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**Owner:** Mary ann Jones: PRGM MGR-LACTATION  
**Policy Area:** Womens & Childrens  
**References:** Breastmilk, Policy, SCV, SGH, SMB, TJC-Provision of Care, Treatment and Services  
**Applicability:** Sharp HealthCare  
 Chula Vista  
 Grossmont  
 Mary Birch

## Infant Feeding, 47301

### I. PURPOSE

To provide policy guidelines (**Step 1**) that support the establishment and maintenance of a successful breastfeeding relationship between mother and infant **based** on the "10 Steps to Successful Breastfeeding" as outlined by the Baby-Friendly Hospital Initiative and the California Breastfeeding Model Hospital Policy Recommendations that advocate exclusive breastfeeding practice as optimum for the health of both mother and infant. Additionally, to ensure the proper use of breast milk substitutes when they are necessary

### II. DEFINITIONS

- A. **Ten Steps to Successful Breastfeeding (Step 1-10):** Evidence-based practices for maternity services that protect, promote and support breastfeeding and are recommended by the World Health Organization (WHO) and UNICEF and endorsed by the U.S. Department of Health and Human Services, and the American Academy of Pediatrics.
- B. **Baby-Friendly Hospital Initiative:** A global effort launched by WHO and UNICEF in 1991 to implement the 10 Steps to Successful Breastfeeding.
- C. **Breastmilk Substitute:** Any food being marketed or otherwise represented as a partial or total replacement for breastmilk, whether or not it is suitable for that purpose.
- D. **CLE:** Certified Lactation Educator
- E. **Exclusive Breastfeeding** (as defined by the World Health Organization): When a newborn receives only breastmilk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines.
- F. **Infant Feeding Cues:** Actions by the infant that signal readiness to feed such as moving the head and opening the mouth (rooting), putting hand to mouth, and sucking movements with the mouth. If feeding does not occur with these cues the infant may give its strongest cue, crying.
- G. **IBCLC:** International Board Certified Lactation Consultant
- H. **Licensed Personnel:** Health care workers who are licensed to provide patient care with an identified

scope of practice.

- I. **LATCH Score:** A breastfeeding assessment and charting tool used by many hospitals.
- J. **Pump and Save:** Storing a mother's expressed breastmilk in an individually labeled container with the additional message "check medication" until it is determined to be safe for infant feeding. This replaces the prior practice of "pump and dump" when a medication is in question.
- K. **Skin-to-Skin:** Infant is placed prone on the mother's bare chest wearing only a hat and/or a diaper. Mother and infant touch skin-to-skin with no fabric between. A warm blanket may be laid over the infant and mother covering infant's shoulders only, not his/her face or head. Mother is able to see infant's face.
- L. **WHO International Code of Marketing of Breast Milk Substitutes:** A set of recommendations adopted by the World Health Organization to regulate the marketing of breastmilk substitutes, feeding bottles and nipples. The Code aims to contribute to "the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breastmilk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution" (Article 1 of the Code).
- M. **Late Preterm Infant:** Infants born 34 0/7 to 36 6/7 weeks gestation.
- N. **Warmline:** A telephone call line that provides assistance for people whose need is not urgent (a play on the word, hotline).

