POLICY & PROCEDURE: PERINATAL - BREAST FEEDING

POLICY SUMMARY/INTENT:

The Fremont-Rideout Health Group ("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, *(Appendix)*, support our breastfeeding mothers by creating an environment supportive of breastfeeding and by providing the best evidence based breastfeeding care possible. As such, it is Rideout Health policy that nursing shall inform all mothers of the benefits of breastfeeding.

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

To communicate the written breastfeeding 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 breastfeeding is the goal for optimal health, it is recognized that human milk provided indirectly is still superior to alternatives.

AFFECTED DEPARTMENTS/SERVICES:

1.

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 EMR and/or update the EMR Breastfeeding 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

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 Breastfeeding 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 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.
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 breastfeeding 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 breastfeed, 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 Rideout Health 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 breastfeeding 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 breastfeed 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 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:
    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 Mosby's Skills: Breastfeeding Education (Maternal-Newborn) .
23. Documentation / Charting:
24. Document the following in the EMR:
    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 EMR.

B. **RELATED DOCUMENTS:**

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

2. Breastfeeding Care Plan, *(Appendix)*

C. **REFERENCES:**

1. American Academy of Pediatrics and The American College of Obstetricians and Gynecologists (AAP/ACOG) (1997). Guidelines for Perinatal Care. (Seventh Edition).

2. Biancuzzo, Marie, RN, MS. IBCLC (1999). Breastfeeding the Newborn, Clinical Strategies for Nurses. St. Louis: Mosby.

3. Bliss, Mary Campbell, RN, MS, CLC (1998). The First Steps to Successful Breastfeeding. Sacramento: Sutter Womens and Childrens Services.

4. Pepper, Mel, RNC, NNP, MS and Adams, Janet RNC, NNP, BSN (1997).Neonatal Policy & Procedure Guideline Manual. Los Angeles: Academy Medical Systems, INC.

5. Baby-Friendly USA 2012- The Ten Steps to Successful Breastfeeding .

6. PROVIDING BREASTFEEDING SUPPORT: MODEL HOSPITAL POLICY .

7. Mosby's Skills: Breastfeeding Education (Maternal-Newborn) .

8. Centers of Disease Control (CDC) (2010). Proper Handling and Storage of Human Milk .

APPENDIX

BREASTFEEDING CARE PLAN

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 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 breastfeed. 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 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 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). 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.

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 Education (Maternal-Newborn)** **PROVIDING BREASTFEEDING SUPPORT: MODEL HOSPITAL POLICY** **Proper Handling and Storage of Human Milk**
OTHER DOCUMENTS: (WHICH REFERENCE THIS DOCUMENT)	**Correction of Flat or Inverted Nipples -Perinatal** **Bottle Feeding, Formula Preparation and Storage-Perinatal** **Blood Glucose Screening In Newborns-Perinatal**
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

ENTITY: (09/04/2015) Policy Review Sub Committee, (11/13/2015) Medical Executive Committee, (12/17/2015) FRHG Governing Board

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(12/08/2015 11:25AM PST) FRHG: Quality Council, FRHG ()

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This document is listed as a link on the document "Perinatal - Breast Feeding".

POLICY & PROCEDURE: RECOMMENDATIONS FOR COLLECTION, STORAGE, AND HANDLING OF MOTHERS OWN EXPRESSED BREAST MILK-PERINATAL

POLICY SUMMARY/INTENT:

It is the policy of the Fremont-Rideout Health Group ("Rideout Health") to allow patients to pump their own milk for their own infants who cannot breast feed or due to a preference of feeding route. All patients of premature, ill infants, or those who chose to pump or who cannot breastfeed directly from the breast, and patients who wish to breastfeed their babies shall be provided with instructions for expressing and storing milk.

To provide guidelines for proper pumping and to promote safe preparation and storage techniques for expressed breast milk (EBM) of breastfed infants while maintaining the high quality of expressed breast milk and the health of the baby; including properly handling and preparation of expressed breast milk with added fortifier using clean technique.

DEFINITIONS:

1. **Types of Storage** – The 1999 recommendations for the storage and handling of mother's own expressed breast milk by the Human Milk Banking Associations of North America, Inc. (HMBANA) defines two types:
    a. **Fresh milk** – milk held at room temperature.
    b. **Thawed milk** – milk that has been previously frozen.

