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STANDARD OPERATING PROCEDURE SPECIALIST BREASTFEEDING SUPPORT FOR ONE TO ONE SERVICE IN BRIDLINGTON

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Author/Lead **Job Title**	Jennifer Batty – ISPHN Universal Children's Service Manager Louise Shafei - ISPHN / Bridlington Breastfeeding Project Manager and Infant Feeding Lead .
Instigated by: **Date Instigated:**	Louise Shafei - Infant Feeding Lead Susie Kinsella - Infant Feeding Coordinator (York Trust) Jennifer Batty - (UCS) Manager
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VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
1.0	*Feb 22*	*New SOP – Approved at 0 – 19 Clinical Network Meeting (15 Feb 2022).*
1.1	*Oct 2023*	*Reviewed. Approved at 0 – 19 Clinical Network Meeting (26 October 2023).*
1.2	*May 2024*	*Reviewed. Section 4 added, in response to internal audit action. Approved by sign-off (Samantha McKenzie – Children's and LD Clinical Lead – 20 May 2024).*

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1. INTRODUCTION

Breastfeeding is the healthiest way for most women to feed their babies. This guideline recognises the important health benefits known to exist for both the mother and her child. In the UK, 8 out of 10 mothers stop breastfeeding before they want to, and this is often down to lack of information, access to additional support and feeling uncomfortable breastfeeding in public (Unicef ,2017).

All mothers have the right to receive clear and impartial information to enable them to make a fully informed choice as to how they feed and care for their babies. This individual SOP will focus on supporting mothers in the Bridlington area. The number of women that choose to breastfeed in Bridlington is low in comparison to other parts of the East Yorkshire where breastfeeding rates are near to the national average.

2 SCOPE

This guideline applies to women who live in Bridlington and access maternity services at Bridlington hospital. This service is provided by ISPHN IBCLC and trainee IBCLC's. Referrals into the One-to-One Specialist Breastfeeding service will come directly from maternity and ISPHNS. This is a shared care arrangement, babies will not be seen before 5 days, the midwife will remain lead professional and will continue to support mother pre and post referral.

2.1 Specialist Support

For those mothers who require additional support due to position and attachment issues a referral will be made to the Specialist One 2 One Specialist Breastfeeding Service via maternity and ISPHN services. This should take place following a robust breastfeeding assessment using the UNICEF BFI Breastfeeding Assessment Tool pertaining to that service Breastfeeding assessment tool - maternity (unicef.org.uk)

3 BRIDLINGTON SPECIALIST BREASTFEEDING PATHWAY PILOT

3.1 One 2 One Breastfeeding Service for Bridlington

The ISPHNS One 2 One Specialist Breastfeeding Service provides a specialist breastfeeding community based support, to promote, maintain and support breastfeeding exclusively or to maximise the amount of breastmilk an infant receives by offering a combination of bottle feeding using expressed breastmilk or formula for as long as the mother wishes to breastfeed. The home visiting service operates across East Yorkshire. In Bridlington, IBCLC's and trainee IBCLC's will provide high quality information and one to one support on breastfeeding related issues, regular review of the needs of mothers' and babies and evaluate and monitor performance. The support pathway is a shared care arrangement, the midwife remains the lead professional until the mother and baby are discharged from maternity care.

3.2 Evaluation

Evaluation of the support service is crucial in order to ensure that mothers' needs are met and services are utilised effectively. We ask all those who are referred to the service and have given verbal consent to send and receive texts to give feedback via the organisational pre-set message on SystmOne. This is linked to the Family and Friends questionnaire . Paper copies of the feedback form are available to those who request an alternative method of communication . The text will be sent by the IBCLC or trainee IBCLC following completion of the visit on the same day . The Business Intelligence Team has also been asked to run a

report annually on access to the service based on post code, ethnicity and age of the mother and baby.

3.3 Referral criteria (illustrative only there may be other problems)

Mothers who are suffering from sore cracked nipples and / or struggling with attachment and positioning challenges once consent is obtained can be referred the mother to One 2 One Specialist Breastfeeding Service.

3.4 IBCLC/ trainee IBCLC responsibility pre and post consultation:

- review referral form and contact midwife if required.
- Home visit, breastfeeding assessment undertaken. Advice, support and written Infant feeding plan discussed.and implemented
- Follow up arranged with parent and either; IBCLC, trainee IBCLC/ midwife/ ISPHN's Children's Centre.
- Email update to referring midwife.
- SystmOne patient record updated.

