

Document Details		
Title	Community Infant Feeding Policy	
Trust Ref No	1110-	
Local Ref (optional)	Replaces Shropshire Community Health Trust Community Infant Feeding Policy 2021	
Main points the document covers	Details the measures to be taken by community staff to ensure that: That all families are given evidence-based advice and support to enable them to make the optimum infant feeding choice. The standards set outline in NICE guidance PH11 are implemented across the Health Visiting and Family Nurse Service.	
Who is the document aimed	Children, Young People and Families, Public Health Nursing (Health Visiting and Family Nurse Partnership)	
Owner	Samantha Garratt Public Health Nursing Service Manager for Telford & Wrekin.	
Approval process		
Who has been consulted in the development of this policy?	0-19 Public Health Nursing Service including Family Nurse Partnership, Health Visting, Service Leads and Infant Feeding Facilitators.	
Approved by (Committee/Director)	Clinical Policy Group	
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Full Equality Impact Assessment	Not required	
Lead Director	Director of Nursing and Operations	
Category	Clinical	
Subcategory		
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Distribution		
Who the policy will be distributed to	Public Health Nursing service- Health Visiting & Family Nurse Partnership in Dudley, Shropshire, and Telford & Wrekin	
Method	All new staff are familiarised with the policy on commencement of employment and available on the staff intranet	
Keywords	Infant feeding, breastfeeding, formula feeding, responsive feeding	
Document Links		
Required by CQC	No	
Other		
Amendments History		
No	Date	Amendment
1	Nov 2011	Replaces Telford & Wrekin PCT Community Infant Feeding Policy (2009) and Shropshire County PCT Community Infant Feeding Policy (2009)
2	Jan 2016	Replaces Shropshire Community Health Trust Community Infant Policy (2012)
3	Jan 2021	Replaces Shropshire Community Health Trust Community Infant Feeding Policy 2016- changes include removal of need for formal BFI Accreditation, replaced by need to follow agreed standards and inclusion of local pledge.

4	May 2025	Replaces Shropshire Community Health Trust Community Infant Policy 2021-changes include updated definitions and explanation of terms used included primary caregiver, chest feeding, pace feeding. Updated links to other key policies /processes /procedures. Updated sections 5.0 to 5.6 to reflect current infant feeding guidance including relevant links. Updated formula feeding section and added introduction to solid food guidance. Removal of appendices 1-8 and added breastfeeding assessment tool in appendix 1
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1.0 Introduction

This policy is written acknowledging The UNICEF UK Baby Friendly Initiative' Standards (Baby Friendly). It is intended to support professionals to provide sensitive and effective care, enabling mothers to make an informed choice around feeding their baby, get breastfeeding off to a good start, support parents/primary caregivers who are formula feeding and overcome any challenges that parents/primary caregivers may face when feeding their baby. It recognises that supporting families to feed their babies not only enables their nutritional needs to be met but ensures that close and loving relationships develop so promoting both physical and emotional wellbeing in babies and their parents/primary caregiver. This in turn allows parents/primary caregiver and families to understand the importance of loving relationship for their baby's brain development. (UNICEF, 2021). This policy should be read in conjunction with the following. [Overview](#) | [Postnatal care](#) | [Guidance](#) | [NICE](#).

2.0 Purpose

The purpose of this policy is to ensure that all staff at Shropshire Community Health Trust understands their role and responsibilities in supporting expectant and new mothers, their partners, and primary caregivers to feed and care for their baby in ways which support optimum health and well-being.

The policy ensures that the care provided improves outcomes for children and families, specifically to deliver:

- Increases in breastfeeding rates at 6-8 weeks (Department of Health, 2016).
- Support mothers to breastfeed responsively and effectively to meet individual goals.
- Amongst parents/primary caregivers who chose to formula feed, increases in those doing so as safely as possible in line with nationally agreed guidance.
- Promotes paced feeding when babies are bottle fed.
- Increases in the proportion of parents/primary caregivers who introduce solid food to their baby in line with nationally agreed guidance.
- Maintaining standards, which is demonstrating that mothers are happy with improvements in parents/primary caregiver's experiences of care.
- Improvements in parents/primary caregiver's experiences of care.
- Improving long term health outcomes for children and reducing health inequality through breastfeeding.
- Consistent evidence-based advice given across the service.

Shropshire Community Health Trust is committed to:

- Providing the highest standard of care to support expectant and new mothers and parents/primary caregivers to feed their baby and build strong and loving parent-infant relationships. This is in recognition of the profound importance of early relationships to future health and well-being and the significant contribution that breastfeeding makes to good physical and emotional health outcomes for children and mothers.
- Ensuring that all care is mother, and family centred, non-judgemental and parents/primary caregivers' decisions are supported and respected.
- Working together across disciplines and organisations to improve families' experiences of care.

