PRACTICE MANAGEMENT FOR HEALTH CARE PROVIDERS

ORANGE COAST MEMORIAL MEDICAL CENTER
POLICIES AND PROCEDURES

SUBJECT: Breastfeeding Guidelines

PURPOSE:
The purpose of this document is to promote a philosophy and practice of maternal-infant care that advocates breastfeeding in the Center for Childbirth. 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. This document is based on recommendations from the most recent breastfeeding policy statements published by the Office on Women’s Health of the U. S. Department of Health and Human Services, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American Academy of Family Physicians, the World Health Organization, the Academy of Breastfeeding Medicine, and the UNICEF/World Health Organization evidence-based Ten Steps to Successful Breastfeeding.

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.

A. Nursing staff actively supports breastfeeding as the preferred method of providing nutrition to infants.

B. 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 prescribed by infant’s physician.

C. Nursing staff assesses patient’s physical and emotional readiness prior to initiation of breastfeeding.

D. Mothers and their support people are provided information on breastfeeding and counseled on the benefits of breastfeeding, contraindications to breastfeeding, and risk of formula feeding. If mother chooses not to breastfeed after receiving this information, she should be supported in her decision.

E. Mothers receive guidance which:
   1. Enhances the maternal-infant attachment.
   2. Supports physiological processes of milk secretions and let down.
   3. Facilitates maternal understanding of lactation, infant nutritional needs, breast care, and feeding techniques.
   4. Reinforces decision to breastfeed.
   5. Assists in assessing family support system and long-range plans for breastfeeding.

F. All breastfeeding mothers are instructed about:
   1. Proper positioning and latch-on
   2. Nutritive suckling and swallowing
   3. Milk production and release
   4. Frequency of feeding/feeding cues
   5. Hand expression of breastmilk and use of a pump, if indicated
   6. How to assess if infant is adequately nourished
7. Reasons for contacting physician

These skills are taught to primiparous and multiparous women, provided in written and/or verbal form, and are reviewed with mother before discharge.

PROCEDURE:
A. Initiation of Breastfeeding:
1. Mother is offered the opportunity and encouraged to breastfeed her newborn as soon as possible after delivery, unless medically contraindicated.
   a. Newborn is placed skin-to-skin with mother. Skin-to-skin contact involves placing naked newborn prone on mother’s bare chest. Infant and mother are then dried and remain together in this position with warm blankets covering them, as appropriate.
   b. Mother-infant couples are given the opportunity to initiate breastfeeding within one (1) hour of birth.
   c. Infants born via Cesarean-section are encouraged to breastfeed as soon as possible; e.g., in the operating room or recovery room.
   d. Administration of Vitamin K and erythromycin ointment are delayed for the first hour after birth to allow uninterrupted mother-infant contact and breastfeeding.
2. Breastfeeding mother-infant couplets are encouraged to remain together throughout their hospital stay, including at night (rooming-in). Skin-to-skin contact is encouraged as much as possible.
3. Parents are taught that breastfeeding infants, including those born via Cesarean-section, are put to breast a minimum of eight (8) to twelve (12) times each twenty-four (24) hours, with some infants needing to be fed more frequently. Infant feeding cues, e.g., increased alertness or activity, mouthing, or rooting, are used as indicators of infant’s readiness for feeding. Breastfeeding infants are breastfed at night.
4. Time limits for breastfeeding on each side are avoided. Infants can be offered both breasts at each feeding, but may be interested in feeding only on one side at each feeding during the early days. Usual feeding schedule is on demand or every one and one half (1½) to three (3) hours. Mother is provided opportunity for unrestricted on demand feeding. (Frequent unrestricted, on-demand breastfeeding around the clock stimulates milk production and decreases chance for engorgement).
5. Mothers are encouraged to attempt breastfeeding every two (2) to three (3) hours or upon infant arousal.
6. Infants need to be aroused to feed if four (4) hours have elapsed since the last nursing.
7. Intermittent bottle feeding of a breastfed newborn may lessen the success of breastfeeding and, if the newborn’s appetite is partially satisfied by supplementation, the newborn takes less from the breast, and milk production diminishes.
8. Refer mother to lactation consultant, if breastfeeding problems persist.
9. Evidence of dehydration is reported to physician and documented. Signs and symptoms include:
   a. poor skin turgor
   b. dry skin and mucous membranes
   c. weight loss of greater than ten percent (10%)
   d. fatigue, irritability, lethargy
   e. decreased urinary output or stools (see below)

