Frimley Health
NHS Foundation Trust

Infant Feeding Guideline

Key Points

- Ensure that all staff at Frimley Health NHS Foundation Trust understand their role and responsibilities in supporting expectant and new mothers and their partners to feed and care for their baby in ways which support optimum health and well-being.
- All staff are expected to comply with this guideline
- Ensure the International Code of Marketing of Breast-milk Substitutes is implemented throughout the service[1].
- Antenatal, labour and postnatal care are all in keeping with the BFI standards for information giving and support, in relation to infant feeding and encouraging close and loving relationships.

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Abbreviations

BFI	Baby Friendly Initiative
EBM	Expressed Breast Milk
Epic / EPR	Electronic Patient Record System
SIDS	Sudden infant death syndrome
UNICEF	United Nations International Children's Emergency Fund

Contents

1. Purpose

The purpose of this guideline is to ensure that all staff at Frimley Health NHS Foundation Trust understand their role and responsibilities in supporting parents to feed and care for their baby in ways which support optimum health and wellbeing.

All staff are expected to comply with this guideline.

2. Outcomes

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

- An increase in the number of babies receiving breastmilk
- An increase in breastfeeding initiation rates
- An increase in breastfeeding rates at 10 days
- An increase in the number of babies who are discharged home breastfeeding or breastmilk feeding
- Amongst mothers who choose to formula feed, an increase in those reporting that they have received support to formula feed as safely as possible in line with Department of Health and nationally agreed guidance
- Improvements in parents' experiences of care
- A reduction in the number of re-admissions for feeding difficulties
- Ensuring the 6 BFI standards of newborn feeding are met
- Standard 1: Support pregnant women to recognize the importance of breastfeeding and early relationships on the health and wellbeing of their baby
- Standard 2: Support all mothers and their babies to initiate a close relationship and feeding soon after birth
- Standard 3: Enable mothers to get breastfeeding off to a good start
- Standard 4: Support mothers to make informed decisions regarding the introduction of foods or fluids other than breastmilk
- Standard 5: Support parents to have a close and loving relationship with their baby
- Standard 6: General / Safe sleep / Mother's satisfaction

3. Our commitment

Frimley Health NHS Foundation Trust is committed to:

- providing the highest standard of care to support expectant / new mothers and their partners to feed their baby and build strong and loving parent- infant relationships. This is in recognition of the profound importance of early relationships to future health and wellbeing, and the significant contribution that breastfeeding makes to good physical and emotional health outcomes for children and mothers.
- Ensuring that all care is mother and family centered, non-judgmental and that parents' decisions are supported and respected.
- Working together across disciplines and organisations. Recognising that collaborative working improves parents' experiences of care.

As part of this commitment, the service will ensure that:

- All new staff are familiarised with the policy within 7 days of commencement of employment. All staff receive training to enable them to implement the policy as appropriate to their role. New staff receive this training within six months of commencement of employment.
- The International Code of Marketing of Breastmilk Substitutes is implemented throughout the service.
- All documentation fully supports the implementation of these standards.
- parents' experiences of care will be listened to through: regular audit using the baby friendly initiative audit tool and parents' experience surveys.

4. Care standards

This section of the guideline sets out the care that the Trust is committed to giving each and every expectant and new mother. It is based on the UNICEF UK Baby Friendly Initiative standards for maternity services [2], and relevant NICE guidance [3,4].

4.1 Standard 1: Pregnant women are prepared

Each pregnant woman booked to have her baby at Frimley Health NHS Foundation Trust will be given the opportunity to discuss infant feeding and caring for her baby, on a one to one basis, with her midwife or other suitably trained professional during her antenatal period by 34 completed weeks of pregnancy. In the antenatal period the focus is on offering information on a regular basis to allow for informed choice.

This discussion will include the following topics:

- The value of connecting with her growing baby in utero by talking to the baby, spending time thinking about the baby, getting siblings and partners involved and being aware of baby's movements
- Building this relationship with the baby will enhance brain development and long-term emotional health
- The value of colostrum harvesting for all pregnant women
- The value of skin contact for all mothers and babies
- The importance of responding to her baby's needs for comfort, closeness and feeding after birth, and the role that keeping her baby close has in supporting this
- An exploration of what parents already know about breastfeeding
- The value of breastfeeding as protection, comfort and food
- Getting breastfeeding off to a good start including information on hand expressing both antenatally and postnatally, acting on early feeding cues and responsive feeding.
- Thoughts and feelings about feeding her baby.
- Discuss safe sleeping
- Signpost to leaflets on Epic/My Frimley Health APP
- Signpost to websites including UNICEF Baby Friendly Initiative support for parents, First Steps Nutrition Trust, The lullaby Trust.

Breastfeeding information will be clearly displayed in all areas used by women during pregnancy and in ward areas following birth.

