BREASTFEEDING NEWBORNS

I. PURPOSE:

To provide mothers with ongoing support, education, and assistance in breastfeeding by a multidisciplinary staff as part of the continuum of breastfeeding support throughout the perinatal period and to ensure that infants are breastfed in a safe and secure manner.

For mothers who choose to breastfeed, breastfeeding and/or hand expression will be initiated as soon after birth as feasible for mother and infant.

II. REFERENCES

American Academy of Pediatrics Sample Hospital Breastfeeding Policy for Newborns
http://www.aapnj.org/upload□les/documents/□48.pd□

California Department of Public Health Model Hospital Policy Recommendations On-Line Toolkit
www.cdph.ca.gov/healthin□o/healthyliving/child□amily/Pages/MainPageo□Breast□eedingToolkit.aspx

Model Hospital Infant Feeding Policies

Academy of Breastfeeding Medicine – Clinical Protocols
http://www.bfmed.org/Resources/Protocols.aspx

Breastfeeding data collection sample tools Birth & Beyond California Evaluation Toolkit
http://www.cdph.ca.gov/HealthIn□o/healthyliving/child□amily/Pages/Evaluationtoolkit.aspx

Bramson L, Lee JW, Moore E, Montgomery S, Neish C, Bahjri K, Melcher CL. Effect of early skin to skin mother--infant contact during the first 3 hours following birth on exclusive breast feeding during the maternity hospital stay. Hum Lact. 2010 May; 26(2):130-7.

Hung KJ and Berg O. Early skin to skin after cesarean to improve breastfeeding. MCN Am JMatern Child Nursing. 2011; 36(5): 318-24.

Moore ER, Anderson GC, Bergman N. Early skin to skin contact or mothers and their healthy newborn infants. Cochrane Database of Systematic Reviews 2007, Issue 3.

III. POLICY:

Breastfeeding is the expected method of infant feeding. All mothers will be provided with the knowledge that breast milk is the best source of infant nutrition and immunologic protection, along with providing benefits to the mother. All mothers will be provided with ongoing assistance and evidence based education in breastfeeding. The exceptions are those mothers who have made the decision to exclusively formula feed, or who have permanent medical contradictions to breastfeeding. No breast fed infant will be given formula by any method without the mother's knowledge and permission. Supplementation with formula will only be recommended if medically indicated and by physician order.

Before breastfeeding assistance is provided by any Contra Costa Regional Medical Center (CCRMC) personnel, the identity of the mother and infant will be confirmed. Additionally,

any time that a mother is separated from her infant, the identity of the mother and infant will be confirmed upon reunification and before breastfeeding is initiated. Staff will confirm identify by matching identification bands, family bands, and by utilizing the Hugs and Kisses Infant Protection System.

IV. AUTHORITY/RESPONSIBILITY:

Licensed nursing personnel with the assistance of a multi-disciplinary team, including physicians and lactation consultants.

V. PROCEDURE:

A. Encourage and facilitate putting the newborn to breast in the first hour of life, or as soon as possible.

B. Encourage skin to skin contact. (All patients who do not have complications regardless of feeding method should be provided skin to skin contact during the first 2 hours of delivery for a minimum of 30 minutes and at least twice each shift for the same duration)

   1. Immediately after birth, baby can be dried and placed skin to skin with a warmed blanket if medically stable.
   2. Babies who are born by C-section can also be placed skin to skin in the OR after cleared by the pediatric staff and mom is medically stable.

C. Mothers will be assisted with proper positioning, latch, and infant stimulation techniques at first feeding, and on an ongoing basis. It is recognized that babies may be quite sleepy in the first 24 hours of life.

D. A LATCHE (latch, audible swallowing, type of nipple, comfort of feed, help/hold, engorgement of breast) assessment will be done at least once per shift.

E. Education, assistance, and support will be provided to all mothers throughout their stay, consistent with the Breastfeeding Teaching Guidelines (see 1.05A).

F. Infants will be encouraged to breast feed on demand using normal feeding cues. The goal is to feed at least q 2 – 4 hours with a minimum of 8 breast feedings per 24 hours. It is recognized that babies may be quite sleepy in the first 24 hours of life. If the baby is unable to feed effectively secondary to being sleepy or ill, hand expression and/or pumping can substitute for the infant feeding

G. Breastfed babies will not be given pacifiers unless they are specifically requested by the mother, and the rationale for not using pacifiers has been explained to her. Pacifiers used in the nursery will be removed from the bassinet prior to returning baby to mother's room. Nipple shields will not be used routinely and usually will warrant a full evaluation by a lactation consultant prior to.

H. Before breastfeeding assistance is provided and/or if a mother is separated from her infant at any time, the identity of the mother and infant will be confirmed upon reunification and prior to breastfeeding. The confirmation of the mother and infant will be done by matching the name, medical record number and unique identifier number located on the mother's and infant's Family Bands. Additionally, the Hugs and Kisses Infant Security System will be used to confirm proper matching of mother and infant.