### III. TEXT

- A. The Ten Steps to Successful Breastfeeding and the following philosophy statement will be posted in all locations of the hospital where care is provided to mothers and infants: "This facility upholds the WHO International Code of Marketing for Breast Milk Substitutes by offering parents support, education and materials that promote the use of human milk rather than other infant food or drinks, and by refusing to accept or distribute free or subsidized supplies of breast milk substitutes, nipples and other feeding devices."
  - 1. In accordance with the above policy statement:
    - a. Vendors from companies that distribute breastmilk substitutes, infant feeding bottles, artificial nipples and pacifiers will follow the institution's vendor policy and will only communicate with the appropriate individuals in purchasing. Furthermore:
    - b. This facility and the employees thereof will not accept free gifts, nonscientific literature, materials, equipment or money from these same individuals.
    - c. This facility and its employees will not accept support for attending breastfeeding education nor host events subsidized by these same individuals.
    - d. This facility and employees thereof will not distribute to pregnant women, mothers or their families marketing materials or samples or gift packs that include breast milk substitutes, bottles, nipples, and pacifiers, or other feeding equipment or coupons for the above items.
    - e. All educational materials distributed to breastfeeding mothers from this facility are free of messages that promote or advertise infant food or drinks other than breastmilk.
- B. For ease of navigating this policy these are the 10 steps that are discussed in detail below:
  - 1. Have a written breastfeeding policy that is routinely communicated to all health care staff. **(Step 1)**
  - 2. Train all health care staff in the skills necessary to implement this policy. **(Step 2)**

3. Inform all pregnant women about the benefits and management of breastfeeding. **(Step 3)**
4. Help mothers initiate breastfeeding within one hour of birth. **(Step 4)**
5. Show mothers how to breastfeed and how to maintain lactation even if they are separated from their infants. **(Step 5)**
6. Give infants no food or drink other than breastmilk, unless *medically* indicated. **(Step 6)**
7. Practice rooming-in--allow mothers and infants to remain together 24 hours a day. **(Step 7)**
8. Encourage breastfeeding on demand. **(Step 8)**
9. Give no pacifiers or artificial nipples to breastfeeding infants. **(Step 9)**
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center. **(Step 10)**

**C. Policy Development (Step 1):**

1. The managers for the well infant units working with facility breastfeeding committee members, will be responsible for developing, reviewing and revising the infant feeding policy.
2. All maternity departments caring for mothers and babies will be responsible for implementing the policy. Professions responsible for implementation of the policy include RN, MD, NNP, CNM, PA, RD, IBCLC, CLE, and certified childbirth educators.
3. All maternity staff and maternity care providers will be oriented to the policy during their 12-week orientation curriculum within 12 weeks of hire.
4. The policy will be revised as needed and reviewed at minimum every three years as per hospital policy.
5. Changes to the policy will be reviewed with all appropriate staff according to their unit's education plan within 1 month of the policy change.

**D. Staff education and training (Step 2):**

1. The Managers for the well infant units, in collaboration with the facility breastfeeding committee members, will be responsible for assuring staff training is identified and implemented.
2. All licensed perinatal staff caring for mothers and infants will have **initial** education and training in the basic management of lactation including skills needed to support exclusive breastfeeding in their area of expertise.
  - a. RNs caring for mothers and babies will have 20 hours of training completed within 6 months of hire.
  - b. Training will include the 15 sessions identified by UNICEF/WHO and 5 hours of supervised clinical experience verified by a Lactation Consultant.
  - c. Documentation of all training and competency verification (a certificate of completion) will be maintained by each department's management inclusive of the initial 20 hours of training and annual competencies. Documentation will consist of topic, date of training, date of competency verification. Certification of completion will be maintained on file for any additional training.
  - d. New licensed 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 15 topics.
  - e. New employees coming from non-Sharp facilities will be required to complete the 5 hours of supervised clinical competency. New employees transferring from Sharp facilities do not need to

repeat the 5 hours of supervised clinical competency if they provide signed competencies that verify completion of these competencies

f. Health Care Providers with privileges for labor, delivery, maternity, nursery/newborn care are provided with a minimum of 3 hours of breastfeeding management education pertinent to their role.

3. Staff will have on-going annual education to include reinforcement of basic critical skills and updates to policies and procedures.

