



THE BABY
FRIENDLY
INITIATIVE

unicef 
UNITED KINGDOM



**GP Training 2023
Sarah Beardsall IFC
Barnsley Hospital**

Brief update to on how to support Infant feeding and Parent Infant relationship Building.

Learning Outcomes

- What Supports Breastfeeding
- Lactation
- Human Milk
- Effective Feeding
- Common breast conditions and identifying complications
- Resources and support for Breast/Chest feeding mothers



Giving every child the best start in life.

‘Breastfeeding is a natural safety net against the worst effects of **poverty**.....exclusive breastfeeding goes a long way towards cancelling out the health difference between being born into poverty or being born into affluence. It is almost as if breastfeeding takes the infant out of poverty for those few vital months in order to give the child a fairer start in life and compensate for the injustices of the world into which it was born.’

James P. Grant, Executive Director of
WHO UNICEF, 1980-1995



- 2009 - 1001 Critical Days Manifesto
- 2012 - CMO Annual Report 'Our Children Deserve Better' Prevention Pays
- 2013 - Nursing and Midwifery actions at the three levels of public health practices
- 2014 - NICE Maternal and Child Nutrition (PH11) Updated including a breastfeeding peer support programme
- 2014 - Early Years: Six High Impact Areas for HV
- 2014 - A Framework for Personalised Care and Population Health
- 2015 - Healthy Child Programme (Updated March 21)
- 2015-2016 - National Health Visiting Core Services Specification
- 2016 - Health Matters: giving every child the best start to life
- 2017 - RCPCH State of Child Health Report 2020
- 2018 – SACN Feeding in the first year of life
- 2021 – The Best Start for Life
- 2021 - NICE Antenatal care NG201
- 2021 - NICE Postnatal care (NG194)
- 2021- Early years high impact area 3: supporting breastfeeding
- 2022 - Better Births
- 2023 – Three year delivery plan for maternity and neonatal services





IMPROVING BREASTFEEDING PRACTICES COULD SAVE MORE THAN 820,000 LIVES A YEAR

SOURCE: THE LANCET BREASTFEEDING SERIES



‘The 1,001 days from pregnancy to the age of two set the foundations for an individual’s cognitive, emotional and physical development. There is a well established and growing international consensus on the importance of this age range; it is part of the World Health Organisation’s Global Strategy for Women’s, Children’s and Adolescents’ Health, the UNICEF Baby Friendly Initiative, and in England, both the NHS Long Term Plan and Public Health England’s 2016 guidance on “giving every child the best start in life.’

DID YOU KNOW?
IN THE UK 8 OUT OF 10 WOMEN STOP BREASTFEEDING BEFORE THEY WANT TO



The World Health Organization recommends breastfeeding for up to two years of age or beyond.

The Milk Meg
www.themilkmeg.com

This is a WORLDWIDE recommendation... not just for those in developing countries.

Barnsley Infant Feeding Service

Myth

Breastfeeding comes naturally
Reality: Breastfeeding is a natural process, but like walking, we all have to learn how to do it first.