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<th>AGE IN DAYS</th>
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B. Positioning:
1. Patient is made comfortable when feeding in any position with pillows for support or with head of bed elevated to enable touching of the infant. Mothers are encouraged to alternate positions; e.g., cradle hold, lateral Sims (side-lying), and football (clutch-v or clutch-hold) for Cesarean-section mothers.
2. Unswaddle infant and place in skin-to-skin contact with mother.
3. Position infant so that infant’s arms do not interfere with mouth-to-breast contact.
4. Have mother ridge (sandwich) breast to help infant latch deeply.
5. Position infant entirely on side with head in a slight “sniffing” position.
6. Mother lightly touches infant’s lips with her nipple and when infant opens mouth wide, mother quickly pulls infant in close.
7. Suckling time at each feeding is as long as infant can be stimulated to suckle.
8. When infant self detaches, burp and then offer alternate breast.
9. Infant’s ear, shoulder, and hip should be in an aligned position.
10. Infants in a quiet, alert state in the first few hours post delivery may breastfeed or just lick the nipple.
11. Mothers are instructed by staff in the proper positioning, and assessed during each feeding to determine that infant is positioned and sucking correctly.

C. Supplemental Feedings:
1. Supplements including water, glucose water, formula, and other fluids are not given to breastfeeding infant unless ordered by a physician for medical indication or by mother’s documented and informed request. Prior to non-medically indicated supplementation, mothers are informed of the risks of supplementing.
2. Provide temporary supplementation in a manner which supports continuation of breastfeeding.
3. Supplement is fed to infant by cup or spoon, if possible, and no more than 10-15 mL per feeding is given to a term baby during the first one (1) to two (2) days of life.
4. Bottles are not places in or around breastfeeding infant’s bassinet.
5. If supplemental feedings interfere with establishment of milk supply, breast pump is used and mother is encouraged to breastfeed.

D. Pacifiers:
1. Use of pacifiers or artificial nipples is discouraged.
2. Pacifiers are not given to normal full-term breastfeeding infants. Preterm infants in the Neonatal Intensive Care Unit (NICU) or infants with specific medical conditions; e.g., neonatal abstinence syndrome, may be given pacifiers for non-nutritive sucking.
3. Newborns undergoing painful procedures; e.g., circumcision, may be given a pacifier as a method of pain management during the procedure. Infant does not return to mother with pacifier.
4. Pain-free newborn care is encouraged and may include breastfeeding during heel stick procedure for newborn screening examination.

E. Formula: Group instruction in the use of formula is not provided. Those parents who after appropriate counseling, choose to formula feed their infants are provided individual instruction.

F. Nipple Care:
1. Routine use of nipple creams, ointments, or other topical preparations are avoided unless such therapy has been indicated for a dermatologic problem. Mothers with sore nipples are observed for latch-on techniques and are instructed to apply expressed colostrum or breastmilk to areola/ nipple after each feeding.
2. Nipple shields are not routinely used to cover a mother’s nipples, to treat latch-on problems, to prevent or manage sore or cracked nipples, or used when a mother has
flat or inverted nipples. Nipple shields are used only in conjunction with a lactation consultation and after other attempts to correct the difficulty have failed.

