I. **DEFINITION:**
A. Guidelines for nurses to assist mother’s in breastfeeding their infants.
B. Breastfeeding is a learned behavior for mother and infant, a supportive environment is beneficial.
C. The Joint Commission defines exclusive breast milk feeding as: “a newborn receiving only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines.” Breast milk feeding includes expressed mother’s milk as well as donor human milk, both of which may be fed to the infant by means other than suckling at the breast. While breastfeeding is the goal for optimal health, it is recognized that human milk provided indirectly is still superior to alternatives.
D. Rideout Health, in observance of the “Hospital Infant Feeding Act (Health and Safety Code Section 123366)” while utilizing the recommendations of The Baby-Friendly Hospital Initiative’s Ten Steps to Successful Breastfeeding support our breastfeeding mothers by creating an environment supportive of breastfeeding and by providing the best evidence based breastfeeding care possible. (Addendum A).

II. **PURPOSE:**
A. To promote a positive breastfeeding experience for mother and newborn.
B. To reduces incidence and severity of infectious diseases.
C. To facilitate a mother-baby philosophy that supports normal physiology and promotes infant health.
D. To provide consistent education prenatally, during labor and delivery and postpartum to the patient and her family about the benefits and management of breastfeeding,
E. To promote exclusive breastfeeding for the first six months and continued breastfeeding for at least 12 months as recommended by AAP guidelines.
F. To encourage and promote a positive breastfeeding experience for mother and baby while respecting the role of cultural influences.
G. To communicate the written breastfeeding policy routinely to all healthcare staff.
H. To support the training received by healthcare staff by defining actions necessary to promote exclusive breastfeeding and mother-infant attachment, and by providing the skills necessary to implement the policy.
I. Breastfeeding benefits:
   1. For infant:
      a. Easily digestible
      b. Iron better absorbed
      c. Less constipating
      d. Passive immunities
      e. Decreased infections
      f. Better speech development
      g. Faster expulsion of meconium
      h. Less allergies, asthma
i. Decreased SIDS

2. For mother:
   a. Increased prolactin
   b. Closeness to infant
   c. Faster uterine involution
   d. Economical
   e. Less breast, ovarian cancer
   f. Less time off from work from child’s illness
   g. Delay in return of menstruation

III. **POLICY:**
A. All mothers shall be informed of the benefits of breastfeeding.
B. If the mother chooses not to breastfeed, after receiving information regarding the benefits of breastfeeding, she should be supported in her decision.
C. Assembly Bill 1025 mandates that employers must ensure working mothers have adequate time and an appropriate place to express breast milk during the workday.
D. Initiate breastfeeding as soon as possible after delivery, preferably within 1 hour (ideally with alert mother and newborn, in delivery room if medically permissible). This may necessitate delaying other routine newborn procedures including weighing, measuring, bathing, and “routine” observation of medically stable infants in the nursery, prioritizing breastfeeding.
   1. The sucking reflex is strongest in the first two hours of life.
E. Infants will be breastfed on demand schedule, mothers condition permitting.
   1. Infants should be fed when they exhibit signs of hunger, such as:
      a. Rooting
      b. Sucking motions
      c. Motor activity, hands-to-mouth, flexion of arms, legs moving as though riding a bicycle.
      d. Posture/affect: tense; clenched fists.
      e. Crying is the last sign of hunger.
F. Formula feeding a breastfed infant should be discouraged.
   1. Skipping night breastfeeding in the hospital is a deterrent to establishing a good milk supply; in an effort to “let mothers sleep”.
      a. Mainly cultural perceptions rather than biological benefits.
      b. The nurse should encourage the mother to breastfeed her infant throughout the night and inform her of the negative possibilities regarding establishing a good milk supply. If the mother decides to have her infant fed by staff due to cultural beliefs or due to her physical condition, even after she has been informed of the breastfeeding benefits, she should be supported in her decision.
      c. Mothers should be encouraged to rest in between feedings throughout the day and night, which may include suggesting that they limit the number of visits made by family members and friends.
G. Supplementation:
   1. All breastfed infants will be exclusively breastfed except when:
      a. Acceptable medical indications exist as diagnosed by the health care provider
      b. Parents request supplementation after receiving education on the breastfeeding benefits.
   2. Routine water and milk supplementation is contraindicated for healthy, full-term infants and most larger premature infants.
   3. If a breast fed infant must be supplemented with formula due to the infant’s and/or mother’s condition, inform the mother of the impending feeding.
   4. If the supplemental feeding is for a few feedings only, the breast fed infant may be “syringe fed” to eliminate the risk of nipple preference (confusion).
5. Indications for supplementing an infant should be documented in the electronic record.

