Policy Name: Infant Feeding Policy
Policy Number: PP-03
Category: ☒ Clinical ☐ Non-Clinical
Review Responsibility: Family Birth Center Lactation Nurse
Approved By: Interim Director, Maternal Health Services
Vice President, Clinical Services/CNO
Effective Date: 9/2002
Reviewed/Revised Dates: 6/04, 4/05, 3/08, 6/11, 9/13, 12/15, 9/17, 10/17
Associated Documents/Policies: None

I. PURPOSE:

To promote successful breastfeeding by ensuring that, in the absence of contraindications, all mothers who elect to breastfeed will have a successful and satisfying experience.
To ensure that care is congruent with the Ten Steps to Successful Breastfeeding as endorsed by the UNICEF/World Health Organization Baby Friendly Hospital Initiative.
To standardize information regarding care that affects newborn feeding received by all staff through routinely communicating this policy to staff and making all practitioners and staff aware of its location and how to access it to optimize care.

II. SCOPE:

This policy applies to the Family Birth Center (FBC) Staff.

III. DEFINITIONS:

FBC—Family Birth Center
LIP—licensed independent practitioner
IBCLC—International Board Certified Lactation Consultant
BFUSA—Baby Friendly USA
STS—skin to skin, dried newborn, clothed only in diaper and/or hat, placed on mother's bare chest, without anything between them, covered with warm blanket
Rooming in—newborns remaining with their mothers 24 hours a day

IV. PROCEDURE:

STEP 1

A. All staff working in the FBC will receive training necessary to implement the Infant Feeding Policy within six months of hire.

B. The Course Coordinator and the FBC Outcomes Facilitator will be responsible for ensuring that all RN staff, physicians, and LIP's receive training in breastfeeding and lactation management. All maternity staff will receive 20 hours of training in breastfeeding and lactation management. The curriculum for this training will cover the 15 sessions identified in the most current version of the U.S. Baby-Friendly *Guidelines and Evaluation Criteria* and will include 5 hours of supervised clinical experience. Providers will receive 3 hours of training on the benefits of exclusive breastfeeding, physiology of lactation, how their specific fields of practice impact lactation, and how to find out about safe medications for use during lactation. OB techs will receive 3 hours of training provided by a FBC IBCLC.
C. RN staff and physicians /LIP's will have 6 months from date of hire to complete the lactation training.
D. The required 5 hours of supervised clinical skills will be taught by an IBCLC and includes orientation to the infant feeding policy. The complete training program follows the guidelines and evaluation criteria provided by BFUSA.
E. Documentation and verification of training will be monitored by the Course Coordinator and Outcomes Facilitator. The coordinator will monitor training and upon completion of training each student will receive a certificate of completion. CEU's (Continuing Education Unit) and L-CERPSC (Continuing Education Recognition Points for Lactation Consultants) will be granted.
F. CalvertHealth (CH) and the FBC will accept previous education from new staff members. New employees who have received training prior to employment will be exempt from the training after they provide sufficient documentation of training in all of the required topics, participate in the required number of hours of clinical supervision and have had their competencies verified by the Course Coordinator, Outcomes Facilitator, or Director. CEU's will be accepted from accredited and Maryland State Board approved education.
G. Documentation of staff education will be located as designated per FBC Outcomes Facilitator or Director. Such documentation shall consist of topic, date of training, and date competency verified. Sign in sheets and certificates of attendance will be maintained on file as per above.
H. Verification of staff competency will be completed by Course Coordinator.
I. All FBC staff will be required to complete an annual competency related to breastfeeding.
J. Staff working in other departments of the hospital will be required to complete a training module provided through the hospital's computer –based education system.
K. All new hires will receive education on Baby Friendly Initiative during general hospital orientation.

STEP 2

A. All pregnant mothers will receive information on the importance, benefits, and management of breastfeeding, as well as contraindications to breastfeeding, in a family centered manner.
B. The OB physicians and their staff will be responsible for educating pregnant women about breastfeeding. There will be a schedule of topics to be addressed during each trimester of pregnancy. The topics will include the benefits of breastfeeding, the importance of exclusive breastfeeding, non-pharmacological pain relief methods for labor, early initiation of breastfeeding, early STS contact, 24-hour rooming-in, baby-led feeding, frequency of feeding in relation to establishing a milk supply, effective positioning and latch techniques, exclusivity of breastfeeding for the first 6 months, and

continuation of breastfeeding after introduction of appropriate complimentary foods. This education will be documented by the physicians in the patient's chart on the "breastfeeding education checklist."

