HACKETTSTOWN REGIONAL MEDICAL CENTER
NURSING POLICIES
BREASTFEEDING

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SCOPE

Licensed independent practitioners; Registered Nurses

PURPOSE

To help promote the philosophy of maternal/infant care that supports and advocates breastfeeding. To support breastfeeding through the Ten Steps to Successful Breastfeeding for Hospitals, as outlined by UNICEF/WHO. The goal of the program is that each breastfeeding family will receive the care and support that will provide a successful and satisfying experience.

POLICY

It is the policy of Hackettstown Regional Medical Center to provide care and support to new mothers and their infants to encourage and foster bonding and a successful breast feeding experience.

PROCEDURE

I. Universal Precautions required
II. Explanation to Patients required
III. Document policy's effectiveness to patient's outcome

A. Labor and Delivery:

1. For a NSVD uncomplicated birth, the breastfeeding mother will be given the opportunity to put the baby to the breast within one hour of birth. Routine infant procedures are postponed until after the first feed during the initial period of skin-to-skin contact.
2. For a Cesarean uncomplicated birth, the breastfeeding mother will be given the opportunity to put the baby to the breast within her recovery period in Labor and Delivery.
3. The nurse/LC will assist mother with positioning prior to the breastfeeding experience. The baby will be put skin-to-skin with the mother and covered with blankets.
4. The mother will be assisted to a comfortable position. The following positions may be chosen:
    a. Semi-Reclined
    b. Modified Cradle
    c. Football
    d. Side-Lying
    e. Cradle
5. The mother will be provided with a quiet environment to breastfeed.
6. If the newborn is not interested in feeding, the baby will be left on their mother's abdomen for skin-to-skin contact. The nurse/LC will inform the breastfeeding mother of the normalcy of this occurrence.
7. The Nurse/LC will teach hand expression to the mother and entice the infant to the breast.

8. The Nurse/LC will instruct the breastfeeding mother about newborn feeding cues and encourage the mother to breastfeed when these occur. If the newborn is not showing feeding cues, the mother will be encouraged to wake the infant, place the infant skin to skin on mother and offer the infant the breast every 2-3 hours.
9. The Nurse/LC will instruct the mother of the importance of putting the baby to the breast frequently. The mother will be encouraged to place the baby to the breast at least ten times each 24 hours.
10. The Nurse/LC will be patient and reassuring to the mother. The Nurse/LC will help to give the mother confidence in her ability to breastfeed her infant.

B. Postpartum Unit:

Position of Infant at the Breast:

1. The infant will be placed belly to belly with the mother.
2. The infant's head, neck, and back will be in alignment with their body.
3. The infant should be facing and looking up to the breast as to latch the baby onto her breast by aiming her nipple towards the roof of the mouth/nose of the infant.
4. The infant's body will be well supported by the mother's arms and pillows.
5. The infant will lead onto the breast with their chin. (The baby's head should be tilted backward slightly so that their chin presses into the breast.)
6. The infant will latch onto the breast with a large open mouth. To encourage this to happen the mother will root the infant by brushing her nipple on the infant's mouth in a downward motion.
7. When the infant's mouth is opened wide, the mother will bring the baby onto the breast quickly.
8. If there is discomfort, the mother will be encouraged to put her finger in the infant's mouth, take the infant off the breast, and re-latch the infant. The mother will also be encouraged to look at her nipple and observe the shape. If the nipple is not a bigger version of what it looks like normally, the mother will be encouraged to root the infant more and latch the baby onto the breast with a wider mouth. The mother will be encouraged to support her breast using the "C" hold with her hand at the base of the breast. The mother will be discouraged form stretching or pulling the breast to the infant. The infant will be brought to the natural position that the breast lies normally.
9. If the newborn's nose becomes obstructed by the mother's breast, the newborn's body should be pulled in closer to the mother's body. This will angle the baby away from the breast so they will be able to breathe easier.
10. The baby should have a large mouthful of the breast in their mouth. The lips should be phlanged out.
11. The baby latches onto the breast asymmetrically, covering more of the areola with their lower lip than their upper lip. Baby will get their lower gums under the milk ducts and extract breastmilk in a more efficient manner.

