The Baby-Friendly® Hospital Initiative

The Women’s Hospital
AT JACKSON MEMORIAL
Miracles made daily.
Objectives

At the end of this presentation the participants will be able to:

- Define term Baby Friendly Hospital Initiative (BFHI)
- Review history of breastfeeding Global Initiative
- State the reason why JHS wants to be a part of this initiative
- Review National & governmental goals/initiatives
- State the advantages of breast feeding for Mother and baby
- Understand the importance of skin to skin in breastfeeding and attachment
- Clarify the most common myths/misconceptions regarding breast feeding
- Understand the common terminology utilized regarding feeding types
Breastfeeding: A Key Public Health Strategy

- During the last half of the twentieth century, appreciation of the uniqueness of human milk and the value of breastfeeding as a natural resource has inspired government and private sector public health initiatives to promote, protect and support breastfeeding.
Promotion and Protection

• Breastfeeding promotion:
  – Efforts focus on the advantages of breastfeeding to the individual baby and mother

• Breastfeeding protection:
  – Involves legislated rights of women and children that enable breastfeeding
  – Included are adequate maternity leaves and appropriate child care facilities
  – Also involves prohibiting certain marketing practices of companies manufacturing breast milk substitutes
Breastfeeding Support

- Breastfeeding support:
  - Accomplished through evidence based hospital policies, health worker practices and community programs designed to increase initiation and duration
  - JHS has four policies in place to support breastfeeding in our system:
    - Policy 139 Baby Friendly Breastfeeding
    - Policy 414 Newborn Formula Feeding and Supplementation
    - Policy 451.02 Breastfeeding Protocol
    - Policy 830 Management of Expressed Human Breast Milk
  
  - (Please review copies of these policies attached in this course. These policies can also be accessed on the Intranet)
Breastfeeding: The Global Initiative

The Innocenti Declaration

• "Breastfeeding in the 1990s: a Global Initiative" was co-sponsored by the United States Agency for International Development (USAID) and the Swedish International Development Authority (SIDA). They adopted the declaration which included four operational targets for the year 1995
Breastfeeding: The Global Initiative

Four operational Targets:

– Take action to give effect to the principles and aim of all Articles of the International Code of Marketing of Breast-milk Substitutes and subsequent WHA resolutions; and

– Enact imaginative legislation protecting the breastfeeding rights of working women and established means for its enforcement
Breastfeeding: The Global Initiative

- Recognizing the need to help motivate birth facilities to implement Innocenti target #2, the United Nations Children's Fund (UNICEF) and the World Health Organization initiated the Baby-Friendly Hospital Initiative (BFHI) and use of WHO/UNICEF Global Strategy for Infant and Young Child Feeding

- Receipt of the Baby-Friendly designation indicates that a birth facility has created an environment that is supportive of optimal infant feeding
WHO/UNICEF Global Strategy for Infant and Young Child Feeding

- Aims to improve – through optimal feeding – the nutritional status, growth and development, health, and thus the survival of infants and young children
- Supports exclusive breastfeeding for 6 months, with timely, adequate, safe and appropriate complementary feeding, while continuing to breastfeed for two years and beyond
- Also supports maternal nutrition, social and community support
• The Global Strategy urges that hospital routines and procedures remain fully supportive of the successful initiation and establishment of breastfeeding through the:
  – implementation of the Baby-friendly Hospital Initiative
  – monitoring and reassessing already designated facilities; and
  – expanding the Initiative to include clinics, health center, and pediatric hospitals
The Baby-Friendly® Hospital Initiative (BFHI)

- Definition
  - BFHI is a recognition program for maternity facilities that have a process in place for creating an optimal environment for maternal infant bonding and the initiation of breast feeding
The Baby-Friendly® Hospital Initiative (BFHI)

- Major reasons JHS wants this award
  - Global Initiative- Maternity centers worldwide have been designated to promote exclusive breast feeding for infants
  - Prestigious award- recognized as a valued service by women making health care choices for their families
The Baby-Friendly® Hospital Initiative

- Baby-Friendly USA was founded in 1997 as the responsible agency for the UNICEF Baby-Friendly Hospital Initiative in the United States.
- The program is built around a list of 10 research-supported practices, the Ten Steps to Successful Breastfeeding, which were developed for maternity facilities.
- “Baby-Friendly” and “Baby-Friendly Hospital Initiative” are certification marks of the US Fund for UNICEF.
- Jackson Health System is working towards earning the designation "Baby-Friendly® Hospital."
The Baby-Friendly® Hospital Initiative

Ten Steps to Successful Breastfeeding

1. Have a written breastfeeding policy that is routinely communicated to all health care staff
2. Train all health care staff in skills necessary to implement this policy
3. Inform all pregnant women about the benefits and management of breastfeeding
4. Help mothers initiate breastfeeding within one hour of birth
5. Show mothers how to breastfeed and how to maintain lactation even if they are separated from their infants
6. Give newborn infants no food or drink other than breastmilk, unless medically indicated
7. Practice rooming-in, allowing mothers and infants to remain together 24 hours a day
8. Encourage breastfeeding on demand
9. Give no pacifiers or artificial nipples to breastfeeding infants
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital
Jackson Health System is committed to the Baby Friendly Hospital Ten Steps to Successful Breastfeeding

Through the following:

- High level medical or administrative support
- A multi-disciplinary implementation team
- Provides continuous improvement through the use of “Hospital Self-Appraisal Tool
- Highlights successful areas and celebrates achievements
- Identifies areas of challenge
- Prioritizes plan of action
- Continues to address challenges, celebrating and prioritizing as barriers are successfully surmounted
Benefits of The Baby-Friendly® Hospital Designation

- Improved Care and Service to Breastfeeding Families
- Improved Utilization of Resources
- Positive Public Image
- Increased Breastfeeding Rates
  - Boston Medical center; From 1995-1999, the time of implementing the 10 Steps, breastfeeding initiation rates increased from 58% to 87%
  - Exclusive breastfeeding rates increased also during this time period
National Goals