**E. Patient education (Step 3):**

1. Pregnant women will be offered prenatal breastfeeding classes. The lactation education staff is responsible for developing, implementing, evaluating and revising the education curriculum. The curriculum, which includes the key teaching points listed in the Baby-Friendly Guidelines and Evaluation Criteria most current version, as well as the class schedule, may be found in documents kept in the childbirth education departments.
2. The hospitals will be represented at the local breastfeeding coalition meetings and work together with the breastfeeding coalition to identify community breastfeeding educational and support needs and will help facilitate the development of services to meet these needs. The facility representatives to the coalition will work with local individuals and organizations that offer prenatal and postpartum breastfeeding support and coordinate breastfeeding messages with these individuals.
3. At prenatal service contacts (e.g. Antenatal Diagnostic Center, triage) pregnant women will receive written education about breastfeeding.
  - a. The lactation educators will be responsible to design, evaluate and revise the written materials.
  - b. The nurses will be responsible to distribute the written information to pregnant women, answer their breastfeeding questions and document this education in the electronic medical record (EMR).
4. At all prenatal tours, pregnant women and their families will receive written patient educational information. The educational information will describe the benefits of breastfeeding and the practices implemented in the facility to support optimal breastfeeding outcomes. The written information will be discussed during the tour and will contain contact numbers for further information. The information provided will be designed, evaluated, and revised by lactation staff.
5. The facility will not offer group sessions on the use of formula or infant feeding bottles. In addition, none of the educational materials women receive at prenatal classes, during prenatal service contacts or on prenatal tours will contain product names, images, or logos of infant formula foods, bottles, feeding devices and other related items.
6. Upon admission to the facility, the admitting nurse will document the mother's feeding plan for her infant.
  - a. If the mother states her intention to breastfeed, the nurse will evaluate the mother's history to discover any possible contraindications for breastfeeding and the mother will be counseled appropriately and supported by the nursing staff. ([Refer to policy # 05301, Transmissions-Based Precautions for Obstetrics' and Neonatal Services](#)).
  - b. If the mother intends to breastfeed and her history does not include a contraindication to breastfeeding, the nurse will give to her written educational information which describes the facility practices that support optimal maternity care and infant feeding practices. The nurse caring for the mother will discuss these practices with the mother, answer her questions and

document receipt of the written educational information in the EMR.

- c. If the mother states her intention to formula feed her infant, the nurse will talk with the mother to ensure that she has been informed of the benefits of breast milk and breastfeeding. The nurse will give the mother opportunity to ask questions regarding her concerns about breastfeeding. If after counseling, the mother's intention is to formula feed, this choice and the education provided will be documented in the EMR.
7. Sharp Grossmont Hospital Prenatal Clinic will offer prenatal breastfeeding education to all clients. The childbirth/lactation education staff are responsible for developing, implementing, evaluating and revising the education curriculum. The curriculum, which will include all of the key teaching points as recommended in the Baby Friendly Guidelines and Criteria, may be found in documents kept in the prenatal clinic department.
- a. Education will begin in the first trimester or as soon as the pregnant woman is enrolled in the clinic.
  - b. The health care provider or educator who delivers the information will document the education in the client's written chart.
  - c. The prenatal clinic will not offer group education on the use of formula or infant feeding bottles.
  - d. Educational materials distributed to pregnant women will be free of product names, images, or logos of infant formula, foods, bottles, feeding devices, and other related items.

