

INFANT FEEDING POLICY

Solent NHS Trust policies can only be considered to be valid and up-to-date if viewed on the intranet. Please visit the intranet for the latest version.

Purpose of Agreement	Guidance for supporting infant feeding and use by Health Visiting Teams Solent NHS Trust
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Review and amendment log

Version Number	Review date	Amendment section no.	Page	Amendment made / summary	Changes approved by
Version 2	Feb 2019	N/A	N/A	Policy reviewed as per standard 3-year review. Ratification process: PSG, Assurance Committee	Lead Name – Joanne Anthony, Claire McLeod
Version 3	March 2022	Outlined below	Outlined below	Policy reviewed as per standard 3-year review. Ratification process: PSG, Clinical Executive Group	Infant Feeding Leads
		2.4	6	Bracketed comment removed after responsive feeding	
		3.8.1	8	Some text removed as section 3.2 adequately covers the standard required by UNICEF	
			3	Inclusion statement added	
			1	Purpose of agreement to Infant Feeding	
			1	Keywords added Introduction to solids	
			13,14	Equality Impact assessment updated and replaced	
		2.3.3	7	Page of PHCR changed	
		9	15	Updated links in the references	
		6	12	Added section for supporting employees on returning to work	
		1.4	6	Added reference to support introduction to solids	
		1.3	6	Added new starters orientated to policy	
		1.7	6	Added word Inclusion and moved Equality impact assessment appendix 1 link.	
		2.3.3	7	Updated Infant feeding policy link	
		2.2	7	Changed wording	
		3.3.1	8	Title changed for Southampton Infant Feeding Team	
			17	Reference 5 link updated	
		3.7.1 3.7.3 3.10.3	9,12	Added Portsmouth family hubs	
			17	Reference 16 link updated	
		3.8.1	9	Deleted as no longer offer this	
		3.8.3	11	Added information to paced and responsive bottle feeding	
		3.8.4	11	Added section about 2 videos	
		3.9.1	11	Updated pathways	
		4.1	12	Updated wording	
			19	Added reference 18	
				Throughout policy- gender neutral language used.	

INCLUSION STATEMENT

Whilst this policy uses the words women, mother and breastfeeding we also acknowledge that not all pregnant or birthing people identify as women or mothers, and some choose to use the words chest and chest feeding. All staff must be respectful of the use of chosen pronouns and language choices.

Our staff will accommodate all mothers with disabilities, whether that be invisible or physical, and if needed, will adapt our care to support them with their feeding choice.

SUMMARY OF POLICY

This policy has been written in partnership by the health visiting infant feeding leads in Portsmouth and Southampton. It has been developed encompassing and expanding on the Baby Friendly Initiative (BFI) health visiting standards, and the Achieving Sustainability standards to embed within all work delivered to ensure a consistent high level of infant feeding care.

The expectation is that all new starters have been orientated to and read the infant feeding policy within 1 week of starting with the Health Visiting service as part of their induction. The Infant feeding Leads are responsible for providing infant feeding training in a timely manner to all new starters and annual training updates for all existing staff. The leads and team will ensure practical skills reviews are undertaken to provide a two-way supportive review when required, and staff and parent's audits are carried out in line with BFI recommendations.

All clinical staff within Solent Health Visiting Service will deliver evidence-based care, to support expectant and new mothers/ parents and their partners to feed their baby and build strong and loving parent-infant relationships. Staff will approach work with a mother/ parent and family centred focus, while being non-judgemental. Also ensuring that however the mother/ parent chooses to feed, they are always supported and respected.

Solent NHS trust acknowledges breastfeeding is the healthiest way for a baby to feed and recognises the important health benefits known to exist for both the mother/ human milk feeding parent and the child.

Starting from the antenatal period, a meaningful conversation is to be carried out to establish the mother/ parent's thoughts and feelings, explore what is already known about breastfeeding, ensure the value and benefits of breastfeeding as protection, comfort and food are discussed and also tips for getting breastfeeding off to a good start, which are tailored to individual families. This antenatal discussion will also include information such as being responsive to baby cues and importance of skin to skin that will help parents to establish a loving relationship with their child.