4.2 Standard 2: Closeness and feeding straight after birth

Supporting parents to have a close and loving relationship with their baby
Please refer to the Skin to Skin Contact and Initiating a Close Relationship for Mothers and Babies in Hospital **guideline.**

4.4 Standard 3: Breastfeeding off to a good start

4.4.1 Ensuring women are given the tools to get breastfeeding off to a good start

- Mothers will be enabled to achieve effective breastfeeding according to their needs (including appropriate support with positioning and attachment including laid-back feeding, hand expression, understanding signs of effective feeding). This will continue until the mother and baby are feeding confidently.
- Mothers 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.
- Mothers 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 during the night. They will be shown how to express by both hand and pump.
- Before discharge home, breastfeeding mothers will be given information both verbally and in writing about recognising effective feeding and where to call for additional help if they have any concerns.
- All breastfeeding mothers will be informed about the local support services for breastfeeding before leaving hospital and signposted to breastfeeding / formula feeding information.
- For those mothers who require additional support for more complex breastfeeding challenges, a referral to the specialist service should be made, such as the Breast Feeding Clinic, which mothers can access either through a health care professional or through self-referral. Mothers will be informed of this pathway before leaving hospital or by their community midwife if baby born at home.
- Women will be given demonstrations using a knitted breast and doll to show positioning and attachment, therefore not using a hands on technique.
- Women will have access to breast pumps and equipment where required.
- All staff will support mothers to become confident with breastfeeding during their hospital stay and will give them the information to enable them to continue breastfeeding exclusively for six months.
- Mothers are supported through the transition of discharge home from hospital. This support will be from a community midwife or maternity support worker in the home or hub environment.

4.4.2 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 is about more than nutrition. Staff should ensure that mothers have the opportunity to discuss this aspect of feeding and reassure mothers that:

- Breastfeeding can be used to feed, comfort and calm babies. Through responding to her baby’s requests (feeding cues), the mother will both maximize her potential milk supply and meet her baby’s needs for closeness and comfort.
- Breastfeeds can vary in length

- Feeds can be initiated when babies show feeding cues, when they are distressed, when they are lonely, when the mother's breasts feel full or when she would just like to sit down and rest.
- Breastfed babies cannot be overfed or ‘spoiled’ by too much feeding
- Breastfeeding will not, in and of itself, tire mothers any more than caring for a new baby who is not breastfeeding.
- Find out more in UNICEF UK’s responsive feeding information sheet: **http://unicef.uk/responsivefeeding**

4.4.3 Exclusive breastfeeding

- 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 will be emphasised and mothers will be supported to maximise the amount of breast milk their baby receives.
- Mothers 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.
- A full record will be made of all supplements given, including the rationale for supplementation and the discussion held with parents.
- Supplementation rates will be audited every other month and through ‘spot-checks’ with mothers on the postnatal ward and/or examination of documentation on Epic

4.4.4 Feed assessments

- An important element of postnatal care is the assessment of a baby’s health, which will include ensuring that a baby is feeding well. This routine assessment of feeding as part of a ‘baby check’ is expected. It should take place at every opportunity and as often as required to ensure safety.
- A formal feeding assessment will be carried out on Epic as often as required in the first week, with a minimum of two assessments to ensure effective feeding and the wellbeing of the mother and baby. This assessment will include a dialogue/discussion with the mother to reinforce what it is going well and where necessary, develop an appropriate plan of care to address any issues that have been identified. This applies to all babies, all feeding methods.
- As an inpatient, a feed assessment must be performed every day and prior to discharge from the hospital. As a minimum this should then be repeated on day 5. It is vital that the parents are shown how to recognise signs of effective feeding including the suck swallow ratio and urine/bowel output.

4.4.5 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 excessively sleepy after birth. Frequent feeding, including a minimum number of feeds in 24 hours, should be offered to ensure safety.

Please refer to the traffic light feeding pathway (see Appendix 5)

4.4.6 Expressing - Hand or pump

All mothers **must** be shown how to hand express before being discharged home and will understand in which situations hand expressing can be useful. It is important that the mother has the opportunity to ask questions at this time. This should be then documented on Epic under 'postnatal conversations'.

Mothers who express via an electric pump (e.g., modified feeding regimes) will be shown how to set up and use the pump. The Initiate setting to be used until the milk comes in, then move to the maintain setting for maximum breast stimulation. If exclusively expressing, support the mother to understand the aim of 750ml of expressed breast milk (EBM) a day by day 10.

Mothers who are separated from their babies for medical reasons should be helped to initiate lactation by expressing by hand, initially, as soon as possible after birth. This should occur ideally within 2 hours of the baby's birth, providing the mother's condition will allow this. Thereafter, these mothers should be shown how to express both by hand and by electric pump and encouraged to express regularly at least 8 times in 24 hours (including as a minimum once during the night). The responsibility for the initiation and maintenance of lactation is shared equally between members of the NNU team caring for the baby and the midwives responsible for the mother's care, and must be recorded in the care plan. All EBM **MUST** be ordered 'under the baby' via Epic and labels printed. The milk should be stored in the fridge or freezer in the milk kitchen. The EBM must be scanned and documented when given on the flow sheet under 'Intake'.

