Maternity 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
Pregnancy		
All pregnant women have the opportunity to discuss:		9
Their thoughts and feelings about feeding their baby including the value of breastfeeding and getting breastfeeding off to a good start		
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

Birth		
All mothers are offered the opportunity to have uninterrupted skin contact with their baby and to offer the first breastfeed in skin contact		10 & 11
Mothers who wish to formula feed are encouraged to offer first feed in skin contact		12
Mothers who are unable (or do not wish) to have skin contact immediately after birth are encouraged to commence skin contact as soon as they are able		13
Mothers with a baby on the neonatal unit are encouraged to start expressing milk as soon as possible after birth (ideally within six hours)		14
Early postnatal period: support for breastfeeding		
Mothers enabled to achieve effective breastfeeding including:		15
appropriate support with positioning and attachment		
hand expression		
understanding signs of effective feeding		
Mothers will have the opportunity to discuss breastfeeding in the first few hours after birth including:		15
responsive feeding		
feeding cues		
Clinical indications for a modified feeding regime and appropriate signposting		16
Mothers with a baby on the neonatal unit:		17
supported to express as effectively as possible		
shown how to express by both hand and pump		
supported to express at least 8 times in 24 hours including once at night		
A formal feeding assessment carried out using [name of local tool][1]		18

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

A local protocol for feeding assessment described		18
Breastfeeding mothers:		19
given information both verbally and in writing about recognising effective feeding		
informed about the local support for breastfeeding		20
A specialist service for those mothers who require additional support		21
Mothers who breastfeed are provided with information about:		22
the importance of exclusive breastfeeding		
continuing partial breastfeeding (as appropriate if mothers are unable / choose not to exclusively breastfeed)		23
Mothers who are partially breastfeeding are supported to maximise the amount of breastmilk their baby receives		23
Documentation of the rationale for supplementation and the discussion held with parents		23
Mothers who give other feeds in conjunction with breastfeeding: enabled to do so as safely as possible with the lease possible disruption to breastfeeding		24
Supplementation rates will be audited		25
Early postnatal period: support for formula feeding		
Mothers who formula feed will be offered a demonstration and / or discussion about how to prepare infant formula		26
Mothers who formula feed have a discussion about why responsive feeding is important and how to achieve it		27

Early postnatal period: support for parenting and close relationships		
Skin-to-skin contact encouraged throughout the postnatal period		28
Parents supported to understand:		29
their newborn baby's needs		
the importance of keeping baby close		30
safe sleeping practice		30
Mothers who bottle feed encouraged to hold their baby close during feeds and offer the majority of feeds to their baby themselves		31
Parents given information about local parenting support		32
Monitoring		
Compliance with the policy will be monitored – including the audit mechanism and frequency of the audit cycle		33
How the audit results (and other described monitoring mechanisms) will be reported and to whom		34
How the relevant outcomes will be monitored		35
How the outcome indicators above will be reported and to whom		36

Guidance notes

Introduction and purpose

1. As with all hospital policies, compliance with statements within the policy is compulsory. Staff should be aware of the significance of the policy and must account for any deviation from it.

2. A maternity unit 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 clearly state the outcomes that it intends to deliver. These outcomes should align with national guidance[2] and locally agreed outcome indicators where these exist.

4. It is vital that maternity services establish a clear commitment to collaborative working across disciplines and organisations (including voluntary organisations) 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 and health visiting/public health nursing services
   - working with neonatal units to provide consistent and complementary care
   - working closely with local voluntary groups and peer supporters to improve support for mothers on the wards

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. The inclusion of 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 mothers' / parents' experiences of care is an essential aspect of a high quality service[3]. 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 survey of mothers' experiences of maternity services; Picker Institute surveys, 'Family and Friends' Test.

Pregnancy

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 either face to face or on the telephone. The standard will be assessed on whether or not the discussion took place, whether the information given was evidence-based and whether it was helpful and enabling to the mother.

Birth

10. The policy should recognise the important role played by skin-to-skin contact in helping newborn infants adapt to extra-uterine life, by clearly stating that all mothers are to be given their babies to hold in this way as soon as possible after delivery. Evidence shows that most babies require up to an hour after the birth to be ready for a first breastfeed, therefore a prolonged period of skin contact for all mothers is expected as part of routine care so that the instinctive behaviours of breast seeking (baby) and nurturing (mother) are given an opportunity to emerge. The aim is not to rush the baby to the breast but to be sensitive to the baby's instinctive process towards self-attachment. Staff should be guided to ensure that mother and baby are left together in skin contact for at least one hour or until after the first breastfeed.

11. The opportunity to offer a first breastfeed when the baby shows signs of wanting to feed should be available, even for mothers who intend to bottle feed. With her new baby in her arms, beginning to show an interest in feeding at her breast, a mother may feel she wants to try breastfeeding and staff are expected to be sensitive and open to this possibility.

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

12. For those mothers who go on to bottle feed, skin contact remains an important way to support the bonding process and so offering the first feed in skin contact is encouraged. Extra precautions may be needed to ensure that babies remain warm when bottle feeding in skin contact, as there will necessarily be less of the baby's body in close contact with their mother than when feeding from the breast.

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, all normal observations of the mother and baby should continue and sensible safety precautions taken when required. For example, if a mother has taken drugs during labour that have made her drowsy, she should not be left alone with her baby in skin contact. In this situation her birth partner could keep an eye on the mother-baby pair, but would need to be properly informed about the responsibility.

If skin-to-skin contact is interrupted for a clinical indication or fully informed maternal choice, staff should be aware of the need to encourage the resumption of this contact as soon as mother and baby are able.

13. If skin contact is not possible or is declined by the mother after birth, mothers will be offered sensitive encouragement to commence skin contact as soon as they are able, whenever that may be.

14. Where mothers and babies are separated for medical reasons, staff should provide appropriate help and support to enable them to initiate lactation. Mothers should be shown how to express their breastmilk as soon as possible and certainly within six hours of birth. Professionals involved with both mother and baby should share responsibility for this. This should be explicitly stated within the policy. (Please note there are separate, more comprehensive Baby Friendly standards for neonatal units which include a sample policy to cover these standards)

Early postnatal period: support for breastfeeding

15. Information and support for breastfeeding mothers needs to be provided according to a mother's individual needs. The focus should be on supportive care which enables a mother to feel confident, such as sitting with her through a feed, ensuring that she and her baby can successfully achieve an effective feed and that she can recognise this.

Mothers who breastfeed may need:

- support with learning how to hold her baby for feeding (positioning)
- support with learning how to help her baby attach to the breast
- information about how to recognise effective attachment and feeding
- a discussion about what's normal that includes: feeding cues, frequent feeding, and that feeding 'for comfort' is not a problem, but rather it is beneficial for her baby and for the establishment of a good milk supply
- the value of hand expressing and where to find out more if they need to

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 (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 terms, with both staff and mothers under the misapprehension that normal behaviour is that a baby ‘demanding’ feeds 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.

16. When babies are at risk and/or sleepy following birth or when there is concern about weight gain, it is sensible to encourage frequent feeding and suggest the minimum number of feeds that should be offered to ensure safety. However, it is important that mothers don’t take away the impression that feeding their baby every two, three or four hours is ‘normal’ and any other feeding pattern a cause for concern, even when their baby is no longer sleepy or at risk. The policy should clarify this and signpost to the relevant section of the policy / ’sleepy baby’ / ‘at risk baby’ policy/ guidelines.

17. Mothers with a baby on the neonatal unit should be supported to express as effectively as possible, a minimum of 8 times in 24 hours, including once during the night. Early and frequent expressing is vital if the immature glandular tissue is to be effectively programmed so that the mother has the potential to produce enough milk for her baby. Hand expressing is effective for obtaining colostrum, but mothers should be taught how to use an electric breast pump as the volume of milk increases. Hand expressing can still be used in conjunction with pumping if the mother wishes. Good liaison between staff in the maternity and neonatal unit is important to ensure that mothers are supported to express early, frequently and effectively.

18. 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, and should take place at every opportunity and as often as required to ensure safety. In addition, a formal feeding assessment should be aimed at supporting mothers to gain skills and confidence, and at averting crisis points where mothers are most likely to stop breastfeeding. They should be carried out as

often as is required in the first seven days, with a minimum of two assessments taking place (the timing of which should be clarified in the policy). This assessment should includes a dialogue / discussion with the mother to reinforce what is going well and where necessary develop an appropriate plan of care to address any issues that have been identified.

19. It is important that parents are given information that will enable them to recognise that their baby is getting enough milk. This will reduce anxiety and unnecessary supplements of formula milk and also, importantly, ensure that they are able to recognise when there is inadequate milk transfer and so seek help promptly. Therefore, mothers should be given verbal and written information before they leave hospital about what to look for in order to recognise effective feeding.

20. Mothers are more likely to continue breastfeeding if they have people in their lives who believe that they can succeed. While the maternity 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.

21. 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.

22. The policy should state clearly the importance of exclusive breastfeeding, particularly during the establishment of breastfeeding and this should be clearly communicated to parents.

23. It is also important that when mothers are unable to exclusively breastfeed, 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. Documentation of the discussion about the impact of supplements on the milk supply and alternatives offered should be made.

24. 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 that are available. It is not necessary to show mothers how to prepare formula feeds when these are given for a clinical reason or for a short period only in hospital. However, if mothers are partially bottle feeding at home, staff are expected to ensure that they are able to make up formula feeds as safely as possible.

25. Supplementation rates will be collected at agreed intervals, a minimum of six-monthly, with continuous audits recommended when rates of supplementation are high. It is anticipated that steady progress to reduce supplementation rates will be made (specifically those given without a medical indication or as a result of a fully informed maternal choice).

Early postnatal period: support for formula feeding

26. There is significant evidence from assessments that care and support for formula feeding parents is often neglected. The policy should make the standards of care that are expected to support formula feeding parents clear, in order to maximise the well-being of 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 safety as possible.

27. 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

Early postnatal period: support for parenting and close relationships

28. Skin contact is of great value to all mothers and babies, whatever the feeding method, and should be encouraged. Fathers should also 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.

29. There is overwhelming evidence for the 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 maternity services support parents through having a discussion about their baby's needs for closeness, touch, comfort, verbal and visual communication.

30. Encouraging a close mother-baby relationship is important in the early days following birth. When mothers and babies breastfeed they spend a great deal of time in close contact which helps 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 and/or

signpost to additional guidance. It is vital that simplistic messages are avoided as they close down discussion and leave parents and infants vulnerable.

31. 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

32. Support for parenting is provided in many areas through local children's centres and health visiting services. Maternity services have a responsibility to ensure that parents know what is available locally.

33. 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. A combination of 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 progress with implementing the standards.

34. 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.

35. The aim of the policy is to improve outcomes for children and families. Therefore it is important that outcomes are monitored so that any improvements or lack of improvements can be identified, and appropriate plans made. The policy should describe how the outcomes listed in the policy will be monitored.

36. 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.