



The Baby Friendly Initiative



UK BABY FRIENDLY INITIATIVE

Preparation for reassessment in 2017

The Baby Friendly Initiative



- The UNICEF UK Baby Friendly Initiative provides a framework to implement best practice in NHS trusts, other healthcare facilities and higher education institutions, with the aim of ensuring that all parents make informed decisions about feeding their babies and are supported in their chosen feeding method.
- Facilities and institutions that meet the required standards are assessed and accredited as Baby Friendly.



The importance of your role

Your role is key when speaking to pregnant women and mothers. Giving her and her family the correct information will enable her to breastfeed for as long as she wishes and will support her to have a close and loving relationship with her baby, this can be achieved by:

- Signposting mothers to relevant services
- Using up to date evidence based information
- Liaising with the health visiting team and Baby Feeding service in Tower Hamlets so they can contact and support the mother

Provide a welcoming atmosphere for breastfeeding families



- The healthcare facility should welcome breastfeeding in all public areas and this should be indicated by appropriately worded signs.
- All staff should be aware that mothers are welcome to breastfeed in all public areas.
- The healthcare facility should be able to provide a private space for a mother to breastfeed, if asked.



You are welcome to breastfeed here

Please let a member of staff know if there is anything we can do to help make you more comfortable

unicef 
UNITED KINGDOM

 The
Baby Friendly
Initiative
For all babies

For more information, visit: unicef.org.uk/babyfriendly

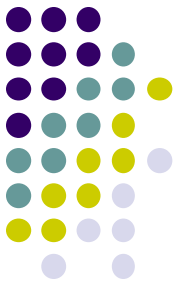
Baby feeding and parent support group leaflet



It is important that mothers are offered support with baby feeding as soon as possible, this can be achieved by:

- Reassuring the mother that help and support is available
- Having an up-to-date Baby Feeding and Parent Support Group leaflet available
- Giving the mother the support group leaflet and telling her she has the option to attend/call any of the contact numbers





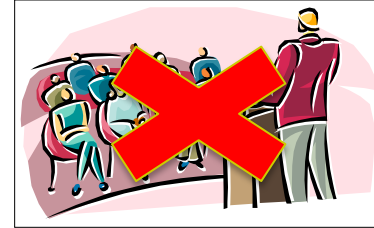
The marketing of infant formula within the UK goes **against** the International Code of Marketing of Breastmilk Substitutes and allows promotion within healthcare facilities.

The Community Service for Tower Hamlets has full Baby Friendly status and we must adhere to the International Code and not the UK law.



Formula milk companies target health professionals by:

- Sponsoring study days and providing free lunch for health professionals
- Handing out diary covers, pens, post-it notes and other promotional materials
- Distributing leaflets and flyers on topics like potty training but advertising the milk company



As a THGPCG staff member none of these can be accepted or on display.

Tower Hamlets UNICEF BFI Reassessment visit in 2017



- The assessors will visit baby clinics, children's centres, GP practices and breastfeeding groups.
- They will inspect the premises/services to see what it would be like to experience this from a mum's point of view.
- They will speak to mothers with baby's of all ages to ask about their experience of care.
- They will ensure we are compliant with the 'International Code of Marketing Breast milk Substitutes' - No advertising of teats, dummies, formula milk in healthcare premises.



What are the BFI looking for?

Themes	Criteria
Leadership	<ul style="list-style-type: none">• Baby Friendly lead with sufficient hours/education/support• Baby Friendly Guardian in place• Leadership structures robust• Evidence of managers education and engagement
Culture	<ul style="list-style-type: none">• Mechanisms to support a positive culture• Positive feedback from staff, managers and mothers
Monitoring	<ul style="list-style-type: none">• Robust, consistent mechanisms in place to support monitoring• Evidence of analysis and action planning• Effective internal and external reporting
Progression	<ul style="list-style-type: none">• Ongoing and responsive education programme• Evidence of integrated working• Proactive response to changing environments

Local and national targets



Joint Strategic Needs Assessment for Tower Hamlets 2015

Key strategies :

- Health and Wellbeing Strategy
- Early Years
- Healthy Lives
- Mental Health
- Health Improvement Strategy for Maternity Services
- Children and Families Plan
- Teenage pregnancy Strategy

... are all supported by a Baby Friendly Initiative approach.

