Indiana Hospital Model Breastfeeding Policy

Introduction and Purpose

This comprehensive document outlines recommended policies intended to serve as a long term guide that can be adapted over time to fit your hospital's needs. These policies should be viewed in the particular context of the facility and will require a strong commitment by facility leadership and management to communicate, follow and implement these important practices.

Methodology

The specific policies contained in this document are based on evidence-based practices and are closely aligned with The Baby-Friendly Hospital Initiative, the US Surgeon General's Call to Action to Support Breastfeeding, the CDC's Guide to Breastfeeding Interventions and the 2010 White House Taskforce on Childhood Obesity's Report to the President. The US Breastfeeding Committee disseminated a national request for model policies, and documents from the states of New York, Texas and California were reviewed along with policy documents proposed by the Association of Breastfeeding Medicine and the American Academy of Pediatrics. Input was also received from a number of hospital-based IBCLC's in the state of Indiana and staff from the Maternal and Child Health Division at the Indiana State Department of Health. The NY Model Policy was used as a starting point for categorizing steps that are recommended by many organizations to include in a hospital policy. We have re-classified these to indicate the progression that a hospital could take in developing a policy that reflects the long-term goals of the institution.

First Steps

For hospitals that are beginning to develop their breastfeeding policies and have limited resources, this content will provide a good place to start. These points will work best if initiated together.

Important Next Steps

These will replace some of the initial policy content and are more rigorous than the first steps. They will also require more staff education and staffing time, but will improve effectiveness of evidence-based care and patient satisfaction.

Additional Evidence-Based Steps

These steps include more of the language that is consistent with the Baby Friendly Hospital Initiative. While not inclusive, these will bring a higher level of Baby Friendly practice to your institution.

There were many sources of model policies and implementation toolkits that were used to design this template that can be utilized by your hospital. They are listed in the references at end of the policy.

INDIANA PERINATAL NETWORK
Lead/Convene/Collaborate FOR MOTHERS & BABIES

Indiana State Department of Health
Maternal and Child Health

Recommended Implementation Strategies

1. Create an interdisciplinary team with a dedicated project leader to review and strengthen breastfeeding policies. This team should include a wide range of stakeholders who:
   - Support breastfeeding
   - Understand the breastfeeding process
   - Represent the culture and ethnic diversity of the communities served by the institution

2. Evaluate hospital data relevant to breastfeeding support services on a regular basis, and, if necessary, revise hospital policies and develop a plan of action to implement needed changes

3. Use current, evidence-based research to examine, review and if necessary update breastfeeding policies

4. Implementing new or revised policies should be accompanied by staff education and training and patient education materials

5. Conduct regular auditing and monitoring to ensure that staff is adhering to the policy and determine whether any adjustments are needed

Sections Page

This model policy template was created in collaboration with the Indiana State Department of Health, Maternal and Child Health Division.

1 - Training for Staff in Hospitals that Provide Maternity Services

First Step

All staff that directly cares for women, infants and/or children will have basic orientation and training in breastfeeding benefits, management and practical details as well as competency-based skills needed to implement the breastfeeding policy.

Important Next Steps

a. The hospital will designate at least one person who is thoroughly trained in breastfeeding physiology and management to be responsible for ensuring the implementation of an effective breastfeeding program. (NYCRR)
b. At least one hospital maternity staff member will be an International Board Certified Lactation Consultant (IBCLC). (ABM #7)
c. Perinatal centers will staff lactation support (number of FTE's per 1000 deliveries) consistent with AWHONN, ILCA, and Indiana Perinatal Hospital Standards by Obstetric Level of Care. (IN Standards)
d. Staff will be trained on the policy within 6 months of hire and will be provided ongoing continuing education on principles of policy.

Additional Evidence-Based Steps

a. All staff with primary responsibility for the care of new mothers and their infants will complete 20 hours of comprehensive, competency-based training on breastfeeding physiology and management and 5 hours of supervised clinical experience, with annual updates and competency verification, as well as continuing education in breastfeeding and lactation management. (Baby Friendly USA, Inc.)
b. All medical providers who have privileges to provide care to new mothers and/or newborn infants will complete training (minimum of 3 credit hours) with annual updates in breastfeeding promotion and lactation management, as well as continuing education in breastfeeding and lactation management. (Baby Friendly USA, Inc.)
c. All hospital staff, including support staff, will provide consistent, positive messages about breastfeeding to all mothers who deliver within the hospital. Staff will be trained to provide safe, effective, evidence-based and patient-centered care to support breastfeeding and informed infant-feeding decisions. (NY Model Policy)
d. All hospital staff, including support staff, will not use note pads, post-its, pens, or any other incentives obtained from commercial formula companies or other companies that violate the international code of marketing of breast milk substitutes. (NY Model Policy)

2 - Breastfeeding Education in Maternal and Prenatal Settings

First Step

Pregnant and postpartum women will be provided accurate information on breastfeeding by health care providers in prenatal and postnatal periods.

