

**Joint Breast Feeding Policy for
all Leicestershire NHS Trusts
(Hospital and Community)**

Approved by:

**CHS Clinical Policy Group
and CHS Clinical Quality and
Governance Committee**

On:

**1 April 2010
12 April 2010**

Review Date:

March 2012

**Directorate responsible
for Review**

CHS Children's Services

Policy Number:

NP012

Signature:

.....
Helen Thompson
**Acting Managing Director
Community Health Services**

Equality Impact Assessment – Policy/ Service Screening Checklist

Policy Title: Joint Breast Feeding Policy for all Leicestershire NHS Trusts (Hospital and Community)	Directorate: Children Services
Name of person/s auditing / authoring policy: Helen Thompson associate director Children services Carole Fishwick, Breast Feeding Co-ordinator	

Policy/ Service Content:

For each of the following checks is this policy sensitive to people of different age, ethnicity, gender, disability, religion or belief, sexual orientation & transgender?

- The checklists below will help you to see any strength and / or highlight improvements required to ensure that the policy / procedure is compliant with equality legislation.

A. Check for DIRECT or INDIRECT discrimination against any minority group of SERVICE USERS:

	Question: Does your policy/service contain any issues which may adversely impact people from using the services who otherwise meet the criteria under the grounds of:	Response		Action required		Resource implication	
		Yes	No	Yes	No	Yes	No
1.0	Age		no				
1.1	Gender (Male, Female and Transsexual)		no				
1.2	Learning Difficulties / Disability or Cognitive Impairment		no				
1.3	Mental Health Need		no				
1.4	Sensory Impairment		no				
1.5	Physical Disability		no				
1.6	Race or Ethnicity		no				
1.7	Religion or Belief (including other belief)		no				
1.8	Sexual Orientation		no				

If yes is answered to any of the above items the policy may be considered discriminatory and requires review and further work to ensure compliance with legislation.

B. Check for DIRECT or INDIRECT discrimination against any minority group relating to EMPLOYEES:

	Question: Does your policy/ service contain any issues which may adversely impact employees from operating the under the grounds of:	Response		Action required		Resource implication	
		Yes	No	Yes	No	Yes	No
1.9	Age		no				
2.0	Gender (Male, Female and Transsexual)		no				
2.1	Learning Difficulties / Disability or Cognitive Impairment		no				
2.2	Mental Health Need		no				
2.3	Sensory Impairment		no				
2.4	Physical Disability		no				
2.5	Race or Ethnicity		no				

2.6	Religion or Belief (including other belief)		no				
2.7	Sexual Orientation		no				
If yes is answered to any of the above items the policy may be considered discriminatory and requires review and further work to ensure compliance with legislation.							
TOTAL NUMBER OF ITEMS ANSWERED 'YES' INDICATING DIRECT or INDIRECT DISCRIMINATION = 0							
Number of 'Yes' answers for Service users						0	
Number of 'Yes' answers for Employees.						0	
		Yes/ No	Comments /				
Is there any evidence that some groups are affected differently?		no					
Is there a need for external or user consultation?		no					
If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?		no					
Is the impact of the policy/guidance likely to be negative?		no					
If so can the impact be avoided?							
What alternatives are there to achieving the policy/guidance without the impact?							
Can we reduce the impact by taking different action?							
IMPACT (Please Tick)	High		Medium		Low	X	

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

If you have answered "Yes" to any of the above questions, it is likely the policy/ service will need a full EIA, please complete a full impact assessment. If you have identified a potential discriminatory impact of this procedural document, please refer it to policy/service administrator; together with any suggestions as to the action required to avoid/reduce adverse impact.

