Breastfeeding

Policy Number: 16.02.060
Issued: April 1997
Section: Maternal Child Health

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 and 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, American Academy of Pediatrics, the American College of Obstetrics and Gynecology, the American Academy of Family Physicians and the Academy of Breastfeeding Medicine.

Policy Statement:
1. All pregnant patients will be provided with information on breastfeeding and counseled on the benefits of breastfeeding and contraindications to breastfeeding.
2. The method of feeding will be documented in the medical record of every mother and newborn.
3. Breastfeeding mother-newborn couples will be;
   - Placed skin to skin with the mother and breastfeeding will be initiated within one hour of birth, unless medically unstable.
   - Encouraged to remain together throughout their hospital stay, including at night. Skin-to-skin contact will be encouraged as much as possible when the mother is awake.
   - Encouraged to exclusively breastfeed unless medically contraindicated.
   - Educated and assisted with breastfeeding according to the BMC Breastfeeding Guidelines for the Healthy Term Newborn
4. Formula will not be given to any breastfed infant unless specifically ordered by a physician, nurse practitioner or by the mother’s informed and documented request.
5. Anti-lactation drugs will not be given to any postpartum mother.
6. Nipple shields, nipple creams, ointments, or other topical preparations will not be routinely used unless clinically necessary.
   - Nipple shields, if deemed necessary by the RN, must be accompanied by a request for a lactation consult
7. Pacifiers will not be given to breastfeeding infants except in the following instances;
   - Preterm infants in the NICU or infants with specific medical conditions may be given pacifiers for non-nutritive sucking.
   - Newborns undergoing painful procedures when breastfeeding to comfort the newborn is not
possible. If a pacifier is used, the newborn will not return to the mother with a pacifier

8. All breastfeeding newborn infants should be seen by a pediatrician or other knowledgeable healthcare professional at 3-5 days of age.
   - For infants who are still not latching on or breastfeeding well at time of discharge home, the feeding/pumping/supplementation plan will be reviewed with the mother in addition to the routine breastfeeding instructions. A follow-up pediatric visit or visiting nurse contact should be scheduled within 24 hours. Depending on the clinical situation, it may be appropriate to delay discharge of the newborn.

9. Boston Medical Center will not accept free formula, free breast milk substitutes or provide group instruction in the use of formula.

10. Discharge bags offered to all mothers will not contain any newborn formula, coupons for formula, logos of formula companies or literature with formula company logos.

11. 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 as recommended by the 2005 AAP statement on breastfeeding. If the mother is/has
   - HIV positive
   - using illicit drugs (refer to BMC Illicit Drug Use and Breastfeeding Guideline)
   - 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
   - active, untreated tuberculosis: mother and infant must be separated until the mother has completed appropriate treatment. Mother may pump breast milk during this time and it may be fed to infant safely. Mother may begin breastfeeding as soon as she is considered non-contagious to infant. 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)
   - HTLV1 and HTLV2 (Human T-cell leukemia virus types 1 and type 2)
   - Or the newborn is diagnosed with galactosemia

Equipment:
   - Appropriate Breast Pump; handheld or electric
   - Nipple shield
   - Oral syringe
Cup  
Spoon  
Supplemental Nursing System  
Wide-based, slow-flow nipple  

**Procedure:**  

**Labor and Delivery Unit RN will:**  
- Document the desired feeding method for the newborn in the mother’s chart  
- Place the newborn skin to skin immediately and encourage breastfeeding within ½ to one hour of birth when clinically appropriate  
- Document breastfeeding assessment and teaching  
- Report breastfeeding status upon transfer to the Maternity Unit or NICU. will be documented in the mothers chart  
- For the mother who is separated from her sick or preterm infant, the nurse will encourage the mother to pump as soon as clinically able ((ideally within 6 hours after birth).  
- Educate and assist mother with proper cleaning of pumping kits as needed  

**For mother-newborn couples the maternity/nursery RN will:**  
- Document the desired feeding method for the newborn in the newborn’s chart  
- Distribute the breastfeeding packet on admission  
- Encourage skin to skin and rooming-in  
- Teach manual breast massage techniques  
- Teach feeding cues, assess newborn’s readiness to feed and assist with breastfeeding when the newborn is demonstrating the feeding cues and document  
- Document breastfeeding assessment using the latch tool at least once a shift  
- Not provide bottles in the breastfeeding newborn’s bassinette  
- Assess breast and nipples for any abnormalities and document findings when appropriate  
- Encourage mothers to attend breastfeeding classes and/or watch breastfeeding educational materials  
- Teach proper breast milk storage per the Breast Milk Storage Guidelines for the Healthy Newborn  
- Consult with lactation consultant services per the lactation referral guidelines  
- Review breastfeeding elements found on the mother’s and newborn’s discharge flow sheets  