Important Next Steps

a. Pregnant and postpartum women will be provided information prior to birth, following birth, and before discharge regarding the benefits and management of breastfeeding and the risks associated with artificial feeding. (CA#2)
b. The hospital will provide accurate information early in the pregnancy, when feeding decisions are made (TX Ten Steps)

Additional Evidence-Based Steps

a. The hospital will incorporate structured breastfeeding education, taught by an IBCLC or a certified lactation counselor, in all routine prenatal classes and visits, regardless of mothers' infant feeding decisions. (USBC) Classes and teaching materials should be selected which consider the woman's cultural background, education and preferred language. (CA#2) Teaching materials should be tailored to age of client (CA #2) and be free of any information (including industry logos) that promotes the use of infant formula, bottles, feeding devices and other related items.
b. Health care providers will provide education around the following topics:
    - Benefits of breastfeeding
    - Importance of exclusive breastfeeding for first 6 months
    - Non-pharmacologic pain relief methods for labor
    - Early initiation of breastfeeding
    - Early skin to skin contact
    - Rooming-in on a 24 hour basis
    - Baby led feeding
    - Frequency of feeding in relation to establishing a milk supply
    - Effective positioning and latch techniques
    - Manual expression of breast milk
    - Importance of continuing breastfeeding after the introduction of complementary foods and/or returning to work (Baby Friendly USA, Inc.)
c. The hospital will inform all potential income-eligible women of the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) which offers additional breastfeeding education during the prenatal and post-partum periods.
d. The hospital will explore issues and concerns with women who are unsure how they will feed their babies or who have chosen not to breastfeed. Efforts will be made to address the concerns raised and she will be educated about the risks of not breastfeeding. If the mother chooses to formula feed, she will be taught safe methods of formula preparation and infant feeding. This information will be provided on an individual basis.
e. Prenatal education will be documented by Physicians and/or Advanced Practice Nurses in prenatal record.

3 - Breastfeeding Initiation and Skin-to-Skin Contact

First Step

a. Hospital maternity staff will document a woman's desire to breastfeed in her medical record (and infant's chart and bassinet). (ABM #7)

Important Next Steps

a. Nurses, certified nurse midwives and physicians will encourage new mothers to hold their baby skin-to-skin during the first 2 hours following birth, and as much as possible thereafter, unless contraindicated. This includes the post-cesarean mother and baby, when alert and stable. (CA #5)
b. The hospital will allow early breastfeeding to take place in the delivery room and/or recovery areas where possible. (NY Model Policy)
c. Hospital maternity staff will transfer mother and baby from delivery to post-partum area while infant is skin-to-skin on mother's chest. (USBC)

Additional Evidence-Based Steps

a. All healthy term newborns with no evidence of respiratory compromise will be placed and remain in direct skin to skin contact with their mothers immediately after delivery until the first feeding is accomplished, unless medically contraindicated. (AAP Sample Policy)
b. Mothers will be encouraged to exclusively breastfeed for 6 months unless medically contraindicated. Exclusive breastfeeding is defined as providing breast milk as the sole source of nutrition. Exclusively breastfed babies receive no other liquids or solids with the exception of oral medications prescribed by a medical care provider for the infant. (ABM #7) (Joint Commission Core Measures)

Procedure for skin to skin

a. Naked infant will be dried and placed ventral-to-ventral on mother's naked chest. May place cap on head. Place pre-warmed blankets over mother and baby, may suction if necessary. Assess and assign APGARS. Replace damp blankets as needed. (Baby-Friendly USA, Inc.)
b. Skin to skin time will be documented in the medical record.
c. Routine newborn procedures (weighing, measuring, and the administration of vitamin K and eye prophylaxis) are postponed until after the first breastfeeding session.
d. Hospital maternity staff will inform a mother for whom breastfeeding is medically contraindicated of the specific contraindication, whether she can express breast milk during that time for her infant and what criteria need to be met before she can resume breastfeeding. (NY Model Policy)
e. Newborns affected by maternal medication and primiparous mothers may require assistance for effective latch-on and initiation of breastfeeding. (AAP Sample Policy)

