

- This Touchpoint Pathway is based on the best available evidence showing that early, frequent face-to-face support from a skilled practitioner is best practice to enable women to continue to breastfeed for as long as they want to.
- This Touchpoint Pathway was developed in line with UNICEF Baby Friendly Initiative (BFI) recommendations and it is important that all services in the region work towards BFI Accreditation.
- Compassionate communication is key at all stages of the pathway. Normalities, complexities and expectations of breastfeeding should be discussed so women have enough information in order to make an informed choice postnatally about feeding their baby. UNICEF BFI guidelines on meaningful antenatal and postnatal conversations are available and are recommended. Feeding assessments should be guided by UNICEF BFI resources.
- If the birth of a baby occurs outside of a maternity unit due to BBA (birth before arrival) or planned home birth, the contact points on the pathway may be adapted but should all be covered
- The pathway should be embedded into antenatal and postnatal notes
- Breastfeeding is the anticipated method of feeding for all women and support should be offered at every point.
- Immediately after birth, baby and mother should have uninterrupted skin-to-skin contact with weighing of the baby conducted after 1 hour where possible. If skin-to-skin contact is delayed, encourage it as soon as possible with mother, or with birth partner if mother is unwell.
- Cots should not be the focus of the delivery room, and should ideally be covered or left outside of delivery rooms to make skin-to-skin the default
- Individualised safety considerations should be addressed and should include co-sleeping, keeping baby close and standing with baby while tired
- Feeding status data should be collected electronically where possible
- Any babies admitted to children's ward settings postnatally or seen in paediatric clinics, the health impacts of breastfeeding, and understanding of normal baby behaviour should be supported and specialist support provided
- Infant feeding support, by a professional trained in UNICEF BFI infant feeding, should be included as part of the Newborn and Infant Physical Exam (NIPE).
- All contacts should involve partners, significant others or family member, if possible, to provide information and encourage a supportive family environment.
- The same Maternity Care Assistant (MCA) who conducts the feeding visit at 20-24 weeks should also provide feeding support postnatally
- Postnatal maternity visits may be from a midwife or MCA on post-discharge day 2, 3, 4
- Postnatal Infant Feeding Contacts, at 21-28 days and at 3-4 months, should be conducted by the most appropriate person who is trained in infant feeding support. This may be a midwife, MCA, Health Visitor, Early Years Practitioner or peer supporter depending on the local service.
- If there is no scheduled Health Visiting Contact after the 6-8 week contact, it should include a discussion around returning to work and feeding, including choices around continuing to breastfeed while back at work.
- Any discussion around introducing solids from 6 months should include the recommendation that breastfeeding continue as long as mother wants. The WHO recommends breastfeeding up to 2 years old or longer.
- Staff working in maternity, neonatal and health visiting settings should receive annual infant feeding training in line with UNICEF BFI standards to ensure accurate implementation of the pathway. Midwifery, Health Visiting and Children's Nursing students should also be trained in line with UNICEF BFI standards.



NENC Infant Feeding Touchpoint Pathway: Antenatal

Consider peer support and multidisciplinary working at every opportunity

1st Maternity appointment

- Signpost to online 'Building a happy baby' leaflet and LMS website regarding birth choices
- Advise on breast changes in pregnancy eg tenderness and preparation for feeding (always anticipate woman is breastfeeding)

16 weeks
Midwife contact

- Discuss breastfeeding guided by UNICEF's 'Having meaningful conversations with mothers - conversations in pregnancy'
- Show or provide link to 'Human milk for human babies' video
- Signpost to available information including NHS choices and Baby Buddy app
- Arrange 20-24 week personalised feeding contact

20-24 weeks
Personalised Feeding Contact
"Routine MCA visit"

- How to get feeding off to a good start and build a close, loving relationship
- Discuss value of breastfeeding on infant/maternal health, skin-to-skin, role of partner, previous feeding experiences, expectations, normal feeding behaviour and family feeding practices.
- Signpost to BF classes, local support and resources for both parents
- Introduction of breastfeeding information in Red Book

28-32 weeks
Midwife contact

- Answer any questions about feeding
- Identify high risk groups that may require NNU admission (see Neonatal Pathway)
- Provide information of benefits of colostrum including antenatal collection and feeding postnatally

