Leicestershire Partnership NHS Trust

University Hospitals of Leicester NHS NHS Trust

Joint Infant Feeding Policy

The policy is based on the UNICEF Baby Friendly Initiative Care Standards for Maternity, Health Visiting, Neonatal and Children Centre Services.

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Which Relevant CQC Fundamental Standards?	

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Version Control and Summary of Changes

Version	Date	Comment (Description change and amendments)
Version 1/2	April 2010	Approved by the CHS Clinical policy Group and CHS Clinical Quality and Governance Committee on 1st April 2010. Small amendment made to wording in Appendix 2 the parent's guide to the policy. Change was as follows 'we will talk to you about sharing your **bed/room** with your baby' to 'sharing your bedroom'. This change was approved on the 12th of April 2010. The policy was due to be reviewed in March 2012
Version 3		The policy was updated in August 2011 in line with recommendations by the Baby Friendly Initiative. This was required to achieve Stage one of the BFI accreditation process. Julia Austin and Denise Pemberton led on this, and the policy was approved by the Policy and Guideline Committee for UHL on 16/9/2011. Approved February 2012 by Quality Assurance Committee for LPT The amendments to the policy were adding additional information to support parents who have decided to formula feed their babies.
	January 2012	Review undertaken in respect of Due Regard
Version 4	August 2014	Updated to incorporate the new Care Standards for Midwifery, Health Visiting, Neonatal and Children Centre Services
Version 5	March 2017	Working with Denise Pemberton updated to include new initiatives.
Version 6	March 2019	Working with Ann Raja updated Version 5 to include new initiatives and to strengthen the compliance with the International code for Marketing of Breastmilk Substitutes. New information about responsive feeding.
Version 7	June 2021	Working with Ann Raja updated version 6 to include new initiatives and research- NICE guidelines on postnatal care NG 194 and PHE update on Healthy Child Programme. References updated and additional appendix added –Covid Health Messages. Terms relating to gender changed to be more inclusive

All LPT policies can be provided in large print or Braille formats if requested and interpreting service is available to individuals of different nationalities who require them.

The policy will apply equally to full and part time staff
Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area.

This applies to all the activities for which LPT is responsible, including policy development and review

Due Regard

LPT will ensure that Due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and services are free from discrimination;
- LPT complies with current equality legislation;
- Due regard is given to equality in decision making and subsequent processes;
- Opportunities for promoting equality are identified

Please refer to due regard assessment (Appendix 4) of this policy

Definitions that apply to this Policy

Approved	Formal confirmation by relevant Committee that the document meets The required standards and may be sent to either the Senior Clinical and/or Senior Operational Group for ratification.
Stakeholder	An individual or organization with an interest in the subject of the document E.g., staff, staff side representatives, service users, commissioners.
Policy	A policy is a plan of action, which is then applied as a concrete programme of actions. Policies will be prescriptive by nature. They will state the Trusts expectations for action in a specific subject area and set the parameters within which individuals will operate.
LPT	Leicestershire Partnership Trust
UHL	University Hospitals of Leicester
Equality groups	People exhibiting one or more of the protected characteristics.
Partners	Partners" in the policy includes the female partners of breastfeeding Women
Due Regard	Having due regard for advancing equality involves: • Removing or minimising disadvantages suffered by people due to their protected characteristics. • New mothers whose first language is not English, or who have recently arrived in the UK. • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. • Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.
BFI	Baby Friendly Initiative, a global programme of the World Health Organization and UNICEF, encourages health services to improve the care provided to mothers and babies so that they are able to start and continue breastfeeding for as long as they wish.
UNICEF	United Nations International Children's Emergency Fund
HCPP	Healthy Child Programme Practitioner. Works as part of the Healthy Together 0-19 Families, Young Persons and Children teams
PHN (HV)	Public Health Nurse (Health Visitor)
REF	Refer to the References associated in section 11.0

1.0 Summary of the Policy

1.1 This collaborative policy shares its principles with University Hospitals of Leicester Maternity, Neonatal and Paediatric Services, Leicester City and Leicestershire and Rutland Children and Well-being Centres. All of these organisations based on evidence promote breastfeeding as the healthiest way for a parent to feed their baby and recognizes the important health benefits now known to exist for the parent, child and society (Ref 3,4,6,7,8,15,16,17,20,21,23,24,26,30,31,35,38),

1.2 Implementing the Baby Friendly best practice standards have been shown to increase breastfeeding rates. These standards provide the framework for the policy which is the first step in achieving Baby Friendly Initiative (BFI) accreditation. (Ref 25,26,27,28)

1.3 The policy is designed to ensure that staff working within the organisations provide accurate, consistent, evidence based information and support for parents around infant feeding. Information will be provided in an appropriate format to ensure equity and that no group is excluded.

1.4 The policy will encourage liaison between professionals and voluntary groups to ensure a seamless delivery of care, together with the development of a breastfeeding culture throughout the local communities.

Policy Development

A Joint Infant Feeding Policy for Leicester, Leicestershire and Rutland was recommended by the Leicester, Leicestershire and Rutland Infant Feeding Strategy Board, as part of the implementation of the Infant Feeding Strategy across Leicester, Leicestershire and Rutland. This strategy aims to protect, promote and support optimal nutrition for all infants and has been updated to inform action plans for key priority areas for 2016/17 through to 2019/20. The strategy has been reviewed and updated in 2021 (Ref 38).

This Policy has been reviewed and amended in 2014 to reflect the revised UNICEF UK BFI Standards. These incorporate and expand on the original “10 steps to Successful Breastfeeding” and “7 Point Plan for the supporting and maintaining breastfeeding in the Community”.

2.0 Introduction

2.1 Breastfeeding represents the healthiest and most empowering way for a woman/person to feed their baby and the health benefits of breastfeeding are well evidenced. However, a recent world-wide analysis (the Lancet Series) stated that just 1 in 5 children in high income countries are breastfed to 12 months with the UK having the lowest breastfeeding rate in the world, with only 1% of babies exclusively breastfed at six months (Ref 3,4,6,7,8,15,16,17,20,21,23,24,26,30,31,35,36,37,38).

