

All correspondence to:

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Guidelines for working as a BfN peer supporter in hospital wards

Before starting

- Re-read the Code of Conduct especially the sections on confidentiality and not undermining other professionals.
- Re-read relevant BfN policies: IG, Safeguarding and Health & Safety.
- Ensure that you are familiar with relevant local hospital policies on breastfeeding, including reluctant feeders and hypoglycaemia.

Beginning work

- Wear your current BfN badge, hospital security badge and BfN top if available [No other uniform].
- Wash your hands or use gel.
- Make sure you have everything you need, this may include
 - visual aids
 - locally agreed leaflets
 - clinical note forms
- Introduce yourself to the midwife in charge of the ward and say how long you will be staying and sign in
- Put any personal belongings, including mobile phone, in the lockers or other secure place.
- Ask if you can have the names of breastfeeding mothers and if there are any mothers they would prioritise.
- Ask if there are any mothers you should not approach.

While with the mother

- Introduce yourself and your role.
- Ask if the mother would like to talk with you. Make sure she knows she can opt out.
- Only touch a mother with her permission. Do not lift or help others to lift women.
- Only lift or touch the baby with mothers consent and in her presence. When a mother is unable to lift her baby herself and with her permission, you can lift the baby and give it to her.
- Wash your hands or use hand gel before and after touching the baby
- Do not walk around carrying the baby. Adhere to hospital policy which usually means moving babies in wheeled bassinets only
- Do not deal with bodily fluids other than breastmilk, inform staff if you are concerned.

To find your nearest Breastfeeding Supporter call the **Supporterline 0300 100 0210**

Calls provided by BT will be charged at 5 pence per minute. A call set-up fee of 3 pence per call applies to calls from BT residential lines. Mobile and other providers' charges may vary.

- Do not give advice to mothers with premature or otherwise unwell babies unless you have checked with the midwife in charge.
- Check the mother is happy for you to make some notes for her records. Reading out what you write, while you write it, can ensure agreement about the content. Write down and sign your notes before seeing the next mother.
- Wash or gel your hands between visiting every mother, even if you do not touch anything. You should do this as you are entering her personal space.
- Remember that some new-born babies with certain risk factors may not wake for feeds, and for some babies the usual information about baby led feeding may not apply. So beware of saying anything which may be interpreted as “it’s OK to leave a baby to sleep until it awakes”, as this may not apply to some babies.
- If you have any concerns about a baby or a mother, explain to the mother that you will let the midwife on duty know, **Document the concern and the name of the midwife you notified, in the mothers notes.**
- **Document your visit in each mother’s notes even if you only offered general support and encouragement.**
- Keep notes factual and brief, following hospital guidelines.

After work

- Remove your badge.
- Ensure staff know you have left the ward.
- Wash or gel your hands.
- If you are left with any lingering concerns, about anything, phone your supervisor.
- Seek supervision frequently, especially at first, as well as monthly supervision sessions and claim your expenses monthly.

Key skills you may need to use;

- Active listening to birth experience.
- Focus on helping mother think about her own decision, irrespective of what it may be. This helps mothers feel empowered to make choices for their baby in a potentially disempowering environment.
- Help with positioning and attachment - emphasis on pain free feeding which mother can do herself, not just that the baby has been attached.
- Help with hand expressing.
- Reassurance about normal breastfeeding in the early days and importance of frequent feeding – tiring but valuable in setting up her and her baby up for the future.
- Encouraging skin to skin contact, whilst maintaining safety of baby. Do not leave a mother alone who is asleep in skin to skin contact with her baby because of the risk of dropping the baby.
- Encouraging use of clip on cots when these are available at the hospital
- Familiarity with what may not be normal breastfeeding and the impact of medicalised childbirth on normal processes.
- Helping mothers notice feeding cues and levels of wakefulness to help with frequent feeding, especially if baby is ‘sleepy’.

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