The United States Breastfeeding Committee (USBC) published “Breastfeeding in the United States: A National Agenda” in 2001, establishing strategic goals for breastfeeding activities in the U.S., which were reconfirmed by the USBC in 2009

• **Goal 1:** Assure access to comprehensive, current and culturally appropriate lactation care and services for all women, children and families

• **Goal 2:** Ensure that breastfeeding is recognized as the normal and preferred method of feeding infants and young children

• **Goal 3:** Ensure that all federal, state and local laws relating to child welfare and family law recognize and support the importance and practice of breastfeeding

• **Goal 4:** Increase protection, promotion and support for breastfeeding mothers in the work force
National Public Health Goals

- The Healthy People 2020 (HP2020) objectives, established by the U.S. Dept. of Health and Human Services:
  - track national breastfeeding rates
  - address some of the most challenging barriers to breastfeeding success faced by U.S. mothers
Healthy People 2020 Goals

- Objectives propose increasing the proportion of infants who are breastfed:
  - Ever: 81.9%
  - At 6 months: 60.5%
  - At 1 year: 34.1%
  - Exclusively for 3 months: 44.3%
  - Exclusively for 6 months: 23.7%
Florida Breastfeeding Rates
The Gap Between What a Mother Wants and what she gets

The “GAP”

- Exclusive Breastfeeding
- Any Breastfeeding
The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies

- Evidence Based Maternity Care Interventions
- Improve breastfeeding rates

CDC, 2013
The Data Tells The Story

- Exclusive Breastfeeding Rates are far below the Any Breastfeeding Rates

- The Gap between what mothers want: Breastfeeding, and what they get: Supplementation, is wide and unacceptable
Evidence Based Maternity Care

- Evidence-based research report performed by the Evidence-based Practice Center (EPC) for the Agency for Healthcare Research and Quality (AHRQ)

- EPC reports and assessments emphasize explicit and detailed documentation of methods, rationale, and assumptions
AHRQ Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries

- Reviewed the evidence on the effects of breastfeeding on short- and long-term infant and maternal health outcomes in developed countries
- Screened over 9,000 abstracts
- Both primary studies on infant health outcomes and maternal health outcomes
- 29 systematic reviews or meta-analyses that covered approximately 400 individual studies
Breastfeeding: Important for Babies
Reduced Risk of Disease

Source: AHRQ, 2007
The Relationship Between Obesity and Breastfeeding

• There is a reduced risk of 4% for each month of breastfeeding in infancy
• Overall there is an association between a history of breastfeeding and a reduction in the risk of being overweight or obese in adolescence and adult life
• This is important to address the current obesity epidemic
Breastfeeding: Important for Mothers Reduced Risk of Disease

Source: AHRQ, 2007
Hospital Policy is Key

- Hospitals with a written policy have better breastfeeding outcomes at 2 weeks
- Administrative prioritization of breastfeeding support drives the hospital practices that lead to improved breastfeeding
- Monitor improvements in breastfeeding support over time

Hospital Practices: Associated with breastfeeding duration

Murray, *Birth*, 2007 duration at 8 weeks
Hospital Policies

- Increased number of “Baby-Friendly” Hospital practices in place decreases risk of breastfeeding cessation

- Steps measured:
  - Early bf initiation
  - Exclusive breastfeeding
  - Rooming-in
  - On-demand feedings
  - No pacifiers
  - Information provided

DiGirolamo, Pediatrics, 2008
Breastfeeding at 6 months was associated with two key hospital practices:

- Exclusive breastfeeding in hospital
- Not receiving a gift pack with formula at hospital discharge
Hospital Policies will affect all ethnicities & income levels

- Breastfeeding rates in US Baby-Friendly Hospitals exceed state and regional rates across all ethnicities and income levels
- Breastfeeding rates are high in these hospitals even among populations who do not traditionally breastfeed

Merewood, *Pediatrics*, 2005
Skin to Skin in the First Hour After Birth Helps Mothers Breastfeed
Skin to Skin is the physiologic norm

- Skin to skin triggers
  - Infant competence - physiologically more stable, with better respirations and temperatures.
  - Appropriate maternal responses

- Exclusive breastfeeding in the early days promotes a cascade of breastfeeding successes

- Mother/baby togetherness in the early days enhances parental competence

Moore, Cochrane Review, 2007
Chiu, Breastfeeding Medicine, 2008
Skin to Skin is easier

- Skin to skin is an easy, safe intervention that nurses can become competent performing
- Infants have the same needs for professional observation, with vital signs being monitored while the baby is prone on mother’s chest
- Even babies who need special care can still receive it in this model
Skin to Skin promotes Attachment and Bonding

Review of literature regarding the Science of Attachment results in:

• Staff concluding that skin to skin is important for all babies, not just those whose mothers have decided to breastfeed
• Staff not having to separate formula and breastfeeding mothers.
• ALL mothers receive optimal, evidence-based care
• The nurses’ jobs are to facilitate attachment rather than “require the baby to latch on to the breast within xxx minutes”
• Staff satisfaction also is increased as nurses become competent at placing babies skin-to-skin and follow appropriate safety measures
Skin to Skin promotes Attachment and Bonding

Outcomes:
• Patient satisfaction is increased when skin to skin is supported.
• Mothers, fathers and babies all love it

Summary:
• The emphasis is that it is the nurse’s job to keep mothers and babies together & place them skin to skin. It is the baby’s job to breastfeed
Common Myths/Misconceptions regarding breast feeding

“I don’t have enough milk for my baby”
• A baby’s stomach is the size of a marble at birth. 2-10ml of colostrum (the first milk) is all that is needed in the first 24 hours

“My baby lost weight with the breast alone”
• Up to 7% of weight loss is normal in the 1st week of life. Milk production will decrease if supplementation is implemented. Breastfeeding frequently will encourage the milk production to increase

“My baby’s sugar may become low”
• Healthy babies can develop symptomatic hypoglycemia. Colostrum is sufficient to improve hypoglycemia in the normal newborn
Common Myths/Misconceptions regarding breast feeding

“My nipples are sore”
- Sore nipples are usually the result of poor latch on and/or positioning. Adjustments in position or latch should resolve almost all sore nipple issues

“My husband and family do not want me to breast feed”
- Cultural or Sexual connotations can play a part, but it is usually because the family members feel deprived of caring for the baby. Involve the family members in other ways. It is also important to include family in prenatal education to insure mothers have all the support they need
Common terminologies

Exclusive Breastfeeding:
• This is only feeding human milk with no additional foods or drinks including glucose water. Exclusive breastfeeding (including expressed human milk) is recommended by the AAP for a minimum of six months followed by complementary feedings.