- Ensuring documentation fully supports the implementation of these standards.
- Ensuring parents/primary caregivers experiences of care will be listened to, through regular audit, parents' experience survey.
- Encouraging liaison between all health-care professionals to ensure a seamless delivery of care, together with the development of a breastfeeding culture throughout the local community.

As part of this commitment the service will ensure that:

- All new Public Health Nursing staff are familiarised with the policy on commencement of employment.
- All staff receive training to enable them to implement the policy as appropriate to their role.
- The International Code of Marketing of Breastmilk Substitutes, (IBFAN,2020) is implemented throughout the service.

[The International Code of Marketing of Breastmilk Substitutes - Baby Friendly Initiative.](#)

- All documentation fully supports the implementation of these standards.

3.0 Definitions and explanation of terms used.

Parent and Primary Caregiver- includes anyone who has the main responsibility of caring for a baby. (UNICEF)

Responsive feeding – 'Responsive breastfeeding involves a mother responding to her baby's cues, as well as her own desire to feed her baby. Crucially, feeding responsively recognises that feeds are not just for nutrition, but also for love, comfort and reassurance between baby and mother' (UNICEF, 2016) This can result in long or short breastfeeds throughout the day according to either the baby's or mother's needs. In relation to bottle feeding true responsive feeding is not always possible because of the risk of over feeding. Parents/ primary caregivers should be encouraged to use paced feeding.

Paced Feeding – This allows parents to responsively bottle feed their babies through: [Recognising their](#) baby's feeding cues, holding their baby close, invite the baby to take the teat (gently rubbing their lip until the baby takes the teat), pacing the feeding- giving the amount of feed the baby wants, not necessarily finishing the feed, ensuring that parents/primary caregivers give most of the feeds to promote bonding, particularly in the early months (UNICEF 2016).

Chest Feeding – 'Where the term 'mother' is used, it indicates the person who will be putting the infant to the breast/chest, while recognizing that the person seeking information or support may not necessarily have a genetic connection and/or physiologically given birth to the child, or that the breast/chest feeding individual may not necessarily identify as female. The term 'breastfeeding' will be used throughout this policy while recognising that 'breastfeeding/chest feeding' may be used interchangeably and it is only for ease of understanding in this policy that the term 'mother' and 'breastfeeding' is used' (UNICEF)

PCHR	Personal Child Health Record	BFI	Baby Friendly Initiative (UNICEF UK)
UNICEF	United Nations International Children's Emergency Fund	SCPHN	Specialist Community Public Health Nurse

SOP	Standard Operating Procedure	EPR	Electronic Patient Record
SCHT	Shropshire Community Health Trust	CONI	Care of Next infant

4.0 Duties

4.1 Directors

Directors of services are responsible for securing and directing resources to support the implementation of this policy.

4.2 Service Lead

Service lead will ensure that a system is in place for the implementation of this policy and for monitoring effectiveness. This will include:

- Provision of training
- Maintenance of training records
- Quality & assurance
- Purchase, maintenance and availability of equipment required to support the service.

4.3 Locality leads

Locality leads will ensure staff are released to attend training and to take part in audit as required

Regular provision of training updates to be provided to Public Health Nursing staff.

4.4 All staff working with Children, Young People and Families

All staff must ensure that they comply with the arrangements in place to implement and maintain this policy.

5.0 Guide on Infant Feeding

5.1 Support for Continued Breastfeeding

A formal breastfeeding assessment using the breastfeeding assessment (Appendix 1) in the parent held record will be carried out at the 'new birth visit' at approximately 10–14 days to ensure effective feeding and well-being of the mother and baby. This includes recognition of what is going well and the development, with the mother, of an appropriate plan of care to address any issues identified.

Staff should ensure that parents/primary caregivers are offered the support necessary to learn how to express their breastmilk by hand.

The service will work in collaboration with other local services to make sure that parents/primary caregivers have access to social support for breastfeeding. All breastfeeding mothers will be signposted to the appropriate and evidence-based resource to support breastfeeding.

For those mothers who require additional support for more complex breastfeeding challenges follow local pathway.

5.2 Responsive Feeding

Responsive feeding should be explained to parents/primary caregivers and encouraged for all babies. All parents/primary caregivers will be supported to understand a baby's need for closeness, comfort and love and reassure them that responsive parenting will have positive effects that last a lifetime. Parents/primary caregivers should be supported to follow the principles of UNICEF's Building Happy Baby online resource guidance.

[Building a happy baby: A Guide for Parents Leaflet - Baby Friendly Initiative](#)

The importance of night feeding for milk production should be explained to all mothers. Managing the challenges of night-time feeding. This should be discussed to enable parents/primary caregivers to manage night-time feeds safely. This information is available from the SCHPN (Health Visitor), supported by UNICEF publication 'Caring for your baby at night'

[Caring for your baby at night and when sleeping](#)

All staff supporting parents/primary caregivers from SCHAT should advise safe sleeping practices endorsed by the Lullaby Trust - <https://www.lullabytrust.org.uk>

SCHAT provide support to parents/primary caregivers via the CONI programme please see Trust's policy – CONI guideline.

5.3 Supporting Exclusive Breastfeeding

Mothers who breastfeed will be provided with evidence-based practice about why exclusive breastfeeding leads to the best outcomes for their baby, and why it is particularly important during the establishment of breastfeeding.

When exclusive breastfeeding is not possible, the value of continuing partial breastfeeding will be emphasised, and mothers will be supported to maximise the amount of breastmilk their baby receives. Mothers who give other feeds in conjunction with breastfeeding will be enabled to do so as safely as possible and with the least possible disruption to breastfeeding. This will include an evidence-based discussion regarding the potential impact of the use of a teat when a baby is learning to breastfeed.

Breastmilk substitutes will not be promoted or sold by healthcare staff or on healthcare premises. [Off to the best start leaflet - Baby Friendly Initiative](#)

5.4 Returning to Work

Mothers will have the opportunity for a discussion about their options for continued breastfeeding (including responsive feeding, expression of breastmilk and feeding when out and about or going back to work), according to individual need.

[Breastfeeding and going back to work - NHS](#)

5.5 Modified Feeding Regime

There are a small number of clinical indications for a modified approach to responsive feeding in the short term. Examples include preterm or small for gestational age babies, babies who have not regained their birth weight, babies who are gaining weight slowly. All staff will adhere to NICE guidelines regarding appropriate weight gain. [NICE Guidance for recognition and management of faltering growth in children](#)

5.6 Support for Formula Feeding

At the New Birth Contact parents/primary caregivers who formula feed will discuss how feeding is going. Recognising that this information will have been discussed with maternity service staff, but may need revisiting or reinforcing; and being sensitive to a parents/primary caregivers previous experience, staff will check that:

- Parents/primary caregivers who are formula feeding have the information they need to enable them to do so as safely as possible. Staff may need to offer a demonstration and / or discussion about how to prepare infant formula.
- Parents/primary caregivers who formula feed understand about the importance of responsive feeding and how to:
 - Invite their baby to draw in the teat rather than forcing the teat into their baby's mouth.
 - Pace the feed so that their baby is not forced to feed more than they want to. Recognise their baby's cues that they have had enough milk and avoid forcing their baby to take more milk than the baby wants.
- Practitioners will advise parents as per the recommendations of the Start 4 life guide - <https://www.nhs.uk/start4life/baby> & [Guide to bottle feeding leaflet - Baby Friendly Initiative](#)
- Practitioners to complete formula feeding checklist in the PHCR during the new birth contact.

5.7 Introducing Solid Food

Parents/primary caregivers will receive guidance about when and how to introduce solid food including:

- That solid food should be started at around six months.
- Babies' signs of developmental readiness for solid food.
- How to introduce solid food to babies.
- Appropriate foods for babies.
- <https://www.firststepsnutrition.org/eating-well-in-the-first-year>.

6.0 Monitoring Compliance

The Shropshire Community Health Trust require that compliance with this policy is audited at least annually using the requirement within the breastfeeding policy and to ensure robust audit and quality measures.

Audit results will be reported to the Service Leads, Leads, Teams and Quality Improvement team. An action plan will be agreed to address any areas of non- compliance that have been identified.

All community-based health-care staff including general practitioners, and health visitors are responsible for collecting the required infant feeding data, at the ages specified by SCHAT, to enable monitoring of breastfeeding rates and complete infant feeding template within on RiO.

6.1 Monitoring outcomes

Breastfeeding rates will be monitored as per contract arrangements for each 0-19 service and Family Nurse Partnership as per license. Outcomes will be reported to Local Authority commissioners at contracts meetings.

7.0 Dissemination and Implementation

7.1 Communicating the Infant Feeding Policy

This policy is to be communicated to all health-care staff who have contact with children, young people and families A copy of this policy is available to all staff on the website.

Relevant new staff will be orientated to the policy within one week of commencing employment with Shropshire Community Health NHS Trust

7.2 Training for all Staff

- All 0 -19 Public Health Nursing staff including Family Nurse Partnership will receive yearly infant feeding update training.
- Clerical and ancillary staff will be orientated to the policy via local induction checklist.

7.3 Advice and Further Information

For infant feeding advice contact 0-19 Single Point of Access for Dudley/Shropshire and Telford & Wrekin.

