Neonatal policy self-assessment checklist

Your policy should clearly cover the following points:	Is the point clearly covered? (Answer: yes, no or unclear)	See guidance note number:
Introduction and purpose		
Has mandatory status		1
The Code is implemented throughout the service		2
The outcomes that will be monitored		3
A commitment to collaborative working		4
Trust support for implementation of the policy		
Orientation of staff to policy		5
Training for all staff (according to role)		6
New staff trained within six months of appointment		7
Mechanisms by which mothers'/parents' experiences of care will be listened to		8
Supporting parents to have a close and loving relationship with their baby		
Parents have a discussion with an appropriate member of staff as soon as possible about the importance of touch, comfort and communication for their baby's health and development		9
Parents are actively encouraged to provide comfort and emotional support for their baby including frequent and prolonged skin contact, comforting touch and responsiveness to their baby's behavioural cues		10

Enabling babies to receive breastmilk and to breastfeed when possible		
Mothers' own breastmilk is always the first choice of feed for their baby		11
Mothers have a discussion regarding the importance of their breastmilk for their preterm or ill babies as soon as is appropriate		12
Mothers are enabled to express breastmilk for their baby, including support to:		
express as early as possible after birth (ideally within two hours)		13
express a minimum of eight times in 24 hours, including at least once at the night		13
learn how to express effectively, including hand expression, use of breast pump equipment and storing milk safely		14
express frequently, especially in the first 2-3 weeks following delivery, to optimise long-term milk supply		15
stay close to their baby when expressing milk		16
access effective breast pump equipment		17
use their milk for mouth care when their baby is not tolerating oral feeds, and later to tempt their baby to feed		18
In addition staff will ensure that:		
a formal review of expressing is undertaken a minimum of four times in the first two weeks to support optimum expressing and milk supply		19
appropriate support is implemented to overcome expressing difficulties where necessary, particularly where milk supplies are inadequate, or if less than 750ml in 24 hours by day 10		20
The service will also ensure that in the unit:		
a suitable environment conducive to effective expression is created		21
mothers are provided with details of voluntary support for breastfeeding which they can choose to access at any time during their baby's stay		22
Mothers receive care that supports the transition to breastfeeding, including: being able to be close to their baby as often as possible so that they can respond to feeding cues use of skin-to-skin contact to encourage instinctive feeding behaviour information about positioning for feeding and how to recognise effective feeding		23
Mothers have additional support to help with breastfeeding challenges when needed		24

Mothers are supported through the transition to discharge home from hospital, particularly in relation to feeding and caring for their baby, including:		
having the opportunity to stay overnight/for extended periods to support development of the mother's confidence and modified responsive feeding[1]		25
information about how to access support in the community		26
Valuing parents as partners in care		
All parents have unrestricted access to their baby unless individual restrictions can be justified in the baby's best interest		27
The unit makes being with their baby as comfortable as possible for parents		28
Staff enable parents to be fully involved in their baby's care		29
Every effort is made to ensure effective communication between the family and the health care team, including providing full information regarding the baby's condition and treatment to enable informed decision-making		30
Parents who formula feed receive information about how to clean/sterilise equipment, make up a bottle of formula milk and feed this to their baby using a safe technique		
Monitoring		
Compliance with the policy will be monitored, including the audit mechanism and frequency of the cycle		31
How the audit results (and other described monitoring mechanisms) will be reported and to whom		32
How the relevant outcomes will be monitored		33
How the outcome indicators above will be reported and to whom		34

[1] Responsive feeding: The term responsive feeding (previously referred to as 'demand' or 'baby led' 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.

Guidance notes

Introduction and purpose

1. As with all hospital policies, compliance with statements within the breastfeeding policy is compulsory. Staff should be aware of the significance of the breastfeeding policy and must account for any deviation from it.

2. A neonatal unit working towards implementation of the Baby Friendly standards must adopt the International Code of Marketing of Breastmilk Substitutes. The policy should clearly state that it prohibits the display/distribution of materials which promote breastmilk substitutes, bottles, teats or dummies. Staff training should ensure that staff understand the rationale behind this requirement and equip them to apply this in their own practice.

3. The policy should clearly state the outcomes that it intends to deliver. These outcomes should align with national guidance and locally agreed outcome indicators where these exist.

4. It is vital that maternity services establish a clear commitment to collaborative working across professions and sectors (including the voluntary sector) to make the most of the resources available and deliver improved care and support for mothers and babies. The policy should identify specific commitments to local collaborative working arrangements where they have been established. For example:
    - working with maternity units to provide consistent and complementary care
    - working closely with local voluntary groups and peer supporters to improve support for mothers on the unit
    - liaison with local children's centres.