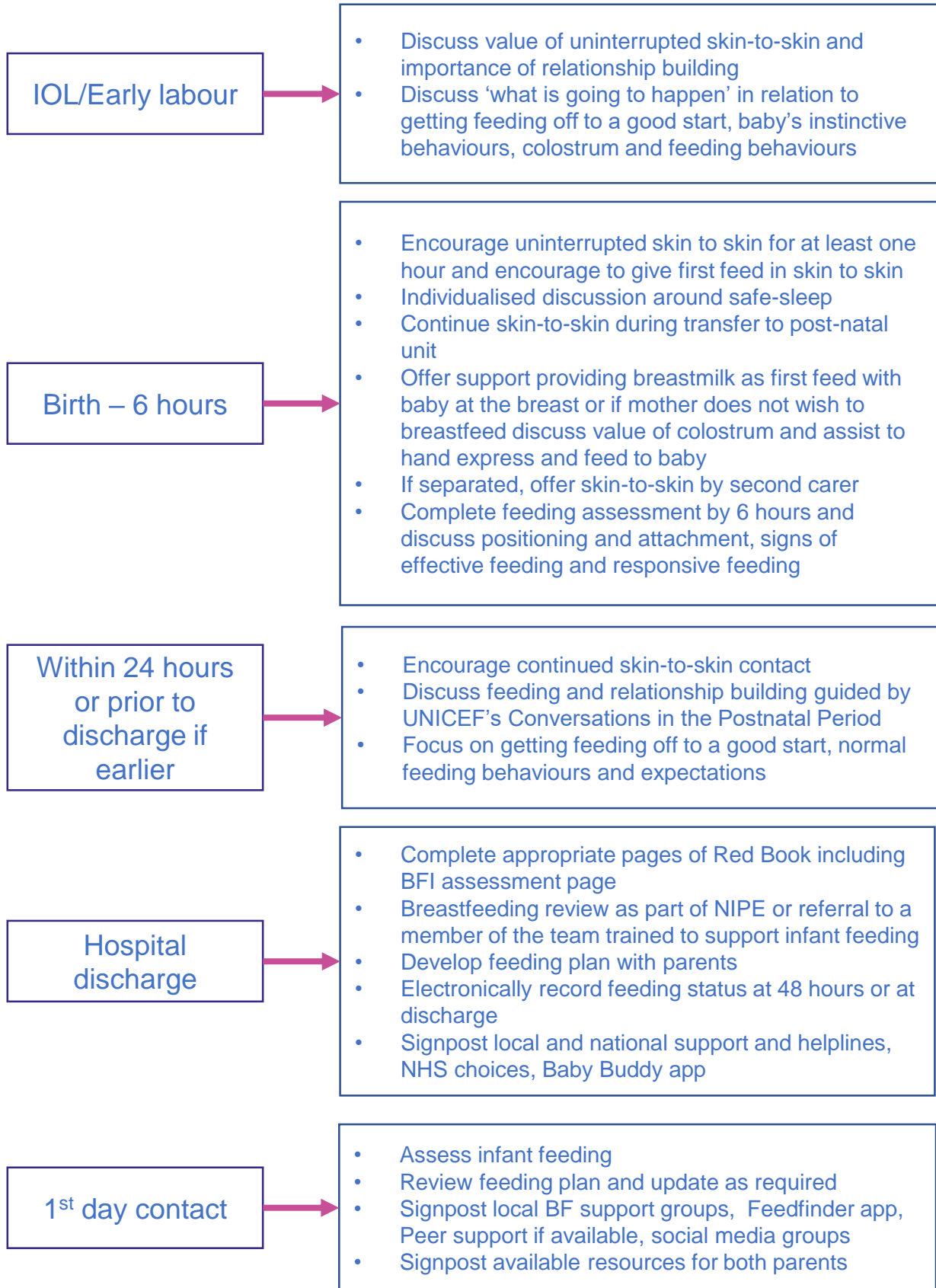
28-34 weeks
Health Visitor contact

- Reiterate breastfeeding and relationship building information using UNICEF's antenatal meaningful conversations tool
- Revisit social media support options including 'Baby Buddy' app and social media groups
- Exploration of Red book
- Discuss value of breastmilk for both infant and maternal health including holistic benefits
- Discuss safe sleeping and coping with crying