EBM must be checked out of the fridge/freezer by 2 midwives, ensuring that the details are correct against the mother's patient ID band.

4.4.7 Guidelines for storage of milk in the hospital setting

PLACE	MAXIMUM TIME
Fresh Breast Milk	
Room	6 Hours
Fridge 0-4 degrees c	48 Hours
Freezer –18 degrees c	3 Months
Previously frozen Breast Milk	
Defrosted in fridge	12 Hours
Defrosted outside of fridge	Use Immediately

Adapted from the Breastfeeding Network Leaflet "Expressing and Storing breastmilk", 2019

In the home environment fresh breastmilk can be stored in the fridge for 5 days and in the freezer for 6 months.

Pregnant women who are admitted to other areas of the hospital outside of Maternity are supported to continue to breastfeed their baby. A breast pump specifically for use outside of Maternity is kept in the nursery on the Postnatal ward and a standard operating procedure is available for staff outside of Maternity to follow.

As per the locally agreed policy, The fridge/freezer should be checked daily and any EBM outside of 'the storage of milk in the hospital setting' should be discarded.

4.4.8 Breastfeeding feeding Support

- All breastfeeding mothers will be given information on how to contact a Health Care Professional and the MAMAS line
- For specific feeding issues inform patients they can call or Email the Infant Feeding Team on the Postnatal ward.

FPH Infant feeding email fhft.infantfeedingfph@nhs.net
WPH Infant feeding email fhft.infantfeedingteam@nhs.net
Both teams can be contacted via Epic

4.4.9 Specialist Service

For those mothers who require additional support for more complex breastfeeding challenges, a referral to the specialist service should be made.

The clinics available:
- Breastfeeding clinic
- Tongue tie clinic

Appointments for these clinics will be made by the midwife or infant feeding team.

4.5 Standard 4: Informed decisions about other food for babies

4.5.1 Formula Feeding via bottle

- Mothers who have made the informed decision to formula feed will be enabled to do so as safely as possible.
- All babies regardless of feeding method should have skin contact at birth or as soon as is reasonably possible and the first feed should be given skin to skin.
- Mothers 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.

4.5.2 Responsive Bottle feeding

Mothers who formula feed will have a discussion about the importance of responsive feeding and be encouraged to:
- Respond to cues that their baby is hungry
- Invite their baby to draw in the teat rather than forcing the teat into their baby's mouth Pace the feed so that their baby is not forced to feed more than they want to
- Recognise their baby's cues that they have had enough milk and avoid forcing their baby to take more milk than the baby wants (it is possible to overfeed a formula-fed baby)
- Keep their baby close to them when feeding and have eye contact

If baby fails to suck or swallow, then a paediatrician should be contacted to undertake a review.

4.5.3 How to make up a feed and sterilise equipment correctly and safely

- Mothers who formula feed will be enabled to do so as safely as possible through the offer of a demonstration and / or discussion about how to prepare infant formula. The Bottle feeding Demo box is in the Milk kitchen on the Postnatal ward at FPH.
- Mothers who choose to formula feed their baby must be shown how to clean and sterilise feeding equipment.
- Staff should either show or explain the method of cold water, microwave or steam sterilising. This will depend on the equipment the mother is planning to use at home.
- Signpost women to the 'UNICEF guide to bottle feeding' information.

4.5.4 Indications for Supplementary Feeds

4.5.4.1 Supplementation

It is expected that the rationale for supplementation and the discussion had with parents is documented on Epic. All actions and guidance given by staff to support and protect breastfeeding should also be documented along with parents' feelings/thoughts. This will include skin to skin to encourage breast seeking behaviours to emerge, skin to skin, hand expressing and proactive feeding 2-3 hourly. Parents who request supplementation should be made aware of:

- A sensitising event to cow's milk protein
- Loss of confidence in breastfeeding
- Reduction in milk supply from reduced breast stimulation and milk removal.

A feed chart commenced recording type and amount of feed. A record of the discussion must then be documented on Epic.
The 'Traffic light feeding pathway Appendix 2 and the 'Term healthy breastfeeding infant who is reluctant to feed' guideline must be followed and used to formulate feeding plans.

4.5.4.2 Syringe feeding

For babies who are not yet feeding at the breast, syringe feeding is used to give a baby small amount < 5 mls of colostrum that would otherwise get lost in a cup. To syringe feed safely, health professionals should teach this skill and support parents until they are confident to syringe feed their baby themselves. Move onto cup feeding once there is more than 5mls of colostrum.
Babies should not be discharged home syringe feeding.