Lactation, Lactogenesis

Anatomy of the breast

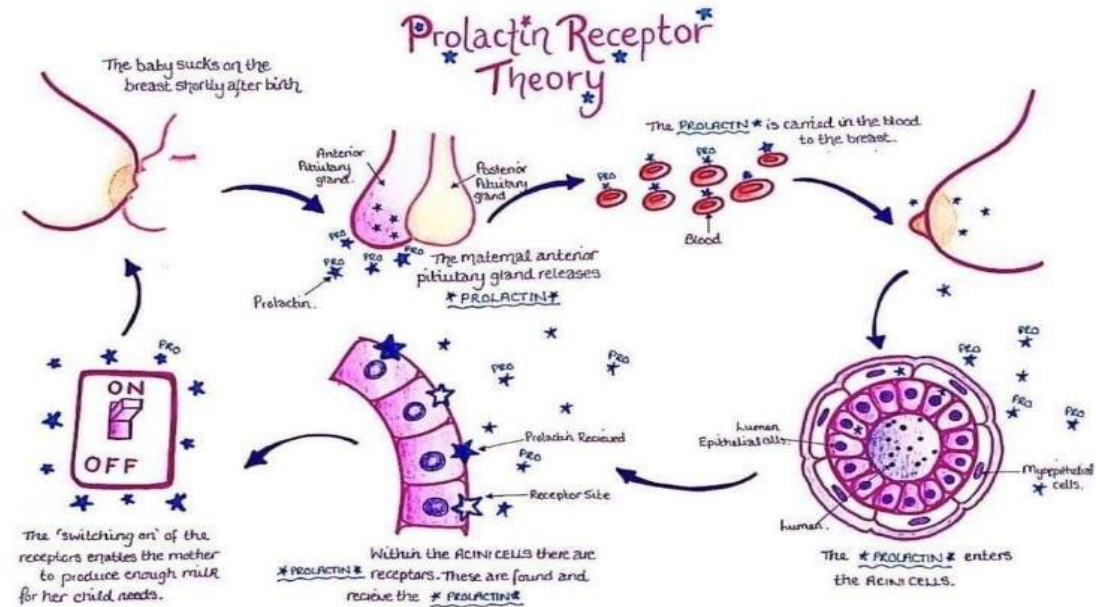
MONTGOMERY'S TUBERCLE

LACTIFEROUS DUCT

LACTOCYTE

MYO-EPITHELIAL CELL

ALVEOLUS



Prolactin, Oxytocin and FIL



Prolactin

- Responsible for **milk production**
- Responsive to touch and stimulation
- Levels higher at night
- Frequent contact/feeds sets up long term production



Oxytocin

- Responsible for **milk delivery**
- Acts on muscle cells in pulsatile action
- Levels higher when baby is near
- Stress can temporarily delay 'let down'



This is FIL

FIL's full name is
Feedback Inhibitor
of Lactation

FIL likes to stop milk production



FIL is a protein that is in breastmilk itself. It sends signals to the body to slow down milk production

If your breast is very full of milk, it's also very full of FIL, which tells your body to slow down making milk



If your breast isn't full of milk, it also doesn't have much FIL, so not much of the signal to slow down production.

That's why empty feeling breasts are actually making more milk than full ones!