Supplemental feedings:
• Feedings provided in place of breastmilk:
  – Breast-milk substitute/formula
  – Foods given prior to six months
  – The recommended duration of exclusive breast-feeding is 6 months, therefore, any food given prior to 6 months, the recommended duration time, is thus defined supplementary.
Common terminologies

Complementary feedings:
- Any feedings provided in addition to breastfeeding when breastmilk alone is no longer sufficient
- A complement to breastfeeding needed for adequate nutrition
  - Food: Baby food usually consist of cereal, jar food which will be introduce too early with late consequences
  - Liquid: water, sugar water: which will slow the metabolism of the GI tract
Philosophy on Breastmilk Substitutes

• The International Code of Marketing Breastmilk Substitutes recommend that all governments regulate marketing practices that promote formula and other breastmilk substitutes. This includes the marketing of artificial feeding devices such as bottles and nipples.

• At this time, the United States has taken no significant action to implement The International Code of Marketing Breastmilk Substitutes.

• Facilities that seek the Baby Friendly designation must be compliant with these standards if they want to achieve the designation.

To become Baby Friendly, we will have to stop supporting marketing practices that do not protect breastfeeding.
The Marketing of Breastmilk Substitutes in the U.S.

Up to 91% of U.S. hospitals give free formula advertising materials and free samples of formula to new mothers, even if they are breastfeeding. Why?

• Formula for use in hospitals is commonly provided for free to the hospital
• Diaper bags, hospital supplies and patient education materials with company logos are mostly provided for free to the hospital

• We are now compliant with this part of the initiative. We no longer utilize any bags, crib cards, education or any advertising materials from formula companies
Effects of Breast milk Substitute Marketing

• We are unknowingly the formula company’s biggest supporter!
• Instructing a mother that she can successfully breastfeed and then giving her formula at the same time sends a double message
• “Yes you can do it, but if you fail here is some formula”
• Mothers were less likely to achieve exclusive breastfeeding goals if supplemental feedings were given in the hospital
• 70% intended to vs. 50% actually doing so at one week

(Declercq et al., 2009)
Inpatient: How we Support Mothers

• Health worker practices that increase breastfeeding initiation and duration (supported by policy changes):
  – Early and frequent skin to skin contact
  – Rooming in 24/7
  – No formula or pacifiers during stay
  – Nursing/Medical staff support and educate the patient and family during the entire hospital stay
• In house lactation support services
• Staff resource list for each Jackson Hospital center to support nursing mothers throughout the hospital (resource list attached to this course for printing purposes)
Outpatient: How we Support Mothers

- JHS Lactation Services provides outpatient consults and telephone support as needed
- La Leche League International: mother-to-mother volunteer breastfeeding support
- International Lactation Consultant Association: professional organization for lactation consultants with state/regional affiliates
- Women, Infants and Children Supplemental Food Program (WIC): government program providing nutritious foods and education for childbearing women and children under 5 at risk for malnutrition. Each program has a breastfeeding coordinator
Benefits of Breastfeeding to Quality Improvement

• **Mother & Baby**
  – Increased attachment & bonding
  – Optimal infant nutrition & health
  – Patient satisfaction

• **Hospital**
  – Joint Commission Quality Indicator
  – Continuous Quality Improvement
  – Increased staff competence and self-efficacy
  – Supports marketing
  – Increased teamwork
Thank You!

We believe the parent and child relationship is most important.
We believe in providing a nurturing environment where:

The child is part of the family and the family is part of the care team.
Resources

- JHS Breastfeeding Policy
- Merewood, Pediatrics, 2005
- Dabritz, J Hum Lact, 2008
- Rosenberg, Breastfeeding Medicine, 2008
- Murray, Birth, 2007 Duration at 8 weeks
- Nursing for Women's Health Volume 15, Issue 4, pages 296–307, August/September 2011
- AAP Policy Statement on Breastfeeding http://aappolicy.aappublications.org/cgi/reprint/pediatrics;115/2/496.pdf
Policies
PURPOSE: To promote, protect and support breastfeeding in accordance with the Baby
Friendly Hospital Initiative.

POLICY:

Only personnel trained in the individual procedures as follows will perform these procedures:

1. maternal counseling on the feeding decision and maintaining exclusivity of breastfeeding,
2. postpartum skin-to-skin contact,
3. positioning for optimal breastfeeding and attachment (latching),
4. instruction in breast milk expression (manually or by pump),
5. formula preparation and feeding when necessary.

All infants in the facility are considered breastfeeding infants, unless prior to giving birth and
being offered help to breastfeed, the mother has specifically stated that she has no plans to
breastfeed.

Mothers are encouraged to exclusively breastfeed their infants while in the hospital and to
continue exclusive breastfeeding for six months.

Mother’s room with, care for, and feed their own well infants.

Mothers are not subjected to promotion of breast milk substitutes. Formula is not placed in or
around the breastfeeding infant’s bassinet or in mother’s room.

Posters and pamphlets in support of breastfeeding are prominently displayed in all patient care
areas of Holtz Children’s Hospital and Women’s Center while posters and pamphlets regarding
the purchase and promotion of breast milk substitutes, nipples and pacifiers are not permitted.

Glucose water and/or formula is only given to infants per physician’s order and/ or mother’s
request, and the reason why is documented. (refer to HCH/WHC Procedure 414)

If a mother requests that her baby be given formula, the health care staff addresses the
mother’s concerns; provides 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 request is granted and her informed decision documented.

