

Health visiting policy self-assessment checklist

Your policy should clearly cover the following points:	Is the point clearly covered? (Answer yes, no or unclear)	See guidance note number:
Introduction and purpose		
Has mandatory status		1
The Code is implemented throughout the service		2
The outcomes that will be monitored		3
A commitment to collaborative working		4
Trust support for implementation of the policy		
Orientation of staff to policy		5
Training for all staff (according to role)		6
New staff trained within six months of appointment		7
Mechanisms by which mothers' / parents' experiences of care will be listened to		8
<i>(If routine antenatal contacts are part of commissioned service) Pregnancy:</i>		
All pregnant women have the opportunity to discuss:		
Their thoughts and feelings about feeding their baby including the value of breastfeeding and getting breastfeeding off to a good start		9
The value of connecting with their growing baby in utero		9
The importance of responding to their baby's needs after birth, and that keeping their baby close supports this		9

<i>(If routine antenatal contacts are NOT part of commissioned service) Pregnancy:</i>		10
Guidance on making the most of opportunities that arise in the antenatal period		
Support for continued breastfeeding		
A formal breastfeeding assessment using the [insert name of local tool] ¹ will be carried out at the 'birth visit' / 'new baby review' at approximately 10–14 days		11
A specialist service for those mothers who require additional support		12
A discussion about options for continued breastfeeding according to individual need to include: responsive feeding, expression of breastmilk, feeding when out and about and going back to work		13
Collaboration with other local services to make sure that mothers have access to social support for breastfeeding		14
All breastfeeding mothers will be informed about the local support for breastfeeding		14
Information about why exclusive breastfeeding leads to the best outcomes for their baby		15
The value of continuing partial breastfeeding (when exclusive breastfeeding is not possible / has not been chosen)		15
Mothers who give other feeds in conjunction with breastfeeding will be enabled to do so: as safely as possible with the least possible disruption to breastfeeding		16

¹ Sample tool available at <http://www.unicef.org.uk/BabyFriendly/Resources/Guidance-for-Health-Professionals/Forms-and-checklists/Breastfeeding-assessment-form/>

Support for formula feeding		
Mothers who are formula feeding have the information they need to be enabled to do so as safely as possible		17
Mothers who formula feed have had a discussion about the importance of responsive feeding		18
Introducing solids		
All mothers enabled to start solids in ways that optimise health and well-being		19
Support for parenting and close relationships		
Parents are supported to understand:		20
a newborn baby's needs		
keeping babies close		21
safe sleeping practice		21
Mothers who bottle feed encouraged to hold their baby close during feeds and offer the majority of feeds to their baby themselves		22
Parents given information about local parenting support		23
Monitoring		
Compliance with the policy will be monitored – including the audit mechanism and frequency of the audit cycle		24
How the audit results (and other described monitoring mechanisms) will be reported and to whom		25
How the relevant outcomes will be monitored		26
How the outcome indicators above will be reported and to whom		27

Guidance notes

Introduction and purpose

1. Compliance with the policy is compulsory. Staff should be aware of the significance of the policy and must account for any deviation from it.
2. A health visiting service working towards the implementation of the Baby Friendly standards must adopt the International Code of Marketing of Breast-milk Substitutes. The policy should clearly state that it prohibits the display or distribution of materials which promote breastmilk substitutes, feeding bottles, teats or dummies. Staff training should ensure that staff understand the rationale behind this requirement and equip them to apply this in their own practice.
3. The policy should state the outcomes that it intends to deliver and that will be monitored. These outcomes should align with national guidance² and locally agreed outcome indicators where these exist.
4. It is vital that health visiting services establish a clear commitment to collaborative working across professions and sectors (including the voluntary sector) to make the most of the resources available and deliver improved care and support for mothers and babies. The policy should identify specific commitments to local collaborative working arrangements where they have been established for example:
 - Sharing information about pregnant women with children's centre/early years' settings.
 - Working with maternity services to ensure a seamless handover of care and to ensure that a specialist service is available within the locality.
 - Working closely with local voluntary groups and peer supporters to improve support for mothers.

Trust support for implementation of the policy

5. All staff should be orientated to the policy as soon as their employment begins in order to enable them to understand what is required of their practice and to ensure that they do not inadvertently undermine the work of the rest of the staff team.
6. Training of all staff in breastfeeding management is an essential element of successful implementation of the policy. Including statements in the policy regarding the provision of training will emphasise to all staff and managers the importance of the training and the requirement that attendance is mandatory.

² NHS Outcomes framework and Public Health Outcomes framework in England; Northern Ireland Breastfeeding Strategy, 'Investing in a Better Start: promoting Breastfeeding' in Wales; 'Improving Maternal and Infant Nutrition; A Framework for Action' in Scotland.

