OSF St. Joseph Medical Center	Setting: Hospital	Areas/Dept.: Obstetrics/Nursery
Title: Breastfeeding and Baby Friendly Policy		
Chapter: Provision of Care, Treatment and Services		

KEYWORDS: Breastfeeding, Baby Friendly

PURPOSE: To provide all breastfeeding mothers with support for breastfeeding initiation and correct information on breastfeeding management.

POLICY: All pregnant women will be informed of the benefits of breastfeeding. We will support, promote, and encourage all of our patients with breastfeeding throughout the antepartum, intra-partum and postpartum periods. We will make choices in care that support and do not interfere with successful breastfeeding.

PROCESS:
The lactation staff will offer prenatal breastfeeding classes to pregnant women. These classes will have a written curriculum that includes all of the key topics recommended in the Baby-Friendly guidelines and evaluation criteria. In addition, any pregnant women who receive services at this facility will receive written information regarding the benefits of breastfeeding as well as explanation of the practices implemented in the mother-baby unit that support successful breastfeeding. None of the educational materials distributed to the pregnant women or their families will contain company logos. This facility fosters relationships with community-based programs that are available for individual counseling or group education on breastfeeding. The maternity staff collaborates with community-based personnel and programs to coordinate breastfeeding programs.
Staff at this facility have provided to other organizations that offer prenatal services, a sample curriculum that includes essential information to be taught to the pregnant woman regarding breastfeeding. In addition, members of the staff participate in local breastfeeding initiatives.

1. OSF St. Joseph Medical Center admitting nurse will obtain each pregnant woman's infant feeding choice and record it on the admission assessment. Every attempt will be made by the admitting nurse to create an accurate "breastfeeding profile" for each patient complete with contraindication such as potential medication or health issues that may interfere, interrupt, or prevent breastfeeding. This information will passed to each nurse during report and the lactation staff.

2. A "Discharge Breastfeeding Summary" will be completed by the discharging nurse for each breastfeeding patient and delivered to the lactation staff.

3. The breastfeeding policy will be based on the Ten Steps of Successful Breastfeeding. Changes to the policy will be communicated to staff by email and during the monthly Unit meetings. The baby friendly committee is responsible for developing, annual reviewing, revising, and implementing the breastfeeding policy. This policy will be reviewed annually, at minimum, and changes will be made when necessary.

4. This policy applies to all maternity staff, maternity and pediatric providers. All maternity staff, maternity and pediatric providers will be oriented to the policy during their designated orientation. Staff and providers will be expected to read and sign off on this policy.
    a. All staff, regardless of previous experience will be trained.
    b. All maternity staff will receive twenty hours of education in breastfeeding and lactation management. The curriculum for this education will cover the fifteen sessions identified by Baby-Friendly USA and will include five hours of supervised clinical training.
    c. All staff will complete an observation session with the lactation staff.
    d. An annual 4-hour competency will be required of all staff as well as being required to review monthly baby-friendly survey results and breastfeeding educational materials, including case studies and quizzes.
    e. This training will be managed by the Baby Friendly committee. The unit educator will be responsible for maintaining and reviewing individual staff educational documentation. Each staff member will have a personal file kept current with training accomplishments and scheduled ongoing educational needs.

5. There shall be no promotion of artificial feeding at OSF St. Joseph Medical Center. Our facility will comply with the International Code of Marketing of breast milk substitutes.

6. St. Joseph Medical Center will purchase all artificial nipples, infant feeding bottles and breast milk substitutes at a fair market value.

7. Educational materials on breastfeeding shall not be provided by or advertise for formula companies.

8. Unless medically indicated or the mother has made an informed decision regarding breast milk substitutes, the infants are not given food or drink other than breast milk.

9. This facility will offer no group education on the use of infant formula or feeding bottles.

10. Mothers requesting supplementation will be asked a reason for their request. Staff will address the concerns raised by the mother and explain the risks of artificial supplementation. If the mother makes the decision to supplement, staff will discuss with the mother the available feeding options and she will be taught how to administer a feeding, safely, with the device chosen. The reason for supplementation will be documented in the infants EMR.

