# INFANT FEEDING POLICY

## Policy Number
NSOP-WC-0203

## PolicyType
Nursing

## Category
Nursing Standards of Practice – Women’s and Children’s

## Approval Date
12/12/2012

## Applies To
Breastfeeding practices for Rush University Medical Center Women and Children

## Purpose
This policy provides breastfeeding management guidelines for staff at Rush University Medical Center.

To promote a baby-friendly environment that supports exclusive breastfeeding practices as the preferred standard for inpatient maternal child services in accordance with WHO standards for a Baby-Friendly environment.

## Executive Summary
Rush University Medical Center endorses the core components of the *Ten Steps to Successful Breastfeeding* as established by the Baby-Friendly Hospital Initiative (BFHI) and the United Nations Children’s Fund (UNICEF) and the World Health Organization (WHO) providing women the choice and opportunity to breastfeed, regardless of the birth method. Supportive breastfeeding and human milk practices have a unique and critical impact on the infant feeding practices of new families,

Rush Children’s Hospital will be guided by the *International Code of Marketing of Human Milk Substitutes*.

Rush University Medical Center’s policy for human milk feedings is based on the belief that it is optimal for mothers to room with, care for, and feed their infants. Rush recognizes and supports human milk feeding as an integral part of the health care of the mother and her infant(s) throughout the healthcare continuum.

## Definitions

**Skin-to-skin** involves placing the baby naked (or with a diaper on) prone on the mother’s bare chest, covered with blankets.

**Exclusive breastfeeding** Documentation that the newborn was exclusively fed human milk during the entire hospitalization. Exclusive human milk feeding is defined as a newborn receiving only human milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines. Exclusive human milk feeding includes the newborn receiving breast milk via a bottle or other means beside the breast. The Joint commission describes the only acceptable reasons for not exclusively providing human milk as:

- HIV infection
- Human t-lymphotrophic virus type I or II
- Substance abuse and/or alcohol abuse
Active, untreated tuberculosis
- Taking certain medications, i.e., prescribed cancer chemotherapy, radioactive isotopes, antimetabolites, antiretroviral medications and other medications where the risk of morbidity outweighs the benefits of breast milk feeding
- Undergoing radiation therapy
- Active, untreated varicella
- Active herpes simplex virus with breast lesions

Equipment

Information
This policy will be communicated to all new pertinent employees during their orientation and ongoing education at other times as determined by the facility.

Policy

I. Help mothers initiate breastfeeding within an hour of birth.
   A. Staff will place all infants in skin-to-skin contact with their mothers immediately following birth, if infant and mother are stable.
      - Skin-to-skin will continue uninterrupted until the first breastfeeding attempt.
      - All babies delivered by cesarean section will be placed skin-to-skin with mother as soon as mother is stable.
      - Skin-to-skin will be initiated in the OR/PAR, if possible.
      - Staff will encourage mothers to recognize feeding cues for breastfeeding, offering help as needed.
      - If mother and infant are separated for medical reasons, another adult such as the baby’s father or grandparent may hold the baby skin-to-skin.
         - For surgical cases, skin-to-skin care, with an alternate adult will occur outside of the OR.
   
   B. Mothers will be encouraged to hold their babies skin-to-skin without interruption and continue until the completion of the first feeding, and much as possible during the hospital stay unless medically and/or psychosocially contraindicated.
   
   C. The administration of vitamin K and prophylactic antibiotics should be delayed in stable infants until after the first breastfeeding attempt to allow uninterrupted mother-infant contact, bonding and breastfeeding.
      - Erythromycin ointment must be given within one-hour of delivery.
      - Vitamin K must be given as soon as possible after delivery within the first days of life.
   
   D. Procedures requiring separation of mother and baby i.e. bathing should be delayed until after the initial skin-to-skin contact, and should be conducted at the mother’s bedside whenever possible.
      - If mother and infant are separated for medical reasons, skin-to-skin contact will be initiated as soon as the mother and infant are reunited, and medical condition allows.
   
   E. Mothers of infants who are being cared for in the nursery or neonatal intensive care unit will be instructed and encouraged to practice skin-to-skin care as soon as the infant is considered stable for such contact.
F. Skin-to-skin care will be documented in the mother’s chart including time skin-to-skin begins and ends or duration in minutes.

II. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
A. Inpatient breastfeeding education will be initiated in Labor and Delivery and continue throughout the hospital stay. Topics of education include but are not limited to:
   - Techniques for proper positioning, latching and detaching
   - Milk supply within the first 2 days – production and release
   - Supply and demand principle of milk production
   - Infant feeding – frequency and readiness cues
   - Nutritive sucking and swallowing
   - How to assess if infant is adequately nourished
   - Manual expression of breast milk
   - Importance of feeding baby human milk exclusively

B. Staff will assess the mother’s breastfeeding techniques and assist with appropriate breastfeeding positioning and attachment as needed as soon as possible and when medically stable.
   - Mothers will be encouraged to feed according to baby’s cues 8-10 times in 24 hours.
   - Time at the breast for feedings and number of feedings in 24 hours will not be restricted.
   - Initial lactation education will be provided by the primary nurse.

C. All breastfeeding mothers will receive a referral to the Lactation Consultant (LC) or Breastfeeding Peer Counselor (BPC).
   - The LC or BPC will provide appropriate suggestions and interventions when there are signs of inadequate intake, dysfunction or ineffective breastfeeding.

