information and Evidence Required**

None.

**Recommendations**

None.

**From the outcome of the RIC, have negative impacts been identified for race or other equality groups? Has a full EQIA process been recommended? If not, why not?**

No negative impacts have been identified for any

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**Names and Signature(s) of Level One Impact Assessor(s)**

Name: Chris Werb  
Date: 2nd March 2011  

Name: Maggie Berston  
Date: 2nd March 2011  

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