**F. Skin-to-skin and breastfeeding in the immediate postpartum period. (Step 4):**

1. To facilitate mother infant bonding, ensure best practices for breastfeeding support and to safely transition the infant from intrauterine to extra uterine life, all mothers and infants, regardless of infant feeding method, will be encouraged to participate in skin-to-skin care:
  - a. Skin-to-skin will begin immediately after normal vaginal deliveries.
  - b. Skin-to-skin will begin as soon as the mother is responsive and alert after cesarean deliveries
  - c. Skin-to-skin will be encouraged for at least an hour and longer if the infant has not yet latched to the breast and if maternal and infant medical conditions permit. Mother and infant will be encouraged to rest and enjoy skin-to-skin time. The nurse will educate mothers how to recognize infant feeding cues. Assistance with breastfeeding will be offered as needed.
  - d. Mothers who choose to formula feed will be encouraged to have an initial period of skin-to-skin time with their infants for at least an hour.
  - e. Infant and maternal monitoring and assessment will continue while the infant is skin-to-skin.
  - f. Routine medications will be given after the first feeding or by the end of the second hour of life.
  - g. Infants and mothers who must be separated from each other for medical reasons will be reunited as soon as possible and skin-to-skin encouraged as medical conditions permit. Assistance with breastfeeding will be provided as needed.
  - h. Skin-to-skin care for mother and infants will continue to be encouraged as much as possible during their hospital stay.
  - i. The time skin-to-skin begins initially and when it ends will be documented in the infant's EMR. Medical contraindication for skin-to-skin (e.g. evidence of respiratory compromise) or maternal refusal will be documented as well.

**G. Ongoing lactation support and infant feeding instruction - well infant units:**

1. Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants. **(Step 5):**
  - a. Mothers will be encouraged to practice skin-to-skin as often as possible especially for late preterm infants, infants with difficulty latching and infants who are frequently fussy or too sleepy to feed well.
  - b. Mothers will be offered assistance with breastfeeding the next time they feed their infant or within six hours of delivery.
  - c. Feedings will be assessed and evaluated by the nurse for correct positioning and latch as often as possible with at least 4 documented assessments in 24 hours. The nurse will utilize the assessment and evaluation time to educate the mother about correct positioning and latch techniques. Assessment and education will be documented in the EMR and include the LATCH score.
  - d. Breastfeeding and breast care instructions will be offered to all breastfeeding mothers on a routine basis by the nurse and documented in the EMR. Instructions will include:
    1. Care of breasts including how to hand express, handle and store breastmilk
    2. The importance of exclusive breastfeeding
    3. How to maintain exclusive breastfeeding for the first 6 months
    4. The signs/symptoms of feeding issues that need referral to a health care provider
    5. Expected newborn behaviors related to infant gestational age
    6. Importance of both physical contact and nourishment
    7. Criteria to determine if infant is getting enough breastmilk
  - e. If mother / infant separation occurs:
    1. Mothers will be instructed in proper breast care and how to initiate and maintain lactation.
    2. If separation occurs at birth, mothers will be assisted in initiating breastmilk expression as soon as possible, but no later than 6 hours postpartum, as medical conditions permit. . For high risk and special needs infants who cannot be skin-to-skin immediately or cannot suckle, beginning manual expression within one hour is recommended. . Nurses will educate mothers to pump and hand express milk 8 or more times every 24 hours to mimic the normal stimulation pattern of the newborn infant.
    3. Mother's milk expressed during the period of separation will be collected and made available to the infant as soon as possible. If it cannot be offered to the infant, it will be safely stored for use at a later time. Refer to policy # 47300.00 Breastmilk: Collection, Storage, and Handling of Breastmilk for Hospitalized Infants.
    4. Separated infants will receive their own mother's expressed breastmilk unless alternate feeding orders have been written by the infant's physician.
  - f. Newborn infants will not be given food or drink other than breastmilk unless there is a medical indication. Infants with medical Indications for supplementation will be cared for in the following ways **(Step 6):**
    1. The facility will maintain a separate policy to address this issue. Refer to policy # 47309.99 Supplementary Feeding in the Well Newborn Care Environments / Early Term / Full Term Breastfeeding Newborn Infant and policy 47312.99 Supplementation in the Well Newborn

Environments: Late Preterm Breastfeeding Infants.

