

Hennepin County Medical Center
Title: Infant Feeding Policy
Policy Champion: Nurse Manager for Breastfeeding Services
Policy Sponsor:
Stakeholder: Patient Care Leadership Committee, Patients, Families, Medical Center staff
Final Approval Body: Medical Executive Committee
Original Approval Date: 8/22/12
Reviewed/ Revised: New

Please note: If any provision of this policy conflicts with an applicable labor agreement, the labor agreement shall control.

PURPOSE

To promote successful breastfeeding ensuring that in the absence of contraindications, all mothers who choose to breastfeed will have a successful and satisfying experience.

To ensure patient care is congruent with the Ten Steps To Successful Breastfeeding as outlined in the Baby Friendly Hospital Initiative and supported by evidence-based medicine.

To standardize information regarding infant feeding, communicate this policy to all health care staff involved in the care of mothers and babies.

To uphold the WHO International Code of Marketing of Breastmilk Substitutes by declining to accept and/or distribute any breast milk substitutes marketing materials such as free or subsidized supplies, formula, nipples, gift packs, and other feeding devices.

DEFINITIONS

- **Exclusive breastfeeding** is defined as providing breastmilk as the sole source of nutrition. Exclusively breastfed babies receive no other liquids or solids with the exception of oral medications prescribed by a medical care provider.
- **Infant feeding cues** (e.g., increased alertness or activity, mouthing, or rooting) will be used as indicators of the baby's readiness for feeding.
- **Medical Contraindications to breastfeeding:**
 - HIV positive
 - Illicit drugs use (e.g., cocaine, heroin, methamphetamine)
 - Infants with galactosemia
 - Maternal human T-cell lymphotropic viral infection
 - Maternal active, untreated tuberculosis. A mother can express her milk until she is no longer contagious.
 - Maternal active herpetic lesions on the breast(s). Breastfeeding can be recommended on the unaffected breast.
 - Maternal onset of varicella within 5 days before or up to 48 hours after delivery, until she is no longer infectious
- **Skin-to-skin contact** involves placing the naked baby prone on the mother's bare chest.

POLICY

Hennepin Health System will actively support breastfeeding as the preferred method of providing nutrition to infant and will respect and support mother's choice for infant feeding.

PROCEDURE

Hennepin County Medical Center will initiate the Ten Steps to Successful Breastfeeding in order to provide optimal infant feeding care for families:

STEP1: Maintain a written breastfeeding policy that is routinely communicated to all health care staff.

A multidisciplinary, culturally appropriate team comprised of hospital administrators, physicians, certified nurse midwives, nursing staff, lactation consultants, nutrition staff and parents will be established and maintained to identify and eliminate institutional barriers to breastfeeding.

On a frequent and regular basis, this group will compile and evaluate data relevant to breastfeeding support services and formulate a plan of action to implement needed changes.

STEP 2: Train all health care staff in skills necessary to implement this policy.

All HCMC health professionals involved with care of mothers and babies will attend ongoing educational sessions on lactation management and breastfeeding promotion to ensure that current evidence-based and consistent information is provided to all mothers.

All Birth Center staff including physicians, certified nurse midwives, and nurses will be trained according to the requirements of the Baby Friendly Hospital Initiative within six months of hire.

STEP 3: Inform all pregnant women about the benefits and management of breastfeeding.

All pregnant women and their support people will be provided with information on breastfeeding prenatally: benefits of breastfeeding, contraindications to breastfeeding, and risk of formula feeding.

The woman's infant feeding plan will be documented prenatally in the Birth Plan section of the EPIC OB navigator.

Mothers will be advised to exclusively breastfeed unless medically contraindicated. The method of feeding will be documented in the medical record of every infant.

All Breastfeeding mothers will receive information about:

- a. Positioning and latch-on
- b. Nutritive suckling and swallowing
- c. Milk production
- d. Frequency of feedings-ad lib, on demand
- e. Feeding cues
- f. Hand expression of breastmilk
- g. Use of a pump if indicated
- h. How to assess if infant is feeding effectively
- i. Breastfeeding resources in the community

j. Breastfeeding issues that require a call to clinic or lactation consultant

Parents who, after appropriate counseling, choose to formula feed their infants will be provided individual instruction on:

- a. Safe formula preparation and feeding
- b. Safe formula handling
- c. Safe formula storage
- d. Safe formula feeding method

Instructions will be individualized, language appropriate, provided in written form, and reviewed with the mother prior to discharge.

STEP 4: Help mothers initiate breastfeeding within one hour of birth.

Immediately after birth, stable mothers' and babies, will be placed skin-to-skin. Mother infant couplets will be assisted as needed (ie. affected by maternal medication or primip) in initiating breastfeeding within 30-60 minutes of birth. Babies should remain skin to skin for a MINIMUM of 1 hour and through the first feeding.

The administration of vitamin K and prophylactic antibiotics and all routine newborn procedures (i.e. weight, footprints) will be delayed for the first hour after birth to allow uninterrupted mother infant contact and breastfeeding. Newborn assessment should be done while infant is on mother's chest (i.e. Apgars, vital signs, id bands).

STEP 5: Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.

Mothers who are separated from their infants during the hospital stay will be instructed to initiate, protect, maintain and increase milk supply.

Parents will be taught to feed the infant based on infant feeding cues displayed and how to tell if the infant's feeding needs are being met. Babies may eat an average 8-12/24 h, including nighttime feeds. Babies should be kept skin-to-skin as much as possible during the hospital stay, at least every 3 hours for a minimum of 30 minutes.

All breastfeeding mothers will be taught hand expression of breast milk.