4.5.4.3 Cup feeding

Cup feeding may be an interim measure whilst supporting a baby to transition to the breast or providing breastfed babies with additional supplementation. Cup feeding encourages the baby to practice tongue movements, enhances digestion by stimulating saliva and allows the baby to control the rate of milk given. It can be used when volumes are greater than 5 ml. It does not risk causing nipple confusion or babies imprinting onto a teat. Healthcare professionals should teach this skill and support parents until parents are confident to cup feed their baby themselves. Volumes should be offered around 5–10 mls each cup which can be refilled until the required volume has been taken and the overall volume documented. Cup feeding is a short term method of feeding. Careful consideration should be made prior to discharging a baby cup feeding including how much milk a baby requires, how alert the baby is and the skills of the parents to cup feed safely.
Please refer to the Cup and Syringe Feeding for Neonates guideline.

4.5.5 Use of Artificial Teats and Dummies

No member of staff should recommend the use of dummies in the well term baby. If a breastfed baby is unsettled it is more important to examine closely the mother's feeding technique and to seek improvements in management. Inform mothers that dummies can interfere with responsive feeding by placating babies who would otherwise be breastfed, and this in turn can affect a mother's milk supply. Use of dummies or artificial teats during the establishment of breastfeeding may disrupt the baby's oral-motor co-ordination. Where supplementation has been prescribed for a term breastfed baby, it should be given by cup, as this may be less disruptive to establishing breastfeeding than feeds given by bottle. If a mother chooses to give a supplement by bottle it should be documented on EPIC.

Nipple shields are not recommended routinely but can be a very useful tool if there are significant attachment issues after the milk has come in. If the use of nipple shields is required, it is vital that the correct size is suggested. The mother must be informed that their use can affect her milk supply and the amount of milk the baby is able to remove from the breast. A plan should be made to help the mother stop using them and she should be signposted to the breast-feeding drop-in clinics for extra support. The mother should continue to have support from a skilled practitioner, to help discontinue the use as soon as possible.

4.6 Standard 5 - Close and loving relationships

Skin to skin contact should be encouraged throughout the postnatal period, because of the benefits it has for the family. **Please refer to the 'skin to skin contact and initiating a close relationship for mothers and babies in hospital' guideline.**

All parents should be encouraged to understand their new born baby's needs, including encouraging frequent touch and sensitive verbal/visual communication. By responding appropriately to the baby's needs and keeping baby close, the production of the hormone **oxytocin** is stimulated. This hormone helps to support bonding and attachment and is an ideal environment for **optimal brain development.** Partners should be encouraged to have skin contact with their baby, but this should be in addition to skin contact with the mother rather than replacing it. To evidence this conversation, please complete the 'postnatal conversations' on Epic prior to discharge from the hospital.

Parents 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 in the establishment of breastfeeding

4.6.1 Rooming in

Parents will assume primary responsibility for the care of their babies. Following the birth, separation of mother and baby will only occur where either the health of the mother or her baby prevents care being offered on the postnatal ward.

No baby will be routinely separated from their mother at night.

4.7 Standard 6 - Safe sleep

All women must have a discussion around the importance of safe sleep both on delivery suite and prior to discharge home. All parents should be signed posted to the Lullaby trust website. For further guidance and information see the safe sleep policy. Ensure the safe sleep discussion is documented on Epic.

4.8 Neonatal staff

4.8.1 Care standards

4.8.1.1 Supporting parents to have a close and loving relationship with their baby whilst on the neonatal unit

This service recognises the profound importance of secure parent-infant attachment for the future health and wellbeing of the infant and the challenges that the experience of having a sick or premature baby can present to the development of this 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 Staff transfer in skin-to-skin.

4.8.1.2 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 own breastmilk is always the first choice of feed for her baby
- Mothers 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 have access to effective breast pumps and equipment
- Mothers 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 (see Handling and Storage of Expressed Breast Milk)
  - 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, for example if less than 750ml in 24 hours is expressed by day 10
  - Stay close to their baby (when possible) 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 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 behavior
  - Position and attach their baby for breastfeeding
  - Recognise effective feeding
  - Overcome challenges when needed
- Mothers are provided with details of voluntary support for breastfeeding which they can choose to access at any time during their baby's stay.
- Mothers 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 mothers' confidence and modified responsive feeding.
- Mothers are provided with information about all available sources of support before they are transferred home.

4.8.1.3 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 interests
- 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 make up a bottle of formula milk
- Are able to feed this to their baby using a safe and responsive technique.

5. Monitoring implementation of the standards

Frimley Health NHS Foundation Trust requires that compliance with this guideline is audited at least annually using the UNICEF UK Baby Friendly Initiative audit tool (2024 edition[7]).

Staff involved in carrying out this audit require training on the use of this tool. Audit results will be reported to the Head of Midwifery and the Ward Manager for the postnatal ward and an action plan will be agreed by The Baby Friendly Initiative Implementation Group to address any areas of noncompliance that have been identified. An annual audit report is sent to the Baby Friendly Initiative.

6. Auditable standards and monitoring

Outcomes will be monitored by:

Monitoring breastfeeding initiation rates at birth and at 10 days via the maternity dashboard/Epic.