Moving into the postnatal period and all healthy child programme contacts furthermore, infant feeding meaningful conversations are to be carried out with mothers/ human milk feeding parent to see how feeding is going, identify if there are any difficulties or issues and support where required to maximise breastmilk and encourage continuation of breastfeeding. The breastfeeding assessment form in the Personal Child Held record book is to be completed at all relevant contacts with parent. And consideration of need for support services including maternity, peer support and referring into trusts Infant feeding specialist support. Leaflets/ videos and other resources to be used to complement conversations.

Postnatal breastfeeding discussions are to include the importance of responsive parenting and responsive feeding for both baby and mother/ parent. Discussion of positioning and attachment, hand expressing, feeding when out and about, feeding when going back to work/ study, feeding your baby at night. Also, to signpost families to family assist, Wessex healthier together, leaflets and videos.

For women/ parents who choose not to breastfeed they will receive advice and care around responsive, paced bottle feeding, safe preparation and making up of formula, while continuing to promote close and loving relationships with their baby. Verbal Information to be supported with the guide to bottle feeding leaflet and two videos created by Solent.

All staff are to be fully aware of the World Health Organisation (WHO) International Code of Marketing of Breastmilk Substitutes and ensure they always adhere to the code.

Staff are to advise parents at the age-appropriate contact information relating to Introduction to Solid foods- including signs of readiness, and not starting before the advised age of six months as recommended by DoH.

This policy is relevant not only for the benefit of service users but also for employees. Employees that return to work from maternity leave and continue to breastfeed their baby will be supported. This involves discussion with their line manager perhaps through use of keep in touch days, consideration of space to feed, express, store milk, and rest breaks as required and agreed (please see item 6).

Overall Solent NHS Trust is committed to providing the highest standard of care in accordance with Baby Friendly Initiative (BFI) standards. 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/parents.

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1. INTRODUCTION & PURPOSE

- 1.1 Solent NHS Trust acknowledges the evidence that breastfeeding is the healthiest way for a baby to feed and recognises the important health benefits now known to exist for both the mother/ human milk feeding parent and their child. For women/parents who choose not to breastfeed they will receive advice and care around responsive formula feeding, promoting close loving relationships with their baby.
- 1.2 The purpose of this policy is to ensure that all staff that have contact with expectant and new mothers/ parents at Solent NHS Trust understand their role and responsibilities in supporting them and their partners to feed and care for their baby in ways which support optimum health and well-being.
- 1.3 All staff that have contact with expectant and new mothers/parents are expected to comply with this policy and are orientated to the policy during the induction process.
- 1.4 This policy aims to ensure that the care provided improves outcomes for children and families, specifically to deliver:
 - Increase in breastfeeding rates at 6-8 weeks (1)
 - Increased safety amongst parents who choose to formula feed their baby in line with nationally agreed guidance.
 - Increase of parents who introduce solid food to their baby from 6 months of age in line with nationally agreed guidance (6).
 - Improvement in parents' experience of care.
- 1.5 Solent NHS Trust is committed to:
 - Providing the highest standard of care in accordance with Baby Friendly Initiative (BFI) standards to support expectant and new mothers/parents and their partners 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/parents.
 - Ensuring that all care is mother/parent and family centred, non-judgmental and mother's/parents' decisions are supported and respected.
 - Working together across disciplines and organisations to improve mothers'/parents' experiences of care.
- 1.6 Staff will act to create an environment where more women/parents choose to breastfeed their babies, confident in the knowledge that they will be given support and information to enable them to breastfeed exclusively for six months, and then as part of their infant's diet to the end of the first year and beyond.
- 1.7 All health-care staff will liaise effectively and provide a welcoming environment to develop a supportive inclusive breastfeeding culture. *Equality Impact Assessment (Appendix 1).*
- 1.8 Staff will act to create an environment where those women/parents who choose not to breastfeed will receive advice on all aspects of safely and responsive formula feeding and promoting a close and loving relationship with their baby.