11. Mothers will receive written and verbal one-to-one education on proper mixing, handling, and storage of breast milk substitutes. Mother will also be shown how to feed infant with a bottle and information will be given on how much a newborn infant should be fed. Staff will then document the education and effectiveness of feeding.

12. Staff will make every attempt to spoon-, finger-, syringe-, or cup-feed infants and avoid artificial nipple use for both formula and breast milk supplements. If the mother insists on using the bottle for the supplement, the staff will show the mother how to prepare the bottle. The mother will also be shown how to bottle feed the baby in an upright position while keeping the bottle almost horizontal. The mother will also be instructed to take breaks often to slow the feeding pace, burp the baby, and observe when the baby is full.

13. The details of the breast milk substitute feedings will be recorded in the I/O and staff will document the education and effectiveness of feeding.

14. St. Joseph Medical Center will inform patients that we do not give away free formula.

15. St. Joseph Medical Center will prominently display the Ten Steps to Successful Breastfeeding throughout the Unit.

16. Employees of manufacturers or distributors of breast milk substitutes, bottles, nipples and pacifiers will have no direct communication with pregnant women, mothers and maternity staff.

17. OSF St. Joseph Medical Center will not accept gifts, non-scientific literature, materials, equipment, money, or support for breastfeeding education or events from manufacturers of breast milk substitutes, bottles, nipples, and pacifiers.

18. No pregnant women, mothers, or families will be given marketing materials, samples or gift packs by the facility that include of breast milk substitutes, bottles, nipples, and pacifiers, or other infant feeding equipment or coupons for the above items.

19. No pacifiers or artificial teats will be given to breastfeeding infants. Parents and family members will be educated by staff on the risks associated with early pacifier use involving weight loss and decreased milk supply. This education is recorded on the breastfeeding assessment tab in the baby's chart. Early use of pacifiers by parents despite education provided or by staff for medical conditions such as pain, withdrawal, or ordered NPO should be noted there as well.

20. Every nurse will be knowledgeable in the following areas:
    a. **Initial Breastfeeding**
        i. Acknowledging that the first hour after birth is a crucial, pivotal link in the success of the breastfeeding process, all mothers will be informed on admission that all healthy full term newborn infants will be given to them to hold skin to skin at least one hour after birth regardless of feeding method. Skin to skin is defined as having no barriers between the mother's chest and baby. If the birth process has been uncomplicated and mother and baby are in stable condition, the baby should be put immediately. The mother and baby should remain skin-to-skin until the first feeding takes place. At this time, and particularly 20-30 minutes after birth, baby's sucking reflex is most intense. Sucking also stimulates uterine contractions, aids expulsion of placenta, and helps control maternal blood loss. Early suckling also enables baby to receive the immunologic advantages of colostrum and stimulates digestive processes to decrease jaundice. Breast engorgement will be reduced or prevented by early feedings, attachment and bonding will be enhanced at a time when both mother, and infant are in a state of heightened awareness.
        ii. The nursing staff present immediately after delivery will encourage and support immediate and continuous skin-to-skin contact for mother and infant. The nurses will teach the mother to look for signs of feeding readiness and support self-attachment of the infant.
        iii. For skin-to-skin contact during a C-section, please refer to Skin to Skin in the OR Policy.

iv. Babies will not be removed from their mothers for weighing or measuring, eye prophylaxis, bathing or needle sticks until after the first feeding has taken place. The infant will be dried, assigned APGAR scores, and physically assessed while the baby remains skin-to-skin with the mother. Records will be kept on skin-to-skin care. The baby nurse will record this information. The discharging nurse will also record this information in the Breastfeeding Discharge Summary. Skin-to-skin will be postponed in cases of infant or maternal distress:
    1. Heavily medicated mother.
    2. Mother's condition unstable.
    3. Infant with 10 minute Apgar <7 and/or in distress.
    4. Infant < 37 weeks gestation needing immediate transport to the NICU.