D. Mothers of babies in the NICU will be encouraged to and assisted in establishing and maintaining lactation and notified prior to any formula feeding.
   - Milk expression will be encouraged within 6 hours of birth.
   - Expressed milk will be given to the infant as soon as the infant is able to tolerate feedings.
   - Mother’s expressed milk will be used before any supplementation with formula.

E. Mothers of babies who are separated from their babies for medical reasons will receive education regarding pumping, handling and storage of breast milk.
   - Human Milk Feeding: Labeling, Handling and Storage Procedure (NSOP-WC-189)
   - Safe Handling and Feeding of Human Milk (NSOP-WC-203)

F. Breastfeeding assessment/evaluation will be performed within six hours of birth.
   - The infant’s I&O and daily weight assessment will also be recorded on the appropriate EPIC flow sheets.
   - Any nursing concerns related to infant’s ability to latch or effectively suckle at the breast will be communicated to the infant’s healthcare
provider during the hospital stay and prior to discharge.

G. Those mothers who, after appropriate counseling, choose to formula feed their infants will receive information about: baby-led feeding, safe preparation and feeding with the type of infant formula the mother intends to use after discharge. Education will be documented.

III. Human milk will be the nutritional source for infants, unless medically indicated.
   A. Mothers will be encouraged to exclusively breastfeed their infants while in the hospital and to continue exclusive breastfeeding for six months.
   B. Rush adheres to the definition of exclusive breast milk feeding as defined in the Joint Commission’s Perinatal Core Measures. (See Definitions)
   C. Formula will not be placed in or around the breastfeeding infant’s bassinet or in mother’s room.
   D. For mothers who choose to formula feed their infants the health care staff will:
      • Address the mother’s concerns and provide the mother with education on the risks of introducing formula, and the possible consequences to the health of her baby and the success of breastfeeding.
      • If the mother still requests formula, her decision will be documented in the Epic Patient Education Record and the Intake and Output flow sheet.
   E. All efforts will be made to supplement the infant with mother’s milk. If the maternal milk supply is inadequate, formula will be used.
   F. Formula will be stored in a secure location within each unit that uses it.

IV. Encourage breastfeeding on demand.
   A. Mothers will be encouraged to breastfeed on demand or when the baby exhibits hunger cues or signals. Mothers will be educated as to these feeding readiness cues (e.g., increased alertness or activity, mouthing fingers or hand, or rooting) to be used as indicators of the infant’s readiness for feeding.
   B. Education will be provided by the nurse and includes but is not limited to:
      • Hunger cues
      • Frequency of feeding (a minimum of 8-12 times/day)
      • Sleep/feeding cycle or periods, and the possible necessity of awakening the infant for feeds if the breasts are full and/or baby is sleeping through feedings.
      • Importance of physical contact (skin to skin) when breastfeeding as well as for nourishment.
   C. No time limits for breastfeeding will be imposed

V. No artificial nipples, infant feeding bottles, pacifiers, or other soothers will be given to breastfeeding infants.
   A. The use of pacifiers or other soothers will be delayed in breastfeeding
infants until breastfeeding is well established.

- AAP guidelines suggest at about one month of age.

B. When a mother requests that her breastfeeding baby be given an artificial nipple or pacifier, the nurse will

- Inform her of American Academy of Pediatrics recommendation to avoid for 1 month.
- Teach alternative methods of pacification (skin to skin) and encourage to breastfeed frequently in response to baby’s hunger cues.
- Instruct her regarding the possible negative consequences artificial nipples and pacifiers may have to breastfeeding.
- Document this education and outcomes in the baby’s chart.

C. Infants with certain medical conditions and newborns undergoing procedures may be given a pacifier for comfort or pain management.

VI. Breastfeeding Discharge Planning

A. Linguistic and culturally sensitive education materials without ties to commercial interests will be provided and will include the following:

- The importance of feeding human milk exclusively up to 6 months.
- Signs and Symptoms of breastfeeding problems including reasons for contacting the healthcare professional.
- The importance of continuing to feed human milk even after the introduction of solid foods
- Information on contacting their healthcare provider/clinic for any concerns or questions about breastfeeding.
- List of breastfeeding resources

B. Information about the Rush Mother’s Milk Club (www.rushmothersmilkclub.com) and other breastfeeding support groups.

- Referral to WIC for breastfeeding support and follow-up.
- Additional resources may include La Leche League, breastfeeding telephone help-lines, community-based support groups and/or home health services, etc.

C. Phone numbers for the Infant’s Pediatrician, Emergency Room and the Rush University Lactation Consultants.

D. Follow-up appointments within 48-72 hours after discharge with the infant’s pediatrician or parents will be instructed to contact their Primary Physician for an appointment within 48-72 hours.

| Outcome | Goal is for all childbearing women to learn about breastfeeding importance and if no medical restrictions or contraindications that all childbearing women will breastfeed. |
| Guidelines |
| Responsibility and Procedure |
| Regulatory Elements |
| Related Policies | NSOP-WC-0193 Multi-Use Electric Breast Pumps: Cleaning Between Users NSOP-WC-0189 Human Milk Feeding: Labeling, Handling and Storage |
Precautions

NSOP-WC-0204 Safe Handling and Feeding of Human Milk

Reference