2. SCOPE & DEFINITIONS

SCOPE

- 2.1 This policy applies to all Solent NHS Trust Staff (including bank staff and volunteers), that may have contact with pregnant women/parents, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, agency workers, and other workers who are assigned to Solent NHS Trust.
- 2.2 If the member of staff has insufficient skills or knowledge to support a breastfeeding mother/parent or they have concerns about the baby's health, it is their responsibility to liaise with other healthcare staff as appropriate to ensure the best possible care for the mother/parent and their baby and access training appropriate to their job role.
- 2.3 **Communicating the Breastfeeding Policy**
- 2.3.1 This policy is to be communicated to all health care staff who have any contact with pregnant women/parents and mothers/parents, including those employees working alongside us and in line with communities. All staff will have access to a copy of the policy.
- 2.3.2 All new staff within Children and Families health visiting service line will be orientated to the policy as soon as their employment begins as part of their induction to all Trust policies.
- 2.3.3 An abridged version of this policy will be displayed in all Trust / community premises, to inform all parents. Staff should know how to access a copy of the full policy if a member of the public wishes to view the full policy. ***(Guide to Infant Feeding Policy is found on page 52 of PCHR to see the full policy this can be accessed via the Trust website. Staff should know how to access on SolNet).***
<http://intranet.solent.nhs.uk/DocumentCentre/PublishedPolicies/COR21%20Infant%20Feeding%20Policy%20v2%20new.pdf#search=infant%20feeding%20policy>
- 2.3.4 Solent NHS Trust is committed to the principles of Equality and Diversity and will strive to eliminate unlawful discrimination in all its forms. We will strive towards demonstrating fairness and equal opportunities for users of services, carers, the wider community, and our staff. (Please see Appendix 1 for full equality analysis and equality impact assessment).

DEFINITIONS

- 2.4 **Responsive feeding**
- 2.4.1 The term responsive feeding is used to describe a feeding relationship which is sensitive, reciprocal, and about more than nutrition. Staff should ensure that mothers/parents have the opportunity to discuss this aspect of feeding and reassure mothers/parents: breastfeeding can be used to feed, comfort and calm babies; breastfeeds can be long or short, breastfed babies cannot be overfed or 'spoiled' by too much feeding. Also breastfeeding will not, in and of itself, tire mothers/parents any more than caring for a new baby without breastfeeding.

3. PROCESS/REQUIREMENTS

3.1 This section of the policy sets out the care that the health visiting service is committed to giving each expectant and new mother/parent. It is based on the United Nations Children's fund (UNICEF) UK Baby Friendly Initiative standards for health visiting (2), relevant NICE guidance (3) and the Healthy Child Programme (4) See page 17.

3.2 **Informing Pregnant Women/Parents of the Benefits and Management of Infant feeding**

3.2.1 All pregnant women/parents will have the opportunity to discuss feeding and caring for their baby with a member of the health visiting team (or other suitability trained designated person).

3.2.2 This discussion will include information that will help parents to establish a loving relationship with their child:

- The value of connecting with their growing baby in utero.
- The value of skin to skin contact for all mothers/parents and babies
- The importance of responding to their baby's needs for comfort, closeness and feeding after birth, and the role that keeping their baby close has in supporting this.

3.2.3 The discussion will enable parents to explore what they already know about infant feeding; the value of breastfeeding as protection, comfort, food, and tips for getting breastfeeding off to a good start.

3.2.4 All information given about breastfeeding, including any written materials should reflect UNICEF UK Baby Friendly Initiative standards for health visiting (2) relevant NICE guidance (3) and the Healthy Child Programme (4). See Reference page 17.