2.2 The NHS Long Term Plan (January 2019) states “All maternity services that do not deliver an accredited, evidence-based infant feeding programme, such as the UNICEF Baby Friendly Initiative, will begin the accreditation process in 2019/20” (Ref 3,4).

2.3 The purpose of this policy is to ensure that all staff employed within our organizations understand their role and responsibilities in supporting expectant and new

mothers/parents and their partners to feed and care for their baby in ways which support optimum health and well-being.

2.4 All women/parents have the right to make an informed and supported decision about how they choose to feed their infants. Our organisations believe that the provision of factual and impartial information to all women/parents is therefore essential. Staff will not discriminate against any woman/parent regarding their chosen method of infant feeding and will support them in the decision they make. Our organisations are committed to ensuring that all care is mother/parent and family-centred, non-judgmental, and that parents' decisions are supported and respected.

2.5 This policy is evidence based and is written in order to avoid conflicting advice and information being given. The UNICEF UK Baby Friendly Initiative (BFI) have developed evidence-based standards for Maternity, Neonatal, Public Health Nursing (Health Visiting) and Family and Well-being Services. These are now recommended as the UK minimum Best Practice standards, as documented in the NHS National Institute for Clinical Promotion of Breastfeeding Initiation and Duration: Evidence into practice document (Ref 25, 26,36,37).

2.6 BFI is at the heart of Public Health England's guidance on the Healthy Child Programme. The Early Years High Impact Area 3: Supporting Breastfeeding (updated 17.3.21)

Public Health England describes the UNICEF UK Baby Friendly Initiative as a ***"nationally recognized mark of quality care for babies and mothers. The programme helps to ensure that professionals can provide sensitive and effective care and support for mothers, enabling them to make an informed choice about feeding, get breastfeeding off to a good start and overcome any challenges they may face. The staged accreditation programme trains health professionals to support mothers to breastfeed and helps all parents to build a close and loving relationship with their baby irrespective of feeding method" (Ref*** 21***).***

2.7 Updated National Institute of Clinical Excellence (NICE) guidelines Postnatal Care (April 2021) outlines routine postnatal care that women should receive in the first eight weeks after birth. Infant feeding is covered under section 1.5: Planning and Supporting Babies' Feeding. This is an in-depth look at how to not only support, promote and protect breastfeeding but also manage safe and effective formula feeding. The importance of helping parents form strong relationships with their babies is stressed and responsive feeding is advocated for all babies (Ref 17).

2.8 BFI in their Protecting Health and Saving Lives: A Call to Action (2016) urges UK governments to take four key steps to create a supportive, enabling environment for women/parents who want to breastfeed (Ref 36).

2.9 The World Breastfeeding Trends Initiative (WBTi, 2016) looked at the actions required by policy makers to help empower mothers to breastfeed for as long as they wish. WBTi is a global assessment tool that allows comparison between nations to measure the effectiveness of key areas to increase breastfeeding outcomes. This collaborative report gathered data on 10 indicators vital for the protection, support and promotion of breastfeeding. It showed that of the four UK nations, England fares worst, lagging way behind Scotland (Ref 37).

2.10 BETTER BIRTHS Improving outcomes of maternity services in England A Five Year Forward View for maternity care(2016) states 'Our vision for maternity services across England is for them to become safer, more personalised, kinder, professional and more family friendly; where every woman has access to information to enable her to make decisions about her care; and where she and her baby can access support that is centred around their individual needs and circumstances.'(Ref 3)

Better Births also highlighted that they were told
'…there is a need for improved support in breast-feeding, with many mothers telling us that they had received conflicting information and as a result felt confused, and at times pressurized. We know that 90% of women say they stopped breastfeeding before they wanted to. There needs to be much better support for breastfeeding focused on practical help that supports and empowers women, rather than pressurizes them. Women would like improved support in breastfeeding as well as more support and better access to counselling and therapy for those who have had difficult or traumatic experiences. Additional support was seen as particularly important in preventing the onset of depression and other mental health conditions' Better births (Ref 3).

3.0 Purpose of the Policy

This policy aims to ensure that the care provided improves outcomes for children and families by:

3.1 Increasing breastfeeding rates or babies receiving breastmilk at initiation, discharge from neonatal units and maternity wards, and at 10 days and 6-8 weeks (Ref 16.,20).

3.2 Supporting parents who choose or need to formula feed, are in doing so as safely and effectively as possible, in line with best practice Department of Health (DH) Guidance (Ref 5,9,10,11).

3.3 Reducing the number of babies re-admitted to hospital with feeding problems or feeding related problems e.g., admissions for prolonged jaundice or excessive weight loss or faltering growth.

3.4 Increasing in the number of parents who introduce solid food to their baby in line with DH Guidance (Ref 9).

3.5 Improving parents' experiences of care and support through collaborative working across disciplines and organisation.

4.0 Duties within the Organisation

4.1 This policy applies to all staff involved in the care of expectant and new mothers/parents and their partners.

4.2 All above staff working for our organisations that have contact with pregnant or new mothers and their partners are required to adhere to this policy. Managers of staff at all levels are responsible for ensuring that the staff, for which they are responsible, are familiarised with and adherent to this policy.

4.3 Our organisations will provide the highest standards of care to support expectant and new parents with feeding their baby and building strong and loving parent-infant relationships. This is in recognition of the profound importance of early relationships to future health and well-being, and the significant contribution that breastfeeding makes to good physical and emotional health outcomes for children and mothers/parents.

4.4 The International Code for the Marketing of Breastmilk Substitutes will be implemented throughout the service within our organisations.

