

**Breastfeeding Policy**

**Great Ormond Street Hospital for Children NHS**

**Foundation Trust**

**(GOSH)**

**POLICY APPROVED BY: Policy Approval Group**

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| **Policy Title** | Breast Feeding at GOSH |
| **Purpose of Policy/ Assurance Statement**  | The purpose of this policy is to ensure that all staff at GOSH understand their role and responsibilities in supporting parents to feed and care for their babies in ways which support optimum health and well-being. |
| **Target Audience****(Policy relevant to)** | All clinical staff are expected to have knowledge of & understand of this policy |
| **Lead Executive Director** |  Chief Nurse |
| **Name of Originator/ author and job title** | Pauline WhitmoreHead of Nursing, Critical Care and Cardiorespiratory Unit |
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| **Circulated for Consultation to (*Please list Committee/Group Names*):** | Vanessa Shaw: Head of Dietetics. Janet Williss: Deputy Chief NurseMarie-Anne Kelly: Neonatal Nurse advisorLiz Smith: Lead Nurse Advancing Practice, CCCRAnnette Rathwell: Lead Nurse, NICUSimon Hannam: Neonatal Consultant |
| **Amendments:**  |  |
| **Links to other policies or relevant documentation**  | RCN (2013) 3rd Edition, Breast Feeding in Children’s Wards and Departments, Royal College of Nursing, LondonGOSH breast milk policies - internetGOSH (2013) Enteral Nutrition for the Premature Infant, <http://www.gosh.nhs.uk/health-professionals/clinical-guidelines/enteral-nutrition-for-the-preterm-infant/>, viewed November 2014GOSH (2013) Expressing and Handling Breast Milk, <http://www.gosh.nhs.uk/health-professionals/clinical-guidelines/expressing-and-handling-breast-milk/>, viewed November 2014 GOSH, Hotel Facilities and Services – Coming to the hospital, <http://www.gosh.nhs.uk/parents-and-visitors/advice-for-when-you-stay/hospital-facilities-and-services/>, viewed November 2014GOSH (2013) Infant Feeding Formula, <http://www.gosh.nhs.uk/health-professionals/clinical-guidelines/infant-feeding-formula/>, viewed November 2014 GOSH (2013) Information for Families, <http://www.gosh.nhs.uk/medical-information/clinical-specialties/paediatric-and-neonatal-intensive-care-unit-information-for-parents-and-visitors/information-for-families/>, viewed November 2014GOSH (2013) Donor Breast Milk Policy http://goshweb.pangosh.nhs.uk/document\_library/Corporate Library/Donor Breast Milk Policy.doc |
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| **By** |  |   |

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1. **Statement**

 This policy aims to ensure that the care provided contributes to short term outcomes and the longer term health of babies, infants and their families, specifically to deliver:

      Increases in the number of babies receiving breast milk.

      Increases in breastfeeding initiation rates.

      Increases in the number of babies who are discharged home breastfeeding or taking breast milk feed.

      Increases in the proportion of mothers who choose to formula feed reporting that they have received proactive support to formula feed in line with the Department of Health safety guidance (DOH 2011).

* Improvements in parents’ experiences of feeding their babies whether they are

 breast or formula fed.

* Active encouragement and support to families who wish to breast feeding, during their hospital stay.
* A transition into a supportive structure and framework for mothers and families once they leave the hospital environment.

2. **Introduction**

 GOSH, in collaboration with other national and international organisations, will always encourage mothers to feed their babies’ breast milk, unless there are circumstances when breastfeeding is thought to be contraindicated (RCN 2013, WHO 2003).

3. **Aims and objectives**

 GOSH is committed to:

     Providing the highest standard of care to support parents to feed their baby and build strong and loving parent-infant relationships. This is in recognition of the profound importance of early relationships on the future health, well-being and the significant contribution that breastfeeding makes to good physical and emotional health outcomes (RCN 2013).

     Ensuring that all care is mother and family centred, non-judgemental and individual parents’ decisions are supported and respected.

     Working together across disciplines and organisations to improve parents’ experiences of care related to breast feeding.

* Ensuring on going care and support is communicated through appropriate

 channels and clear documentation.

4. **Definitions**

Definitions or abbreviations parents may see or hear whilst at GOSH.

 **Any or partial breastfeeding** Some breastfeeding or breast milk or formula milk.

 **Appropriate for gestational** **age** An Infant’s birth weight lies between the 10th and 90th centiles for gestational age at birth.

 **Baby Friendly Initiative** A worldwide programme of the World Health Organisation and UNICEF to encourage maternity hospitals to implement the Ten Steps to Successful Breastfeeding and to practice in accordance with the International Code of Marketing of Breast Milk Substitutes.

 **Bolus feeding** A calculated amount of fluid, given intermittently depending on weight and gestational age.

 **Breast milk substitute** Any fluid or food other than breast milk that is used to feed infants. It may be used instead of, or as well as breast milk.

 **Chronological age** The age of the infant in weeks from the date of birth without correcting for prematurity.

**Corrected age** The age of the infant in weeks from the date of birth minus the number of weeks of prematurity.

**Composite milk** A combination of the fore and hind milk produced by lactating mothers.

**Cup feeding** A method of feeding in which the infant licks or sips breast milk from a specially designed cup.

**Duration of breastfeeding** The period beyond the first nutritive breastfeed for which a baby continues to feed at the breast.

**Enhanced staff contact** The provision of specially trained staff to advise and support mothers about milk expression and breastfeeding i.e. neonatal nurse advisors.

**Enteral feeding** The administration of any feed into the gastrointestinal tract.

**Exclusive breastfeeding** Breast feeding with no supplemental liquid or solid foods other than medications or vitamins.

**Foremilk** the low fat, higher volume breast milk obtained at the beginning of a breastfeed.

**Formula** Cow’s or soy milk modified in line with Codex Alimentarius standards to provide the nutritional requirements of infants.

**Fortified feeds** Fortifiers, vitamins and minerals that are added to breast milk with the aim of meeting preterm infants’ specific nutritional needs.

**Nasogastric/Orogastric** **feeds** The introduction of food into the stomach by means of a tube inserted through the mouth (orogastric) or the nose (nasogastric).

**Gestational age** The age in weeks and days of the foetus counted from the first day of the mother’s last menstrual period.

**Growth restricted** describing infants who have experienced intrauterine growth restriction.

**Hand expression** The expression of milk from the breast by hand.

**Hind milk** The high fat breast milk produced after the foremilk.

**Initiation of breastfeeding** In the context of neonatal care settings, initiation of breastfeeding is defined as the mother putting the baby to the breast and the baby demonstrating nutritive sucking.

**International code of marketing of Breast Milk Substitutes** A code ratified by the World Health Assembly in 1981, and amended by its subsequent resolutions. It sets out the conditions under which breast milk substitutes may be marketed to the public and health professionals. It has been adopted in whole or in part into the laws of several countries.

**Kangaroo skin-to-skin contact** On-going skin-to-skin contact with the infant held between the mother’s breasts in an upright position.

**Low birth weight infant** An infant with a birth weight of less than 2500g.

**Milk banking** A service that collects, screens, processes, stores and distributes breast milk.

**Multiples** infants born as a result of the multiple births of more than two infants (i.e. triplets, quadruplets and more).

**Non-Nutritive sucking/suckling** Sucking using pacifier or other, or at the breast without ingestion of breast milk.

**Parenteral feeding** The partial or total intravenous provision of fluid and nutrients when infants are unable to accept these by the gastrointestinal route.

**Post term birth** A birth occurring after 42 weeks of gestational age.

**Preterm birth** A birth occurring before 37 completed weeks of gestational age.

**Preterm formula** Cow’s or soy milk modified in line with Codex Alimentarius standards to provide the specific nutritional needs of preterm infants, principally those born before 32 weeks gestation or weighing under 1500g at birth.

**Small for gestational age** Describes an infant whose birth weight is less than the 10th centile.

**Stable Infant** An infant whose vital functions, respiration and heart rate are not subject to rapid and unexpected worsening, nor dependent on continuous medical monitoring and support.