7. It is essential that all new staff receive training within six months of employment to ensure that standards are consistently maintained.
8. Listening to parents /mothers experiences of care is an essential aspect of a high quality service³. The policy should make clear the service's commitment to this aspect of quality monitoring and the mechanisms by which it will do this. For example: Care Quality Commission's 'Mothers' experiences of health visiting services' survey; Picker Institute surveys.

Pregnancy

[UNICEF UK Baby Friendly Initiative strongly supports the view that pregnancy is the right time for health visitors to begin to talk to parents, and will therefore assess this aspect of the service when it is applicable. However, when health visiting services do not provide routine antenatal care this aspect of care will not be formally assessed. It is recommended that the service's policy be developed to reflect the care that the service is commissioned to deliver and where routine contact in the antenatal period is not part of the commissioned service include guidance to support good practice for opportunistic antenatal contacts.]

(If routine antenatal contacts are part of commissioned service)

9. All pregnant women should have the opportunity to have a meaningful discussion that takes into account their individual circumstances and needs. There are two aspects to this:
 - *Helping prepare mothers for feeding and caring for their baby in ways that will optimise their own and their baby's well-being.*
 - *Encouraging women to start developing a positive relationship with their baby in utero.*
 - *The importance of responding to their baby's needs after birth, and that keeping their baby close supports this.*

The discussion can take place as part of routine antenatal care or as part of a class or can be with a peer supporter face to face or on the telephone.

(If routine antenatal contacts are NOT part of commissioned service)

10. *The policy should describe the minimum standard that the service expects which will include :*
 - *Spontaneous antenatal contacts (such as visits to clinic) are used as an opportunity to discuss breastfeeding and the importance of early relationship building, using a sensitive and flexible approach.*
 - *Members of the health visiting team proactively support and recommend the services provided by other organisations to mothers (e.g. antenatal programmes run by the maternity services, children's centres or voluntary organisations).*

³ NHS constitution 2010 available at <http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Documents/2013/handbook-to-the-nhs-constitution.pdf>

- *The service works collaboratively to develop develop/support any locally operated antenatal interventions delivered with partner organisations.*

Support for continued breastfeeding

- 11.** The formal breastfeeding assessment at 10-14 days is designed to confirm, for the parents and the health visitor, that feeding is going well. If any challenges are identified, or the parents have any concerns, these must be addressed with the aim of building the mother's confidence and supporting breastfeeding. This assessment should include a dialogue / discussion with the mother to reinforce what is going well and where necessary develop an appropriate plan of care, to include referral where necessary, to address any issues that have been identified.
- 12.** From time to time a mother will experience a more complex breastfeeding challenge which requires additional support. It is required that the informal mechanisms that exist across most services to provide this are formalised and that a specialist service with an appropriate referral pathway is implemented. This may be provided by the facility or in collaboration with another provider, in which case a formal agreement for the sharing of services will be required. The policy should describe or signpost to this additional service. Mothers should be informed of this pathway. Please note that it is expected that common breastfeeding problems such as sore nipples, mastitis will be resolved, in the majority of cases, by standard care.
- 13.** Mothers needs vary hugely at this point in their breastfeeding journey. An issue that is significant for one mother will be irrelevant for another. Ensuring that each individual mother's needs are met so that she is supported to continue breastfeeding is crucial. Open questions and careful listening will be key to ensuring that staff can meet each mothers needs. Likely topics of discussion will include, but not necessarily be restricted to: responsive feeding, expression of breastmilk and feeding when out and about or going back to work.

The term responsive feeding is used to convey that successful breastfeeding is a sensitive, reciprocal relationship between a mother and her baby. Through responding to her baby's requests in the form of feeding cues, a mother will both maximise her potential milk supply and meet her baby's needs for closeness and comfort.

The terms baby-led or demand feeding are commonly used but often misunderstood, with both staff and mothers under the misapprehension that normal behaviour is that a baby 'demanding' equals a feed every three hours. The policy needs to make clear the importance of a thorough discussion with a mother about responsive feeding to address any misconceptions and provide information about normal baby behaviour and a baby's needs for food, comfort and closeness.

The policy should clarify that breastfeeding can be used to feed, comfort and calm babies and that 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.

Staff and mothers need to appreciate that breastfeeds can be long or short, that breastfed babies cannot be overfed or 'spoiled' by too much feeding and breastfeeding will not, in and of itself, tire mothers any more than caring for a new baby without breastfeeding.

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. Staff would be expected to ensure that mothers are aware of this should they choose to use a dummy.