When supplementation is medically indicated, artificial nipples are avoided and syringe feeding
is utilized. All efforts will be made to supplement the infant with mother’s milk. When a mother
who must feed her newborn expressed breast milk or a formula chooses to use a bottle after
being educated regarding syringe feeding, she is permitted to do so.
Procedure:

Affiliated Prenatal Clinics:
Breastfeeding education is offered to pregnant women prenatally. The benefits of breastfeeding for both baby and mother, particularly exclusive breastfeeding for the first six months, early initiation of breastfeeding and skin-to-skin contact in the delivery room, couplet care on the postpartum unit and the importance of 24 hour rooming in are discussed. Mothers are encouraged to utilize available breastfeeding resources including classes, written materials and video presentations.

Deliver Room Care: Infants are placed skin-to-skin with mother immediately following birth, until the first breastfeeding (or for at least one hour if mother is not breastfeeding), unless medically and/or psychosocially contraindicated. Mothers are instructed on what signs indicate baby is ready to feed and offered assistance to do so.

Key points: Procedures requiring separation of mother and baby i.e. bathing, administration of vitamin K and prophylactic antibiotics are delayed until 1 hour after the initial skin-to-skin contact, and are 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.

Whenever possible, both mother and infant are transported to the postpartum unit together.

Postpartum Care: Accommodations for mothers and infants to remain together 24-hours a day is the standard for mother-infant care for healthy, full-term infants, regardless of infant feeding choice and assured throughout their hospital stay, unless contraindicated. Breastfeeding takes priority over tasks when possible. Nurses advocate for the couplet including asking visitors to wait outside the room while mother is breastfeeding or during mother/infant bonding, or periods of rest if necessary.

Key point: Procedures are performed at the mother’s bedside when possible. Pain-free newborn care is encouraged which includes, breastfeeding during heel stick procedures.
All mothers (regardless of feeding choice) will be encouraged to feed on demand when baby exhibits hunger cues or signals. Education is provided by the nurse and includes but is not limited to:

- Hunger cues (visible REM, increased alertness or activity, mouthing, rooting, and sucking movements)
- Frequency of feeding (a minimum of 8-12 times/day)
- Sleep/feeding cycle or periods, and the possible necessity of waking the infant for feeds if the breasts are full and/or baby is sleeping through feedings
- Importance of physical contact when breastfeeding as well as for nourishment
- Time limits for breastfeeding are avoided
- Infants can be offered both breasts at each feeding but may be interested in feeding only on one side per feeding during the early days

If maternal/infant conditions preclude rooming-in all efforts are made to return the infant to the mother for feeding regardless of infant feeding choice whenever feeding readiness signs are observed and couplet care. If the mother requests that her infant be cared for in the nursery, the maternity staff explores the reasons, encourage and educate about the advantages of rooming-in 24 hours/day.

Breastfeeding education and assistance occurs irrespective of location of infant. Breastfeeding education will include:

- 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 exclusive breastfeeding

Mothers of babies in the NICU are encouraged and assisted in establishing and maintaining lactation and receive education regarding pumping, handling, and storage of breast milk per policy.

Mothers who choose to formula feed are educated on an individual basis; provided written instructions (not specific to formula brand) on safe preparation, handling, storage and feeding.

Nursing concerns related to the infant’s ability to latch or effectively suckle at the breast are communicated to the infant’s healthcare provider as soon as possible.
When a mother requests that her breastfeeding baby be given an artificial nipple or pacifier, the nurse will:

- Inform her of the AAP recommendation to avoid artificial nipples or pacifiers for one month
- Teach alternative methods of pacification and encouraged to breastfeed frequently in response to baby’ hunger cues
- Instruct her regarding the possible negative consequences artificial nipples and pacifiers may have to breastfeeding (i.e., lower milk supply, may interfere with baby’ growth pattern, decreased duration of breastfeeding, nipple preference problems, increased incidence of sore nipples)

**Key point:** Infants with certain medical conditions and newborns undergoing procedures are given a pacifier for comfort or pain management. The infant does not return to the mother with the pacifier.

**Discharge Instructions** include information on the importance of exclusive breastfeeding up to six months, the importance of continuing breastfeeding after the introduction of solid foods, signs and symptoms of breastfeeding problems including reasons for contacting the healthcare professional, available linguistically and culturally specific support services /education resources about breastfeeding (i.e. Women, Infants and Children (WIC), [www.FloridaWIC.org](http://www.FloridaWIC.org), 1800-342-3556, La Leche League, [www.llli.org](http://www.llli.org) 1-877-452-5324 and Healthy Start Coalition of Miami-Dade, Inc, [www.hscmd.org](http://www.hscmd.org), 305-541-0210 and Jackson Lactation Services 305-585-4744

Mothers who have chosen not to breastfeed are instructed to follow formula preparation guidelines on the container and provided a handout on formula preparation, including the fact that Infant Formula Powder is not sterile and inappropriate preparation and storage can lead to serious illness. If infant is receiving physician specific ordered caloric formula follow instructions given at discharge. These mothers are referred to community resources such as WIC and Healthy Start.

Information regarding normal elimination patterns and when to notify pediatrician for both formula and breastfeeding patients.

**Documentation:** Document in the appropriate section of the medical record the following events

1. Provision of breastfeeding education
2. Skin-to-skin contact
3. Whenever rooming-in is interrupted and the reason
4. Maternal requests for formula, pacifier, in nursery care along with corresponding education, process and decision
REFERENCE:


Approved By: Holtz Children’s Hospital P&P Committee

Authorized by: Director
PURPOSE: To outline the responsibilities and procedure when healthy newborns are to receive formula as a supplement or substitute for breast-feeding.

POLICY:

A RN, LPN, Unlicensed Assistant Personnel, parent, or significant other provides supplementation or formula feeding to newborn.

Formula or human milk supplementation of breastfed infants is only provided if ordered by a Physician/ARNP.

Supplementation of the breast fed infant:

When a breastfeeding mother requests the supplementation of breast milk with formula, the health care staff will address her concerns and provide her with education on the risks of introducing formula and the possible consequences of supplementation to the health of her infant and the success of breast-feeding. If the mother still requests the supplementation, request is granted and her decision documented.