**Term Birth** A birth occurring after 37 completed weeks and before 42 completed weeks of gestational age.

**Very low birth weight** An infant who has a birth weight of less than 1500g.

  5. **Duties and Responsibilities**

As part of this commitment GOSH will ensure that:

* All new clinical staff are familiarised with this policy on commencement of employment, at orientation to the trust and by the Practice Educator team at local induction.
* Education and learning will be supported with ongoing educational methods and training using electronic materials which are updated and functional.

     The International Marketing Code of Breast-milk Substitutes (WHO 1981) is implemented throughout the Trust.

      All documentation fully supports the implementation of the UNICEF Baby Friendly Initiative standards (UNICEF 2013).

      Parents’ experiences of care will be listened to through face to face consultation, audit and parents’ experience surveys.

* The Trust will support and develop the Neonatal Nurse Advisors role to provide additional support to families and staff around the challenges of breast feeding or breast fed babies in hospital, as well as to monitor the implementation of a positive Breast Feeding Strategy.

6. **Policy**

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

 GOSH recognises the profound importance and evidence base of secure parent-infant attachment for the future health and well-being of the infant and the huge challenges that the experience of having a sick or premature baby can present to the development of this vital relationship. Therefore, GOSH is committed to care which actively supports parents to develop a close and loving bond with their baby. All parents will:

     Have opportunities to meet trained staff who can provide information about the importance and opportunities of touch, comfort and communication for their baby’s health and development.

     Be actively encouraged and enabled to provide touch, comfort and emotional support to their baby throughout their baby’s stay at GOSH.

     Be actively enabled and supported to have frequent and prolonged skin contact with their baby as soon as possible and throughout the baby’s stay at GOSH.

* Be supported in the emotional and learning needs of new mothers with a baby in hospital.

6.2 **GOSH recognises the importance of breast milk for babies’ protection and future health. Therefore, GOSH will ensure that:**

     A mother’s own breast milk is the healthiest first choice for feeding her baby.

     Mothers and partners will have opportunities to discuss the importance of the mothers breast milk for their preterm or ill baby as soon as is appropriate during their admission.

     A suitable environment will be provided that is conducive to effective breast milk expression.

     Mothers will have access to effective breast pumps and equipment, in a safe and suitable environment

* Breast feeding vouchers will be provided to all breast feeding mothers who are resident with their baby. The form is available from the nursing staff caring for the baby or the Neonatal Nurse Advisor. The vouchers can be collected from Family Services located in the reception of the hospital.

  Mothers are enabled to express breast milk for their baby, including support to:

       Express as early as possible after their baby’s admission to GOSH.

     Learn how to express effectively, including by hand or by pump.

     Learn how to use pump equipment and store milk safely.

     Express frequently (at least eight times in 24hours, including once at night) especially in the first two to three weeks following delivery, in order to optimise long-term milk supply.

     Overcome expressing challenges, with support from the trained staff and the Neonatal Nurse Advisors.

     Mothers will have the options to express milk close to their baby. Where this is not possible, to ensure that staff re-evaluate this option on a regular basis (RCN 2013)

If the baby is in an intensive or a complex environment, the safety of the babies immediate environment must be assessed as to the suitability of expressing close to the baby on an individual basis and regularly evaluated.

* Mothers who need extra support and assistance with expressing milk can be provided by referral to the Neonatal Nurse Advisors

 Mothers should receive day-to-day care from the clinical nursing team led by the ward sister/charge nurse. The Neonatal Nurse Advisors will be aware of all neonates within the trust and lead the trust aims of transition to breastfeeding, including support to:

     Recognise and respond to feeding cues

     Use skin-to-skin contact to encourage instinctive feeding behaviour

     Position and attach their baby for breastfeeding

     Recognise effective feeding

     Overcome challenges

 Mothers are provided with details of voluntary support groups and charities, which they can choose to access at any time during their baby’s stay (DOH 2011).

 Mothers will be provided with written information about Breast Feeding at GOSH including facilities, advice, equipment, support, challenges, going home.

