**Sample infant feeding policy (Health Visiting/SPHCN)**

**Purpose**

The purpose of this policy is to ensure that all staff at [name of service provider] understand their role and responsibilities in supporting those who are pregnant, new mothers[[1]](#footnote-2) and their partners to feed, care for and nurture their baby in ways which support optimum health and wellbeing. This is in recognition of the profound importance of early family-child relationships to future health and wellbeing and the significant contribution of breastfeeding and human milk to positive physical and emotional health outcomes for children and mothers.[[2]](#footnote-3),3,4,5

The policy also considers and facilitates the responsibilities of [name of service provider] under the United Nations Convention on the Rights of the Child and ensures that all decisions are in the best interest of the child alongside a parent/primary caregiver-centred approach to care.

All staff are expected to comply with the policy.

**Outcomes**

This policy aims to ensure that care provided improves outcomes for children and families, specifically to deliver:

* An increase in breastfeeding rates at 6-8 weeks
* Support for mothers to breastfeed responsively and effectively to meet individual goals
* Amongst parents/primary caregivers who formula feed, increases in those doing so to feed as responsively and as safely as possible in line with nationally agreed guidance
* An increase in the proportion of babies starting solid foods at around six months of age in line with nationally agreed guidance
* An increase in the proportion of parents/primary caregivers who are supported to develop a close and loving relationship with their baby
* Improvements in parents’/primary caregivers’ experiences of care
* [Any locally agreed outcome indicators]

**Our commitment**

[Name of service provider] is committed to:

* Working together across disciplines and organisations to ensure relevant data sharing and improved outcomes and experiences of care for babies, their mothers and parents/primary caregivers
* Providing Baby Friendly standards of care to support those who are pregnant and new mothers and parents/primary caregivers to feed their baby, support secure attachment, and build loving relationships
* Ensuring that all care puts the baby at the heart of decision making and is person-centred, non-judgemental and that parents’/primary caregivers’ decisions are supported and respected.

**To enable this commitment:**

* All new staff are familiarised with the policy on commencement of employment (within one week)
* All staff receive training to enable them to implement the policy as appropriate to their role, with new staff receiving this training within six months of commencement of employment
* Processes are in place to enable staff to remain up-to-date
* Accurate records of staff training will be maintained
* Effective implementation of the policy will be monitored via audit
* The International Code of Marketing of Breast-milk Substitutes[[3]](#footnote-4) is upheld throughout the service
* All services provided and materials produced for families reflect the Baby Friendly standards
* The needs of the local population [Note: you may want to define this in your area, e.g. citing examples of socio-demographic needs for groups and/or individuals] are considered when planning services and resources, with parents/primary caregivers involved in the process
* Parents’/primary caregivers’ experiences of care will be listened to through: regular audit, [Add other mechanisms that available locally, including parents’/primary caregivers’ feedback mechanisms, etc.]
* Staff engagement is sought to ensure the service delivers quality care for families.

**The standards**

This section of the policy sets out the support and information that the health visiting service is committed to giving to all those who are pregnant and all new mothers. It is based on the UNICEF UK Baby Friendly Initiative standards for community services[[4]](#footnote-5), relevant NICE guidance8 and the Healthy Child Programme9.

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| 1. Support those who are pregnant to recognise the importance of breastfeeding and early relationships for their baby’s health and wellbeing
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All those who are pregnant will have evidenced-based information in a digital or written format alongside the opportunity for a conversation (face-to-face, virtually or in a group) appropriate to need about feeding and caring for their baby with a member of the health visiting team or other suitably trained designated person. This discussion will include the following topics:

* The value of connecting with their growing baby in utero, including the positive impact on the baby’s brain development
* The value of skin contact for all mothers and babies
* The importance of responding to their baby's needs for love, comfort and closeness to support emotional and social development
* Feeding, including:
* exploration of what parents/primary caregivers already know about breastfeeding, including previous experiences and (if appropriate) additional support for mothers’ emotional wellbeing
* the value of breastfeeding as nutrition, protection and comfort
* getting breastfeeding off to a good start
* support available for breastfeeding.

All those who are pregnant can access services which may include 1-2-1 conversations, classes, written/online information, peer/volunteer support, phone contact, etc. [amend as appropriate to local services]

All classes and information provided uphold the Baby Friendly standards and comply with the Code.

An antenatal pathway describes relevant contact points by all local services.

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| 1. Protect and support breastfeeding in all areas of the service and enable mothers to continue breastfeeding for as long as they wish
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* Mothers are welcome and encouraged to breastfeed in all areas of [name of service provider] and comfortable facilities are provided
* Mothers are actively contacted and offered infant feeding support in advance of the new birth visit
* Social support and basic breastfeeding problem solving are met by [description of services provided] and parents/primary caregivers are informed about these
* A formal breastfeeding assessment using the [name of local tool]will be carried out at the new birth visit at approximately 10-14 days and at all subsequent mandated contacts in the Healthy Child programme to ensure effective feeding and wellbeing of the mother and baby; to include supporting mothers to recognise the signs that feeding is going well and developing, with the mother, appropriate recommendations to address issues identified
* Where the birth or postnatal period have been challenging (such as following admission to a neonatal unit or a paediatric ward or when mothers are admitted to hospital), appropriate planning and support are initiated
* For mothers who require additional support for more complex breastfeeding challenges, a referral to the specialist service will be made [describe specialist service and referral pathway – or signpost to more information about service and referral pathway]. This will include the availability of a frenulotomy service and a breast pump loan scheme as part of the specialist service, with appropriate referral pathways and evaluation of the service. Mothers will be informed of this pathway should they need it.
* Mothers will have the opportunity for a discussion about their options for continued breastfeeding (including support for breastfeeding to meet individual goals, responsive feeding, expression of breastmilk and feeding when out and about and going back to work) according to individual need.

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| **Responsive breastfeeding**Responsive breastfeeding embraces the many and varied reasons a mother may offer the breast aside from meeting the nutritional requirements of the infant and describes a sensitive, reciprocal relationship whereby the physical, social and emotional needs of the mother and baby can be met.Staff should ensure that mothers/parents/primary caregivers have the opportunity to discuss this aspect of feeding and reassure them 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
* breastfeeding gives mothers an opportunity to relax with their baby, supports hormonal responses associated with breastfeeding to enhance their mood, and to help them fit breastfeeding into a busy day.

There are a small number of situations where relying on the baby to responsively breastfeed may not be appropriate, for example if weight gain is a cause for concern. These babies may need to be fed proactively until the issue is resolved. Care should be taken to ensure parents/primary caregivers understand the temporary nature of proactive feeding plans and resumption of responsive feeding should be supported as soon as is safely possible. [The policy should signpost to the relevant local guidance]  |

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| 1. Support mothers to make informed decisions regarding the introduction of food and fluids other than breastmilk
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* + 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 the establishment of breastfeeding\*
* When exclusive breastfeeding is not possible, the value of continuing partial breastfeeding is emphasised and mothers will be supported to maximise the amount of breastmilk their baby receives
* Mothers who give other feeds together with breastfeeding will be supported to do so as safely as possible and with the least possible disruption to breastfeeding to protect their milk supply, including information about the potential impact of the use of a dummy on milk supply when a baby is learning to breastfeed
* A bottle feeding assessment will be carried out at the new birth visit and subsequent relevant contacts in line with the Healthy Child Programme with mothers who bottle feed (expressed breastmilk or infant formula) including provision of appropriate support if needed
* Recognising that this information will have been discussed with maternity service staff (but may need revisiting or reinforcing) and being sensitive to a mother’s previous experience, staff will check that parents/primary caregivers who are formula feeding have the information they need to enable them to do so as safely as possible, to use a first infant formula, and to bottle feed responsively.

*\* Up to 6 weeks in most cases*

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| **Bottle feeding responsively and as safely as possible**Ensuring parents/primary caregivers are able to cleanse and sterilise equipment and make up feeds as safely as possible is crucial in order to reduce the risk of infection in the baby, who does not have the benefit of the protective factors of breastmilk, as well as to ensure correct concentration of ingredients.Powdered infant formula is not sterile and needs to be made up at a temperature which will kill any potential bacteria present, with water above 70°C. Commercial preparation machines may not heat the water to > 70°C and therefore are not recommended. Parents/primary caregivers should be encouraged to use a first infant formula until their baby is 12 months old. There is no evidence that milks which claim to help hungry babies, prevent colic, wind, reflux or allergies are helpful and they may not be safe. There is little meaningful variation in the nutrient content of different brands of infant formula because they must all conform to the same compositional requirements. Parents/primary caregivers can be reassured that they do not need to buy the most expensive product; a higher price generally reflects the addition of non-essential ingredients and a higher spend on brand promotion.Responsive bottle feeding enables parents/primary caregivers to monitor their baby’s intake by observing for cues to indicate fullness and can therefore help avoid overfeeding which may lead to obesity. Babies who ingest excess infant formula may exhibit symptoms such as vomiting, colic, fussiness and this has the potential to lead to overdiagnosis of reflux and CMPA. There may be a small number of occasions whereby the volume of milk needed by the baby is not being met by responsive feeding and a proactive feeding plan is indicated. This should be overseen by a health professional with the goal of returning to feeding the baby responsively once the issue is resolved. [The policy should signpost to the relevant local guidance] |

All parents/primary caregivers will have a timely discussion about when and how to introduce solid food and why this is important including:

* That solid food should be started at around six months with the possible risks of earlier introduction
* Babies’ signs of developmental readiness for solid food
* How to introduce solid food to babies
* Appropriate foods for babies
* Signposting to when and where information about the introduction of solid foods will be covered.