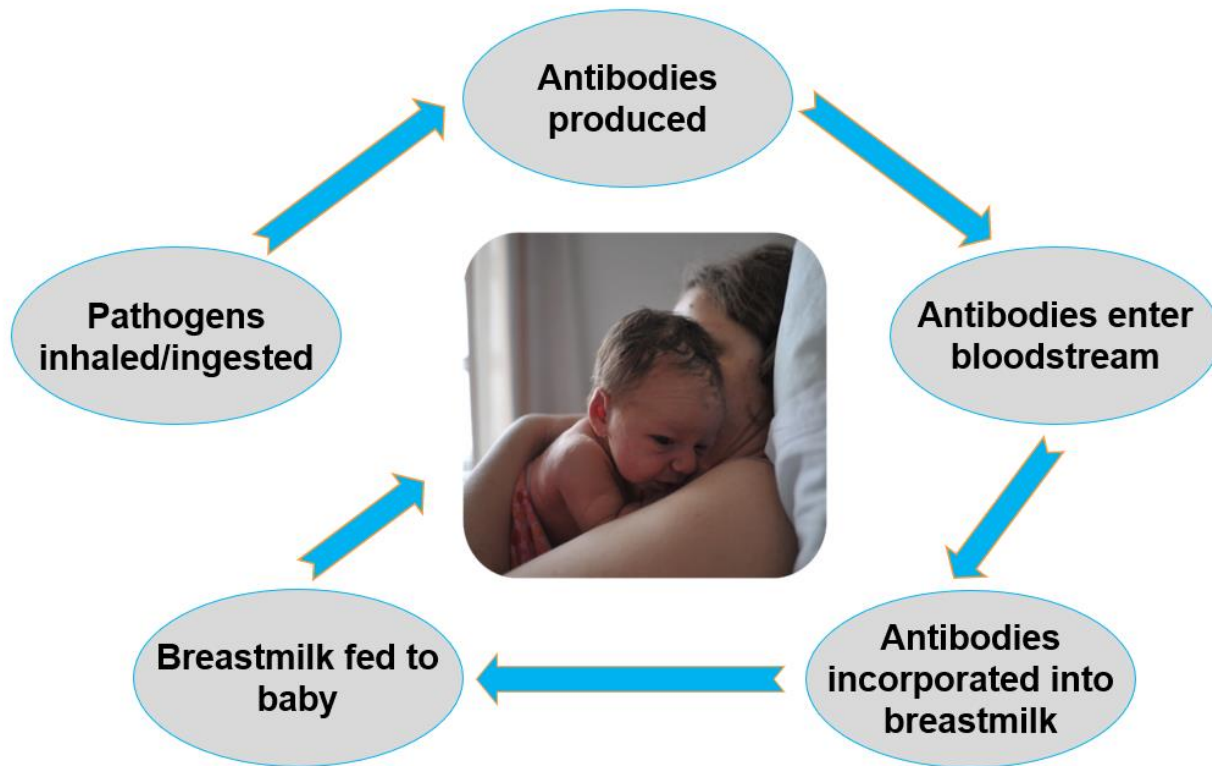


The more milk you remove,
the more you make

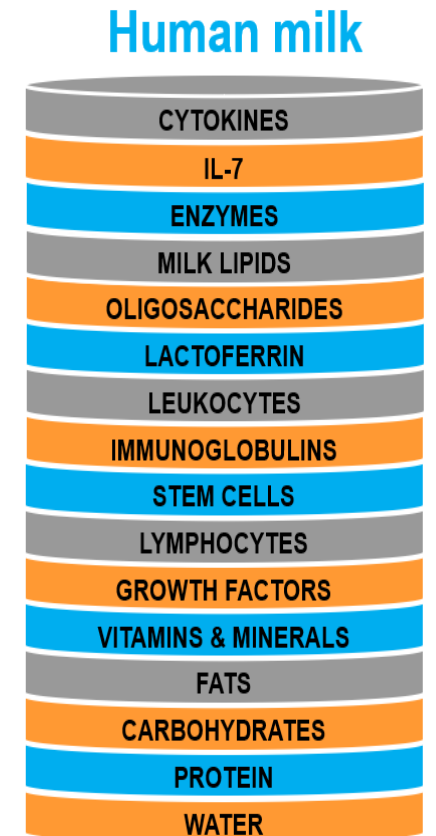
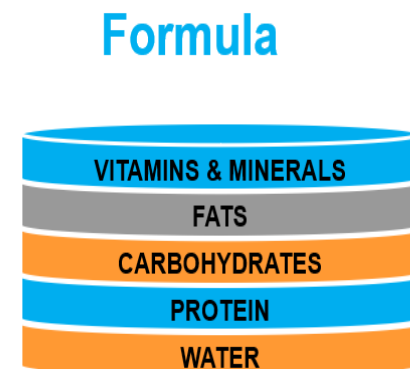
@lucywebberbreastfeeding

Together they stimulate instinctive mothering behaviours and provide the basis for close and loving relationships to thrive.

GALT, Constituents and Milk Change



©Unicef UK Baby Friendly Initiative



Early Feeding Cues or "I'm hungry."



Mid Feeding Cues or "I'm Really Hungry!"



Late Cues or "I'm upset, please calm me."



