Aberdeen Area Wide Breastfeeding Policy
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Background

This facility believes that breastfeeding is the healthiest way for a woman to feed her baby and recognizes the important health benefits that exist for both the mother and her child.
All families have the right to receive clear and impartial information to enable them to make a fully informed choice as to how they feed and care for their babies. Health-care staff will not discriminate against any woman in her chosen method of infant feeding and will fully support her in whatever choice she makes.

Goals of this Policy

To ensure that the health benefits of breastfeeding and the potential health risks of formula feeding are discussed with all women and their families so that informed choices may be made in regards to infant nutrition.
To enable maternal/child staff to create an environment where breastfeeding is promoted, protected and assisted in hopes of creating an environment and culture where women are given reliable, evidence-based, and consistent information to support them to breastfeed exclusively for six months, and to continue to breastfeed with complementary other foods past then.

In support of this policy

It is mandatory that all staff adhere to this policy to avoid conflicting advice. Any deviation from the policy must be justified and recorded in the mother's and/or baby's health-care records. The policy should be implemented in conjunction with existing maternal and infant care policies.

It is the responsibility of all health-care professionals to consult with the baby's medical provider (medical doctor, advanced practice nurse, doctor of osteopathy etc.) should concerns arise about the baby's health.

Any guidelines for the support of breastfeeding in special situations and the management of common complications will be drawn up and agreed upon by a multi-disciplinary team of professionals with clinical responsibility for the care of mothers and babies.

Philosophy on Breast Milk Substitutes and other like items within facility

No advertising of Breastmilk substitutes, feeding bottles, teats or dummies is permissible throughout the entire Aberdeen Area Service Unit Indian Health Service Facilities. The display of logos of manufacturers of these products on such items as calendars, stationery, and other paraphernalia whether deemed educational or not is prohibited in accordance with the International Code of Marketing Breast Milk Substitutes. Procurement of Breast Milk Substitutes, bottles, teats/dummies etc. shall be purchased at fair market value and not received in gift form.

No literature provided by manufacturers of Breastmilk substitutes is permitted. Educational materials for distribution to women or their families must be approved by the governing body of the service unit in collaboration with the Aberdeen Area Perinatal Task Force.

Parents who have made a fully informed choice to feed their babies artificially should be shown how to prepare formula feeds correctly, either individually or in small groups, in the postpartum period. No routine group instruction on the preparation of artificial feeds will be given in the antenatal period, as evidence suggests that information given at this time is less well retained and may serve to undermine confidence in breastfeeding.

This policy is applicable for inpatient, outpatient and outlying clinics as the core breastfeeding policy.

POLICY:

Communicating the breastfeeding policy

1.1
This policy is to be communicated to all health-care staff who have any contact with pregnant women, mothers, and infants. All staff and contractors will be provided with access to this policy.

1.2
All new staff will be orientated to the policy during their orientation as new employees. All new employees must complete the 20 hour breastfeeding course within six months of being employed.

1.3
The policy will be effectively communicated to all pregnant women with the aim of ensuring that they understand the standard of information and care expected from this facility.

1.4
The Institutional Governing Body to include medical and nursing leadership in coordination with the maternity nursing management team and allied health staff are responsible for implementing this policy

Training health-care staff

2.1
Professional registered nurses will have the primary responsibility for supporting breastfeeding women and for helping them to overcome related problems. Supervisory Clinical Nurses and the Nursing Leadership team at the facility to include the Director of Nursing and the Assistant Director of Nursing will be responsible for assuring staff training is identified.

2.2
All professional nursing staff who have contact with pregnant women, mothers and newborns will receive training in breastfeeding management at a level appropriate to their professional group. New staff will receive training within six months employment. Registered Nurses will receive at least 15 hours of didactic instruction that will include but not limited to:

Hospital Initiative How this course can assist health facilities in making improvements in evidence based practice, quality care and continuity of care
Communication skills Listening and Learning Skills to build confidence and give support Arranging follow-up and support suitable to the mother's situation
How milk gets from the breast to the baby Parts of the breast involved in lactation Breast milk production The baby's role in milk transfer Breast care
Promoting breastfeeding during pregnancy Discussing breastfeeding with pregnant women Why breastfeeding is important Antenatal breast and nipple preparation Women who need extra attention
Birth practices & breastfeeding Labor and birth practices to support early breastfeeding The importance of early contact Helping to initiate breastfeeding Ways to support breastfeeding after a Cesarean birth BFHI practices and women who are not breastfeeding
Helping with a breastfeed Positioning for comfortable breastfeeding How to assess a breastfeeding Recognize signs of optimal positioning and attachment Help a mother to learn to position and attach her baby When to assist with breastfeeding The baby who has difficulty attaching to the breast
Practices that assist breastfeeding Rooming-in Baby-led feeding Dealing with sleepy babies and crying babies Avoiding unnecessary supplements

Avoiding bottles and teats
Milk supply Concerns about "not enough milk" Normal growth patterns of babies Improving milk intake and milk production
Supporting the non-breastfeeding mother and baby Counseling the Formula choice: a pediatric responsibility Teaching/assuring safe formula preparation in the postpartum Safe bottle feeding; issues with overfeeding and underfeeding
Infants and Mothers with special needs Breastfeeding infants who are preterm, low birth weight or ill Breastfeeding more than one baby Prevention and management of common clinical concerns Medical reasons for food other than breast milk Nutritional needs of breastfeeding women How breastfeeding helps space pregnancies Breastfeeding management when the mother is ill Medications and breastfeeding Contraindications to breastfeeding
Breast and nipple concerns Examination of the mother's breasts and nipples Engorgement, blocked ducts and mastitis Sore nipples
If the baby cannot feed at the breast Learning to hand express Use of milk from another mother Feeding expressed breast milk to the baby
On-going support for mothers Preparing a mother for discharge Follow-up and support after discharge Protecting breastfeeding for employed women Sustaining continued breastfeeding for 2 years or longer
Protecting breastfeeding The effect of marketing on infant feeding practices

The International Code of Marketing of Breast-milk Substitutes How health workers can protect families from marketing Donations in emergency situations The role of breastfeeding in emergencies How to respond to marketing practices
Making your hospital or birth center Baby-Friendly The Ten Steps to Successful Breastfeeding What "Baby-Friendly" Practices mean The process of becoming a "Baby-Friendly" hospital or birth center

In addition to the 15 hours of didactic content for registered nurses, at least 5 supervised clinical hours will take place underneath the supervision of an experienced Public Health Nurse, Nurse Educator or Certified Lactation Consultant/Counselor to verify competency in the following areas:

- *Communicating with pregnant and postpartum women about infant feeding*
- *Observing and assisting with breastfeeding*
- *Teaching hand expression and safe storage of milk*
- *Teaching safe formula preparation and feeding*
- *Strategies to engage significant others and families to support breastfeeding.*

Documentation of the required training and clinical hours for professional registered nurses and support staff will be kept in the competency validation files for each staff person and audited annually by the Office of Women's Health at the Aberdeen Area Level. An area wide spreadsheet will be provided to keep track of such information.

2.3
Advanced Practice Nurses, Physician Assistants and Physicians will be required to complete at least three hours of didactic content on the benefits and management of breastfeeding within one month of employment. The Chief Medical Officer will document and keep record of such training in each employee competency file. An area wide spreadsheet will be provided to keep track of such information.

2.4
While this facility does acknowledge that some employees come to the organization with a vast knowledge about breastfeeding and management, it is the decision of the facility that every employee must complete the same training requirements to produce consistency throughout the organization, therefore no previous training will be accepted.

2.5
As evidence changes and as the field of breastfeeding knowledge expands, further training shall be required on an annual basis to ensure evidence based and reliable education to patients about breastfeeding.

2.6
All clerical and ancillary staff will be orientated to the policy and the International Code of Marketing Breast Milk Substitutes and receive training to enable them to refer breastfeeding queries appropriately. This will be documented in their competency file and a part of the yearly competency validation.

Informing pregnant women of the benefits and management of breastfeeding

3.1
It is the responsibility of all professional staff employed by the facility to ensure that all pregnant women are aware of the benefits of breastfeeding and of the potential health risks of formula feeding. Professional staff members are defined for the purpose of this policy to include Dietitians/Nutritionists, Registered Nurses, Public Health Nurses, Advance Practice Nurses, Physician Assistants, Physicians, and Lactation Counselors/Consultants that provide services within the Maternal/Child Specialty. Registered Nurses, Advanced Practice Nurses, Physicians, Physician Assistants, and Public Health Nurses will be the primary providers of breastfeeding information, supported by other ancillary staff as needed.

3.2
All pregnant women should be given an opportunity to discuss infant feeding on a one-to-one basis with a healthcare professional. The goal being to begin education within the first trimester of pregnancy and continue through discharge from the facility in the post partum period.

3.3
The physiological basis of breastfeeding should be clearly and simply explained to all pregnant women and their families, together with good management practices which have been proven to protect breastfeeding and reduce common problems. The aim should be to give women confidence in their ability to breastfeed.

Educational Topics will include but are not limited to:

- Benefits of Breastfeeding
- The Importance of Exclusive Breastfeeding
- Non-Pharmacological pain relief methods for labor
- Early initiation of breastfeeding
- Early skin-to-skin contact
- Rooming-in on a 24 hour basis
- Breast-feeding on demand (baby-led)
- Frequency of feeding in relation to establishing a milk supply
- Effective positioning and latch techniques
- Exclusivity of breastfeeding for the first 6 months
- Continuation of breastfeeding after introduction of appropriate complementary foods

3.4

Documentation of prenatal education will be documented in the patient medical record for each educational encounter.

3.5
Educational materials that contain company logos shall not be used, distributed or endorsed in the facility, with hopes of only providing unbiased scientific and educational material to the family unit.

3.6
Community facility staff will inform mothers about/refer mothers to targeted interventions to promote breastfeeding, as appropriate. Such interventions include peer counseling, the Women's Infant and Children (WIC) program, La Leche League International, Public Health Nursing Program etc.

3.7
The institution will foster the development of community-based programs that make available individual counseling or group education on breastfeeding through collaboration with both federal and non-federal organizations.

3.8
In an effort to provide consistent information, the same educational plans provided to families through this institution will be shared with tribal entities and other organizations within the service unit/reservation area. Such organizations will include the tribal health board, tribal council, Women Infants and Children (WIC) etc.

Skin to Skin Contact/Care

Skin to Skin care for the purposes of this policy is defined as infant upon mother's bare skin with no more than a diaper and cap in place. Skin to skin care when not feasible due to medical conditions of mothers may be instituted with father/significant other.

4.1
All mothers should be encouraged to hold their babies in skin-to-skin contact as soon as possible after delivery in an unhurried environment, regardless of their intended feeding method. Skin–to-skin contact should last for at least one hour or until after the first breastfeed. When a medical condition/stabilization of mother or infant interferes with skin to skin care it should be documented within the delivery record and routine procedures to include medications, baths, and weights should be delayed until after this time has passed. Assessments should be done skin to skin.

4.1a
For vaginal deliveries, infants should be placed skin to skin within five minutes from birth and allowed to stay for at least one hour or until after the completion of the first feeding.

4.1b
For Cesarean Sections, infants should be placed skin to skin as soon as the mother is responsive or until after the completion of the first feeding or for at least one hour.

4.2
If skin-to-skin contact is interrupted for clinical reasons, it should be re-initiated as soon as mother and/or baby are clinically stable.

4.3
All women should be encouraged to offer the first breastfeed when mother and baby are ready. A registered nurse will be responsible and available to assist them at this time.

4.4
For maternal medical conditions where skin to skin care is not feasible, skin to skin care can be done with father or significant other and initiated with mother as soon as medically stable. For neonatal complications that prevent skin to skin care, such as special care nursery care skin to skin care should be initiated as soon as the medical condition allows.

4.5
Skin-to-skin contact should be promoted at any stage within the community setting to support breastfeeding, comfort unsettled babies and resolve difficulties with attachment and breast refusal.
4.6
Skin to skin care should be documented within the delivery/post partum record.

Showing women how to breastfeed and how to maintain lactation even if mother and baby are separated

5.1
All breastfeeding mothers should be offered assistance with breastfeeding within six hours of delivery by a registered nurse and/or lactation consultant/counselor. Breastfeeding assessment should be done at least once per nursing shift . This will include use of the breast pump.
5.2
A registered nurse will be on duty to assist a mother if necessary at all breastfeeds during her hospital stay.

5.3
Registered nurses should ensure that mothers are offered the support necessary to acquire the skills of positioning and attachment. They should be able to explain the necessary techniques to the mother, thereby helping her to acquire this skill for herself. Documentation of breastfeeding assessments should be done at least once per nursing shift and as needed. Documentation will be done in the newborn feeding record according to facility assessment tool.

5.3a
All breastfeeding mothers should be shown how to hand express their milk. Community health-care staff will be encouraged to reinforce that the mother is aware of the value of hand expression, for example in the proactive treatment of a blocked duct to prevent the development of mastitis. A leaflet on hand expression should be provided for women to use for reference and provided to the outlying clinics and support systems. A hospital grade pump will be available for use in the hospital setting, and registered nurses will educate patients on the proper use of such equipment.

5.4
Prior to transfer home, all breastfeeding mothers will receive information, both verbal and in writing about how to properly handle and store breast milk as well as recognize effective feeding to include:

The signs which indicate that their baby is receiving sufficient milk, and what to do if they suspect this is not the case;

How to recognize signs that breastfeeding is not progressing normally (e.g. sore nipples, breast inflammation).

5.5
An assessment of breastfeeding will be carried out between day three to five either in person or via telephone to determine whether effective milk transfer is taking place and whether further support with breastfeeding is required.

5.6
An assessment of the mother and baby's progress with breastfeeding will be undertaken at the primary visit by community health-care staff and an individualized plan of care developed as necessary. This will build on initial information and support provided by the maternity services to ensure new skills and knowledge are secure. It will enable early identification of any potential complications and allow appropriate information and or referrals to lactation consultants/counselors etc. to be considered to prevent or remedy them.

5.7
As part of the initial breastfeeding assessment community health-care staff will ensure that breastfeeding mothers know:

The signs which indicate that their baby is receiving sufficient milk, and what to do if they suspect this is not the case;

How to recognize signs that breastfeeding is not progressing normally (e.g. sore nipples, breast inflammation);

Why effective feeding is important and are confident with positioning and attaching their babies for breastfeeding.

The importance of and education necessary to maintain adequate breast milk production for at least six months and the timeframe for when expression should begin.
How frequent to express and the proper storage and handling of breast milk.

5.8
Families that choose breast milk substitutes as their form of nutrition will also be given information about baby led feeding, and safe preparation/handling of such products. Nurses, providers, or lactation consultants/counselors will verify such information is understood thorough return demonstration in addition to documenting teaching/demonstration in patient education record.

5.8a
Documentation of the number and quality of feedings will be documented as a part of the infant feeding record.

5.9
It is the responsibility of those health-care professionals caring for both mother and baby to ensure the mother is given help and encouragement to express her milk and to maintain her lactation during periods of separation from her baby.

5.10
Mothers who are separated from their babies should be encouraged to begin expressing as soon as possible after delivery as early initiation has long term benefits on milk production.

5.11
Mothers who are separated from their babies should be encouraged to express milk at least eight times in a 24-hour period. They should be shown how to express by hand and by manual/electrical pump.

5.12
All breastfeeding mothers returning to work should be given information which will support them to continue breastfeeding and maintain lactation at this time.

Supporting exclusive breastfeeding

6.1
For the first six months, breastfed babies should receive no water or artificial feed except in cases of medical indication and fully informed parental choice. In the hospital, no water or artificial feed should be given to a breastfed baby unless prescribed by a medical provider (physician, physician assistant, advanced practice nurse) who has been appropriately trained. Once home, no water or artificial feed is to be recommended for a breastfed baby by a member of staff unless s/he is trained in lactation management and documents necessity within medical record.

6.2
Prior to introducing artificial milk to breastfed babies, every effort should be made to explore concerns and reasoning surrounding desire to supplement. Staff members should make every effort possible to encourage the mother to express breast milk which can be given to the baby as an alternative.

6.3
Parents should always be consulted if supplementary feeds are recommended and the reasons discussed with them in full. Any supplements which are prescribed or recommended should be recorded in the baby's hospital notes or health record along with the reason for supplementation.

6.4
Parents who request supplementation should be made aware of the possible health implications and the harmful impact such an action may have to enable them to make a fully informed choice. A record of this discussion should be recorded in the baby's notes. Parents should sign an informed consent document signifying their informed consent.

6.5
All mothers will be encouraged to breastfeed exclusively for 6 months and to continue breastfeeding with other introductory foods as long as they would like. They should be informed that solid foods are not recommended for babies under six months. All weaning information should reflect this ideal.

6.6
Medical indications that contradict breastfeeding include but not limited to:

Infants with galactosemia

Infants with maple syrup urine disease
Maternal HIV infection
T-cell lymphotropic virus infection

6.7
Medical Maternal conditions that may warrant temporary avoidance of breastfeeding include but are not limited to:

Alcohol abuse
Severe illness such as sepsis
Herpes Simplex Virus type 1 if there is chance that contact with affected lesion is possible (nursing on an unaffected breast should still be encouraged)
Sedating psychotherapeutic drugs, anti-epileptic drug and opiods.
Radioactive iodine-131
Illicit drug use- suspected or confirmed
Use of intoxicating substances
Excessive use of topical iodine or iodophors
Cytotoxic chemotherapy

6.8
Any infant that requires supplementation for a medical issue (jaundice, blood glucose etc.) will require a medical order for supplementation along with justification to be recorded in the orders section of the medical record by a licensed provider.

6.9
Medical supplementation if necessary should avoid the use of artificial nipples, but rather utilize supplemental nursing systems, syringes/finger feeding and or cup feeding methods. Family units shall be educated on the proper use of supplemental feeding devices. Documentation of such education and appropriate return demonstrations should be documented within the patient record.

Rooming-in

Rooming-in is the practice of non-separation of infant and family unit for 24 hours a day during their hospital stay. It is the philosophy of this facility that rooming-in is the safest, healthiest, and most evidence based way to provide care for infants regardless of their feeding choice.
7.1
Family units will normally assume primary responsibility for the care of their babies.

7.2
Separation of mother and baby while in hospital should only occur where the health of either the mother or her infant prevents care being offered in the post partum areas.

7.3
There shall be no designated respite nursery spaces in the maternity unit.

7.4
Infants that need to be separated from their mothers for medical procedures such as circumcision, x-ray etc. should be reunited within one hour. Procedures such as lab draws, exams etc. should be done at the infant's bedside.

7.5
When infants must be separated from their family unit documentation of reasoning, location of infant during separation and the time infant was separated should be documented on the newborn flow sheet.

7.6
For families that request that their infant is cared for in respite nursery, documentation of exploration of mother's request, education about benefits of rooming-in should be documented in the patient record.

7.7
Infants that should happen to be in respite care nursery should still only be exclusively breastfed and should be taken to their mothers upon request or upon exhibiting feeding cues.

7.8
Babies should not be routinely separated from their mothers at night. This applies to babies who are being bottle fed as well as those being breastfed. Mothers who have delivered by Caesarean section should be given appropriate care, but the policy of keeping mother and baby together should normally apply.

7.9
Mothers will be encouraged to continue to keep their babies near them when they are at home so that they can learn to interpret their babies needs and feeding cues.

Breastfeeding on Demand

8.1
Breastfeeding on demand should be encouraged for all babies unless clinically indicated. Hospital procedures should not interfere with this principle. Staff will ensure that mothers understand the nature of feeding cues and the importance of responding to them and that they have an awareness of normal feeding patterns, including cluster feedings.