- a. This policy will be updated, according to hospital policy, as needed and at a minimum every 3 years based on current evidence-based recommendations.
  - b. The physician Newborn Order Set in the EMR will direct the staff to supplement only if there is a medical indication for supplementation as listed in the supplementation policy.
  - c. If an infant is supplemented according to medical indication per policy or per mother's request, the infant's EMR will include the reason for and time of administration of the feeding.
  - d. The nurse will educate the mother regarding avoidance of artificial nipples and how to safely utilize the alternate feeding method of her choice (refer to policy # 47309.99 and # ). This education will be charted in the EMR.
  - e. Mothers who must supplement due to medical necessity will be supported in establishing exclusive breastfeeding as soon as possible.
2. If a breastfeeding mother requests a breastmilk substitute when it is not medically indicated, the nurse caring for the mother and infant will:
    - a. Explore the mother's questions and concerns about infant feeding.
    - b. Address concerns raised by the mother.
    - c. Educate the mother regarding the possible negative impact on successful breastfeeding and health risks of breastmilk substitute feedings.
    - d. Support the mother's choice following education.
    - e. Document the education in the EMR.
  3. The facility will not accept or distribute free or subsidized supplies of breast milk substitutes, infant feeding bottles, nipples or other feeding devices. All of these items will be purchased at fair market value.
- g. All mothers and infants, regardless of feeding choice, will be cared for in the same room 24 hours a day unless this is not possible due to medical reasons **(Step 7)**:
    1. Mothers who give birth vaginally will begin rooming in immediately after the birth of the infant.
    2. Mothers who give birth via cesarean section will begin rooming in as soon as the mother is admitted to the post-partum unit.
    3. All routine newborn procedures will be carried out at the mother's bedside.
    4. Mothers and infants will not be separated for more than 1 hour within a 24 hour period unless there is a medical indication where the mother or infant must be cared for in an intensive care unit or separated due to the risk of infection. (Refer to policy # 47656 Infection Prevention – Neonate and # 05301 Transmission-based Precautions for Obstetric and Neonatal Services.)
    5. In the event they are separated, mothers and infant will have access to each other as desired and as medically appropriate throughout the day and night.
    6. The nurse will support the exclusivity of breastfeeding, as possible, for infants who must be

separated for medical reasons.

7. Separation occurrence will be documented in the EMR to include reason for separation, time it occurred, location of infant and or mother, and time separation ended.
8. If a mother requests that her infant be cared for in the nursery, the nurse will:
  - a. Explore the mother's reason for the request.
  - b. Encourage and educate the mother about the advantages of having her infant(s) stay with her in the same room 24 hours a day.
  - c. Document the education in the EMR.
  - d. If the mother still requests that the baby be cared for in the nursery, the baby will be brought to the mother for feedings whenever the infant shows feeding cues.
- h. No restrictions shall be made on frequency or length of feedings **(Step 8)**:
  1. The nurse will educate mothers and support persons to recognize infant feeding cues and to begin and end the feeding according to infant cues.
  2. No staff member will place any limitations on how often or how long mothers should breastfeed.
  3. The nurse will discuss the normality of cluster feeding with mothers and support persons and explain that infant's breastfeed approximately 8 or more times in 24 hours on no timely schedule.
- i. Infants will be cared for without routine use of bottle nipples or pacifiers **(Step 9)**:
  1. If a breastfeeding mother requests that her infant be given a pacifier, the mother will be counseled by the nurse regarding her concerns and reason for the request. The nurse will educate the mother about the possible negative consequences of pacifier use on successful breastfeeding. The education and mother's decision will be documented in the EMR.
  2. If a pacifier is needed to soothe an infant for a painful procedure (e.g. circumcision) or when separated from the mother due to phototherapy treatments in the mother's room the pacifier will be disposed of following the procedure or discontinuance of the treatment. The use of the pacifier for these situations will be discussed with the mother prior to these circumstances.
  3. If a mother requests that her infant be supplemented utilizing an artificial nipple, the nurse will educate her on the possible negative effects of such on successful breastfeeding and encourage her to use an alternative feeding device as outlined in policy # 47309.99 Supplementary Feeding in the Well Newborn Care Environments: Early Term / Full Term Breastfeeding Newborn Infant. And The nurse will document the education in the EMR.
2. The nurse will support all mothers to provide safe and adequate nutrition for their infants, regardless of feeding methods. For infants being fed breastmilk substitutes, the nurse will provide written information and verbally educate the mother or infant care provider about the proper mixing, handling and storage techniques for breastmilk substitutes and the safe method of delivering the breastmilk substitute to the infant. This instruction will be given on an individual basis and documented in the EMR.