4.5 The Infant Feeding Policy in the format of a "Guide for Parents" will be clearly displayed in all public areas of our organisations' facilities where care is provided for pregnant and new mothers/parents and babies. (See appendix 5)

4.6 The Joint Infant Feeding Policy is available on our facilities' websites (Ref [33, 34]).

As part of this commitment services will ensure that staff who are involved in the care of expectant and new parents:

4.7 Are familiarised with this policy on commencement of employment.

4.8 All staff will receive training to enable them to implement the policy as appropriate to their role. New staff will receive this training within six months of commencement of employment. This training is mandatory for staff directly involved in the care of expectant and new parents who are part of LPT's Healthy Together (0-5) service and UHL's Community and Hospital Maternity, Neonatal and Paediatric services.

4.9 There is a written training curriculum clearly covering the UNICEF UK BFI Standards.

4.10 All documentation fully supports the implementation of these standards.

5.0 Monitoring, Compliance & Effectiveness

5.1 Compliance with this policy will be audited in line with Baby Friendly Guidelines by the Infant Feeding Team using the Baby Friendly audit tool © to assess progress against the UNICEF UK Baby Friendly Initiative Standards. The results of audit will be communicated to clinical staff and the organisations' audit department.

5.2 The policy must be reviewed every two years in line with the UNICEF UK Baby Friendly Initiative Standards in association with the Leicester, Leicestershire and Rutland Infant Feeding Strategy.

5.3 Midwives, Neonatal Nurses, Public Health Nurses and local authority staff are responsible for collecting the required infant data at the ages specified by the organisation and Department of Health to facilitate monitoring of breastfeeding rates. Figures for breastfeeding rates will be collected for all infants at birth, at 10 days, and 6 weeks. These ages may be expanded in line with government and local targets.

5.4 Parents' experience of care will be listened to through: regular audit, parents' experience surveys, Care Quality Commission, National Health Service Litigation Authority

and through OFSTED.

5.5 Monitoring table –see Appendix 2.

6.0 LINKS TO STANDARDS/PERFORMANCE INDICATORS

Overarching Policy Statements

The following statements require compliance to meet the aims and outcomes of the policy and to support the implementation of the UNICEF UK BFI Standards:

6.1 No advertising of breastmilk substitutes, feeding bottles, teats or dummies is permissible throughout all Leicester, Leicestershire and Rutland Organisations.

6.2 The display of logos of manufacturers of any of the above products, on items such as calendars and stationery, is also prohibited (Ref 31, 32, 40,).

6.3 Contact with representatives from manufacturers of breastmilk substitutes should be regulated by Infant Feeding Teams. For non-standard milk Formula that requires prescription, contact should be regulated by an identified member of the dietetic team or senior member of the Neonatal team.

6.4 There should be no conflict of interest between staff and manufacturers of any of the above products. Such conflicts may involve:

- Formula company sponsored study days / smaller education sessions / meetings offered for staff or parents on public service premises.
- Individual staff engaging with the companies e.g., by speaking at sponsored events, writing articles, blogs etc. for the companies.
- Awards and other gifts being made to individual staff by the companies or by a separate organisation which is being sponsored by the companies (Ref 39).

6.5 This policy prohibits the sale of breastmilk substitutes by health care staff and on health care premises. Health-care staff must not distribute literature provided by the manufacturers of breastmilk substitutes.

6.6 As a global goal for optimum maternal and child health and nutrition all women/parents should be encouraged to practice exclusive breastfeeding from birth to six months of age and to continue alongside appropriate complimentary foods until two years or as long as the mother/parent and baby wishes (Ref 26).

6.7 In the antenatal period any conversation about infant feeding should aim to involve the woman/parent and partner in discussion based on their individual hopes, needs and aspirations. This should include their known and perceived practical and emotional realities of breast and formula feeding (Ref 29).

6.8 In the postnatal period at each contact with parents, staff must discuss Infant Feeding so that challenges can be identified and addressed. A minimum of two recognized feeding assessments must be carried out in the first week postpartum and further assessments as necessary.

6.9 Parents who have made an informed decision to formula feed their babies, or are

physiologically unable to breastfeed, should be given appropriate information about how to formula feed in the safest possible manner. This should include how to prepare formula feeds correctly, how to pace feeds and be made aware of unsafe bottle feeding practices particularly 'prop feeding.'
The Baby Friendly Initiative recommends that facilitators should avoid demonstrations on how to make up formula feeds in the antenatal period. The information is not retained and Reinforces bottle feeding as the cultural norm. It can give the impression that everyone needs this information implying that all babies will be bottle fed at some point, which is not the case. Parents/carers who are formula feeding should receive adequate information on how to safely prepare a feed, preferably one to one in the early postnatal period.

6.10 Our organisations will work in collaboration with other local services to support access for breastfeeding and generic parenting support.

Related UHL and LPT documents

- Breastfeeding:Breast Feeding Support UHL Obstetric Guideline
- Guideline Register no: C120/2008
- Bottle Feeding: Bottle Feeding UHL Obstetric Guideline Guideline Register no: c/31/2011
- Prevention & Management of symptomatic or Significant Hypoglycemia in Neonates
  Guideline Register no: C22/2008
- Thermal Protection of the Newborn
  Guideline Register no: C166/2016
- Weighing of Well Term Babies Guideline
  Register no: C21/2011
- Postnatal Care of Women and their Babies
  Guideline Register no:C119/2011
- Safer Sleeping and Reducing the Risk of Sudden Infant Death Syndrome Guidelines (LPT guideline updated 2019)
- Policy for children accompanying patients DMS no: 33628
- Colostrum Collection- Antenatal UHL Obstetric Guideline C55/2020
- Decontamination of breast pump equipment UHL Guideline B5/2007
- Elevated side lying positioning for bottle feeding UHL Guideline C28/2015
- Neonatal Transitional Care SOP C9/2019
- Neonatal Enteral Nutrition Guideline C105/2005

7.0 Standards /Performance Indicators

Overview of the Revised Baby Friendly Initiative Standards

Building a firm foundation

1. **Have written policies and guidelines to support the standards.**
2. **Plan an education programme that will allow staff to implement the standards according to their role**
3. **Have processes for implementing, auditing and evaluating the standards.**
4. **Ensure that there is no promotion of breastmilk substitutes, bottles, teats or dummies in any part of the facility or by any of the staff.**