3.3 **Supporting the Establishment and Maintenance of Breastfeeding**

3.3.1 A formal breastfeeding assessment using the Baby Friendly Initiative Breastfeeding Assessment Tool will be carried out at the first contact by the Health Visiting Service. This may be by the Infant Feeding Team Portsmouth or the Infant Feeding Team Southampton, or at the primary 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/parent, of an appropriate plan of care to address any issues identified.

3.3.2 For those mothers/parents who require additional support for more complex breastfeeding challenges a referral to the specialist service will be made, in accordance with local protocols and/or guidelines, Infant Feeding Portsmouth and Infant feeding Pathway Southampton.

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

3.3.4 All breastfeeding mothers/parents will be informed about the local support for breastfeeding, this will include local breastfeeding groups. Digital resources & info also

available to all mothers/parents regardless of feeding methods. Wessex Healthier Together (7) Solent Pulse (8) See page 17.

3.4 Adherence to the International Code for Marketing of Breastmilk Substitutes

- 3.4.1 All Solent NHS Trust staff will adhere to the International Code of Marketing of Breast milk Substitutes (5) to meet the criteria for Baby Friendly Initiative Accreditation.
- 3.4.2 In line with the code no advertising of breast milk substitutes, feeding bottles and teats is permissible in Trust's premises. The display of logos of manufacturers of these products on such items as calendars and stationery is also prohibited.
- 3.4.3 No literature provided by manufacturers of breast milk substitutes is permitted as this seeks to undermine a breastfeeding culture.

3.5 Supporting Exclusive Breastfeeding

- 3.5.1 Mothers/parents who breastfeed will be provided with information about why exclusive breastfeeding leads to the best outcomes for their baby, and why it is particularly important during the establishment of breastfeeding.
- 3.5.2 When exclusive breastfeeding is not possible, the value of continuing partial breastfeeding will be emphasised, and mothers/parents will be supported to maximise the amount of breast milk their baby receives.
- 3.5.3 Mothers/parents 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 appropriate information and a discussion regarding the potential impact of the use of a teat when a baby is learning to breastfeed.

3.6 Modified approach to responsive feeding

- 3.6.1 There are a small number of clinical indications for a modified approach to responsive feeding in the short term. Examples include preterm or small gestational age babies, babies who have not regained their birth weight, babies who are gaining weight slowly.
- 3.6.2 Where such indications exist, the maternity service lead a plan of care in conjunction with the appropriate Hospital Policy/guideline. Where the Breastfeeding Support Service operates within the Trust, members of this service may work in partnership with the maternity service to support a feeding plan. This feeding plan should be reviewed regularly.

3.7 Encouraging Community Support for Breastfeeding

- 3.7.1 This policy supports cooperation between health care professionals, children's centres (Southampton) Family Hubs (Portsmouth) and voluntary support groups whilst recognising that health care facilities have their own responsibility to promote breastfeeding.
- 3.7.2 Members of the health care team should use their influence wherever and whenever possible to encourage a breastfeeding culture in the local community.
- 3.7.3 Health care facilities will work with local breastfeeding support groups, children's centres

(Southampton) Family Hubs (Portsmouth) and breastfeeding charities to raise the community's awareness of the importance of breastfeeding. The provision of facilities for breastfeeding mothers/parents and infants will be encouraged through local businesses, local authorities, community groups and the media. Breastfeeding Welcome Scheme Portsmouth (17) & NCT Southampton (16) are in place. Breastfeeding support groups (15) & other community support is available see Breastfeeding Pathway link. See page 17.

3.7.4 Annual & National Breastfeeding Week Campaigns.

3.8 **Supporting parents who choose to bottle feed**

3.8.1 At the new birth visit staff will discuss and assess how feeding is progressing, any feeding plan should be revisited.

3.8.2 Whilst being sensitive to a mother's/parent's previous experience staff will check that mothers/parents who are formula feeding have the information they need to enable them to do so as safely as possible. Staff need to offer a demonstration and / or discussion about how to prepare infant formula.

