



# National Standards for Infant Feeding in Maternity Services

The Health Service Executive  
Baby Friendly Initiative



# Forward

We are pleased to introduce these 'National Standards for Infant Feeding in Maternity Services'. We know that breastfeeding gives a child the optimum start in life and the evidence demonstrating the importance of breastfeeding is growing and definitive.

The impetus for these new Standards has come from emerging global evidence, feedback from parents and from within our services. The HSE's breastfeeding action plan identifies the need and actions for improvements in infant feeding across the public health services. This need was endorsed in consultations carried out in the development of the National Maternity Strategy and HIQA's National Standards for Safer Better Maternity Services. Further support for this work came from the first national survey of service users experience within maternity services and subsequent work streams, which outlined the need for consistent, high quality support across antenatal, intrapartum and postnatal services.

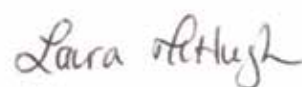
These Standards set out the priority areas to be addressed within maternity services to improve support for breastfeeding mothers and babies, to enable more mothers to breastfeed and to improve health outcomes for all mothers and babies regardless of method of feeding.

We would like to thank the working group members for their input and work in bringing this document to completion. We would like to acknowledge the contributions of the many staff members across the health services, service users and voluntary sector who engaged in the consultation process and provided valued input and information, contributing to the formation and redrafting of the Standards. We acknowledge the significant support of the Department of Health and the National Women and Infants Health Programme in targeting additional resources to infant feeding in maternity services ensuring that every maternity service has infant feeding supports proportionate to the activity within their service.

Implementation of the National Standards for Infant Feeding in Maternity Services is an important step in ensuring that all children in Ireland get the best possible start in life. This document is a valuable resource, providing direction for all of us who are working with mothers, babies and families in maternity services.



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# Acknowledgements

The HSE would like to thank everyone who contributed to the development of these Standards. In particular, the HSE would like to acknowledge:

- Members of the working group, who led on the development of the Standards. A list of the members of the team is provided below
- The many parents, health professionals, and voluntary organisations who informed the development of the Standards through consultation and stakeholder engagement
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- The funding and support from the Department of Health and the National Women and Infants Health Programme to improve breastfeeding resources within maternity services.

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# Introduction & Background

Welcome to the National Standards for Infant Feeding in Maternity Services in Ireland. These Standards describe optimum care with infant feeding as part of the Health Service Executive (HSE) Baby Friendly Initiative (BFI). The BFI is a recognised global quality improvement programme to improve care to pregnant women and mothers within maternity services<sup>(1)</sup> and its components are reflected within various HSE infant feeding policies and guidelines<sup>(2, 3)</sup>. The BFI is active or has been previously implemented in 101 countries globally<sup>(4)</sup>, and the programme has 10 core components<sup>(1)</sup>.

Implementation of the BFI is a priority action under the HSE's breastfeeding action plan<sup>(5)</sup> National Standards for Safer Better Maternity Services<sup>(6)</sup> and the National Maternity Strategy<sup>(7)</sup>. The BFI aims to better support families with infant feeding and development of close relationships to ensure that all babies get the best possible start. The target set in the HSE's Breastfeeding Action Plan is for all maternity services to implement standardised infant feeding policies. The BFI has been operating in Ireland since 1998 and has been the recognised driver supporting the implementation of the infant feeding policies within maternity services. Following a review of the programme and updated international guidance, a new approach was adopted by the HSE which is targeted at supporting and enabling all 19 maternity services to increase the scale of implementation of infant feeding Standards.

These new Standards are the result of; review findings<sup>(8)</sup>, an extensive consultation with maternity services, professional groups and mothers, updated implementation guidance from the World Health Organisation (WHO)<sup>(1)</sup> and learning from the approach and experiences of other successful country level programmes<sup>(9)</sup>. These incorporate practices outlined in the HSE's National Infant Policy for Maternity and Neonatal Services<sup>(2)</sup> and the updated Ten Steps to Successful Breastfeeding<sup>(1)</sup> and reflect the evidence base on delivering best outcomes for mothers and babies in Ireland.

The HSE acknowledges that not all people who choose to breast or chest feed their infants and young children identify as women or mothers. The HSE supports all parents who are breast/chest feeding, whilst acknowledging this, for the purposes of this document the terms breastfeeding and mother will be used throughout.