4 MONITORING IMPLEMENTATION OF THE GUIDELINES

This SOP will be monitored by the Infant Feeding lead and the IBCLC responsible for the Specialist Breastfeeding service in Bridlington Monitoring will include the number of referrals received into the service annually ; this information will be requested from the Business Intelligence team (BI). Patient satisfaction indicators will be received via the Friends and Family Test for the specialist service. Regular meetings will be held as part of the wider Bridlington Project and which involves multiagency services (ISPHNs, maternity services and the East Riding children centres) and will review access to, and effectiveness of, the service. Breastfeeding data is requested quarterly from the BI team and will look specifically at the breastfeeding rates at 10 days and 6 weeks and the rate difference between these two indicators.

HTFT Lactation Consultants IBCLC and trainee IBCLC

Client satisfaction and safety depend upon recruiting and retaining qualified, skilled health care practitioners. The International Board of Certified Lactation Consultant (IBCLC) qualification is a measure of excellence. Holding this qualification or working towards it provides assurance that lactation professionals have or are acquiring the specialised knowledge and skills required to provide excellence in terms of human lactation and compassionate supportive care for families. Certification or working towards IBCLC protects the public by, increasing client confidence, and helping to sustain a maternal-child health focus that delivers evidence-based care.

The HTFT Lactation Consultants / IBCLC/ trainee IBCLC are:

- Knowledgeable about up-to-date evidence-based practices in lactation, as demonstrated through study and examination.
- Focused on preventative care.
- Experienced in a wide variety of complex breastfeeding situations.
- Competent to assist mothers with establishing and maintaining breastfeeding,
- Sensitive to the needs of both mothers and children as they work to help mothers meet their breastfeeding goals.
- Ethical in their practice, held accountable to Standards of Practice and a Code of Ethics, and working within the defined Scope of Practice (IBCLC). Work to UNICEF BFI standards and HFT Trust policies and procedures.

The HTFT Infant Feeding Specialists (IBCLC, trainees IBCLC) will use their specialist skills and knowledge to:

- Achieve the premier global credential in the lactation care profession (IBCLC).
- Improve the experience of women who breastfeed in the East Yorkshire.
- Provide quality breastfeeding care and information.
- Provide specialist one-to-one care. Lead, develop and manage the locality Specialist One 2 One Service.
- Develop and implement breastfeeding protocols.
- Further develop digital/media/campaigns.
- Update the HFT Infant Feeding webpage East Yorkshire Breastfeeding Support | Humber ISPHN
- Improve the lactation knowledge and skills of other staff.
- Implement and maintenance of the UK UNICEF Baby Friendly Initiative Standards
- Co- produce develop and implement specialist local breastfeeding services.
- Develop and deliver breastfeeding training to staff and volunteers.
- Contribute to improve breastfeeding rates and reduce the rate difference between 10 days and 6 weeks.
- Evaluate the Specialist Pathway and service.
- Monitor Performance.

5 REFERENCES

1. Clinician's Breastfeeding Triage Tool: (IBCLC) Resources - International Lactation Consultant Association (ilca.org)
2. UNICEF Baby Friendly Initiative:Call to Action on infant feeding in the UK - The Baby Friendly Initiative (unicef.org.uk)
3. International Code of Marketing of Breast milk substitutes: https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/guidance-for-health-professionals/the-code/
4. NICE guidance on maternal and child nutrition: https://www.nice.org.uk/guidance/ph11
5. Code of Professional Conduct for International Board Certified Lactation Consultants**:** Microsoft Word - Code-of-professional-conduct.doc (iblce.org)

Linkages to local Strategies and Policies

- East Riding JSNA http://dataobs.eastriding.gov.uk/jsna/jsnahome
- HNY Breastfeeding and Infant Feeding Strategy 2023-27 Local Maternity System - HNY Breastfeeding and Infant Feeding Strategy 2023-2027 (humberandnorthyorkshirematernity.org.uk)
- Joint East Riding of Yorkshire Healthy Weight Strategy, 2015-2020
- East Riding Maternity Services Commissioning Strategy 2015 to 2018, ERYCCG
- ERYC Health and Wellbeing strategy Microsoft Word - HWBS 2019 FINAL (eastriding.gov.uk)

This guidance is not an NHSLA requirement.