An educated workforce

Educate staff to implement the standards according to their role and the service provided

Parents' experiences of maternity services

1. **Support pregnant women to recognise the importance of breastfeeding and early relationships on the health and wellbeing of their baby.**
2. **Support all mothers and babies to initiate a close relationship and feeding soon after birth.**
3. **Enable mothers to get breastfeeding off to a good start.**
4. **Support mothers to make informed decisions regarding the introduction of food or fluids other than breastmilk**
5. **Support parents to have a close and loving relationship with their baby.**

Parents' experiences of Public Health Nursing (Health Visiting Services)

1. **Support pregnant women to recognise the importance of breastfeeding and early relationships on the health and wellbeing of their baby**
2. **Enable mothers to continue breastfeeding for as long as they wish**
3. **Support mothers to make informed decisions regarding the introduction of food and fluid other than breastmilk**
4. **Support parents to have a close and loving relationship with their baby.**

Parents' experiences of neonatal units

1. **Support parents to have a close and loving relationship with their baby.**
2. **Enable babies to receive breastmilk and to breastfeed when possible.**
3. **Value parents as partners in care.**

Parents' experiences of children's centres

1. **Support pregnant women to recognise the importance of breastfeeding and early relationships on the health and wellbeing of their baby**
2. **Protect and support breastfeeding in all areas of the service.**
3. **Support parents to have a close and loving relationship with their baby**

Building on good Practice

Demonstrate innovation to achieve excellent outcomes for mothers, babies and their families

7.1 Care Standards for Maternity and Public Health Nursing (Health Visiting) Services

This section of the policy sets out the care which our organisations are committed to providing for every expectant and new parent.

Standard 1: Support pregnant women to recognize the importance of breastfeeding and early relationships on the health and wellbeing of their baby (Applies to both maternity (M) and Public Health Nursing - Health Visiting (HV) staff)

All pregnant women/people will have the opportunity to discuss feeding and caring for their baby with a member of the Maternity or Public Health Nursing team or other suitably trained individual e.g. Breastfeeding Peer Supporter by 36 weeks gestation. This discussion can either be one-to-one or in a group setting. Any preparation for parenthood sessions referring to infant feeding will include information based on the Baby Friendly best practice standards. Discussion will include the following topics:

- The value of connecting with their growing baby in utero
- The value of skin contact for all mothers and babies
- The importance of responding to their baby's need for comfort, closeness and feeding after birth, and the role that keeping baby close has in supporting this.
- Feeding, including:
    - An exploration of what parents already know and feel about infant feeding.
    - The value of breastfeeding as protection, comfort and nutrition.
    - Getting breastfeeding off to a good start. The physiological basis of breastfeeding should be clearly and simply explained as appropriate, together with management practices, which have been proven to support breastfeeding and reduce common problems.
    - Relevant and factual information about formula milk to include the importance of using first or new-born milks until the baby is a year old and responsive bottle feeding (e.g., limiting the people who feed the baby, with parent/caregiver giving most feeds in the early weeks, pacing feeds and not overfeeding, making up feeds correctly and one at a time etc.). This will give a realistic picture of formula feeding and so facilitate an informed decision.

A record of any discussion should be documented in the appropriate records.

7.2 Standard 2: Support all mothers and babies to initiate a close relationship and feeding soon after birth (Applies to maternity services only)

- All mothers/parents will be offered the opportunity to have uninterrupted skin contact with their baby for at least an hour or until after the first feed, or as long as they wish, so that the instinctive behavior of breast seeking (baby) and nurturing (mother), is given the opportunity to emerge.
- All mothers/parents will be encouraged to offer the first breastfeed in skin contact when the baby shows signs of readiness to feed.
- When mothers/parents choose to formula feed they will be encouraged to offer the first feed in skin contact.
- Those mothers/parents who are unable for medical reasons (or do not wish) to have skin contact immediately after birth, will be encouraged to commence skin

contact as soon as they are able to, or so wish.

- Mothers/parents are given information about keeping their baby safe during skin to skin contact (see safety statement below).
- Mothers/parents with a baby on the neonatal unit are:
    - Enabled to start expressing as soon as possible after birth (within 2 hours).
    - Supported to express effectively both by hand and with a breast pump.

It is the joint responsibility of maternity and neonatal staff to ensure that mothers/parents who are separated from their baby receive this information and support.

Safety considerations
Vigilance as to the baby's well-being is a fundamental part of postnatal care in the first few hours after birth. For this reason, normal observations of the baby's temperature, breathing, colour and tone should continue throughout the period of skin contact, in the same way as would occur if the baby were in a cot. Observations should also be made of the mother/birthing parent, with prompt removal of the baby if the health of either gives rise to concern.
It is important to ensure that the baby cannot fall on to the floor or become trapped in bedding or by the mother's/birthing parent's body. Particular care should be taken with the position of the baby, ensuring the head is supported so the infant's airway does not become obstructed.
Many mothers/ birthing parents can continue to hold their baby in skin-to-skin contact during perineal suturing. However, adequate pain relief is required, as a mother who is in pain is unlikely to be able to hold her baby comfortably or safely. Mothers/birthing parents should be discouraged from holding their baby when receiving analgesia which causes drowsiness or alters their state of awareness (e.g., Entonox).
Where mothers/birthing parents choose to give a first feed of formula milk in skin contact, particular care should be taken to ensure the baby is kept warm.

7.3 Standard 3 Enable mothers to get breastfeeding off to a good start (M -applies to Maternity service)

Standard 2 Enable mothers to continue breastfeeding as long as they wish (HV - applies to Public Health Nursing (Health Visiting Service)

Support for Breastfeeding:

- Mothers/parents will be enabled to achieve effective breastfeeding according to their needs (including appropriate support with positioning and attachment, hand expression, understanding signs of effective feeding). This will continue until the mother/parent and baby are feeding confidently. (M and HV).