3.8.3 Staff will ensure that mothers/parents who bottle feed (Including expressed breastmilk and formula) understand about the importance of responsive feeding and how to:

- Feed baby responsively- wait for cues
- Hold baby close when feeding and looking into their eyes
- Limit the amount of people who feed the baby, encouraging mothers/parents to feed their babies themselves.
- Pace the feed, enabling baby to take control of milk flow and volume
- Hold baby semi upright,
- Invite the baby to take the teat
- Hold the bottle horizontally or slightly tipped so that baby can take control of the flow of the milk
- Follow the baby's cues for when they need a break (recognising that these all differ)
- Lower the teat in the mouth so the flow ceases or remove the teat if this appears what the baby wants
- Avoid forcing the baby to complete the feed

3.8.4 Staff will have access to two bottle feeding videos (Responsive Bottle Feeding and Making Up Formula Feeds) created in partnership by Solent and Maternity (PHUT and SHUT) to be shared postnatally only once a parent has informed staff that they are giving either formula or expressed breastmilk via a bottle to their baby.

3.9 **Introducing solid foods**

3.9.1 All parents will have a timely discussion about when and how to introduce solid food as per Healthy Child Programme levels of care.

- 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
- Universal 6-8-week contact, introduction to solids will be discussed

- Clinic discussions
- Digital information
- Stickers/First Steps Nutrition
- Introduction to Solids Group
- Universal Plus – where healthy weight is an issue, additional targeted contacts will be offered as per Healthy Weight pathway (Southampton) Olive pathway (Portsmouth).
- Universal Partnership Plus (UPP)/ Enhanced Child Health Visitor Offer (ECHO) Child in Need (CIN) Child Protection (CP) – Introduction to solids discussion at 3-4 month contact as per guidelines

3.10 Support for parenting and close relationships

- 3.10.1 All parents will be supported to understand a baby's needs (including encouraging frequent touch and sensitive verbal/visual communication, keeping babies close, responsive feeding and safe sleeping practice)
- 3.10.2 Mothers/parents who bottle feed are encouraged to hold their baby close during feeds and offer the majority of feeds to their baby themselves to help enhance the mother/parent-baby relationship.
- 3.10.3 Parents will be given information about local parenting support that is available including local breastfeeding groups and Children's Centre's (Southampton) Family Hubs (Portsmouth) activities.

4. ROLES & RESPONSIBILITIES

- 4.1 This policy will be brought to the attention of staff to which it applies within one week of a member of staff taking up post. The Clinical Team Coordinators are responsible for ensuring the requirements of this policy are brought to the attention of all employees for whom they are responsible including the identification of training and development needs as stated in paragraph 5 below, ensuring these are planned for and met effectively. They are responsible for ensuring adequate facilities and resources are available to adhere to this policy.
- 4.2 All healthcare staff will promote breastfeeding as the normal healthy way to feed a baby.
- 4.3 Midwives and health visitors have the primary responsibility for supporting breastfeeding women/parents and for helping them to overcome related difficulties in accordance with Portsmouth University Hospital Trust, Southampton University Hospital Trust and Solent NHS Trust's protocols and procedures.
- 4.4 All members of Health Visiting Team are responsible for ensuring their compliance to this policy.

5. TRAINING

- 5.1 Clinical Service Leads, Locality Leads and Managers are responsible for ensuring staff have access to and attend training about breastfeeding promotion and/or management as appropriate for their role.

- 5.2 All professional and business support staff who have contact with pregnant women/parents and mothers/parents will receive training in breastfeeding promotion and/or management at a level appropriate to their professional group. New staff will receive training within six months of taking up their posts.
- 5.3 The responsibility for ensuring training is provided lies primarily with Infant Feeding Leads, and then with Service Manager.