## Policy context

The Department of Health and the HSE recommend exclusive breastfeeding up to six months of age with continued breastfeeding alongside complementary foods up to two years of age and beyond. The importance of breastfeeding is unrivalled and there is considerable evidence to demonstrate that breastfeeding saves lives, improves infant and maternal health, as well as reduces demands on healthcare, economic costs and impacts of climate change.

The faculties of Paediatrics, Public Health Medicine and Institute of Obstetricians and Gynaecologists within The Royal College of Physicians in Ireland produced [A Position Paper on Breastfeeding in 2021](#)<sup>(10)</sup> outlining the importance of breastfeeding for baby's growth and development with positive short and long term health outcomes for mothers and babies.

*"Babies who are breastfed receive an individualised source of nutrition according to their changing needs based on gestational age, lactation period, and time of day. Breast milk contains bioactive components such as growth factors, immunoglobulins, cytokines, human milk oligosaccharides and antimicrobial compounds that influence an infant's microbiome and immune maturation. These components of breast milk are dynamic, unique and cannot be replicated by breast milk substitutes. In cases where exclusive breastfeeding is not possible, there is still a significant advantage to be gained from continuing to breastfeed even in small amounts"* (RCPI 2021).

*"Breastfed babies have a lower risk of sudden infant death syndrome, allergy, and acute infections including gastroenteritis, otitis media and respiratory infections. In later childhood, infants who were breastfed are at lower risk of obesity and have improved cognitive performance. Mothers who breastfeed have reduced risks of breast cancer, ovarian cancer, and type 2 diabetes. Breastfeeding is also cost effective, non-resource-intensive and sustainable when compared to manufacturing and consuming breast milk substitutes. In cases where infants or mothers cannot or choose not to*

*breastfeed, families should be supported in establishing safe alternative methods of infant feeding, including infant cue based bottle-feeding and responsive infant feeding which have been shown to support normal intake and may reduce over feeding as infants learn satiety"* (RCPI 2021).

Breastfeeding rates in Ireland are gradually increasing yet remain low by international comparison. Over 63% of babies are breastfed in hospital<sup>(11)</sup> and approximately 40% are breastfed at 3 months<sup>(12)</sup>. There are many factors influencing breastfeeding rates, including cultural norms and gaps in knowledge, skills and support within our health services and in the community.

Some mothers tell us they struggle due to conflicting advice and information received from health service staff and lack of societal support for breastfeeding<sup>(13)</sup>. In Ireland Infant formula is seen as a safe alternative to breastfeeding or giving expressed breast milk in a bottle. EU and Irish laws around the advertising of breast milk substitutes can be misleading for parents by presenting formula feeding as the norm.

Infant feeding is a highly emotive subject because so many families have not breastfed in the past or have experienced trauma in trying to breastfeed or stopping sooner than they expected to. The pain felt by some families around not doing the best for their baby can often close down conversations about feeding. Mothers are not to blame for not meeting their own breastfeeding goals. The promotion of breastfeeding is a collective responsibility and requires action and support for breastfeeding practices across government departments, HSE services, community agencies and employers. The breast milk substitute industry is large and growing, and its marketing undermines efforts to improve breastfeeding rates<sup>(14)</sup>.

The HSE promotes optimising breast milk as much as possible and supports the variety of means in which babies and young children can be fed; e.g. exclusive breastfeeding, expressed breast milk feeding, pasturised donor human milk feeding for vulnerable babies unable to receive their own mothers milk, combination feeding (breast and formula milk feeding) and formula feeding. Whist protecting, promoting and supporting breastfeeding is at the heart of the BFI, the Standards



support that all mothers receive the care they need within maternity services regardless of feeding method. For example, it is now routine that all mothers and babies are supported to have skin-to-skin contact immediately after birth where possible, irrespective of choice of feeding. Continued skin-to-skin contact and closeness is encouraged during a mother and baby's stay in hospital and after discharge to develop close relationships.

Maternity and other healthcare services for neonates/ paediatrics are already playing an important role in providing evidenced based impartial information for parents, free from harmful commercial interests. The BFI aims to ensure that all parents, whichever way they feed their baby have access to accurate and effective information free from the influence of marketing. The HSE Policy on the Marketing of Breast Milk Substitutes<sup>(15)</sup> outlines how the HSE can actively eliminate the advertising of breast milk substitutes within the HSE, its workforce and its facilities.