NENC Infant Feeding Touchpoint Pathway for Well Babies: Birth

Opportunistically reinforce Normal Infant Behaviours, including Feeding Cues, and Safety Considerations

If artificial feeding, offer support and reinforce that mother can change her mind and begin breastfeeding at any point

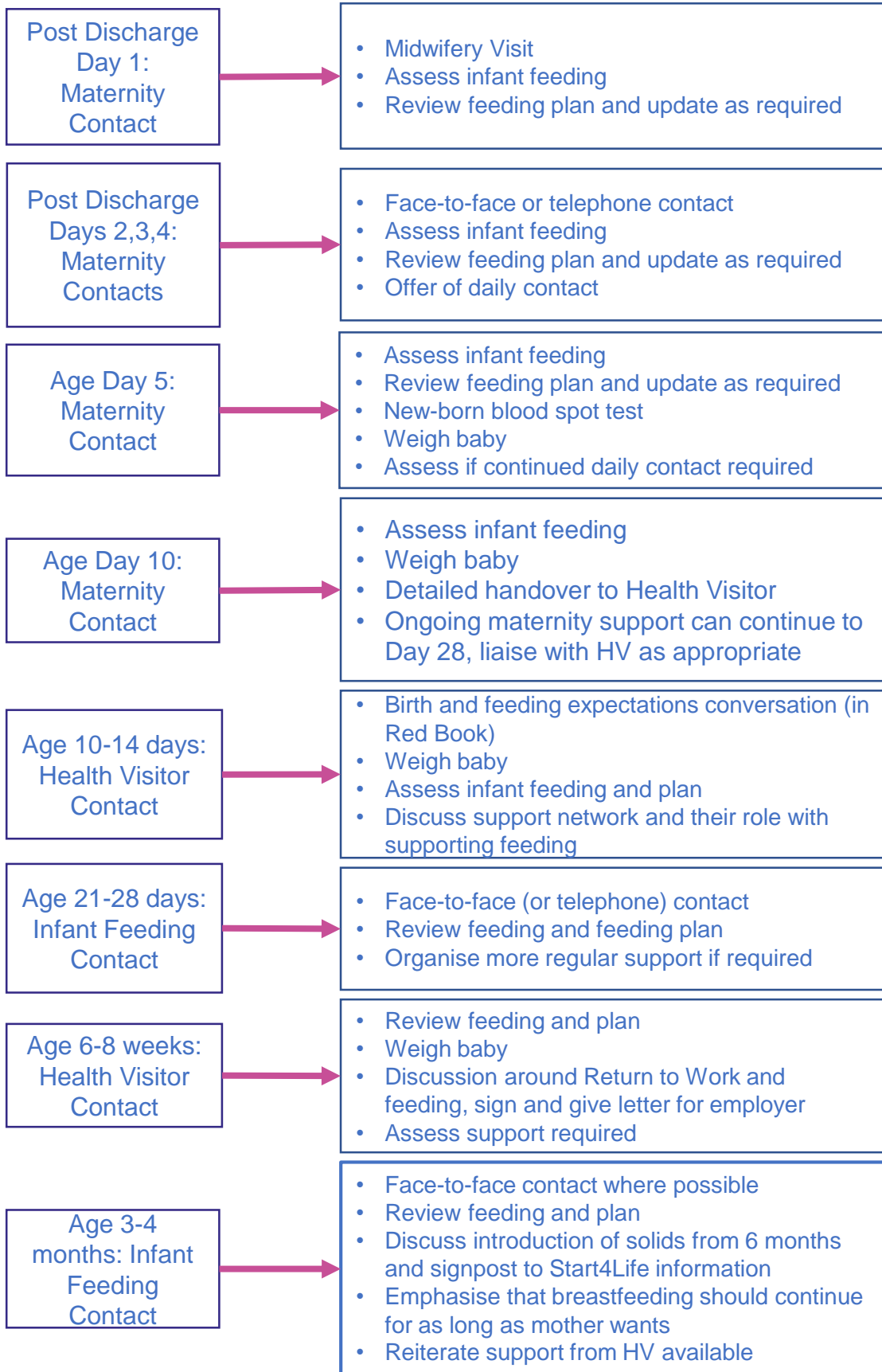


Opportunistically reinforce Normal Infant Behaviours, including Feeding Cues, and Safety Considerations
If artificial feeding, offer support and reinforce that mother can change her mind and begin breastfeeding at any point

