



Birth Place Policy and Procedure Manual

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Revised:	
Section:	BirthPlace/Neonatal

BREASTFEEDING

Purpose:

To establish and promote a philosophy and policy on breastfeeding that is congruent with the UNICEF/WHO Baby-Friendly Hospital Initiative “Ten Steps to Successful Breastfeeding.”(1) The Ten Steps are attached at the end of this document. This policy is also based on recommendations from the most recent breastfeeding policy statements published by the Office on Women’s Health of the US Department of Health and Human Services, (2) American Academy of Pediatrics,(3) the American College of Obstetrics and Gynecology,(4) the American Academy of Family Physicians,(5) and the Academy of Breastfeeding Medicine.(6)

Policy Statements:

1. All pregnant patients will be provided with information on breastfeeding and counseled on the benefits of breastfeeding.
2. The woman’s desire to breastfeed will be documented in her medical record.
3. The method of feeding will be documented in the medical record of every infant. The infant’s mother will be encouraged to breastfeed unless medically contraindicated.
4. All newborns, if baby and mother are stable, will be placed skin to skin with the mother and breastfeeding will be initiated within one hour of birth.
5. Breastfeeding mother-infant couples will be encouraged to remain together throughout their hospital stay, including at night. Skin-to-skin contact will be encouraged as much as possible.
6. Breastfeeding assessment, teaching and documentation will be done on each shift and whenever possible with each contact with the mother. Mothers will be encouraged to attend the breastfeeding classes held on the unit. If clinically indicated, the clinician or nurse will make a referral to the lactation consultant service.
7. Breastfeeding mothers will be instructed on:
 - Proper positioning and latch-on
 - Nutritive suckling and swallowing
 - Milk production and release
 - Frequency of feedings/feeding cues
 - Expression of breast milk and use of pump if indicated

- How to assess if infant is adequately nourished and
- Reasons for contacting the clinician.

These skills will be taught to primiparous and multiparous women and reviewed before the mother goes home.

8. The baby's position and latch-on will be evaluated on each shift.
9. Education will be given to parents that breastfeeding infants, including cesarean birth babies, should be put to breast at least 8-12 times each 24 hours. Infant feeding cues will be used as indicators of the baby's readiness for feeding. Breastfeeding babies should be breastfed at night.
10. Time limits for breastfeeding on each side will be avoided. Infants can be offered both breasts at each feeding, but might only feed on one side at a feeding during the early days.
11. No sterile water, glucose water or formula will be given unless specifically ordered by a physician or nurse practitioner or by the mother's documented and informed request. In this case, the supplement should be fed to the baby by an alternative feeding method (for example: cup feeding, Haberman feeder, finger feeding, syringe feeding) if possible. Bottles will not be placed in a breastfeeding infant's bassinette. This institution does not give group instruction in the use of formula.
12. Pacifiers will not be given to breastfeeding infants. Preterm infants in the NICU or infants with specific medical conditions may be given pacifiers for non-nutritive sucking. Newborns undergoing painful procedures (for example: circumcision) may be given a pacifier as a method of pain management during the procedure. The infant will not return to the mother with a pacifier. The Birth Place at Boston Medical Center encourages "pain free newborn care" which may include breastfeeding during the heel stick procedure for the newborn metabolic screening tests.
13. Infants having problems with temperature regulation (axillary temperature <97.6 F) may still go to their mothers to breastfeed in accordance with the Policy and Procedure on Thermoregulation.
14. Those infants who fit the criteria listed in the Neonatal Hypoglycemia Policy will have blood glucose tests done and be managed accordingly. Routine blood glucose monitoring of full term healthy appropriate for gestational age (AGA) infants is not indicated. Assessment for clinical signs of hypoglycemia and dehydration will be ongoing.(7)
15. Anti-lactation drugs will not be given to any postpartum mother.
16. Routine use of nipple creams, ointments, or other topical preparations will be avoided. Mothers with sore nipples will be encouraged to apply expressed colostrum or breast milk to the areola following each feeding.
17. Nipple shields or bottle nipples will not be routinely used to cover mother's nipple with the intention of causing latch-on, preventing or managing sore or cracked nipples, or when a mother has flat or inverted nipples.
18. After 24 hours of life, if the infant has not latched on the breast or latches on but feeds poorly, the mother should begin breast massage and hand expression of colostrum into baby's mouth during latch attempts. Skin-to-skin contact will be encouraged. Parents will be instructed to watch closely for feeding cues and whenever these are observed to awaken infant and feed the infant. If the baby

continues to feed poorly, pumping with a double set-up electric breast pump will be initiated and maintained every three hours. Any expressed colostrum or mother's milk will be fed to the baby by an alternative method. The mother will be reminded that she may not obtain much milk or even any milk the first few times she pumps her breasts. Until the mother's milk is available, a collaborative decision should be made between the mother, nurse, and clinician regarding the need to supplement the baby. Each day clinicians will be consulted regarding the volume of the supplement. Pacifiers should be avoided. In cases of problem feeding, the lactation consultant service will be consulted.(8)