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| 1. Support parents/primary caregivers to have a close and loving relationship with their baby
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* All parents/primary caregivers will be supported to understand their baby’s social and emotional needs including the importance of love and nurture for infant brain development (encouraging frequent touch and sensitive verbal/visual communication, keeping babies close, responsive feeding, night-time feeding and safe sleeping practice)
* Parents/primary caregivers 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 parent-baby relationship
* Parents/primary caregivers are encouraged to recognise the positive impact of being responsive and close to their baby on their own emotional wellbeing
* Parents/primary caregivers will be given information about local parenting support that is available [insert local arrangements]
* Mothers are enabled to discuss the impact of feeding challenges (previous, current or perceived) on the emotional wellbeing of themselves and their family with options for signposting or referral if indicated.

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| **Safer sleep for babies**All parents/primary caregivers should have a conversation to support them to understand how to keep their baby safe when they are asleep with the following key messages conveyed:Babies should be:* Put on their back for every sleep
* In a clear, flat sleep space in the same room as the parent/carer
* Smoke free day and night.

Parents/primary caregivers should not bedshare:* With a baby who was born preterm or very small
* If they have been drinking alcohol or taking drugs that may cause drowsiness (legal or illegal)
* If they are a smoker
* Parents/primary caregivers should never fall asleep with their baby on a sofa or armchair.

Written/digital information should be given to strengthen this conversation. Further information can be found at the [UNICEF UK Baby Friendly Initiative](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/sleep-and-night-time-resources/), [BASIS](https://www.basisonline.org.uk/) and [Lullaby Trust](https://www.lullabytrust.org.uk/) |

**Monitoring implementation of the standards**

The [name of health visiting service] requires that compliance with this policy is audited at least annually [insert frequency] using the UNICEF UK Baby Friendly Initiative audit tool[[5]](#footnote-6). Staff involved in carrying out this audit require training on the use of this tool.

Audit results will be reported to the [title of head of service and head of division] and an action plan will be agreed by [insert appropriate committee / board or working party] to address any areas of non-compliance that have been identified.

**Monitoring outcomes**

Outcomes will be monitored by:

* Monitoring breastfeeding rates at [state data collection points, ideally two or more]
* [Insert additional local mechanisms that relate to all outcomes described on page 1 of policy]

Outcomes will be reported internally to:

[Title of appropriate head of service / head of division committee / board or working party]

Outcomes will be reported externally to:

[Insert any partner organisations who you may plan to share outcomes with]

UNICEF UK Baby Friendly Initiative

1. The UK Committee for UNICEF (UNICEF UK) Baby Friendly Initiative fully supports inclusivity in accordance with Article 2 (non-discrimination) of the UN Convention of the Rights of the Child and the Equality Act 2010. Learn more about our inclusivity policy at: [unicef.uk/bf-inclusivity](https://unicef.uk/bf-inclusivity) [↑](#footnote-ref-2)
2. [Best Start for Life: A Vision for the 1,001 Critical Days 2021](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/973112/The_best_start_for_life_a_vision_for_the_1_001_critical_days.pdf)

3 [Early Childhood development: UNICEF Vision for Every Child 2023](https://www.unicef.org/reports/early-childhood-development-unicef-vision-every-child)

4 [Yuen M, Hall JO, MastersGA et al (2022) The Effects of Breastfeeding on Maternal Mental Health: A Systematic Review](https://www.liebertpub.com/doi/10.1089/jwh.2021.0504)

**5** [Victora CG, Bahl R, Barros AJD etc al (2016)Breastfeeding in the 21st century: epidemiology, mechanisms, lifelong effect.](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2815%2901024-7/abstract) [↑](#footnote-ref-3)
3. [World Health Organization. (1981) International Code of Marketing of Breast-Milk Substitutes](https://www.who.int/publications/i/item/9241541601) [↑](#footnote-ref-4)
4. Updated Baby Friendly standards: <http://unicef.uk/babyfriendlystandards> [↑](#footnote-ref-5)
5. The UNICEF UK Baby Friendly Initiative audit tool is designed specifically for this purpose. <http://unicef.uk/audit> [↑](#footnote-ref-6)