



Integrated Community Infant Feeding Policy for Hull and the East Riding of Yorkshire (N-056)

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Policies should be accessed via the Trust intranet to ensure the current version is used

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1. INTRODUCTION

Breastfeeding is the healthiest way for nearly all women to feed their babies. This policy recognises the important life long health benefits of breastfeeding for both the mother and her child.

All parents have the right to receive clear, impartial evidenced based information from staff on Infant Feeding to enable them to make a fully informed choice as to how they feed and care for their babies.

Staff will not discriminate against any woman / parent in her chosen method of infant feeding. Staff will fully support women / parents in their infant feeding method, whether this is by choice or for clinical reasons.

We aim to ensure that all care is mother and family centred, non-judgemental and that their decisions are supported and respected. We work together across disciplines and organisations to improve mothers'/parents' experiences of care.

2. SCOPE

The purpose of this policy is to ensure that all staff understand their roles 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 relevant staff are expected to comply with this joint policy pertinent to their role.

3. POLICY STATEMENT

3.1. Policy Aims

- To enhance the mother and baby relationship and support fathers/partners, carers and other family members in their parenting roles.
- To ensure that the health benefits of breastfeeding and the potential health risks of formula feeding are discussed with all parents, so that they can make an informed decision about how they will feed their babies.
- To enable staff to create an environment where more women choose to breastfeed their babies, confident in the knowledge that they will be given support and information to enable them to breastfeed exclusively for as long as they want to.
- To enable staff who have contact with breastfeeding women to provide full and competent support through breastfeeding management training that complies with the UNICEF BFI standards.
- To encourage liaison with all health care professionals and other agencies to ensure a seamless delivery of care and support, together with the development of a breastfeeding culture throughout the local community.
- To support parents who choose to formula feed their babies to do so safely.

3.2. Strategic Outcomes

The policy aims to ensure that the care provided improves outcomes for children and families, specifically to:

- Increase the breastfeeding rates at 6-8 weeks of age.
- Increase the breastfeeding rates up to six months and beyond.

- Decrease the breastfeeding drop off rate between 10 days and 6 weeks.
- Increase compliance amongst parents who choose to formula feed in line with national agreed guidance.
- Increase the proportion of parents who introduce solid food to their baby in line with nationally agreed guidance.
- Improve parent's experience of care.

3.3. Indirect outcomes

Reduction in

- Gastroenteritis and diarrhoea
- Hospital admissions
- Respiratory infections
- Ear infections
- Asthma
- SIDS
- Childhood leukaemia
- Obesity
- Diabetes
- Cardiovascular disease
- Breast and ovarian cancer in mothers
- Osteoporosis in mothers
- Heart Disease
- Emotional health of mother and baby
- Cost saving to the NHS
- Dental problems for children

4. Definitions

In the interests of inclusivity, any reference to breastfeeding within this policy, also relates to chest feeding. The traditionally female pronouns also include those who identify as male and those who wish to identify as genderfluid or non-binary. We also recognize those who choose to express breast milk for their baby or others and feed human milk via another method.

Any reference to mothers also includes those who do not identify as mothers but do breast/chest feed their child or feed donor milk. We also support and recognize the family unit which is made from any combination of genders/sexual orientation/biological sex. When a referral is made to 'baby' or 'infant' it is acknowledged that we support natural term breastfeeding and recognize that toddlers and children breastfeed or chest feed.

5. Commitment to the policy

East Riding ISPHNs and Children Centres are a jointly UNICEF Baby Friendly Gold Accredited Service. Hull IPHNs are three times fully accredited working towards Gold. Hull Family Hubs have registered their intent.

We are Jointly Committed to:

- Providing the highest standard of care to support expectant and 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 well-being, 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 centred, non-judgmental and parents' decisions are supported and respected.
- Supporting mothers and their partners to have a positive breastfeeding experience and to breastfeed as long as they want to where possible.
- Working with all families to improve and enhance parenting experiences.
- Ensuring needs are met through our local core offer.
- Working together across disciplines and organisations to improve mothers'/ parents' experiences of care.

This policy includes all Humber Teaching NHS Foundation Trust ISPHN'S and IPHNS 0-19(25) services. It also includes the East Riding Children Centres and Hull City Council Family Hubs . For the purpose of this document they will be referred to as 'all staff'

As part of this commitment the services will ensure that:

- All new staff are familiarised with the Infant Feeding policy within one week of commencement of employment.
- All staff receive training to enable them to implement the policy appropriate to their role, and receive this training within six months of commencement of employment. This will be followed by annual infant feeding updates.
- All relevant managers and Baby Friendly Guardians attend managers training within three months of taking up those roles/employment, and have responsibility to keep professionally updated in the field of infant feeding to support the infant feeding leads and implementation of the service
- The International Code of Marketing of Breast-Milk Substitutes is implemented throughout services.
- All literature/evidence used fully supports the implementation of the Baby Friendly Initiative standards.
- All materials produced for families reflect the Baby Friendly Initiative standards.
- Parental engagement in both planning and evaluation of all services is encouraged and supported to ensure services meet their needs.
- Parents' experiences of care will be listened to through regular audit and parents' experience surveys. These results will support continued improvement in services.

6. DUTIES AND RESPONSIBILITIES

6.1. Infant Feeding Leads

The Infant Feeding Leads from all organisations are responsible for the co-production, development and overall implementation of the policy and maintenance of the BFI standards. They are also responsible for the provision of good quality, evidence based up to date Infant Feeding Training and ensuring that on commencement of employment all staff are assessed and given training appropriate to their role.

6.2. Training

Good quality training is crucial to ensure that those involved with caring for mothers and babies have the skills and knowledge to ensure best practice around breastfeeding is implemented and that babies who are formula fed are fed safely.

ISPHNS/IPHNS have the primary responsibility for supporting breastfeeding women, and for helping them to overcome related problems.

All staff who have contact with pregnant women and mothers of infants will receive training in breastfeeding management at a level appropriate to their professional group. New staff will receive training within six months of taking up their posts.

Medical staff and the perinatal mental health team and other health staff have a responsibility to promote breastfeeding and provide appropriate support to breastfeeding mothers. They are expected to access the relevant information and/or training to enable them to do this.

All relevant clerical and ancillary staff within the services will be orientated to the policy and receive training to enable them to refer breastfeeding queries appropriately.