In line with Government and HSE policy to support more mothers to breastfeed for longer, the HSE has introduced a policy to support mothers working within the public health services to continue breastfeeding until their child is 2 years old<sup>(16)</sup>. This is a significant measure in supporting health service employees to breastfeed following their return to work from maternity leave.

## Purpose of the Standards

The core purpose of the National Standards for Infant Feeding in Maternity Services is to ensure that mothers and infants in Ireland receive timely and appropriate care before and during their stay in hospital to enable the establishment of optimal feeding. Given the importance of breastfeeding the Standards protect, promote and support breastfeeding and breast milk feeding while providing timely and appropriate care for babies who are formula fed.

The Standards are informed by the National Standards for Safer Better Maternity Services published by HIQA in 2016. They are intended to show what safe, high-quality infant feeding services should look like and in particular they;

- specify the components of high-quality infant feeding care within maternity services
- create a basis for improving the safety and quality of infant feeding services by identifying strengths and highlighting areas for improvement
- can be used in day-to-day practice to provide a consistent level of safety and quality in all maternity services across the country
- promote practice that is up to date, effective and consistent and based on best available evidence.

# Structure of the Standards

There are ten essential components, known as the “Ten Steps to Successful Breastfeeding” to consider in providing an effective, evidenced based, nationally consistent and equitable feeding support within maternity services (figure 1). These well-recognised and accepted ten steps are the foundations on which the National Standards for Infant Feeding in Maternity Services are adapted from.



Scan the QR code to hear more about the ten steps

### 1 Hospital policies

Hospitals support mothers to breastfeed by...

- Not promoting infant formula, bottles or teats
- Making breastfeeding care standard practice
- Keeping track of support for breastfeeding

### 2 Staff competency

Hospitals support mothers to breastfeed by...

- Training staff on supporting mothers to breastfeed
- Assessing health workers' knowledge and skills

### 3 Antenatal care

Hospitals support mothers to breastfeed by...

- Discussing the importance of breastfeeding for babies and mothers
- Preparing women in how to feed their baby

### 4 Care right after birth

Hospitals support mothers to breastfeed by...

- Encouraging skin-to-skin contact between mother and baby soon after birth
- Helping mothers to put their baby to the breast right away

### 5 Support mothers with breastfeeding

Hospitals support mothers to breastfeed by...

- Checking positioning, attachment and suckling
- Giving practical breastfeeding support
- Helping mothers with common breastfeeding problems

### 6 Supplementing

Hospitals support mothers to breastfeed by...

- Giving only breast milk unless there are medical reasons
- Prioritising donor human milk when a supplement is needed
- Helping mothers who want to formula feed to do so safely

### 7 Rooming-in

Hospitals support mothers to breastfeed by...

- Letting mothers and babies stay together day and night
- Making sure that mothers of sick babies can stay near their baby

### 8 Responsive feeding

Hospitals support mothers to breastfeed by...

- Helping mothers know when their baby is hungry
- Not limiting breastfeeding times
- Encouraging mothers to hold their baby close when feeding (breast or bottle) and bond
- Supporting mothers to pace bottle feeds

### 9 Bottles, teats and soothers

Hospitals support mothers to breastfeed by...

- Counsel mothers on the use and risks of feeding bottles, teats and soothers

### 10 Discharge

Hospitals support mothers to breastfeed by...

- Referring mothers to community resources for breastfeeding support
- Working with communities to improve breastfeeding support services



# National Standards for Safer Better Maternity Services

The National Standards for Safer Better Maternity Services developed by the Health Information and Quality Authority (HIQA) aim to give a shared voice to the expectations of women using maternity services, service providers and the public. They underpin the National Standards for Safer Better Health Care<sup>(17)</sup> and have been designed so that they can be used in all maternity services to improve the safety and quality of their care by assessing and managing the performance of their services, and those provided on their behalf. HIQA's standards are grouped into eight separate themes, four of which relate to quality and safety of the service, with the other four relating to the capacity and capability of the service. These same themes have been used to guide the development of these National Standards for Infant Feeding in Maternity Services under each of the ten steps (see Figure 2):

- Standard – describes the overall outcome required to contribute to the quality of infant feeding services
- Features – these are the objectives and describe the steps towards achieving the standard
- What this means for those using maternity services – provides guidance to pregnant women and mothers on what they can expect from their chosen maternity service.

