Manitoba Breastfeeding Hospital Policy Template

Current scientific evidence clearly indicates that breastfeeding is the best form of infant feeding and should, therefore, be promoted and supported. Breastfeeding is the most heavily documented and powerful preventative modality available to health care providers to reduce the risk of common causes of infant morbidity. Breastfeeding results in significantly lower rates of diarrhea, otitis media, juvenile diabetes, ulcerative colitis, lymphomas, and Sudden Infant Death Syndrome.

Despite the obvious benefits of breastfeeding that are unattainable through artificial feeding, the rate and duration of breastfeeding continue to be less than desired. This is especially true among our most vulnerable populations – low income and minority women.

As such, it is crucial to actively encourage a sound program of information sharing and support for breastfeeding in Manitoba hospitals. Early initiation of breastfeeding is vital to ensure that infants learn to suck properly, which results in a more complete and effective feeding, as well as promoting a longer breastfeeding duration. Hospital staff play a fundamental role in the health of mother and infant and, as such, must be knowledgeable and encouraging of breastfeeding practices in order to ensure that infants and moms are both learning the necessary skills for successful breastfeeding. By following the policies contained in this document, hospital staff will be providing new moms and their infants with the best quality care, and the most promising future.

This document endeavors to provide a breastfeeding framework for hospital staff, to be modified as needed on a regional level. The following guidelines are recommendations that can be tailored to suit any hospital in a region.

The policies that follow are based on guidelines developed by the San Bernardino County Breastfeeding Task Force, Wellstart International, and the State of California maternal and Child Health Branch (1997).

Model Hospital Policies

Policy #1

Create an interdisciplinary and culturally appropriate team to be responsible for the implementation of breast feeding related policies, ensuring the initial training of all staff, ongoing education, and evaluation when necessary.

a) **Intervention/Management -** Hospital staff should join forces to reduce institutional barriers to breastfeeding, such as mother-infant separation, fragmentation of care and casual supplementation.

Rationale - A multidisciplinary task force can bring a variety of perspectives and a research base to institutional breastfeeding policies.
References - 21

b) **Intervention/Management -** Interdisciplinary team members should be aware of the International Code of Marketing Breastmilk Substitutes.
Rationale - International concern exists regarding the marketing practices of the infant formula manufacturers. Educational programs and materials, hospital support and patient gifts may be indirectly endorsing infant formula.
References - 26

c) **Intervention/Management -** A designated healthcare professional should be responsible for assessing needs, planning, implementing, evaluating and periodically updating competency-based training in breastfeeding for all staff caring for mothers, infants, and/or children.
Rationale - Ongoing training is essential to maintain staff competency. The level of competency required and/or needed should be based on staff functions, responsibility, and previous acquired training, and should include documentation that essential skills have been mastered.
References -Baby Friendly Hospital Initiative. UNICEF/World Health Organization.

d) **Intervention/Management -** Have written breastfeeding policies that are routinely communicated to all health care staff.
Rationale - Ongoing reinforcement of policies is essential to maintaining competence.
References - Baby Friendly Hospital Initiative. UNICEF/World Health Organization.

Policy #2

All mothers will receive a complete breast exam and guidance for any condition which could adversely affect breastfeeding e.g. inverted nipples, breast pathology, prior breast surgery.

a) **Intervention/Management -** The provider should examine the breast to assess the following: previous breast surgery, nipple protractility, progressive breast enlargement during pregnancy, breast pathology.
Rationale - Identify mothers with breast abnormalities prior to birth to provide appropriate anticipatory guidance.
References - 12, 13, 17, 18

Policy #3

All women will receive information pre and/or post birth regarding the benefits and management of breastfeeding. All classes and teaching materials will be culturally, age and literacy appropriate.

a) **Intervention/Management -** All pregnant women and their significant other will be informed of and encouraged to attend a breastfeeding class during the prenatal period.

Rationale - Breastfeeding success and performance is improved by specific knowledge and the support of significant others.
References - 18, 22, 23, 29

b) **Intervention/Management -** The perinatal care nurse will provide appropriate pamphlets/videos post-birth.
Rationale - Literature can be used by breastfeeding educator and nursing staff for one-to-one patient education. Provides consistency of information given by nursing staff and provides a frame of reference. The mother can refer to literature during and after her hospital stay to reinforce learning.
References - 23, 24, 29, 39

c) **Intervention/Management -** All classes, pamphlets and videos will be culturally, and literacy appropriate.
Rationale - Health educators need to understand the cultural and socioeconomic context of infant feeding practices of the women they serve in order to provide clients with relevant health education and care.
References - 27, 29, 30, 39