The responsibility for providing training lies with the Infant Feeding Leads. Joint training is undertaken between Humber Teaching NHS Foundation Trust, East Riding of Yorkshire Children Centres, and Hull Family Hubs. The Infant Feeding Lead ensures that all staff receive appropriate training and will also audit uptake and efficacy of the training and publish results on an annual basis.

Infant Feeding Leads and managers will determine the level(s) of training appropriate to their staff.

6.3. International Board Certified Lactation Consultants (IBCLC)

The Humber Teaching NHS Foundation Trust employs a number of health visitors who are also IBCLC trained who provide specialist support to breastfeeding mothers. They also have a role as Infant Feeding Champions.

6.4. Infant Feeding Champions

These professionals work together to assist in the implementation of the policy. They provide additional advice and support in relation to infant feeding to mothers, fathers and their families, undertake BFI audits, ensure the code is adhered to and support staff training as appropriate.

6.5. Baby Friendly Guardians

The Guardians from all services work together to support the infant feeding leads and ensure the International Code of Marketing of Breast-Milk Substitutes is implemented throughout the services. They scrutinise the provision of infant feeding services and act as advocates for the promotion of breastfeeding.

6.6. Humber Teaching NHS Foundation Trust ISPHNS/IPHNS Managers and East Riding of Yorkshire Children Services/Family Hub Managers

- Ensure that all new staff are orientated to the policy within one week of employment and that orientation is recorded
- Ensure that all staff who have contact with pregnant women and mothers are aware of this and other policies and guidance which relate to this policy.
- Ensure that access to adequate training is available to staff to safely implement the policy.

6.7. ISPHNS/IPHNS , East Riding Children Centres, Hull Family Hubs -staff roles and responsibilities.

ISPHNS/IPHNS together with Community Midwives, have primary responsibility for the care and support of pregnant women, new mothers and babies in terms of Infant Feeding.

Children Centres/Family Hubs have supporting complimentary roles and responsibilities.

In order to avoid conflicting advice, it is essential that all staff involved with the care of pregnant and new mothers adhere to this policy.

It is the responsibility of all staff to liaise with the families' midwife or health visitor should concerns arise about the mum or baby's health or wellbeing.

7. STANDARDS

7.1. The Baby Friendly Initiative Standards

Children Centres/Family Hubs

The standards are a minimum for all staff. See the main body of policy for details.

1 Support pregnant women to recognise the importance of breastfeeding and early relationships to the health and well-being of their baby

2 Protect and support breastfeeding in all areas of the service

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

Health Visiting

The standards are a minimum for all Health Visitors. See the main body of policy for details.

1. Support pregnant women to recognise the importance of breastfeeding and early relationships for the health and wellbeing of their baby.

2. To enable mothers to continue to breastfeed for as long as they wish.

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

4. Support parents to have close and loving relationships with their baby.

7.2. Monitoring Implementation of the Baby Friendly Standards

Compliance with this policy is audited at least annually (detailed in the annual audit plan) using the UNICEF UK Baby Friendly Initiative audit tool (2019 edition). Staff involved in carrying out these audits require training on the use of this audit tool. Results will be reported to the appropriate managers and an action plan will be agreed to address any areas of non-compliance that have been identified.

7.3. Monitoring of locally agreed standards

- Service user satisfaction data will be collected by all agencies
- All services will collect information on infant feeding audited as part of record keeping annual audit
- BFI Standards compliance
- Compliance with infant feeding training to staff
- Collection of quarterly infant feeding data
- Numbers attending breastfeeding support groups
- Numbers attending Infant Feeding promotional events
- Number attending specialist breastfeeding service
- Number receiving emergency formula

8. PROCEDURES

This section of the policy sets out in more detail the care that the services are committed to providing to each and every expectant new parent/mother. It is based on the UNICEF UK Baby Friendly Initiative standards for Health Visiting and Children Centres, relevant NICE guidance, Healthy Child Programme and the 6 Health Visiting High Impact Areas.

8.1. Antenatal Conversations

The services strongly support the view that pregnancy is the right time to begin to talk to parents about feeding their baby and relationship building.

Every effort must be made to ensure that all pregnant women, and where possible families and other supporters, are aware of the value of breastfeeding and of the potential health risks of formula feeding.

All expectant parents should have sufficient opportunity ideally between 28-36 weeks or at any other time on a one to one basis, to discuss infant feeding, and building a close and loving relationship with their baby with a health visitor, to enable them to make an informed decision about feeding. Staff are expected to have an open, non judgmental and sensitive conversation with parents regarding feeding, this should explore their knowledge and or previous experience, the discussion can then be tailored specifically to them. It is important that staff give only evidenced based impartial information.

This one to one discussion will include the following topics:

- An exploration of what parents already know about breastfeeding
- The value of connecting with their growing baby in utero
- The value of skin to skin contact for all parents and babies
- First skin to skin contact at birth, considering first feeds at the breast and the important antibodies that colostrum provides.
- The importance of responding to their babies needs for comfort closeness and feeding after birth and the role of keeping their baby close has in supporting this, brain development and feeding cues
- The benefits of breastfeeding as protection, comfort and food
- Getting breastfeeding off to a good start

It should be made clear to the parents that they are not expected to make a decision until after the arrival of their baby. Feeding intention should not be recorded in the notes.

Staff will inform parents about/refer mothers to targeted interventions/antenatal parent education sessions to promote breastfeeding, as appropriate.

The Baby Friendly Initiative Conversation in Pregnancy: Key points or similar documentation will be completed and a record of the antenatal contact will be recorded.

8.2. Postnatal Support

A formal breastfeeding assessment using the UNICEF breastfeeding tool ([Breastfeeding assessment tool - Health visiting \(unicef.org.uk\)](#)) will be carried out at the primary contact between 10-14 days to ensure effective feeding and well-being of the mother and baby. This includes discussion with the mother of signs of effective feeding and development of an appropriate plan of care to address any issues identified.

Staff should ensure that mothers are offered the support necessary to acquire the skills of positioning and attachment and hand expression of breast milk. They should be able to explain the necessary techniques to a mother, thereby helping her to acquire this skill for herself, and explain circumstances when the ability to hand express may be useful for example the treatment of a blocked duct to prevent the development of mastitis, and to maintain her lactation during periods of separation from her baby.