What the Baby Friendly Initiative contributes:



An extensive evidence base to support training, resources for staff and parents and an on going assessment of facilities to maintain best practice, all contribute to the goals for a healthy Tower Hamlets

- Exclusive breast feeding is promoted as the best form of nutrition for infants during their first six months.
- Focus on the emotional wellbeing of parents and baby and building strong and positive relationships.
- Continuing to breastfeed for as long as the mother wants alongside the introduction of healthy home made solid food at around 6 months.
- Maximising breastfeeding by providing ongoing support.
- Support for bottle feeding mothers to understand safe and responsive bottle feeding.

Infant feeding update



- Poor weight gain in baby
- Suspected maternal breast candidiasis and oral thrush in baby
- Mastitis
- Tongue tie in babies

When breastfed babies are not thriving at any age



- Identify early and take action
- Take a feeding history from mum
- Check positioning and attachment (if it's painful for mum it's probably not right) – urgent referral to Baby Feeding Service
- Check for a restricting lingual frenulum
- Suggest expressing to top up breastfeeds with breastmilk

Formula is not the first resort. Please do not suggest formula unless mum has been seen by breastfeeding specialist.

- Ensure baby is followed up and monitor weight

Most common & easily rectified reasons for poor weight gain in breastfed babies



Review the baby and if no other concerns:

- **Incorrect positioning and attachment (P&A)**

Refer to midwife, health visitor, Baby Feeding Service as appropriate asap. If urgent call Baby Feeding Service on mum's behalf to make a referral.

- **Infrequent feeding**

Encourage frequent unrestricted breastfeeding, including at least once at night, suggest expressing. Talk to mum about responsive feeding.

AND refer to midwife, health visitor, Baby Feeding Service as appropriate asap. If urgent call Baby Feeding Service on mum's behalf to make a referral.

Other reasons for babies not getting enough milk



- Prolonged engorgement (Prolactin receptors & FIL)
- Supplementation
- Spacing feeds
- Breast refusal
- History of breast surgery
- Use of nipple shields
- Use of dummies
- Tongue tie
- Abnormalities
- Physiological poor milk supply



Responsive – baby led feeding

Feeding whenever the baby wants,
... for as long as the baby wants,
... and whenever mother needs to, if sooner, for comfort or convenience

- Ensures a good milk supply
- Prevents engorgement
- Ensures a contented baby



Domperidone for poor milk supply



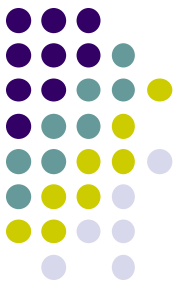
- Domperidone has been used as a galactagogue (to increase milk supply), use for which is off-label, utilising its effect of increasing prolactin.
- Studies have predominantly been around use in mothers of pre- term infants who are struggling to establish lactation 2 to 4 weeks after delivery.
- The studies have shown that Domperidone is effective in increasing breastmilk production. Very small amounts of Domperidone pass into breastmilk. The amount depending on the dose that the mother takes.
- Decision to prescribe for Domperidone is the responsibility of the person signing the prescription.

(Ref: The Breastfeeding Network)

Prior to prescribing Domperidone



- Refer to baby Feeding Team for skilled breastfeeding assessment
- Increase breastfeeding & expressing (at least 8 times in 24 hours including overnight).
- Prescribed 'off-license' - maximum dose as a galactagogue should be 10 mg three times a day.
- Review at 7 days and further prescriptions should be considered at a reducing dose.
- Mothers should be counselled as to the adverse effects of Domperidone (abdominal cramping, dry mouth, depressed mood and headache)

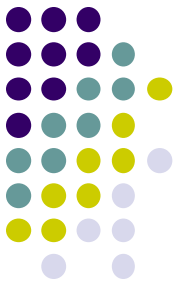


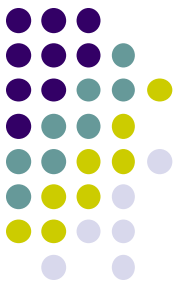
- There are many reasons why some babies are not getting enough breastmilk
- Good breastfeeding management will **prevent** most problems
- Early intervention and appropriate support should resolve most problems