- Mothers/parents will have the opportunity to discuss breastfeeding in the first few hours after birth as appropriate to their own needs and those of their baby. This discussion will include information on responsive feeding and feeding cues. (M).

- A formal feeding assessment will be carried out using the Breastfeeding/ Infant Feeding Assessment Tool, as often as required in the first week with a minimum of two assessments to ensure effective feeding and the well-being of mother and

baby. This will also be carried out by the PHN (Health Visitor) at the New Birth visit between 10-14 days. This tool has been incorporated into the Parent held Child Health Records and the Weighing of Well Term Babies Guideline (C21/2011) and the '. Breast Feeding Support UHL Obstetric Guideline.

- This assessment will include a discussion with the mother to reinforce what is going well and, where necessary, to develop an appropriate plan of care to address any identified challenges. (M & HV).

- Mothers/parents with a baby on the neonatal unit will be supported to express as effectively as possible and encouraged to express at least 8 times in 24 hours, including once at night. They will be shown how to express by both hand and pump including safe cleaning of equipment (M).

- Mothers/parents with a baby on a Paediatric or specialist ward who wish to, or who are breastfeeding, need access to appropriate support for establishing and maintaining lactation. This may include help with expressing as documented in the point above (M, HV and Paediatric staff).

- Before transfer home and at the Primary Visit by the community midwife, all breastfeeding mothers will be given information, both verbally and in writing about how to recognize effective feeding to include:

    - A discharge/primary visit conversation using the laminated sheet as outlined in the Weighing of Term Babies Guideline.
    - The signs which indicate that their baby is receiving sufficient milk, and what to do if they suspect this is not the case.
    - How to recognise signs that breastfeeding is not progressing normally (e.g., sore nipples, breast inflammation) (M).

- All breastfeeding mothers/parents/ will be informed about the local support services for breastfeeding via websites https://healthforunder5s.co.uk (M & HV).

- For those mothers/parents who require additional support for more complex feeding challenges, a referral to the Specialist Infant feeding Support services should be made. This service is provided by the infant feeding teams within LPT and UHL. Mothers/parents will be informed of the referral pathway. (M & HV).

- The service will work in collaboration with other services to ensure that mothers/parents have access to social support for breastfeeding. (M & HV).

- Mothers/parents will have the opportunity for discussion about their options for continued breastfeeding (including responsive feeding, expression of breastmilk, and feeding when out and about, or going back to work) according to individual need (HV).

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/parents 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 and breastfeeding will not, in and of itself, tire mothers/parents any more than caring for a new baby without breastfeeding.

If a parent/carer is bottle feeding they do need to be careful not to over-feed the baby. However, they can still feed responsively, by recognising feeding cues, holding baby close and pacing the feed so that the baby is not forced to take more milk than they need. Young babies feel more secure when they receive most feeds from their parents, and this also helps parents and baby build a strong and loving bond. Find out more in UNICEF BFI UK's responsive feeding information sheet
http://unicef.uk/responsivefeeding

7.4 Standard 4 (M - Maternity Service). Standard 3 (Public Health Nursing (Health Visiting Service (HV).

Support mothers to make informed decisions regarding the introduction of food or fluids other than breastmilk

Exclusive Breastfeeding

- Mothers/parents who breastfeed will be provided with information about why exclusive breastfeeding for the first 6 months leads to the best outcomes for their baby, and why it is particularly important during the establishment of breastfeeding, which may take several weeks (M&HV).

- When exclusive breastfeeding is not possible, the value of continuing partial breastfeeding will be emphasised, and mothers/parents will be supported to maximize the amount of breastmilk their baby receives (M & HV).

- Mothers/parents 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 the potential impact of introducing a teat when a baby is learning to breastfeed (M & HV).

- A full record will be made of all supplements given, including the rationale for supplementation and the discussion held with parents (M).

- Supplementation rates will be audited regularly (M).

Modified Feeding Regimes

- There are a number of clinical indications for a short-term modified feeding regime in the early days after birth. Examples include: preterm or small for gestational age babies and those who are slow to feed after birth. Frequent feeding, i.e., at least 8 feeds in 24 hours should be offered to ensure safety with reference to the Guideline for the Prevention and Management of Symptomatic or significant Hypoglycaemia in Neonates and the Breastfeeding: Guideline to Support Successful Feeding of Healthy Term Baby who are slow to feed. Neonatal Transitional Care SOP (M).

- There are other indications for a modified approach to responsive feeding after this period i.e., those babies who have lost an excessive amount of weight, who have not regained their birth weight by 3 weeks of age, have static weight or who are gaining weight very slowly with reference to the guideline: Weighing of Well Term Babies (C21/2011). A small number of these babies may require more specialist support as previously described in Standard 2/3 (M & HV).

Support for Formula Feeding

- All parents/carers who have chosen to formula feed their baby will be enabled to do so as safely as possible, in line with the Department of Health (DH) guidance and reference to: Bottle Feeding: Bottle Feeding UHL Obstetric Guideline This will be achieved by the offer of a demonstration and/or a discussion about how to sterilise equipment and prepare infant formula safely. This should take place before transfer home from hospital and should be reinforced by community midwifery and Public Health Nursing (Health Visiting) services (M & HV).

- Parents/carers who formula feed will have a discussion about the importance of responsive feeding and be encouraged to:
    - give the first feed in skin contact.
    - respond to cues that their baby is hungry.
    - invite their baby to draw in the teat rather than pushing the teat into the baby's mouth.
    - pace the feed so that the baby is not made to feed more than she/he wants to. Sitting the baby in a more upright position and keeping the bottle angled more towards a horizontal position can help reduce the flow of milk.
    - limit the number of people feeding the baby to the mother/parent and partner in the early weeks postpartum.
    - recognise their baby's cues that they have had enough milk and avoid making their baby take more milk than needed (M & HV).
    - Never leave the baby alone to feed with a propped-up bottle as they may choke on the milk.