G. Patient Teaching Points:
1. Mothers are encouraged to utilize available breastfeeding resources, including classes, clinics, written materials, and video presentations, as appropriate. If indicated, nurse initiates a referral to a lactation consultant for additional education and assistance.
2. Instruct mother on importance of hand hygiene before infant contact.
4. Assist with positioning techniques.
5. Advise to refer to breastfeeding information given in admission folder and use of breastfeeding log to keep track of feedings, voiding, and stooling of infant.
6. Any breastfeeding problems can be directed to the nurse or lactation consultant/specialist.
7. Infant is placed on back to sleep.
8. Advantages of colostrum:
   a. Establishes proper balance of bacteria in digestive tract and prepares digestive system for true milk which comes in about three (3) to seven (7) days after delivery.
   b. Contains valuable nutrients.
   c. Acts as a natural laxative to eliminate meconium from infant’s digestive tract and loose stools are normal for breastfeeding infant.
9. Suckling of infant stimulates hormones which help to keep the uterus contracted and initiates formation of true milk.
10. If mild or moderate cramping occurs during breastfeeding, nurse encourages mother to use slow deep breathing to relax and distract her.
11. Administer mild analgesics for moderate to heavy cramping, as ordered by a physician, so that the mother is comfortable and the nursing experience is positive.
12. Mother is taught how to break suction of infant by gently putting small finger in corner of infant’s mouth before removing from breast.
13. Mothers of infants in Neonatal Intensive Care Unit (NICU) or boarded in the Nursery are instructed on pumping, collection, storage, and transportation of breastmilk. If breastfeeding is interrupted for medical reasons, pumping should take place at least eight (8) times in a twenty-four (24) hour period, for fifteen (15) minutes per breast or double pump.
14. Instruct mother about supply and demand principles and relate importance of rest, adequate fluid intake, and adequate nutrition during fourth trimester and entire time mother breastfeeds.
15. Assist mother to ridge the breast when nipple is flatter so baby can latch.

H. Breastfeeding Contraindications and Recommendations for Solving Breastfeeding Problems:
1. Breastfeeding is contraindicated in the following situations:
   a. Mothers who are human immunodeficiency virus (HIV) positive
   b. Mothers currently using illicit drugs; e.g., cocaine, heroin, unless specifically approved by infant’s physician on a case-by-case basis
   c. Mothers taking certain medications. Most prescribed and over-the-counter drugs are safe for breastfeeding infant. Some medications may make it necessary to interrupt breastfeeding, such as radioactive isotopes, antimetabolites, cancer chemotherapy, some psychotropic medications, and a small number of other medications.
   d. Mothers with active, untreated tuberculosis. A mother can express her milk until she is no longer contagious.
   e. Infants with galactosemia
f. Mothers with active herpetic lesions on the breast(s). Breastfeeding can be recommended on unaffected breast.

g. Mothers with onset of varicella within five (5) days before or up to forty-eight (48) hours after delivery, until she is no longer infectious.

h. Mothers with human T-cell lymphocytic virus type I or type II

2. After twenty-four (24) hours of life, if infant has not latched on or fed effectively, mother is instructed to begin to massage her breasts and hand express colostrum into baby’s mouth during feeding attempts. Skin-to-skin contact is encouraged. Parents are instructed to watch closely for feeding cues and whenever these are observed to awaken and feed infant.

3. Hand expression: If baby continues to feed poorly, hand expression by mother or double-set-up electric breast pump is initiated and maintained approximately three (3) hours or a minimum of eight (8) times per day. Any expressed colostrum or mother’s milk is fed to infant by an alternative method. Mother is reminded that she may not obtain much milk or even any milk the first few times she expresses her breasts.

4. Until mother’s milk is available, a collaborative decision is made among mother, nurse, and physician/certified nurse midwife regarding the need to supplement infant. Ongoing consultation with responsible healthcare professional regarding volume and type of supplement is initiated. Pacifiers are avoided. In cases of problem feeding, lactation consultant is consulted.