- Babies readmitted to hospital with weight loss/jaundice.
- New staff received training within six months of starting with the trust
- Improvements in parents' experiences of care will be monitored through the Maternity Inpatient survey, the Care Quality Commission survey of women's experiences of maternity services and meetings with service users.

References

1 UNICEF UK Baby Friendly Initiative (n.d.) Working within the International Code of Marketing of Breast-milk substitutes [Accessed online] https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2020/02/Health-Professionals-Guide-to-the-Code.pdf

2 UNICEF UK Baby Friendly Initiative (2019) Baby Friendly Standards: Standards for health services [Accessed online] www.unicef.org.uk/babyfriendly/standards

3 National Institute for Health and Care Excellence (NICE) (2021) Postnatal care. NG194. [Accessed online] https://www.nice.org.uk/guidance/ng194

4 National Institute for Health and Care Excellence (2014) Maternal and child nutrition: clinical guideline [Accessed online] https://www.nice.org.uk/guidance/ph11/resources/maternal-and-child-nutrition-pdf-1996171502533

5 UNICEF UK Baby Friendly Initiative (n.d.). Breastfeeding assessment tool (maternity). [Accessed online] https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2018/07/breastfeeding_assessment_tool_mat.pdf

6 UNICEF UK Baby Friendly Initiative (2019) Caring for your baby at night. A guide for parents. [Accessed online] https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2018/08/Caring-for-your-baby-at-night-web.pdf

7 The UNICEF UK Baby Friendly Initiative audit tool (2018 edition)

Appendix 1 – Expression assessment staff Information (UNICEF)

UNICEF UK BABY FRIENDLY INITIATIVE

EXPRESSION ASSESSMENT: STAFF INFORMATION

The importance of breastmilk for sick and preterm babies cannot be overestimated. It contributes uniquely to infant wellbeing and development by supporting growth, protecting against infection, and decreasing the incidence and severity of disease. However, it is important to recognise that long-term breastmilk expression can be demanding. Effective support is therefore necessary.

Tips to support mothers to achieve their goals:

- Review expression **at least once within the first 12 hours following delivery**. Reviews should also take place **at least four times within the first two weeks** to provide regular opportunities to discuss and address concerns. The Baby Friendly assessment tool can be used to ensure consistency in approach and support: unicef.uk/expressionchecklist
- Early, frequent and effective expressing (combining hand and pump) is crucial to maximise milk production and maintain supply for as long as the mother wishes. Expression should begin within the first two hours after birth and take place **at least 8-10 times in 24 hours, including at least once at night**.
- Support should be provided to **avoid long gaps between expressions**.
- Many mothers will be able to express between 700-900 mls per day by 10-14 days, however several factors can impact on production. The aim should therefore be to support mothers to **achieve their potential** rather than focusing on specific amounts.
- A delay in starting to express or a reduction in frequency or effectiveness can compromise long-term supply. **Early detection and support** will help mothers to maintain confidence in their ability to produce milk for their baby.
- **Hand expressing** is useful for obtaining small volumes of colostrum and can be combined with **pump expressing** soon after birth if desired.
- Breast massage, expressing close to baby, relaxation techniques, and prolonged skin-to-skin will **increase oxytocin and milk flow**.
- **Cluster expressing** (expressing 2-3 times in a short period) can help to increase the frequency of expressing and enable mothers to fit expressing around other commitments.
- Staff should ensure **pumping equipment** fits effectively and should support mothers to know how to use equipment correctly.
- **Double pumping** should be encouraged as this can save time, produce larger volumes, and may contribute to long-term expression.
- It is expected that milk volumes would increase in the first two weeks, however **frequent evaluation by staff is crucial** to support mothers to achieve their goals. Developing an expressing plan with mothers can be useful. An expressing log can be used to monitor frequency and amounts: unicef.uk/expressinglog
- **Referral to specialist support** should be considered if the mother is expressing effectively but the amounts are not increasing as hoped.
- **Emotional support is important**. This should include enabling mothers to stay with their baby as often and for as long as they wish, frequent updates on the condition of the baby, and participation in as much care as they feel comfortable with.

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Appendix 2 – Expression Assessment Form (UNICEF)

UNICEF UK BABY FRIENDLY INITIATIVE

EXPRESSION ASSESSMENT FORM

If any responses in the right-hand column are ticked, refer to specialist practitioner. Additional concerns should be followed up as needed. Please date and sign when you have completed the assessments.