- A bottle feeding checklist should be completed before leaving the ward and by the community midwifery service before transferring to the Health Visiting Service. This is available in the Parent Held Child Health Record (red book). A discharge/primary visit conversation will also take place as outlined in the Weighing Term Babies Guideline. There is also a bottle feeding assessment tool for the PHN (Health Visiting) team to complete at the New Birth Visit and at the 6–8-week check.

Introducing Solid Food

All parents will have discussion at the 6-8wk contact about when and how to introduce solid food including.

- that solid food should be started at around six months in line with DH guidelines.
- babies' signs of developmental readiness for solid food.
  - Stay in sitting position and hold head steady.
  - Co-ordinate their eyes, hand and mouth so that they can look at the food, pick it up and put in their mouth all by themselves.
  - Co-ordinate the swallowing of food, rather than pushing food back out.
- how to introduce solid food and what are appropriate foods for babies.
- the value of continued breastfeeding alongside. appropriate complementary foods until one year or as long as the mother/parent wishes.
- When a baby demonstrates difficulty with suck, swallow and breathing co-ordination, then a referral to the Speech and Language Dysphagia team will be made.

At around 16 weeks all parents/carers will receive a text signposting them to Babies next step's video on the Health for Under 5's website

7.5 Standard 5 (M - Maternity Service) Standard 4 (Public Health Nursing (Health Visiting Service-HV) Support Parents to Have a Close and Loving Relationship with their Baby

- Skin-to-skin contact will be encouraged throughout the postnatal period (M & HV).
- All parents/carers will be supported to understand a newborn baby's needs (including encouraging frequent touch and sensitive verbal/visual communication, keeping babies close, responsive feeding and safer sleeping practice) (M & HV).
- Parents/carers who bottle feed will be 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 (M & HV).
- Parents/carers will be given information about local parenting support that is available (M & HV).

Recommendations for staff on discussing bed-sharing with parents/carers

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/carers:

- The baby should have a clear, safe sleep space, in the same room as the parent/carers for the first 6 months.
- Place babies on their backs for every sleep.
- Sleeping with a baby on a sofa puts the baby at greatest risk and should be avoided.
- The contraindications to bed-sharing are:
  - Anyone in the bed has recently drunk alcohol
  - Anyone in the bed smokes
  - Anyone in the bed has taken drugs (legal or illegal) that make them sleepy
  - The baby was born prematurely (before 37 weeks pregnancy) or weighed under 2.5kg or 5.5lbs when born.

For further information please see:
Safer Sleeping and Reducing the Risk of Sudden Infant Death Syndrome Guidelines (LPT guideline updated March 2019)

8.0 Care Standards for Neonatal Unit

8.1 Standard 1: Supporting parents to have a close and loving relationship with their baby

- This service recognises the profound importance 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, this service is committed to care which actively supports parents to develop a close and loving bond with their baby.
- All parents will:
  - have a discussion with an appropriate member of staff as soon as possible (either before or after their baby's birth) about the importance 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 on the neonatal unit.
  - be enabled to have frequent and prolonged skin contact with their baby as soon as possible after birth and throughout the baby's stay on the neonatal unit.

Standard 2: Enabling babies to receive breastmilk and to breastfeed

This service recognises the importance of breastmilk for babies' survival and health.

Therefore, this service will ensure that:

- A mother's/parent's own breast milk is always the first choice of feed for the baby unless there are clinical contra-indications to this.

- Parents have a discussion regarding the importance of their breastmilk for their preterm or ill baby as soon as is appropriate.

- A suitable environment conducive to effective expression is created.

- Mothers/parents have access to effective breast pumps and equipment and are shown how to use them effectively.
  Mothers/parents are enabled to express breastmilk for their baby, including support to:
- express as early as possible after birth (ideally within two hours).
- learn how to express effectively, including by hand and by pump.
- learn how to use pump equipment and store milk safely with reference to: Breastfeeding: Guideline to Support Successful Feeding of Healthy Term Babies who are slow to feed and guideline Decontamination of breast pump equipment.
- express frequently (at least eight times in 24 hours, including once at night) especially in the first two to three weeks following delivery, in order to optimise long-term milk supply.
- overcome expressing difficulties where necessary, particularly where milk supply is inadequate, or if less than 750ml in 24 hours is expressed by day 10.
- stay close to their baby when expressing milk.
- use their milk for mouth care when their baby is not tolerating oral feeds, and later to tempt their baby to feed.

- A formal review of expressing is undertaken a minimum of four times in the first two weeks to support optimum expressing and milk supply.

- Mothers/parents receive care that supports the 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 when needed.

- Mothers/parents are provided with details of voluntary support for breastfeeding which they can choose to access at any time during their baby's stay.

- Mothers/parents are supported through the transition to discharge home from hospital, including having the opportunity to stay overnight/for extended periods to support the development of their confidence and modified responsive feeding.

8.2 Standard 3: Valuing parents as partners in care

This service 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.

The service 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 unit, with the aim of enabling them to spend as much time as is possible with their baby.

The service will ensure that parents who formula feed:

- receive information about how to clean/sterilise equipment and prepare formula safely.
- are able to bottle feed their baby using a safe and responsive technique. This may include paced feeding and elevated side lying (Elevated side lying positioning for bottle feeding: UHL Guideline.

9.0 Care Standards for Children and Family Well-being Centres

9.1 Standard 1: Support pregnant women to recognise the importance of breastfeeding and early relationships for the health and well-being of their baby.

- This service recognises the importance of pregnancy as a time to build the foundations of future health and well-being and the role the service plays in supporting this.

- Efforts will be made to identify and make contact with all (or nearly all) local pregnant women/parents; collaborative working, and effective information sharing will be needed to ensure that this takes place.

- Pregnant women/parents and their partners can access local services that support them to prepare for feeding and caring for their new baby. This service can either be one-to-one or in a group setting and can be delivered in collaboration with Maternity and Public Health Nursing Services, including peer supporters. Where a service is already being provided staff will be expected to proactively support and recommend this service.