v. In the situations where the baby must be separated immediately due to medical necessity, once the mother is able to hold her baby, she will be given her sacred hour. Reasons for separations will be recorded.

vi. Mothers who refuse to go immediately skin to skin with their baby will be asked for a reason for their request. Staff will address the concerns raised by the mother and explain the benefits to both her and her baby. If the mother still makes the decision not to be immediately skin-to-skin, then the staff will honor her choice and document her reason and the education provided to her.

vii. In the event that a baby must stay in the nursery, the mother will be encouraged to hold her baby skin to skin in a private nursery environment as soon as the baby is stabilized and able.

b. Rooming In

i. All infants regardless of feeding choice will room-in with their mothers, staying together for 24 hours. Staff will provide assistance with and teaching of newborn care for the mother and her support system. Newborn procedures will be performed at the mother's bedside whenever possible. Separation of mother and infant will be avoided.

ii. If a mother requests her baby be cared for in the nursery, the staff should explore the reasons for the request and should encourage and educate the mother about the advantages of rooming in 24 hours a day. Staff will discuss the benefits of rooming in:
    1. Decreased risk of jaundice in baby
    2. Quicker response to baby's feeding cues
    3. Better milk supply for breastfeeding moms
    4. Increased opportunity for bonding
    5. Increased opportunity for learning baby's night behaviors

iii. If after hearing the benefits of rooming in, the mother still chooses to send her baby to the nursery, staff will document the mother's request, education provided. Mother will be informed that when infant demonstrates feeding ques, the infant will be returned to the room for feeding.

iv. If baby is in the nursery for medical reasons, the mother shall be provided access to her baby at all times.

v. Reason for interruption of rooming-in will be documented in the EMR. Time out of the room and the baby's location during the interruption will also be documented.

c. Assessment

i. Every breastfeeding mother/baby dyad will be assessed for appropriate positioning and latch within six hours of birth by a staff member and by a member of the

lactation team during her admission. Staff will document information about the feeding including latch, position, and any problems in the infant's medical record.

ii. Mothers will be shown how to breastfeed and how to maintain lactation, even when separated from their infants. Hand-expression or pumping will be initiated within four hours of birth if separation of mother and infant is medically necessary or baby is not latching well. Hand expression usually produces better results in the first 24 hours and it will be promoted as the preferable method. Mothers will be encouraged to hand-express or pump every 2-3 hours.

iii. Every staff member assisting a breastfeeding dyad will be responsible for assessing, educating and documenting breastfeeding. Every shift, a direct observation of the baby's position and latch-on during feeding will be performed and documented. Documentation will include at least one assessment of position, latch, swallowing, an active sucking pattern and any problems encountered. The mother also needs to be taught to recognize swallowing and active feeding. Feedings will be documented under I/O's on the vitals tab and the breastfeeding assessment will be completed on the *daily assessment breastfeeding* tab in the infant's chart.

d. Positioning

i. Babies are breastfed in a variety of positions. Mother should be shown all positions.

ii. In the **cradle position,** the baby lies in the arm nearer the breast, on his side facing the breast. The baby's tummy should be facing the mother's bod. Babies need to keep their head in the same alignment as their shoulders and hips. Pillows under the arm that is holding the baby will help support the weight of the baby. In any position, the baby should be brought to the breast, not the breast to the baby.

iii. In the **clutch or football hold**, a pillow should be placed by mother's side. Tuck the baby under mom's arm next to the breast. The mother's hand should support the baby's shoulders and lower head; the pillow will be used to support the body. This position is useful for small babies, mothers with large, pendulous breasts and mothers who have an abdominal incision as it keeps baby of the abdomen.

iv. The **side-lying position** is useful for a baby with head trauma, a tired mother or any mother who is uncomfortable in a seated position. In this position, the mother lies on her side, the baby lies on his side facing the mother's breast.

v. **Biological nurturing, laid back or self attach**.

e. Latch

i. Proper latch of baby to the breast will make the breastfeeding experience much more satisfying to mother and baby. Proper latch prevents nipple soreness, and enables more efficient milk transfer.