 Every effort must be made to allow mothers to be with their babies. GOSH recognises that parents are vital to ensuring the best possible short and long term outcomes for babies and therefore, should be considered as the primary partners in care.

GOSH will ensure that parents:

* Have unrestricted access to their baby, unless individual restrictions can be justified in the baby’s best interest.

     Are fully involved in their baby’s care, with all care possible entrusted to them

     are listened to, including their observations, feelings and wishes regarding their baby’s care.

     Have full information regarding their baby’s condition and treatment to enable informed decision-making.

     Are made comfortable when on the ward/unit to ensure they spend as much time as possible with their baby.

* Have access to a midwife in the relevant period after their babies birth, to assess the on-going health needs of each new mother.
* At discharge, have a pathway of care into local services and the support of a local Health Visitor Team and contact with other local services.

**6.3 Support offered by the Neonatal Nurse Advisors**

* Neonatal Nurse Advisors should be contacted where there are challenges to breast feeding that cannot be supported by the ward staff. However, Neonatal Advisors will be aware of all neonates and infants under the age of 1 month.
* Neonatal Nurse Advisors can support clinical discharge teams in making connections with other health care providers and health care professionals in order to deliver a seamless service in the support of breast feeding women eg primary care, charities, Health Visitors. They can provide education about making these important links with local services.

**6.4 Breast Feeding Support from the ward areas**

* Support for breastfeeding by mothers should primarily be provided by the ward staff, challenges and difficulties should be directed to the Neonatal Nurse Advisors.
* The ward staff should discuss the health benefits of breastfeeding and the potential health risks of formula feeding should be discussed with all mothers and their families as appropriate so that they can make an informed choice and this should be clearly documented. If they have more complex health needs and questions around breast feeding challenges, contact should be made with the Neonatal Nurse Advisors to support the clinical staff in dealing with these issues.
* Following neonatal surgery, the ward team should assess the baby as to whether there will be any concerns re safe sucking and swallow that need to be assessed by the local clinical team or the Speech and Language Team (SALT) prior to restarting breast feeds.
* The ward manager and Practice Educator Teams must ensure that all staff are aware and adhere to the trust Breast Feeding Policy to ensure consistency of advice/ support.
* Parents who have made a fully informed choice to feed their babies on non breast milk, should be shown by the ward staff and with dietician input, how to prepare and store formula feeds correctly, on an individual basis, prior to discharge home.
* Parent who feed special formula will need support from the ward dietitian to ensure the individual needs of their baby is met once discharged and appropriate feeds are available.
* The ward manager and Practice Educator Teams must ensure that all new staff who have contact with breastfeeding mothers are made aware of the Trust Breast Feeding Policy during their induction period.
* The ward manager and Practice Educator Teams, must ensure that all staff (including temporary staff) have access and knowledge to this policy via the GOSH Trust intranet.
* All ward managers will work closely with the Neonatal Advisor Team.

**6.5 Advertising of Formula Feeds**

* The ward manager and Practice Educator Teams must ensure that there is no advertising of feeding bottles or the display of logos of manufacturers of breast-milk substitutes within GOSH.

**6.6 Training**

* The Neonatal Nurse Advisors will have a lead training role for staff supporting breast feeding mothers, including orientations of new staff, ongoing education, new evidence updates, and the production of training materials.
* Neonatal Advisors will be responsible for the update of the breastfeeding guidelines for the support of breastfeeding at GOSH.
* Neonatal Nurse Advisors will support the development of electronic learning and information resources, as well as audit effectiveness.
* Neonatal Advisors will support ward managers to complete and use Breast Feeding audits and key performance indicators to develop robust and quality services.