- 14.** Mothers are more likely to continue breastfeeding if they have people in their lives who believe that they can succeed. While the health visiting services do not necessarily have to provide social support for mothers, they do have a responsibility to ensure that mothers know what is available locally. They should also work collaboratively with other services to make social support as attractive as possible to mothers, so that they will engage with and benefit from it. Mothers should be informed of the local support available.
- 15.** The policy should state clearly the crucial importance of exclusive breastfeeding, particularly during the establishment of breastfeeding, and this should be clearly communicated to parents. However it is also important that when mothers are unable to do this, or choose not to, that they are encouraged, and that any breastfeeding is valued so that the baby is able to benefit from receiving the maximum amount of breastmilk possible.
- 16.** The policy should also state clearly the importance of minimising the disruption to breastfeeding that may take place when formula milk is given. This will involve having a discussion with parents about the potential risks of introducing a teat when a baby is learning to breastfeed, and the alternative methods of feeding which are available. If mothers have made the transition from exclusive to partial breastfeeding, ensuring that they are able to make up formula feeds as safely as possible is important. A member of the health visiting team will be expected to have offered this information when a mother informs a member of staff that she has introduced formula milk.

Support for formula feeding

- 17.** There is significant evidence from assessments that care and support for formula feeding parents is often neglected. The policy should state the standards of care that are expected to support formula feeding parents to maximise the well-being of those babies that are formula fed. It is important that parents have the opportunity for a discussion and, where needed, a demonstration of how to make up a formula feed as safely as possible.

18.There is very limited research to guide us when talking about responsive formula feeding, and it is important to remember that it is possible to overfeed a formula-fed baby. Parents should be informed about responsive feeding and encouraged to:

- respond to cues that their baby is hungry
- invite the baby to draw in the teat rather than forcing the teat into the mouth
- pace the feed so that the baby is not forced to feed more than they want to
- recognise their baby's cues that they have had enough milk
- not force babies to take a bit more milk so that they will go longer between feeds, as this can lead to overfeeding and should be discouraged

Introducing solids

19.The policy should conform with Department of Health guidance about the appropriate introduction of solid foods for all babies. This suggests that around six months is the appropriate age for the introduction of solid foods for both breast and formula-fed babies. A mechanism which ensures that all mothers are offered a discussion at an appropriate time and made aware of local services available which provide this information should be in place. This can be described in the policy.

Early postnatal period: support for parenting and close relationships

20.There is overwhelming evidence for the crucial importance of early relationship building for the future well-being of children and the value of parenting that is sensitive and responsive to the baby's needs. These help establish secure attachment between parents and their baby. Therefore it is expected that health visiting services support parents through a discussion about their baby's needs for closeness, touch, comfort, verbal and visual communication.

21.Encouraging a close mother-baby relationship is important in the early days and weeks following birth. When mothers and babies breastfeed they spend a great deal of time in close contact which helps to build and enhance their relationship. However, in day-to-day life there can be risks associated with mothers and babies being close to each other, particularly when the mother falls asleep (which could be night or day). It is therefore vital that safety issues, in particular safe sleeping, are discussed in a way that is proportionate to the risks involved and that does not frighten parents or close down discussion. The policy should provide guidance on this/ signpost to additional guidance. It is vital that simplistic messages are avoided as they close down discussion and leave parents and infants vulnerable.

22.Encouraging formula feeding mothers to give most feeds themselves while holding their baby close will support relationship building. It is important that this information is shared in a sensitive supportive manner and that where possible close family members are included in the discussion.

- 23.**Support for parenting is provided in many areas through local children's centres / Flying Start / Sure Start / Early Years and health visiting services. Health visiting services have a responsibility to ensure that parents know what is available locally.
- 24.**It is a requirement for Baby Friendly accreditation that the policy be audited. Guidelines are provided regarding the frequency of audit at each stage of the assessment process. Therefore, the policy should include a statement to this effect. Regular and thorough audit conducted by questionnaires, face-to-face and telephone interviews with pregnant women and mothers, clinical supervision of staff and examination of appropriate records will inform all concerned of the level of implementation of the standards.
- 25.**The policy should set out the local arrangements regarding to whom the audit results will be reported and who has accountability for ensuring that areas requiring improvement are addressed.
- 26.**The aim of the policy is to improve outcomes for children and families. Therefore it is important that outcomes are monitored so that improvements or lack of improvement in outcomes can be identified, and appropriate plans made. The policy should describe how the outcomes listed at the start of the policy will be monitored.
- 27.**The policy should set out the local arrangements regarding to whom the outcomes data will be reported and who has accountability for ensuring that areas requiring improvement are addressed.