6 RELEVANT HFT POLICIES/PROCEDURES/PROTOCOLS/GUIDELINES

- Infant Feeding Policy
- Humber Information Sharing Charter
- Information Governance Policy
- Caldicott and Data Protection Policy
- Confidentiality Code of Conduct
- Interpreter Services Procedure
- Non-Medical Prescribing Policy
- Nutrition and Feeding Guidelines
- Producing patient Information Policy
- Safeguarding Children Policy
- Safeguarding Adults Policy
- Clinical audit and Client Confidentiality Policy
- Clinical Audit Policy
- York and Scarborough Teaching Hospitals Foundation Trust Newborn Feeding Policy,V7.1, Jan 2021.

APPENDIX A – CLINICIANS BREASTEEDING TRIAGE TOOL
(Adapted from IBCLC Assessment Tool)

<table>
<tr><th></th><th>ASSESSMENT</th><th>TREATMENT</th></tr>
<tr><td rowspan="2">INFANT (birth – 3 months)</td><td>INSUFFICIENT MILK TRANSER
Weight
• Continued weight loss after (5 days)
• Below birth weight after (28 days)
Slow weight gain)
Output
• >2stools each 24hs after (3 days)
• Dark green/brown stools after (5 days)
• Dark, strong smelling urine after (2 days)
• Uric acid crystals after (3 days)</td><td>1) In first 36 hrs consider diuresis from intrapartum fluids
2) Rule out any sucking or latching issues
3) Increase breastfeeding frequency (at least 8-12x/24h), waking baby to feed, including during the night.
4) Use breast compressions while feeding
5) If mum confident with latching but milk production is of concern, consider switch feeding to increase supply
6) Increase/Maintain milk production by expressing post feed with multi user breast pump
7) Most babies weights will increase through following the above however If the weight loss is excessive over 13% you may need to consider supplementation. Any expressed breast milk should always be used first and only consider using anything else if weight not increasing.
8) If the weight continues to be of concern despite the above consider a medical assessment to rule out any concerns.</td></tr>
<tr><td>JAUNDICE)
Note:
❖ Physiological jaundice of the newborn is common and in most instances is not of concern, if the baby handles well, is feeding regularly , having adequate stool and urine output for associated age and adequate weight gain. However, if the baby is jaundiced and any of the above are a concern, then consider the treatments suggested. Remember visual estimates of jaundice severity may be inaccurate, especially in dark pigmentation so you may need to consider blood testing in severe cases of concern</td><td>1) When possible, continue breastfeeding: check position and attachment is effective, increase frequency (at least 8-12x/24h), watch for feeding cues but wake to feed if necessary, do not limit length of feeds.
2) If breastfeeding must be interrupted, express milk every 2-3h until breastfeeding resumes to maintain milk production and always give any EBM to baby first. If further supplementation is required only use hydrolysed protein formula , avoiding water and glucose water because they do not reduce serum bilirubin
3) Observe urine and stool output</td></tr>
<tr><td rowspan="2">MOTHER</td><td>BREAST ENGORGEMENT
• Significant, continual breast fullness
• Breast pain
• Flattened nipple (causing difficulty to latch)
• Afebrile, no myalgia or erythema
Note: Severe oedema often secondary to large IV fluid load during labour; history of breast/nipple surgery increases risk and severity; normal breast fullness typically peaks (3-4-5 days) and resolves without treatment; later severe engorgement may indicated insufficient milk removal or over production</td><td>1) Increase milk removal (breastfeed frequently and/or express after feeding to a level of comfort)
2) Lie flat and massage breasts towards armpits to improve fluid drainage and venous congestion
3) If difficulty latching, use Reverse Pressure Softening technique (sustained finger pressure beginning at base of nipple, pushing oedema away from nipple) before feeding and hand expression to soften breast and aid attachment
4) Apply cold packs (crushed ice, frozen peas etc.) or raw cabbage leaves to reduce swelling and facilitate latching
5) Oral anti-inflammatory</td></tr>
<tr><td>OVERPRODUCTION
• Significant, continual breast fullness >6wks pp
• Very forceful milk ejection, possibly painful
• Nipples may be abraded from baby clamping
• Increased mastitis risk from poor milk removal and/or nipple infection
Possible Infant Signs
• Rapid weight gain likely (>900g/2lbs/month)
• Chokes, coughs, sputters, arches at breast
• Gassy, irritable, restless, frequent crying
• Green, thin, frothy stools</td><td>1) Rule out infant causes for difficult feeds (e.g. gastroesophageal reflux (GERD), respiratory dysfunction, neurological dysfunction, ankyloglossia)
2) Until production reduces (baby feeds more easily):
• Use breastfeeding positions which naturally slow the flow, such as laid back breast feeding
• Consider block feeding – using the same breast for all feeds in 3-4h blocks; switch breasts after each block. If unused breast is too painful, express just enough milk to reduce pain (about 15-30ml). Limit this treatment to 1 week, or less if supply reduces sufficiently prior to this.</td></tr>
</table>