3 - Breastfeeding Initiation and Skin-to-Skin Contact (continued)

Breastfeeding is contraindicated in the following situations

a. HIV-positive (If status is unknown, a rapid HIV test will be completed and until the results are available, the dyad can be skin to skin but not breastfeeding)
b. Illicit drugs, substance abuse and/or alcohol abuse --unless specifically approved by the infant's health care provider (ABM #21)
c. Taking certain medications (i.e., radioactive isotopes, anti-metabolites, cancer chemotherapy, antiretroviral medications and a small number of other medications where the risk of morbidity outweighs the benefits of breast milk feeding).
d. Active, untreated tuberculosis (mother can express her milk until she is no longer contagious)
e. Active herpetic lesions on her breast(s) (breastfeeding can proceed on unaffected breast; consult Infectious Disease Dept. for problematic infectious disease issues)
f. Active, untreated varicella with onset within 5 days before or up to 48 hours after delivery, until mother is no longer infectious
g. HTLV1 (human T-cell leukemia virus type I or II)
h. Undergoing radiation therapy
i. Infant with galactosemia

4 - Breastfeeding Assistance and Assessment

First Steps

a. Mothers and infants will be assessed for effective breastfeeding. Mothers should be offered instruction in breastfeeding as indicated. (CA #6)
b. The hospital will provide mothers with assistance from someone specially trained in breastfeeding support and expressing breast milk if the baby has special needs. (IN Standards)

Important Next Steps

a. At all times, there will be available at least one staff member qualified to assist and encourage mothers with breastfeeding. (NYCRR)
b. The hospital will provide mothers with full information about their breastfeeding progress and how to obtain help to improve their breastfeeding skills. (BMBR)

Additional Evidence-Based Steps

a. Hospital maternity staff will observe mothers several times per day and provide additional support, if needed, to ensure successful breastfeeding. (ABM #7)
b. The hospital will not routinely provide nipple creams, ointments, or other topical preparations, unless indicated for a dermatologic problem; or nipple shields or bottle nipples to cover a mother's nipples, treat latch-on problems, prevent or manage sore or cracked nipples or use when a mother has flat or inverted nipples. Nipple shields will be used only in conjunction with an IBCLC consultation and after other attempts to correct the difficulty have failed. (ABM #7)
c. Breastfeeding assessment, teaching, and documentation will be done on each shift and, whenever possible, with each staff contact with the mother. Each feeding will be documented, including latch, position, and any problems encountered in the infant's medical record. For feedings not directly observed, maternal report may be used. Every shift, a direct observation of the baby's position and latch-on during a feeding will be performed and documented. (AMB #7)

5 - Unrestricted Breastfeeding/Feeding on Demand

First Step

Hospital maternity staff will teach mothers feeding cues and encourage mothers to feed as soon as their infant(s) display early infant feeding cues. (NY Model Policy)

Important Next Steps

a. The frequency and duration of breastfeeding will be baby-led, based on infant's early feeding cues. (ABM #7)
b. If a mother and infant are separated, hospital maternity staff will take the breastfeeding infant to the mother for feeding whenever the infant displays early infant feeding cues, including but not limited to sucking noises, sucking on fist or fingers, fussiness, or moving hands toward mouth. (NY Model Policy)
c. Time limits for breastfeeding on each side will be avoided. Infants can be offered both breasts at each feeding but may be interested in feeding only on one side at a feeding during the early days. (ABM #7)

Additional Evidence-Based Steps

a. Nursing staff will offer each mother further assistance with breastfeeding within 6 hours of delivery. The mother should be guided to help the newborn latch onto the breast properly. During the course of her hospitalization, she shall receive instruction on and be evaluated for knowledge of:
    - Her infant's hunger and satiety cues
    - Principles of breastfeeding on demand
    - Goals of positioning and latch - to reduce interference with and increase effectiveness of milk transfer and to minimize fatigue or discomfort for herself and her baby during the feeding
    - Signs of effective milk transfer (intake)
        - During a breastfeeding
        - By observing output, behavior, weight and other indicators of the baby's general condition
    - Basics of building and sustaining a milk supply
    - Indications that help might be needed
    - How and when to access help if needed
    - Hand expression (TX Ten Steps)

b. Nutritional guidelines and expectations
    - Normalcy of weight loss (average of 7 %, not to exceed 10% in term newborns)
    - Normal timing to regain birth weight (by day ten)
    - Expected feeding volumes in first 2 days (1-2 tsp or 5-10 ml per 1-2 oz per day for a term newborn) (AAP sample policy)