Infants unable to breastfeed adequately will be supplemented with breast milk preferably via syringe if expressed breast milk is available in an adequate supply.

The physician/ARNP order includes the type of formula, amount, route and frequency and a p.r.n order if indicated.

The physician or ARNP documents the reason for supplementation of breast milk with formula in the infant’s medical record.

The following is a list of acceptable indications for breast milk supplementation with either formula or expressed breast milk as appropriate.

- Infant hypoglycemia after attempting to breastfeed
- Prolonged mother/baby separation
- Insufficient weight gain
- Inadequate infant stool and/or urine output
- Serious illness in the mother or baby.
- Maternal breast surgery/other medical conditions
- Hyperbilirubinemia

Substitution of breast milk by formula (exclusive formula feeding):

Mothers who request formula as a substitute for breast milk shall be counseled by healthcare staff regarding the benefits of breast-feeding.
The physician order includes the type of formula, amount and frequency. The route is assumed to be by bottle.

The physician or ARNP documents the reason for substitution of breast milk with formula in the infant’s medical record.

The following is a list of maternal conditions which justify breast milk substitution with formula exclusively:

- HIV infection/Human T. lymphotrophic virus type I or 2
- Substance abuse and/or alcohol abuse
- Active, untreated tuberculosis
- Use of certain medications such as chemotherapy/anti-metabolites, anti-retroviral medications, radioactive isotopes
- Radiation therapy
- Active untreated varicella
- Active untreated herpes simplex virus with breast lesions

Refer to:
Holtz Children’s Hospital and Jackson Women’s Hospital
Policy 139 Baby Friendly Breast-feeding
Protocol 830 Management of expressed Breast Milk
Protocol 257 Neonatal Hypoglycemia

SYRINGE SUPPLEMENTATION OF BREAST FED INFANT:

EQUIPMENT/SUPPLIES:
- Supplementation per order
- Burp cloth
- 3 mL Syringe

1. Review order for type, amount and frequency of formula.
2. Instruct mother on type of formula, amount, and frequency of feeding.
3. Instruct the mother how to syringe feed her infant and why.
4. Give supplementation by syringe immediately after breastfeeding ends.
5. Hold baby in upright position. Place syringe under infant’s nose and allow him to open mouth prior to inserting the syringe. Hold the syringe at an angle so the end of the syringe is filled with formula and not air.
6. Advance formula/milk at a rate comfortable for the infant allowing time for swallowing.
7. Burp infant after each ½ ounce fed.
BOTTLE FEEDING FOR NON-BREASTFEEDING MOTHERS (substitution)

EQUIPMENT/SUPPLIES:
- Formula per order
- Burp cloth
- Sterile nipple
- Graduate

1. Review order for type, amount and frequency of formula.
2. Instruct mother on type of formula, amount, and frequency of feeding.
3. Desired amount of mixed formula is poured into graduate Sterile nipple is placed on graduate. The bottle is held at an angle so the end of the bottle near the nipple is filled with formula and not air.
4. With baby held in upright position, nipple is placed under infant’s nose and inserted into mouth when opened. Do not “prop” bottles.
5. Burp infant after each ½ ounce fed.

<table>
<thead>
<tr>
<th>COMPLICATIONS:</th>
<th>INTERVENTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>For Breastfeeding and Formula Feeding Babies</td>
<td></td>
</tr>
<tr>
<td>Vomiting</td>
<td>Notify MD, elevate HOB</td>
</tr>
<tr>
<td>Difficulty latching or (nipple confusion)</td>
<td>Refer to Lactation Consultant</td>
</tr>
<tr>
<td>Feeding difficulties</td>
<td>Notify MD</td>
</tr>
</tbody>
</table>

DISCHARGE TEACHING (appropriate to mother-child dyad):
1. Instruct mother how to prepare formula following formula preparation guidelines on the container and provide written formula preparation information. Inform patients that powdered infant formula is not sterile and inappropriate preparation and storage can lead to serious illness.
2. If infant is receiving physician specific ordered caloric formula follow nurse instructions given at discharge.
3. Provide written breast feeding educational information.
4. Provide appropriate information regarding normal elimination patterns and when to notify pediatrician for both formula and breastfeeding patients.
DOCUMENTATION: Document the following according to guidelines:
- Date and time of feed
- Amount
- Method
- Reason for supplement
- Parent education

Reference:

Specifications Manual for Joint Commission National Quality Core Measures (2010 A2)
Discharge 04-01-10 (2Q10) through 09-30-10 (3Q10).

APPROVAL: Karen Strauss, RN, MSN Director HCH
PURPOSE: To outline the responsibilities of the Healthcare Provider to promote, protect and support breastfeeding.

DEFINITIONS: Colostrum is breast milk expressed in the first 3 postpartum days.

POLICY: All infants in the facility are considered breastfeeding infants, unless prior to giving birth and being offered help to breastfeed, the mother has specifically stated that she has no plans to breastfeed.

The staff actively supports exclusive breastfeeding as the preferred method of providing nutrition to infants throughout all hospitalizations.

Skin-to-skin contact is encouraged for healthy newborns immediately after birth and as frequently as possible.

A physician/ARNP order is not required for breastfeeding (or oropharyngeal administration of colostrum in the NBSCC) but is required in order to give anything other than breastfeeding to the healthy newborn.

Glucose water, and formula are given only given per physician’s order and/ or mother’s request and the reason why is documented. Bottles are not placed in a breastfeeding infant’s bassinet.

REFER TO Policies/Procedures:
139 Baby Friendly Breastfeeding
414 Healthy Newborn Formula Feeding and Supplementation
830 Management of Expressed Human Breast Milk
455 Glucose monitoring in the NB

PROCEDURE:

BREAST FEEDING:
1. After delivery, gently dry the newborn, place a cap on the baby’s head, then place the baby on the mother’s chest covered by a warm blanket unless medically and/or psychosocially contraindicated.
2. Continue skin-to-skin contact until after completing first breastfeeding (or for at least one hour if mother is not breastfeeding).
3. Instruct mother as to what signs to look for indicating when the baby is ready to feed and offer assistance with breastfeeding.
4. Transport mother and infant to the postpartum unit together, whenever possible.
5. If infant has not breastfed within 4 hours of age, check blood glucose. If greater than 50 ml/dl then breastfeeding can be delayed up to 6 hours of age. Thereafter, infant is fed on demand or at least every 2-3 hours.