Signatures of authors / auditors: Carole Fishwick
Date of signing: March 2010

CONTENTS

	TITLE	PAGE
1	Introduction	1
2	Aims of the Breast Feeding Policy	1
3	Scope and Responsibilities	1
4	Related LCR CHS Documents	2
5	Education and Training	2
6	The Ten Steps and Seven Point Plan for Successful Breast Feeding	2
7	Policy Statements	3
8	Policy Review and Monitoring Process	4
9	Policy Development	4
10	References	6
Appendix 1	The Ten steps to Successful Breastfeeding and the Seven Point Plan for sustaining Breastfeeding in the Community in Practice	7
Appendix 2	Parent guide to joint Breast Feeding Policy for Leicester NHS Trusts (full policy available on request)	12

INTRODUCTION

Good nutrition during the first year of an infant's life is fundamental for growth and development and can reduce the likelihood of experiencing ill health in childhood and later life.

The promotion of optimal infant nutrition is one of the most effective ways to improve the health of our children. Breastfeeding is the best way to feed an infant and therefore the protection, promotion and support of breastfeeding are important public health priorities.

PURPOSE

In order to establish a consistent approach for frontline staff, such as midwives, neonatal nurses and health visiting teams with the management of infant feeding. This policy has been jointly produced by the University Hospitals of Leicester Maternity Services, Leicester City Community Health Services and Leicestershire County & Rutland Community Health Services.

Joint Breast Feeding Policy for all Leicestershire NHS Trusts

1.0 INTRODUCTION

- 1.1 Breastfeeding represents the healthiest and most empowering way for a woman to feed her baby. Within the UK, the health benefits of breastfeeding are well established. ^{4,5,6,7,}
- 1.2 All women have the right to make an informed and supported choice about how they choose to feed their infants. All our Trusts believe that the provision factual and impartial information to all women is therefore essential. Health-care staff will not discriminate against any woman regarding her chosen method of infant feeding and will support her in the choice she makes.
- 1.3 This policy is evidenced based and is written in order to avoid conflicting advice and information being given. It is based on the UNICEF Baby Friendly Ten Steps to Successful Breastfeeding and the Seven Point Plan for Sustaining Breastfeeding in the Community ^{12,13,14,15} which are now recommended as the UK minimum Best Practice standards as documented in the NHS National Institute for Clinical Promotion of breastfeeding initiation and duration; Evidence into practice document ⁴.

2.0 AIMS OF THE BREAST FEEDING POLICY

- 2.1 To create a culture where more women choose to breastfeed their infants.
- 2.2 To create an environment which provides women with sufficient support and information to enable them to breastfeed their babies.
- 2.3 To discuss the health benefits of breastfeeding and the potential health risks of breast milk substitutes with all pregnant women so that they can make an informed choice about feeding method.
- 2.4 To provide all health care staff who have contact with breast feeding women with the necessary skills and training to provide that support.
- 2.5 To encourage liaison with all health-care professionals to ensure a seamless delivery of care, together with the development of a breastfeeding culture throughout the local community.

3.0 SCOPE AND RESPONSIBILITIES

- 3.1 This policy applies to all staff involved in the care of pregnant and breastfeeding women ³.
- 3.2 All healthcare staff working for our trusts who have contact with pregnant or breast feeding women are obliged to adhere to this Policy. Managers of staff at all levels are responsible for ensuring that the staff for whom they are responsible are aware of and adhere to this Policy.

4.0 RELATED LCR CHS DOCUMENTS

Guidelines for the Management of Neonatal Jaundice

5.0 EDUCATION AND TRAINING

- 5.1 Midwives and members of the health visiting teams, have the primary responsibility for supporting breast feeding women and for helping them to overcome related problems.
- 5.2 All professional and support staff who have contact with pregnant women and mothers will receive training in breast feeding management at a level appropriate to their professional group. New staff will receive training within six months of taking up their post.
- 5.3 Medical staff have a responsibility to promote breast feeding and provide appropriate support to breast feeding mothers. Information and/or training will be provided to enable them to do this.
- 5.4 All clerical and ancillary staff will be orientated to the policy and receive training to enable them to refer breastfeeding queries appropriately.