	ASSESSMENT	TREATMENT
	PLUGGED DUCT • Localised breast pain or tender area, erythema • Usually unilateral • Typically more painful before breastfeeding • Usually afebrile or below 38.5°C (101.3°F) • Milk production may temporarily decrease • Untreated, can progress to abscess and/or mastitis	1) Breastfeed/express frequently on affected breast 2) Position baby w/chin pointing toward plug/painful area 3) Before feeding or expressing, massage gently with edible oil from plug to armpit; during and after feeding or expressing, massage from plug toward nipple/areola; hand express to increase drainage 4) Lecithin granule supplement 1 tablespoon 3-4x/day to resolve, 1 tablespoon 1x/day to prevent reoccurrence
MOTHER	**MASTITIS** • Febrile above 38.5°C (101°F) • Systemic symptoms (e.g. chills, flu-like aching) • Localised breast erythema and pain • Possible decreased milk production **Note**: ❖ Baby can breastfeed safely ❖ Mother may be afebrile ❖ Usually unilateral ❖ Infection may not be present	1) Observe a feed and check position and attachment and effectiveness of milk transfer. 2) Breastfeed frequently and responsively and or pump to normal normal routine 3) Consider oral anti-inflammatory (e.g. NSAID)* 4) Wash hand SCRUPULOUSLY, shorten nails 5) Encourage rest 6) If febrile or not resolves after 24h: consider staph-sensitive antibiotic* 7) If unresponsive to therapy, culture milk to determine pathogen; if MRSA, treat with MRSA effective antibiotic* 8) Lecithin granule supplement 1 tablespoon 3-4x/day to resolve, 1 tablespoon 1x/day to prevent reoccurrence 9) 3 or more recurrences: rule out scar tissue, underlying pathology (e.g. fibroids, mass, inflammatory breast cancer)
	NIPPLE BLEB • Tiny, shiny white cyst on tip of nipple • Possible intense, focused pain • If bleb rises when pressure is applied to nipple base, may correspond to plugged duct in breast (see Plugged Duct on reverse side)	1) If not painful: No treatment necessary If painful: Soften with edible oil or soak in warm water 2) Rub gently with warm, damp cloth until opened or mother open with sterile needle 3) Breastfeed or express frequently to remove thickened milk (*stringy or hardened milk strands or crystals normal*) 4) Wash wound daily with soap/water to penetrate biofilm 5) Resistant bleb: apply thin coat of mid-potency corticosteroid with occlusion for several days
	NIPPLE VASOPASM • Blanching, bi-phasic, or tri-phasic coloration after or between feedings • Deep shooting, burning, or stinging breast pain	1) Rule out bacterial or fungal infection 2) Gently squeeze blood down into nipple to stop spasm and temporarily halt pain 3) Apply warmth routinely post-feed (e.g. back or arm, palm of hand, hot pack); dress warmly 4) Consider calcium channel blocker (e.g. nifedipine)*if above not resolving issue 5) Correct position and attachment
	NIPPLE PAIN • Pain, erythema, fissures and abrasion • Nipple compressed when baby unlatches **Note:** tenderness without trauma is normal in the first week, actual pain is NOT normal	1) Rule out any latching/sucking issues, ankyloglossia (anterior and posterior), bacterial or fungal infection, vasospasm, plugged nipple duct bleb, improperly fitting pump flange, eczema, contact dermatitis (usually only affects areola) 2) Assess for bacterial or fungal infection (below)
	NIPPLE BACTERIAL INFECTION • Nipple abrasions, erythema • Moderate to severe pain, worse when feeding • Purulence or yellow bruising **Note**: Staphylococcus aureus is a common pathogen; may progress to mastitis if not treated	1) Wash 2-3x/day with soap and water to break biofilm 2) Apply small amount topical antibiotic* or fusidic acid ointment/cream to nipples after feed until healed (*may use expressed milk to wipe off residue before next feed)* 3) No improvement or worsens: culture, oral antibiotic*

