



Perinatal - Breast Feeding PDF

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Owner: Virginia Medina, RN - Staff

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Revision Note:

Update best practices for breastfeeding and include a feeding plan.

POLICY & PROCEDURE: PERINATAL - BREAST FEEDING

POLICY SUMMARY/INTENT:

Rideout Memorial Hospital DBA, Adventist Health and Rideout (AHRO) 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 Breast feeding, (*Appendix*), support our breast feeding mothers by creating an environment supportive of breast feeding and by providing the best evidence based breast feeding care possible. As such, it is AHRO policy that nursing shall inform all mothers of the benefits of breast feeding.

If the mother chooses not to breast feed, after receiving information regarding the benefits of breast feeding, she will be supported in her decision.

To communicate the written breast feeding policy routinely to all health care staff and provide the skills necessary to implement the policy.

DEFINITIONS:

1. **Breast milk feeding/breast feeding** – 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 breast feeding is the goal for optimal health, it is recognized that human milk provided indirectly is still superior to alternatives.

AFFECTED DEPARTMENTS/SERVICES:

1. Perinatal Department
-

POLICY: COMPLIANCE – KEY ELEMENTS

A. PROCEDURE:

1. 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 in the EHR and/or update the EHR Breast feeding Care Plan.
2. The newborn handout, "Take Home Newborn Teaching Instructions" (located in the Nursery/NICU Units) shall be given to every mother when the newborn is taken out to room with the mother on the postpartum floor or ASAP if baby is admitted to the NICU.
3. Explain the benefits of breastfeeding to the mother:
 - a. For infant:

- i. Easily digestible
 - ii. Iron better absorbed
 - iii. Less constipating
 - iv. Passive immunities
 - v. Decreased infections
 - vi. Better speech development
 - vii. Faster expulsion of meconium
 - viii. Less allergies, asthma
 - ix. Decreased SIDS
- b. Benefits of Breast feeding Preterm Infants:
- i. The American Academy of Pediatrics has determined that human milk is best for all infants, including preterm infants.
 - ii. 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.
- c. For mother:
- i. Increased prolactin
 - ii. Closeness to infant
 - iii. Faster uterine involution
 - iv. Economical
 - v. Less breast, ovarian cancer
 - vi. Less time off from work from child's illness
 - vii. Delay in return of menstruation
4. Infants should not be given pacifiers unless medically indicated or following informed decision from mother.
 5. Healthy infants should be placed skin to skin on mother immediately following vaginal birth for at least one hour. Healthy infants after cesarean birth should have uninterrupted skin to skin contact with them as soon as the mother is responsive and alert.
 6. Routine procedures (APGARS, assessments) should be done with the baby skin to skin with the mother
 7. Procedures requiring separation of the mother and baby (bathing) should be delayed until after initial period (1hr) of skin to skin.
 8. Mothers should be encouraged to recognize when their babies are ready to feed, RN to help as needed.
 9. The Infant should have the first feeding within the first hour of life. The sucking reflex is strongest in the first two hours of life.
 10. Infants will be breastfed on demand schedule, mothers condition permitting.

11. 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.
12. Formula feeding a breastfed infant should be discouraged.
13. Skipping night breast feeding 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 breast feeding 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.
14. Supplementation:
 - a. All breastfed infants will be exclusively breastfed except when:
 - i. Acceptable medical indications exist as diagnosed by the health care provider
 - ii. Parents request supplementation after receiving education on the breast feeding benefits.
 - b. Routine water and milk supplementation is contraindicated for healthy, full-term infants and most larger premature infants.
 - c. If a mother has to supplement with formula, but wishes to breast feed, she must start breast pumping to keep up her supply and offer for future feeds prior to giving formula.
 - d. It is best to supplement with expressed breast milk first.
 - e. If a breastfed infant must be supplemented with formula due to the infants and/or mother's condition, inform the mother of the impending feeding.
 - f. If the supplemental feeding is for a few feedings only, the breastfed infant may be syringe fed, cup fed, using Supplemental Nursing System (SNS), or finger fed to eliminate the risk of nipple preference (confusion).
 - g. Indications for supplementing an infant should be documented in the electronic record.
 - h. If human milk fortifier has been ordered by the provider, refer to policy AHRO policy [Recommendations For Collection, Storage, and Handling of Mothers Own Expressed Breast Milk-Perinatal](#).
15. Infant Situations that May Warrant Supplementation:

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

16. Maternal Situations that May Warrant Supplementation:

- a. HIV infection.
- b. Human t-lymphotrophic virus type I or II.
- c. Substance abuse and/or alcohol abuse.
- d. Active, untreated tuberculosis.
- e. 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.
- f. Undergoing radiation therapy.
- g. Active, untreated varicella.
- h. Active herpes simplex virus with breast lesions.
- i. Admission to Intensive Care Unit (ICU) post-partum.
- j. Adoption or foster home placement of newborn.
- k. Previous breast surgery, i.e., bilateral mastectomy, bilateral breast reduction or augmentation where the mother is unable to produce breast milk.
- l. A specific request by the mother for supplementation after education of the breast feeding benefits and documentation have been completed.

17. Special Considerations for Hepatitis B Patients:

- a. Mothers who have tested positive for HbsAg should not have their milk stored in the Nursery/NICU breast milk refrigerator because of the risk to other infants from milk that is potentially contaminated.
- b. Mothers who have tested positive for HbsAg may breast feed their babies after their infant has received hepatitis B immune globulin and vaccine.

18. Expressed Breast Milk:

- a. 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.