AFFECTED DEPARTMENTS/SERVICES:

1. This policy applies to mothers and newborns in the Perinatal Department.

POLICY: COMPLIANCE – KEY ELEMENTS

A. **PROCEDURE:**

1. Instructions shall be provided in a manner that is simple and the mother can understand until which time the infant can breastfeed on their own.
2. Breast milk shall be properly bottled, stored and labeled and only milk obtained from the infants mother shall be given to that infant.
3. Wash hands with soap and water. Special care should be taken to clean nails and nail beds. Hands should be washed thoroughly as it reduces the potential for and degree of contamination of expressed milk.
4. Provide privacy.
5. Breast cleansing routines are unnecessary and can be damaging to nipple skin. Routine daily hygiene is sufficient. Routine daily hygiene is gentle on the breast and nipple tissue and will allow the lubricating and bacteriostatic functioning of the Montgomery glands to proceed normally.

bacteriostatic functioning of the Montgomery glands to proceed normally.

6. Routine use of nipple lubricants is unnecessary. When use is warranted, a product that can be safely ingested by the baby should be chosen. Example would be USP Modified Lanolin cream.

7. Hospital grade, piston electric breast pumps should be used to establish and maintain an adequate milk supply for a hospitalized infant. See policy, e Procedure for Electrical and Manual Breast Pumps-Hospitalwid .
Regular and frequent use of a hospital grade, piston electric breast pump with automatic cycling establishes and maintains a milk supply that is higher in fat content than any other forms of expression.

8. Each mother should be supplied with her own personal pumping kit. Sharing of pump kits may be a source of cross-contamination.

9. Equipment that shall be used repeatedly, such as accessory kits (or manual pumps) should be cleaned after each use with designated wipes supplied to the patient. Instructions shall be given. Only those parts that actually come into contact with milk or the breast needs to be cleaned after each use. Parent Education:

    a. Written and verbal/video instructions should be supplied to each mother. Written instruction should be clear and easy to read, and should include:

        i. proper hand washing with soap and water

        ii. washing and cleaning of pump parts

        iii. instructions for storage, handling and transport of milk

        iv. labeling instructions

        v. timing and length of pumping to assure optimal milk supply

        vi. a phone number of and a person to contact

        vii. *Note: Research shows that mothers of hospitalized infants have many questions about expressing and storing their milk and keeping it as clean as possible. Verbal and video instructions are valuable, but written instructions for use at home are also essential for quality control.*

    b. Individualized labels with the infant's name and hospital ID number/barcode shall be provided. Mothers should add the date and time of expression. Labeling instructions are extremely important

10. Mothers of hospitalized infants should be assisted with expressing their milk on a regular basis as soon after delivery as possible. Delay of initiation in expression can result in lower milk production. Delayed expression of milk is also associated with high bacteria counts in the early milk of mothers of hospitalized infants.

11. It is unnecessary to express and discard the first few ccs of milk prior to expressing and saving milk for a feeding.

12. Mothers should be encouraged to package expressed milk in feeding-sized portions. Frequent communication between hospital staff and parents about anticipated feeding portions gives parents a sense of greater participation in their own infants care.

13. Mothers should be provided with ample supply of clean containers for their milk. Containers should have solid caps that will provide an airtight seal. Solid lids reduce the risk of Contamination of the expressed milk as well as the exposure of nutrient in the milk to oxidation.

14. Clean bottles provided are one time use and discarded after use. Recommendations for Human Milk Storage have been adopted by the Academy of Nutrition and Dietetics.

15. Recommendations for Human Milk Storage for Hospitalized Infants

Location	Temperature	Duration	Comments
Countertop, table	Room temperature (up to 77°F)	Equal to or less than 4 hours.	Containers should be covered and kept as cool as possible.
Insulated cooler bag	59°F	No more than 24 hours	Keep ice packs in contact ewith milk conatiners at all times, limit opening cooler bag.
Refrigerator	Equal to or less than 39°F	Thawed or fortified milk no more than 24 hours, fresh milk for no more than 96 hours.	Store milk in the back of the main body of the refrigerator.
Freezer			
Freezer compartment of a refrigerator	-4°F or cooler	3 mounths	Store milk toward the back of the freezer, where temperature is most constant. Milk stored for longer durations in the ranges listed is safe, but some of the liquids in the milk undergo degradation resulting in lower quality.