- Any preparation for parenthood sessions referring to Infant Feeding will reflect the Baby Friendly standards and comply with the International Code for the Marketing of Breastmilk Substitutes.

9.1 Standard 2: Protect and support breastfeeding in all areas of the service

- Mothers/parents are welcome to breastfeed in all areas of the service and comfortable facilities are provided. Posters to reflect this are on display.

- Breastfeeding is valued by staff within the Centre, and mothers/parents are encouraged and supported to provide any breastmilk.

- Mothers/parents are informed of all services provided to support continued breastfeeding which may include:

    - Peer Support
    - Support Groups
    - Breast pump hire

- Parents are signposted to Leicestershire Partnership NHS Trust's website https://healthforunder5s.co.uk/.

- Breastfeeding mothers/parents are made aware of the additional support with breastfeeding challenges and know how to access this. This may include referral to a Peer Support Programme, to the Maternity or Public Health Nursing Teams. For more complex challenges, a referral to the Specialist infant feeding Support services can be made.

- Encouragement is given to all parents/carers to introduce solid foods in a way that optimises their baby's health and well-being in accordance with World Health Organization and DH guidelines.

- There is no advertising of breastmilk substitutes, bottles, teats or dummies anywhere in the service or by any of the staff which includes any images that glamourise bottle feeding.

- Some Centres have a scheme to promote oral well-being by encouraging parents to change from a bottle to using a cup. This would not be considered promoting or advertising the use of a bottle.

9.3 Standard 3: Support parents to have a close and loving relationship with their baby

- Centres promote responsive parenting and parents are encouraged to understand and respond to their baby's needs for love, comfort and security to include:

    - The importance of keeping their baby close.
    - The importance of frequent touch and sensitive communication.

- Responsive feeding.
- Safer sleeping practice referring to LPT's Safer Sleep Guidelines.
- All materials provided for parents reflect this philosophy.

- Parents/carers who bottle feed (either expressed milk or formula) will be 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/carers who are formula feeding, whether exclusive or partial, are encouraged to do so in ways that optimise their baby's health and well-being to include:

    - Safe preparation of formula.
    - Discussion of appropriate formula to use.
    - Formula feeding when out and about.
    - The dangers of leaving a baby alone with propped up bottle.
    - Signposting to website which has a section about formula feeding https://healthforunder5s.co.uk/.

- Centres are encouraged to work collaboratively in service provision to provide parents with opportunities to support them build close and loving relationships with their baby. The service is not expected to provide all of this, but to know what is available and signpost appropriately.

10.0 Stakeholders & Consultation

Parents' Guide to Joint Infant Feeding Policy for Leicester, Leicestershire and Rutland Health and Children's Centre Services.

Please see Appendix 5.

11.0 References:

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https://www.unicef.org.uk/babyfriendly/local-authorities-guide/

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https://www.bestbeginnings.org.uk/news/the-babies-in-lockdown-report

Appendix 1

Policy Training Requirements

The purpose of this template is to provide assurance that any training implications have been considered

Training topic:	Infant feeding
Type of training:	X Mandatory (must be on mandatory training register) X Role specific ☐ Personal development
Division(s) to which the training is applicable:	☐ Adult Learning Disability Services ☐ Adult Mental Health Services ☐ Community Health Services ☐ Enabling Services X Families Young People Children ☐ Hosted Services
Staff groups who require the training:	*Please specify…* Healthy together 0-5 Public Health Nurse (Health Visitor) teams across LLR
Update requirement:	Initial training 2 days. Yearly update (1/2 day). Delivered via MS teams and e-learning
Who is responsible for delivery of this training?	Infant Feeding Team
Have resources been identified?	Yes – although it is to be determined if/when change in service
Has a training plan been agreed?	Yes
Where will completion of this training be recorded?	X Trust learning management system ☐ Other (please specify)
How is this training going to be monitored?	Having a staff training database which is regularly updated

Appendix 2

Policy Monitoring Section

Minimum requirements	Self-assessment evidence	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
Ensure that staff attend training to deliver the BFI care standards relevant to role	Sections 4.6,5.1,7.1,7.2,7.3,7.4,7.5	Review by Infant feeding lead of records of training that is recorded on training data base	Infant feeding Team, Clinical team leaders, Locality managers, Leads	quarterly
Ensure that staff are competent to deliver effective support around infant feeding relevant to role	Sections 5.1	Audit of staff training using UNICEF BFI audit tool. Completion of a practical skills review after completion of initial 2 day course	Infant feeding Team. Key people within Healthy together	Annual audit
Feedback from mothers about infant feeding support received by the health visiting service	Sections 5.1	Audit of breastfeeding and formula feeding mothers using UNICEF BFI audit tool	Infant feeding Team. Key people within Healthy together	Annual audit
Audit of premises to ensure they are compliant with International code of marketing of Breast milk substitutes	Sections 6.1,6.2 and 6.4	Spot checks by key people and Infant feeding team.	Infant feeding Team. Key people within Healthy together workforce	Annual
Collection of breastfeeding data at initiation,10 days and 6 weeks	Sections 3.1,5.3	Figures reviewed every quarter – monthly missing data reports cascaded to staff.	Information analysts Managers, frontline staff	quarterly

Appendix 3

Leicestershire Partnership NHS Trust

The NHS Constitution

NHS Core Principles – Checklist

Please tick below those principles that apply to this policy

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	X
Respond to different needs of different sectors of the population	X
Work continuously to improve quality services and to minimize errors	X
Support and value its staff	X
Work together with others to ensure a seamless service for patients	X
Help keep people healthy and work to reduce health inequalities	X
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	X