C. If on admission, a mother states that her intention is to feed her infant formula, the nurse will counsel the mother to ensure that she has been informed of the benefits of breastfeeding. The nurse will give the mother the opportunity to express her concerns and ask questions about breastfeeding. If, after counseling, the mother's decision is to feed her infant formula, her choice and the education will be documented by the nurse. If the mother intends to breastfeed her infant, but a contraindication to breastfeeding is identified in the mother's medical history, the mother will be counseled appropriately on her feeding options. The contraindication to breastfeeding and education will be documented in the mother's chart. Mothers who are formula feeding will be provided information about how to safely prepare and feed formula on an individual basis.
D. CH fosters the development of community based programs that make available individual counseling or group education on breastfeeding. Members of the staff participate in the local breastfeeding coalition.
E. CH will collaborate with prenatal care providers in the community to provide breastfeeding education and support.

STEP 3

A. STS contact facilitates mother/newborn bonding and should thus be performed for all patients including those who plan to use breast milk substitutes.
B. Unless mother and/or newborn are medically unstable, newborns should be placed STS with their mothers' immediately after delivery and given assistance to initiate breastfeeding within the first hour.
    1. When a delay of STS contact has occurred, staff will ensure that mother and newborn have STS contact as soon as medically stable
    2. Routine newborn procedures are postponed until after the first feed, during the initial STS contact
    3. Routine assessments are performed while STS
    4. Mothers who have undergone cesarean delivery should be given their newborns to hold STS as soon as the mother is safely able to hold and respond to her newborn
    5. The initiation time and duration of STS contact will be documented in the medical record.
    6. Monitoring of the infant's position and airway will be ongoing throughout STS care.
    7. If the mother's infant is transferred to a higher level of care facility, the mother is provided with education on the importance of initiating STS care when she is reunited with her infant.

STEP 4

A. All FBC nursing staff will be trained to assess, evaluate, assist, and provide consistent, evidence-based practice to all breastfeeding mothers in order to ensure mothers meet their newborn feeding goals.
B. All mothers will be offered support and guidance with breastfeeding until mother is able to feed independently and newborn is nursing well.
    1. The nurse caring for the mother/newborn couplet on the postpartum unit is responsible for observing and assessing as many feedings as possible.

2. At least one breastfeeding in a 12 hour shift will be observed by the nurse and will be documented in the newborn's chart using the LATCH assessment tool.
3. Feedings, observation of feedings and support will be documented by the nurse every shift.
4. Mothers will be instructed to keep feeding log.
5. Breastfeeding education will be provided on the following:
    - Positioning
    - Latch
    - Recognizing feeding cues
    - Avoidance of setting limitations on the length or number of feedings
    - Identifying effective breastfeeding/swallowing
    - Importance of exclusive breastfeeding and how to maintain for the first 6 months
    - Avoidance of bottles and pacifiers
    - Typical newborn feeding patterns (cluster feeding, feeding through the night, 8-12 feedings in 24 hours)
    - Identifying signs/symptoms of feeding difficulties and importance of reporting to healthcare provider
6. Breastfeeding mothers will be shown how to hand express breast milk, and will be encouraged to use hand expression frequently in the first 24 hours to aid in increasing milk volume.
7. Mothers will be encouraged to offer a minimum of 8 feedings at the breast every 24 hours and to nurse whenever the newborn shows early signs of hunger, such as increased alertness, physical activity, mouthing, or rooting. Crying is a late sign of hunger. Time limits for breastfeeding will be avoided. STS contact should be encouraged for non-demanding newborns.
8. Newborns will be weighed daily. Weight will be documented in newborn's record.
9. After 24 hours of life, if the newborn has not latched onto the breast or latches on but feeds poorly, the mother will be instructed to continue hand expression and initiate electric pumping every 3 hours. Any collected colostrum will be fed to the newborn by an alternative method. STS contact will be encouraged.

