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Owner	Tori Brunett: Sr Spec-Nursing: RN-BLS-NRP-RNC (NPD-BC CLE CLC IB
Policy Area	Womens & Childrens
Applicability	SCV SGH SMB
References	Breastmilk, Policy, TJC-Provision of Care: Treatment and Services

Infant Feeding, 47301

I. PURPOSE

To provide policy guidelines that support the establishment and maintenance of a successful breastfeeding relationship between mother and infant as outlined by the California Breastfeeding Model Hospital Policy Recommendations and the Ten Steps, 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 or when the mother chooses to feed formula over breastmilk.

II. DEFINITIONS

A. **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.

B. **CLE:** Certified Lactation Educator

C. **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.

D. **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.

E. **IBCLC:** International Board Certified Lactation Consultant

F. **Licensed Personnel**: Health care workers who are licensed to provide patient care with an identified scope of practice

G. **LATCH Score**: A breastfeeding assessment and charting tool used by many hospitals

H. **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.

I. **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.

J. **World Health Organization (WHO) International Code of Marketing of Breast Milk Substitutes**: A set of recommendations adopted by the WHO 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).

K. **Late Preterm Infant**: Infant born 34 0/7 to 36 6/7 weeks gestation

L. **Warmline**: A telephone call line that provides assistance for people whose need is not urgent (a play on the word, hotline)

III. POLICY

A. **In regards to formula vendors:**

1. 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:
    a. This facility and the employees thereof will not accept free gifts, nonscientific literature, materials, equipment or money from these same individuals.
    b. This facility and its employees will not accept support for attending breastfeeding education nor host events subsidized by these same individuals.
    c. 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.
    d. 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 steps 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 or the mother chooses to give something other than breastmilk after appropriate teaching. **(Step 6)**
7. Practice rooming-in--allow mothers and infants to remain together 24 hours a day**. (Step 7)**
8. Encourage breastfeeding on cue. **(Step 8)**
9. Pacifiers and artificial nipples should not routinely be given 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 or other appointed persons 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 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 or other appointed persons 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 department specific training completed within 6 months of hire

b. Training may include supervised clinical experience verified by a lactation consultant

c. Documentation of all training and competency verification will be maintained by each department's management inclusive of the initial training and any 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. All new licensed employees will be required to complete the training regardless of previous training obtained elsewhere

e. Health care providers with privileges for labor, delivery, maternity, nursery/newborn care may request breastfeeding management education pertinent to their role

3. Staff will have on-going education when there are updates to policies and procedures
4. Staff will have on-going annual education if requested from each individual department to include reinforcement of basic critical skills

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, as well as the class schedule, may be found in documents kept in the childbirth education departments.
2. 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 health record (EHR)

3. 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.
4. 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.

5. 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 EHR.
    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 EHR.
6. 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 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 with the mother

f. Routine medications will be given after the first feeding or by the end of the second hour of life

g. All routine newborn procedures which will cause a disruption of skin-to-skin will be postponed until the first breastfeeding has been completed

h. 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.

i. Skin-to-skin care for mother and infants will continue to be encouraged as much as possible during their hospital stay

j. The time skin-to-skin begins initially and when it ends will be documented in the infant's EHR. 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. The nurse will review the Infant Feeding Guidelines (attachment A) with the mother at or before this time.

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 EHR 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 EHR. 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 to 12 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 provider

f. Newborn infants will not be given food or drink other than breastmilk unless there is a medical indication or the mother chooses something other than breastmilk after appropriate teaching. Infants who are supplementing 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 and Full Term Breastfeeding Infants and policy 47312.99 Supplementary Feeding in the Well Newborn Environments: Late Preterm Breastfeeding Infants.
    a. These policies will be updated according to hospital policy, as needed and at a minimum every 3 years based on current evidence-based recommendations
    b. The appropriate newborn orders in the EHR will direct

the staff to supplement 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 EHR will include the reason for and time of administration of the feeding.

d. The nurse will educate the mother regarding the risks of using artificial nipples and, if the mother desires, will show how to safely utilize an alternate feeding method of her choice (refer to policy # 47309.99 and # 47312.99). This education will be charted in the EHR.