C. Activity at the breast:

1. The baby should take quick sucks at the breast and then sustain a rhythmic suck/swallow pattern with occasional pauses. The Nurse/LC should see and /or hear swallowing. As feeding continues, the infant should relax their hands and feet. Their mouth should be moist. The infant should come off the breast relaxed and satisfied from the feeding.
2. When the baby moves to non-nutritive sucking, the mother will be instructed to employ compression to the breast, tickling the baby under the chin, moving the baby's arm, or someone else will tickle the bottom of infant's feet.
3. Baby should continue feeding on the first side until the infant comes off the breast spontaneously.
4. Baby should then be stimulated and offered the second breast. Infants may be interested in one sided feedings in the early days, mother should be assured this is a normal pattern.
5. The feeding session is finished when the baby comes off the breast totally relaxed and there is no further sucking motion. Time limits on feedings should be discouraged.
6. The mother should attempt to nurse from both breasts during the feeding. The mother will be instructed that the baby may breastfeed longer on the first side and shorter on the second side. Some infants will not desire the second breast at every feeding and prefer one sided feedings. The Nurse/LC will explain normalcy of this occurrence to the mother.
7. The infant will be burped in-between each breast and at the end of the feeding. Exceptions to this rule are a Caesarean mother, due to the discomfort of the surgery the mother should be encouraged to nurse on one side per feeding until she is able to move around more. Another exception is a mother that is having difficulty with the dexterity of nursing. She should be encouraged to breastfeed on one side until she becomes more comfortable with the dexterity of breastfeeding.
8. The infant's tongue will curve around the areola
9. Complete seal and strong vacuum is formed by the infant's mouth.
10. No clicking or smacking sounds during the feeding.
11. No drawing in or dimpling of the infant's cheek pads.
12. Infant may cluster feed during the day or evening. Infant will be kept close to the mother during this time. The Nurse/LC will explain normalcy of this occurrence to the mother.

D. Positioning of the Mother during the Feeding:

1. Mother's position should place the least discomfort on her body. She should be in a comfortable position for breastfeeding.
2. Mother's back and arm are to be supported by numerous pillows
3. If the mother is sitting on a chair, her feet will be flat on the floor or on a footstool.
4. The mother should bring the baby to the breast.

5. Observe mother for signs of milk transfer:
    a. Strong tugging which is not painful
    b. Thirst
    c. Uterine contractions or increase lochia flow
    d. Milk leading from the opposite breast
    e. Relaxation or drowsiness
    f. Breast softening while feeding
6. Nipple elongated after feeding but not pinched or abraded
7. The mother will be encouraged to breastfeed in a quiet environment. The curtains/doors will be closed for the women's privacy, if she chooses. If either the mother/baby pair become upset of frustrated during the breastfeeding session, the session will end. Both parties will be given time to calm down and then start again.
8. The mother will be encouraged to put the baby to the breast at least 10-12 times in a 24- hour period. (At least every 2 hours on average.) The Nurse/LC, to help establish a good milk supply, will promote the importance of getting baby to the breast frequently.
9. The Nurse/LC will be responsible for assisting with latch of the infant at the breast. The Nurse/LC will be responsible for continued assessment of the competence of the mother breastfeeding. Our aim is for the mother to latch the baby independently without discomfort.
10. The feeding will not be timed. The length of each feeding will depend on the infant.
11. The Nurse/LC will observe the infant at the breast at least once every shift. The feeding will be observed for swallowing. Swallowing will be documented by each shift on the patient chart. The Nurse/LC will instruct mother in observing infant's sucking patterns.
12. The mother will be encouraged to breastfeed on demand when the infant is showing feeding cues. If the infant is not showing feeding cues, the mother will be encouraged to wake the infant every 2-3 hours and put the infant to the breast.
13. All mothers will be encouraged to practice 24 hour rooming in. The advantages of rooming in to establish breastfeeding will be discussed.
14. All breastfeeding mothers will be assessed by the Nurse/LC for competency to breastfeed independently.
15. All breastfeeding mothers will be given educational materials on breastfeeding management.