**6.7 Implementation**

* Staff will be familiar with the Breast Milk Policy at GOSH through orientation at both trust and local level at commencement of employment.
* All staff receiving training will be able to implement the policy as appropriate to their role. New staff will receive this training within six months of commencement of employment.
* The International Code of Marketing of Breast Milk Substitute is implemented through out the service.
* Information will be available to the wards on the GOSH intranet.
* The Neonatal Nurse Advisors will ensure the all policies are current and up to date.
* Staff with responsibilities for implementation of this policy :

 Divisional management team

 Ward sisters / charge nurses

 Practice Educators & Practice Facilitators

 All clinical nursing staff

 Dieticians

 Speech & Language Teams (SALT)

 Neonatal Trust Advisors

 All staff who have contact with families with a new baby or infant under the age of 6 weeks.

**6.8 Monitoring**

* Monitor and audit the percentage of babies who are exclusively or partially receiving breast milk during admission at GOSH
* A shortened GOSH Trust Breast Feeding Policy (Appendix 1) should be visibly displayed in all areas of the Hospital where neonates are cared for.
* Develop and support the Trust GOSH strategy for Breast Feeding.
* Develop Key Performance Indicators (KPIs) which will be monitored by the Nutrition Steering Committee.
* Support Ward Managers to record and action KPIs outcomes

**6.9 Standards/Key Performance Indicators**

See GOSH documents and policies for Breast Feeding

* Increases in the number of babies receiving breast milk:
* Increases in breastfeeding initiation rates.
* Increases in the number of babies who are discharged home breastfeeding or taking breast milk feed.
* Increases in the proportion of mothers who choose to formula feed reporting that they have received proactive support to formula feed in line with the Department of Health safety guidance (DOH 2011).
* Improvements in parents’ experiences of feeding their babies whether they are breast or formula fed
	+ Use of patient experience questionnaires to elicit parental experience of the service.
	+ Actively encourage and support families who wish to breast feed during their hospital stay.
	+ Provide a supportive structure and framework for mothers and families once they leave the hospital environment

7. **References and bibliography**

* Use of donor breast milk policy at Great Ormond Street Hospital NHS Foundation Trust

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WHO (2003) Global Strategy for Infant & Young Child Feeding: Geneva: WHO. http://www.who.int/nutrition/publications/infantfeeding/9241562218/en/ viewed November 2014

**Appendix 1**

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**Great Ormond Street Hospital NHS Foundation Trust Breast Feeding Policy**

Great Ormond Street Hospital NHS Trust along with other national and international organisations supports and encourages mothers to feed their babies’ breast milk.

* Great Ormond Street Hospital NHS Foundation Trust (GOSH) Breast Feeding Policy must be communicated to all staff.
* Women have a protected right to breast feed their babies in all areas of GOSH. Facilities must be made available for mothers to be breast feed their babies in both privacy and comfort.
* All staff must support mothers in the chosen method of feeding their babies.
* Every effort must be made to allow mothers to be with their babies 24hours a day to promote breast feeding on demand
* Nursing and medical care should be organised to minimise disturbance to the breast feeding mother and baby.
* Breast feeding mothers should be assisted by nursing staff to establish and maintain breast feeding. Advice may be sought from the Neonatal Nurse Advisor.
* Breast feeding mothers must have access to regular food and drinks whilst resident with their babies, and this is supported by the issue of food vouchers for use in the Lagoon Restaurant.
* If a baby is unable to feed at the breast, mothers should be made fully aware of the facilities to express their milk. All relevant literature regarding expressing breast milk at GOSH is available on all wards via the GOSWeb.
* Expressed breast milk may be delivered enterally by nasogastic or orogastric tube route rather than by bottle and teat.
* No other fluids should be offered to the breast-fed baby unless prescribed by the baby’s doctor. The mother/parent should be kept fully informed of any such decision.
* Bottles and dummies should only be given if clinically indicated and with parental consent.
* Parents must be provided with written and verbal information by nursing staff and the Neonatal Nurse Advisors regarding the benefits of breast feeding, and contact numbers for breast feeding support groups must be available on all wards.
* Procedures are in place to support the breast feeding policy: communication and training to staff; information and practical advice given to parents; audit of breast feeding practice. The Trust will not support the promotion of breast milk substitutes.

If you have any queries about this information, please ask the member of staff caring for your baby to contact the Neonatal Nurse Advisors on bleep 0256.