16. The breast milk temperature shall be monitored via continuous electronic monitoring. If the temperature goes out of range for 30 minutes an alert will be sent and will continue to alert in intervals of 30 minutes.

    a. Steps if temperature is found out of range for freezer:

        i. Adjust thermostat

        ii. Recheck at 30 minute intervals up to 2 hours

        iii. If the temperature remains out of range at 2 hours, notify Engineering. Breast milk will be transferred to the refrigerator (if within range), labeled as thawing milk using the date and time that the freezer was originally found out of range. The thawed breast milk must be used within 24 hours from that date/time, or discarded after that time.

        iv. All actions taken shall be documented on the log provided on the side of the freezer/refrigerator.

    b. Steps if temperature is found of out range for refrigerator:

        i. Adjust thermostat

        ii. Recheck at 30 minute intervals up to 2 hours

        iii. If the temperature remains out of range at 2 hours, notify Engineering. Breast milk will be considered "room temperature" and must be used within 4 hours from the date and time that the refrigerator was found out of range (See Attachment D).

        iv. All actions taken shall be documented on the log provided on the side of the freezer/refrigerator (See Attachment D).

17. Downtime procedure (see downtime forms: Attachments B and C): During downtime the breast milk temperature shall be monitored manually with the thermometer and documented daily. In addition during downtime, the accuracy of the temperature shall be checked and documented when adding and removing breast milk from the refrigerator or freezer.

18. Storage Durations:

    a. Expressed milk should be refrigerated or frozen immediately, unless it is anticipated the baby shall be fed the fresh EBM, then it can be stored at room temperature to be used within 4 hours of expressing. Milk that will not be used completely by 96 hours after expression should be frozen.

    b. Refrigerated milk that is not used shall be discarded within 96 hours of expression date and time.

    c. Frozen milk should be used by oldest date first to ensure that milk is used within three (3) months of expression date and time (if stored in the freezing compartment of a refrigerator). There is no change in the quality of frozen milk, although a slight soapy flavor may result. Infants do not appear to reject this flavor change.

    d. Milk should not be "layered". Milk from each individual pumping session should be put into its own container.

    e. Breast milk left over after a feeding should be discarded.

19. Transportation:

    a. All milk should be packed tight in a cooler with ice packs during transport to the hospital. Frozen milk should be maintained in a frozen state during transport to reduce the risk of warming of the milk which could encourage bacterial growth.

    b. *Note: Wet ice is warmer than frozen milk and actually thaws the milk some.*

20. Thawing procedures:

    a. Thawing frozen or refrigerated breast milk shall be done using a breast milk warmer in the designated breast milk preparation and handling area.

    b. Thawing may also be done gradually from the freezer compartment to the refrigerator compartment. Put the frozen breast milk in a disposable liner labeled "Thawing started at time/date". Once milk is thawed milk, it may only be refrigerated for 24 hours from the start of thawing. If not used within 24 hours it shall be discarded.

    c. Thawing should not be done in a microwave oven. Microwave thawing significantly reduces the levels of IGA in milk, decreases the activity lysozyme and allows greater E.coli growth. There is an increased potential for hot spots with uneven heating in the microwave.

    d. Excessive heat should not be used to thaw milk.

21. Any milk that has been warmed for a feeding but is not used should be discarded. Only the amount of milk needed for a feeding should be warmed.