**H Infant Situations that May Warrant Supplementation:**

1. Prematurity, low birth weight and mother is not available or is unable to express sufficient quantities for the baby’s immediate needs.
2. Intrauterine growth retardation (IUGR).
3. Inborn errors of metabolism such as PKU, Maple Syrup Urine Disease.
4. Dehydration.
5. Hypoglycemia.
6. Weight loss greater than 10% at 24 hours of age.
7. Weight loss of 8-10% accompanied by delayed lactogenesis at day 5 or later.
8. Hyperbilirubinemia related to poor intake.

**I Maternal Situations that May Warrant Supplementation:**

1. HIV infection
2. Human t-lymphotrophic virus type I or II
3. Substance abuse and/or alcohol abuse
4. Active, untreated tuberculosis
5. Taking certain medications, i.e., prescribed cancer chemotherapy, radioactive isotopes, antimetabolites, antiretroviral medications, and other medications where the risk of morbidity outweighs the benefits of breast milk feeding
6. Undergoing radiation therapy
7. Active, untreated varicella
8. Active herpes simplex virus with breast lesions
9. Admission to Intensive Care Unit (ICU) post-partum
10. Adoption or foster home placement of newborn
11. Previous breast surgery, i.e., bilateral mastectomy, bilateral breast reduction or augmentation where the mother is unable to produce breast milk
12. A specific request by the mother for supplementation after education of the breastfeeding benefits and documentation have been completed.

**J. Benefits of Breastfeeding Preterm Infants:**

1. The American Academy of Pediatrics has determined that human milk is best for all infants, including preterm infants.
   a. Milk produced by mothers of preterm infants, called “preterm milk” is different from the contents of term milk, and has special benefits and is suited to meet the unique needs of the preterm infant.
2. Mothers who wish to breastfeed their preterm or sick infant, who cannot initially be put to the breast, shall be encouraged to manually express their milk by using the breast pump as soon as their condition allows.
3. Store the expressed breast milk (EBM) in a sterile glass or plastic container with the specific infant’s addressograph sticker, including time and date of expression, in either the refrigerator or freezer compartment designated for breast milk storage in the NICU.
   a. While in the hospital fresh EBM may be stored in a sterile glass or plastic container for 5 days. If it must be stored for longer periods, it can be frozen in the freezing compartment of a refrigerator for 2 weeks. If an EBM feed is anticipated fresh EBM may be left out in room temperature for up to 4 hours (CDC, 2010).
   b. Do not save milk from a used bottle for use at another feeding.
   c. Thaw or warm frozen or refrigerated EBM under running tap water.
      i. Do not thaw in a microwave or expose to extremely hot water; the very high temperatures can destroy valuable components of the milk.
      ii. Once the EBM has been thawed, it may be refrigerated for up to 24 hours, but do not refreeze.
iii. The remainder of used EBM must be discarded and not refrozen or refrigerated.

4. Mothers who have tested positive for HIV antibody or HbsAg should not provide stored milk for their infants because of the risk to other infants.
   a. Mothers who have tested positive for HbsAg may breastfeed their babies after their infant has received hepatitis B immune globulin and vaccine, it is preferable not to store milk that is potentially contaminated with hepatitis B virus in the Nursery/NICU.

K. All mothers shall be provided with written breast feeding information upon the first visit with their infants in their room out in Couplet Care: “Take Home Newborn Teaching Instructions”.

L. Home Health follow-up of mothers and infants who have identified breastfeeding risk factors should be encouraged to be ordered by physician and additional recourses should be provide to patient prior to discharge as appropriate, for example:
   1. Hospital classes and/or community breastfeeding classes or support groups
   2. La Leche League (1-800-LALECHE)
   3. WIC
   4. Medela (1-800-TELL-YOU)
   5. Ameda 1-877-99-AMEDA (26332)

IV. **EQUIPMENT:**
   Teaching Material: “Take Home Newborn Teaching Instructions”

V. **PROCEDURE:**
   A. Take infant out to mom’s room as soon as infants is stable and/or has successfully passed through transition. Verify identification of mother and infant by comparing and matching ID band numbers and information on the ID bands.
   B. For purposes of continuity of care and evidence based practice nursing will be educated and follow the recommendations for educating patients and breastfeeding procedures utilizing Mosby’s Skills: [Breastfeeding Education (Maternal-Newborn)](https://example.com)
   C. Assess mother’s readiness to learn. If she is not ready or if infant is not cooperative, teaching may be completed at a later time. It is important to document all skills and/or knowledge on the “Newborn Teaching Plan” and/or Breastfeeding Care Plan. Please refer to the “Take Home Newborn Teaching Instructions”.