Mother's name:	*Baby's name:* *Date of birth:*	*Date of assessment:*				*Birth weight:* *Gestation:*				
What to observe/ask about	**Answer indicating effective expressing**	✓	✓	✓	✓	**Answer suggestive of a problem**	✓	✓	✓	✓
Frequency of expression	At least 8-10 times in 24 hours including once during the night.					Fewer than 8 times. Leaving out the night expression.				
Timings of expressions	Timings work around lifestyle – cluster expressing, no long gaps between expressions.					Frequent long gaps between expressions. Difficulty 'fitting in' 8 expressions in 24 hours.				
Stimulating milk ejection	Uses breast massage, relaxing, skin contact and/or being close to baby. Photos or items of baby clothing to stimulate oxytocin.					Difficulty eliciting a milk ejection reflex. Stressed and anxious.				
*Hand expression	*Confident with technique. Appropriate leaflet/information provided.					*Ineffective technique observed. Mother not confident.				
Using a breast pump	Access to electric pump. Effective technique including suction settings, correct funnel fit. Double pumping (or switching breasts) to ensure good breast drainage. Uses massage and/or breast compression to increase flow.					Concern about technique. Suction setting too high/low, restricting expression length, funnel too small/large.				
Breast condition	Reports breast fullness prior to expression which softens following expression. No sore areas or nipple trauma.					Breasts hard and painful to touch. Evidence of friction or trauma to nipple.				
Milk flow	Good milk flow. Breasts feel soft after expression.					Milk flow delayed and slow. Breasts remain full after expression.				
Milk volumes	Gradual increases in 24 hr volume at each assessment.					Milk volumes slow to increase or are decreasing at each assessment.				

***Hand expression may not need to be reviewed every time**

Date	Information/support provided	Signature

Appendix 3 – Breastfeeding assessment tool (UNICEF)

How you and your midwife can recognise that your baby is feeding well						*This assessment tool was developed for use on or around day 5. If used at other times:
What to look for/ask about	√	√	√	√		**Wet nappies:** Day 1-2 = 1-2 or more in 24 hours Day 3-4 = 3-4 or more in 24 hours, heavier Day 6 plus = 6 or more in 24 hours, heavy
Your baby: has at least 8 -12 feeds in 24 hours*						
is generally calm and relaxed when feeding and content after most feeds						
will take deep rhythmic sucks and you will hear swallowing*						**Stools/dirty nappies:** Day 1-2 = 1 or more in 24 hours, meconium Day 3-4 = 2 (preferably more) in 24 hours changing stools
will generally feed for between 5 and 40 minutes and will come off the breast spontaneously						
has a normal skin colour and is alert and waking for feeds						
has not lost more than 10% weight						
Your baby's nappies: At least 5-6 heavy, wet nappies in 24 hours*						**Sucking pattern:** Swallows may be less audible until milk comes in day 3-4 Feed frequency: Day 1 at least 3-4 feeds After day 1 young babies will feed often and the pattern and number of feeds will vary from day to day. Being responsive to your baby's need to breastfeed for food, drink, comfort and security will ensure you have a good milk supply and a secure happy baby.
At least 2 dirty nappies in 24 hours, at least £2 coin size, yellow and runny and usually more*						
Your breasts:						
Breasts and nipples are comfortable						
Nipples are the same shape at the end of the feed as the start						
How using a dummy/nipple shields/infant formula can impact on breastfeeding						
Date						**Care plan commenced: Yes/No:**
Midwife's initials						
Midwife: if any responses not ticked: watch a full breastfeed, develop a care plan including revisiting positioning and attachment and/or refer for additional support. Consider specialist support if needed.						

Appendix 4 – Bottle feeding assessment tool (UNICEF)

UNICEF UK BABY FRIENDLY INITIATIVE

BOTTLE FEEDING ASSESSMENT TOOL

How parents and midwives/health visitors can recognise that bottle feeding is going well				
What to look for/ask about	✓	✓	✓	✓
General health and wellbeing of the baby				
Around six heavy, wet nappies a day by day five				
At least one soft stool a day				
Appropriate weight gain/growth				
Is generally calm and relaxed when feeding and is content after most feeds				
Has a normal skin colour and is alert and waking for feeds				
Feed preparation				
Equipment washed and sterilised appropriately				
Parents know how to make up feeds as per manufacturer's guidelines				
Responsive bottle feeding				
Parents are giving most of the feeds and limiting the number of caregivers				
Parents recognise early feeding cues				
Parents hold their baby close and semi-upright and maintain eye contact				
Pacing the feed				
Bottle held horizontally allowing just enough milk to cover the teat				
Baby invited to take the teat				
Baby observed for signs of needing a break and teat removed or bottle lowered to cut off flow				
Finishing the feed				
Parents recognise signs when baby has had enough milk (turning away, splaying hands, spitting out milk)				
Baby is not forced to finish the feed if showing cues that they have had enough				
Expressed breastmilk				
Mother is expressing her breastmilk effectively and storing it safely				
Mother is maximising her breastmilk if that is her goal				
Infant formula				
First stage milk is used				
Leftover milk is discarded at the end of the feed				
Date:				
Midwife/health visitor's initials:				
Care plan commenced:				

Note: If any responses are not ticked, consider watching a feed and developing a care plan. Refer for additional support if needed.

