PURPOSE
To provide an environment of maternal/infant care that advocates breastfeeding and supports the normal physiological functions involved in its establishment. To maintain this environment, the marketing of infant formula, including infant formula discharge packs and formula discount coupons, will be prohibited and OUMC will purchase at fair market value any breastmilk substitutes and related infant feeding supplies needed for patient care.

This policy is based on recommendations from the most recent breastfeeding policy statements published by 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)

RESPONSIBLE PARTY
RN; RNP; IBCLC, RLC

STAFF EDUCATION
A. All Women’s/Newborn staff (WNB) will be oriented to this policy during their unit specific orientation.
B. All WNB staff will receive education in lactation and breastfeeding management during orientation or within 6 months of hire.
   a. The OUMC WNB Educator, in collaboration with the Lactation Center Coordinator, will insure staff training requirements are met.
   b. Orientation education will cover the elements required by the WHO/UNICEF Baby-Friendly curriculum, including 15 hours of didactic and 5 hours of clinical training.
   c. Staff competency is verified by qualified evaluators during orientation and annually during WNB unit specific education.
   d. Staff training acquired prior to OUMC employment will be accepted if it meets the aforementioned criteria and competency is verified by OUMC evaluators.
   e. All staff education is documented via Healthstream.
Prenatal Assessment
A. Perinatal staff will actively promote breastfeeding as the preferred method of infant feeding any time they care for a prenatal patient.
   a. Provide evidence-based information about the health impact of breastfeeding for mother and child and risks of formula feeding. Discuss contraindications to breastfeeding when appropriate.
   b. Encourage mother to discuss feelings and perceptions concerning breastfeeding. Include available support people/system.
   c. All prenatal patients will receive information about the initiation and continuation of breastfeeding, including exclusive breastfeeding, early initiation and skin to skin contact, 24-hour rooming-in, feeding on cue of baby, establishing a milk supply, position and latch. See OUMC patient information materials.
   d. All breastfeeding information materials will be evidence-based and free of commercial sponsorship/influence. OUMC will not provide prenatal group instruction on bottle/formula feeding.
B. Assess mother’s personal goals for breastfeeding.
   a. How long she plans to breastfeed.
   b. Breastfeeding and returning to work or school.
   c. Encourage exclusive breastfeeding for 6 months and continued breastfeeding for 1-2 years with the addition of age-appropriate complementary foods.
C. Obtain breastfeeding history
   a. Ask about previous experiences
   b. Identify previous breastfeeding problems which may impact subsequent breastfeeding experience
   c. Encourage prenatal breastfeeding education via classes, books, and/or videos
D. Assess mother’s physical ability to breastfeed.
   a. Assess breasts for evidence of prior surgery or glandular insufficiency which can adversely affect milk production.
   b. Identify other physical conditions which can impact breastfeeding, e.g. hypothyroidism, PCOS, infertility.
E. Document mother’s prenatal breastfeeding history, assessment and education.
F. Refer to OUCP Lactation Clinic for prenatal lactation consult if indicated.

Initiating Skin to Skin Contact and Breastfeeding
A. Place all infants skin to skin with mother immediately after birth, if infant and mother are stable. See Newborn Thermoregulation policy.
   a. Perform newborn assessments while infant is skin to skin and delay infant prophylaxis until after first feeding or at end of first hour of life. (10)
   b. Keep infant skin to skin until at least one breastfeeding is completed. WNB staff will ensure infant safety during this time, teach the mother newborn feeding cues and assist as infant self-attaches.
c. Post-cesarean birth babies will be placed skin to skin within 30 minutes of the mother being able to respond and kept skin to skin until first breastfeeding is completed.
d. Families will be encouraged to keep babies skin to skin as much as possible.
e. Mothers of unstable infants or infants requiring transfer to the Neonatal Intensive Care Unit will be encouraged to practice kangaroo care as soon as infant is medically stable. See NICU Kangaroo Care Policy.
f. Skin to skin contact will be documented in the infant’s medical record.

CONTINUED BREASTFEEDING
B. All healthy mothers and babies are kept together throughout their hospital stay, including at night (rooming-in).
   a. All healthy mothers and babies are transferred together from their birthing suite to the mother/baby unit.
   b. All routine newborn procedures will be performed in the mother’s room.
   c. Any separation of mother and baby will be documented in the baby’s medical record, including the reason, location and length of time.
d. When a mother requests that her baby be cared for elsewhere, OUMC staff will:
   i. Explore the mother’s reason for requesting.
   ii. Educate the mother/family about the benefits of keeping baby with mother. See patient information handout.
   iii. Inform the mother that OUMC does not have a newborn nursery.
   iv. Education will be documented in mother’s medical record.
C. 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 8-12 hours.
D. 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. Exclusive breastfeeding for firsts 6 months.
   These skills will be taught to primiparous and multiparous women and reviewed before the mother goes home.
E. 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.
F. 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.

G. No supplemental water, glucose water or formula will be given unless specifically ordered by a physician or nurse practitioner or by the mother’s documented and informed request.
   a. If mothers request supplementation/bottles, staff will determine reason, address concerns and educate on risks. This education will be documented.
   b. Any supplement may be fed to the baby by alternative feeding methods and use of bottles/nipples will be discouraged. Bottles should not be routinely placed in a breastfeeding infant’s bassinet.
   c. The reason for supplementation of any breastfeeding infants will be documented in the infant’s medical record.
   d. Medical indications for supplementation are defined according to the Academy of Breastfeeding Medicine’s Clinical Protocol #3. (10) Pasteurized donor milk will be offered when there is a medical indication for supplementation.

H. 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.” (23)
   a. Pacifiers will not be provided to breastfeeding infants.
   b. Mothers who request pacifiers will be educated on risks and this education will be documented.
   c. Pacifiers may be used for painful or therapeutic procedures. Pacifier should be discarded after procedure and before infant returns to mother.

I. Routine use of nipple creams, ointments, or other topical preparations should be avoided. Mothers with nipple pain will be evaluated and instructed on correct latch-on techniques and referred as necessary.

J. If nipple shields are used, a lactation consult will be ordered. See Nipple Shield policy. Mothers will be instructed to initiate milk expression while using a nipple shield.

K. Mothers who choose to formula feed will be educated on safe infant feeding.

BREASTFEEDING CHALLENGES

L. After 12 hours of life, if the infant has not latched on or fed effectively, skin-to-skin contact will be continued. Parents will be instructed to watch closely for feeding cues and whenever these are observed to awaken and feed the infant. In high acuity lactation situations (24), the mother will be instructed to begin breast massage and hand expression of colostrum into the baby’s mouth during feeding attempts.

M. 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 and use of bottles/nipples will be discouraged. See Alternative Feeding Methods for a Newborn Policy. 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 and
pasteurized donor milk will be offered. Each day, the feeding plan will be reviewed. In cases of problem feeding, the lactation consultant or specialist will be consulted.

N. 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 will be recommended. If an infant is not feeding well, the physician/clinician must be consulted prior to discharge.

O. Mothers who are separated from their sick or premature infants will be:
   a. Instructed on the double set up electric breast pump. See Hospital Breast Pump policy and see Human Milk Collection/Storage/Handling 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 kangaroo care as soon as infant’s condition permits
   e. Encouraged to breastfeed as soon as the infant’s condition permits

**DISCHARGE PLANNING**

P. Before leaving the hospital, (15) breastfeeding mothers should be able to:
   a. Position and latch the baby effectively at the breast
   b. Identify when the baby is transferring milk
   c. State that the baby should be nursed on cue or at least 8 times every 24 hours until satiety
   d. State age-appropriate elimination patterns
   e. List indications for calling a physician/clinician
   f. Manually express milk from their breasts

Q. Prior to going home, mothers will be given the names and telephone numbers of community resources to contact for help with breastfeeding.
   a. All mothers will receive contact information for the Oklahoma Breastfeeding Hotline, 877-271-MILK and the OU Lactation Clinic, 405-271-OUCP.
   b. All mothers will be encouraged to schedule an initial newborn visit within 2-3 days of discharge. Mothers and babies with high lactation acuity will be referred to the OU Lactation Clinic by staff and physicians.
   c. Mothers will be encouraged to attend local breastfeeding support groups such as La Leche League and the OU Lactation Mom and Me group.
   d. WIC mothers will be encouraged to contact WIC peer counselors if available.
   e. OUMC partners with the Oklahoma Hospital Breastfeeding Education project to provide evidence-based information to families.

R. Prior to discharge breastfeeding should be evaluated by trained personnel and documented on the patient record. (2) Infant’s record should have documented successful feeding on two occasions. (22)

**APPLICATION**

All breastfeeding patients.

**REFERENCE LIST**


http://www.acog.org/departments/underserved/clinicalReviewv12i1s.pdf


http://www.unicef.org/programme/breastfeeding/baby.htm