6. For ongoing breastfeeding experiences, provide mother with privacy, a comfortable chair, or propped up in bed with pillows.

7. Discuss different feeding positions with mother and let her choose one that is comfortable for her and baby.

8. Teach mother how to identify feeding cues such as alertness, activity, mouthing, rooting, head bobbing, searching for nipple and how to assist infant to breastfeed.

9. Teach breastfeeding technique as follows:
   a. Gently support breast, four fingers under breast and thumb on top (c-shape hold).
   b. Offer the breast by placing nipple under infant’s nose and wait for wide open mouth. Allow chin and cheek to touch the breast simultaneously to elicit the sucking/feeding reflex.
   c. When baby opens mouth wide, move baby on to breast quickly. Baby’s lips should cover nipple and as much of the areola as possible.
   d. Ensure baby “latches on” correctly, looking for rounded cheeks, no dimpling while baby is sucking. Mother hears baby swallowing and feel a slight tug on her nipple.
   e. Baby’s nose and chin touches mother’s breast and she may see the jaw muscles moving as baby sucks. Baby will continue to suck 4-5 times before stopping to rest (observe patterns of ten sucks and swallows).
   f. To take baby off breast: place a finger in the corner of baby’s mouth between gums and cheeks and keep there until baby lets go of breast.
   g. Burp baby between the change of breasts, and at the end of each feeding.

KEYPOINT: Infants may not burp as they do not swallow a lot of air during breastfeeding.

h. To nurse infant on each breast without time restrictions.
   i. Offer both breasts at each feeding. Educate mother to use both breasts evenly. Patient may offer both breasts at a feeding, or alternate breasts every other feed.

KEYPOINTS: Infant may be interested in feeding on one side, only, at a feeding during the early days of birth. Infant may stop sucking and come off the breast on his/her own.

6. Provide pain-free newborn care, which may include infant breastfeeding during heel stick procedures for the newborn metabolic screening tests.
DISCHARGE:

1. Before leaving hospital breastfeeding mothers should know/demonstrate how to:
   - pposition and latch baby at breast with no pain during feed
   - recognize when baby is swallowing milk
   - recognize when infant is getting enough breast milk at each feeding
   - Ffeed infant on demand or at least every 2-3 hours
   - Wwake the baby for feeds if the baby is sleeping for more than 3 hours or if breasts are full.
   - Eepect baby to experience sleep/feed cycles
   - Eepect at least 4-6 urine diapers per day and three-four stools per day by the fourth day of life.
   - Aavoid pacifier use until breastfeeding is well established, which is approximately 4 weeks.
   - pPlace infant on back to sleep unless contraindicated.
   - Ccontact provider/clinic within 48-72 hours after discharge, for appointment/follow up.
   - Ddrink according to thirst, and eat a well-balanced diet of 500 additional calories per day.

2. Latch assessment is performed at each feeding until greater than or equal to 7 and then at the start of each shift. If the latch score is less than 7, assist the mother and infant, and reassess the latch score at each feed continuing until greater than or equal to 7. If the latch score remains less than 7 after the second feeding, notify lactation consultant and the medical team.

3. Provide mother names and telephone numbers of community resources to contact for help with breastfeeding.

4. Ensure mother knows how to make a follow up appointment within the first few days after discharge as per physician’s order.

5. Distribute printed educational materials from EHR:
   - Common Questions about Breastfeeding
   - Holds for Breastfeeding
   - Expressing Breast Milk
   - How to Breastfeed
   - Breast Care After Birth
**COMPLICATIONS** | **INTERVENTIONS**
--- | ---
Infant Hypoglycemia | Notify physician/ARNP, Initiate Hypoglycemia protocol
Potential exposure of infant to maternal medications | Notify physician/ARNP, Refer Lactation Consultant or review available resources.
Difficulty awaking infant/lethargy | Notify physician/ARNP, Refer to Lactation Consultant
Infant has decreased urine output/ stools | Notify physician/ARNP, Refer to Lactation Consultant
Infant has Vomiting / diarrhea | Notify physician/ARNP
Poor latch on of infant (Latch score lower than 7), inadequate suck and swallow | Notify physician/ARNP, Refer to Lactation Consultant
Sore/ cracked nipples, or lesion/rash on nipple | Notify physician/CNM, Refer to Lactation Consultant
Inverted or flat nipples | Notify physician/ARNP, Refer to Lactation Consultant
Breast Engorgement | Notify physician/CNM, Refer to Lactation Consultant
Decreased milk supply secondary to previous breast surgery or maternal health condition (thyroid disorders) | Notify Physician/ARNP, Refer to Lactation Consultant
Baby is unable to breastfeed due to prematurity or medical instability | Assist in establishing and maintaining lactation, Refer to Lactation Consultant

**DOCUMENTATION:**
- Latch Assessment at least once per shift after a Latch score of 7 or higher has been consistently achieved.
- Enter the value of “1” under “Breast Feeding Count” in the intake section for each episode of breast feeding

**KEYPOINT:** For feedings not directly observed, maternal report may be used.
- Referral to lactation consultant, if applicable
- Education provided
REFERENCES:


Tornese, G. et al. (2012). Does the LATCH score assessed in the first 24 hours after delivery predict non-exclusive breastfeeding at hospital discharge? Breastfeeding Medicine, 7 (6), pp. 423-430.
PURPOSE: To outline nursing responsibilities when handling expressed human breast milk and breast milk fortifier for infant consumption via gavage, bottle feedings or oropharyngeal.

DEFINITIONS: Colostrum is breast milk expressed in the first 3 postpartum days. Prolacta ® is a human milk-based fortifier.

POLICY:

An RN, LPN or PCT trained in the procedure can handle and administer breast milk/colostrum/breast milk fortifiers via gavage, bottle feeding or oropharyngeal route.