6. SUPPORTING BREASTFEEDING EMPLOYEES

- 6.1 Solent NHS Trust recognises its responsibilities as an employer to support women/parents wishing to continue breast feeding on their return to work following maternity leave.
- 6.2 It is best practice for employers to discuss with breastfeeding mothers/parents what can reasonably and proportionately be done to facilitate the return to the workplace (Accommodating breastfeeding employees in the workplace (ACAS, 2014) (18).
- 6.3 Discussion between the employee and their line manager at a keep in touch meeting will provide an opportunity to discuss the needs of the breastfeeding parent, and adjustments that may need to be made. This may include temporary adjustment in working times and conditions to allow the mother/parent to express milk, or to visit their baby to feed during the day.
- 6.4 Breastfeeding women/parents will be offered a private, hygienic space where they can express milk, and has access to a suitable fridge for milk storage.
- 6.5 Solent NHS Trust will guard against any inappropriate behaviour towards an employee who is breastfeeding, which may constitute unlawful harassment under the Equality Act 2010 (19).

(Please refer to the Maternity Guidelines for full details)

7. EQUALITY IMPACT ASSESSMENT

- 7.1 Equality and Inclusion has been considered throughout the policy. An inclusion statement at the beginning has been added and in addition to sharing with relevant to topics groups, this policy has also been sent to Stonewall (LGBTQ+) charity as advised by inclusion and diversity lead of the trust. Feedback was received and the policy has been adapted as suggested.

In addition to the initial statement, the policy uses gender neutral language throughout to make it clearer that LGBTQ+ employees and service users are included. The policy recognises that not everyone who can give birth identifies as women or mother, and solely using the term 'mother' can create uncertainty for trans men and non-binary people who are giving birth. It can also create uncertainty for female employees/ service users in same-sex relationships who have not given birth and are also mothers. We have used an inclusive approach to pronouns, for example using 'they' in place of or in

addition to 'her'.

While carrying out the Equality Impact assessment, we liaised with Head of Diversity and Inclusion, National Infant Feeding Network (NIFN), Infant Feeding Lead- Brighton and Hove, Stonewall, LGBT and Disability resource groups within Solent. No negative impact was identified at this point.

8. SUCCESS CRITERIA / MONITORING EFFECTIVENESS

- 8.1 The Infant Feeding Policy will be audited annually by an appropriate member of staff. The results of the audit will be reported to the Clinical Voice Group and discussed at Portsmouth Infant Feeding Partnership Group meeting and Southampton Breastfeeding Operational Group. An action plan will be agreed to address any areas of non-compliance that have been identified.
- 8.2 The success of the policy will also be monitored through an audit of postnatal women/parents carried out a minimum of once annually using the Baby Friendly Initiative post-natal audit tool. In Portsmouth and Southampton these audits are carried out quarterly. Any areas identified as not meeting the required standard will be agreed and a plan agreed to rectify this via staff training and practical skills reviews
- 8.3 Families receive information about how to give feedback about the health visiting service via our Friends and Family feedback questionnaire. Complaints about care are handled according to the relevant Trust Policy.
- 8.4 The Infant Feeding Team Lead will review the parent audits outcomes on a quarterly basis, evaluating questions 9c and 9d focusing on the overall care from the service and if staff have been kind and considerate.

9. REVIEW

- 9.1 This document may be reviewed at any time at the request of either staff side or management but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance, or non-compliance prompt an earlier review.

10. REFERENCES AND LINKS TO OTHER DOCUMENTS

1	Department of Health	Public Health Outcome Framework https://www.gov.uk/government/statistics/public-health-outcomes-framework-may-2021-data-update
2	The UNICEF UK Baby Friendly Initiative	The evidence and rationale for the UNICEF UK Baby Friendly Initiative standards. www.unicef.org.uk/babyfriendly/standards
3	National Institute for Health and Clinical Excellence	Maternal and child nutrition http://www.nice.org.uk/ph11