C. If a mother is separated from her newborn and she plans to breastfeed, the mother will be provided with a breast pump and instructed in use within no more than 6 hours of birth.

Instruction will include:

- Pumping for 15-20 minutes, a minimum of 8 times in 24 hours (every 2-3 hours during the day and at least 1-2 times during the night)
- Proper handling and storage of expressed breast milk as per "breast milk storage" policy
- Proper cleaning of pumping kit

D. The mother who has chosen formula feeding or for whom breastfeeding is medically contraindicated will be provided with individual verbal and written instruction in formula preparation, storage, handling, and feeding techniques. This education will be documented in the medical record.

1. Clear contraindications to breastfeeding include maternal HIV, HTLV-1, and HTLV-2, HSV (when a lesion is present on the breast), active untreated varicella, mothers on medications that contraindicate breastfeeding including chemotherapy, radioactive isotopes, antimetabolites, antiretroviral medications, and radiation therapy, and a newborn with galactosemia or maple syrup urine disease.
2. Mothers with active TB may pump and milk can be given to newborn by another care provider.

STEP 5

A. CH FBC staff will not give food or drink other than breast milk to newborns unless ordered by physician for a medical indication. These indications may include hypoglycemia, excessive weight loss (which may be due to SGA, prematurity, maternal diabetes, poor feeding, or delayed lactogenesis), and hyperbilirubinemia. Breastfeeding newborns will be exclusively breastfed unless contraindicated by maternal illness or mother is prescribed medications which prohibit breastfeeding.
B. The mother will be informed if her doctor or pediatrician is advising against breastfeeding before any feeding decisions are made.
C. If a breastfeeding mother requests that her newborn be fed a breast milk substitute, the nurse caring for the mother/newborn couplet will explore the mother's questions and concerns about newborn feeding and educate her regarding the possible negative consequences of feeding her newborn a breast milk substitute. The education will be documented in the mother's chart. If the mother decides to feed her newborn a breast milk substitute after receiving education, her choice will be supported by the staff. If there is a medical indication for use of supplements, this will be documented in the chart.
D. If supplementation is provided, staff will inform mothers of various methods to provide alternative feedings. (Refer to policy "Supplemental Feeding Devices). Nipple shields will be used only if clinically indicated and recommended after a lactation consultation.

STEP 6

CH FBC practices rooming-in. Rooming-in will be the standard of care regardless of feeding choice.

A. Inform mothers of the benefits of rooming-in, including but not limited to:
    - Promotes optimal breastfeeding outcomes-mothers able to identify feeding cues and feed their newborns more frequently (on demand)
    - Enhances bonding between parents and their newborns
    - Promotes confidence in parents caring for their newborns
    - Provides more natural learning environment
    - Promotes continuity of educational process with same nurse caring for the couplet (same RN for mom and newborn)
B. Procedures/assessments to be performed in mother's room when possible, including:
    - Shift assessments (RN)
    - Physician assessments
    - Daily weights
    - Necessary labs
    - Hearing screen
    - CCHD screening
C. Separation of mother and newborn for necessary medical procedures will not exceed an hour per day for healthy newborns.

D. Documentation of interruption of rooming-in will include:
    - Indication for the separation
    - Location of newborn during this time
    - Time parameters for the interruption
E. If a mother asks for her newborn to be taken to the nursery, the nurse is to explore the reason for this request, to educate (or remind) the mother regarding benefits to rooming in, and to document this process. If mother still requests that her newborn be taken to nursery, the newborn will be returned to the mother when the newborn exhibits feeding cues.

STEP 7

A. CH FBC staff will encourage mothers to recognize newborn's feeding cues and to feed on demand.
B. All breastfeeding mothers will be educated to recognize the following common breastfeeding cues that indicate newborn hunger and the importance of feeding on cue when the newborn is noted to be:
    - Sucking on tongue or lips
    - Moving hands and arms toward mouth
    - Fussing or fidgeting while sleeping
    - Turning head from side to side; rooting
    - Crying (which is a late sign of hunger)
C. No restrictions are placed on mothers regarding frequency or duration of breastfeeding and mothers will be discouraged from scheduling feedings of term healthy newborns.
D. Breastfeeding mothers will be taught to expect 8-12 feedings in a 24-hour period with no particular pattern of frequency (i.e. a newborn can be hungry 90 minutes after the last feeding). Education will be given in regard to anticipated cluster feedings.