Babies are born "fully fed". Parents should be taught how to determine if their infant is feeding effectively (adequate nutrition and hydration:

- a. Birth to 24 hours old
 - First feed within ONE hour of birth
 - Followed by sleepy hours (average 2-5 hours)
 - May only feed a few times (1-3) in the first 24 hours (COLOSTRUM)
 - Infant's stomach can only hold about 5 cc per feed (doesn't need much in first few days)
 - At least 1 wet diaper, 1 meconium stool
- b. Day 2 (24-48 hours of life)
 - Infant more alert, feeds more often
 - At least 2-3 wet diapers
 - At least 1 meconium stool
- c. Day 3 (48-72 hours of life)

- Infant should now be feeding about 8 times in 24 hours, interval between feeds will vary
- At least 4-6 wet diapers
- Stool color starts to change to greenish
- Mother begins to notice her breasts feel more full of milk

d. Day 4-5 bright yellow bowel movements

e. About 7% weight loss during hospital stay is normal. Weight loss $\geq 10\%$ is considered abnormal and should be investigated. Intervention may be needed.

For the mother who is separated from her sick or preterm newborn, the nurse will encourage the mother to express milk as soon as clinically able (within 6 hours after birth) using manual and/or mechanical method of milk expression. Educate and assist mother with proper technique of pumping and proper cleaning of pump equipment.

During the hospital stay, nursing staff and physicians/CNM will make breastfeeding resources, including written materials, and video presentations available. If clinically indicated, the physician/CNM will order a lactation consult for additional education and assistance. Education offered or provided will be documented.

STEP 6: Give infants no food or drink other than breast milk unless medically indicated.

No supplemental water, glucose water, or formula will be given unless mother's informed request is documented in medical record. Medically indicated formula needs a physician or nurse practitioner order.

Prior to non-medically indicated supplementation, breastfeeding mothers will be informed of the risks of supplementing. If the mother chooses to use formula, the supplement should be fed to the infant by cup, syringe, finger feeding or slow flow bottle (if mother's preference) and will be no more than 5-10 ml (per feeding) in a term infant (during the first 1-2 days of life). Avoid using multiple feeding devices.

STEP 7: Practice rooming in-allow mothers and infants to remain together 24 hours a day.

All medically stable mother-infant couplets shall remain together (rooming in 23 of 24 hours a day) throughout their hospital stay including nighttime with frequent skin-to skin contact;

Separation of mothers and infants will occur only if medically indicated and justification is documented in the chart.

STEP 8: Encourage breastfeeding on demand.

No restrictions are placed on mothers regarding frequency or duration of breastfeeding.

The duration of an infant feeding varies greatly. There is no minimum or maximum time spent at the breast. Infants can be offered both breasts at each feeding but may feed from only one side. Breastfeeding should be baby led, not clock led. Not all babies nurse in the same manner. Documenting time does not necessarily predict how well the infant nursed.

Breastfeeding assessment, including a LATCH score and patient education, must be documented at minimum, once per 8 hour shift.

For feedings not directly observed, maternal report may be used.

STEP 9: Give no pacifiers or artificial nipples to breastfeeding infants.

Mothers will be taught the rationale for avoidance of bottles, nipples and pacifiers based on the best available evidence-based medicine

Pacifiers will not be routinely distributed by the hospital to stable term breastfeeding infants. Preterm infants in the Neonatal Intensive Care Unit or infants with specific medical conditions (e.g., neonatal abstinence syndrome) may be given pacifiers for non-nutritive sucking.

Newborns undergoing painful procedures (i.e. circumcision) may be given a pacifier as a method of pain management during the procedure. The infant will be returned to his room without the pacifier.

Breastfeeding has been shown to have analgesic properties and also is an effective comfort strategy before or after a painful procedure. Breastfeeding during lab draws/injections is encouraged to reduce infant’s pain.

When a mother requests that her breastfeeding infant be given a pacifier, the health care staff should explore the reasons for this request, address the concerns raised, educate her on the possible consequences to the success of breastfeeding, and discuss alternative methods for soothing her infant.

If the breastfeeding mother still requests a pacifier, the process of counseling and education and informed decision should be documented.

Infants who are receiving supplemental nutrition will be offered alternative feeding methods to avoid use of bottles and nipples if acceptable to mother and achievable according to staff.

STEP 10: Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

A list of resources will be distributed to all breastfeeding families with their discharge information. This list will be printed in the languages most frequently spoken/read by mothers delivering at HCMC.

All babies should be seen for follow-up within the first few days postpartum. This visit should be with a physician, Advance Practitioner, Lactation Consultant or PHN for an evaluation of breastfeeding, a weight check, assessment of jaundice, and age-appropriate elimination:

- Infants discharged at less than 2 days of age (<48 hours), should follow-up at 2–4 days of age
- Infants discharged between 48 and 72 hours, should follow-up at 4–5 days of age.
- Infants discharged after 5–6 days may be seen 1 week later.
- Any significant feeding, weight loss or jaundice issues at the time of discharge may need an appointment or PHN visit in 1-2 days.

SUPPORTING DOCUMENTS

Documents that provide background, education or otherwise clarify policies.

SUPPORTIVE INFORMATION:

Regulatory Statute/ Standard Reference:
Related Policies: None
References: ABM Clinical Protocol #7: Model Breastfeeding Policy (Revision 2010) The Academy of Breastfeeding

Medicine Protocol Committee

A Model Infant Feeding Policy for Baby- Friendly Designation in the USA, Feldman-Winter et al., Journal of Human Lactation Aug 2012

Sample Hospital Breastfeeding Policy for Newborns, AAP Section on Breastfeeding

Communication/ Staff Education:

Patient Education: