

SADDLEBACK MEMORIAL MEDICAL CENTER
Women's and Children's Services
Policy/Procedure

SUBJECT: Breastfeeding Guidelines

PURPOSE:

The purpose of this document is to promote a philosophy and practice of maternal-infant care that advocates breastfeeding as the preferred method for infant nutrition. Nursing care supports the normal physiological functions involved in the establishment of this process and assists families choosing to breastfeed with initiating and developing a successful and satisfying experience.

DEFINITION OF TERMS:

Exclusive breastfeeding is defined as providing breast milk as the sole source of nutrition.

Exclusively breastfed infants receive no other liquids or solids with the exception of oral medications as provided by infant's physician.

GUIDELINES:

There are diverse and important advantages to infants, mothers, families and society for breastfeeding and the use of human milk for infant feeding. These include health, nutritional, immunologic, developmental, psychological, social, economic, and environmental benefits. Human milk feeding supports optimal growth and development of the infant while decreasing the risk of a variety of acute and chronic diseases (American Academy of Pediatrics, 2012).

1. Nursing staff actively supports breastfeeding as the preferred method of providing nutrition to infants.
2. Nursing staff responds to the physician prenatal assessment regarding pertinent maternal medical history which might hinder or eliminate exclusive breastfeeding for infant nutrition.
 - 2.1 Contraindications to breastfeeding include:
 - 2.1.1 Maternal positive HIV status
 - 2.1.2 Infant with metabolic disease or other inborn errors of metabolism
 - 2.1.3 Infant with gastrointestinal or other diseases requiring special formula diet or supplements or the necessity of NPO status
 - 2.1.4 Mother with current illicit drug use
 - 2.1.5 Mother with active, untreated tuberculosis
 - 2.1.6 Mother receiving radioactive isotopes, antimetabolites, chemotherapy, beta blockers, salicylates, or lithium.
 - 2.1.6.1 Refer to the LactMed database included in the reference section for up to date information on medications and their effect on lactation.
 - 2.1.7 Mother with active herpes lesion on breast
 - 2.1.7.1 Breastfeeding may continue on unaffected breast as long as the mother practices and observes careful hand hygiene
 - 2.1.8 Mother with varicella that is determined to be infectious to the infant.
 - 2.1.9 Mother with human T-cell lymphotropic virus (HTLV I or II)
 - 2.2 Conditions that are **NOT** contraindicated with breastfeeding include:
 - 2.2.1 Positive tests for Hepatitis B surface antigen (HBsAg) if the infant receives both hepatitis B vaccine and hepatitis B immune globulin.

- 2.2.1.1 Breastfeeding need not be delayed while waiting for the administration of the vaccine or immune globulin.
- 2.2.2 Positive tests for hepatitis C virus antibody or hepatitis C virus-RNA-positive blood as there have been no reported cases of transmission via human milk (AAP, 2012)
- 2.2.3 Uncomplicated maternal fever or chorioamnionitis
- 2.2.4 Seropositivity (not recent conversions) for cytomegalovirus (CMV) if the infant is term.
 - 2.2.4.1 Pre-term infants born to women who become seropositive for CMV during lactation can develop a sepsis-like syndrome from CMV secretion in breast milk.
 - 2.2.4.2 The benefits of human milk for preterm infants outweigh the risk of acquiring the CMV sepsis-like syndrome (AAP, 2012).
- 3. Nursing assesses the mother's physical and emotional readiness prior to initiation of breastfeeding.
- 4. The Women's and Children's Services department values the individual rights of each mother to determine the feeding method for her baby.
 - 4.1 If the mother enters the hospital indicating that formula is her feeding method of choice, that decision is honored.
- 5. If a mother states on admission that she desires to exclusively breastfeed, it is the role of nursing to support exclusive breastfeeding (in the absence of medical contraindications) and to provide education on the risks of non-medically indicated supplementation in the event that subsequent requests for supplementation occur during the hospitalization.
 - 5.1 This education is documented in smart text notes titled "Neonatal Formula Supplement Education MHS".
- 6. If the mother states on admission that she desires to *both* breast and bottle feed her infant, the same education and documentation occurs prior to the first formula feeding.
- 7. Formula **will not** be routinely stocked in cribs of breastfeeding infants.
 - 7.1 Formula **will** be provided when medically indicated or requested by the mother.
- 8. Breastfeeding resources are available to the mother prenatally through breastfeeding classes, during the hospitalization by reading written material contained in the Admission packet, viewing television programming on breastfeeding on the Newborn Channel in the patient room and post-hospitalization with appointments to the Outpatient Lactation clinic.