d) **Intervention/Management -** Materials provided by commercial organizations designed to promote any product will not be used to teach breastfeeding.
Rationale - Due to the potential conflict of interest, all materials used for breastfeeding promotion and education need to be produced by companies dedicated to promoting breastfeeding.
References - 27, 29, 30, 39

e) **Intervention/Management -** Teaching methods will be tailored to the age of the client.
Rationale - Teens may prefer alternative approaches to teaching, such as field trips, parties, games and videos when appropriate.
References - 3

f) **Intervention/Management -** Discharge planning of the mother shall include pumping/manual expression options, with method noted in the record. (Include family support person in teaching process).
Rationale - Emphasizes the importance of regular breast expression in maintaining lactation. Pumping sessions need to be part of daily routine. Pumping frequency and length guidelines are based on the method of expression. Involvement of mother's support persons will enhance success of pumping efforts.
References - 18, 29

Policy #4

Mothers will be encouraged to breastfeed exclusively.

a) **Intervention/Management -** The perinatal nurse will educate the mother on rationale for exclusive breastfeeding during the newborn period.
Rationale - Exclusive breastfeeding during the first weeks aids in the establishment of an adequate milk supply and appropriate breastfeeding technique. Supplementation during this time will decrease the likelihood that extended breastfeeding will occur.
References - 13, 17, 18, 23, 24, 39

b) **Intervention/Management -** Obstetrical unit and perinatal education staff will inform mothers of the benefits of breastfeeding and human milk.
Rationale - Mothers are likely to follow recommendations given to them by perinatal professionals.
References - 1, 12,13, 17, 18

c) **Intervention/Management -** Provide specific information to the family regarding the advantages of breastfeeding.
Rationale - Families may be unaware of the advantages of breastfeeding for the infant as well as the mother. These advantages include:
- Economical and convenient.
- Provides optimal nutritional composition for CNS development.
- Decreases incidence of diarrhea, upper respiratory infections and delays the onset of some allergies.
- Recent studies show decreased incidence in otitis media, diabetes, and SIDS.
- Decreased rates of breast cancer in the mother.
- Promotes uterine involution due to increased oxytocin secretion.

References - 1, 12,13, 17, 18

d) **Intervention/Management -** Include support persons in the lactation education and the decision making process.
Rationale - Health care providers may influence feeding choice by targeting the person with the most influence over the mother's feeding choice, that person may be the father of the baby, maternal grandmother or best friend.
References – 19

e) **Intervention/Management -** Consider mother's health status related to HIV serology, chemical dependency, chemotherapy treatments and other medical conditions or therapies.
Rationale - Breastfeeding is contraindicated for HIV positive mothers and mothers receiving chemotherapy. For other medical conditions or therapies refer to a reliable reference to weigh risks and benefits of breastfeeding.
References - 29

Policy #5

Infants will be encouraged to breastfeed within one hour following birth, with 30 minutes post-birth being ideal. Infants will then be encouraged to breastfeed without restriction for an ideal of eight times in the first 24 hours.

a) **Intervention/Management -** The baby will be given to the mother to breastfeed during the first two hours, and preferably within the first 30 minutes after birth. This includes the post-cesarean mother and baby, when alert and stable.
Rationale - Suck reflex is strongest 20-30 minutes post-birth; delaying gratification can make it difficult for infant to learn the sucking process later on. The infant promptly receives the immunologic benefits of colostrum and digestive peristalsis is stimulated.
Suckling stimulates uterine involution and inhibits bleeding for the mother.
Mothers should be permitted to engage in this normal, physiologic process regardless of birth method, as long as medically stable. Post-cesarean mothers may still be comfortable from the epidural anesthesia.
References - 13, 17, 18, 23, 24, 29, 31

b) **Intervention/Management -** Feeding every 1.5-2 hours will be supported by the nursing staff. Mothers will be assisted in identifying infant's hunger cues and readiness to feed, i.e., R.E.M. (rapid eye movement sleep), hand to mouth movement and rooting.
Rationale - Breastmilk is digested in approximately 90 minutes. Eight-twelve feedings/24 hours has been associated with increased meconium passage and lower serum bilirubin levels of the infant. Infants are more organized in their behavior and will breastfeed more successfully if they are not crying.
Maternal prolactin levels fall after 3 hours. Frequent feedings enhance milk production.