H. Mothers may breastfeed while taking prescribed customary postpartum medications unless otherwise



ordered by infant's physician.

1. All non-routine post-partum maternal medications, including contrast media for radiologic diagnostic studies, will be assessed for breastfeeding safety. Resources to use to assess the safety of a medication include:
  - a. The book titled: "Medications and Mother's Milk," by Thomas Hale, R.Ph., Ph.D.
  - b. "LactMed," at <http://toxnet.nlm.nih.gov/>
  - c. Attached chart: "Contrast Media Use in Diagnostic Radiology and Breast Feeding Safety"
  - d. Neonatal pharmacist
2. If the safety of a medication is in question after reviewing above resources, contact the infant's physician.
  - a. Mothers will be instructed to **pump and save** their milk marking the ID label on the milk with the message "check med." (This replaces the old practice of "pump and dump" while the safety of a medication is being reviewed.)
- I. If the mother or the infant has a positive toxicology screen, the infant's physician will be consulted prior to initiating breastfeeding.
- J. A Lactation Consultation will be ordered for mothers experiencing difficulty with breastfeeding or having special needs as outlined in policy # 47302.01 Lactation Consult, Requesting. Any mother who plans to breastfeed and is separated from her infant will be referred for initial and ongoing lactation consultation.
- K. Staff, including nursing, lactation, and women's education will ensure the continuity of care for breastfeeding mothers in the transition from hospital to community (**Step 10**).
  1. Plan for routine follow up visits will be reinforced by the nurse.
  2. Families will be informed of resources for breastfeeding support after hospital discharge including community resources (e.g. WIC) and the following SHC services:
    - a. The Lactation Team for outpatient consultative services.
    - b. Hospital phone support (Warmline).
    - c. Staff and retail supplies at Chula Vista, Grossmont, and the New Beginnings Boutique at Mary Birch Hospital for Women and Newborns.
    - d. Support groups held weekly for mothers after discharge. The nurse will document in the EMR that the mother received written information at discharge about support groups.
    - e. A list of breastfeeding support resources available after discharge will be provided during the patient's hospital stay. This list will be printed in the languages most frequently spoken/read by the patients at the facility and appropriate to the languages used at the outpatient service offered. This list will be updated at least annually by the lactation department or whenever information changes.

#### IV. REFERENCES:

- A. AAP Section on Breastfeeding. Breastfeeding and the use of human milk. Pediatrics 2012;115:496–506.
- B. AWHONN, Breastfeeding Support: Prenatal Care Through the First Year, Second Edition 2007, Johnson & Johnson Pediatric Institute.
- C. Academy of Breastfeeding Medicine. AMB Protocol Number 3: Supplementary Feedings in the Healthy

Term Breastfed Neonate. Revised 2017.