6.0 THE TEN STEPS AND SEVEN POINT PLAN FOR SUCCESSFUL BREAST FEEDING

6.1 The Ten Steps to Successful Breastfeeding, developed by UNICEF^{4,14,15}, are recognised as standard statements for maternity services, which aim to provide best practice in the support and promotion of Breastfeeding. All Trusts providing maternity services should therefore implement them^{4,14,15}

- Step 1** Have a written breastfeeding policy that is routinely communicated to all health care staff.
- Step 2** Train all health care staff in skills necessary to implement the policy.
- Step 3** Inform all pregnant women about the benefits and management of breastfeeding.
- Step 4** Help mothers initiate breastfeeding soon after birth.
- Step 5** Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants.
- Step 6** Give newborn infants no food or drink other than breast milk, unless medically indicated.
- Step 7** Practice rooming in-allow mothers and infants to remain together 24 hours a day

- Step 8** Encourage breastfeeding on demand.
- Step 9** Give no artificial teats or dummies to breastfeeding infants.
- Step 10** Foster the establishment of breastfeeding support groups and refer mothers to them on discharge.

6.2 The Seven Point Plan for Sustaining Breastfeeding in the Community Care Settings ¹⁵ extends and builds on the principles of the Ten steps in order to make them appropriate for Community Health Care facilities. They represent standards for best practice and should be implemented by all those providing community health care for women and families.

- Point 1** Have a written breastfeeding policy that is routinely communicated to all health care staff
- Point 2** Train all health care staff involved in the care of mothers and babies in the skills necessary to implement the policy.
- Point 3** Inform all pregnant women about the benefits and management of breast feeding
- Point 4** Support mothers to initiate and maintain breastfeeding
- Point 5** Encourage exclusive and continued breastfeeding, with appropriately timed introduction of complementary foods.
- Point 6** Provide a welcoming atmosphere for breastfeeding families
- Point 7** Promote co-operation between health care staff, breastfeeding support groups and the local community.

6.3 Detailed information about the application of the Ten Steps and Seven Point Plan for Successful Breast Feeding is held in the Appendices I & II.

7.0 POLICY STATEMENTS

- 7.1 No advertising of breast milk substitutes, feeding bottles, teats or dummies is permissible throughout all Trusts in Leicestershire.
- 7.2 The display of manufacturer's logos on items such as calendars and stationery is also prohibited ^{2,8}.
- 7.3 This policy prohibits the sale of breast milk substitutes by health care staff and on health care premises⁸. Health-care staff must not distribute literature provided by the manufacturers of breast milk substitutes.
- 7.4 As a global goal for optimum maternal and child health and nutrition all women should be encourage to practice exclusive breastfeeding from birth to six months of age^{..2,10,11.13}

- 7.5 Parents who have made an informed choice not to breastfeed their babies should be shown how to prepare formula feeds correctly either individually or in couples. It is important that this teaching takes place in the post natal period ^{11,12,13}
- 7.6 Antenatal teaching on the preparation of formula feeds must be avoided, as evidence suggests that this may serve to undermine confidence in breastfeeding ¹⁴. Furthermore information given at this time is less well retained than information that is given in the postnatal period.
- 7.7 At each contact with the breastfeeding woman, the health professional should inquire how breastfeeding is progressing so that problems can be anticipated and addressed. Health care staff should take up any opportunities to work with the local community to promote breastfeeding.

8.0 POLICY REVIEW AND MONITORING PROCESS

- 8.1 Compliance with this policy will be audited on an annual basis by the Infant Feeding Coordinators using the Baby Friendly audit tool in line with the Ten Steps to Successful Breastfeeding and the Seven Point Plan.
- 8.2 The policy must be reviewed annually in line with the Ten Steps to Successful Breastfeeding and the Seven Point Plan in association with local voluntary support groups.
- 8.3 Midwives and health visitors are responsible for collecting the required infant data at the ages specified by the trust and Department of Health to facilitate monitoring of breast feeding rates. Figures for breastfeeding rates will be collated for all infants at birth, at 10 days and 6 weeks. These ages may be expanded in line with government targets.

9.0 POLICY DEVELOPMENT

- 9.1 A joint breastfeeding Policy for Leicester, Leicestershire and Rutland has been recommended by the Leicester, Leicestershire and Rutland Infant Feeding Strategy Board as part of the implementation of the infant feeding strategy across Leicestershire. This strategy aims to protect, promote and support optimal nutrition for all infants.
- 9.2 This policy was originally developed by the Breastfeeding Sub Group of the Maternity Services Liaison Committee in October 2001 and has now been reviewed and updated by the University Hospitals of Leicester Infant Feeding Coordinators in collaboration with the Leicestershire Community Infant Feeding Leads to replace the original as a Joint breast feeding policy for the hospitals and the community.
- 9.3 The policy will replace the UHL Breastfeeding strategy (B4/2008) which was also developed from the original breastfeeding policy for UHL in a review in 2008.

10 REFERENCES

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2. World Health Assembly (2005). Infant and young-child nutrition. Agenda item 13.11; WHA58.32: 25 May. WHO, Geneva.
3. Nursing and Midwifery Council (2008) *The Code: Standards of conduct, performance and ethics for nurses and midwives*, Nursing Midwifery Council, London
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14. UNICEF UK Baby Friendly Initiative (2001). *Implementing the Baby Friendly best practice standards*. UNICEF, London [http://www.babyfriendly.org.uk/impguide.pdf].
15. UNICEF UK Baby Friendly Initiative (2008) *The Seven Point Plan for Sustaining Breastfeeding in the Community*. UNICEF, London
16. Broadfoot M, Britten J, MacKenzie J, Tappin DM (2005). *The Baby Friendly Hospital Initiative and breastfeeding rates in Scotland Arch Dis Child Fetal Neonatal Ed.* 2005 March; 90(2): F114–F116.
17. UNICEF/SIDS (2008) *Sharing a bed with Your Baby*, UNICEF/SIDS <http://www.babyfriendly.org.uk/pdfs/sharingbedleaflet.pdf>
18. Department of Health (2001) *Hypoglycaemia of the Newborn*, London, DOH

Appendix I: The Ten Steps to Successful Breastfeeding and the Seven Point Plan for Sustaining Breastfeeding in the Community in Practice

Have a written breastfeeding policy that is routinely communicated to all health care staff.

Step 1 Point 1

- 1.1 The breastfeeding policy will be easily accessible to all healthcare staff both in hospital and in 'the community
- 1.2 The breastfeeding policy in the format of a 'guide for parents' will be clearly displayed in all public areas of maternity units and all community buildings owned by the trusts, where care is given to mothers and babies.
- 1.3 All advice given to breastfeeding women will reflect current research evidence and be responsive and appropriate to individual need
- 1.4 All advice must be clearly documented in appropriate case notes

Train all staff in the skills necessary to implement the policy

Step 2 Point 2

- 2.1 All new staff will be orientated to the policy as part of their induction programme. This orientation will include those staff not directly involved in hands on care (clerical staff, domestic staff).
- 2.2 Following orientation to the policy, those staff providing hands on care will receive breastfeeding training within six months of taking up the post.
- 2.3 A written training curriculum which clearly covers the Ten Steps to Successful Breastfeeding and the Seven Point Plan will be used for all staff training will be available and reviewed regularly.
- 2.4 Breast feeding training will be mandatory within all trusts and will include all health-care staff directly involved in the care of the breastfeeding parents ^{24,25,26}

Inform all pregnant women of the benefits and management of breastfeeding

Step 3 Point 3

- 3.1 The benefits and management of breastfeeding and the potential hazards of breast milk substitutes will be discussed with all women in the antenatal period with an appropriate health professional^{6,7,8,9,10,11,12,13,14,15,16}
- 3.2 In the antenatal period women will be informed of the importance of skin to skin contact and its benefit to breastfeeding initiation^{5,24,25,26}
- 3.3 An antenatal check list will be included in the woman's hand held notes to be completed with an appropriate health professional.

Help mothers to start breastfeeding soon after birth and maintain lactation.