I. Discharge packs given to breastfeeding mothers will not include formula or formula company promotion. At discharge, all breastfeeding mothers will be provided with information on community support groups and advice line numbers. (see 1.05D)
J. Mothers of babies unable to breast feed should be assisted with hand expression and the use of a breast-pump as soon as reasonable. http://newborns.stanford.edu/Breastfeeding/HandExpression.html
K. A regular pumping schedule should be arranged and facilitated until the baby is able to go to breast. All colostrum and milk should be collected and saved according to Perinatal Policy 3.32 *Breast Milk Collection and Storage*.
L. Contraindications to breastfeeding may include:
   1. Respiratory rate of 80 or above.
   2. Maternal history of current use of illicit substances.
   3. Maternal HIV
   4. Maternal medications which are unsafe for the nursing infant after review on LactMed.
M. Mothers with a history of substance abuse **and a positive toxicology screen during current hospitalization** will be informed that breastfeeding while using illicit drugs may be harmful to their infant. It will be documented in the nurse's notes that the mother was so informed. A physician should also be involved in discussing this information with the mother. If the mother desires to breastfeed, she will be encouraged to pump and discard her milk until she is in a rehabilitation program and proven clean and sober. In the interim her baby should be formula fed. In the U.S. breast-feeding is currently considered a contraindication in women who are HIV positive.
N. Percent weight lost since birth (or weight gain) will be calculated for each infant at 24 hours of life then every morning thereafter (between 0400-0600).
O. A lactation consultation will be requested for newborns meeting any of the following criteria:
   1. The LATCHE score is less than **7** more than twice.
   2. Mother's nipples are sore and nursing staff has not been able to resolve the situation by working with mother.
   3. The infant has a poor suck.
   4. The infant's weight loss is greater than 7% at 36° of age.
   5. The infant's weight loss is greater than 9% at any time.
   6. Late Preterm Infants
   7. Twins
   8. Other congenital or medical issues that may interfere with successful breastfeeding
   9. The mother requests special help or needs further education & support.
P. Supplemental feedings are not routinely offered to **term (≥37 weeks)** breastfeeding newborns. Supplemental feeding is when a feeding other than breast milk is given to an infant, most often formula. Breast milk given by any alternative method is not supplementation since the infant is still receiving breast milk. Expressed colostrum or breast milk given by cup finger feeding, syringe feeding, and supplemental nursing

systems are all options for providing breast milk to newborns and should be used whenever possible if the mother cannot breastfeed.

1. Indications for supplementation include maternal choice or for a medical reason such as hypoglycemia not improved with breast milk alone.
2. Mothers requesting supplemental feeding should be advised of the rationale for not supplementing breast feedings. The nurse is to document that education was provided.
3. All reasons for supplementation require a physician order. This order may be placed by the nurse and sent to the MD for signature if the indication is maternal choice and the appropriate counseling has been done or if it is for hypoglycemia needing immediate intervention.
4. If the reason for supplementation is for excessive weight loss, especially if associated with evidence of dehydration, the nurse should consult with the physician and obtain an order prior to giving any supplementation. Supplementation for weight loss alone in a well appearing baby should be avoided.
5. Mother's at risk for low or delayed milk production should be identified early and extra efforts made to address these issues.
6. If a lactation consultant feels there is a need for formula supplementation as part of their intervention for lactation issues she must consult with the infant's nurse and have the necessary order placed prior to giving any formula.
7. All formula given needs to be documented in the appropriate part of the infant's feeding flow sheet.
8. Supplementation in infants < 37 weeks is addressed in the late preterm infant policy.
9. When supplementation is needed for a breast fed infant every effort should be made to use devices other than a bottle such as syringe, cup and SNS to not interfere with the baby learning to latch at the breast.
10. Supplementation in term infants should not exceed 3 - 5 ml/kg per feed in the first 24 hours of life unless a larger volume is needed to maintain glucose homeostasis. Supplementation after 24 hours may be increased to 5 - 10 ml/kg if appropriate to the clinical situation. Too large of volumes are not physiologic for the newborn and will work to inhibit the mother's natural milk production. Supplementation should be viewed as a temporary solution with the goal of returning to exclusive breast milk feeding as early as possible.

    (See attachments with guidelines for enhancing breastfeeding in the first 24 hours of life and in the 24-48 hours of life and beyond.)

V. ATTACHMENTS/FORMS USED:

ccLink

1.05 A: Breastfeeding Teaching Guidelines
1.05 B: Guidelines to Enhance Breastfeeding Newborns in the first 24 hours of life
1.05 C: Guidelines to Enhance Breastfeeding Newborns 24-48 hours of life and beyond
1.05 D: Community support groups and advice line numbers In CCRMC Perinatal Brochure

1.05 E: CCRMC LATCHE Score
1.05 G: Management of Breast Milk Exposure

Perinatal Policy 3.32 Breast Milk Collection and Storage

Downtime forms
Patient Care Record – Nursery MR540-A
Patient Care Record – Nursery MR 541-7
Newborn Intensive Care Flow sheet MR517-4

VI. APPROVED BY:
Pediatric department 4/2015
OB Department 4/2015
Infection Control 4/2015
Clinical Practice Committee: 2/2013
Patient Care Policy and Procedure Committee: 3/2013
(Medical Executive Committee)

VII. CREATED DATE: Reviewed and revised by Maternal Child Department 04/04

VIII. DATE REVIEWED/ REVISED:
Reviewed 6/07 Michelle Bushong
Reviewed 4/10
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APPROVED: Clinical Practice Committee 8/2015
Patient Care Policy & Evaluation Committee 11/2015

Medical Executive Committee (pending 11/2015)

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