

Infant Feeding Service

This guidance is for ALL NHS staff working in maternity, community and Health and Social Care Partnerships during the COVID-19 outbreak. This guidance may also support prioritisation of the workforce as part of the resilience response and assist NHS Boards in the prioritisation of care within Maternity, Neonatal, Health Visiting and Family Nursing services.



Infant Feeding Service - Neonatal

It is essential that the Infant Feeding Services delivered throughout NHS Boards continue to deliver the minimal standards which will protect the establishment and maintenance of breastfeeding and safe formula feeding.

Antenatally

All mothers where possible should have a conversation about the importance of breastmilk for sick and preterm babies.

At birth

Where possible a labour ward cuddle should be offered to all families who will be separated from their baby. This helps support early and ongoing relationships as well as initiating lactation.

Within two hours of birth

Mothers should be shown how to hand express and use the breast pump where they are separated from their baby. This helps prime the breasts and initiate lactation. All breastmilk should be transported to the neonatal unit as soon as possible, where it will be given to their baby.

Early care for all babies

As soon as possible following birth skin to skin contact is promoted for at least one hour every day. Prolonged skin-to-skin contact should be encouraged at any time during the neonatal unit stay to promote close and loving relationships and the development of the baby's immune system. It also supports the transition to breastfeeding and earlier discharge.

Supporting breastfeeding

Mothers should be supported with expressing breastmilk throughout their neonatal stay.

During the first two weeks an [expressing assessment](#) should be completed four times. This should be done once within the first 24 hours. This may be within the postnatal stay and then another three times within the fortnight.

Transition to breastfeeding using a cue based feeding approach should be supported. Once in transition a breastfeeding assessment should be done daily and appropriate feeding plans implemented in partnership with the mother. Feeding plans should include:

- [Breastfeeding assessment](#).
- Ongoing skin to skin contact.
- Assessment of positioning and attachment including suck/swallow pattern and urine/stool output.
- Ongoing expressing breastmilk/ topping up if required.
- Modified responsive breastfeeding.
- Frequent feeding is about relationship building, comfort and closeness as well as nutrition.

Supporting bottle feeding

It is essential that all mothers who are bottle feeding are supported to feed responsively and limit the number of people who feed the baby:

For mothers who are expressing breastmilk:

- Continue to express for as long as they want to.
- Clean equipment thoroughly using hot, soapy water.

For mothers using formula milk:

- Clean equipment thoroughly using hot, soapy water and sterilise.
- Make up formula milk feeds according to manufacturer's instructions.

COVID-19 Vaccination

Please discuss the [COVID-19 vaccination](#) with all post natal women if not fully vaccinated

Infant Feeding Service - Maternity

It is essential that the Infant Feeding Services delivered throughout NHS Boards continue to deliver the minimal standards which will protect the establishment and maintenance of breastfeeding and safe formula feeding.

At birth

It is important to ensure that skin to skin is promoted for at least the first hour after birth or until the first breast or formula feed have been completed. Prolonged [skin-to-skin](#) contact should be promoted at any time at home to promote close and loving relationships and the development of the baby's immune system.

Supporting breastfeeding

It is essential during this time to ensure all mothers are offered help with positioning and [attachment](#) with breastfeeding to empower mothers with confidence to breastfeed and to do so responsively.

Before discharge to home an infant feeding [assessment](#) should be completed and appropriate feeding plans implemented in partnership with the mother. The infant feeding assessment should be completed at least twice before the handover to the Health Visitor.

It is vital to pay particular attention to the urine and stool [output](#) appropriate to baby's age.

All mothers should have the opportunity to be shown the skill of [hand expressing](#) and be aware of baby's feeding [cues](#) to enable responsive feeding.

Supporting formula feeding

It is essential that all mothers who are formula feeding are supported to:

- clean equipment thoroughly using hot, soapy water and sterilise equipment.
- make up [formula](#) milk feeds according to manufacturer's instructions.
- feed [responsively](#) and limit the number of people who feed the baby.

Community visits/contacts

First postnatal visit – HOME VISIT

- [Infant feeding assessment](#), stool output, positioning and [attachment](#), condition of mothers' breast.
- Assess number of wet nappies in [24 hours](#)
- Assess stools, number, colour and consistency in 24 hours.
- Weigh baby in accordance with local guidelines.

Where the feeding assessment suggests challenges, a feeding plan should be made.

Feeding plans should include:

- Ongoing skin-to-skin contact.
- Guidance with positioning and attachment.
- Hand expressing breastmilk if required.
- Moist wound healing for damaged nipples.
- Responsive breastfeeding at all times.
- Advice that you cannot overfeed or spoil a breastfed baby.
- Timely re-assessment of the feeding care plan implemented

Subsequent postnatal contacts:

Home visits are an opportunity to weigh the baby and assess progress, for example, day 5 visit for Guthrie test. All contacts should include a feeding assessment to provide assurance of effective feeding.

In the event of continued breastfeeding challenges, liaise with the infant feeding team for specialist support.

Hand over to health visitor and family nurse

Midwives should ensure there is an accurate handover of information to the health visitor and family nurse to ensure continuity of support and information.

Monitoring growth

During this period of limited home visits, the infant feeding assessments will play a crucial role together with weight monitoring. It is important for infants to be weighed at each of these contacts. All staff can encourage parents to [self-assess](#) how well feeding is going by using this tool and to inform mothers to report any concern to local health professional. Refer to local weight loss/faltering weight guidance or [NICE guidance](#) and follow local referral pathways appropriately.