Step 4 Part of Point 4

- 4.1 All women will be encouraged to hold their baby in skin to skin contact as soon as possible after birth in an unhurried environment, regardless of choice of feeding method 23,24,25,26
- 4.2 The period of skin to skin contact should end only at the mother's request.
- 4.3 All mothers will be offered help with their first breastfeed
- 4.4 All women will be given further help with the next feed within six hours of birth.
- 4.5 Help must be available from a trained professional if assistance is required

Support mothers to establish and support breast feeding

Step 5 Part of Point 4

- 5.1 All breast-feeding women will be taught to correctly position their baby at the breast and to recognise the signs of good attachment 5,22,24,25,26
- 5.2 Breastfeeding progress should be assessed at each contact.
- 5.3 All breastfeeding women will be taught the principles and technique of hand expression.
- 5.4 Should separation of the mother and baby at birth be unavoidable the responsibility of initiating and maintaining lactation is shared between the neonatal/paediatric nurse, the midwife and the health visitor.
- 5.5 Where breastfeeding women are separated from their newborn babies, they will be encouraged and supported to express their breast milk at least 6 –8 times in a 24-hour period. They should be shown how to express by hand and by pump. Prolactin levels are higher during the night so at least one expression should be during the night 20, 22, 23, 24, 25, 26,
- 5.6 Where possible all explanations and instruction should be given to other key family members so they can provide support and encouragement for the breastfeeding mother, particularly following her discharge from hospital.
- 5.7 Skin to skin contact will be promoted at any stage within the hospital and community setting to support breastfeeding, comfort unsettled babies and resolve difficulties with attachment and breast refusal

Support mothers to breastfeed exclusively, with appropriately – timed introduction of complementary foods.

Step 6 Point 5

- 6.1 Newborn babies will be given no food or drink other than breast milk unless medically indicated. Parents should understand the reason for this and be part of the discussion. If supplements are prescribed they should be recorded in the baby's hospital notes and /or personal health record along with the reason 4,24,25,26
- 6.2 Babies who are prescribed supplementary feeding should be cared for with reference to the Hypoglycaemia policy 29,31 and the guideline to support successful feeding of healthy term babies³⁰.
- 6.3 If supplementation is necessary, methods for supplementation should be discussed fully with the mother/parents and alternatives to a bottle offered.
- 6.4 Prior to supplementation the potential impact on the establishment and maintenance of breastfeeding must be fully explained to the mother/ parents in order to enable them to make an informed decision. Continued breastfeeding should be supported^{4,5,24}.
- 6.5 Staff should inform parents of the benefits of exclusive breastfeeding for six months^{4,20,23,24,25,26}.
- 6.6 A discussion accompanied by evidenced based information regarding the introduction of solid food should be provided.
- 6.7 Parents need to be informed about the benefits of breastfeeding to 1 year, and that The World Health Organisation recognises the value of breastfeeding for at least 2 years^{3,23,24,25,26}

Step 7 Part of Point 4

Support mothers to keep their babies near them day and night

- 7.1 There are no circumstances under which it is appropriate to separate a healthy mother and baby.
- 7.2 Separation of mother and baby will only occur as a result of fully informed maternal choice or clinical indication.
- 7.3 In hospital, rooming in requires that the mother and baby be cared for together in any 24 hour period. This recommendation also applies to women who have undergone caesarean section.
- 7.4 Mothers / parents should be given clear and impartial advice on the benefits of, and contraindications to, bed sharing using current bed sharing safety guidelines 28.

- 7.5 Parents should be encouraged to keep their baby near them once at home. Parents should be encouraged to keep their babies in their bedroom at night for the first six months.

Encourage Baby led feeding

Step 8 Part of Point 4

- 8.1 All babies should be encouraged to have unrestricted access to the breast
- 8.2 Baby led feeding will be advocated by all staff.
- 8.3 Babies who are considered to be at risk of complications should be cared for with reference to the Thermal Protection of the Newborn and the Hypoglycaemia policy.
- 8.4 Babies who need extra help with feeding should be cared for with reference to the Guideline to support successful feeding of healthy term babies.