5. If infant is still not latching on well or feeding well when discharged to home, feeding/expression/supplementing plan is reviewed in addition to routine breastfeeding instructions. A follow-up visit or contact is scheduled within twenty-four (24) hours. Depending on clinical situation, it may be appropriate to delay discharge of couplet to provide further breastfeeding intervention, support, and education.

6. Mothers who are separated from their sick or premature infants are:
   a. Instructed on how to use skilled hand expression or double set-up electric breast pump. Instructions include expression at least every three (3) hours for fifteen (15) minutes (or until milk flow stops, whichever is greater) around the clock and the importance of not missing an expression session during the night.
   b. Encouraged to breastfeed on demand as soon as infant’s condition permits.
   c. Taught proper storage and labeling of human milk.
   d. Assisted in learning skilled hand expression or obtaining a double se-up electric breast pump prior to going home.

7. Medications and breastfeeding: Consult physician or lactation consultant regarding concerns with current medications and breastfeeding. Anti-lactation drugs are not given to any postpartum mother.

I. Discharge and Follow-up:

1. Before leaving the hospital, breastfeeding mothers should be able to:
   a. Position infant correctly at breast with no pain during feeding.
   b. Latch infant to breast properly.
   c. State when infant is swallowing milk.
   d. State that infant should be nursed a minimum of eight (8) to twelve (12) times a day until full, with some infants needing to be fed more frequently.
   e. State age-appropriate elimination patterns (at least six [6] urinations per day and three [3] to four [4] stools per day by the fourth day of life)
   f. List indications for calling physician.
   g. Manually express milk from their breasts.

2. Prior to going home, mothers are given information about the hospital’s Breastfeeding Clinic. Names and telephone numbers of community resources to contact for help with breastfeeding are also available upon request.
3. Hospital does not accept free formula or free breastmilk substitutions. Discharge bags offered to all mothers do not contain infant formula, coupons for formula, logos of formula companies, or literature with formula company logos.

4. All babies should be seen for follow-up within the first few days postpartum. This visit should be with a physician for a formal evaluation of breastfeeding performance, a weight check, assessment of jaundice, and age-appropriate elimination:
   a. For infants discharged at less than two (2) days of age (less than forty-eight [48] hours), follow-up two (2) to four (4) days of age.
   b. For infants discharged between forty-eight (48) and seventy-two (72) hours, follow-up at four (4) to five (5) days of age.
   c. Infants discharged after five (5) to six (6) days may be seen one (1) week later.

J. Ten Steps to Successful Breastfeeding:
1. Have a written breastfeeding policy that is routinely communicated to all healthcare staff.
2. Train all healthcare staff in skills necessary to implement this policy.
3. Inform all pregnant women about benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one (1) hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give newborn infants no food or drink other than breastmilk, unless medically indicated.
7. Practice rooming-in—allow mothers and infants to remain together—twenty-four (24) hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial nipples or pacifiers to breastfeeding infants.
10. Foster establishment of breastfeeding support groups and refer mothers to them, on discharge from hospital.

K. Documentation in electronic medical record (EMR):
1. Patient’s desire to breastfeed
2. Breastfeeding assessment
4. Complete assessment of each feeding, including latch, position, and any problem encountered
5. Direct observations of infant’s position and latch-on during feeding, at least every shift. For feedings not directly observed, maternal report suffices.
6. Mother-infant interaction
7. Reason for supplementation and method of feeding
8. Teaching and mother’s response to teaching.

L. Staff Education: Nurses caring for infants in the Center for Childbirth attend in-person or web-based educational sessions on lactation management and breastfeeding promotion to ensure that correct, current, and consistent information is provided to all mothers who wish to breastfeed.

REFERENCES/RELATED MATERIALS:
B. Academy of Breastfeeding Medicine Board of Directors. Position on Breastfeeding, Breastfeeding Medicine (2008); 3, p. 267-70
D. American Academy of Pediatrics & American College of Obstetricians and Gynecologists, (2012), Guidelines for Perinatal Care (7th ed); Elk Grove village, IL: Author


**APPROVAL:**

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