Trust support for implementation of the policy

5. All staff should be orientated to the policy as soon as their employment begins in order to enable them to understand what is required of their practice and to ensure that they do not inadvertently undermine the work of the rest of the staff team.

6. Training of all staff in breastfeeding management is an essential element of successful policy implementation. Including statements in the policy regarding provision of training will emphasise to all staff/managers the importance of training and the requirement that attendance is mandatory.

7. It is essential that all new staff receive training within six months of employment to ensure that standards are consistently maintained.

8. Listening to parents'/mothers' experiences of care is an essential aspect of a high quality service.[2] The policy should make clear the service's commitment to this aspect of quality monitoring and the mechanisms by which it will do this. For example: Bliss Baby Charter, Picker Institute surveys, 'Family and Friends' Test.

Supporting parents to have a close and loving relationship with their baby

9. Evidence shows that interventions to increase parents' involvement in their babies' care can have a significant impact on parents' confidence, their parenting behaviour and the wellbeing of the family. Therefore, the service should ensure that a discussion with parents about the importance of touch, comfort and communication for their baby's health and development is part of routine care.

[2] NHS constitution 2010 available at http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Documents/2013/handbook-to-the-nhs-constitution.pdf

10. The service should aim to create a culture in which all staff proactively support parents to provide comfort and emotional support for their baby including frequent and prolonged skin contact, comforting touch and responsiveness to their baby's behavioural cues. It is expected that skin-to-skin contact / kangaroo care will be encouraged as part of the developmental care package, and that local guidelines to ensure best practice regarding frequency and duration of skin contact will be available. It is suggested that parents are provided with a personal log or diary to record their daily observations and interactions with their baby including touch, comfort holding and skin-to-skin contact.

Enabling babies to receive breastmilk and to breastfeed when possible

11. For sick and preterm babies the importance of breastmilk cannot be overestimated. Human milk supports growth, provides protection from infection and is linked to reductions in mortality and morbidity. In particular, evidence suggests that the use of breastmilk decreases the incidence and severity of the life threatening disease necrotising enterocolitis. Where a mother's breastmilk is not available, appropriate use of donor milk should be considered as the second choice.

12. It is important that mothers, partners and their family understand the vital importance of a mother's milk for the health of the baby, and the very valuable contribution expressing milk can play in supporting their baby's health. This information should be discussed as soon as possible to allow informed decision making in the best interests of the baby.

13. Mothers should be shown how to express their breastmilk as soon as possible, within two hours of birth. Thereafter they should be supported to express a minimum of 8 times in 24 hours, including once during the night. Early and frequent expressing is vital if the immature glandular tissue is to be effectively programmed so that mothers have the potential to produce enough milk for their baby.

14. The key issue here is that mothers are enabled to learn how to express effectively. Staff will need to take a mother-centred approach; each mother's learning needs will be slightly different. Staff from the maternity and neonatal units may have to work together to achieve this through, for example, passing on information and giving feedback as to how things are going. Hand expressing is effective for obtaining colostrum, but mothers should also be taught how to use an electric breastpump, particularly as the volume of milk increases to 5–7 ml per expression. Hand expressing can still be used in conjunction with pumping if the mother wishes. Mothers should be informed of local storage of breastmilk guidelines and how to store breastmilk upon return home.

15. Frequent expressing is vital if the immature glandular tissue is to be effectively programmed so that the mother has the potential to produce enough milk for the baby. Mothers do not need to adhere to a strict regime when expressing, but should be advised not to leave long gaps between expressions. It is recommended that an individual expressing log is provided to all mothers to help them record frequency of expression and increases in volumes of milk expressed.

16. Effective expressing is easier when mothers and babies are close to one another. This should be encouraged and supported through practical measures such as comfortable chairs, enough expressing equipments and having a screen available for privacy if required.

17. It is vital that mothers have easy access to effective breast pump equipment, including a range of different size funnels. Staff should ensure that adequate arrangements for access to good quality equipment are made when mothers are at home.

18. Using breastmilk for mouth care is beneficial for babies. It contains antibodies, is an excellent way to support the process of transition to breastfeeding, and is something positive and nurturing for the parents to do for their baby.

19. In recognition of the challenges faced by mothers to sustain frequent expressions, a formal review of expressing is required at least four times during the first two weeks to ensure an effective technique and to monitor milk volumes. The review should include action planning where issues are identified.

20. It is important that mothers have access to further help with expressing if milk supplies are inadequate or if they are expressing less than 750ml in 24 hours by day 10. In most cases issues identified will be resolved by attention to technique, frequency of expression and general support / encouragement, all members of staff should be skilled in offering this level of support. Occasionally a referral to a more experienced member of staff or the infant feeding co-ordinator may be necessary and a process for this should be described in the policy document.