Women should be given information about hand expressing. UNICEF BFI suggest the Information similar to that found on the Breastfeeding network may be provided for women to use for reference. [BFN Expressing Leaflet 2019.pdf \(breastfeedingnetwork.org.uk\)](#)

Mothers should be encouraged to keep their babies near them so that they can learn to interpret their babies' needs and feeding cues. Responsive feeding should be explained to mothers and encouraged for all healthy babies.

We would like staff to communicate to mothers effectively that breastfeeding can be used to feed, comfort and calm babies. Feeds can be initiated when babies show feeding cues, when they are distressed or lonely, when mum would like to sit down, rest or relax. Breastfeeds can be long or short, breastfed babies cannot be overfed or 'spoiled' by frequent feeding. 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 2, 3 or 4 hours is 'normal' and should be advised this is only a temporary measure.

- Staff will ensure that mothers understand the nature of feeding cues and the importance of responding to them, and that they have an awareness of normal feeding patterns, including cluster feeding and growth spurts.
- The importance of night feeding for milk production should be explained to all mothers. Ways to cope with possible challenges of night-time feeding will be discussed. This will include issues related to bed-sharing, to enable them to manage night-time feeds safely, in line with local Key Messages and Guidelines for Infant Safer Sleeping practices
- Staff should not recommend the use of artificial teats or dummies during the establishment of breastfeeding and later on in the postnatal period. Parents wishing to use them should be advised of the possible detrimental effects such use may have on breastfeeding to allow them to make a fully informed choice.
- Nipple shields will not be recommended except in extreme circumstances, then only for as short a time as possible. Health staff should follow the Nipple shield SOP found on the Intranet, [ISPHNS - Nipple Shield Guidelines G430.pdf \(humber.nhs.uk\)](#). The potential consequences of their use should be explained. The mother will receive support from the

Infant Feeding Team who should record the information given and the parents' decision in the baby's health record. Other agencies should discuss with their local infant feeding lead.

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

For families living in Hull a referral should be made via SystemOne to the Infant Feeding Team. A referral should be made for both Mother and Baby and a task sent to the Infant Feeding Team to be allocated. For outside agencies staff should contact SPOC on 01482 259600 and request a referral. Please see appendix for referral pathway.

For families living in the East Riding staff should contact their admin team and request a referral to the specialist breastfeeding service.

For outside agencies staff should contact SPOC on 01482 689689 and request a referral. Please see appendix for referral.

Consideration should be given as to whether onward referral to specialist services such as paediatrician, paediatric dietician or GP is required.

8.3. Community Support for continued breastfeeding

All breastfeeding mothers will be informed about the local support for breastfeeding, and have access to social support.

- Local child health clinics
- Children's Centre (East Riding) [Children's Centres \(eastriding.gov.uk\)](http://Children's Centres (eastriding.gov.uk))
- Family Hubs (Hull) [Home – Family Hubs \(familyhubshull.org.uk\)](http://Home – Family Hubs (familyhubshull.org.uk))

(Both offer group sessions and one to one support)

- Goodwin peer support (Hull) Breastfeeding and birthing partners project | Hull City Council who offer both one to one support, home visits, and group sessions.
- Welcome for breastfeeding families' scheme
- East Yorkshire Breastfeeding support webpage East Yorkshire Breastfeeding Support | Humber ISPHN

8.4. A Welcome for Breastfeeding Families

The equality act of 2010 (Department of Health, 2010) states that "it is discrimination to treat a woman unfavourably because she is breastfeeding". The Act applies to anyone providing services, benefits, facilities and premises to the public, public bodies, further and higher education associations.

Mothers will be enabled and supported to feed their infants where possible in all public areas of Humber Teaching NHS Foundation Trust premises and East Riding of Yorkshire Children's Centres and Hull City Council Family Hubs. Every effort will be made to make available comfortable facilities for mothers who prefer privacy. Signs indicating breastfeeding friendly environment will be displayed.

The Thank You for Breast Feeding in Public cards should be promoted. Staff should contact their local Infant Feeding Lead for these.

8.5. Supporting Exclusive Breastfeeding

All mothers should be encouraged to breastfeed exclusively for the first six months and to continue breastfeeding for at least the first year of life. They should be informed that solid foods are not recommended for babies under six months in line with the World Health Organisation recommendations.

For the first six months, no food or drink other than breast milk is to be recommended for a breastfed baby except by an appropriately trained health or medical professional for clinical reasons. If supplementary feeds are recommended expressed breast milk should be explored in the first instance and the reasons should be discussed in full with the parents. Any supplements which are prescribed or recommended should be documented in the baby's health record along with the reasons for supplementation.

Parents who decide to supplement their baby's breastfeeds with formula milk should be made aware of the health implications and of the harmful impact supplementation may have on breastfeeding to allow them to make a fully informed choice. Information should be supplied on how to make up formula feeds safely. Parents should be directed to the Guide to bottle feeding [Bottle feeding leaflet \(unicef.org.uk\)](https://www.unicef.org.uk/bottle-feeding-leaflet) and UNICEF's guide to responsive bottle feeding [Infant formula and responsive bottle feeding \(unicef.org.uk\)](https://www.unicef.org.uk/infant-formula-and-responsive-bottle-feeding)

All breastfeeding mothers should be given information which will support them to continue breastfeeding and maintain lactation on returning to work or study. Information on breast milk expression should be provided for women to use for reference, where this has not already been provided.

It is of note that Humber have a return to work policy for breastfeeding mothers [230718 Promoting and Protecting Breastfeeding UPDATED \(humber.nhs.uk\)](https://www.humber.nhs.uk/230718-Promoting-and-Protecting-Breastfeeding-UPDATED). This is applicable to all Humber Staff.

8.6. Information for Mothers whose Babies are not Exclusively Breastfed

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 wish to do both should be offered specific evidence based advice and assisted to maximise their breastmilk.

8.7. No Promotion of Breast Milk Substitutes

No advertising of breast milk substitutes, feeding bottles, teats or dummies is permissible in any part of this Trust, East Riding Children's Centres or Hull Family Hubs. The display of manufacturers' logos on items such as calendars and stationery is also prohibited.

No literature provided by manufacturers of breast milk substitutes is permitted. Educational materials for distribution to women or their families should be approved by the Breastfeeding Strategy Group and through appropriate clinical governance procedures.

Access to updated information from formula manufacturers will be given via approved processes and must be approved by the Infant Feeding Leads and Infant Feeding strategy groups. Breastmilk substitutes will not be sold by community healthcare staff or on healthcare premises.

Staff can access literature around bottle feeding from UNICEF BFI, First Steps Nutrition and the NHS Start for life.

8.8. Supporting Women who decide to Formula Feed

Some mothers will state they wish to formula feed during the antenatal conversation. It is important to convey information related to formula feeding to parents without undermining breastfeeding or violating the International Code of Marketing of Breastmilk Substitutes. 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.

Providing this information should be in the context of individual need and tailored accordingly. In such conversations staff should never imply that formula feeding is equal to breastfeeding or that a decision not to breastfeed doesn't matter. Therefore, when considering what can be discussed around formula feeding, it is important to consider what the mother needs.

Whatever the discussion, it is important that health workers only give evidence-based information and that:

- Mothers who formula feed are enabled to do so as safely as possible
- Mothers who formula feed are encouraged to responsively feed as per guidance to help enhance the mother-baby relationship
- Mothers/parents should be made aware of the main differences between breastmilk and formula milk.

Women who have made a fully informed choice to formula feed their babies should be encouraged to offer some feeds in skin to skin contact. They should be advised on safe bottle feeding as per the NHS guide to Bottle Feeding [Bottle feeding leaflet \(unicef.org.uk\)](https://www.nhs.uk/healthcareprofessionals/feeding/bottle-feeding-leaflet) and on responsive bottle feeding [Infant formula and responsive bottle feeding \(unicef.org.uk\)](https://www.unicef.org/uk/infant-formula-and-responsive-bottle-feeding) Discussion should be had around considering offering a first breastfeed to baby.

8.8.1. Advice and Demonstrations on Making up a Formula Feed

It is still recommended that health professionals avoid demonstrations on how to make up formula feeds in the antenatal period. However staff should ensure mothers and families are following guidance on making up formula safely.

These mothers also require information on the types of formula milk available, with the objective of encouraging them to use first milk until the baby is one year old. Staff should not recommend any particular brand of milk or imply that one is superior to another. There is no independent evidence to suggest there is a nutritional difference in the milks. Parents can choose whichever brand of first stage milk they wish as all milks are required to meet the same nutritional standards. Evidence based information can be found within the Bottle Feeding Guide or on the First Steps Nutrition Website. [Infant milks for parents & carers — First Steps Nutrition Trust](https://www.firststepsnutrition.org/infant-milks-for-parents-carers)

It is recognised that some mothers may stop breastfeeding or start formula feeding at home without informing anyone. These mothers' knowledge of how to prepare formula and the type of formula to use should be explored as soon as staff become aware that the mother is formula feeding. Adequate information for all mothers on how to contact the local services for help with feeding should be in place.

8.8.2. Formula Preparation Machines

If asked to provide advice about the suitability and safety of formula preparation machines, we should state, currently there appears to be insufficient evidence that these machines are safe or unsafe in the preparation of powdered infant formula. Therefore we recommend that families and carers use boiled water at >70°C to make up powdered infant formula as currently recommended by the Department of Health.

Parents should be shown or explained how to sterilise all feeding equipment

8.8.3. Supporting Formula Feeding Mothers

Handover from the maternity services will follow local protocols. An assessment of the mother and baby's progress with bottle feeding using the UNICEF Baby Friendly Initiative (BFI) assessment bottle feeding assessment [UNICEF UK Baby Friendly Initiative - Bottle Feeding Assessment](https://www.unicef.org/uk/baby-friendly-initiative/bottle-feeding-assessment) or similar, will be undertaken at the first Children Centre or ISPHNS postnatal contact and an individualised plan of care developed as necessary and reviewed at each contact with the mother. This will build on initial information and support provided by the maternity services, to ensure new skills and knowledge are secure. It will enable early identification of any potential problems and allow appropriate information to be given to prevent and remedy them.

Information should be provided on the importance of night feeding and will include issues related to bed-sharing, to enable them to manage night-time feeds safely, in line with local Key Messages and Guidelines for Infant Safer Sleeping.

8.8.4. Responsive Feeding

We are now using the term 'responsive feeding' in recognition of the fact that feeding a baby is a sensitive, reciprocal relationship between a mother and her baby. Baby-led or demand feeding has been and is a commonly used but often misunderstood term we should cease to use this language as it misrepresents what responsive feeding is.

8.9. Recommendations for Discussing Bed-sharing with Parents in the Antenatal and Postnatal Periods

A full and open discussion around the individual family circumstances and sleeping arrangements should take place. Staff should familiarise themselves with the Standard operating procedure for Infant Safer Sleep. For health staff this can be found at [INTRODUCTION \(humber.nhs.uk\).](https://www.humber.nhs.uk/infant-safer-sleep) and the information found at <https://www.lullabytrust.org.uk/safer-sleep-advice>

8.10. Vitamin Supplementation

All parents should be offered a timely discussion about the importance of vitamin supplementation by providing evidence based information found within the Humber Vitamin D supplementation SOP. A discussion around healthy start vouchers and vitamins should be had at each contact.

8.11. Preterm Infant

Please seek additional information and support from the midwifery, Neonatal or ISPHNS Specialist Infant Feeding Team regarding feeding a preterm infant, breast or formula.

Importance of Promoting Breastfeeding for a preterm infant

Breastmilk is vitally important for preterm and sick babies and it is extremely important that all parents who have, or are likely to have, a preterm or sick baby understand this.

8.12. Breastfeeding and Medicines

An increasing number of mothers and health professionals have sought to find more information on the levels of medicines passing through milk to the baby. Standard reference books such as the British National Formulary (BNF) provide little information for professionals and parents to make decisions on individual situations. BfN endeavours to provide information to enable mothers to breastfeed their babies for as long as they wish and to provide information on the safety of medicines for each mother and baby pair.

Research and information changes so please seek additional information and support from the midwifery, Neonatal, ISPHNS Specialist Infant Feeding Team or Pharmacy team.

8.13. Breastfeeding and Drug and Alcohol Misuse

Please seek additional information and support from the midwifery, Neonatal or ISPHNS Specialist Infant Feeding Team regarding breastfeeding.

8.14. Baby with Complex Need/Congenital Abnormality

The benefits of breast milk will be discussed with the mother and she will be supported to provide milk for her baby. Either with EBM if feeding at the breast is not possible or formula. Where a congenital abnormality is identified which interferes with feeding mechanisms, the baby will be referred to the neonatologist as soon as possible after delivery (for example cleft palate). Further specialist referral to the Speech and Language/Dietetics team may then be appropriate. Assisting with bottle feeding will be provided for those babies who are bottle fed.

8.15. Tongue Tie

Babies identified with suspected tongue tie can be referred directly for frenotomy after a full bottle/breastfeeding assessment within the first 6 weeks. Please contact Anna Lee Hughes or Philippa Stott at Hull Women and Children's on 07787287828. East Riding Residents also have the option of attending the breastfeeding clinic at York and Scarborough hospitals by contacting them on 07867206431 or by emailing breastfeedingclinic@YORK.NHS.UK Appropriate skilled help and support is required pre and post frenotomy.

8.16. Alternative Feeding Methods

All staff caring for babies who may require expressed breast milk or formula to be given by a method other than by direct breastfeeding or a bottle must only do so under supervision from a health professional who has been specifically trained to provide these interventions. Interventions, includes cups, syringes, nasogastric tubes and supplementary nursing systems.

Management of these includes:

- Detecting and prevent any deterioration in the baby's condition
- Promoting and protecting breastfeeding. The inability to breastfeed directly may only be temporary and infants should be supported to resume or initiate breastfeeding as soon as they are able
- For formula fed babies to initiate or resume safe bottle feeding as soon as they are able

8.17. Pediatric Dieticians

The team work in partnership with a range of professionals and accept referrals from health professionals including ISPHNS and IPHNS .The specialist paediatric dietetic service is a team of registered dietitians specialising in children's nutrition working within the East Riding of Yorkshire, employed by Humber Teaching NHS Trust delivering therapeutic dietary interventions, to children and young people aged 0-19 years.

This team provide advice for children and their parents/carers on aspects of nutrition and health. Mothers who are breastfeeding and have a restricted diet may also need to be referred to the adult dietetic service at City Health Care Partnership.

Reasons for referral include:

- Faltering Growth
- Nutritional Deficiencies/Selective Eating
- Food Allergy/Intolerance
- Gastrointestinal
- Home Enteral Feeding
- Weight management

8.18. Restricted Weight/Weight Loss

Please refer to NICE guidelines on Faltering Growth [Overview | Faltering growth: recognition and management of faltering growth in children | Guidance | NICE](#)

8.19. Jaundice in the Newborn under 28 days

Please refer to NICE guidelines on Neonatal Jaundice, [Overview | Jaundice in newborn babies under 28 days | Guidance | NICE](#) and Humber I(S)PHNs guidelines [Neonatal Jaundice Identification and Management SOP23-029.pdf \(humber.nhs.uk\)](#)

8.20. Support/Advice for a Range of Conditions/Problems not covered in the Policy

There are a number of feeding challenges not included in this policy; these include reflux, allergies, HIV, Hepatitis C etc. Please seek additional information and support from the Infant Feeding Lead, Infant Feeding Specialists or appropriate professional.

8.21. Complimentary Feeding: Introducing Solids

All parents will be offered a timely discussion about when and how to introduce solid food, including:

- That solid food should be started at around six months
- Babies' signs of developmental readiness for solid food
- How to introduce solid food to babies
- Appropriate foods for babies
- Where to access additional information about the introduction of solids

For further information please see [Introducing solid foods \(unicef.org.uk\)](https://www.unicef.org.uk) staff should familiarise themselves with this leaflet and share with parents.

8.21.1. The premature infant

Parents should be advised that the process of introducing solid food may take longer in babies born prematurely than in term babies and that they need to take into account the baby's age and allow for sufficient motor development to have taken place. Premature babies who are growing well should be introduced to a variety of foods in the same way as any healthy full term infant.

8.22. Food in security and provision of formula for babies under 12 months

It is acceptable for public services to distribute infant formula in an emergency and where there is genuine need, providing that a continued supply can be guaranteed. Normal infant feeding support and safeguarding policies will apply. It is against the law for companies that manufacture or distribute infant formula to donate infant formula or infant milks marketed as infant foods for special medical purposes or offer lower cost supplies. Any infant formula or infant food for special medical purposes procured in an emergency must be paid for by those that purchase it. Staff must refer to UNICEF for guidance please see link [UNICEF UK Baby Friendly Guide for Local Authorities and Health Boards](#). Both Hull and the East Riding have a pathway for the protection of breastfeeding and infant formula distribution as part of the local authority emergency food provision system. Please see appendix.

9. IMPLEMENTATION

This policy will be placed on the Trust, East Riding Council and Hull Family Hubs website.

10. MONITORING AND AUDIT

Implementation of the policy, staff education and the provision of information and care to mothers will be audited as part of BFI processes, and audit findings will be used to inform ongoing action planning.

Compliance with the policy will be audited on an annual basis.

Data on infant feeding will be collected at the primary visit (10-14 days) and at 6-8 weeks, 3-4 months and 6 months and will show the prevalence of both exclusive and partial breastfeeding.

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12. RELEVANT TRUST POLICIES/PROCEDURES/PROTOCOLS/GUIDELINES

- Information Governance Policy (N-008) [Information Governance Policy N-008.pdf \(humber.nhs.uk\)](#)
- Caldicott and Data Protection Policy (N-027) [Caldicott and Data Protection Policy.pdf \(humber.nhs.uk\)](#)
- Safeguarding Children Policy and Procedure (N-045) [Safeguarding Children Policy N-045.pdf \(humber.nhs.uk\)](#)
- Safeguarding Adults Policy and Procedures (N-024) [Safeguarding Adults Policy.pdf \(humber.nhs.uk\)](#)
- Clinical Audit and Service Evaluation Policy and Procedure (N-046) [Clinical Audit and Service Evaluation Policy and Procedure.pdf \(humber.nhs.uk\)](#)
- Humber Teaching NHS Foundation Trust Draft Vit D Guidelines
- Humber Teaching Foundation Trust Neonatal Jaundice Standard Operating Procedure (23-029) [Neonatal Jaundice Identification and Management SOP23-029.pdf \(humber.nhs.uk\)](#)
- Nipple Shield Guidelines (G430) [ISPHNS - Nipple Shield Guidelines G430.pdf \(humber.nhs.uk\)](#)
- Humber Teaching NHS Foundation Trust Infant Safer Sleep Standard Operating Procedure (22-039) [INTRODUCTION \(humber.nhs.uk\)](#)

13. RELEVANT EVIDENCE BASE AND UK POLICY

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13.2. UK POLICY

NHS (2019) Long Term Plan Available at [NHS England » NHS Long Term Plan](https://www.nhs.uk/longtermplan) Accessed on 04/10/2023

NHS (2019) Neonatal Critical Care Transformation Review Available at [NHS England » Implementing the Recommendations of the Neonatal Critical Care Transformation Review](https://www.nhs.uk/longtermplan/transforming-care/transforming-neonatal-critical-care) Accessed on 04/10/2023

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Appendix 1: Document Control Sheet

This document control sheet, when presented to an approving committee must be completed in full to provide assurance to the approving committee.

Document Type	Integrated Community Infant Feeding Policy for the Hull and East Riding of Yorkshire		
Document Purpose			
Consultation/ Peer Review:	Date:	Group/Individual	
<i>List in right hand columns consultation groups and dates</i>	31/08/2023	Draft completed and sent to ISPHNS, IPHNS, Children's Centre IF Lead and Family Hubs IF Lead	
Approving Committee:	QPaS	Date of Approval:	1 December 2023
Ratified at:	Board	Date of Ratification:	November 2020 (v6.0)
Training Needs Analysis: <i>(please indicate training required and the timescale for providing assurance to the approving committee that this has been delivered)</i>		Financial Resource Impact	
Equality Impact Assessment undertaken?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]	N/A [<input type="checkbox"/>] Rationale:
Publication and Dissemination	Intranet [<input checked="" type="checkbox"/>]	Internet [<input type="checkbox"/>]	Staff Email [<input type="checkbox"/>]
Master version held by:	Author [<input type="checkbox"/>]	HealthAssure [<input checked="" type="checkbox"/>]	
Implementation:	<i>Describe implementation plans below - to be delivered by the author:</i>		
	Implementation of the policy, staff education and the provision of information and care to mothers will be audited as part of BFI processes, and audit findings will be used to inform ongoing action planning.		
Monitoring and Compliance:	Compliance with the policy will be audited on an annual basis.		
	Detailed arrangements for the monitoring and audit of the policy are contained in the Action Plan to Maintain Baby Friendly Gold Accreditation.		
	Data on infant feeding will be collected at the primary visit (10-14 days) and at 6-8 weeks, 3-4 months and 6 months and will show the prevalence of both exclusive and partial breastfeeding.		

Document Change History:			
Version Number/Name of procedural document this supersedes	Type of Change i.e. Review/Legislation	Date	Details of Change and approving group or Executive Lead (if done outside of the formal revision process)
1.0	Review	24/01/11	ERYPCT policy CP73.
2.0	Review	04/02/13	Harmonised ERYPCT policy for Humber NHS Foundation Trust.
3.0	Review	Jul 2015	Dec 2014: Reviewed with major changes. Title of policy amended. July 2015: Amended and circulated.
4.0	Review	Dec 2016	Reviewed, amended and circulated.
5.0	Review	Sep 2017	Added information on Introducing Solids and Specialist One 2 One Service and circulated to appropriate Clinical Service Groups and Children Centre Colleagues and commissioners.

			<p><i>Amended Parents Policy and Parents One 2 One service leaflet and shared with users representatives. Typos formatted. Amendments made inclusion of feeding preterm infant, feeding challenges, medication and breastfeeding, substance misuse and breastfeeding. New Equality Impact Assessment undertaken.</i></p> <p><i>Approved at QPaS.</i></p>
6.0	Review	Nov 2020	<p><i>The policy has been renamed to the Integrated Community Infant Feeding Policy for the East Riding of Yorkshire. Specialist breastfeeding One2One policy removed. Rewording safe sleep and responsive feeding. Other minor amendments and additional information included in the document.</i></p>
6.1	Review	Dec 2023	<p><i>Reviewed. Infant Feeding Pathways for East Riding and Hull added as appendices. Version controlled.</i></p> <p><i>Approved at QPaS (1 December 2023).</i></p>

Appendix 2: Equality Impact Assessment (EIA)

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or process or service name: Integrated Community Infant Feeding Policy for the Hull and East Riding of Yorkshire (N-056)
2. EIA reviewer (name, job title, base and contact details):
3. Is it a policy, strategy, procedure, process, tender, service or other? Policy

<p>Main Aims of the Document, Process or Service</p> <p>The purpose of this policy is to ensure that all staff Humber Teaching NHS Foundation Trust Integrated Public Health Nursing Services and East Yorkshire Council Children’s Centres understand their roles 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.</p> <p>Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma</p>
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<p>Equality Target Group</p> <ol style="list-style-type: none"> 1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment 	<p>Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?</p> <p>Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)</p>	<p>How have you arrived at the equality impact score?</p> <ol style="list-style-type: none"> a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice
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Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	<p>Including specific ages and age groups:</p> <p>Older people Young people Children Early years</p>	Low	This policy applies to parents / carers of all age groups
Disability	<p>Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities:</p> <p>Sensory Physical Learning Mental health</p> <p>(including cancer, HIV, multiple sclerosis)</p>	Low	This policy applies to parents / carers of all abilities
Sex	<p>Men/Male Women/Female</p>	Low	This policy applies to all regardless of sex
Marriage/Civil Partnership		Low	This policy applies to all regardless of marital status
Pregnancy/ Maternity		Low	This policy applies to pregnant persons and parents
Race	<p>Colour Nationality Ethnic/national origins</p>	Low	This policy applies to all regardless of race

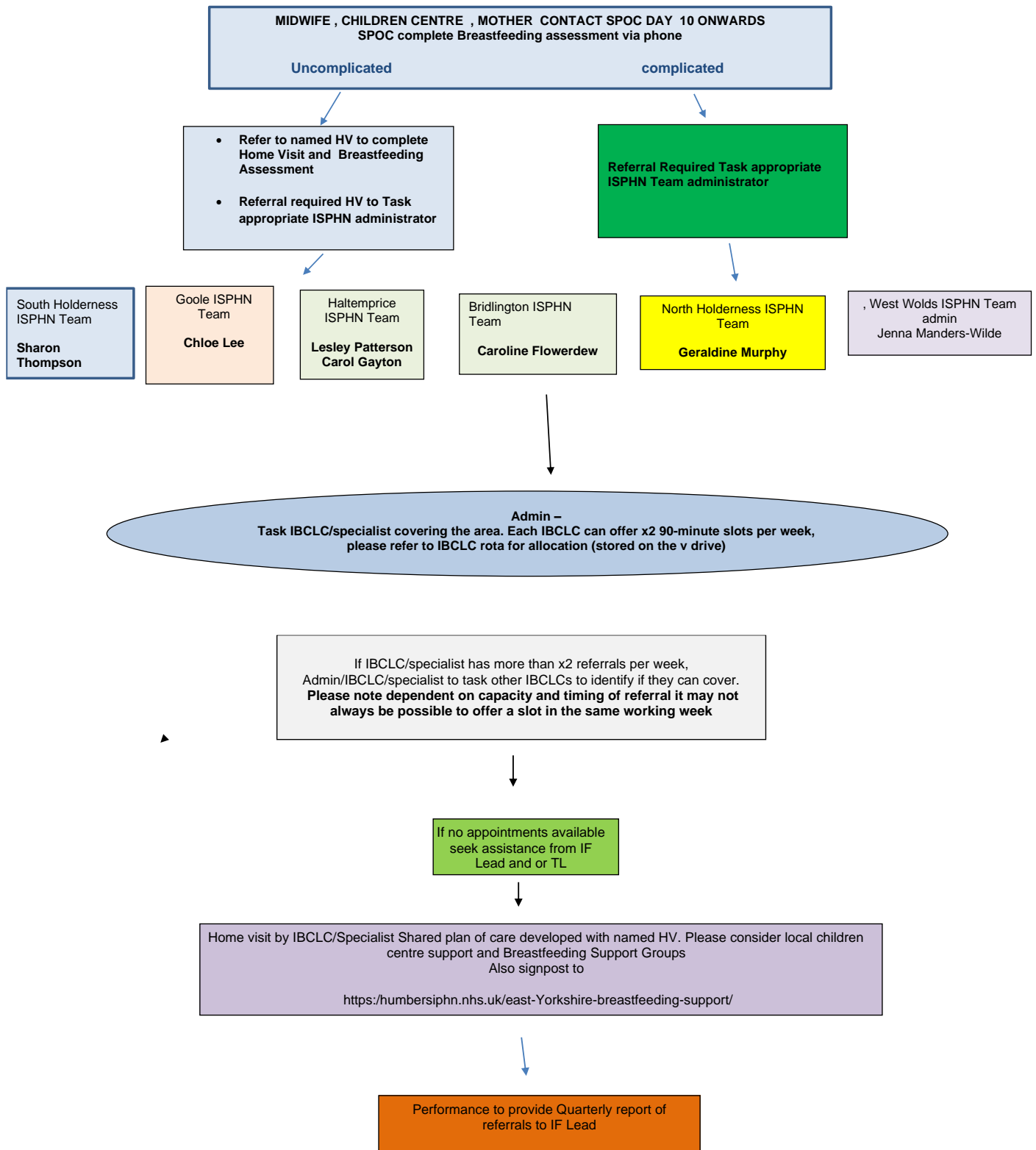
Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Religion or Belief	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	This policy applies to all regardless of race and can be individualised on a need basis
Sexual Orientation	Lesbian Gay men Bisexual	Low	This policy applies to all regardless of sexual orientation
Gender Reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	This policy applies to all

Summary

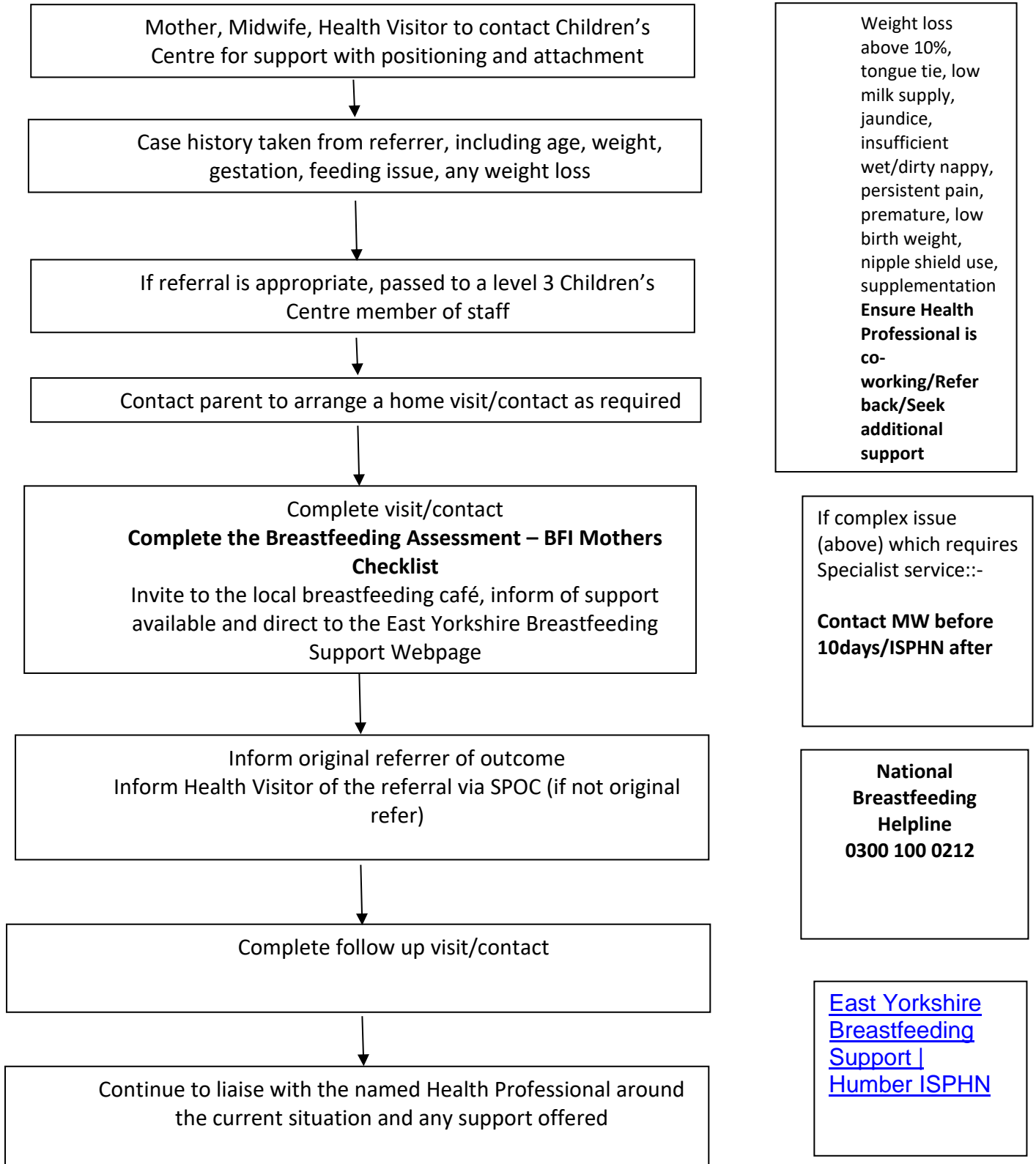
Please describe the main points/actions arising from your assessment that supports your decision. See above.	
EIA Reviewer : Ellie Talbot-Imber, Louise Shafei, Debbie Jackson, Alison Greaves and Luisa Thompson	
Date completed:31/08/2023	Signature: Ellie Talbot-Imber, Louise Shafei, Debbie Jackson, Alison Greaves and Luisa Thompson

