

UNICEF UK INFOSHEET

GUIDELINES ON PROVIDING INFORMATION FOR PARENTS ABOUT FORMULA FEEDING

October 2014



Background

The Unicef UK Baby Friendly Initiative standards were revised in 2012 with the aim of achieving the best possible outcomes for all babies in the UK. These standards are now being implemented and have been incorporated into assessments since July 2014.

In order to achieve better outcomes for babies who are not exclusively breastfed a number of new or expanded criteria have been included in the standards. These are:

- Mothers who give other feeds in conjunction with breastfeeding are enabled to do so as safely as possible and with the least possible disruption to breastfeeding
- Mothers who formula feed are enabled to do so as safely as possible
- Mothers who bottle feed are 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

In addition, a number of criteria have been expanded to better include babies who are not breastfed, these include those related to antenatal care, skin contact after birth, responsive feeding and building close and loving relationships.

This has created a dilemma as to how best to convey information related to formula / bottle feeding to parents without undermining breastfeeding or violating the International Code of Marketing of Breastmilk Substitutes (the Code). The guidance below is intended to support best practice related to this issue.

Antenatal Care

The Baby Friendly standard related to antenatal care requires that all pregnant women have the opportunity for a discussion about feeding their baby and recognising and responding to their baby's needs. The standard is assessed by interviewing mothers and asking them whether or not the discussion took place and whether it was helpful and enabling. Achieving this standard requires that all discussions be centred around individual mothers' needs (see Baby Friendly's [conversations guidance](#)). Therefore, when considering what can be discussed around formula feeding, it is important to consider what the mother needs. For example, some mothers will want to discuss formula feeding and others will not as they will already be committed to breastfeeding. Some will find it helpful to have a general discussion about breast and formula feeding, while others will have specific issues that are concerning them and which they want to

discuss. Whatever the discussion, it is important that health workers give only evidenced based information and that they are steadfast in their messaging around the superiority of breastfeeding for the health and wellbeing of mother and baby. It is also important that health workers do not undermine breastfeeding by implying that it is inherently hard and success uncertain. Challenges with breastfeeding that are discussed should be in the context of prevention and solutions if things do go wrong. The aim of the discussions should be for mothers to feel empowered to breastfeed their baby. This does not mean pressuring them in to saying that they will breastfeed, but rather that mothers end the conversation feeling well informed and supported to make a decision that is right for them.

Mothers do not have to be denied any information on formula feeding. However, this should be in the context of individual need and tailored accordingly. In such conversations health workers should never imply that formula feeding is equal to breastfeeding or that a decision not to breastfeed doesn't matter.

Many mothers will state their feeding intention during the conversation. Whatever the mother says should be accepted without judgement, with the additional reassurance that she is not expected to make a definite decision until after the birth of her baby. Feeding intention should not be recorded in the notes, as this may make a mother feel that she cannot change her mind.

Discussions regarding infant feeding can take place as part of a parent education class and the principles as outlined above also apply to a group setting. The evidence base for breastfeeding is compelling and parents do not need to be denied information about formula feeding for the case to be made. Discussing the importance of using first or new-born milks until the baby is a year old and responsiveness for bottle feeding (e.g. limiting the people who feed the baby with mother giving most feeds herself in the early weeks, pacing feeds and not overfeeding, making feeds up one at a time, etc.) will give a realistic picture of bottle feeding and so aid informed decision making. However, it is still recommended that facilitators avoid demonstrations on how to make up formula feeds in the antenatal period. These are ineffective and reinforce bottle feeding as the cultural norm, by giving the impression that everyone needs this information, as all babies will be bottle fed at some point.

Postnatal care

Mothers who are formula feeding should receive adequate information on how to make up a feed, preferably 1-2-1, in the early postnatal period. These mothers also require information on the types of formula milk available, with the objective of encouraging them to use a first milk until the baby is one year old. Health workers should not recommend any particular brand of milk or imply that one is superior to another. It is acceptable to provide this information in small groups, providing that some assessment of the individual mothers' understanding takes place, and as long as the group are all mothers who are formula feeding. It is not acceptable to make this information part of a larger class covering several topics to a mixed group mothers who are breast and bottle feeding. This is because breastfeeding mothers will either have to sit through the

demonstration, again reinforcing bottle feeding as the cultural norm and giving the impression that all mothers need this information, or be asked to leave, which appears to be discriminatory and denying mothers information.

Mothers who are intending to exclusively breastfeed, but whose baby is given formula for a clinical reason do not need to be shown how to make up formula feeds. This will only undermine their confidence in their ability to continue breastfeeding.

It is recognised that some mothers may stop breastfeeding or start formula feeding at home without informing a health worker. These mothers' knowledge of how to prepare formula and the type of formula to use should be explored as soon as a health worker becomes aware that the mother is formula feeding. The facility will not be penalised at a Baby Friendly assessment if such mothers are interviewed and have not yet had a discussion, providing that the health workers do not know that the mother is formula feeding. Adequate information for all mothers on how to contact a health worker for help with feeding should be in place.

Information for parents

Written information on formula milks and how to formula feed is best provided in the early postnatal period when mothers have made a definite decision to formula feed. All such information should be accurate and effective. The tone and content should be mother friendly and accessible to mothers of varying reading abilities. It should not be given to breastfeeding mothers unless there is a specific reason to do so. Such information should not be on general display or left in leaflet racks.

Some Trusts provide more comprehensive booklets for parents covering a range of topics including caring for your baby, safety and local services available to parents. It is acceptable to have information about both breast and formula feeding included in such larger publications, providing that this is proportionate, evidenced based and adheres to the Code.

Adhering to the Code

All written information related to formula feeding must include a statement similar to the one below:

Breastfeeding is the healthiest way to feed your baby. If you decide not to breastfeed or to stop breastfeeding, it is possible to restart. Giving infant formula to a breastfed baby will reduce your milk supply.

You do not need to eat any special foods while breastfeeding, but it is a good idea for you, just like everyone else, to eat a healthy diet.

In addition

- Information should not imply that breastfeeding and bottle feeding are equal choices
- There should be no advertising for any specific brand of infant formula, bottles, teats or dummies
- Information (including leaflets, DVDs, websites, teaching aids etc.) produced by the manufacturers of formula milks, bottles, teats and dummies should not be given or recommended to mothers, even if this information is free from company branding. Impartial and evidence based information is currently produced by UNICEF UK, the 4 departments of health and charities such as First Steps Nutrition. NHS Trusts may also choose to produce their own information.
- There should be no images which idealise bottle feeding; images of bottles and teats should only be used to reinforce technical instructions.
- Information should support mothers to understand the impact on breastfeeding and their baby of introducing small or larger quantities of infant formula.

Further information

[Guidance for antenatal and postnatal conversations](#)

[A guide to infant formula for parents](#)

[A guide for health workers for working within the International Code of marketing of breastmilk substitutes](#)

For further information on infant milks in the UK, see [First Steps Nutrition Trust](#)