

## **Artificial Feeding Policy**

This sample policy covers *Artificial Feeding*. It is suitable for health services which are provided in the community and which are outside of hospitals/ maternity facilities or birthing centres. This sample policy can be adapted to meet the needs of the entity and be supported by other policies and guidelines of the service. More extensive documentation and support of the International Code of Marketing of Breastmilk Substitutes and relevant subsequent WHA resolutions should be stated in either the Breastfeeding Policy, the Artificial Feeding Policy or a separate policy which strengthens the services compliance to the Code

### **Principles**

This health service recognises breastfeeding as the natural way for a woman to feed and nurture her baby, and as such promotes optimal health outcomes for both the mother and her child, both in the short and long-term.

All mothers have the right to make fully informed decisions as to how they feed and care for their babies. The timely provision of clear and impartial information to all mothers regarding baby feeding is essential.

Once they have ensured that the family/whanau has received accurate information, our staff have the responsibility to support mothers and families regardless of the decision made. This policy is designed to ensure good professional practice, not to dictate the choices of mothers.

### **Aims**

1. To ensure that the importance of breastfeeding and the health implications of *artificial feeding* are discussed with all women and their families/whanau (as appropriate), to enable the making of informed decisions about how they will feed their babies.
2. To create an environment where families/whanau who have chosen *artificial feeding* for their babies, are respected and given timely, adequate information and support, to select, prepare, feed and store formulas safely and skilfully.
3. To guide families/whanau who have chosen *artificial feeding*, in the use of formula alongside the addition of appropriate, adequate and safe complementary foods,
4. To enable all health care providers, who have contact with families/whanau who have chosen *artificial feeding*, to provide full and competent support through specialised education and training in all aspects of current *artificial feeding* management; and
5. To promote collaboration and cooperation with other health care providers, hospitals/maternity facilities and community groups in the delivery of a seamless service to enhance infant feeding outcomes.

## **In Support of this Policy**

This policy is directed towards respecting the family/whanau decision to use artificial feeding for healthy babies. It is the responsibility of all health care providers to consult with others should concerns arise about the baby's health.

The policy and any associated procedures or guidelines will be reviewed three yearly. Compliance with the policy will be monitored on an annual basis by self-appraisal.

No advertising of infant formula, feeding bottles, teats or dummies is permissible in this health service. The display of logos of manufacturers and marketers of these products on such items as calendars and stationary is also prohibited.

No literature provided by manufacturers and marketers of infant formulas is permitted for distribution to families/whanau but services may have accurate scientific literature for their own education. Any educational material, including electronic information for distribution to women or their families must reflect BFCI policies.

No group instruction on the preparation of infant formulas will be given to pregnant women.

Parents, who have made a fully informed choice to use infant formula, will be shown how to prepare feeds correctly in an individualised session during the postnatal period.

## **The Policy**

This service works in allegiance to the Treaty of Waitangi to improve outcomes for Maori in our community.

## **Communicating the Artificial Feeding Policy**

- 1.1 This policy will be communicated to all Level Three and Level Four healthworkers in the service.
- 1.2 All newly employed Level Three and Level Four health workers in the service will be orientated to the policy as soon as their employment begins.
- 1.3 Wherever our health services are provided in the community, this *Artificial Feeding* policy will be made available as necessary.
- 1.4 This policy and associated procedures and guidelines will be audited for compliance on an annual basis and reviewed at least three yearly.

## **Education and Training of Health Care Providers**

- 2.1 General Practitioners, LMCs, Midwives, Obstetricians, Paediatricians, Practice nurses and Plunket nurses/Tamariki Ora and other Well child providers will have the primary

responsibility for supporting families/whanau who have selected *artificial feeding* and for helping them to manage any difficulties which may arise.

- 2.2 All Level Three and Level Four health workers who have contact with pregnant women and mothers will receive education and training in artificial feeding management. Newly employed Level Three and Level Four health workers in the service will be scheduled for training within six months of starting their position.
- 2.3 A designated person in the health service will be responsible for providing *artificial feeding* education and training and will monitor efficacy of the programme.

### **Informing Pregnant Women of the Implications and Management of Artificial Feeding**

- 3.1 Every effort will be made to ensure that all pregnant women are aware of the implications of *artificial feeding* and the importance of breastfeeding.
- 3.2 A pregnant woman who has contact with the service will be given information and an opportunity to discuss infant feeding on a one-to-one basis with her LMC and other practitioners as appropriate. Antenatal advice, when provided by this health service, will include information to help a woman and her family/whanau make an informed decision about infant feeding.
- 3.3 All materials and teaching will reflect the WHO / UNICEF Baby Friendly best practice standards.
- 3.4 Pregnant women, irrespective of their feeding decision, will be advised of the importance of skin-to-skin contact, rooming-in and responsive (cue-based) feeding.

### **Respecting Artificial Feeding Decisions**

- 4.1 This service will respect the family/whanau decision to use artificial feeding.
- 4.2 The importance of skin-to-skin contact, rooming-in with baby and responsive (cue-based) feeding, with guidelines for appropriate intake, will be discussed with the non-breastfeeding woman.
- 4.3 Our providers will advise families so that they can choose appropriate artificial milks for their baby/toddler.
- 4.4 LMCs and/or other providers will ensure that mothers who have selected artificial feeding are able to prepare the milk feeds accurately and hygienically.
- 4.5 LMCs and/or other providers will ensure that mothers and adopting families, who are going to use artificial feeding, are able to position the baby and

feeding utensil appropriately, assess for adequate hydration and assess tolerance for the selected infant formula.

- 4.6 Progress will be assessed at each client contact to enable early identification of potential concerns with infant feeding.
- 4.7 LMCs will ensure that mothers, who are not breastfeeding, are offered lactation suppressants in the post-natal period and advice on breast care including the management of full uncomfortable breasts.
- 4.8 The service will provide all mothers with information on how to access parenting support on a 24 hour basis.

### **Complementary Feeding**

- 5.1 This service will give guidance on the use of formulas alongside the timely introduction of appropriate, adequate and safe complementary foods.
- 5.2 This service will provide advice on any necessary supplements.

### **Welcoming Families**

- 6.1 All staff and volunteers will demonstrate a positive attitude towards families who have decided to use *artificial feeding*.
- 6.2 All staff and volunteers will ensure that their practices adhere to *The International Code of Marketing of Breast-milk Substitutes*, and all subsequent relevant WHA resolutions. The service will be free of educational support materials sponsored by companies that market items covered under *The International Code*. The service will be free from the promotion of formulas and related products and there will be no distribution of these products by staff or volunteers.

### **Community Communication**

- 7.1 The service will have a reliable, formal system for communicating a mother's baby-feeding choice and progress from the LMC/hospital to this service in the community.
- 7.2 This health service in the community will collaborate with other health care providers and community based family support programmes to ensure consistent information and support with regard to infant nutrition.
- 7.3 The staff of this health service will use their influence to create awareness of the implications of artificial feeding in the local community through collaborative partnerships with community groups, businesses, schools, local government and the media.