6 - Rooming-In

First Steps

a. Mothers and infants will be encouraged to remain together during the hospital stay.
b. The hospital will establish and implement the option of rooming-in for each patient unless medically contraindicated or the hospital does not have sufficient facilities to accommodate all such requests. (NYCRR)

Important Next Step

Hospital maternity staff will perform routine medical procedures for baby in the mother's room for medically stable mothers and infants. (NY Model Policy)

Additional Evidence-Based Steps

a. Hospital maternity staff will not separate healthy mothers and infants during the entire hospital stay, including during nights and transitions. (NY Model Policy)
b. Medically stable mothers and infants will room-in together, minimally 23 hours per day, regardless of feeding method. (Baby-Friendly USA, Inc.)
c. When a mother requests that her infant be cared for in the nursery, the staff should explore reasons for the request. Staff should encourage and educate the mother about the advantages of having her infant(s) stay with her in the same room continuously throughout the hospital period. This education will be documented in the medical record. (Baby-Friendly USA, Inc.)
d. If after education of the benefits of rooming in, the mother requests that her infant be cared for in the nursery, the infant will be brought to the mother's room for feedings each time the infant shows feeding cues. Document reason, location and length of interruption of rooming in in medical record (Baby-Friendly USA, Inc.)
e. Parents will be encouraged to hold their infant in skin to skin contact. If the infant is placed in a bassinet, the bassinet will be positioned within arm's reach of the mother so that the mother can easily see, reach and respond to her baby. (TX Ten Steps)

7 - Separation of Mother and Baby

First Step

If direct nursing is not possible, mothers will be encouraged and helped to begin pumping in order to provide their expressed breast milk for their baby.

Important Next Steps

a. The hospital will allow mothers to breastfeed their babies in the neonatal intensive care unit unless medically contraindicated. (BMBR)
b. If a mother or baby is re-hospitalized in a maternal care facility after the initial delivery stay, the hospital will make every effort to continue to support breastfeeding, to provide hospital grade electric pumps and rooming-in facilities. (BMBR)

Additional Evidence-Based Steps

a. Hospital maternity staff will instruct mothers of infants in the NICU on how to hand express their milk and use a hospital-grade breast pump until their infant is ready to nurse. (ABM #7)
b. Hospital maternity staff will teach mothers proper handling, storage and labeling of human milk. (ABM #7)
c. Infants will be fed mother's expressed milk, if available, until the medical condition allows the infant to breastfeed. (USBC)
d. Every effort will be made to obtain Pasteurized Human Donor Milk (PHDM) if mother and infant are separated and the mother is not able to express a sufficient amount of milk for the infant. (USBC, AAP)
e. The hospital will provide medical orders for a hospital grade electric breast pump or referral to insurance provider for rental, purchase, and reimbursement information for mothers who require extended pumping. (NY Model Policy)

8 - Formula Supplementation and Bottle Feeding

First Step

Sterile water, glucose water, and artificial milk (infant formula) will not be given to a breastfeeding infant without the mother's informed consent and/or physician's specific order. (CA #8)

Important Next Steps

a. The hospital will restrict supplemental feedings to those indicated by the medical condition of the newborn or mother. (NYCRR)
b. Hospital maternity staff will not place formula bottles, pacifiers or artificial nipples in a breastfeeding infant's room or bassinet. (ABM #7)
c. Hospital maternity staff will provide a specific medical order when formula is provided to a breastfeeding baby and document the reason(s) for the provision of formula, the route (i.e. spoon, cup, syringe, supplemental nursing system etc.), the form of supplement, and the amount given in the infant's medical chart. (adapted USBC)
d. When supplemental feedings are given, the feeding volume will not exceed the physiologic capacity of the newborn stomach (under 20cc in the first few days of life). (TX Ten Steps)

Additional Evidence-Based Steps

a. If possible, breastfed infants who cannot nurse at the breast will be fed in a manner that is consistent with preserving breastfeeding (i.e. by cup, dropper, supplemental nursing system or syringe). (ABM #7)
b. If the first choice (direct breastfeeding) is not possible, the order of desirable choices is:
    - The baby's own mother's milk expressed and fed to the baby by other means (cup, tube or bottle)
    - Pasteurized human donor milk from a milk bank
    - Infant formula (TX Ten Steps)
c. The hospital will eliminate all advertising for formula, bottles and nipples produced by manufacturers/distributors of these products from all patient care areas. Breast milk substitutes, infant feeding bottles and artificial nipples will be purchased through hospital's purchasing department at fair market value. (Baby-Friendly USA, Inc.)
d. Hospital maternity staff will inform mothers of the risks of supplementation to establishing and sustaining breastfeeding prior to non-medically indicated supplementation and document that the mother has received this information. (ABM #7)
e. The hospital will not promote or provide group instruction for the use of breast milk substitutes, feeding bottles and nipples. The hospital will provide individual instruction in formula preparation and feeding techniques for mothers who have chosen formula feeding or for whom breastfeeding is medically contraindicated. (Baby-Friendly USA, Inc.)