E. Patient Education:

1. Each nursing shift will introduce and review Breastfeeding Education topics to patients
2. Each mother will be instructed in:
    a. Infant-led breastfeeding on demand
    b. Recognizing infant feeding cues
    c. Avoiding separation by practicing rooming in
    d. Positioning:
        i. Semi Reclined
        ii. Modified (cross) Cradle
        iii. Cradle

iv. Football
v. Side Lying

e. Latch-on suck/swallow pattern
f. Establishing milk supply
g. Supply and demand principle as it relates to milk production
h. Skin to Skin nurturing
i. Exclusivity of breastfeeding as recommended by the AAP.
j. Cluster feedings to be expected and are normal in their occurrence
k. Soreness, prevention and treatment
l. Engorgement, prevention and treatment
m. Expressing and storing human milk
n. Diet , nutritional intake
o. Feeding and diapering log, adequate intake and output

F. Supplementation:

1. No supplemental feedings of formula will be given to infant unless medically indicated, ordered by the pediatric provider, or specially requested by the mother. 'Medically indicated' includes hypoglycemia, anything that places increased metabolic needs on the newborn, sepsis, IUGR, fever, preterm, congenital anomaly, neurological impairment, elevated bilirubin, and inability to latch.
2. Patient request for supplementation will be met with Nurse/LC counseling concerning potential negative impact unnecessary supplementation can have on breastfeeding.
3. The Nurse/LC will identify risk factors that can affect the infant's ability to breastfeeding effectively: less than 38 weeks gestation, inconsistent ability to latch on, sleepiness or irritability, hyperbilirubinemia or hypoglycemia, SGA,LGA, IUGR, tight frenulum, multiple births, neuromotor problems, oral anomalies, acute or chronic illness, insult to oral cavity- laryngoscope and deep suctioning, fetal distress, vacuum or forceps used in delivery, and a weight loss of more than 7% of birth weight.

The Nurse/LC will identify maternal risk factors for breastfeeding difficulty including: previous breastfeeding difficulty or failure, cracked or bleeding nipples, severe engorgement, persistent breast pain, acute or chronic disease, retained placental fragments, medication use, breast or nipple abnormality, flat or inverted nipples and taut, tight, non-compressible breast tissue, breast surgery or trauma, absence of prenatal breast changes, epidural, inducted delivery, Sheehan's Syndrome, some endocrinologic syndrome, severe blood loss without shock, Polycystic Ovarian Syndrome, Hypothyroidism, maternal use of estrogens and insufficient glandular tissue.

1. If supplementation of needed, breastmilk is the supplementation of first choice either through hand expression, pumping or banked milk.
2. There will be no supplementation of the breastfed infant within the first 12 hours of life unless medically indicated. During this period the newborn will be given frequent opportunities to be held skin-to-skin and initiate breastfeeding.