**For the newborn who is unable to room in with his/her mother, the nursery RN and/or NICU RN will:**  
- Document the desired feeding method for the newborn in the newborn’s chart  
- Encourage the mother to pump as soon as clinically able (ideally within 6 hours after birth).  
- Encourage the mother to pump every 2-3 hours during the day and at least 1 to 2 times during the night for 15-20 minutes or until the milk stops flowing. Mothers should be instructed not to pump for longer than 30 minutes  
- Educate and assist mother with proper cleaning of pumping kits as needed  
- Encourage manual expression after use of the breast pump  
- Teach proper labeling and storage of breast milk for the sick newborn  
- Consult with the lactation consult service  
- Assist in obtaining a double set up electric breast pump prior to going home.  
- Support of the dyad will follow the BMC Guidelines for Breastfeeding and Breastmilk Feeding in the NICU
When clinically stable encourage Kangaroo Care

Forms:
- Mother’s electronic medical record
- Newborn’s electronic medical record
- Newborn’s flow sheet
- Discharge teaching sheet’s; mother’s and newborn’s

Responsibility:
- RN, LPN, LC, PNP, MD and CNM

Clinical Information:
1. 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.
2. Mothers with sore nipples should have positioning and latch assessed immediately by staff nurse. Encourage to allow breastmilk to air-dry on nipple after feedings. Purified lanolin ointment sample may be given to mother. If nipple cracked, abraded and/or bruised request a lactation consult.
3. Supplemental feedings, if necessary should be fed to the newborn by an alternative feeding method when possible (cup, spoon, oral syringe, supplemental nursing system at the breast, finger-feeding, wide-based, slow-flow nipple).
   - The volume should be limited to 10-15 ml per feeding in the first 48 hours of life, and 30 ml on third and fourth day of life. (unless otherwise ordered by physician or nurse practitioner)
4. The following applies to the stable infant:
   - If the infant fed immediately after birth, evidence shows that the newborn may not feed for up to 12 hours of life. Assess the newborn per unit routine, monitor for feeding cues and encourage skin to skin, manual breast message and manual expression of expression of colostrum to the newborn’s mouth during latch attempts. Review mother’s concerns and options of alternative feeding measures if mother requests that the newborn be fed a supplement.
   - If the infant has not had an effect breastfeeding experience after 6 hours of life, assess the newborn per unit routine, monitor for feeding cues and encourage skin to skin. The mother should begin breast massage and manual expression of colostrum directly to the newborn’s mouth during latch attempts. Any expressed colostrum can also be fed by alternative method such as spoon, cup, oral syringe or with finger-feeding. Parents will be instructed to watch closely for feeding cues and whenever these are observed to attempt to latch infant. Review parental concerns and options of alternative feeding measures if they request that the newborn be fed a supplement.
   - If the infant has not had an effect breastfeeding experience after 12 hours of life, assess the newborn per unit routine, monitor for feeding cues and encourage skin to skin. The mother should continue with breast message and manual expression of colostrum directly to the newborn’s mouth during latch attempts. If the mother prefers, pumping with an electric breast pump will be initiated and should be performed every two to three hours (after attempt to latch). Any expressed colostrum or mother’s milk should be fed to the baby by an alternative method (spoon, cup, oral syringe, finger-feeding).
   - The mother may not produce any milk the first few times she pumps but hand expression after use of breast pump may yield more colostrum.
- **If not effective feeding after 24 hours old:** Notify MD/NP; order Lactation consult per referral guidelines. Ongoing collaborative decision with MD/NP/RN/LC and mother regarding need for supplementary feedings and amount required. Devise feeding plan; teach and reinforce feeding plan to mother/support person. Document feeding plan and status; communicate in nurse to nurse report. Pacifiers should be avoided.
- For the late preterm infant in addition to the above statements the mother may need to manually express and or pump after breastfeeding.

5. Prior to discharge, breastfeeding mothers should be able to:
   - Position the baby comfortably
   - Latch the baby on with a deep, asymmetric latch that is not painful
   - Identify when the baby is swallowing milk.
   - State that the baby should nurse approximately 8 to 12 times every 24 hours until satiety;
   - State age appropriate elimination patterns
   - Know how to prevent and manage overly-full breasts (engorgement)
   - List indications for calling a clinician
   - Identify community resources for breastfeeding assistance

**Other Related Policies:**
None

**Initiated by:**
Lactation Service

**Reviewed by:**

**References:**
Academy of Breastfeeding Medicine. Clinical Protocol Number 2: Guidelines for Hospital Discharge of the Breastfeeding

<table>
<thead>
<tr>
<th>APPROVAL DATE</th>
<th>COMMITTEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 2009</td>
<td>Perinatal Committee</td>
</tr>
</tbody>
</table>