

**OLIVE VIEW-UCLA MEDICAL CENTER
POLICY & PROCEDURE**

NUMBER: 256

VERSION: 7

POLICY: BREASTFEEDING POLICY

PURPOSE To promote breastfeeding in both the inpatient and outpatient maternal-child service by ensuring that, in the absence of contraindications, all mothers who elect to breastfeed will have a successful and satisfying experience.

To ensure that care is congruent with the Ten Steps to Successful Breastfeeding as endorsed by UNICEF, the World Health Organization Baby Friendly Hospital.

- THE TEN STEPS:**
1. This breastfeeding policy will be communicated to all health care staff whose primary responsibility is the care of pregnant women, postpartum mothers, and infants during their orientation and annually thereafter.
 2. All health care staff will be trained in the skills necessary to implement this breastfeeding policy.
 3. All pregnant and postpartum women will receive information on breastfeeding.
 4. All mothers with healthy newborns will receive help initiating breastfeeding within one hour of birth.
 5. All mothers will receive demonstrated guidance on how to breastfeed and how to maintain lactation even if they should be separated from their infants, as appropriate.
 6. Breastfeeding infants will not be given any food or drink other than breastmilk without the mother's informed consent and/or physician's specific orders.
 7. Rooming-in will be practiced to allow mothers and healthy infants to remain together 24 hours a day.
 8. Breastfeeding on infant's cue will be encouraged.
 9. No artificial teats, pacifiers, or other soothers will be given to breastfeeding infants, unless medically indicated.
 10. The hospital will foster the establishment of breastfeeding support groups and refer mothers to them upon discharge.

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DEPARTMENTS: All Departments that come in contact with mothers and babies.

I. Have a written breastfeeding policy that is routinely communicated to all health care staff

- A. All hospital departments primarily serving pregnant women, postpartum mothers, and infants will have a copy of this breastfeeding policy and will prominently display the *Ten Steps to Successful Breastfeeding*.
- B. The Breastfeeding policy will be reviewed and updated at least every 3 years if not more frequently utilizing evidence-based guidance. All hospital departments will have access to the breastfeeding policy.
- C. The management team of the units whose primary responsibility is the care of pregnant/postpartum women and/or infants will be responsible for ensuring this breastfeeding policy is communicated with appropriate staff. New staff will be informed of the policy during their orientation within 30 days.
- D. All pertinent Hospital staff will be informed of and abide by the International Code of Marketing Breastmilk Substitutes. Hospital staff will not participate in any activity that endorses the non-medically indicated use of artificial infant milk. Accepting educational grants, as well as teaching materials, gratuities and gifts that promote artificial infant milk is inconsistent with the goal of providing care that is supportive of exclusive breastfeeding, is prohibited.
- E. Employees of manufacturers or distributors of breastmilk substitutes, bottles, nipples, and pacifiers have no direct communication with pregnant women and mothers at Olive View UCLA Medical Center. Hospital employees will not accept free or low cost supplies of breastmilk substitutes while on duty. Olive View UCLA Medical Center does not accept free formula. This facility purchases all formula, bottles and artificial nipples at a fair market value.
- F. Olive View-UCLA Medical Center supports the American Academy of Pediatrics and American College of Obstetrics and Gynecology statements recognizing human milk as the “gold standard for infant feeding”.

II. Train all healthcare staff in skills necessary to implement this policy

- A. The management teams of OB/Neonatal/ Pediatrics are responsible for assessing competency-based training needs related to breastfeeding. All staff will be educated on the advantages of breastfeeding and the risks of not breastfeeding.

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- B. The length and substance of the training programs will vary depending on the degree of competency required by the health care team member's position.
- C. All nursing staff who are responsible for the care of pregnant/postpartum women and/or infants will be responsible for knowledge of the Breastfeeding policy and take responsibility for completing the 20-hours of standardized breastfeeding education, which will include 15 hours of didactic training and 5 hours of supervised clinical training. The curriculum for this education will cover the 15 sessions identified by Baby-Friendly USA. New employees will complete their required training within six months of hire. Record of successful completion of training will be kept on file for each employee. Staff members who routinely float to the postpartum area will also have the same training.
- D. Physicians and advanced practice nurses will receive a minimum of 3 hours of breastfeeding education and training
- E. Lactation management will be included as part of the competency evaluations for the nursing staff who are responsible for the care of pregnant/postpartum women and/or infants and performance evaluation.
- F. Training acquired prior to hire at this facility will be assessed for inclusion of the lessons recommended by Baby-Friendly USA. If the prior training does not meet recommendations, the new hire will be required to participate in the facility breastfeeding and lactation management training program. For all new hires, competency will be verified during orientation.

III. Inform all pregnant women about the benefits and management of breastfeeding.

- A. Nursing, physician and lactation staff will provide education and educational materials regarding breastfeeding to all pregnant women receiving prenatal care at Olive View-UCLA Medical Center. This education will be documented in the electronic medical record. Prenatal curriculum includes all the topics required in the Baby-Friendly Guidelines and Evaluation Criteria.
- B. Mothers will be encouraged to utilize available breastfeeding resources in the community, including classes, written materials and video presentation as needed.
- C. During the prenatal period, all women and their families will be encouraged to attend a breastfeeding class.
- D. Pregnant women who deliver at Olive View-UCLA Medical Center will be given information on breastfeeding and counseled on the benefits of breastfeeding, contraindications to breastfeeding, and risk of formula feeding and counseling will be documented in the electronic prenatal record.

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- E. The topics will include:
- a. Benefits of breastfeeding for mom and baby
 - b. Importance of exclusive breastfeeding
 - c. Non-pharmacologic pain relief methods for labor
 - d. Early initiation of breastfeeding
 - e. Early skin to skin contact
 - f. Rooming-in on a 24 hour basis
 - g. Baby-led feeding
 - h. Frequency of feeding in relation to establishing a milk supply
 - i. Effective positioning and latch techniques
 - j. Exclusivity of breastfeeding for the 1st 6 months
 - k. Continuation of prenatal education is addressed
- G. All gifts or educational and promotional materials provided to pregnant or postpartum women will be free of overt and/or subtle messages that may undermine the promotion of breastfeeding, including those that promote or advertise infant food or drinks other than breastmilk. No reference will be made to proprietary products, or bear product or company logos (e.g. other infant food and drink, breast pumps, other breastfeeding equipment, coupons, etc.) with the exception of materials describing the proper use of equipment for patients utilizing the equipment.
- H. Breastfeeding/formula feeding mothers will not be provided with information on the use of formula and infant feeding bottles in a group setting.

IV. Help mothers initiate breastfeeding within one hour of birth

- A. Skin to skin is defined as placing the naked baby prone on the mother's bare chest. The infant will be dressed in no more than a diaper, a hat and covered with a warm blanket.
- B. Staff will encourage mothers to hold their babies for bare skin to skin contact in the delivery room or elsewhere until the completion of the first feeding or at least 1 hour following birth if not breastfeeding.
- C. **For mothers who have a Vaginal delivery:**
- The baby will be placed skin to skin immediately after birth or within 5 minutes, if infant and mother are stable.
- For mother who have a Cesarean delivery:**
- If mother and baby are stable the baby will be kept in the operating room with the mother. If possible, the baby will be placed on mother skin to skin and will be transported together to recovery
 - Once the mother is responsive to the baby, she will be encouraged to keep her baby skin to skin and to begin breastfeeding within 1 hour or as soon as she is able.
 - If baby is unable to stay in the operating room and a responsible adult family member/support person is present, that person will be encouraged to initiate skin to skin with the baby until the

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mother is available to do so.

- D. Nursing staff will encourage, educate and assist mothers to initiate breastfeeding within the first hour following birth for healthy newborns, Mothers are shown how to recognize the signs that their infants are ready to feed and are offered assistance by the maternity staff unless there are medical contraindications.
- E. Routine assessment procedures will be performed while the infant is skin-to-skin with the mother. Breastfeeding will take priority over other events such as infant bathing, pictures, visitors, and such interventions as eye treatment and Vitamin K injection.
- F. Evidence based medical contraindication may prevent immediate skin to skin contact. Such reasons may include but are not limited to:
- a. Baby with respiratory distress/NICU admission
 - b. Extreme prematurity
 - c. Maternal bleeding
- G. Skin to skin will be documented in the electronic medical record. 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 stable. Appropriate reasons for skin to skin delay will be included in the electronic medical record.
- H. Mothers of infants who are being cared for in the special care nursery or neonatal intensive care unit will be instructed and encouraged to practice Kangaroo care as soon as the infant is considered ready for such contact.
- V. **Show mothers how to breastfeed and how to maintain lactation even if they are separated from their infants**
- A. The nursing staff will perform a functional assessment of the infant at the breast within 6 hours of delivery and at least once every shift thereafter. The nurse will assess for newborns ability to latch, listening for swallows, maternal breast/nipple evaluation, maternal nipple comfort, how much assistance the mother needed (LATCH score).
- B. A standardized assessment tool including the LATCH score will be used to record the assessment findings and will be included in the electronic medical record.
- C. Breastfeeding education will occur in Labor and Delivery, as soon as the baby goes to breast 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

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- Nutritive sucking and swallowing
- How to assess if infant is adequately nourished
- Manual expression of breastmilk
- Importance of exclusive breastfeeding for the first 6 months
- How to sustain lactation if the mother and baby are separated or if the mother will not be exclusively breastfeeding after discharge

- D. The nurse will contact CLE/IBCLC for additional individualized assistance for a high risk or special needs mothers and infants who have breastfeeding problems or must be separated from their infant
- E. Nursing and/or medical staff will respond to complaints of any discomfort during breastfeeding by assessing the source of the discomfort and assisting the mother in resolving the problem.
- F. If within six hours following birth, feedings at the breast are incomplete or ineffective, the mother will be instructed to begin regular expression of her milk, educated on manual breast expression and a hospital-grade double electric breast-pump will be made available to her. She will be taught to hand express or use the pump at least 8 times in 24 hours for approximately 15 minutes.

For high risk and special needs infants who cannot do skin to skin immediately or cannot suckle, beginning manual expression within 1 hour is recommended.

- Instruction regarding manual hand expression and the use of the pump, the frequency of use, and realistic expectations for pumping will be provided by the nurse, and the mother's progress with pumping will be assessed and documented.
 - The colostrum or breastmilk obtained by expression will be given to the baby or stored (refer to "Collection, Storage and Handling of a Mother's Milk for her Own Infant" policy), unless medically contraindicated.
- G. Mothers of hospitalized infants will be encouraged to establish and maintain lactation, and will be given the assistance to do so. Education regarding the importance of breastmilk will be provided, and the mothers will be encouraged to breastfeed while visiting their infants and express their milk when breastfeeding is not possible. They will be encouraged to spend as much time in the hospital visiting their infants as they can.
- H. Those mothers who, after appropriate counseling, choose to formula feed their infants will be provided individual instruction and receive information about: baby led feeding, safe preparation, handling and storage, appropriate hygiene, accuracy of measurements and ingredients, and feeding with the type of infant formula the mother intends to use after discharge. Both verbal and written education will be documented.

VI. Give newborns no food or drink other than breastmilk unless medically indicated.

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- A. Mothers will be encouraged to exclusively breastfeed their babies while in the hospital and to continue exclusive breastfeeding for six months.
- B. If a mother requests that her baby be given formula, the health care staff will explore and address mother's concerns, provide the mother with education on the risks of introducing formula and possible consequences to the health of her baby and the success of breastfeeding. If the mother still requests formula, her request should be granted and "Formula Initiation Form" completed, MD order obtained, and education documented in the electronic medical record. The reasons for the supplementation feeding will be documented in the medical record.
- C. Supplementary water or glucose water will not be given to any baby. Artificial infant milk will not be part of the standard orders for newborn care and will only be given to babies per MD order.
- D. When supplementation is indicated, an alternate feeding method will be utilized to maintain mother-infant breastfeeding skills. A trained nurse or lactation educator will demonstrate and teach mothers and/or family members correct use techniques. The mother/family member will be required to demonstrate appropriate use of the tool before they use it themselves. Artificial nipples should be avoided and mother educated on the risks of using them. Alternate feeding methods will be utilized and include supplementation at breast, finger feeding, feeding by syringe, or spoon. All efforts will be made to supplement the infant with mother's own milk. Appropriate documentation of feeding method, amount and type of supplement will be charted.
- E. Care should be taken not to exceed the physiologic capacity of the newborn stomach at each feeding:
- 1st 24 hours 5-15 ml
 - 24-48 hours up to 30 ml
 - 48-72 hours up to 45 ml
 - 72-96 hours ad lib
- F. Olive View-UCLA Medical Center does not accept or distribute free or subsidized supplies of breastmilk substitutes, bottles, nipples or pacifiers.

Exclusions:

Breastfeeding is contraindicated in the following situations:

- HIV-positive mother
- Mother using illicit drugs (e.g., cocaine, heroin) unless specifically approved by the infant's health care provider on a case-by-case basis.
- Mother taking certain medications. Although most prescribed and over-the-counter drugs are safe for the breastfeeding infant, some medications may make it necessary to interrupt breastfeeding.
- These include: radioactive isotopes, antimetabolites, cancer chemotherapy, and a small number of other medications.

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The references used at Olive View-UCLA Medical Center are *Medications and Mothers' Milk* by Thomas Hale, Pediatrics Statement on the Transfer of Drugs into Human Milk, and LACTMED.

- Mother has active, untreated tuberculosis. Mother will be instructed to begin milk expression so she will be able to begin breastfeeding once treatment has been maintained for >2 weeks. (Tuberculosis: A Breast-feeding challenge by Aquilina S and Winkelman T. J of Perinatal and Neonatal Nursing V 22, number 3.)
- Infant has galactosemia.
- Mother has active herpetic lesions on her breast(s)—breastfeeding can be recommended on the unaffected breast (The Infectious Disease Service will be consulted for problematic infectious disease issues.)
- Mother has varicella that is determined to be infectious to the infant. Mother to begin milk expression so she will be able to begin breastfeeding once risk is passed.
- Mother has HTLV1 (human T-cell leukemia virus type 1)

VII. Practice “Rooming-In” by allowing mothers and infants to remain together 24 hours a day.

- A. Accommodations for mothers and infants to remain together 24-hours a day will be the standard for mother-infant care for healthy, full-term infants, regardless of infant feeding choice and assured throughout their hospital stay, unless medically contraindicated.
- B. Whenever possible, both mother and infant will be transported from Labor & Delivery to the postpartum unit together.
- C. Nursing care will be organized to focus on keeping the mother and newborn together, allowing up to one hour at a time for hospital procedures.
- D. The nurse will protect the mother and infant from disturbances that may impact their ability to bond or interfere with breastfeeding needs, including asking visitors to wait outside the room while mother is breastfeeding, if needed.
- E. Reason for interruption of rooming-in process as well as location of infant and time parameter of interruption will be documented in the baby’s medical record.
- F. If a mother is requesting for her baby to be transferred to the newborn nursery, the nurse must explore the mother’s reasons. Then educate the mother on the benefits of keeping her infant rooming-in and document the interventions.
 - a. If, after educating the mother on the benefits of rooming-in, the mother still requests to keep the baby in the nursery, the infant will be brought to the mother to breastfeed when it displays hunger cues, ensuring at least 8-12 feedings in 24 hours, and not to exceed 3 hours from previous feeding.
 - b. A statement indicating the mother’s request to send the baby to the nursery as well

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as education provided about the importance of rooming-in will be included in the baby's chart.