1



2



3



4



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How To Tell Feeding is Effective



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NHS Foundation Trust

How can I tell that breastfeeding is going well?

| 😊 Breastfeeding is going well when: | 😞 Talk to your midwife / health visitor if: |
|--|---|
| Your baby has 8 feeds or more in 24 hours | Your baby is sleepy and has had less than 6 feeds in 24 hours |
| Your baby is feeding for between 5 and 40 minutes at each feed | Your baby consistently feeds for 5 minutes or less at each feed Your baby consistently feeds for longer than 40 minutes at each feed |
| Your baby has normal skin colour | Your baby always falls asleep on the breast and/or never finishes the feed himself Your baby appears jaundiced (yellow discolouration of the skin) |

Most jaundice in babies is not harmful, however, it is important to check your baby for any signs of yellow colouring particularly during the first week of life. The yellow colour will usually appear around the face and forehead first and then spread to the body, arms and legs. A good time to check is when

| How you and your midwife can recognise that your baby is feeding well | *This assessment tool was developed for use on or around day 5. If used at other times: | | | |
|---|---|---|---|---|
| What to look for/ask about | ✓ | ✓ | ✓ | ✓ |
| Your baby: has at least 8-12 feeds in 24 hours* is generally calm and relaxed when feeding and content after most feeds will take deep rhythmic sucks and you will hear swallowing* will generally feed for between 5 and 40 minutes and will come off the breast spontaneously has a normal skin colour and is alert and waking for feeds has not lost more than 10% weight | ✓ | ✓ | ✓ | ✓ |
| Your baby's nappies: At least 5-6 heavy, wet nappies in 24 hours* At least 2 dirty nappies in 24 hours, at least £2 coin size, yellow and runny and usually more* | ✓ | ✓ | ✓ | ✓ |
| Your breasts: Breasts and nipples are comfortable Nipples are the same shape at the end of feeding | ✓ | ✓ | ✓ | ✓ |

*This assessment tool was developed for use on or around day 5. If used at other times:

Wet nappies:
Day 1-2 = 1-2 or more in 24 hours
Day 3-4 = 3-4 or more in 24 hours, heavier
Day 6 plus = 6 or more in 24 hours, heavy

Stools/dirty nappies:
Day 1-2 = 1 or more in 24 hours, meconium
Day 3-4 = 2 (preferably more) in 24 hours changing stools

Sucking pattern:
Swallows may be less audible until milk comes in day 3-4
Feed frequency:
Day 1 at least 3-4 feeds

UNICEF UK BABY FRIENDLY INITIATIVE BOTTLE FEEDING ASSESSMENT TOOL



| How parents and midwives/health visitors can recognise that bottle feeding is going well | ✓ | ✓ | ✓ | ✓ |
|---|---|---|---|---|
| What to look for/ask about | ✓ | ✓ | ✓ | ✓ |
| General health and wellbeing of the baby Around six heavy, wet nappies a day by day five At least one soft stool a day Appropriate weight gain/growth Is generally calm and relaxed when feeding and is content after most feeds Has a normal skin colour and is alert and waking for feeds | ✓ | ✓ | ✓ | ✓ |
| Feed preparation Equipment washed and sterilised appropriately Parents know how to make up feeds as per manufacturer's guidelines | ✓ | ✓ | ✓ | ✓ |
| Responsive bottle feeding Parents are giving most of the feeds and limiting the number of caregivers Parents recognise early feeding cues Parents hold their baby close and semi-upright and maintain eye contact | ✓ | ✓ | ✓ | ✓ |
| Pacing the feed Bottle held horizontally allowing just enough milk to cover the teat Baby invited to take the teat Baby observed for signs of needing a break and teat removed or bottle lowered to cut off flow | ✓ | ✓ | ✓ | ✓ |
| Finishing the feed Parents recognise signs when baby has had enough milk (turning away, splaying hands, spitting out milk) Baby is not forced to finish the feed if showing cues that they have had enough | ✓ | ✓ | ✓ | ✓ |
| Expressed breastmilk Mother is expressing her breastmilk effectively and storing it safely Mother is maximising her breastmilk if that is her goal | ✓ | ✓ | ✓ | ✓ |
| Infant formula First stage milk is used Leftover milk is discarded at the end of the feed | ✓ | ✓ | ✓ | ✓ |
| Date: | | | | |
| Midwife/health visitor's initials: | | | | |
| Care plan commenced: | | | | |

Note: If any responses are not ticked, consider watching a feed and developing a care plan. Refer for additional support if needed.