	ASSESSMENT	TREATMENT
INFANT AND MOTHER	**FUNGAL INFECTION** • Nipple/areola: burning pain felt during or after feeds after first week postpartum: not alleviated by positional change; unilateral or bilateral; shiny; erythema; dry/peeling; friable • Tissue culture positive for Candida • Possible infant oral thrush and/or shiny erythemic rash on diaper/nappy area **Note** ❖ **Both** mother and baby must be treated ❖ Baby can breastfeed safely ❖ Maternal bacterial infection can co-exist	1) Rule out vasospasm, bacterial infection, dermatitis, and other causes of nipple/breast pain 2) INFANT: Oral antifungal suspension*, apply antifungal cream* to diaper/nappy area as needed 3) MOTHER: Apply small amount of antifungal cream* to areola(e) and nipple(s) after feed (*no need to remove prior to feed)*; oral antifungal medication* for persistent/recurrent infections; if pain not resolved after 14-21 days of oral meds, consider bacterial infection 4) Consider probiotics for both mother and baby 5) Wash hand SCRUPULOUSLY; sterilise items in contact with mother's breasts or baby's mouth or anus 6) Check mother and baby for other sites, treat if found 7) May need systemic treatment of fluconaxole if deep in the breast

Breastfeeding priorities: 1) Feed the baby -> 2) Protect the milk production-> 3) Fix the problem
THIS TOOL IS NOT INTENDED TO REPLACE MEDICAL EVALUATION OR JUDGEMENT

***VISIT ILCA.ORG/TRIAGE FOR COUNTRY SPECIFIC DRUG INFORMATION, REFERENCES, TO FIND AN IBCLC IN YOUR AREA, AND TO ORDER CLINCIAL GUIDELINES FOR THE ESTABLISHMENT OF EXCLUSIVE BREASTFEEDING**
**** International Board Certified Lactation Consultant.**

APPENDIX B – ISPHN Specialist Breastfeeding Service Information

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Integrated Specialist Public Health Nursing Service

Specialist Breastfeeding Service

Although most people are aware of the health benefits of breastfeeding, the number of mothers in Bridlington that choose to breastfeed is still relatively low. As part of a wider multi-agency project to support breastfeeding mothers in Bridlington the Integrated Specialist Public Health Nursing Service can offer face to face support to breastfeeding mothers once they have returned home from hospital or following a home birth.

CALLING ALL MIDWIVES

If you have a mother who:

- ✓ is struggling with attachment and positioning
- ✓ is suffering from sore cracked nipples

AVAILABILITY

Two sessions of 1.5 hours every Friday morning at the clients home, seen by trained or trainee Internatonal Board Certified Lactation Consultant

CONTACT

Email the ISPHN Single Point of Contact on:

on

hnf-tr.isphnspoc@nhs.net

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Integrated Specialist Public Health Nursing Service

Pathway for ISPHN Specialist Breastfeeding Service referrals

STEP 1:
Referral received into SPoC from maternity services via referral form Note telephone number of midwife for post visit communication. SPOC clinician to email referral to Bridlington IBCLC/trainee and send a task via clients record .using the specialist breastfeeding service reminder .Please check specialist clinic rota for ICBLC on duty for Bridlington

STEP 2:
IBCLC to contact client to confirm date and time of visit and purpose of visit (i.e. to observe a full breastfeed).

STEP 3:
During visit if any immediate concerns about baby's health referrals are made in a timely manner i.e. paediatric review (Scarborough Hospital) or midwifery review (Avenue Ward, Bridlington Hospital). Assess maternal and paternal health and make appropriate referrals if there are any concerns.

STEP 4:
If baby requires a tongue tie assessment following visit refer to either York Hospital or HUTH depending on family preference following Trust specific referral process.

STEP 5:
If a follow up visit is required liaise with midwife, and ISPHNS re. future pathway of care. Notify client of all support available to them and refer for Children's Centre support if appropriate.

APPENDIX D – ISPHN Data Capture Form for SPoC Referral

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Integrated Specialist Public Health Nursing Service

Data Capture Form for SPoC Referral

(to be completed by Community midwife and forwarded to hnf-tr.isphnspoc@nhs.net

SPoC clinician to email to Bridlington IBCLC/trainee on duty)

NAME OF MOTHER & NHS NUMBER	
TELEPHONE NUMBER	
BABY'S NAME	
BABY'S D.O.B & GESTATION	
BABY'S NHS NUMBER	
ADDRESS	
FEEDING HISTORY / REASON FOR REFERRAL include birth weight / birth centiles / last weight / breast exclusive or combination feeding	
NAME OF REFERRING MW	
MW CONTACT NO.	
INTERNAL USE ONLY:	
PROPOSED AVAILABLE SLOT	
SC ACTIONS FOLLOWING VISIT	