**Figure 2**

Description of the National Standards for Safer Better Maternity Services and how they relate to infant feeding care within maternity services.



## Scope

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These Standards should be considered in the context of the overarching National Standards for Safer Better Maternity Services. The Standards outline optimum infant feeding practices under the eight HIQA themes. The key steps to support breastfeeding and breast milk feeding for sick or pre term babies are also included.

The Standards do not include;

- all aspects of maternity care under each of the HIQA themes
- in-depth guidance on how to care for pre-term or sick babies as these areas lie outside the scope of these standards
- all aspects of labour, child birth or early postnatal period care that impact on breastfeeding<sup>(18)</sup>, e.g. medications used for induction, acceleration and analgesia, episiotomy, instrumental birth, complex medical and obstetric care and caesarean section.

It is hoped that these Standards will serve as a resource for the enhancement of mother and infant friendly practices within maternity services.

## Glossary

**Breastfeeding:** is the term used to describe feeding a baby breast milk directly from the mothers' breast, which also supports bonding between the mother and baby. Breastfeeds can be for comfort and reassurance between baby and mother, as well as nutrition.

**Breast milk feeding:** This term is used to reflect other types of breast milk feeding options, e.g. expressed breast milk by another means (generally tube, syringe or bottle) and pasteurised donor human milk from a certified milk bank.

**BFI executive lead:** This is a member of the hospital management team, for example a senior clinical or midwife manager or board member, who has taken on the responsibility of promoting, protecting and supporting the Standards, including compliance with the International Code of Marketing of Breast milk Substitutes.

**BFI project team/lead:** Implementing the HSE Baby Friendly Initiative is a change management project and so requires a lead and/or team to coordinate the planning, implementation, audit and evaluation. The BFI project lead/team roles may vary depending on the size of the service and include project management, staff education and skills training, breastfeeding support and audit.

**Chest feeding:** is a term used by some parents to describe how they feed their baby milk from their chest. It can also refer to using a feeding tube attached to the nipple to feed their baby if lactation isn't possible.

**Maternity services:** This term is used throughout the document to describe all maternity hospital services; including antenatal, intrapartum, postnatal, neonatal and outreach based services. It also refers to supports for breastfeeding provided by general and paediatric healthcare services, including where maternity units are part of a general hospital.

**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. Breastfeeds can be long or short and at varying times in the day or night, depending on why the mother and her baby have decided to feed. The term responsive breastfeeding is more than "baby led" or "demand" feeding and encourages that successful breastfeeding is a partnership between a mother and her baby, with the needs of the mother also being addressed in the relationship.

**Responsive/ cue based bottle feeding/paced bottle feeding:** Involves offering the bottle in response to a baby's feeding cues, gently inviting the baby to take the teat, pacing the feeds and avoiding forcing the baby to finish the feed can all help to make the experience as acceptable and stress-free for the baby as possible, as well as reducing the risk of overfeeding. Paced bottle feeding allows the baby to be more in control of the feeding pace. This feeding method slows down the flow of milk into the teat and the baby's mouth, allowing the baby to drink more slowly and take breaks.

**Responsive parenting:** A child's social, emotional, and behavioural development is influenced by the way parents listen and respond to their child and by the way the child responds to their parent. From an early age, parents start to learn and identify their baby's cues around tiredness, hunger, possible pains etc. It is important for parents to tune in to these cues as they will help them get to know their baby.

**Skin-to-skin contact:** Skin-to-skin contact is also called kangaroo care. For most babies, skin-to-skin contact is what they need to calm and warm them after birth. Immediately after the birth, a midwife will dry the baby and place them on the mother's chest. The baby will be naked, except for a hat and nappy (optional). The mother and baby are kept warm with a blanket. During skin-to-skin contact, the mother and her baby will produce a hormone called oxytocin. This helps the mother feel close to her baby.