Appendix 4

Due Regard Screening Template

Section 1	
Name of activity/proposal	Infant feeding
Date Screening commenced	March 2017- reviewed March 2019, then June 2021
Directorate / Service carrying out the assessment	Healthy Together 0-19 within Families Young People & Children Service
Name and role of person undertaking this Due Regard (Equality Analysis)	Carole Fishwick
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: Updating of the policy and defining the standards and with regard to Infant Feeding as set by UNICEF Baby Friendly Initiative and the Department of Health.	
OBJECTIVES: To increase breastfeeding rates or babies receiving breast milk at initiation, discharge from neonatal units and maternity wards, 10 days and 6-8 weeks Safe feeding amongst parents who choose to formula feed, or who are doing so due to medical/ physiological reasons, in line with best practice Department of Health (DH) Guidance A reduction in the number of babies re-admitted to hospital with feeding problems. An increase in the number of parents who introduce solid food to their baby in line with DH Guidance Improvements in parents' experiences of care and support through collaborative working across disciplines and organisations	

Section 2	
Protected Characteristic	**If the proposal/s have a positive or negative impact please give brief details**
Age	No impact- universal service
Disability	No impact- universal service
Gender reassignment	Positive- more gender neutral terms used
Marriage & Civil Partnership	No impact- universal service
Pregnancy & Maternity	Positive- promotes evidenced based practice for infant feeding
Race	No impact- universal service
Religion and Belief	No impact- universal service
Sex	Positive – more gender neutral terms used
Sexual Orientation	Positive- everyone supported with feeding
Other equality groups?	No impact

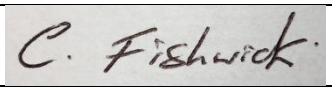
Section 3	
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.	
Yes	No

High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	**X**

Section 4

If this proposal is low risk please give evidence or justification for how you reached this decision:

The Public Health Nursing (Health Visiting) service provides a universal core offer to all parents and babies throughout Leicester, Leicestershire and Rutland. The service is open to all parents and cannot be seen as impacting on any protected characteristics.

Signed by reviewer/assessor Carole Fishwick		**Date**	1.10.21
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Lyn Quinnell		**Date**	18.02.22

Appendix 5

Parents' Guide to Joint Infant Feeding Policy for Leicester, Leicestershire and Rutland Health and Children's Centre Services. (Full policy available on Organizations' websites)

- In pregnancy we will talk to you about feeding your baby, recognising the importance of breastfeeding and early relationships on the health and wellbeing of your baby.
- We aim to support you and your baby to initiate a close relationship and feeding soon after birth.
- We aim to enable you to get breastfeeding off to a good start and continue breastfeeding for as long as you wish.
- We aim to support you to make informed decisions regarding the introduction of food or fluids other than breastmilk.
- We aim to support you to have a close and loving relationship with your baby including caring for your baby at night.
- If you are formula feeding your baby (either exclusively or partially), we will support you to do so in the safest and most effective way.
- All our premises welcome breastfeeding mothers.
- All areas of our service aim to protect and support breastfeeding.
- If your baby needs care on the neonatal unit we will value, you as partners in the care of your baby and help you to provide breastmilk and to breastfeed when possible.
- Our staff will give you information about breastfeeding and parenting support groups.

For more information, please see following websites

www.leicestermaternity.nhs.uk
https://healthforunder5s.co.uk/

We support the right of all parents to make an informed choice about how to feed their baby. All members of staff are expected to support you in your decision making.

Appendix 6

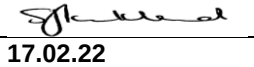
DATA PRIVACY IMPACT ASSESSMENT SCREENING

Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.
The following screening questions will help the Trust determine if there is any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.

Name of Document:	**Joint Infant Feeding Policy**	
Completed by:	**Carole Fishwick**	
Job title	**Infant feeding Lead**	**Date 16/12/2022**

Screening Questions	**Yes / No**	**Explanatory Note**
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	no	
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	no	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	no	
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	**no**	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	no	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	no	
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	no	
8. Will the process require you to contact individuals in ways which they may find intrusive?	**no**	

If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk
In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.

Data Privacy approval name:	**Sam Kirkland, Head of Data Privacy** 
Date of approval	**17.02.22**

Appendix 7

COVID -19 PANDEMIC Health Messages

UNICEF UK Baby Friendly Initiative statement 'infant feeding during the Covid-19 crisis has aimed to provide guidance for health professionals to continue to provide care for babies, their mothers and families. They have produced a series of statements, guidance sheets, education refresher documents; resources and frequently asked questions which are available on their website and regularly updated.

BFI state that:

- There is evidence that mothers infected with Covid-19 and mothers who have received the vaccine pass their antibodies to the virus into their breastmilk, suggesting protective effects for their babies.
- It is unnecessary to separate mothers and babies in an attempt to curb the spread of the virus.
- practical information for parents if they have Covid-19 and are caring for their baby is that they should take precautions to limit the spread of the virus by practicing good hygiene both hand and respiratory and cleaning feeding equipment.
- Regardless of how the baby is fed it is essential to consider the babies' needs for emotional attachment with their parents. Keeping babies close and practicing responsive feeding is essential for their health, well-being and development. This will also enhance the parent's mental well-being in the postnatal period.
- Visual face-to face interaction with parents is important for newborn brain development and attachment. Parents who are asymptomatic should not be required to wear masks when interacting with their baby.
- If the parent has suspected or confirmed Covid-19 they should wear a mask when handling the baby but can remove it and interact with the baby at a safe distance at other times.

Accessing infant formula for families in need.

- Parents should be advised to use stage 1 formula and to purchase the most economic brand.
- Parents who are formula feeding need support and information on safe preparation, responsive and paced feeding as this can protect them from feeding issues such as reflux for which they might seek medical support.
- Families in receipt of universal credit should be supported to claim Healthy Start vouchers enabling them to access infant formula and fresh, frozen and tinned fruit and vegetables.
- It is acceptable for public services to distribute infant formula in an emergency or genuine need, providing that a continued supply can be guaranteed along with appropriate feeding support.
- It is against the law for formula companies to donate infant formula or to offer low-cost supplies. Any formula or infant food procured in an emergency must be paid for by those who purchase it (Ref 41,42,43).