Is my baby getting enough milk? What goes in, must come out.

Days 1-2

1-2 wet nappies and 1 or more meconium stool in 24 hours

Days 3-4

3-4 wet nappies and 2 or more colour changing stools in 24 hours

Day 5 +

6 or more wet nappies and 2 or more soft yellow stools in 24 hours

After 4-6 weeks when breastfeeding is more established this may change with some babies going a few days or more without stooling. Breastfed babies are never constipated and when they do pass a stool it will still be soft, yellow and abundant.



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What can you tell me about these breasts?

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What must be done urgently to preserve this mother's milk production?

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The difference between Full or Engorged



Full breasts

- ▶ warm
- ▶ firm
- ▶ tender
- ▶ heavy
- ▶ may show marbling
- ▶ have readily flowing milk
- ▶ mother feels well



Engorged breasts

- ▶ hot
- ▶ hard/tight
- ▶ painful
- ▶ shiny
- ▶ may be inflamed
- ▶ do not flow milk well
- ▶ mother may have a fever

What may have caused this condition?

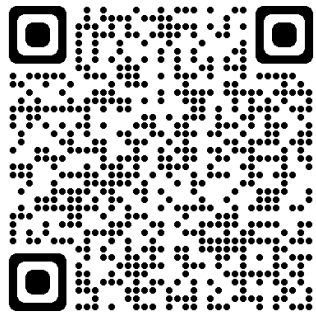
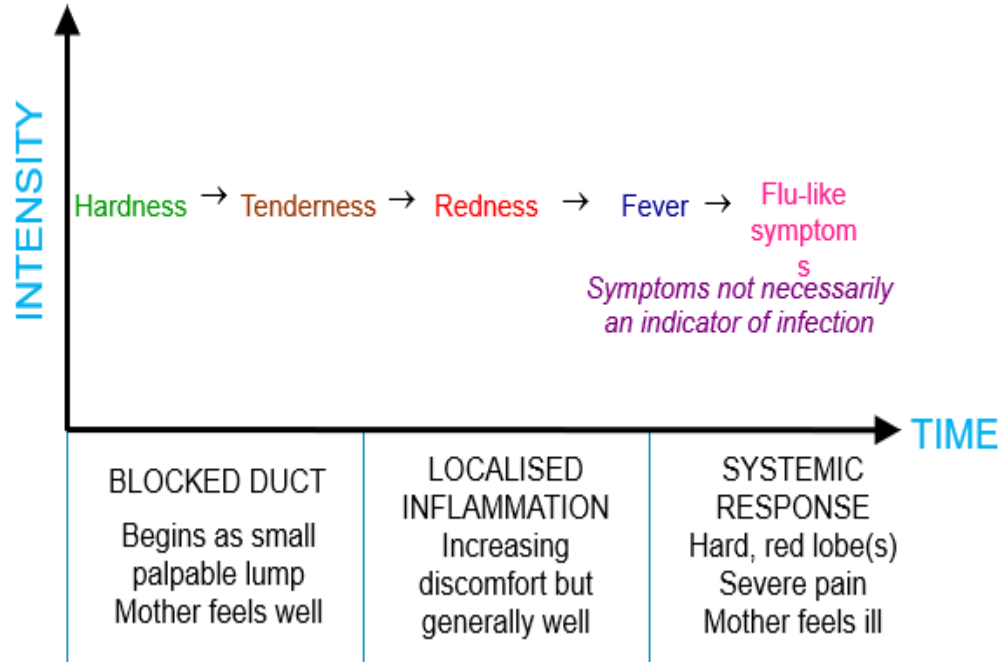
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The mastitis Spectrum