References - 7, 8, 13, 17, 18, 24, 23,29,31, 32, 40

c) **Intervention/Management -** Babies should be put to breast every 2-3 hours with active swallowing time at the breast.
Rationale - It often takes 1.5-2 minutes after the onset of sucking and may take as long as 6-10 minutes for oxytocin release and subsequent milk ejection reflex. Limiting suckling time has not been shown to reduce nipple soreness.
References - 13, 17, 18, 29, 31

d) **Intervention/Management -** Breastfeeding during the first day will take priority over other non-emergent events such as infant bathing, pictures, and visitors.
Rationale - Restricting breastfeeding may increase degree of physiologic engorgement which occurs during transitional milk phase.
References - 13, 17, 18, 24, 23, 29, 31

e) **Intervention/Management -** The lactation educator should discuss the importance of colostrum with the mother. However, a mother who does not feel comfortable giving colostrum should be encouraged to pump and may discard the colostrum. This may be all that is needed to ensure an adequate beginning with breastfeeding.
Rationale - In some Latin American cultures, colostrum is considered "dirty" milk. Some mothers may not choose to initiate early breastfeeding.
References - 4

Policy #6

Each mother will be instructed in proper breastfeeding technique and assessed for proper latch-on at birth and at least once every 8 hours while in the hospital. When an assessment identifies a dysfunction or an infant shows signs of inadequate intake, a lactation consult will be ordered.

a) **Intervention/Management -** The staff should assist the mother with breastfeeding and provide guidelines and support.
References - 17, 29, 31

b) **Intervention/Management -** Pillows should be available to support mother's arms and bring the baby to the breast level.
Rationale - Nipple trauma can be prevented and nipple soreness minimized with proper attachment and positioning. Support and comfort of mother and baby prevent fatigue and facilitate proper positioning of the baby at breast.
References - 9, 12,13, 17, 18, 16, 24, 23, 25, 29, 37

c) **Intervention/Management -** A functional reassessment of the infant at the breast should be performed by a trained nurse/physician/breastfeeding educator within 8 hours of birth by utilizing an assessment tool such as FAIB/LATCH.
Rationale - Provides for early identification of latch-on difficulties, as well as, direct observation of infant at breast to assure adequate breastfeeding prior to discharge. Assessment tools that assign a numerical score for the various components of breastfeeding can define areas of needed intervention and an opportunity to teach the mother the components of successful breastfeeding.
References - 5, 6, 14, 31

d) **Intervention/Management -** The perinatal nurse will respond to complaints of nipple soreness by assessing the source of the discomfort and assist the mother in resolving the problem.
Rationale - Physiologic nipple tenderness occurs during the first few minutes of a feeding and eases up during the same feeding. Pathologic nipple soreness is considered whenever mother complains of nipple soreness throughout entire feeding or between feedings.
References - 6, 13, 18, 24, 23, 29, 31

e) **Intervention/Management -** Mother will be educated on the "supply and demand" principle of milk production.
Rationale - Understanding of basic physiology enhances lactation success.
References - 18, 29, 31

f) **Intervention/Management -** The mother will be taught to recognize signs of effective sucking and listen for her baby's sucking and swallowing sounds.
Rationale - Audible swallowing is an important indicator of intake. Hearing the infant swallow is reassuring that the baby is getting enough milk.

g) **Intervention/Management -** The mother will be instructed to burp her baby after feeding at the first breast, and put baby to the second breast to complete feeding.
Rationale - Breastfeeding is biphasic with a larger volume of milk obtained when nursed from both breasts at a single feeding.
References - 1, 9, 12, 13, 17, 18, 16, 24, 23, 25, 29, 37

Policy #7

Within the first 2-48 hours post-birth, if feedings at the breast are incomplete, ineffective, or the mother is separated from her infant, the mother will be assisted to begin regular pumping of her breasts. The colostrum or breastmilk obtained will be given to the baby.

a) **Intervention/Management -** The mother will be instructed using the electric breast pump protocol by an experienced staff member when infant consistently demonstrates inadequate suckling or when prolonged separation of mother and infant is expected (i.e., prematurity, ill infant). The mother will be given the opportunity to pump as soon after birth as medically feasible.
Rationale - The electric system is time saving for the mother and the piston electric pumps most closely imitate the suck cycle of the infant. Breast stimulation and breast emptying are necessary to initiate and maintain lactation. Following a protocol maintains consistency of information given to the parents.
References - 2,13, 18,23, 24, 29, 31, 39

b) **Intervention/Management -** The expressed colostrum and breastmilk will be given to the infant in addition to any other supplement which may be indicated and prescribed by the physician.
Rationale - Validates mother's pumping efforts as valuable and provides added benefits to baby.
References - 6, 18, 29

Policy #8

Pacifiers will not be given to breastfeeding infants.

a) **Intervention/Management -** Pacifiers are not to be given to breastfeeding infants. Mothers are encouraged to breastfeed frequently in response to hunger cues. Breast stimulation is critical to milk production. When an infant needs to suck in the first days of life, the breast should be offered.
Rationale - Frequently needing to suck may be a sign of inadequate milk intake.
References - 17, 18, 24, 23, 29