# Summary of National Standards for Infant Feeding in Maternity Services





## Theme 1: Person – Centred Care and Support

<b>Standard 1:</b>	<b>Pregnant women and their partners/support person are supported to recognise the importance of breastfeeding and development of early relationships for the health and wellbeing of their baby, including what to expect when breastfeeding</b>
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## Theme 2: Effective Care and Support

<b>Standard 2:</b>	<b>Support all mothers and babies to initiate a close relationship after birth</b>
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## Theme 3: Safe Care and Support

<b>Standard 3:</b>	<b>Support mothers and babies to exclusively breastfeed and optimise breast milk feeding</b>
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## Theme 4: Better Health and Wellbeing

<b>Standard 4.1</b>	<b>Support mothers to get breastfeeding off to a good start and manage challenges</b>
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<b>Standard 4.2</b>	<b>Support parents to have a nurturing relationship with their baby by recognising and responding to cues for feeding, closeness and comfort</b>
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## Theme 5: Leadership, Governance and Management

<b>Standard 5.1</b>	<b>There is a leadership team in place to support the implementation of the National Infant Feeding Policy and the National Standards for Infant Feeding in Maternity Services</b>
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<b>Standard 5.2</b>	<b>The HSE Policy on the Marketing of Breast milk Substitutes (2021) is implemented to ensure there is no promotion of breast milk substitutes, bottles, teats or soothers in any part of the hospital or by any of the staff</b>
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<b>Standard 5.3</b>	<b>Staff are educated to implement the National Standards for Infant Feeding in Maternity Services according to their role and the service provided</b>
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## Theme 6: Workforce

<b>Standard 6</b>	<b>Staff have sufficient knowledge, competence and skills to support breastfeeding and other methods of infant feeding</b>
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## Theme 7: Use of Resources

<b>Standard 7</b>	<b>Maternity services work with communities to improve infant feeding support services</b>
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## Theme 8: Use of Information

<b>Standard 8</b>	<b>Maternity services providers systematically monitor, identify and act on opportunities to improve the safety and quality of their infant feeding services.</b>
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## Theme 1: Person – Centred Care and Support

### Standard 1

**Pregnant women and their partners /support person are supported to recognise the importance of breastfeeding and development of early relationships for the health and wellbeing of their baby, including what to expect when breastfeeding.**

#### Features of a maternity service meeting this standard

All pregnant women and the partners are helped to prepare for feeding and caring for their baby in a way that optimises their own health and wellbeing.

This includes having the opportunity to have meaningful discussion(s) on;

1. The importance of building early relationships and the value of connecting with their baby in utero.
2. Practices in pregnancy, labour and after birth that have a significant impact on getting breastfeeding off to a good start.
3. Feeding their baby with information provided on recognising and responding to their baby's needs and feeding cues.

#### What this means for a pregnant woman or mother

She will

- be encouraged to ask questions and to discuss her hopes and concerns about feeding her baby throughout the ante natal period.
- receive information and support based on their past feeding experiences and medical needs e.g. if a woman is diagnosed with diabetes in pregnancy, had challenges with feeding in the past or a caesarean birth is planned.
- receive information about antenatal education and breastfeeding preparation classes and how to access them through the local maternity hospital and/or online. Partners are welcome and are encouraged to attend antenatal education and breastfeeding preparation classes.

## Theme 2: Effective Care and Support

### Standard 2

### Support all mothers and babies to initiate a close relationship after birth

#### Features of a maternity service meeting this Standard

Mothers and babies have immediate, unhurried and uninterrupted safe skin-to-skin contact, which is continued for at least 60 minutes or until after the first feed, taking into account the need for baby to be given time to go through the instinctive post birth stages.

All mothers, regardless of feeding choice, are supported to have the first feed in skin-to-skin contact when the baby shows signs of readiness to feed.

Mothers and babies who are unable to initiate skin-to-skin contact immediately after birth are supported to do so as soon as possible. Partners should be given the support and opportunity to do so where appropriate.

Mothers and babies are supported and assisted if needed with the first feed, without interfering with the baby's natural ability to self-attach.

All mothers are supported to feed their baby as responsively as possible, regardless of feeding method.

#### What this means for a pregnant woman or mother

- She will be supported to hold her baby directly onto her chest after birth or as soon as it is safe to do so.
- She will be supported to recognise instinctive baby signals during the first hour after birth and give her baby's first feed (breast or bottle) in skin-to-skin contact.
- She will be supported to hold her baby in skin-to-skin contact for as long as possible, ideally until after the first feed. Her midwife will discuss with her when is the best time to weigh and examine her baby.
- If the mother is unwell after birth, her partner will be supported to hold the baby in skin-to-skin contact until the mother is well enough to do so.
- She will be encouraged to hold her baby in skin-to-skin to skin contact throughout her stay in hospital to promote bonding and get breastfeeding off to a good start.
- If the mother is bottle feeding she will be encouraged to hold her baby close during feeds.