Breast milk may be collected and stored from mothers:
- whose infants are NPO
- whose infants are too small to nurse directly from the breast
- who are breastfeeding, but are unable to be present at the hospital for all feedings
- whose babies have not yet latched-on and are not feeding adequately
- who are separated from their baby for medical reasons

If the infant is less than 1000 grams, the lactation consultant explains the benefits of fresh breast milk and the potential risk of CMV transmission from fresh breast milk. The mother makes the decision to use fresh breast milk or frozen which is then recorded on the Kardex.

At 1000 grams or over, either fresh or frozen breast milk is acceptable.

Placing into and removing breast milk from the freezer is limited to nursing staff only.

Two individuals (one of which must be a nurse) check the breast milk for the correct name and infant’s medical record number before administration to a patient. The second person’s name is documented on the I & O as a witness to the double check. Any present individual including a non-staff member (e.g. volunteer, parent) may be the witness.

Breast milk once thawed should never be refrozen.

Use aseptic technique when handling and preparing breast milk/colostrum.

In the NBSCC, a physician/ARNP order is required for any diet including breast milk with the exception of oropharyngeal colostrum.

In infants less than 1.5 kg, colostrum if available should be given by oropharyngeal method even when infant has an order for NPO.

A routine culture of breast milk/colostrum is not required. Breast milk/colostrum cultures are performed if there is a concern about the technique used to express or if intestinal intolerance is suspected. Obtain a physician/ARNP order to send culture if indicated.
Prolacta ® is indicated for extremely premature infants (less than 1 kg at birth), to preserve an exclusively human milk-based diet that is associated with significantly lower rates of necrotizing enterocolitis (NEC). The physician/ARNP explains the benefits of Prolacta to the parents and then obtains verbal consent prior to the administration of Prolacta ®

**KEYPOINTS:**

In multiple births, if one infant qualifies for Prolacta ® all siblings also qualify. Prolacta ® is continued if an infant does not tolerate the transition to bovine milk fortifier.

**REFER TO:**

HCH & Women’s Hospital Center Policy: 139 Baby Friendly Breastfeeding

**PROCEDURE**

**COLLECTION**

1. Provide the mother with a bottle/bag with a specialized breast milk label with the baby’s name.
2. Instruct mother to wash hands thoroughly with soap and water for 15-20 seconds.
3. Provide mother with privacy.
4. Instruct mother to wipe her nipples with a clean wash cloth.
5. Assemble equipment according to manufacturer’s guidelines.
6. Center breast shield over nipple.
   **KEYPOINT:** Pushing shield too firmly into breast may actually reduce milk flow.
7. Teach the mother how to operate the pump/how to express milk manually.
   **KEYPOINT:** Place suction on low or medium only. Placing suction on maximum can reduce milk flow and cause injury to nipples.
8. Express milk directly into collection device.
9. Pour milk into bottle/bag leaving ½ inch empty space at top of the bottle before freezing to allow for expansion, and close.
10. Record the date and time that the milk was expressed on the label.
11. Clean breast pump parts with hot water.

**STORAGE:**

**KEYPOINT:** Breast milk/colostrum may be kept in the refrigerator for 48 hours (4° C) and the freezer compartment of refrigerator for 6 months or in a deep freezer for 1 year.

1. If the mother pumps in her room the freshly expressed milk should be given to the baby’s nurse as soon as possible. If not refrigerated within 4 hours it must be discarded.
2. Expressed colostrum will be aliquot by the infant’s nurse by drawing 0.4 ml into each of 6 syringes, and placing properly labeled syringes into a labeled plastic bag which is then placed in the refrigerator.

**KEYPOINT:**

**OROPHARYNGEAL COLOSTRUM** is administered (0.4 ml into each cheek over 2 minutes) every 8 hours until infant is started on a progressive feeding regimen (greater than 30 ml/kg/day enteral feeds) through feeding tube.

3. If the mother pumps at home, refrigerated or frozen milk is brought to the hospital packed in ice in a cooler and given to her child’s nurse. Assure the breast milk is properly labeled before placing it in freezer/refrigerator.

**THAWING:**

1. When removing breast milk/colostrum from the freezer/refrigerator use it in the order that it was expressed (i.e. oldest milk first).
2. Attach a new (second) label to the breast milk/colostrum indicating the date and new expiration time (48 hours from removal time).
3. Use a milk warmer to thaw breast milk/colostrum.

**FORTIFICATION:**

A. Bovine milk breast milk fortifier
   1. Gently shake the packet
   2. Add to human milk.

B. PROLACTA ®
   1. Keep Prolacta ® frozen until use.
   2. Label with date and time when removed from freezer.
   3. Thaw Prolacta ® in refrigerator (2 hours) or place bottle under lukewarm running water or in a container. Do not submerge. Do not defrost or warm in a microwave.
   4. Continued warming beyond thawing or exposure to high temperatures can damage the product.
   5. When thawed, refrigerate and use within 48 hours (do not refreeze).
   6. Add human milk to the Prolacta ® bottle. Gently swirl to mix (do not shake).
   7. Use refrigerated Prolacta ® fortified breast milk within 24 hours.
   8. At room temperature (i.e., on a syringe pump), fortified breast milk is good for 4 hours.
   9. Transition infant to bovine milk fortifier when on full enteral feeds for at least 4 weeks, up to 34 weeks post menstrual gestational age.
COMPLICATIONS: INTERVENTIONS

<table>
<thead>
<tr>
<th>Complication</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast pain from too much vacuum</td>
<td>Reduce vacuum pressure</td>
</tr>
<tr>
<td></td>
<td>Reposition breast shield</td>
</tr>
<tr>
<td>Low or no suction</td>
<td>Refer to manufacturer’s assembly instructions</td>
</tr>
<tr>
<td>Sore or cracked nipples</td>
<td>Reposition breast shield</td>
</tr>
<tr>
<td></td>
<td>Refer to lactation consultant</td>
</tr>
<tr>
<td>Transported breast milk becomes partially thawed</td>
<td>Expires with 48 hours. Label with expiration date and time. Place in refrigerator if not used immediately.</td>
</tr>
</tbody>
</table>

DOCUMENTATION: Document the following:
- For infants less than 1000 grams, mother’s decision regarding fresh or frozen breast milk on the Kardex
- Name of person checking breast milk on the intake record
- Parent education during visits and at discharge

REFERENCES:


www.prolacta.com
# JHS Breastfeeding Resource List

(Hospital Staff: please use this contact list for any questions, concerns, etc. regarding breastfeeding when assisting patients throughout the facility.)