Treatment

Continue Breastfeeding

Effective breast drainage – always check attachment / observe a feed where possible

Hand expression

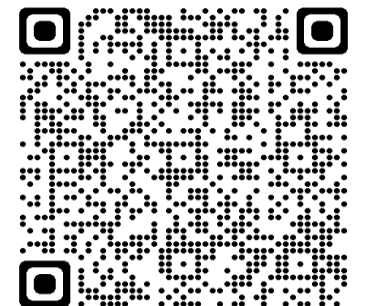
Anti-inflammatory therapy

Analgesics

Fluids

Rest

Antibiotics



The Breastfeeding Network

Do you know what this is?



Nipple Trauma

A



B



C



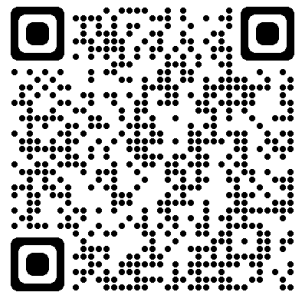
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What could this be?

What symptoms
will this mother
report?

Who needs to
be treated?





The Mesmerising tongue



Ankyloglossia, Tongue Tie

NICE (2005) definition 'Ankyloglossia is a congenital anomaly characterised by an abnormally short lingual frenulum, which may restrict mobility of the tongue.'

Statistics:

- Males are 1.5 times more likely than females
- It is familiar
- Incidence ranges from 0.1-10%
- There are varying degrees of severity

Email: tonguetie.referral@nhs.net

Complications:

- Impact on breastfeeding
- Sore nipples
- Reduced milk supply
- Distress / frustration for mother
- Difficulty staying attached
- Wind, hic cups
- Blisters on lips
- Failure to thrive



'A bottle won't tell you whether it has pain or a poor latch, but a mother is acutely aware of it every time the baby nurses'

Baxter et al. (2018).