e. Mothers who are supplementing 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. Ensure breast pump is set up and taught to provide breast stimulation and milk removal. Encourage mother to pump and hand express 8 - 12 times in 24 hours

f. Document the education in the EHR

g. All mothers and infants, regardless of feeding choice, will be cared for in the same room 24 hours a day unless separation is needed or desired. **(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. 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
5. The nurse will support exclusive breastfeeding as much as possible, for infants who must be separated for medical reasons
6. Separation occurrence will be documented in the EHR to include reason for separation, time it occurred, location of infant and or mother, and time separation ended.
7. 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 and, if possible, provide necessary assistance with changing the situation so mother would prefer to keep her baby in her room
    b. Document the education in the EHR
    c. 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 unless the mother states her desires for feeding her infant otherwise.

h. No restrictions shall be made on frequency or length of feedings unless medically indicated. **(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. Staff members will educate mothers not to place restrictions on length or frequency of breastfeeding. The exception to this would be late preterm infants or low birthweight infants (less than 2500 grams at birth) who require supplementation. In those cases, feedings will occur at least every 3 hours and be limited to 30 minutes including supplementation.
    3. The nurse will discuss the normality of cluster feeding with mothers and support persons and explain that infants breastfeed approximately 8 to 12 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 EHR.

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 and Full Term Breastfeeding Infants. The nurse will document the education in the EHR.

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 EHR.

H. Mothers may breastfeed while taking prescribed customary postpartum medications unless otherwise ordered by the 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 Breastfeeding Safety"
        d. Neonatal pharmacist
    2. If the safety of a medication is in question after reviewing the above resources, contact the infant's provider
        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 presumed positive toxicology screen for illicit amphetamines and/or cocaine, counsel the patient to refrain from breastfeeding at delivery and until further evaluation by a multidisciplinary care team has been conducted. If the patient insists on

breastfeeding, document and notify the pediatrician during business hours.

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. Outpatient lactation consultation 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. Weekly support groups held for mothers after discharge. The nurse will document in the EHR 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 updated at least annually or whenever information changes.

IV. PROCEDURE

None

V. REFERENCES

EXTERNAL REFERENCES

A. Meek, JY, Noble L; Section on Breastfeeding. Policy Statement: Breastfeeding and the Use of Human Milk. Pediatrics. 2022;150(1):e2022057988

B. AWHONN, Breastfeeding Support: Prenatal Care Through the First Year, Second Edition 2007, Johnson & Johnson Pediatric Institute

C. Academy of Breastfeeding Medicine. ABM Clinical Protocol #3: Supplementary Feedings in the Healthy Term Breastfed Neonate. Revised 2017

D. Academy of Breastfeeding Medicine, ABM Protocol #10: Breastfeeding the Late Preterm (35-36 6/7 Weeks of Gestation) and Early Term Infants (37-38 6/7 Weeks of Gestation), Second Revision 2016

E. Arnold C, Rodriguez A, Spier P. Providing Breastfeeding Support: Model Hospital Policy Recommendations. 2021. California Department of Public Health, Sacramento, California. (CDPH/Breastfeeding web page). www.cdph.ca.gov

F. International Code of Marketing Breast-milk Substitutes. World Health Organization, Geneva

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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

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 (≥ 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

L. Ten Steps to Successful Breastfeeding: www.babyfriendlyusa.org/eng/10steps.html

M. Infection Control Guidelines Hyperlink to policy #05301 – See Attachment A

LEGAL AND ACCREDITATION REFERENCES

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

VI. 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; 11/30/2022; SCOR 7/25/96, SGH 10/5/11, 10/02/13, 10/01/2014; 10/5/2022 SMBHW 5/10/11; 09/10/13; 9/13/2022

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

ATTACHMENTS

Attachments

A. INFANT FEEDING GUIDELINES FOR BREASTFEEDING INFANTS English

B. INFANT FEEDING GUIDELINES FOR BREASTFEEDING INFANTS Spanish

C. Contrast Media and Breastfeeding Safety

Approval Signatures

Step Description	Approver	Date
Administrator	Karen Whitten: Policy & Procedure Coord	2/7/2024
	Jennifer Marsh: Nsg Wrkfrc Prof Dev/Sr Spec	2/5/2024