VIII. Encourage breastfeeding on demand

- A. Mothers will be encouraged to breastfeed on infant's cue (when the baby exhibits signs of hunger). Mothers will be educated about these feeding readiness cues (e.g., increased alertness or activity, mouthing or rooting). No restrictions will be placed on the frequency or length of breastfeeds. Education will be documented in patient's medical record.
- B. Education will be provided by the bedside nurse and includes, but is not limited to: hunger cues, frequency of feedings a minimum of 8-12 times in a 24 hour period, and possibly awakening the infant for feeds if sleeping for long periods or if mother's breasts are full.

IX. No artificial nipples, infant feeding bottles, pacifiers, or other soothers will be given to breastfeeding infants

- A. Artificial nipples, bottles, and pacifiers will not be placed in breastfeeding babies' cribs, care supplies, or mothers' rooms. The only exception to this is bottles and nipples may be provided to mothers who must feed their newborns expressed breastmilk or supplementary feedings and choose to use a bottle. The possible negative consequences in terms of breastfeeding will be explained to the patient and this education will be documented
- B. Artificial nipples, bottles, or pacifiers will not be included in any gift packs given to pregnant patients or breastfeeding mothers.
- C. Pacifiers will not be given to normal full-term breastfeeding infants. Preterm infants in the Neonatal Intensive Care or Special Care Unit or infants with specific medical conditions (e.g., neonatal abstinence syndrome) may be given pacifiers for non-nutritive sucking.
- D. Newborns undergoing painful procedures may be given a pacifier as a method of pain management during the procedures, but the pacifier will be removed and discarded after the procedure.
- E. The hospital encourages the use of breastfeeding as a means of reducing pain during the heel stick procedure for the newborn genetic screening tests and the administration of immunizations.
- F. When a mother requests that her breastfeeding baby be given a pacifier, she will be informed of the negative consequences pacifiers may have on establishing breastfeeding and that the hospital discourages the use of pacifiers for breastfeeding babies. The bedside nurse will teach alternative methods of pacification and the staff will encourage the mother to breastfeed frequently in response to hunger cues. This will be documented in the mother's medical record.

X. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge

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- A. Educational resources regarding breastfeeding will be readily available in all hospital departments caring for mothers and infants.
- B. Discharge planning for new mothers will include contact information for the hospital's lactation consultant, referral information for the WIC breastfeeding support services, and other culturally appropriate breastfeeding support services in the community.
- C. If a nurse is concerned about an infant's ability to latch on or effectively suckle at the breast, the baby's primary health care provider will be notified.
- D. All babies should be seen for follow-up within the first few days after hospital discharge. This visit should be with a Physician (pediatrician or family physician) or other qualified healthcare practitioner for a formal evaluation of breastfeeding performance, a weight check, jaundice assessment, and age-appropriate elimination:
 - 1. For infants discharged at less than 2 days of age (<48 hours), follow-up at 2–4 days of age
 - 2. For infants discharged between 48 and 72 hours, follow-up at 4–5 days of age. Infants discharged after 5–6 days may be seen 1 week later.
- E. In addition to our Breastfeeding Clinic follow-up appointment, our facility will collaborate with WIC, Breastfeeding Task Force of Greater Los Angeles, La Leche League and other local agencies to provide consistent and strong breastfeeding support for patients living within our community.

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Date: 04/20/2018

Review Date: 04/20/2021

Revision Date: 3/11,
5/11,6/15
9/25/2017

Original Date: 4/01/08