Mastitis

- Red, swollen painful area on breast indicating blocked duct
- Inflammation is not necessarily a sign of infection
- May have flu-like symptoms or local symptoms only





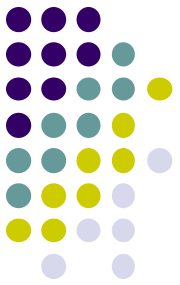
Poor milk drainage caused by:

- Ineffective positioning and attachment
- Pressure on breast
- Engorgement
- Changes in feeding pattern

Treatment for Mastitis

- Correct positioning and attachment
- Feed frequently from affected side
- Express affected side if necessary
- Anti-inflammatory or antibiotic therapy (& keep breastfeeding.....)
- Rest

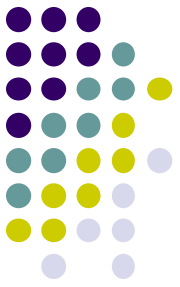
Sore nipples



Usual Causes:

- Poor positioning and attachment
- Bacterial infection (*S. Aureus*)
- Tongue tie
- Reynauds Syndrome
- Thrush (*Candida Albicans*) is rare and more likely if:
 - Baby has thrush in mouth or nappy rash
 - Mother or baby has had antibiotics
 - Nipple is damaged

Signs and symptoms of thrush in mother



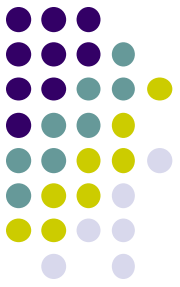
Intense pain in **both** nipples and/or breasts that is **not** improved by correct positioning and attachment

‘It’s like shards of glass in the baby’s mouth’

‘It feels as though someone has grabbed my nipples with a pair of pliers and twisted’

‘I have to walk about with my arms folded hard over my breasts for an hour after each feed’

Thrush



- Usually starts after a period of pain-free feeding
- Sore, possibly itchy nipples during feeding
- Shooting pains deep in breast **after** feeds, for up to an hour
- Baby may or may not have symptoms of thrush in mouth or nappy area



Treatment

- Swab for culture of nipple & breastmilk
- Daktarin (Miconazole) cream to nipples
- Daktarin (Miconazole) oral gel to baby's mouth (> 3 months old)
- Fluconazole for mother if local treatment not effective (see BfN leaflet*)
- Care with hygiene & sterilising of feeding equipment and dummies
- Advice on diet – low sugar & yeast

[*https://www.breastfeedingnetwork.org.uk/wp-content/dibm/thrush-oct14.pdf](https://www.breastfeedingnetwork.org.uk/wp-content/dibm/thrush-oct14.pdf)

Useful Breastfeeding Network websites



- <https://www.breastfeedingnetwork.org.uk/publications-leaflets/>
- <http://www.breastfeedingnetwork.org.uk/wp-content/dibm/BFN%20Mastitis%20feb%2016.pdf>
- https://www.breastfeedingnetwork.org.uk/wp-content/pdfs/BfN_how_safe_is_leaflet_2009.pdf
- <https://www.breastfeedingnetwork.org.uk/drugs-factsheets/>
- <https://www.breastfeedingnetwork.org.uk/wp-content/dibm/thrush-oct14.pdf>

Vitamin D deficiency



Who needs Vitamin D? In July 2016 guidance from the Scientific Advisory Committee on Nutrition (SACN) recommends the following:

- All babies from birth to 1 year (not including those drinking 500 mls or more of formula milk per 24 hours)
8.5 -10 mcg daily
- All aged 1 year and above, including ALL adults
10 mcg daily
- All pregnant and breastfeeding women 10 mcg of vitamin D daily

Our population



Has the most to gain
from breastfeeding
and
the most to lose from
not breastfeeding



Thank you



For further information about
UNICEF UK Baby Friendly Initiative or infant feeding
support in Tower Hamlets please contact:

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