Give no artificial teats or dummies to breastfed babies

Step 9 (Part of point 4)

- 9.1 Health care staff should not recommend the use of artificial teats and dummies during the establishment of breastfeeding. Parents wishing to use them should be advised of the possible detrimental effects such use may have on the successful establishment and maintenance of lactation, to enable them to make a fully informed choice. A record of the discussion and parents decision should be recorded in the babys notes.
- 9.2 If the baby requires expressed breast milk or supplements, the following methods can be used, depending on the age of the baby, the training the health professional has received and the area of practice: Cups; spoons; nursing *supplementers*; and droppers.
- 9.3 Once breastfeeding is successfully established the mother may choose to give a replacement feed of expressed breast milk using any method she find convenient.
- 9.4 Nipple shields will not be recommended except in extreme circumstances and then only for the shortest time possible. Any mother considering the use of a nipple shield must have the disadvantages fully explained to her prior to commencing use. She should remain under the care of a skilled practitioner whilst using the shields and should be helped to discontinue its use as soon as possible
- 9.5 Health care workers should not display, or accept, sponsorship or promotional material from companies that produce these products.
- 9.6 Contact with representatives from manufacturers of breast milk substitutes should be regulated by infant feeding co-ordinators.

- 9.7 Bottle feeding demonstrations to antenatal groups must be omitted.
- 9.8 All parents will be given advice on the safe sterilisation of baby care equipment

Inform mothers of ongoing breastfeeding support

Step 10 Point 7

- 10.1 Prior to post-natal discharge staff should check that the woman feels confident in her ability to feed her baby, and that her progress with breastfeeding is assessed.
- 10.2 Staff should check on a mother's breastfeeding progress at each contact
- 10.3 Prior to post-natal discharge women should be provided with current information on how to contact a midwife / health visitor / breast feeding support group or organisation.
- 10.4 Fostering relationships between breastfeeding women is an important component of breastfeeding support. The opportunity to meet other breastfeeding women will be provided in the postnatal period.
- 10.5 Handover from midwife to health visitor must be consistent, using the hand-over of care form in the child health record book.
- 10.6 Prior to transfer from the midwife, women will be given information about the role of the health visitor and the breast feeding support they will provide.
- 10.7 Staff should provide women with the contact numbers for voluntary breastfeeding counsellors and help lines which should be regularly updated.(6 monthly).

Provide a welcoming atmosphere for breast feeding families

Point 6

Signs welcoming breastfeeding will be displayed in all public areas of hospital and community premises to support and enable women to feed their babies. A suitable facility for breast-feeding should be made available to women who prefer privacy

Appendix II: Parents guide to joint Breast Feeding Policy for Leicester NHS Trusts (full policy available on request)

We support the right of all parents to make an informed choice about how to feed their babies. All members of staff are expected to support you in your decision making. We believe that breastfeeding is the healthiest way to feed your baby, and we recognise the important benefits which breastfeeding provides for both mother and child. Therefore encouragement to breastfeed and appropriate support will be offered to all parents.

Before your baby is born we will talk to you about feeding your baby.



When your baby is born he/she will be given to you to hold in skin to skin contact (unless he/she is not well) as this will comfort your baby.

After your baby is born our staff will help you to get breastfeeding off to a good start. Your baby can feed whenever he/she shows an interest.



In the early days we will ask you to avoid dummies, bottles and nipple shields. These can all interfere with how your baby learns to breastfeed and with your milk supply.

You will be taught to remove your milk by hand.



We will talk to you about sharing your bedroom with your baby and how this can help with breastfeeding. We will show you how to do this safely.

Breast milk, for most babies, is the only food that baby needs up to the age of six months.



All our premises welcome breastfeeding mothers. Please ask a member of staff if you need any help.

Breastfeeding can continue for as long as you choose to do it. Our staff will give you contact telephone numbers of support groups.