- D. Academy of Breastfeeding Medicine, ABM Protocol #10: Breastfeeding the near-term infant (35-37 weeks gestation). 2008
- E. California Breastfeeding Model Hospital Policy Recommendations. Providing Breastfeeding Support: Model Hospital Policy Recommendations; Third Edition, June 2005. [www.cdph.ca.gov](http://www.cdph.ca.gov)
- F. International Code of Marketing Breast-milk Substitutes. World Health Organization, Geneva 1981
- G. Queenan JT, ed. ACOG Educational Bulletin Number 258. Breastfeeding: Maternal and Infant Aspects. Committees on Health Care for Underserved Women and Obstetric Practice, American College of Obstetricians and Gynecologists, Washington, DC, July 2000, pp. 1–16.
- H. United Nations Children's Fund, World Health Organization. Section 1. In: Baby Friendly Hospital Initiative: Revised, Updated and Expanded for Integrated Care. World Health Organization, UNICEF and Wellstart International, Geneva, 2009.
- I. U.S. Department of Health and Human Services. Surgeon General's Call to Action to Support Breastfeeding. Washington, DC. U.S. Department of Health and Human Services, Office of the Surgeon General: 2011.
- J. Wight N, Morton J, Kim J, Best Medicine: Human Milk in the NICU. Hale Publishing 2010.
- K. World Health Organization, United Nations Children's Fund. Protecting, promoting and supporting breastfeeding: The special role of maternity services (a joint WHO/ UNICEF statement). Int J Gynecol Obstet 1990; 31(Suppl 1):171–183

#### **V. ORIGINATOR:**

Lactation Program

#### **VI. LEGAL REFERENCES:**

None

#### **VII. ACCREDITATION:**

TJC - Provision of Care, Treatment, and Services (PC)

#### **VIII. CROSS REFERENCES**

- A. Breastmilk: Collection, Storage and Handling of Breastmilk for Hospitalized Infants #47300.99
- B. Breastmilk – distribution and use of heat processed, banked donor breastmilk P&P 47306.99
- C. Infection Prevention – Neonate # 47656
- D. Kangaroo Care: Skin-to-skin Contact (NICU) # 47519.99
- E. Lactation Consult, Requesting #4747302.01
- F. New Beginnings Resource Guide
- G. Non-Nutritive ("Dry") Breastfeeding in the NICU 47310.99
- H. Supplementary Feeding in the Well Newborn care Environments: Early term and Full Term Breastfeeding Infants ( $\geq$  37 weeks gestation) # 47309.99

- I. Supplementary Feeding in the Well Newborn care Environments: Late Preterm Breastfeeding Infants (34-36 6/7 weeks gestation) # 47312.99
- J. Transmission-based Precautions for Obstetric and Neonatal Services # 05301
- K. [www.unicef.org/nutrition/training/5.2/14.html](http://www.unicef.org/nutrition/training/5.2/14.html)
- L. Ten Steps to Successful Breastfeeding: [www.babyfriendlyusa.org/eng/10steps.html](http://www.babyfriendlyusa.org/eng/10steps.html)
- M. [Infection Control Guidelines Hyperlink to policy #05301 – See Attachment A](#)

**IX. APPROVALS**

- A. General Nursing Policy/Procedure: 8/00
- B. OB Supervisory Committee: Chula Vista 6/6/96, Coronado 5/23/96, Grossmont 10/10/11, Mary Birch 9/1/11
- C. Pediatric Supervisory Committee: SCVMC 6/26/96; 09/18/13 SCOR 7/25/96, SGH 10/5/11, 10/02/13, 10/01/2014 SMBHW 5/10/11; 09/10/13
- D. Perinatal Infection Control Committee: 7/21/00 Women's and Children's
- E. Policy/Procedure: 1/00; 11/03; 01/04; 11/15/11; 09/17/13; 8/19/14
- F. System Policy & Procedure Steering Committee – 7/18/96

**X. REPLACES**

- A. SMBHW Policy 9066
- B. SCVMC - WP 13/93
- C. GROSSMONT #G.4

**XI. HISTORY:**

System #47301; orig. dated. 9/96  
 Reviewed/Revised: 1/98 (SON); added Attachment B, 6/98 SMBHW; 11/00; 11/03-revised & removed SCOR; 01/04; 01/08-WCPPC - Reviewed/Revised; 01/12; 12/13; 08/14; 09/17

**A. Attachment**

**Attachments:**

[A: Contrast Media Use in Diagnostic Radiology and Breast Feeding Safety](#)

**Applicability**

Chula Vista, Grossmont, Mary Birch, Sharp HealthCare