Appendix 5 – Assessment Tool and Care Plan for Traffic Light Care Feeding Pathway

1. At birth, Amber and Red babies should have a hat put on their head as soon as possible following delivery.

2. Babies should have skin-to-skin contact as soon as possible but should remain covered by blankets/towels. The hat should remain in situ for Amber and Red babies

3. Within 1 hour of birth, the appropriate Traffic light care feeding pathway should be identified for the baby. This should be communicated at each handover/SBAR.

4. Put the appropriate Traffic light colour magnet on the white board on Postnatal ward/Ward 22.

5. When Step Down Care has been achieved, discharge should be considered.

Green feeding pathway	Management Plan	Feeding Plan
• More than 38/40 • B/weight over 9th centile • ELCS/SVD • No other risk factors	• Observations and assessment at birth • Skin to skin • Postnatal conversation and breastfeeding assessment prior to discharge on EPIC • Consider discharge home from 6 hours following delivery • TBR/SBR if indicated • Weigh day 5	• Responsive feeding • **If baby is reluctant to feed after 6 hours, follow reluctant feeder pathway**
Amber feeding pathway	**Management Plan**	**Feeding plan**
• More than 37/40 less than 38/40 • B/weight 2nd-9th centile • Complicated delivery - EMCS/Instrumental/PPH above 1000mls • Apgar below 7@5 mins or PH below 7.1or BE above or equal to 12mmol/L • Multiple birth • Pethidine less than 6 hours prior to delivery • Low temp below 36.5 • Babies on Hypoglycaemia pathway- Maternal diabetes - Maternal betablocker	• Observations and assessment at birth • Skin to skin • Postnatal conversation and breastfeeding assessment prior to discharge on EPIC • Record all feeds • Consider discharge home from 12 hours following delivery if observations are normal and discontinued • TBR/SBR if indicated • Weigh day 5	• Offer feed 2-3 hourly and assess effectiveness of feed • Hand express and give baby any available EBM after feeding • Follow reluctant feeder pathway if baby is reluctant to feed **Try cup feeding prior to bottle feeding if alert**
• Meconium • PROM • GBS	• Mec /PROM/GBS 2 hourly for 12 hours GBS no ABX cover 2 hourly for 24 hours	
• NAS	• Please see Neonatal abstinence syndrome guideline	

Red feeding pathway	Plan	Feeding plan
• Less than 37/40-following • -Babies under 2nd centile or under 2.5kg • Babies who become **clinically unwell** at any stage • Unstable blood glucose • Babies admitted to NNU/TCU • Birth trauma • Readmissions • Mother significantly unwell • Jaundice within 24 hours of birth • Respiratory distress over 4 hours of age • All babies on KP calculator	• Observations and assessment at birth Please see Management of late preterm and low birth weight babies on the postnatal wards and TCU guideline • Skin to skin • Postnatal conversation and breastfeeding assessment daily until discharge on EPIC • Record all feeds • Administer medication as required • Undertake hypoglycaemia protocol if required • TBR/SBR if indicated • Weigh day 3 • Consider discharge home from 48-96 hours. following delivery if observations are normal and discontinued	• Offer feed 2-3 hourly and assess effectiveness of feed • Hand express/ pump and give baby any available ebm after every feed • Consider need for clinically indicated top ups (Appendix 4)
• Babies on IV ABX	• If on IV ABX observations at delivery and 4 hourly for duration of treatment	
• PPH above 2L	• Consider discharge when feeding effectively	
• Babies in hot cots • Unstable temperature	• Please see Neonatal Thermoregulation guideline	

Appendix 6 – Parent traffic light guidance

Red Pathway
Care plan

- **Keep your baby in skin to skin contact with you**
- **Keep a hat on your baby**
- **Offer a feed every 2-3 hours and check that your baby is feeding effectively (swallowing)**
- **Hand express and give your baby any expressed breast milk after feeding**
- **Consider top ups with guidance from your Midwife**
- **Once your baby is feeding effectively, discuss with your midwife to move to responsive feeding (See over leaf)**
- **Your baby will be weighed on day 3 by the Midwife**

Responsive Breastfeeding

Breastfed babies should feed between 8-12 times in 24 hours

- Feed your baby when he/she shows feeding cues
- Feed your baby for comfort
- Feed your baby if you breasts are feeling full

Remember, breastfed babies cannot be overfed or spoiled

Responsive Bottle feeding

- Feed your baby when he/she shows feeding cues
- Hold your baby close during feeding
- Ask your midwife to show you the ‘paced’ feeding method

Prioritising parents to feed baby, especially in the early days/weeks will help your baby to feel safe and secure

Amber Pathway
Care plan

- **Keep your baby in skin to skin contact with you**
- **Keep a hat on your baby**
- **Offer a feed every 2-3 hours and check that your baby is feeding effectively (swallowing))**
- **Hand express and give your baby any expressed breast milk after feeding**
- **If your baby is reluctant to feed, discuss the 'reluctant feeder pathway' with your Midwife**
- **If your baby is alert, offer any additional milk via a feeding cup prior to a bottle**
- **Once your baby is feeding effectively, discuss with your midwife to move to responsive feeding (See over leaf)**