Signpost support including local feeding support groups, peer-support, the Feedfinder app, social media support groups, local and national Help Line Numbers, reliable information at every opportunity

NENC Infant feeding Touchpoint Pathway:

Postnatal Period





Postnatal Care for Babies Requiring Neonatal/Paediatric Unit Care

Opportunistically reinforce Normal Infant Behaviours, including Feeding Cues, and Safety Considerations
If artificial feeding, offer support and reinforce that mother can change her mind and begin breastfeeding at any point

Any paediatric unit admission

Any babies admitted to children's ward settings postnatally or seen in paediatric clinics, the health impacts of breastfeeding, and understanding of normal baby behaviour should be supported and specialist support provided

Antenatal Identification or Concerns around need for neonatal care

- Have a meaningful discussion about the importance of breastmilk, "milk as medicine" and breastmilk expression
- Discuss the important role of parents as care givers on the unit including the importance of touch, comfort and communication
- Consider consultation with Infant Feeding Specialist
- Signpost to available support and information, both local and national

Birth – 2 hours (or as soon as possible)

- Support parents to meet and touch their baby before being taken to the unit where possible
- Meaningful conversation on the value of breastmilk for sick or premature babies
- Encourage and support expression of breastmilk within 2 hours of birth
- Provide hand expression pack
- Provide photograph of baby and bonding squares
- Discuss the importance of and administer oropharyngeal colostrum
- Discuss skin-to-skin and enable as soon as possible
- Support baby to feed at the breast. If baby cannot feed at the breast or have oral feeds, continue to support mother to express breast milk

Within 24 hours

- Encourage skin-to-skin care where possible
- Revisit conversation around the value of breastmilk
- Ensure bonding squares have been given to mother and baby
- Parents to meet baby if not previously possible
- Discussion around relationship building and bonding
- Signpost to available information including online

NENC Infant Feeding Touchpoint Pathway: Birth and Postnatal Care for Babies Requiring Neonatal Unit Care continued

Opportunistically reinforce Normal Infant Behaviours, including Feeding Cues, and Safety Considerations
If artificial feeding, offer support and reinforce that mother can change her mind and begin breastfeeding at any point

Daily while in Neonatal Unit

- Involve both parents as much as possible in care of baby
- Discuss baby behaviour, recognition and responding to cues and importance of touch and voice
- Encourage and support skin-to-skin contact
- Provide information, facilities, resources and support for breastmilk expression and storage, including electronic breast pump where appropriate and available
- Encourage mother to express at least 8-10 times in 24 hours including once at night
- Formal review of feeding including expressing as often as required, in line with UNICEF BFI guide
- Use EBM for mouth care and procedures
- Oropharyngeal colostrum administration
- Individualised support to transition to oral feeds
- Discuss and encourage non-nutritive sucking where appropriate
- Discuss and encourage modified responsive feeding when appropriate
- Electronically record feeding status as required

Discharge preparation

- Individualised conversation around discharge of mother including points of contact and support for continued expression
- Advice for storage and transport of EBM
- Discuss feeding goals and preferences and advise appropriately
- Feeding plan development in collaboration with parents
- Review feeding plan regularly
- Discuss signs of well-being and safe sleep at home

Hospital discharge

- Complete Red Book as fully as possible
- Develop and discuss feeding plan
- Liaise with HV team as appropriate
- Signpost local and national support for breastfeeding and for babies who required neonatal care (eg Bliss, Tommy's)
- Signpost peer support if available, including online, and for both parents

NENC Infant Feeding Touchpoint Pathway: Birth and Postnatal Care for Babies requiring Transitional Care

Ensure continual consideration for infant wellbeing and safety in line with local pathways and policies for Transitional Care
Opportunistically reinforce Normal Infant Behaviours, including Feeding Cues, and Safety Considerations
If supplementing or artificial feeding, offer support and reinforce that mother can change her mind and begin breastfeeding at any point