STEP 8

A. CH FBC staff will encourage mothers to recognize newborn's feeding cues and to feed on demand.
B. All breastfeeding mothers will be educated to recognize the following common breastfeeding cues that indicate newborn hunger and the importance of feeding on cue when the newborn is noted to be:
    - Sucking on tongue or lips
    - Moving hands and arms toward mouth
    - Fussing or fidgeting while sleeping
    - Turning head from side to side; rooting
    - Crying (which is a late sign of hunger)
C. No restrictions are placed on mothers regarding frequency or duration of breastfeeding and mothers will be discouraged from scheduling feedings of term healthy newborns.
D. Breastfeeding mothers will be taught to expect 8-12 feedings in a 24-hour period with no particular pattern of frequency (i.e. a newborn can be hungry 90 minutes after the last feeding). Education will be given in regard to anticipated cluster feedings.

STEP 9

A. CH FBC staff will educate breastfeeding mothers on the introduction and usage of pacifier/feeding bottles/artificial teats and how they can adversely impact the success of breastfeeding.

B. Use of a pacifier will be discouraged for any breastfeeding newborn except when the following situations are present:
   - Newborn is undergoing a painful procedure (i.e. circumcision, blood draw). A pacifier may be used in conjunction with a sucrose-water mixture and removed from the newborn's bassinet and thrown away prior to returning newborn to room. If possible, breastfeeding or using a gloved finger during painful procedures is preferred.
   - Newborns requiring neonatal abstinence scores and newborns that have a medical condition that would benefit from non-nutritive sucking.

C. If a mother is requesting a pacifier for her newborn, the nurse will explore the reasons for this request and address the mother's concerns and educate her on the problems associated with pacifier use (nipple confusion and feeding cues being missed). This education will be documented. Documentation must reflect that she has been informed of possible potential problems that may interfere with successful breastfeeding.
   - If supplemental feeding is necessary, pumped breast milk should be given first using an alternative feeding method such as syringe feeding if acceptable to mother and achievable by staff.
   - Bottles should be avoided and the rationale for this explained to the mother based on the best scientific evidence currently available. The mother will be educated on the possible negative consequences regarding usage of a bottle while breastfeeding and education will be documented to reflect this.

STEP10

A. CH FBC staff will foster the establishment of breastfeeding support groups and refer mothers to them on discharge.
   1. Prior to discharge, all breastfeeding mothers will know how to contact the breastfeeding support group and will be aware of the availability of outpatient visits
   2. In collaboration with other community breastfeeding support services, CH FBC will provide the mother with information on times, dates and telephone numbers to these services prior to discharge.
   3. Breastfeeding newborns will be scheduled to see a pediatrician or LIP for their follow up visit at 2-5 days of age or as indicated by discharging LIP.

COMPLIANCE WITH THE INTERNATIONAL CODE OF MARKETING OF BREAST-MILK SUBSTITUTES

1. Employees of manufacturers or distributers of breast milk substitutes, bottles, nipples, and pacifiers have no direct communication with pregnant women and mothers
2. The facility does not receive free gifts, non-scientific literature, materials, equipment, money, or support for breastfeeding education or events from manufacturers of breastmilk substitutes, bottles, nipples, and pacifiers
3. No pregnant women, mothers, or families are given marketing materials or samples or gift packs by the facility that consist of breastmilk substitutes, bottles, nipples, pacifiers, or other infant feeding equipment or coupons for the above items
4. Any educational materials distributed to breastfeeding mothers are free from messages that promote or advertise infant food or drinks other than breastmilk

V. REFERENCES:

Journal of Human Lactation, 28-3, "A Model Infant Feeding Policy for Baby-Friendly Designation in the USA". August 2012

Maryland Department of Health and Mental Hygiene, "Maryland Hospital Breastfeeding Policy Recommendations". October 2012

Baby Friendly USA (2016), "Policy Development Tool". Revised 6-23-16.