ii. In all positions, the mother should position her baby so his nose is at the level of the nipple. The baby's body should face the mother's body and his head should be in the same alignment as his shoulder and hip. A rooting reflex is elicited by brushing the baby's lips with the nipple. When the mouth is wide open, she should pull the baby onto the breast aiming the nipple towards the center of the wide-open mouth. The mother's hand should support the baby's upper back and neck instead of his head. Pushing on the back of the head will bring the babies chin toward the chest. Instead, the head should be slightly titled back with chin touching the breast before the nose. The lips should be flanged outward with at least 1/2 inch of the areola in the baby's mouth.

iii. If the mother experiences extreme pain with the latch-on, she should break the suction with a finger inserted in the side of the mouth, remove the baby from the breast and re-latch. She will experience a strong tugging of the breast with latch-on

and suckling, but extreme pain indicates improper latch-on, not enough breast tissue in the mouth or the nipple positioned improperly in the mouth.

f. Education in the Postpartum Period

i. All Mothers will receive educational materials that include:
   1. The importance of exclusive breastfeeding
   2. How to maintain lactation for exclusive breastfeeding during the first six months postpartum
   3. Latch and positioning
   4. Sleeping patterns
   5. Criteria indicating infant is ingesting sufficient amounts of breast milk
   6. Breast fullness and engorgement
   7. How to express, handle, and store breast milk, including manual expression
   8. How to maintain lactation if mother is separated from infant or will not be exclusively breastfeeding at discharge
   9. Seeking assistance / local resources
   10. Signs and symptoms needed to be addressed by clinical care provider

ii. A staff member will go through these materials with the mother and answer questions. The delivery of these educational materials along with the mother's perceived understanding will be documented.

g. Feeding Cues & Patterns

i. Mothers will be encouraged their baby on cue, based on baby's needs and not the clock. Every mother will be instructed to observe for feeding cues such as increased alertness or activity, putting hands to mouth, trying to mouth blanket, rooting, and lip smacking, licking or sucking. Crying is a late cue. Staff will inform mother that baby should be put to breast at least 8 to 12 times each 24 hours. Time limits for breastfeeding on each side will be avoided. Mothers will be informed that their baby's feeding patterns may not be consistent in the early weeks of life. Feeding durations may vary as well as time between feedings.

h. Sleeping Patterns

i. Mothers should be informed that the sleep pattern of the baby will vary and that the expectation of a consistent 2-3 hour sleep stretch is not characteristic of a breastfed baby. She can expect some sleep stretches to be short, others long. In the early weeks of life, the breastfed baby will probably be awake more in the evening, night, and sleep more during the day.

ii. Mothers of babies who are feeding well will be encouraged not to let their baby go more than one long 4-5 hour sleep stretch in a 24-hour period. Babies who are not feeding well should have no more than one 3-4 hour sleep stretch.

iii. Mothers will be instructed on how to wake their babies.
   1. Unwrap blankets
   2. Dim lights
   3. Gently rock baby up and down
   4. Put baby skin to skin
   5. Warm wet cloths to baby's body
   6. Talk to baby
   7. Tickle toes, rub back

i. Stool Patterns

i. During hospital stay, a baby can be expected to have at least one stool a day and at least one wet diaper for every day that the baby is old. Once milk is in (anywhere from 3-7 days after delivery), the stool frequency should increase to at least 2-3

stools in a 24 hours period and wet diapers should increase to 6-8 in a 24 hour time frame. Stools will progress in color from black with a thick consistency to green, less sticky and then yellow, runny and seedy. Urine should be pale to medium yellow in color. After the first month of life, it may be normal for the breastfed infant to go several days between stooling. If the baby is gaining weight well, this inconsistent pattern would be considered normal.

j. Signs of Adequate Intake

i. In addition to having an adequate number of stools and voids, other signs of adequate intake are:
   1. Baby does have some longer sleep stretches (>1hour).
   2. Swallowing is heard or seen during part of the feed.
   3. Baby relaxes at breast and is content for a while after feedings.
   4. Baby feeds at least 8-12 times per day.
   5. Baby stays awake and sucks actively for several minutes of the feeding.
   6. Baby wakes self to feed.