Policy #9

Supplementary water or artificial baby milk is not to be given to breastfeeding infants unless ordered by a physician. A parental consent, detailing the risks of introducing artificial baby milk, will also be required.

a) **Intervention/Management -** Breastfeeding infants are to be given only breastmilk. Sterile water, glucose water or artificial baby milk feedings will not be a part of the standard orders and will not be given without a *specific written order* by the attending physician.
Rationale - Colostrum and breastmilk will completely meet the newborn's nutritional and fluid needs (provides 17-20 cal./oz.). Colostrum is a physiologic substance and readily passes through the respiratory tree if aspirated.
References - 13, 17, 18, 23, 24, 29, 32

b) **Intervention/Management -** Breastfeeding teaching and consent for supplementation will be presented prior to the introduction of artificial baby milk and/or water to the newborn.
Rationale - Risks include, but are not limited to the following:

- Alteration of the flora of the baby's gut occurs with supplemental feedings.
  References - 18, 29

- Infants may be confused by a rubber nipple which requires a different tongue and jaw motion.
  References - 13, 17, 18,23, 24, 25, 29, 34, 35.

- Water supplements have not been shown to prevent or cure hyperbilirubinemia in the neonatal period.
  References - 6, 7, 8, 17, 18, 24, 23, 29

- Higher protein levels in colostrum have a more stabilizing effect on blood glucose levels than glucose water.
  References - 17, 18, 29, 32

- Formula has a longer gut transit time than breastmilk and may decrease the infant's interest in nursing.
  References - 13, 17, 18, 23, 24, 29

- Glucose water with 6 cal./oz. can give infant sense of fullness without providing adequate nutrition (colostrum and breastmilk provide 17-20 cal./oz.).

- Encouraging supplementation communicates that mother's milk is inadequate or inappropriate for her infant.

Policy #10

Infants will remain at the mother's bedside both day and night. The nurse should plan with the mother and family for periods of rest/sleep both day and night.

a) **Intervention/Management -** Babies are cared for at the mother's bedside. Encourage mother and family to assist in infant care.
Rationale - Infant's presence facilitates bonding and the attachment process. The infant's adaptation to extra-uterine life is enhanced by the mother's presence. Provides opportunity for individualized teaching and aids mothers in learning cues and behaviors of her baby.
References - 1, 6, 18, 29, 31, 39

b) **Intervention/Management -** The nurse shall plan with the mother/family for 1-2 hours of undisturbed rest twice daily.
Rationale - Rest is an important physiologic and psychological need for all post-partum, lactating mothers. With liberalized visiting hours, there is no time for mothers to rest unless naps are planned.
References - 18, 29

c) **Intervention/Management -** If, despite encouragement to room-in, the mother requests the baby to stay in the nursery at night, the infant will be brought to the mother to nurse when he/she displays hunger cues or every three hours (whichever is sooner).
Rationale - Prolactin levels are highest at night and may contribute to successful breastfeeding. Provides additional opportunities for mother and baby to establish effective nursing pattern prior to discharge.
References - 1

Policy #11

At discharge, each mother is to be referred to a breastfeeding support group and given a lactation educator/consultant's phone number or community resource for breastfeeding assistance. Commercial discharge packs are not to be given.

a) **Intervention/Management -** Discharge formula packs are not to be given to breastfeeding mothers.
Rationale - Giving discharge packs endorses supplementation and implies that breastmilk is inadequate to meet infants' needs.
References - 17

b) **Intervention/Management -** Patients are routinely given a phone number to call or other community resource for breastfeeding assistance.
Rationale - Early discharge often occurs before lactation and breastfeeding are well established.

References - 24

c) **Intervention/Management -** Follow-up calls provide an opportunity for screening mothers and identifying those women needing support or information and those needing interventions or referrals.
Rationale - Mothers are unlikely to call the care provider for breastfeeding assistance, however, mothers often have transient breastfeeding difficulties that can be resolved with reassurance and support from an experienced care provider. Early breastfeeding difficulties are often "treated" by giving the baby a bottle of artificial baby milk.

d) **Intervention/Management -** Nurses who are concerned about an infant's ability latch-on shall inform the attending physician. Physicians will be educated to support the nutritional needs of the infant and support the mothers desire to breastfeed.
Rationale - Nurses and physicians can assist in the development and implementation of a discharge plan which can meet both the infant's nutritional needs and the mothers breastfeeding goals.
References - 27, 29, 31, 32

Policy #12

Hospital Administration will foster the formation of hospital based breastfeeding support groups.

a) **Intervention/Management -** The hospital administration will provide space and cover operational costs to support regular breastfeeding support group meetings.
Rationale - Ongoing peer support groups lead to increased success and increased duration of breastfeeding.
References - Example: La Leche League

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