## Theme 3: Safe Care and Support

### Standard 3

### Support mothers and babies to exclusively breastfeed and optimise breast milk feeding

#### Features of a maternity service meeting this Standard

Mothers are counselled on why exclusive breastfeeding leads to the best outcomes for their baby and where this is not possible why optimising breastfeeding/breast milk feeding is important.

Mothers are supported to exclusively breastfeed and make informed decisions regarding the introduction of formula, fortifiers, bottles, teats and soothers.

Formula and fortifiers are provided only when medically indicated or as part of a fully informed maternal choice.

Mothers who need to give supplementary feeds alongside breastfeeding are supported to optimise the amount of breast milk their baby receives.

Pasturised donor human milk is provided as medically indicated, as per hospital guideline.

Mothers who give supplementary feeds alongside breastfeeding receive support on the safe preparation, handling and feeding of expressed breast milk/formula.

Mothers are counselled on delaying the use of soothers until breastfeeding is established.

#### What this means for a pregnant woman or mother

The information provided about breastfeeding and breast milk is up to date and evidenced based.

She will receive effective and timely support to;

- get breastfeeding off to a good start
- to exclusively breastfeed her baby in hospital
- to make informed decisions about the use of bottles/formula.

She will receive information and support on the appropriate use of soothers.

If a mother is bottle feeding, she will receive information on how to safely prepare a bottle and responsive bottle feeding.

## Theme 4: Better Health and Wellbeing

### Standard 4.1

### Support mothers to get breastfeeding off to a good start and manage challenges

#### Features of a maternity service meeting this Standard

All mothers are offered support to acquire the skills of;

- Positioning and attachment for effective feeding
- Hand expression
- Safe skin-to-skin care
- Managing engorged breasts
- Ensuring a good milk supply
- Preventing sore nipples
- Recognising signs of effective feeding.

Mothers understand responsive parenting, including recognising and responding to her needs and her baby's cues for feeding, closeness and comfort.

Mothers and babies are supported and enabled to breastfeed, and receive assistance at every feed if needed, including observation of breastfeeding to ensure the baby is able to attach and feed at the breast with effective breast milk transfer.

Where indicated and where possible, mothers are assisted to express breast milk within the first hour and at least 8 times daily. This is relevant where mothers are separated from their baby or if the baby is unable to feed directly from the breast.

Mothers of babies who are initially unable to breastfeed are supported to express breast milk and transition to breastfeed when ready.

Where indicated, pregnant women are assisted with antenatal hand expression.

#### What this means for a pregnant woman or mother

She will receive assistance and information throughout her stay in hospital to support her to;

- hold her baby close while feeding
- learn how to attach her baby to the breast
- hand express her breast milk
- prevent and manage engorged breasts
- build and protect her milk supply
- prevent and manage sore nipples
- recognise signs of effective feeding.

If her baby is in a neonatal unit, the mother will be supported to express her breast milk if unable to feed directly from the breast and supported to transition to breastfeeding when her baby is ready.



## Standard 4.2 Support parents to have a nurturing relationship with their baby by recognising and responding to cues for feeding, closeness and comfort

### Features of a maternity service meeting this standard

All mothers/parents regardless of feeding method are supported to;

- Practice skin-to-skin contact throughout the post natal period
- Understand their baby's normal behaviours and needs (including; feeding cues, how to wake a sleepy baby, knowing when their baby has fed sufficiently, and safe sleeping practices)
- Remain together during the day and night
- Hold their baby close and bond when feeding and feed according to early feeding cues.

Mothers and babies are encouraged to breastfeed responsively, with at least 8-12 feeds within each 24 hour period. The duration of feeds for healthy babies is not limited.

Mothers who are bottle feeding are encouraged to bond and practice responsive parenting by;

- responding to baby's cues
- giving the majority of feeds themselves
- holding their baby close to their skin during feeds
- pacing the bottle feeds.

### What this means for a pregnant woman or mother

She will be encouraged to hold her baby in skin-to-skin contact throughout her stay in hospital to support bonding and getting breastfeeding off to a good start.

She will receive advice and support to recognise and respond to her baby's cues for feeding, closeness and comfort.

She will be encouraged to breastfeed in response to her and her baby's needs, with at least 8-12 feeds in each 24 hour period.

If bottle feeding, the mother will be encouraged to practice responsive parenting by responding to baby's cues, give the majority of feeds herself, hold her baby close and pace the feeds.

The mother and her baby will remain close together throughout the day and night.

## Theme 5: Leadership, Governance and Management

### Standard 5.1

### There is a leadership team in place to support implementation of the National Infant Feeding Policy and National Standards for Infant Feeding in Maternity Services

#### Features of a maternity service meeting this standard

The National Infant Feeding Policy and relevant guidelines are adopted with reliable processes in place to ensure that care practices are applied consistently to all mothers and babies.

There is a leadership structure that supports proportionate responsibility and accountability to implement the Standards across maternity services.

There is a named BFI executive lead appointed who is responsible for promoting and protecting the Standards in the maternity services.

There is a named BFI project team/lead with sufficient skills, knowledge, and dedicated hours to coordinate implementation of the Standards.

#### What this means for a pregnant woman or mother

The people in charge of the woman's care;

- have a process in place to implement and regularly review policies and guidelines
- seek feedback from the woman and her family to ensure that the infant feeding services provided are effective and are of high quality
- will have staff in place to implement the National Standards for Infant Feeding within its services
- will provide the woman with information on how they will care for her and her baby during pregnancy and after the birth.

## **Standard 5.2** **The HSE Policy on the Marketing of Breast milk Substitutes (2021) is implemented to ensure there is no promotion of breast milk substitutes, bottles, teats or soothers in any part of its maternity services or by any of the staff**

### **Features of a maternity service meeting this standard**

A written statement by the Director of Midwifery/Nursing and Clinical Director details what is required to implement in full the HSE Policy on the Marketing of Breast milk Substitutes (2021).

There is no advertising of breast milk substitutes and related products including bottles, teats, soothers within maternity services or by any staff.

Staff are supported to meet learning outcomes and reduce their risk of conflict of interest in avoiding attendance at breast milk substitute industry sponsored study days and events.

HSE staff and facilities do not facilitate, attend or receive sponsorship towards education events or staff materials provided by breast milk substitute industry.

Research in the area of infant feeding is carried out in line with best practice and optimum care for parents and their baby.

There are systems in place to monitor this Standard, specifically that full market costs are paid for formula, fortifier supplies and teats and that the spend on formula is proportionate to the rates of formula feeding.

### **What this means for a pregnant woman or mother**

The woman and her baby's best interests will be protected and supported.

She will receive health information on feeding her baby that is endorsed by HSE professionals.

She will not receive

- any information, advertising or samples from formula companies and distributors
- an endorsement for a particular formula brand or product from health service staff.

## Standard 5.3

## Staff are educated to implement the National Standards for Infant Feeding in Maternity Services according to their role and the service provided

### Features of a maternity service meeting this standard

The on-going education programme to implement the Standards is formalised, planned and regularly reviewed to ensure that all staff have the competencies appropriate to their role.

The National Infant Feeding Education Programme for health care providers which covers all the standards is effectively implemented.

All staff that care for pregnant women and mothers and babies are facilitated to attend relevant education and skills development training according to their role.

Attendance at infant feeding education and training within the maternity services is monitored and evaluated.

There is culture of support and continuous learning among health care staff with peer mentoring, reflective practice and skills development forming central components of learning.

### What this means for a pregnant woman or mother

Her hospital ensures that staff have the necessary education and skills to care for her and her baby.

Her hospital regularly reviews the feedback from service users and staff to ensure their service is of a high quality and in line with National Infant Feeding Standards.

## Theme 6: Workforce

### Standard 6

### Staff have sufficient knowledge, skills and confidence to support breastfeeding and other methods of infant feeding

#### Features of a maternity service meeting this standard

Staff who care for mothers and babies can describe how the National Infant Feeding Standards and the HSE Policy on the Marketing of Breast milk Substitutes are implemented in their area.

Staff demonstrate the necessary knowledge, skills and confidence to support breastfeeding and breast milk feeding.

Staff demonstrate the skills they have to support mothers to formula feed as safely as possible, including responsive feeding.

#### What this means for a pregnant woman or mother

Her health care provider has the appropriate knowledge and skills to support her to learn how to breastfeed her baby.

Her health care provider has the appropriate knowledge and skills to support her to learn how to safely bottle feed her baby, if not breastfeeding.

All staff are facilitated by their managers to engage in continuous professional development to keep their knowledge and skills up to date.



## Theme 7: Use of resources

### Standard 7

### Maternity services work with communities to improve infant feeding support services

#### Features of a maternity service meeting this standard

Parents have access to on-going infant feeding support during pregnancy and after discharge.

There is evidence of collaborative working with community services to ensure continuity of infant feeding support services in the postnatal period, with the mother and baby at the centre of all planning.

Referral pathways for specialist infant feeding supports are effectively implemented between maternity and community services.

Mothers and babies are supported to continue breastfeeding if they become separated from each other, e.g.

- If the baby remains in hospital after the mother is discharged
- If the baby is admitted/readmitted to neonatal/paediatric unit
- If the mother is admitted/readmitted to hospital or another service.

#### What this means for a pregnant woman or mother

She will receive information endorsed by the HSE about local infant feeding/parenting supports available in her area.

Information on Infant feeding and contact details for all HSE and voluntary breastfeeding support groups are available at [mychild.ie](http://mychild.ie).

If the mother and baby are in hospital or are readmitted to hospital, she will receive support to protect and continue breastfeeding.

## Theme 8: Use of Information

### Standard 8

**Maternity service providers systematically monitor, identify and act on opportunities to improve the safety and quality of their infant feeding services**

#### Features of a maternity service meeting this standard

Services use relevant national performance indicators and baby friendly initiative benchmarks, to monitor and evaluate the safety and quality of care provided to women and their babies.

Key learning points are shared within and between services.

There is an agreed plan for periodic audits in line with a structured quality improvement programme. This incorporates participation in national audit programmes, and local, targeted audits conducted in line with service requirements and priorities.

Maternity services have clinical governance arrangements in place to ensure that findings from clinical audits are reported and their implementation is monitored effectively.

Maternity services provide information about their activities and outcomes to relevant agencies and HSE services who monitor the safety and quality of maternity services.

Data on early breastfeeding initiation, exclusive and non-exclusive breastfeeding rates and supplementation is routinely collated and reviewed.

There are formalised mechanism(s) for women to feedback about their experiences in order to inform the planning, design and delivery of infant feeding services. There is a structure for such feedback to be regularly reviewed, collated and acted upon.

There is a structure in place to monitor patient safety benchmarks e.g. readmission to hospital due to feeding related issues, mastitis or baby's excessive weight loss. This information is regularly reviewed, collated and acted upon.

#### What this means for a pregnant woman or mother

The hospital has processes in place by which evaluations and suggestions for improvement will be reviewed and acted upon in order to improve the quality of infant feeding support services.

She may be asked to give feedback on her experience of care throughout the antenatal and post natal period as part of the hospitals routine monitoring of service users experience.

The hospital is focused on creating a compassionate supportive service that is considerate of the different infant feeding needs and experiences of pregnant women and mothers and babies.

# Implementation of the Standards

Each maternity service has a responsibility to protect, promote and support breastfeeding whilst ensuring that all mothers receive the care they need within maternity services, regardless of feeding method. It is intended that these Standards will be integrated into quality & patient safety implementation processes within maternity services. The National Women and Infants Health Programme are providing oversight for the implementation of the Standards.



The HSE's focus is on supporting individual maternity services to implement the new Standards. The National Women and Infants Health programme is establishing a national group to provide expertise and oversight for this work and has appointed a project lead to support implementation of the Standards within the HSE. The DOH and the National Women and Infants Health Programme have allocated additional staffing to ensure each maternity service has dedicated infant feeding post(s) within their midwifery services.

To support staff education and skills training, a National Breastfeeding Education Programme for Health Care Providers is being rolled out to all maternity and community services. Additionally, resources to support hospitals to self-appraise and audit their practices against the Standards are available. These supports will enable individual maternity services to benchmark progress and prioritise improvements in care, where needed, under each of the Standards. As experience of implementing the new Standards grows, there will be on-going evaluation and adaption to ensure the Standards are as effective as possible.

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