k. Ensuring Adequate Milk Supply

i. Moms should be informed that the initial milk supply is hormone driven and the best way to stimulate hormone levels is by frequent feeding. Feeding baby based on hunger cues will help insure an adequate supply. Let mom know that postponing feedings or making baby wait to eat in order to establish a time schedule for feeding can have a detrimental effect on milk supply. Even if the milk supply in the first three months is not affected by scheduled feedings, it can have a negative effect on the milk supply after three months.

ii. If feedings at the breast are incomplete or ineffective, the mother should be instructed how to use breast hand expression to express milk from her breasts. If needing longer term pumping, the mother should be shown how to use an electric pump.

l. Breast Expression and Massage

i. All breastfeeding mothers should be taught manual expression of breast milk. Manual expression can be used to obtain milk on the nipple as a means of encouraging the baby to latch. Mothers should also be encouraged to express milk and rub it onto the nipple after the feeding, as this will help maintain healthy nipple tissue. Further, manual expression is an effective method of milk removal for any circumstances whether for releasing a plugged duct or for relief of engorgement.

m. Breast milk Storage and Handling

i. Mothers will receive a handout on proper storage and handling of breast milk. Expressed breast milk can be stored:
   1. At room temperature for 8-10 hours
   2. In the refrigerator for 5-8 days
   3. In the freezer connected to a refrigerator for 6 months
   4. Deep freeze for one year
   5. Breast expressed in the hospital will be labeled with the mother's name, date and time and placed in the "breast milk only" refrigerator located in the nursery.

n. Breast Pumps

i. Mothers who are either separated from their infants or whose babies are not latching on the breast within **** hours of birth should be given a breast pump. The staff member should set the pump up in the room, explaining to the mother the process of set up and how the pump works both as manual and electric pump. Include the

mother in the set up process. If the baby continues to feed poorly, pumping should be maintained for approximately every three hours or a minimum of eight times a day. A mother who is pumping to maintain her milk supply should be encouraged to pump every two hours. Remind the mother that she may not obtain much milk or even any milk the first few times she pumps. Remind the mother to take the pumping kit home with her.

o. Breast fullness and Engorgement

i. Lactogenesis II occurs after 2-5 days. This is the period when the development of mature milk begins. The volume of milk will increase at this time and it will be normal for a mom to experience some breast fullness. If a mother's breast become engorged, it can be difficult for baby to latch on.

p. Engorgement Prevention and Management:

i. Frequent feedings, 8-12 plus times per 24 hours.
ii. Avoid supplementation and pacifiers.
iii. Take warm showers or place warm packs on both breasts for 10-15 minutes prior to nursing. (Can run warm water on disposable diapers for warm packs)
iv. Gently massage entire breast prior to feeding.
v. If breast is too engorged for proper latch on, have patient pump or manually express off enough milk to soften areola area.
vi. Apply ice to bags to breasts after nursing for about 20 minutes.
vii. Upon discharge, patient may call lactation consultant for instructions.
viii. Reassure patient that engorgement is temporary, lasting 24-48 hours.

q. Sore nipple: Management

i. Short, frequent feedings.
ii. Verify correct positioning of infant and latch on techniques.
iii. Vary nursing position frequently.
iv. Avoid leaving baby latched on while sleeping.
v. Avoid engorgement.
vi. Nursing on least sore side first.
vii. After nursing, express a few drops of breast milk and smooth onto areola and nipple. Air dry for 5-10 minutes.
viii. If blisters or cracks are present, obtain an order for lanolin and apply thin layer to nipple after drying.
ix. Do not increase nursing time.
x. Offer breast shells and instruct patient on use.
xi. Do not use nipple shields; this may lead to infection or engorgement.

r. Flat or Inverted Nipples

i. Position baby in football or reverse cradle hold.
ii. Using "C" hold, compress fingers behind areola to evert nipple for easier latch on.
iii. If baby cries, demonstrate to mother how place clean index finger or a gloved finger to calm baby and practice sucking. Pull finger out and attempt to latch on.
iv. IF baby refuses breast, electric pump should be used to provide adequate stimulation and assist with break down or nipple adhesions.
v. Instruct and/or reinforce to patient the need to wear breast shells between feedings and to remove at feeding time and document in nursing notes.
vi. If supplementation is necessary (see Supplementation Policy), see the baby's physician standing orders for type of supplementation.
vii. Avoid rubber nipples/pacifiers until baby can latch on effectively.

viii. If baby has been unable to latch on for 24-48 hours after birth, a nipple shield can be obtained. Document that patient was instructed and notified lactation consultant if shield was given.

s. Contraindications to Breastfeeding

i. The following is a list of reasons breastfeeding should be postponed, interrupted, or prevented.

ii. Maternal

1. Maternal use of Illicit Drugs (i.e. cocaine, heroin) unless specifically approved by the infant's healthcare provider on a case-to-case basis.
2. Maternal AIDS
3. The use of medications such as radioactive isotopes, anti-metabolites, cancer chemotherapy, some psychotropic medications, and a small number of other medications.
4. Mothers with active, untreated tuberculosis. A mother can express her milk until she is no longer contagious.
5. Mothers with active herpetic lesions on the breast(s). Breastfeeding can be recommended on the unaffected breast. (An Infectious Disease consult will be made for problematic infectious disease issues)
6. Mothers will onset of varicella within 5 days before or up to 48 hours after delivery, until she is no longer infectious.
7. Mothers with human T-cell lymphotropic virus type I or type II
8. Infant with inborn error of metabolism (i.e. galactosemia)

t. Maternal Nutrition

ii. The breastfeeding mother should be encouraged to drink to thirst and eat according to hunger, making sure she is consuming at least three meals a day. Water is the best liquid for a breastfeeding mother to consume, and mom may find it helpful to drink a glass of water every time she breastfeeds as the process of breastfeeding will likely make her thirsty. There are no foods that should be routinely avoided while breastfeeding. Moms may discover that certain foods, particularly dairy products, may be problematic for baby's digestive system. A mom will have to be aware of her own baby's reactions to determine whether there is any food she may need to avoid.

u. Follow up after discharge

i. Upon discharge, patients that deliver at St. Joseph Medical Center will be given the Mclean County Local Resources brochure.

ii. Before discharge, all patients will be offered a follow-up visit to return to the hospital for breastfeeding assistance, free of charge.

iii. All outpatients seen by the lactation staff will be asked if their baby has seen the pediatrician and/or when the next appointment is scheduled. This information will be recorded.

iv. Mothers should also be directed to contact the lactation staff for breastfeeding counseling at ###-####. The lactation staff will be responsible for maintaining a list of local resources for breast-feeding consulting, classes, support groups, and products sales and rental. This list will be reviewed bi-annually. This information will also be provided in the folder given to breastfeeding patients before their discharge.

v. If the baby is still not latching on or feeding well upon discharge, the feeding/pumping plan will be reviewed. Supplementation will not be started without

a provider order. A follow-up visit will be scheduled within 24-48 hours with the medical provider.

v. Return to School/Work

i. The mother who is planning to return to work or school should be encouraged to express her breast milk and continue to breastfeed when she returns. If a mother indicates that it will not be possible, or she does not desire, to express milk at her workplace, educate her on the possibility of both breastfeeding and supplementing with formula when breast milk is not available.

ii. Provide mother with local breastfeeding resources handout.

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Protocol 3 English Supplementation
http://www.bfmed.org/Media/Files/Protocols/Protocol%203%20English%20Supplementation.pdf

Approved By: Birthing Center Director	**Revision Approval Dates: 11/14**
Endorsed By: Birthing Center Director	**Revision Effective Dates: 11/14**
Responsible Party: Birthing Center Director	**Review Dates: 10/14**
Original Approval Date: 8/14	**Rescinded Date:**
Original Effective Date: 8/14	