PURPOSE
To promote a philosophy of maternal infant care that advocates breastfeeding and supports the normal physiological functions involved in the establishment of this maternal/infant process. To assist families choosing to breastfeed with initiating and developing a successful and satisfying experience.

POLICY
This policy is based on recommendations from the Office on Women’s Health of the US Department of Health and Human Services, (1) the American Academy of Pediatrics, (2) the American College of Obstetrics and Gynecology,(3) the American Academy of Family Physicians,(4) the World Health Organization, (5) the American Dietetic Association, (6) the Academy of Breastfeeding Medicine,(7), and the UNICEF/WHO evidence-based “Ten Steps to Successful Breastfeeding.”(8;9)

PROCEDURE
1. Perinatal staff will actively support breastfeeding as the preferred method of providing nutrition to infants.
2. This breastfeeding policy will be communicated to all health care staff.
3. All pregnant women and their support people, as appropriate, will be provided with evidenced-based information on breastfeeding.
4. The woman’s desire to breastfeed will be documented in her medical record.
5. Mothers who choose to breastfeed will be encouraged to exclusively breastfeed unless medically contraindicated. The method of feeding will be documented in the medical record of every infant.
   a. Exclusive breastfeeding is defined as providing breast milk as the sole source of nutrition.
   b. Exclusively breastfed babies receive no other liquids or solids.
   c. Support mother’s choice to breastfeed and encourage exclusive breastfeeding for at least the first 6 months.
6. At birth or soon thereafter all newborns, if baby and mother are stable, will be placed skin-to-skin with the mother. Breastfeeding mother/infant couples will be given the opportunity to initiate breastfeeding as soon as possible after birth. Post-cesarean birth babies will be encouraged to breastfeed as soon as possible as well. To facilitate uninterrupted mother/infant contact and breastfeeding, it is recommended to administer Vitamin K and prophylactic antibiotics after the end of the first hour after birth or per state law.
7. Breastfeeding mother-infant couples will be encouraged to remain together throughout their hospital stay, including at night (rooming-in). Skin-to-skin contact will be encouraged as much as possible.
8. Breastfeeding assessment, teaching and documentation will be done on each shift and whenever possible with each staff contact with the mother. After
each feeding, staff will document information about the feeding in the infant’s medical record. This documentation may include the latch, position, and any problems encountered. For feedings not directly observed, maternal report may be used. A direct observation of the baby’s position and latch-on during feeding will be performed and documented at least once every shift.

9. Breastfeeding mothers will be encouraged to utilize available breastfeeding resources including classes, written materials and video presentations as appropriate. The patient will be provided with a list of local lactation resources for evaluation and follow up.

10. Breastfeeding mothers will be instructed about:
   a. Proper positioning and latch on;
   b. Nutritive suckling and swallowing;
   c. Milk production and milk ejection reflex (milk release);
   d. Frequency of feeding/feeding cues;
   e. Expression of breast milk and use of a pump if indicated;
   f. How to assess if infant is adequately nourished; and
   g. Reasons for contacting the clinician.
   h. These skills will be taught to primiparous and multiparous women and reviewed before the mother goes home.

11. Education will be given to parents that breastfeeding infants, including cesarean-birth babies, should be put to breast at least 8-12 times each 24 hours. Infant feeding cues (such as increased alertness or activity, mouthing, or rooting,) will be used as indicators of the baby’s readiness for feeding.

12. Time limits for breastfeeding on each side will be avoided. Infants can be offered both breasts at each feeding; at times they may only be interested in feeding on one side.

13. No supplemental water, glucose water or formula will be given unless specifically ordered by a physician, or by the mother’s documented and informed request. Prior to non-medically indicated supplementation, mothers will be informed of the risks of supplementing. The supplement may be fed to the baby by alternative feeding methods if possible. Artificial nipples should be discouraged for healthy breastfed infants. Bottles should not be routinely placed in a breastfeeding infant’s bassinet.

14. In accordance with the 2005 AAP Policy Statement on SIDS, “For breastfed infants, delay pacifier introduction until 1 month of age to ensure that breastfeeding is firmly established.” (24) This recommendation does not contraindicate pacifier use for premature infants and other special needs infants. (2)

15. Routine use of nipple creams, ointments, or other topical preparations should be avoided. Mothers with sore nipples will be instructed on correct latch-on techniques and will be referred as necessary.
   a. Breastfeeding mothers will have an assessment of the breast prior to discharge and will receive anticipatory guidance regarding conditions that might affect breastfeeding.

16. If nipple shields are used, 2 nurses will assist mother and review need prior to use. See Nipple Shield policy NSY 6093. Bottle nipples will not be used as a substitute for a nipple shield.
17. After 12 hours of life, if the infant has not latched on or fed effectively, skin-to-skin contact will be encouraged. Parents will be instructed to watch closely for feeding cues and whenever these are observed to awaken and feed the infant. The mother will be instructed to begin breast massage and hand expression of colostrum into the baby’s mouth during feeding attempts.

18. After 24 hours of life, if the baby continues to feed poorly, breast stimulation with skilled hand expression or a double set-up electric breast pump will be initiated and maintained approximately every three hours or a minimum of 8 times per day. The mother will be informed that she may obtain more milk initially with hand expression. Any expressed colostrum or mother’s milk will be fed to the baby by an alternative method. Until the mother’s milk is available, a collaborative decision should be made between the mother, nurse, and physician/clinician regarding the need to supplement the baby. Each day, the feeding plan will be reviewed. In cases of problem feeding, mother will be provided with a referral list of local lactation resources.

19. If the baby is still not latching-on well or feeding well when going home, the feeding plan will be reviewed in addition to routine breastfeeding instructions. A follow-up visit or contact within 24 hours with a lactation consultant or the primary care physician is recommended. If an infant is not feeding well, the physician/clinician must be consulted prior to discharge.

20. Mothers who are separated from their premature or sick infants will be:
   a. Instructed on the double set up electric breast pump. It is recommended to initiate pumping within 6-8 hours of delivery. Mothers will be encouraged to pump every 2-3 hours or a minimum of 8 times per day. See NUNY 6092 Breast Milk Storage and Collection policy. The mother will be informed that she may obtain more milk initially with hand expression
   b. Taught proper storage and labeling of human milk
   c. Assisted in obtaining a double set up electric breast pump prior to going home
   d. Encouraged to begin skin to skin contact as soon as infant’s condition permits
   e. Encouraged to breastfeed as soon as the infant’s condition permits

21. Before leaving the hospital, (15) breastfeeding mothers should be able to:
   a. Position the baby correctly at the breast
   b. Latch the baby to breast properly
   c. State when the baby is swallowing milk
   d. State that the baby should be nursed approximately 8 to 12 times every 24 hours until satiety
   e. State age-appropriate elimination patterns
   f. List indications for calling a physician/clinician
   g. Manually express milk from their breasts

22. Prior to going home, mothers will be given the names and telephone numbers of community resources to contact for help with breastfeeding.

23. Prior to discharge breastfeeding should be evaluated by trained personnel and documented on the patient record. (2) Baby’s record should have documented successful feeding on at least two occasions. (23)
24. To enhance breastfeeding success and duration, it is recommended that discharge bags offered to mothers will not contain infant formula or formula company advertisements.
25. Health professionals will be encouraged to attend educational sessions on lactation management and breastfeeding promotion to ensure that correct, current, and consistent information is provided to all mothers wishing to breastfeed.

REFERENCES