19. If baby is still not latching-on well or feeding well when going home, the feeding/pumping/supplementing plan will be reviewed as well as all routine breastfeeding instructions. Close follow-up will be arranged including a weight check scheduled for 48-72 hours after going home.
20. Mothers who are separated from their sick or premature infants will be:
 - Instructed on how to use the double set up breast pump – instructions will include pumping every three hours for 15 minutes around the clock and the importance of not to missing a pumping session during the night
 - Encouraged to breastfeed on demand as soon as the infant's condition permits
 - Taught proper storage and labeling of human milk. (refer to Infection Control policy on Breast Milk Storage) and
 - Assisted in obtaining a double set up electric breast pump prior to going home.
21. Before leaving the hospital, (8) breastfeeding mothers should be able to:
 - Position the baby correctly at breast with no pain during the feeding.
 - Latch the baby to breast properly.
 - State when the baby is swallowing milk.
 - State how many times in 24 hours the baby should be fed.
 - State how many bowel movements the baby should have each day during the first two weeks home and
 - List indications for calling a clinician.
22. Prior to going home, mothers will be given the names and telephone numbers of community resources to contact for help with breastfeeding, including the BMC Breastfeeding Center Telephone Support Line (617-414-MILK).
23. This institution does not accept free formula or free breast milk substitutes. Nursery or NICU discharge bags offered to all mothers will not contain any infant formula, coupons for formula, logos of formula companies or literature with formula company logos.
24. BMC health professionals will attend ongoing education on lactation to ensure that correct, current, and consistent information is provided to all mothers wishing to breastfeed.

Application:

All breastfeeding patients

Exceptions:

Breastfeeding is contraindicated in the following situations:

- HIV positive mother;
- Mother using illicit drugs (for example cocaine, heroin);
- A mother taking certain medications. Although most prescribed and over-the-counter drugs are safe for the breastfeeding infant, some medications may make it necessary to interrupt breastfeeding. These include radioactive isotopes, antimetabolites, cancer chemotherapy and a small number of other medications. The reference used at BMC is *Medications and Mothers' Milk* by Thomas Hale;(10)
- Mother has active, untreated tuberculosis;
- Infant with galactosemia;
- Mother with active herpetic lesions on her breast (s) -- breastfeeding can be recommended on the unaffected breast (the Infectious Disease Service will be consulted for problematic infectious disease issues);
- Mother with varicella that is determined to be infectious to the infant; and
- Mother has HTLV1 (Human T-cell leukemia virus type 1).

Responsibility:

RN, LPN, LC, PNP, MD, CNM

Forms:

- Newborn Flow Sheet
- Maternal Flow Sheet

Other Related Policies:

Birth Place Policy and Procedures

Policy No.: 2.14 Title: Neonatal Hypoglycemia

Policy No.: 2.23 Title: Thermoregulation in the Newborn

Policy No.: 3.23 Title: Breast Milk Storage

Policy No.: 2.065 Title: Breastfeeding for Mothers on the Methadone Maintenance Program

Other references/resources: (10-14)

Initiated by: Birth Place Policy & Procedure Committee

Contributing Departments:

1. Nursing
2. Lactation
3. Pediatrics
4. Infection Control

References:

1. World Health Organization, Family and Reproductive Health, Division of Child Health and Development. *Evidence for the Ten Steps to Successful Breastfeeding, Revised Ed. WHO/CHD/98.9*. Geneva: World Health Organization; 1998
2. US Department of Health and Human Services, Office on Women's Health. *HHS Blueprint for Action on Breastfeeding*. Washington, DC: Department of Health and Human Services; Office on Women's Health; 2000.
3. American Academy of Pediatrics, Work Group on Breastfeeding. Breastfeeding and the Use of Human Milk. *Pediatrics* 1997;100(6):1035-39.
4. American College of Obstetrics and Gynecology. Breastfeeding: Maternal and Infant Aspects. *Educational Bulletin* 2000;258:1-16.
5. American Academy of Family Physicians. Family Physicians Supporting Breastfeeding. *Breastfeeding Position Paper* 2002; Available at: <http://www.aafp.org/policy/x1641.xml>.
6. Academy of Breastfeeding Medicine. ABM Mission Statement. 191 Clarksville Road, Princeton Junction, NJ 08550(abm@bfmed.org):877-836-9947.
7. Academy of Breastfeeding Medicine. Clinical Protocol Number 1: Guidelines for Glucose Monitoring and Treatment of Hypoglycemia in Term Breastfed Neonates. *ABM News and Views* 1999;5(2):12-13.
8. Academy of Breastfeeding Medicine. Clinical Protocol Number 3: Hospital Guidelines for the Use of Supplementary Feedings in the Healthy Term Breastfed Neonate. *ABM News and Views* 2002;8(2):10-11.
9. Academy of Breastfeeding Medicine. Clinical Protocol Number 2: Guidelines for Hospital Discharge of the Breastfeeding Term Newborn and Mother. *ABM News and Views* 2002;8(1):2-5.
10. Hale T. *Medication and Mothers' Milk*. 9th ed. Amarillo: Pharmasoft Publishing; 2000.
11. American Academy of Pediatrics, Pickering LK ed. *Redbook: 2003 Report of the Committee on Infectious Diseases*. 26th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2003.
12. Lawrence RA, Lawrence RM. *Breastfeeding: A Guide for the Medical Profession*. 5th ed. St. Louis: Mosby; 1999.
13. Merewood A, Philipp BL. *Breastfeeding: Conditions and Diseases*. 1st ed. Amarillo: Pharmasoft Publishers; 2001.
14. Riordan J, Auerbach KG. *Breastfeeding and Human Lactation*. 2nd ed. Sudbury: Jones and Bartlett; 1999.
15. Academy of Breastfeeding Medicine. Clinical Protocol Number 5: Peripartum Breastfeeding Management for the Healthy Mother and Infant at Term. *ABM News and Views* 2003;9(1):2, 6-7.

The Ten Steps to Successful Breastfeeding

Every facility providing maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk unless medically indicated.*
7. Practice rooming-in --- allow mothers and infants to remain together --- 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

*A hospital must pay fair market price for all formula and infant feeding supplies that it uses and cannot accept free or heavily discounted formula and supplies.