- b. Store the expressed breast milk (EBM) in a glass or plastic container with the specific infants addressograph sticker, including time and date of expression, in either the refrigerator or freezer compartment designated for breast milk storage in the NICU. See [Recommendations For Collection, Storage, and Handling of Mothers Own Expressed Breast Milk-Perinatal](#)
19. All mothers should be educated and taught how to hand express breast milk prior to discharge.
20. All mothers shall be provided with written breastfeeding information upon the first visit with their infants in their room out in Couplet Care: "Take Home Newborn Teaching Instructions."
21. Home Health follow-up of mothers and infants who have identified breast feeding 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:
 - a. Hospital classes and/or community breastfeeding classes or support groups
 - b. La Leche League (1-800-LALECHE)
 - c. WIC
 - d. Medela (1-800-TELL-YOU)
22. 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 Lippincott Procedure: [Breastfeeding Assistance](#)
23. Documentation / Charting:
24. Document the following in the EHR:
 - a. How well the infant fed.
 - i. Type of feed - breast, EBM, or formula type. Avoid using the word "bottle" as a synonym for formula because bottles may contain EBM.
 - ii. Amount of feed - in minutes or milliliters.
 - b. Document any emesis during or after the feeding.
 - i. Approximate amount of emesis if possible.
 - I. Small.
 - II. Moderate.
 - III. Large.
 - ii. Describe emesis.
25. 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.
26. Document medical indications for supplementing an infant with formula.
27. Document breastfeeding education provided to patient on the "Newborn Teaching Plan" and/or EHR.

B. RELATED DOCUMENTS:

1. [al](#)
2. Breastfeeding Care Plan, (*Appendix*)

C. **REFERENCES:**

1. American Academy of Pediatrics and The American College of Obstetricians and Gynecologists (AAP/ACOG) (2017). [Guidelines for Perinatal Care](#). (8th Edition).
2. Bliss, Mary Campbell, RN, MS, CLC (1998). [The First Steps to Successful Breastfeeding](#). Sacramento: Sutter Womens and Childrens Services.
3. Pepper, Mel, RNC, NNP, MS and Adams, Janet RNC, NNP, BSN (1997). [Neonatal Policy & Procedure Guideline Manual](#). Los Angeles: Academy Medical Systems, INC.

[Baby-Friendly USA 2012- The Ten Steps to Successful Breastfeedin](#)

4. [g](#)

[PROVIDING BREASTFEEDING SUPPORT: MODEL HOSPITAL POLIC](#)

5. [Y](#)

6. Lippincott Procedures: Breastfeeding assistance. Retrieved from <https://procedures.lww.com/lnp/view.do?pld=2592654&hits=breastfeeding,breastfeed,breastfed&a=false&ad=false> on 10/1/2019.

[Proper Handling and Storage of Human Mil](#)

7. Centers of Disease Control (CDC) (2010). [k](#)

APPENDIX

BREAST FEEDING CARE PLAN

Step 1: Have a written breast feeding policy that is routinely communicated to all health care staff. AHRO will utilize Lucidoc to communicate the Breast feeding 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 the Lippincott Procedure: Breastfeeding Assistance, 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 breast feeding. Women delivering at AHRO will have received consistent, positive messages about breast feeding throughout their hospital stay. Topics to be covered include the benefits of breast feeding, the importance of exclusive breast feeding, the basics of breast feeding management and the rationale for care practices such as early skin-to-skin contact, rooming in, and breast feeding on cue.

Step 4: Help all mothers initiate breast feeding within one hour of birth whenever possible. All healthy, full term infants should be placed in their mothers arms, skin-to-skin, immediately after birth, if mother and infant are stable. Staff will offer assistance during this period to help parents learn and respond to infant's feeding cues and to initiate first breast feed. In the event of a cesarean birth, infants should be placed skin-to-skin as soon as the mother is responsive and alert. 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 breast feeding, particularly if the mother was given sedating medications during labor.

Step 5: Show mothers how to breast feed 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 breast feeding 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 unscheduled 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). AHRO 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 breast feeding 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 breast feeding support networks. All mothers should receive referrals and/or appropriate resources prior to their discharge.

**ATTACHMENTS:
(REFERENCED BY THIS
DOCUMENT)**

Recommendations For Collection, Storage, and Handling of Mothers Own Expressed Breast Milk-Perinatal

Baby-Friendly USA 2012- The Ten Steps to Successful Breastfeeding Breastfeeding Assistance

Breastfeeding Education (Maternal-Newborn)

PROVIDING BREASTFEEDING SUPPORT: MODEL HOSPITAL POLICY

Proper Handling and Storage of Human Milk

**OTHER DOCUMENTS:
(WHICH REFERENCE THIS
DOCUMENT)**

Blood Glucose Screening In Newborns-Perinatal

Correction of Flat or Inverted Nipples -Perinatal

Bottle Feeding, Formula Preparation and Storage-Perinatal

Procedure for Electrical and Manual Breast Pumps-Hospitalwide

FEDERAL REGULATIONS:

ACCREDITATION:

CALIFORNIA:

HAWAII: Not applicable

OREGON: Not applicable

WASHINGTON: Not applicable

REFERENCES:

ADVENTIST HEALTH SYSTEM/WEST POLICY OWNER: Not applicable

ENTITY POLICY OWNER: RN - Staff

APPROVED BY:

ADVENTIST HEALTH SYSTEM/WEST: Not applicable

ADVENTIST HEALTH SYSTEM/WEST INDIVIDUAL: Not applicable

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