PROCEDURE:

- 1. Mothers will be assisted to breastfeed their infant at the time of delivery.
 - 1.1. A healthy newborn is capable of latching on to a breast without specific assistance within the first hour after birth.
 - 1.2. The infant should be placed to the breast as soon as medically indicated after delivery.
 - 1.3. The infant should remain skin to skin with the mother for the first hour after delivery (the "Golden Hour").
- 2. Mothers will be educated on stimulation techniques to continue or enhance suckling by the following:
 - 2.1.1. Unwrap the infant down to the diaper.
 - 2.1.2. Loosen or remove blankets.
 - 2.1.3. Mother's body is the natural environment to stimulate breastfeeding behavior.
 - 2.1.3.1. Place baby skin to skin on mother's chest.
 - 2.1.4. Hold infant in an upright or standing position.
 - 2.1.5. Bend the baby into gentle "sit up" position on the mother's lap by raising the baby's hips, shoulders and torso, bending him at the hips.
 - 2.1.6. Rub or pat the baby's back or suggest the mother walk her fingers up the infant's spine.
 - 2.1.7. Change the infant's diaper.
 - 2.1.8. Gently rub the infant's hands and feet.
 - 2.1.9. Circle the infant's lips with a fingertip.

- 2.1.10. Express milk onto the infant's lips.
3. If the baby is in NICU or not latching to the breast within 6 hours, nurses will teach mom a regular pumping regime per Lactation Consultant recommendations.
4. Mothers will be encouraged to eliminate any necessary separation from their infant during the hospitalization by having the infant "room in" with the mother.
 - 4.1.1. Infants displaying respiratory/circulatory distress or other signs of difficulty transitioning after delivery will be observed in the newborn nursery or NICU.
 - 4.1.2. Circumcisions will be performed in the newborn nursery. A parent is permitted to accompany the infant during this procedure.
5. Mothers will be encouraged to offer the breast whenever the infant shows early signs of hunger, such as increased alertness, increased physical activity, mouthing, or rooting and not wait for the infant to cry.
6. The newborn should be encouraged to feed frequently while awake (8-12 times per day) until satiety occurs (usually 10-15 minutes on each breast) to help stimulate milk production.
 - 6.1. Infants should be aroused to feed in the hospital if feeding has not occurred for 4 hours.
7. The nurse will perform direct lactation observation at least once per shift and note the following to determine adequacy of breastfeeding.
 - 7.1. Perform the 5 elements of the LATCH score using the scoring table below.
 - 7.2. Position baby to facilitate proper alignment. Use pillow to support mom.
 - 7.3. The baby's mouth is far enough onto the breast that the mother is not reporting pain with each suck and the baby is not sliding onto the nipple.
 - 7.4. The baby's arms and shoulders are relaxed during the sucking.
 - 7.5. The baby's jaw is gliding (not biting) with each suck, and swallowing is observed, as evidenced by jaw pull/temporal movement.
8. The mother's nipples and breasts will be checked at the beginning of each shift to determine if there are issues with sore nipples or engorgement. Findings will be documented in the medical record.

THE LATCH SCORING TABLE

	0	1	2
L Latch	Too sleepy or reluctant No latch achieved	Repeated attempts Hold nipple in mouth Stimulate to suck	Grasps breast Tongue down Lips flanged Rhythmic suckling
A Audible swallowing	None	A few with stimulation	Spontaneous and intermittent <24 hours old Spontaneous and frequent > 24 hours old
T Type of nipple	Inverted	Flat	Everted (after stimulation)
C Comfort of Breast/Nipple	Breasts firm, engorged: Nipple cracked, bleeding, blisters, bruises: Severe discomfort during entire feeding	Breasts filling: Nipples reddened: small blisters or bruises; mild or moderate discomfort	Breasts soft, elastic, Nipples tender
H Hold (Positioning)	Full assistance needed; staff holds infant at breast; staff facilitates latch	Minimal assistance; teach one side, mother does other; staff holds, mother takes over	No assistance needed; mother able to position/hold

If at 24 hours of age, "L" and "A" scores are not 2/2, initiate breast pumping with a hospital grade pump and lactation consult

9. Supplementation will be discouraged unless medically indicated or requested by the mother following education as indicated above.
 - 9.1. Indications for supplemental feedings in healthy, term infants include any of the following:
 - 9.1.1. Hypoglycemia documented by laboratory blood glucose measurements of <45mg/dl after the infant has had adequate opportunity to breastfeed.
 - 9.1.2. Separation of mother/infant
 - 9.1.3. Infant with inborn error of metabolism (i.e. galactosemia)
 - 9.1.4. Maternal medications contraindicated in breastfeeding
 - 9.1.5. Infant weight loss of \geq 8-10% of birth weight.
 - 9.1.6. Clinical evidence of significant dehydration (Weight loss of >10% of birth weight with hypernatremia.
 - 9.1.7. Insufficient oral intake despite adequate milk supply as demonstrated by decreased wet diapers, stools, weight loss of 8-10% of birth weight.
 - 9.2. Clinical situations where supplementation is **not indicated** but breastfeeding assessment and intervention are necessary include the following:
 - 9.2.1. Sleepy infant with less than 8-12 feedings in the first 24-48 hours of life with \leq 7% weight loss and no signs of illness.
 - 9.2.2. Infant who is fussy or feeding consistently for several hours.
 - 9.2.3. A tired, sleepy mother.