Information

In order ensure parents have access to evidence-based information refer all parents to the Scottish Government [Parent Club](#) website. NHS Inform should be used to enquire about [COVID19](#). All staff are advised to encourage parents to utilise their copy of [Ready Steady Baby](#) and [Off to a Good Start](#). All staff are encouraged to access information and resources from [Unicef UK Baby Friendly Initiative](#) website.

National breastfeeding support can be accessed from the third sector organisations:

- [National Childbirth Trust](#)
- [La Leche League](#)
- [The Breastfeeding Network](#)
- National Helpline (from 9.30am – 9.30pm) - 0300 100 0212
- [Breastfeeding Network Medicine's advice](#)
- [Association of Breastfeeding Mothers](#)

Additional support for mothers

If a mother asks for advice or raises a concern about breastfeeding, baby's weight or her [milk supply](#) a breastfeeding assessment should be completed and a plan agreed with the mother and appropriate follow-up should be organised.

Specialist support

Where you have completed an infant feeding assessment and you have feeding concerns, contact your local infant feeding specialist support service or follow your local referral pathways.

Peer Support

Please ensure all breastfeeding women are offered and referred to local breastfeeding peer support if available.

COVID-19 Vaccination

Please discuss the [COVID-19 vaccination](#) with all post natal women if not fully vaccinated

Infant Feeding Service - Health Visiting and Family Nurse

It is essential that the Infant Feeding Services delivered throughout NHS Boards continue to deliver the minimal standards which will protect the establishment and maintenance of breastfeeding and safe formula feeding.

Supporting breastfeeding

It is essential during this time to ensure all mothers are offered help with positioning and [attachment](#) with breastfeeding to empower mothers with confidence to breastfeed and to do so responsively.

It is vital to pay particular attention to the urine and stool [output](#) appropriate to baby's age.

All mothers should have the opportunity to be shown the skill of [hand expressing](#) and be aware of baby's feeding [cues](#) to enable responsive feeding.

Supporting formula feeding

It is essential that all mothers who are formula feeding are supported to:

- clean equipment thoroughly using hot, soapy water and sterilise equipment
- make up formula milk [feeds](#) according to manufacturer's instructions
- feeding [responsively](#) and limit the number of people who feed the baby

Community visits

11-15 days - HOME VISIT

- [Infant feeding assessment](#) – urine and stool output, positioning and [attachment](#), condition of mothers' breast.
- Expected to have at least 6 heavy wet nappies in [24 hours](#).
- Expected to have at least 2 soft yellow stools in 24 hours.
- Weight
 - at birth weight.
 - indicative evidence of weight gain.
 - indicative of further intervention required.

2-5 weeks

- This may be a telephone contact
- [Infant feeding assessment](#) – positioning and [attachment](#) and condition of mother's breast.
- Expected to have at least 6 heavy wet nappies in [24 hours](#).
- Expected to have at least 2 soft yellow stools the size of a two pound coin for the first 28 days.
- Stooling may change after the first 4 weeks in a breastfed baby.

6-8 weeks - HOME VISIT

- [Infant feeding assessment](#) – urine and stool [output](#), positioning and [attachment](#), condition of mothers' breast.
- Infant Observation – colour, tone, alertness, breathing, handling.
- Weight
 - Stooling may change after the first 4 weeks in a breastfed baby.

Monitoring growth

During this period of limited home visits, the infant feeding assessments will play a crucial role together with weight monitoring. It is important for infants to be weighed at each of these contacts. All staff can encourage parents to [self-assess](#) how well feeding is going by using this tool and to inform mothers to report any concern to local health professional. Refer to local weight loss/faltering weight guidance or [NICE guidance](#) and follow local referral pathways appropriately.

Information

In order ensure parents have access to evidence-based information refer all parents to the Scottish Government [Parent Club](#) website. NHS Inform should be used to enquire about [COVID19](#). All staff are advised to encourage parents to utilise their copy of [Ready Steady Baby](#) and [Off to a Good Start](#). All staff are encouraged to access information and resources from [Unicef UK Baby Friendly Initiative](#) website.

National breastfeeding support can be accessed from the third sector organisations:

- [National Childbirth Trust](#)
- [La Leche League](#)
- [The Breastfeeding Network](#)
- National Helpline (from 9.30am – 9.30pm) - 0300 100 0212
- [Breastfeeding Network Medicine's advice](#)
- [Association of Breastfeeding Mothers](#)

Additional support for mothers

If a mother asks for advice or raises a concern about breastfeeding, baby's weight or her [milk supply](#), a breastfeeding assessment should be completed and a plan agreed with the mother and appropriate follow-up should be organised.

Specialist support

Where you have completed an infant feeding assessment and you have feeding concerns, contact your local infant feeding specialist support service or follow your local referral pathways.

Peer Support

Please ensure all breastfeeding women are offered and referred to local breastfeeding peer support if available.

COVID-19 Vaccination

Please discuss the [COVID-19 vaccination](#) with all post natal women if not fully vaccinated



Scottish Government
Riaghaltas na h-Alba
gov.scot

© Crown copyright 2021

OGL

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3 or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

This publication is available at www.gov.scot

Any enquiries regarding this publication should be sent to us at

The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

ISBN: 978-1-80201-881-3 (web only)

Published by The Scottish Government, December 2021

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS999758 (12/21)

W W W . G O V . S C O T