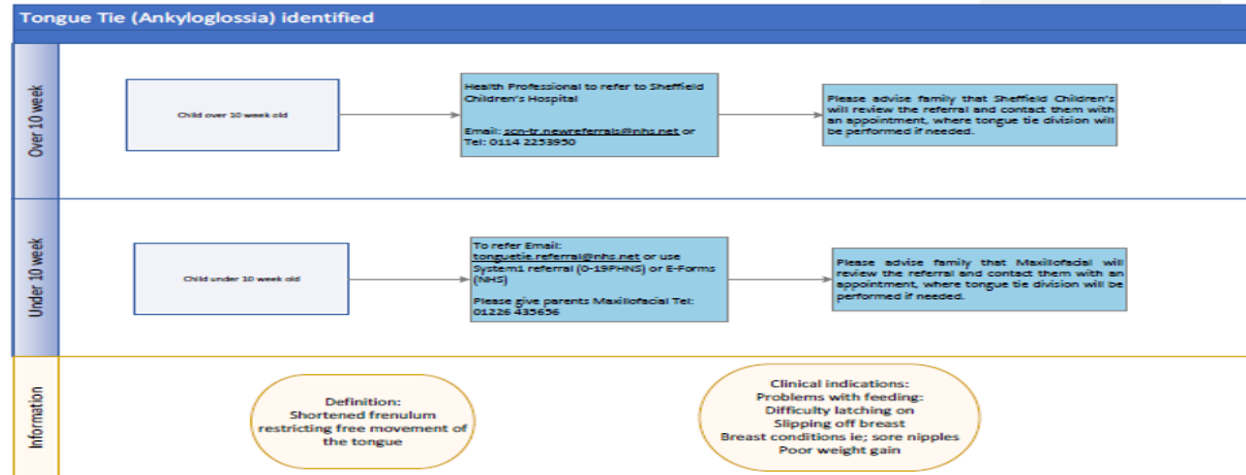
Tools for diagnosis and how to refer

TABBY Tongue Assessment Tool

| | 0 | 1 | 2 | SCORE |
|---|---|---|---|-------|
| What does the tongue-tip look like? | | | | |
| Where it is fixed to the gum? | | | | |
| How high can it lift (wide open mouth)? | | | | |
| How far can it stick out? | | | | |

© University of Bristol | Design and Illustration: Hanna Oakes | oakshed.co.uk

TABBY



| Assessment Tool for Lingual Frenulum Function (ATLFF)™ | |
|--|---|
| © Alison H. Huxtable, PhD, BCLD, FLDA, 1993, 2009, 2012, 2017 | |
| Mothers Name: _____ | Function Item score: _____ |
| Baby's name: _____ | Appearance Item score: _____ |
| Date of assessment: _____ | Combined Score: _____ / _____ |
| FUNCTION ITEMS | |
| Lateralization 2-Complete 1-Body of tongue but not tongue tip 0-None | Cupping of tongue 2-Strong edge, firm cup 1-Weak edge only OR moderate cup 0-None OR no cup |
| Lift of tongue 2-Tip to mid-mouth 1-Only edges to mid mouth 0-Tip stays at alveolar ridge OR tip rises only to mid-mouth with jaw closure AND/OR mid-tongue dimples | Peristalsis 2-Complete anterior to posterior 1-Partial OR originating posterior to lip 0-None OR Reverse peristalsis |
| Extension of tongue 2-Tip over lower lip 1-Tip over lower gum only 0-Neither of the above OR anterior or mid-tongue humps AND/OR dimples | Snap back 2-None 1-Occasional 0-Frequent OR with each suck |
| Spread of anterior tongue 2-Complete 1-Moderate OR partial 0-Little OR none | |
| APPEARANCE ITEMS | |
| Appearance of tongue when lifted 2-Placed OR square 1-Weak cleft in lip apparent 0-None shaped | Elasticity of frenulum 2-Very elastic (excellent) 1-Moderately elastic 0-Little OR no elasticity |
| Length of lingual frenulum when tongue lifted 2-None then 1 cm OR absent from alveolus 1-1 cm 0-None then 1 cm | Attachment of lingual frenulum to tongue 2-Complete less than 50% of the tongue underside in the midline 1-Complete 50-75% of the tongue underside in the midline 0-Complete 75-100% of the tongue underside in the midline |
| Attachment of lingual frenulum to anterior alveolar ridge 2-Attached to floor of mouth OR well below ridge 1-Attached just below ridge 0-Attached to ridge | |
| ASSESSMENT | |
| 14 = Perfect Function score regardless of Appearance Item score. Surgical treatment not recommended. | |
| 11 = Acceptable Function score only if Appearance Item score is ≥ 8. | |
| <11 = Function Score indicates function impaired. Frenotomy should be considered if management fails. Function score of 9-10 with an appearance score of 8-9 is considered borderline, all other management strategies should be exhausted before revision. Bodywork is indicated. Frenotomy necessary if Appearance Item score is < 8 AND Function Score is < 8. | |

Email: tonguetie.referral@nhs.net

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Support and Protect

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NINO

Father



"I support my wife breastfeeding by helping with our other children, such as bath and bedtime and generally keeping them occupied. I think breastfeeding is great as it gives our baby the best start in life, the bond between mum and baby is lovely because for the first 6 months mum is keeping baby well and fed all by herself."

#WBW2021

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WALBURGH

Public Health Midwife



"I support breastfeeding by promoting the love, protection and support that breastfeeding provides."