- 9.2.4. Infant with bilirubin level in non-high risk zone of Bhutani nomogram who is feeding well.
 - 9.2.4.1. Mothers who request supplementation in these situations will be educated prior to the first formula supplementation as indicated above.
 - 9.2.4.2. Education will be designed to inform the mother that supplementation may have adverse effects on breastfeeding including; the establishment of milk supply, alteration of normal infant gastrointestinal flora, sensitize infant to potential allergens and interfere with mother infant bonding.
- 9.3. Supplementation should consist of expressed breast milk whenever possible.
- 9.4. Any supplementation should be provided using a method that is least likely to interfere with the establishment of breastfeeding. Methods for supplementation include:
 - 9.4.1. Finger feeding with a syringe or feeding tube.
 - 9.4.2. Feeding at the breast with a syringe or feeding tube.
 - 9.4.3. Bottle feeding using the upright feeding position and low-flow nipple if available.
 - 9.4.3.1. Hold bottle in a tilted position, slightly above horizontal, this prevents the fast flow of milk.
 - 9.4.3.2. Allow baby to self-pace the feeding. Baby may need to pause between sucks.
- 9.5. If supplementation is medically necessary, breast pumping will be initiated with the approval of the mother with instruction to pump after every feeding.
- 9.6. Volume of supplementation is important to determine prior to feeding. Supplements should be administered using a volufeed bottle. Volumes per feeding are as follows:
 - 9.6.1. Day of Delivery: 5-7ml.
 - 9.6.2. Day 1: 13ml
 - 9.6.3. Day 2: 22-27ml
 - 9.6.4. Day 3: 45-60ml
- 9.7. The use of pacifiers is discouraged until breastfeeding is well established.
10. A referral to a Lactation Consultant may be initiated with a physician order for unresolved breastfeeding issues or conditions that meet criteria.
11. Lactation resources will be provided to the patient upon discharge.

ROLE OF THE LACATION CONSULTANT

1. Conducts bedside assessments to determine the lactation needs of mothers and infants.
2. Plans, organizes and implements specific lactation management services for mothers and infants with breastfeeding needs on an inpatient and outpatient basis.
3. Select and explain specialty lactation aids as indicated (i.e., breast pumps, nipple shields etc.) based on history and assessment of the situation.
4. Develop special feeding plans for the continuation of breastfeeding for the at-risk infant/mother.
 - 4.1. Outlines plan of care with patients, families, nursing staff, physicians, and other supportive individuals input as appropriate.
 - 4.2. The Lactation Consultant will acknowledge the existence of a feeding plan in the exchange report section of the electronic medical record.
 - 4.3. The nurse will review and support the feeding plan as outlined by the Lactation Consultant.
 - 4.4. The Lactation Consultant will follow-up with patient until discharge and schedule an outpatient appointment as appropriate.
5. Evaluates expected breastfeeding outcomes and updates nursing care plans as necessary.
6. Documents on the infant's electronic medical record.
7. In response to identified need, the Lactation Consultant plans, teaches and conducts in-service education for obstetric-neonatal nursing staff and physicians.

DOCUMENTATION:

1. Nursing will record all breastfeeding sessions in the electronic medical record using the LATCH score.

2. Documentation includes:
 - 2.1. Patient's selected feeding method on the Labor and Delivery Summary
 - 2.2. Breastfeeding and breast/nipple assessments and interventions.
 - 2.3. Progress of breastfeeding experience
 - 2.4. Complete report of each feeding including latch, position and any problem encountered.
 - 2.5. Maternal report for unobserved feedings should be documented.
 - 2.6. Indication for any supplementation including method, type and source.
 - 2.7. Breastfeeding education and response to teaching.
3. Lactation Consultants will use the documentation flowsheet in the electronic medical record and a copy of the feeding plan will be provided to the parents.
4. Staff education is conducted to ensure that all breastfeeding information is correct, current and consistent for all mothers.
 - 4.1. Staff education is initiated in new hire orientation.
 - 4.2. Additional education is provided as appropriate during shift huddles, roll call communication, annual exams, annual skills day.

REFERENCES/AUTHORITIES:

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APPROVAL BOX:

Medical Executive Committee	1/15
Board of Directors	1/15