8.0 Links to Relevant Legislation

Legislation to protect the health and safety of new and expectant mothers at work include:

- Sex Discrimination Act-1975
- Workplace (Health, Safety & Welfare) Regulations-1992
- Management of Health and Safety at Work Regulations-1999 (MHSW)

Legislation to protect mothers when breastfeeding in Public Places include:

- The Equality Act-2010

8.1 Links to Relevant National Standards

National Institute for Clinical Excellence (NICE) PH11
UNICEF Baby Friendly Initiative

8.2 Links to Other Key Policies / Processes / Procedures

Breast Pump Loan procedure
Infant Feeding SOP
Guidance for supporting Breastfeeding Mothers with Positioning and Attachment pathway.
Guidance for Infants with Jaundice pathway
Guidance for Infants with Tongue Tie pathway
Guidelines for the management of thrush in babies and breast-feeding mothers' pathway
Guidelines for the management of mastitis in breast feeding mothers.
Complex feeding pathway (Dudley 0-19)
Family Hub referral pathway (Dudley 0-19)
Breastfeeding Specialist Clinic pathway (Dudley 0-19)
Safer Sleep Policy
CONI pathway
Health Visiting & Family Nurse Partnership operational policies

8.3 References

- Department of Health, 2016, Public Health Outcomes framework 2013 to 2016: <https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency> page 54 □ IBFAN,2020: <https://www.ibfan.org/international-code/>
- NICE guideline NG194 Postnatal care April 21, Section 1.5 Planning and supporting Babies feeding [Recommendations | Postnatal care | Guidance | NICE](#)

- UNICEF Implementing Baby Friendly standards resources [Implementing Baby Friendly standards resources - Baby Friendly Initiative](#)
- UNICEF, 2016, Responsive and Close Loving Relationships, UNICEF UK Info sheet: | Responsive Feeding 1, <https://www.UNICEF.org.uk/babyfriendly/wp-content/uploads/sites/2/2017/12/Responsive-Feeding-Infosheet-UNICEF-UKhttps://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2017/12/Responsive-Feeding-Infosheet-Unicef-UK-Baby-Friendly-Initiative.pdf>
- UNICEF, 2020 <https://www.UNICEF.org.uk/babyfriendly/baby-friendlyhttps://www.unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/audit/>
- UNICEF, 2021, <https://www.UNICEF.org.uk/babyfriendly/about/>
- WHO, 1981, The International Code of Breast-milk Substitutes cited by UNICEF Baby Friendly: <https://www.UNICEF.org.uk/babyfriendly/babyhttps://www.unicef.org.uk/babyfriendly/baby-friendly-resources/international-code-marketing-breastmilk-substitutes-resources/the-code/friendly-resources/international-code-marketing-breastmilk-substituteshttps://www.unicef.org.uk/babyfriendly/baby-friendly-resources/international-code-marketing-breastmilk-substitutes-resources/the-code/resources/the-code/>

9.0 Consultation

The following team were involved in the development of this policy:

PROJECT TEAM		
Name	Job Title	Role
Samantha Garratt	Service Manager for 0-19 Public Health Nursing Telford & Wrekin	Policy Lead
Wendy Parkinson	Infant Feeding Transformation Lead	Provided advice on policy development.
Stephanie Brown	Health Visitor	Provided advice on policy development
Frances Pollard	Professional Development lead (HV)	Provided advice on policy development.
Jo Bettison	FNP Supervisor	Provided advice on policy development.
Carol Payton	Health Visitor Team Leader	Provided advice on policy development.
Suzanne Lorenz	Infant Feeding Facilitator	Provided advice on policy development.
Draft policy sent to for comments /feedback		
All Service Leads & Team Leaders	Across all three 0-19 services.	
FNP supervisors	Across all three 0-19 services	
Infant feeding facilitators	Across all three 0-19 services	

10:0 Appendices: Appendix 1 – Breastfeeding Assessment Tool

How you and your health visitor can recognise that your baby is feeding well				This assessment tool was developed for use in or around day 10-14
What to look for/ask about	✓	✓		Wet nappies: Nappies should feel heavy. To get an idea of how these feels take a nappy and add 2-4 tablespoons of water as this will help you know what to expect.
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				Stools/dirty nappies: By day 10-14 babies should pass frequent soft runny yellow stools every day with 2 stools being the minimum you would expect. 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.
has a normal skin colour and is alert and waking for feeds				
has regained birth weight				
Your baby's nappies: At least 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				Feed frequency: Young babies will feed often, and the pattern and number of feeds will vary from day to day. Being responsive to your baby's need to breastfeed for food, drink, comfort and security will ensure you have a good milk supply and a secure happy baby.
Your breasts:				
Breasts and nipples are comfortable				
Nipples are the same shape at the end of the feed as the start				
How using a dummy/nipple shields/infant formula can impact on breastfeeding?				Care plan commenced: Yes/No
Date				
Health visitor initials				
Health Visitor: if any responses not ticked: watch a full breastfeed, develop a care plan including revisiting positioning and attachment and/or refer for additional support. Consider specialist support if needed.				