#WBW2021

Barnsley Infant Feeding Service



HELEN

Healthy Child Programme Lead



"It is important to promote, protect and support breastfeeding and I do this by creating a positive team culture to facilitate improved standards of care."

#WBW2021

Barnsley Infant Feeding Service



CLAIRE

Head of Early Start, Prevention and Sufficiency



"We ensure that all of our Family Centres support and encourage parents in their infant feeding choices and provide nurturing environments, through the breastfeeding welcome scheme."

#WBW2021

Barnsley Infant Feeding Service



JULIA BURROWS

Director of Public Health



"I do what I can to maintain a culture of warmth and kindness. It helps us connect with each other and to best support families with breastfeeding and creating a loving relationship with their babies."

#WBW2021

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**"For breastfeeding to work, you need someone to turn to who believes it is important and believes you can do it."
Sue Ashmore, 2017.**

JENNY

Midwife



"I feel privileged to provide support for women during 'The Golden Hour' following birth to encourage early bonding and promote the best start for their breastfeeding journey"

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AUTUMN

Big Sister



"It is important to help mum whilst she is breastfeeding because the baby needs to be fed, and I read stories to my brother to keep him busy."

#WBW2021

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ANNE

Infant Feeding Team Leader



"I support breastfeeding through ensuring we adhere to policies and competency requirements along with managing the Infant Feeding Team to maintain our Unicef Baby Friendly Accreditation."

#WBW2021

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SARAH

Infant Feeding Coordinator



"I develop policies, pathways and training to protect and support breastfeeding. I am passionate about providing a high standard of care for Mothers and families in their feeding journey."

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DR KERRIN

Consultant Paediatrician



"I support breastfeeding by working with colleagues and families on the neonatal unit to ensure that even premature babies are successfully able to breastfeed when they go home."

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KAY

Grandmother



"My wonderful job as grandmother is to look after my daughters so they can give all the love and care our grandchild needs and I know this will help them to get breastfeeding off to a great start."

#WBW2021

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Information and Support

BNF (British National Formulary)
<https://bnf.nice.org.uk>

BNF (British National Formulary) | NICE
 Web 29 Mar 2023 · BNF British National Formulary (BNF) Key information on the selection, prescribing, dispensing and administration of medicines. Last updated: 6 March 2023 See ...

Search results from bnf.nice.org.uk

Drugs a to Z
 Browse the complete list of drugs, alphabetically. Drugs A to Z. Browse drug ...

Enoxaparin Sodium
 Enoxaparin Sodium - BNF (British National Formulary) | NICE



NHS
Barnsley Hospital
 NHS Foundation Trust

Email: medicine.information1@nhs.net
 Tel: 01226 432857



WHAT INFANT FORMULA TO CHOOSE

- If you are giving your baby infant formula, FIRST INFANT FORMULA (labeled as such) is the only formula they will need in the first year of life.
- 1 What infant formula should I use?
 It doesn't matter which brand you use, they are all very similar. It doesn't matter if you choose cows' or goats' milk based formula, but talk to your midwife or health visitor before choosing a soya based formula.
 - 2 What about all the other milks that claim to help hungry babies, prevent colic, wind, reflux or allergies?
 There is no evidence that most of these "special" milks do any good, and they might not be safe for your baby. Ask your GP or other health professional if you think your baby might need a different milk.
 - 3 Should I move on to follow-on formula when my baby is six months old?
 There is no need for follow-on formula. Stick to a first infant formula throughout the first year.
 - 4 How long do I need to use infant formula for?
 When your baby is one year old, they will be getting more of their energy, vitamins and minerals from food, and full fat cows' milk can be their main milk drink. If you have any concerns, or want to know about other milks, ask your health visitor.

THE GP INFANT FEEDING NETWORK (UK)
 A Website to Assist Primary Care Practitioners with Best Practice in Infant Feeding



Would you like to join the Infant Feeding Implementor Group? If so please contact: satkins1@nhs.net