4	Department of Health	Healthy Child Programme: Pregnancy and the first five years of life- updated 2021 https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children/health-visiting-and-school-nursing-service-delivery-model
5	World Health Organisation & UNICEF	https://apps.who.int/iris/bitstream/handle/10665/254911/WHO-NMH-NHD-17.1-eng.pdf
6	Start4Life	Introducing Solid Foods https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/breastfeeding-resources/introducing-solid-foods/start4life-introducing-solid-foods-2015/
7	Wessex Healthier Together	https://www.wessexlmcs.com/wessexhealthiertogether
8	Solent Pulse	https://what0-18.nhs.uk/solent/solent-pulse
9	Health Visiting Portsmouth	https://what0-18.nhs.uk/solent/health-visiting
10	Baby Buddy	https://www.bestbeginnings.org.uk/baby-buddy
11	Portsmouth Breastfeeding	Portsmouth Facebook Breastfeeding Page https://www.facebook.com/groups/221531167905174/
12	BFN	Breastfeeding Network https://www.breastfeedingnetwork.org.uk/
13	NCT	NCT https://www.nct.org.uk/
14	La Leche League	La Leche League GB https://www.laleche.org.uk/
15	Breastfeeding Support Groups	Breastfeeding Welcome Scheme Portsmouth https://www.breastfeedingnetwork.org.uk/portsmouth/
16	Southampton NCT	NCT Southampton https://www.nct.org.uk/local-activities-meet-ups/region-south-central-england/southampton
17	Breastfeeding Pathway	https://www.nhs.uk/Conditions/pregnancy-and-baby/Documents/breastfeeding%20care_print%20final.pdf
18	ACAS- accommodating breastfeeding employees in the workplace 2014.	https://www.acas.org.uk/accommodating-breastfeeding-employees-in-the-workplace
19	Equality Act 2010	https://www.legislation.gov.uk/ukpga/2010/15/contents

Equality Analysis and Equality Impact Assessment (Appendix 1)

Equality Analysis is a way of considering the potential impact on different groups protected from discrimination by the Equality Act 2010. It is a legal requirement that places a duty on public sector organisations (The Public Sector Equality Duty) to integrate consideration of Equality, Diversity and Inclusion into their day-to-day business. The Equality Duty has 3 aims, it requires public bodies to have due regard to the need to:

- **eliminate unlawful discrimination**, harassment, victimisation and other conduct prohibited by the Equality Act of 2010;
- **advance equality of opportunity** between people who share a protected characteristic and people who do not;
- **foster good relations** between people who share a protected characteristic and people who do not.

Equality Impact Assessment (EIA) is a tool for examining the main functions and policies of an organisation to see whether they have the potential to affect people differently. Their purpose is to identify and address existing or potential inequalities, resulting from policy and practice development. Ideally, EIAs should cover all the strands of diversity and Inclusion. It will help us better understand its functions and the way decisions are made by:

- **considering the current situation**
- **deciding the aims and intended outcomes of a function or policy**
- **considering what evidence there is to support the decision and identifying any gaps**
- **ensuring it is an informed decision**

Equality Impact Assessment (EIA)

Step 1: Scoping and Identifying the Aims	
Service Line / Department	Solent- East and West -Children’s and Families
Title of Change:	Infant Feeding Policy
What are you completing this EIA for? (Please select):	Policy <i>(If other please specify here)</i>
What are the main aims / objectives of the changes	Inclusion and Diversity

Step 2: Assessing the Impact

Please use the drop-down feature to detail any positive or negative impacts of this document /policy on patients in the drop-down box below. If there is no impact, please select “not applicable”:

Protected Characteristic	Positive Impact(s)	Negative Impact(s)	Not applicable	Action to address negative impact: <i>(e.g. adjustment to the policy)</i>
Sex	x			Added Inclusion statement at beginning of policy
Gender reassignment	x			Added Inclusion statement at beginning of policy
Disability			x	
Age			x	
Sexual Orientation	x			Added Inclusion statement at beginning of policy
Pregnancy and maternity	x			
Marriage and civil partnership			x	
Religion or belief			x	
Race			x	

If you answer yes to any of the following, you MUST complete the evidence column explaining what information you have considered which has led you to reach this decision.

Assessment Questions	Yes / No	Please document evidence / any mitigations
In consideration of your document development, did you consult with others, for example, external organisations, service users, carers or other voluntary sector groups?)	Yes	Head of Diversity and Inclusion National Infant Feeding Network (NIFN) Infant Feeding Lead- Brighton and Hove. Stonewall
Have you taken into consideration any regulations, professional standards?	Yes	LGBT and Disability resource groups within Solent Nursing and Midwifery Code of Conduct.

Step 3: Review, Risk and Action Plans

How would you rate the overall level of impact / risk to the organisation if no action taken?	Low	Medium	High
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What action needs to be taken to reduce or eliminate the negative impact?	No negative impact identified at this point		
Who will be responsible for monitoring and regular review of the document / policy?	(Infant Feeding Leads for Portsmouth and Southampton Health visiting team)		

Step 4: Authorisation and sign off

I am satisfied that all available evidence has been accurately assessed for any potential impact on patients and groups with protected characteristics in the scope of this project / change / policy / procedure / practice / activity. Mitigation, where appropriate has been identified and dealt with accordingly.

Equality Assessor: L.Dearling **Date:** 25/4/22

Additional guidance

Protected characteristic	Who to Consider	Example issues to consider	Further guidance
1. Disability	A person has a disability if they have a physical or mental impairment which has a substantial and long term effect on that person's ability to carry out normal day today activities. Includes mobility, sight, speech and language, mental health, HIV, multiple sclerosis, cancer	<ul style="list-style-type: none"> • Accessibility • Communication formats (visual & auditory) • Reasonable adjustments. • Vulnerable to harassment and hate crime. 	Further guidance can be sought from: Solent Disability Resource Group
2. Sex	A man or woman	<ul style="list-style-type: none"> • Caring responsibilities • Domestic Violence • Equal pay • Under (over) representation 	Further guidance can be sought from: Solent HR Team
3 Race	Refers to an individual or group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.	<ul style="list-style-type: none"> • Communication • Language • Cultural traditions • Customs • Harassment and hate crime • "Romany Gypsies and Irish Travellers", are protected from discrimination under the 'Race' protected characteristic 	Further guidance can be sought from: BAME Resource Group
4 Age	Refers to a person belonging to a particular age range of ages (eg, 18-30 year olds) Equality Act legislation defines age as 18 years and above	<ul style="list-style-type: none"> • Assumptions based on the age range • Capabilities & experience • Access to services technology skills/knowledge 	Further guidance can be sought from: Solent HR Team
5 Gender Reassignment	"The expression of gender characteristics that are not stereotypically associated with ones sex at birth" World Professional Association Transgender Health 2011	<ul style="list-style-type: none"> • Tran's people should be accommodated according to their presentation, the way they dress, the name or pronouns that they currently use. 	Further guidance can be sought from: Solent LGBT+ Resource Group
6 Sexual Orientation	Whether a person's attraction is towards their own sex, the opposite sex or both sexes.	<ul style="list-style-type: none"> • Lifestyle • Family • Partners • Vulnerable to harassment and hate crime 	Further guidance can be sought from: Solent LGBT+ Resource Group
7 Religion and/or belief	Religion has the meaning usually given to it but belief includes religious and philosophical beliefs, including lack of belief (e.g Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition. (Excludes political beliefs)	<ul style="list-style-type: none"> • Disrespect and lack of awareness • Religious significance dates/events • Space for worship or reflection 	Further guidance can be sought from: Solent Multi-Faith Resource Group Solent Chaplain
8 Marriage	Marriage has the same effect in relation to same sex couples as it has in relation to opposite sex couples under English law.	<ul style="list-style-type: none"> • Pensions • Childcare • Flexible working • Adoption leave 	Further guidance can be sought from: Solent HR Team
9 Pregnancy and Maternity	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In non-work context, protection against maternity discrimination is for 26 weeks after giving birth.	<ul style="list-style-type: none"> • Employment rights during pregnancy and post pregnancy • Treating a woman unfavourably because she is breastfeeding • Childcare responsibilities • Flexibility 	Further guidance can be sought from: Solent HR team