Responsive Breastfeeding

Breastfed babies should feed between 8-12 times in 24 hours

- Feed your baby when he/she shows feeding cues
- Feed your baby for comfort
- Feed your baby if you breasts are feeling full

Remember, breastfed babies cannot be overfed or spoiled

Responsive Bottle feeding

- Feed your baby when he/she shows feeding cues
- Hold your baby close during feeding
- Ask your midwife to show you the 'paced' feeding method

Prioritising parents to feed baby, especially in the early days/weeks will help your baby to feel safe and secure

Green Pathway
Care Plan

- **Keep your baby in skin to skin contact with you**
- **Responsive feeding (see overleaf for details)**
- **If your baby is reluctant to feed, discuss the 'reluctant feeder pathway' with your midwife**

Responsive Breastfeeding

Breastfed babies should feed between 8-12 times in 24 hours

- Feed your baby when he/she shows feeding cues
- Feed your baby for comfort
- Feed your baby if you breasts are feeling full

Remember, breastfed babies cannot be overfed or spoiled

Responsive Bottle feeding

- Feed your baby when he/she shows feeding cues
- Hold your baby close during feeding
- Ask your midwife to show you the 'paced' feeding method

Prioritising parents to feed baby, especially in the early days/weeks will help your baby to feel safe and secure

Appendix 7 – Infant Feeding Chart

(for illustration only – will be given to mothers on PN wards)

Please write down each of your Baby's feeds in hospital so we can assess how feeding is going and offer support

Baby's name: **DOB:**

MRN number: **Time of birth:**

DATE	TIME	METHOD OF FEEDING	LENGTH OR AMOUNT	URINE	STOOL and COLOUR

Appendix 8: Calculations of Volume of Feeds for LBW Infants, Preterm Infants, SGA Infants and Term Formula Fed Infants

N.B. This excludes the term healthy breastfed infant who is reluctant to breastfeed.

LBW infants, preterm infants, SGA infants, term formula fed infants

Day 0 60ml/kg/day
Day 1 90ml/kg/day
Day 2 120ml/kg/day
Day 3 150ml/kg/day

For ALL babies, assess for:

- Colour
- Tone
- Alertness
- Maintenance of temperature
- General well-being

Calculation:

Volume × BW in kg ÷ number of feeds over 24 hrs

Example: 90ml × 3.237 ÷ 8 (3 hourly feeding) = 36.4ml
Example: 120ml × 3.900 ÷ 6 (4 hourly feeding) = 78ml

The volume calculated is an average volume – some infants will take more, some less.

Always assess each individual infant and observe for clinical signs of well-being.

Monitor urinary output and frequency and colour of bowel movements.

Full version control record

Version:	3.1
Guidelines Lead(s):	Kirstie Wells, Inpatient Midwifery Matron, FPH Fiona Lewis, Lead Midwife for infant Feeding, FPH
Contributor(s):	
Lead Director / Chief of Service:	Anne Deans, Chief of Service for Obstetrics & Gynaecology
Professional Midwifery Advocate:	Andrea Anderson, Head of Midwifery, WPH
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Pharmaceutical dosing advice and formulary compliance checked by:	N/A
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This guideline has been registered with the trust. However, clinical guidelines are guidelines only. The interpretation and application of clinical guidelines will remain the responsibility of the individual clinician. If in doubt, contact a senior colleague or expert. Caution is advised when using guidelines after the review date. This guideline is for use in Frimley Health Trust hospitals only. Any use outside this location will not be supported by the Trust and will be at the risk of the individual using it.

Version History

Version	Date	Guideline Lead(s)	Status	Comment
1.0	March 2017	Irene Ridgers, Infant Feeding Lead Midwife, Frimley Park	Final	
2.0	June 2020	Joint Infant Feeding Leads: L Farrant, C Hughes (FPH), D Sloam, C Essery (WPH)	Final	Updated and approved at OGCG 22.06.2020
3.0	March 2024	Kirstie Wells, Fiona Lewis	Final	Approved at Cross Site Clinical Governance Meeting, 27 March 2024
3.1	November 2025	Fiona Lewis		Appendix 6 added- parent traffic light guidance (ratified 22.10.25 at cross site obstetric clinical governance meeting)

Related Documents

- Babies sharing their mother's bed while in hospital
- Cup and Syringe Feeding Guideline for Neonates
- Diabetes in Pregnancy
- Immediate Care of the Newborn
- Management of Preterm and Low Birth Weight Babies on the Postnatal Ward and TCU
- Managing feeds for babies who are formula fed
- Neonatal hypoglycaemia (Management on Maternity Wards)
- Neonatal Jaundice
- Neonatal Thermoregulation
- Newborn life support
- Postnatal Care of the Mother and Baby and Transfer to Another Hospital
- Skin to skin contact and initiating a close and loving relationship for all mothers and babies in hospital
- Term healthy breastfeeding infant who is reluctant to feed
- Weight loss in term healthy breastfed infants