3. If the newborn has not latched onto the breast within the first 12 hours of life, the newborn will be fed expressed colostrum by cup or alternate feeding method approximately every 2- 3 hours, at least 8 times per day).
4. If there is no latch after 24 hours of life the newborn will be supplemented. Mother will be provided a hospital grade electric pump to be used every 2-3 hours, a minimum 8 times per day. The Provider will be notified of the reason that the newborn is being supplemented and the method of supplementation used.
5. Prior to the supplementation, the newborn will be assessed at the breast for suck/swallow pattern.
6. If the newborn does not have a good swallow pattern but can latch, the method of supplementation shall be used at the breast using an SNS (Supplemental Nursing System).
7. Nipple Shields will only to given to the mother by the Lactation Consultant after attempts to latch have failed.
8. After supplementation is used, the mother will pump both breasts for 15 minutes each side, with an electric hospital grade pump. This shall be done approximately every 3 hours.
9. The first supplement of choice is breastmilk, if there is not enough breastmilk, consider donor human milk, then commercially prepared infant formula will be used.
10. If the mother requests supplementation, the Nurse/LC will discuss with the mother the importance of frequent feedings to increase supply. The importance of night time feedings will also be discussed with the mother.
11. Pacifiers will not be given to breastfeeding infants unless specifically requested by the health care provider or the mother.
12. Antilactation drugs will not be given to any mother.

G. Discharge:

1. Any problem with breastfeeding observed by Nursing Staff, LC or expressed by the mother will be attended to and documented in the medical record prior to discharge. A plan of action will be implemented with the mother. This will also include follow up of the problem post discharge.
2. Follow up telephone calls will be offered to all patients after discharge, regardless of feeding method.
3. If a woman is having difficulties with breastfeeding, the LC will offer a hospital consultation to the patient.
4. If a woman is having difficulty with breastfeeding and has no transportation to the hospital to consult with the LC, mother will be referred to Public Health lactation professionals or to a private practice lactation consultant from the community resource list.
5. Nurse/LC will encourage the mother to practice exclusive breastfeeding for the first 6 months of life and continue breastfeeding until one year of age and beyond with the introduction of complementary foods after 6 months of life.

6. Special counseling will be done to mother that plan to return to work to help maintain their milk supply.
7. The LC will provide the patients with unit number for breastfeeding support 908-979-8899.
8. Every breastfeeding mother will be given telephone contact numbers of various breastfeeding support services in the community. Mother will be encouraged to contact these groups for ongoing breastfeeding support.
9. Each breastfeeding mother will be encouraged to have the infant seen by their pediatrician and weighed up to 3 days post discharge to ensure an adequate weight gain.
10. If the mother is ready for discharge and the infant is not, every effort will be made to allow the mother to remain in the hospital with access to the infant for exclusive breastfeeding. If the mother cannot reside on the floor, she will be encouraged to spend as much time as possible with the infant and continue regular feedings at the breast. Mother will be advised and assisted in obtaining a breast pump to express breast milk for the infant.
11. No formula will be given to breastfeeding mothers unless there is over a 10% weight loss of the infant, the infant is involved in alternative feeding methods or if specifically ordered by the physician.

H. Documentation:

1. Breastfeeding observation, assessment and education will be documented each nursing shift.
2. Each nursing shift will document swallowing activity by the infant at the breast.
3. The Nurse/LC will document any patient that declines teaching or assessment.
4. Any difficulties with breastfeeding the infant will be documented in the Daily Breastfeeding Assessment of online charting
5. The Nurse/LC will document any alternative feeding methods in the medical record
6. Breastfeeding assessment done by the Lactation Consultant will be documented separately.

I. Training:

1. All maternity nurses will be in-serviced in the skills necessary to implement this policy.
2. All maternity nurses will be given an annual competency administered by Staff Education or LC to update their skills in providing care to breastfeeding couplets.
3. All maternity nurses are expected to complete the 18 Hour course in "Ten Steps to Successful Breastfeeding."

J. For infants transferred to MMH NICU

1. For the mother who is separated from her sick or preterm infant due to transfer the MMH NICU, the nurse will encourage the mother to express milk as soon as clinically able (within 6 hours after birth) using manual and mechanical method of milk expression.

2. Encourage mother to pump every 2-3 hours during the day and at least 1-2 times during the night for 15-20 minutes or until milk stops flowing. Mothers should be instructed not to pump for longer than 30 minutes.
3. Educate and assist mother with proper technique of pumping and proper cleaning of pump equipment as appropriate.
4. Teach proper labeling and storage of breast milk for the sick infant.

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