8.2
Mothers should be educated to breastfeed for as often and as long as their infant desires and no time restrictions should be placed upon breastfeeding.

8.3
Mothers should be encouraged to continue to practice breastfeeding on demand throughout the time they are breastfeeding. The importance of night-time feeding for milk production should be explained to mothers.

Use of Artificial Teats & Dummies

9.1
Health-care staff should not recommend the use of artificial teats or pacifiers during the establishment of breastfeeding. Parents wishing to use them should be advised of the possible detrimental effects on breastfeeding to allow them to make a fully informed choice. The information given and the parents' decision should be recorded in the appropriate health record. . Parents should sign an informed consent document signifying their informed consent.

9.2

The appropriate use of artificial teats for breastfeeding babies later in the postnatal period should be discussed with mothers, together with the possible detrimental effects they may have on breastfeeding (in relation to demand feeding), to enable them to make fully informed choices about their use.

9.3
Nipple shields will not be recommended except in extreme circumstances and only under the guidance of a skilled lactation specialist (Lactation Consultant, Counselor, etc.) and then only for as short a time as possible. Any mother considering using a nipple shield must have the disadvantages fully explained to her prior to commencing use. She should be under the care of a skilled practitioner while using the shield and should be assisted to discontinue the use of it as soon as possible.

Breastfeeding support groups

10.1
This facility supports cooperation between health-care professionals and voluntary support groups while recognizing that health-care facilities have their own responsibility to promote breastfeeding.

10.2
Sources of national and local support should be identified and mothers given verbal and written information about these prior to transfer home from hospital, to include:

Telephone numbers of lactation consultants/counselors, public health nursing, national, state and community breastfeeding resources will be provided to all patients.
All breastfeeding patients will be referred to public health nursing to do a follow up phone call and home visit.

10.3
Community health-care staff will ensure mothers have the above information, together with details of all local initiatives to support breastfeeding.

10.4
Breastfeeding support groups will be invited to contribute to further development of the breastfeeding policy through involvement in appropriate meetings.

Promotion of Breastfeeding

11.1
Breastfeeding will be regarded as the normal way to feed babies and young children. Mothers will be enabled and supported to feed their infants in all public areas of the facility.

11.2
Comfortable facilities will be made available for mothers who prefer privacy.

11.3
Signs in all public areas of the facility will inform users of this policy.

11.4
All breastfeeding mothers will be supported to develop strategies for breastfeeding outside the home and will be provided with information about places locally where breastfeeding is known to be welcomed.

Care for mothers who have chosen to feed their newborn with infant formula

12.1
Staff should ensure that all mothers who have chosen to feed their newborn with infant formula are able to correctly sterilize equipment and make up a bottle of infant formula during the early postnatal period and before discharge from hospital, this should not be done in group settings.

12.2
Staff should ensure that mothers are aware of effective techniques for formula feeding their baby.

12.3
Community public health nurses will check and reinforce learning following the mother's transfer home.

Compliance with the International Code of Marketing Breast milk Substitutes

13.1
Employees of manufacturers or distributors of breast milk substitutes, bottles, nipples, pacifiers etc. shall have no direct communication with pregnant women and mothers and should be deferred to administrative officials if meeting requests are made.

13.2
The facility will not receive any free gifts, non-scientific literature, materials, equipment, money or support for breastfeeding education or events from manufacturers of breast milk substitutes, bottles, nipples, and pacifiers.

13.3
No pregnant women, mothers, or families shall be given marketing materials or samples or gift packs by the facility that consist of breast milk substitutes, bottles, nipples, pacifiers or other infant feeding equipment/coupons, or promotional items.

13.4
Any educational materials distributed to breastfeeding mothers shall be free from messages that promote or advertise infant food or drink other than breast milk.

All policies regarding infant nutrition and maternity care practices shall not conflict with this policy and should support breastfeeding practices and current evidence based guidelines.

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Approval Chief Executive Officer	