VI. **DOCUMENTATION / CHARTING:**
   A. Document the following in the EMR:
      1. How well the infant fed.
         a. Type of feed- breast, EBM, or formula type. Avoid using the word “bottle” as a synonym for formula because bottles may contain EBM.
         b. Amount of feed- in minutes or milliliters.
      2. Document any emesis during or after the feeding.
         a. Approximate amount of emesis if possible.
            i. Small
            ii. Moderate
            iii. Large
         b. Describe emesis
      3. Document that mother has received adequate information to make an informed feeding choice, if the choice is not to breastfeed or if formula was provided without a medical reason.
      5. Document breast feeding education provided to patient on the “Newborn Teaching Plan” and/or EMR
VII. REFERENCES:
E. Baby-Friendly USA 2012- The Ten Steps to Successful Breastfeeding
F. PROVIDING BREASTFEEDING SUPPORT: MODEL HOSPITAL POLICY
G. Mosby’s Skills: Breastfeeding Education (Maternal-Newborn)
H. Centers of Disease Control (CDC) (2010). Proper Handling and Storage of Human Milk
Addendum B

**Step 1:** Have a written breastfeeding policy that is routinely communicated to all health care staff. Rideout Health will utilize Policy Tech Manager to communicate the Breastfeeding Policy annually in which staff are required to mark as read.

**Step 2:** Train all health care staff in skills necessary to implement this policy. All staff with primary responsibility for the care of breastfeeding mothers and infants will receive educational training utilizing Mosby’s Skills: Breastfeeding Education (Maternal-Newborn), the policy Perinatal - Feeding – Breast and the “Hospital Infant Feeding Act (Health and Safety Code Section 123366)” In regards to new hires, training will be completed during their orientation.

**Step 3:** Inform all pregnant women about the benefits and management of breastfeeding. Women delivering at Rideout Health will have received consistent, positive messages about breastfeeding throughout their hospital stay. Topics to be covered include the benefits of breastfeeding, the importance of exclusive breastfeeding, the basics of breastfeeding management and the rationale for care practices such as early skin-to-skin contact, rooming in, and breastfeeding on cue.

**Step 4:** Help all mothers initiate breastfeeding within one hour of birth whenever possible. All healthy, full term infants should be place in their mothers arms, skin-to-skin, within the first half-hour after birth. Staff will offer assistance during this period to help parents learn and respond to infant’s feeding cues and to initiate first breastfeed. In the event of a cesarean birth, infants should be placed skin-to-skin within a half-hour of mother’s ability to respond to her infant. Staff will offer assistance with learning feeding cues during this time. Note that it may take some infants longer than one hour to spontaneously initiate breastfeeding, particularly if the mother was given sedating medications during labor.

**Step 5:** Show mothers how to breastfeed and how to maintain lactation even if they are separated from their infants. All mothers should receive additional assistance with breastfeeding in the first six hours after birth and throughout her stay. Staff will assess the mother/baby couplet every shift for comfort/effectiveness of feeding and suggest changes as needed. Education will be offered regarding feeding in response to infant cues and methods of expression of breast milk. Mothers of preterm or ill infants will be educated and assisted in collecting their milk.

**Step 6:** Give newborn infants no food or drink other than breast milk, unless medically indicated. All breastfed infants will be exclusively breastfed except when a) acceptable medical indications exist for supplementation; or b) parents request supplementation after receiving education.

**Step 7:** Practice rooming-in by allowing mothers and infants to remain together. Mothers who request separation from their babies should receive information about the rationale for rooming-in. Healthy mothers and infants should not be routinely separated during their stay, with the exception of any medically necessary procedures.

**Step 8:** Encourage breastfeeding on demand. Staff should assist families in the process of learning about feeding cues and responding to them. Mothers should be told to offer a minimum of 8 or more frequent unrestricted feedings in 24 hours.

**Step 9:** Give no artificial teats or pacifiers, unless the mother was educated on nipple confusion and still requests them (document education and mother’s request). Rideout Health staff will not offer healthy breastfed babies pacifiers or artificial nipples. For comfort measures, a pacifier may be given temporarily for painful procedures, such as circumcision.

**Step 10:** Foster the establishment of breastfeeding support groups and refer mothers to them on discharge when appropriate. The healthcare team will assess available community breastfeeding support resources and foster the development of breastfeeding support networks. All mothers should receive referrals and/or appropriate resources prior to their discharge.