## Jackson Memorial Hospital Campus

<table>
<thead>
<tr>
<th>DEPARTMENT/NAMES</th>
<th>PHONE NUMBERS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education Department</strong></td>
<td></td>
</tr>
<tr>
<td>Lisa Hall, RNC-OB, BSN, CLC</td>
<td>305-585-5612</td>
</tr>
<tr>
<td>OB Nurse Educator</td>
<td></td>
</tr>
</tbody>
</table>

| **Lactation Services**               | 305-585-4744          |
| Vicki Vertich IBCLC, RLC, ICCE       |                       |
| Maternal Family Health Liaison       | Ascom#: 48-0313       |
| Katherine Maughan RN, BS, IBCLC      | Pager: 305-208-0751   |
| Lactation Specialist                 |                       |
| Oneida Segura MSN, IBCLC             | Ascom#: 48-0301       |

| **Mother/Baby Unit**                 | 305-585-5401          |
| **Newborn Special Care Center**      | 305-585-5140          |
| **OB Unit**                          | 305-585-5351          |

| **Parent Educators Mother/Baby Unit**| 305-585-8975          |
| Marcia Chacon RN, BSN                | Hospital Pager: 9755  |
| Parent Educator                      |                       |
| Josephine Sairras RN, BSN            | Hospital Pager: 2814  |
| Parent Educator                      |                       |

| **UM/WIC-Mother Baby Unit-Special Supplemental Nutrition Program for Women, Infant and Children** | |
| Lourdes Gonzalez-Bellido MSEd, RD, LDN, IBCLC Nutritionist/Lactation Consultant | Holtz Building, Room #3073 305-585-5767 |

| **UM/WIC-Main Office-Special Supplemental Nutrition Program for Women, Infant and Children** | Park Plaza West Garage Basement Room #L207 305-585-7847 |
|                                                                                              |                       |
# JHS Breastfeeding Resource List

(Hospital Staff: please use this contact list for any questions, concerns, etc. regarding breastfeeding when assisting patients throughout the facility.)

## Jackson North Medical Center Campus

<table>
<thead>
<tr>
<th>DEPARTMENT/NAMES</th>
<th>PHONE NUMBERS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Healthy Start</strong></td>
<td></td>
</tr>
<tr>
<td>Jermina Pierre</td>
<td>305-690-4057</td>
</tr>
<tr>
<td>Care Coordinator</td>
<td></td>
</tr>
<tr>
<td>Lauren Brown</td>
<td>305-654-3125</td>
</tr>
<tr>
<td>Care Coordinator</td>
<td></td>
</tr>
<tr>
<td>Marie Nelson</td>
<td>786-333-4703</td>
</tr>
<tr>
<td>Care Coordinator</td>
<td></td>
</tr>
<tr>
<td><strong>Labor and Delivery</strong></td>
<td>305-654-5618</td>
</tr>
<tr>
<td><strong>Lactation Services</strong></td>
<td>305-654-5604</td>
</tr>
<tr>
<td>Susan Mindick RN, IBCLC</td>
<td>Ascom#: 29-1083</td>
</tr>
<tr>
<td>Lactation Specialist</td>
<td></td>
</tr>
<tr>
<td>Iris Nadal-Del-Valle RN, IBCLC</td>
<td>Ascom#: 29-1083</td>
</tr>
<tr>
<td>Lactation Specialist</td>
<td></td>
</tr>
<tr>
<td>Lupi Nicholls-Reyes RN, IBCLC</td>
<td>Ascom#: 29-1083</td>
</tr>
<tr>
<td>Lactation Specialist</td>
<td></td>
</tr>
<tr>
<td><strong>Neonatal Intensive Care Unit</strong></td>
<td>305-654-5612</td>
</tr>
<tr>
<td><strong>Pediatrics Unit</strong></td>
<td>305-654-3051</td>
</tr>
<tr>
<td><strong>Post Partum Unit</strong></td>
<td>305-654-3052</td>
</tr>
<tr>
<td><strong>WIC-JNMC-Special Supplemental Nutrition Program for Women, Infant and Children</strong></td>
<td></td>
</tr>
<tr>
<td>Elisa Reid</td>
<td>786-336-1333</td>
</tr>
<tr>
<td>Family Support Worker</td>
<td></td>
</tr>
</tbody>
</table>
# JHS Breastfeeding Resource List

(Hospital Staff: please use this contact list for any questions, concerns, etc. regarding breastfeeding when assisting patients throughout the facility.)

## Jackson South Community Hospital Campus

<table>
<thead>
<tr>
<th>DEPARTMENT/NAME</th>
<th>PHONE NUMBERS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Healthy Start</strong></td>
<td></td>
</tr>
<tr>
<td>Lauren Brown, Care Coordinator</td>
<td>305-654-3125</td>
</tr>
<tr>
<td><strong>Lactation Services</strong></td>
<td></td>
</tr>
<tr>
<td>Celina Gonzalez RN, IBCLC Lactation Specialist</td>
<td>305-256-2382</td>
</tr>
<tr>
<td><strong>Maternity Unit</strong></td>
<td></td>
</tr>
<tr>
<td>Angela Darling-Miller RN, MSM Associate Director JSCH Women’s Center</td>
<td>305-256-5156</td>
</tr>
<tr>
<td>LaRosa Palmore, RN Staff RN</td>
<td>305-256-5356</td>
</tr>
<tr>
<td>Alicia Smith, RN Staff RN</td>
<td>305-256-5356</td>
</tr>
<tr>
<td><strong>WIC-JSCH-Special Supplemental Nutrition Program for Women, Infant and Children</strong></td>
<td>786-336-1336</td>
</tr>
</tbody>
</table>
Revised December 2015