Appendix 3: Referral Pathway to the Specialist One 2 One Breastfeeding Support Service

REFERRAL PATHWAY TO THE SPECIALIST ONE 2 ONE SPECIALIST BREASTFEEDING SUPPORT SERVICE



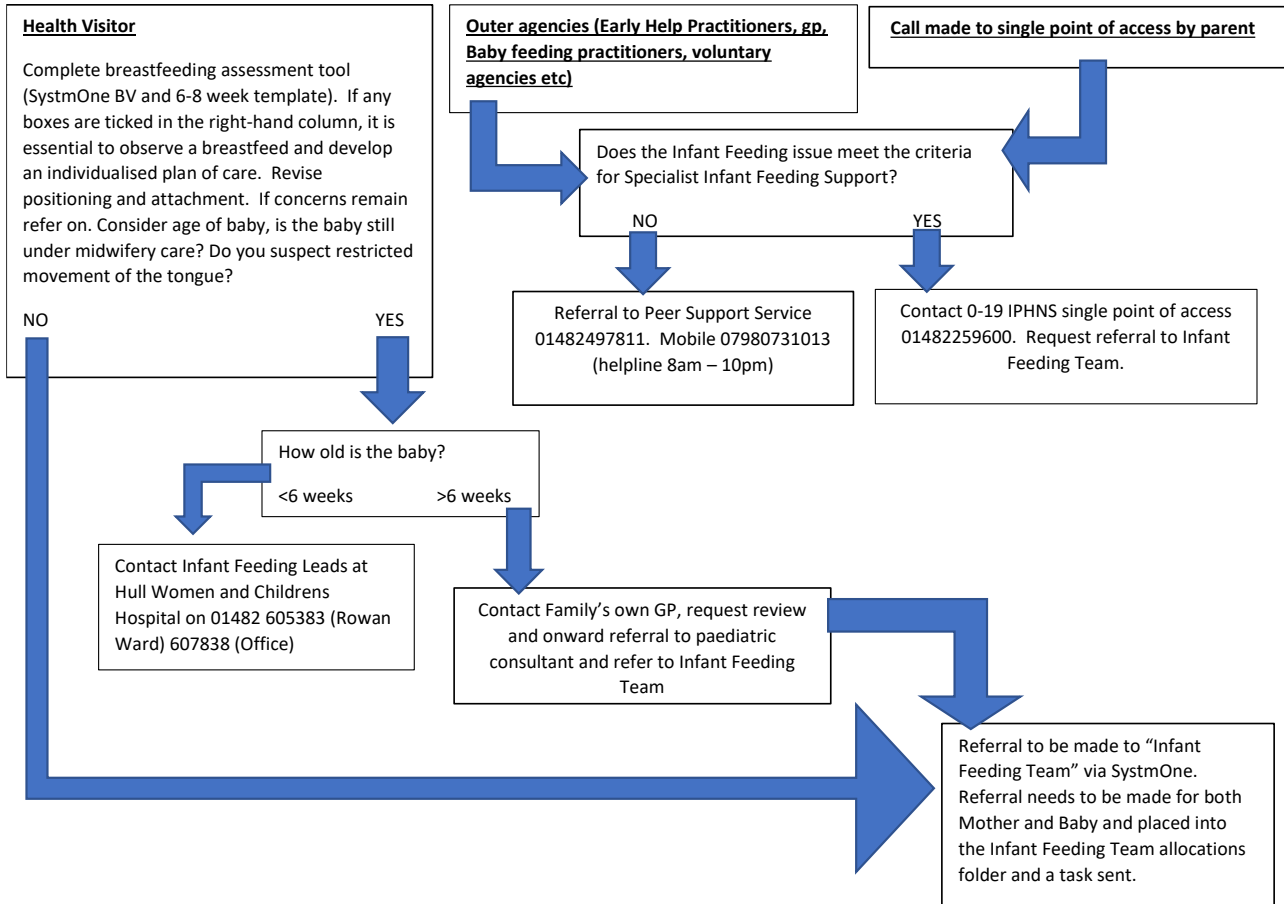
Breastfeeding Referral Pathway East Riding of Yorkshire Council Children's Centres



Hull 0-19 Humber Teaching NHS Foundation Trust

Breastfeeding Support Pathway

Referrals to the 0-19 specialist Infant Feeding Team Service are intended for persistent and complex Infant Feeding challenges. These can include: slow weight gain, faltering growth, persistent latch difficulties, persistent low milk supply, repeated mastitis, re-lactation issues, use of nipples shields or restricted tongue movements.



Whilst it is recognised that Early Help staff, peer supporters and the baby feeding practitioners have completed the infant feeding training, the Health Visiting Service remain the caseload holder and therefore need to make their own assessment of the support received and any additional support required. There may be other medical issues and family issues that need consideration to inform the overall plan of care.