22. Preparation of Fortified Feedings:

    a. Fortifiers and other additives should be added by a registered nurse who has competency to add fortifiers. Fortifiers require a MD order. Fortifier shall be mixed per MD order and manufacture guidelines in separate preparation areas using aseptic technique. Mixing of feedings in designated areas by trained personnel promotes appropriate supplementation, prevents contamination, and reduces errors. The registered nurse shall be free from distraction and shall follow the procedure

below:

i. Check Physician Order and Baby ID band

ii. Sanitize hands and don hair cover.

iii. Sanitize hands and don gloves.

iv. Clean work surface, breast milk warmer, and refrigerator door using food grade sanitizing wipes (1 minute).

v. Wash hands with antiseptic soap and water and don gloves.

vi. Using the breast milk warmer, warm/thaw milk.

vii. Check fortifier expiration date. Mix expressed breast milk with fortifier following Physician order and per manufacturer guidelines

viii. To mix the fortifier with breast milk, gently swirl it. Do not shake.

ix. Remove gloves and hair cover

x. Wash hands with soap and water

xi. If Fortified milk is not immediately fed; then, in addition to the infant's name and hospital ID number/barcode label, it shall include a label stating the breast milk has been fortified, the date and time fortifier was added and the amount of calories content added.

xii. Do not use fortified breast milk if it is unrefrigerated for 2 hours. After the feeding begins, use fortified breast milk within one hour.

xiii. Scan baby band and EBM barcode and ensure they match before feeding

xiv. Clean work surface and breast milk warmer using food grade sanitizing wipes (per manufactures guidelines). If unable to clean immediately, a sign informing the space is not cleaned will be placed on the preparation area.

23. Charting:

a. Charting of feedings:

i. Record the type of feeding (e.g. fresh, refrigerated, thawed), the method of feeding (e.g. gavage, bottle), and the amount fed should be recorded in the baby's chart.

ii. Fortifiers and other additives should also be documented in the infant's chart.

iii. Record baby's tolerance to feeding.

b. Care of Equipment:

i. Pumps shall be cleaned after use with hospital approved germicide. After discharge, pump parts shall be discharged in the trash.

ii. Pumps shall be checked for spills or milk back-up, and regularly monitored for suction levels.

iii. To avoid the possibility of cross-contamination, accessory kits should be systems that exclude the possibility of milk back-up into the pump and back flow of aerosols into the milk.

iv. Pumps contaminated internally with milk or used by someone with an infectious disease should be removed from use and serviced completely. (Sent to Biomedical Engineering Dept.)

be removed from use and serviced completely, (Sent to Biomedical Engineering Dept.).

B. **RELATED DOCUMENTS:**

1. Attachment A: Breast Pumping Instructions While in the Hospital
2. Attachment B: Downtime REFRIGERATOR/FREEZER TEMPERATURE LOG BREAST MILK
3. Attachment C: Downtime Breast Milk Refrigerator & Freezer In and Out Temperature Log
4. Attachment D: Out of Range Breast Milk REFRIGERATOR/FREEZER Action Log

C. **REFERENCES:**

1. Human Milk Banking Association of North America. Recommendations for Collection, Storage, and Handling of a Mother's Milk for Her Own Infant in the Hospital Setting. West Hartford: HMBANA, 2011.
2. American Academy of Pediatrics (AAP) and American College of Gynecology (ACOG), (2012). Guidelines for Perinatal Care.
3. Centers of Disease Control and Prevention (CDC, last updated 3/2010). Proper Handling and Storage of Human Milk (CDC) .
4. Academy of Nutrition and Dietetics (2011). Infant Feedings: Guidelines for Preparation of Human Milk and Formula in Care Facilities. Second Edition.

ATTACHMENTS: (REFERENCED BY THIS DOCUMENT)	**Recommendations For Collection, Storage, and Handling of Mothers Own Expressed Breast Milk - Attachment A - D** **Perinatal - Breast Pump - Electrical** **Proper Handling and Storage of Human Milk (CDC)**
OTHER DOCUMENTS: (WHICH REFERENCE THIS DOCUMENT)	**Bottle Feeding, Formula Preparation and Storage-Perinatal** **Temperature and Humidity Monitoring-Hospitalwide** **Perinatal - Breast Feeding** **Infant Security (Tag System) and Identification-Perinatal**
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**

SYSTEM/TEST INDIVIDUAL:

ENTITY:

ENTITY INDIVIDUAL:

REVIEW DATE:

REVISION DATE: **10/27/2011, 02/11/2014, 08/06/2015, 08/19/2016, 05/29/2018, 02/07/2019**

NEXT REVIEW DATE: **05/29/2021**