21. Wherever the mother chooses to express milk whilst is in the neonatal or maternity unit, every effort should be made to ensure that the environment is suitable conducive to effective expressing. This includes thinking about comfort, availability of the right equipment, pleasant surroundings and privacy.

22. Peer support for breastfeeding is found by many mothers to be very helpful. Therefore mothers should be informed about and provided with contact details of voluntary / peer support for breastfeeding which they can choose to access at any time during their baby's stay.

23. It is vital that mothers receive sufficient support throughout the transition to full feeding at the breast. This includes that mothers are:

- Able to be close to their baby as often as possible so that they can respond to feeding cues. When a baby is or has been on a medically indicated feeding regime, parents are often unaware of feeding cues or do not feel confident to respond to them. However, responsiveness to their baby's cues is important during this transition to feeding at the breast. Without this there may be missed opportunities for successful feeds when a baby is quiet, alert and interested in feeding and frustrating episodes if attempts at the breast are strictly scheduled. Of course, ensuring that the baby does receive sufficient breastmilk remains vital, and continued monitoring of intake with supplementation with expressed breastmilk by another feeding method as appropriate will provide a safety net, but introducing an element of responsiveness at this stage will support both the baby to learn to breastfeed and the parents to begin to make the transition to modified and then eventually fully responsive feeding.

- Encouraged to use skin-to-skin contact as a means to encourage pre-feeding behaviour, such as licking and nuzzling at the breast, instinctive feeding, and to help boost milk-producing hormones.

- Given information about:
    - The likely process, for mother and baby, of learning to breastfeed; that it may take baby a while to learn and to expect that some feeds will be more successful than others in the beginning.
    - The things that will help, for example: skin contact, expressing a little from a full breast to make the breast a bit softer, tempting the baby to feed with a drop of milk expressed onto the end of the nipple for baby to lick.
    - Positioning for feeding and how to hold baby at the breast.
    - How to recognise effective feeding through observing baby's feed, looking for signs of good attachment and watching / listening for sucks and swallows.

24. All members of staff in the neonatal unit should be competent to support mothers with breastfeeding. However from time to time a mother may have particularly challenging issues and experienced skilled support should be available. The policy should state that all breastfeeding mothers will have access to specialist support with expression and breastfeeding when they require it.

25. Preparation for discharge should begin early and parents should be supported to feed and care for their baby at the earliest opportunity. Parents should also have the opportunity to stay overnight and care for their baby independently prior to discharge home. At this time it is important that parents are encouraged to respond to their baby's needs for feeding and comfort and, as part of the preparation for discharge, discussions should be had on the importance of moving towards a less regimented feeding plan.

26. Parents should be given information about how to access support in the community (both health service led and voluntary).

Valuing parents as partners in care

27. The aim of this standard is to ensure that a positive parent/baby relationship is recognised as being crucial to the well-being and development of babies. In order for this to happen, parents should be encouraged to be with their baby for as long as, and as often as, they wish. Hospital routines should not be deemed as more important than parents for babies' well-being; parents should only ever be denied access to their baby on occasions where it is judged to be in the baby's best interest.

28. An important part of valuing parents and their important contribution is to make them welcome in the unit, which includes the atmosphere created by staff. Staff training and unit guidelines should outline ways in which parents are made to feel welcome, needed and safe when they are on the unit. The physical environment should also be welcoming, comfortable and meet parents' needs, for example, putting comfortable chairs by the side of each cot, giving privacy when needed, or providing facilities for parents to stay overnight where possible.

29. Valuing the contribution of parents means creating a culture in which all staff enable parents to be fully involved in their baby's care.

30. Effective communication between the family and the neonatal team underpins high quality care and is essential if parents are to be fully engaged with their baby's progress. Every effort should be made to establish and maintain systems and practices within the unit that facilitate good communication (such as providing clear, regular updates for parents, including full information regarding their baby's condition and treatment to enable informed decision-making) and which include an emphasis on the importance for all staff of listening to parents' feelings, wishes and observations.

Monitoring

31. It is a requirement for Baby Friendly accreditation that the policy be audited at least once a year. Therefore, the policy should include a statement to this effect. If possible, more frequent audit is strongly recommended. Regular and thorough audit conducted by questionnaires, face-to-face interviews with pregnant women and mothers, clinical supervision of staff and examination of appropriate records will inform all concerned of the level of implementation of the best practice standards.

32. The policy should set out the local arrangements regarding to whom the audit results will be reported and who has accountability for ensuring that areas requiring improvement are addressed.

33. The policy aim is to improve outcomes for children/families; therefore it is important that outcomes are monitored so that improvements/lack of improvement in outcomes can be identified and appropriate plans made. The policy should describe how the outcomes listed will be monitored.

34. The policy should set out the local arrangements regarding to whom the outcomes data will be reported and who has accountability for ensuring that areas requiring improvement are addressed.