9 - Artificial Nipples and Pacifier Use

First Steps

a. The hospital will respect a mother's decision to have her baby not receive any pacifiers during hospital stay. (BMBR)
b. Artificial nipples and pacifiers will be discouraged for healthy breastfeeding infants during first few weeks until breastfeeding is well established. Mothers should be encouraged to breastfeed frequently in response to hunger cues. (AAP and CA#7)

Important Next Steps

a. Hospital maternity staff will not offer pacifiers or artificial nipples to healthy, full-term breastfeeding infants. (ABM #7)
b. The hospital will integrate skin-to-skin contact and breastfeeding into relevant infant care protocols to promote infant soothing and pain relief. (ABM #7)
c. If breastfeeding is not possible during a painful procedure, a pacifier may be used and discarded after the procedure. (TX Ten Steps)
d. Mothers who are asking for pacifiers to calm a fussy infant will be assessed for effective feedings. (AAP) Parents will be taught about the ways their infant communicates with them, and other ways of comforting a baby. Mothers will be encouraged to breastfeed frequently in response to hunger cues. (TX Ten Steps)

Additional Evidence-Based Steps

a. Educate on pacifier use when placing an infant down to sleep, once breastfeeding is well established (after four to six weeks) because of possible risk reduction for sudden infant death syndrome. Use of pacifiers is not indicated with babies who are awake. (AAP)
b. The hospital will not accept free or low-cost pacifiers. (Baby-Friendly USA, Inc.)
c. Hospital staff will use pacifiers only when clinically indicated and only after informed consent has been obtained from mother. (TX Ten Steps)

10 - Discharge Support

First Steps

a. The hospital will provide mothers with information (names and phone numbers) about breastfeeding resources in their community, including information on availability of WIC, breastfeeding consultants, support groups and breast pumps. (BMBR)
b. The hospital will provide mothers with information to help them choose a medical provider for their baby and understand the importance of a follow-up appointment. (BMBR)

Important Next Steps

a. The hospital will provide written information to and require that all breastfeeding mothers are able to do the following prior to discharge. An educational checklist is recommended.
    - Position the baby correctly at the breast with no pain during the feeding
    - Latch the baby to breast properly
    - State when the baby is swallowing milk
    - State that the baby should be nursed a minimum of eight to 12 times a day until satiety, with some infants needing to be fed more frequently
    - State age-appropriate elimination patterns (at least six urinations per day and three to four stools per day by the fourth day of life)
    - List indications for calling a healthcare professional
    - Manually express milk from their breasts (ABM #7)
b. The hospital will schedule a follow-up visit for all infants within a timeframe consistent with current AAP recommendations (3-5 days of life, or within 24-72 hours). The newborn should be assessed for jaundice, adequate hydration, and age-appropriate elimination patterns. (AAP)

Additional Evidence-Based Steps

a. The hospital will provide home visiting referrals to support continuation of breastfeeding. (NY Model Policy)
b. The hospital will facilitate mother-to-mother and/or health care worker-to-mother support groups. (Baby-Friendly USA, Inc.)
c. If a newborn is not latching on or feeding well by the time of discharge, the feeding/pumping/supplementation plan will be reviewed and arrangements made for follow-up within 24 to 72 hours of discharge. Prior to discharge, arrangements will be made to secure an appropriate pump for home use, if needed. (AAP)

11 - Formula Discharge Packs

First Step

The hospital will not provide mothers with discharge packs containing infant formula or formula coupons unless these items are available at the hospital and are ordered by their baby's health care provider or specifically requested by the mother. (BMBR)

Important Next Step

The hospital will not [accept or] provide any mother with discharge packs containing infant formula or formula coupons. (NY Model Policy)

Additional Evidence-Based Steps

a. If a hospital provides discharge packs, they will design their own commercial free bags and provide materials that are also non-proprietary. (NY Model Policy)
b. The hospital will not [accept or] provide discharge packs that contain infant formula, coupons for formula, logos of formula companies, and/or literature supplied or sponsored by formula companies or their affiliates. (ABM #7)

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