

Sample Breastfeeding Policy Text for 10 Steps to Successful Breastfeeding

STEP 1	Have a written breastfeeding policy that is routinely communicated to all health care staff.
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EXAMPLE:

Policy and Procedure: Maternity Care and Infant Feeding

Parties Responsible for Development/Update: Breastfeeding/Baby-Friendly Steering Committee; maternal child health department, director of MCH, chiefs of pediatrics, obstetrics & gynecology and family medicine, nurse midwifery (if applicable)

Applicable Departments: Mother/Baby, Pediatrics, Medical, Surgical

Applicable Professionals: MD/DO, APRN, PA, RN, RD, IBCLC

Responsible for Implementation: Mother/Baby Unit Nurse Manager

Effective Date:

Replaces Policy Dated:

Update Frequency: Annual

APPROVED BY:

Signature

Signature

Print Name and Date

Print Name and Date

- New employees will be oriented to the policy within 4 weeks of hire (documented on orientation checklist). All staff will receive training necessary to implement this policy within 6 months of hire.

- The manager of each applicable department will review the policy with all new employees within two weeks of hire. New hires will have three months from date of hire to fulfil education requirements for Baby-Friendly listed in Step 2 below. The policy is available for all employees to access via the intranet at _____.

- This facility upholds the WHO International Code of Marketing of Breastmilk Substitutes by declining to accept or distribute free or subsidized supplies of breast milk substitutes, nipples and other feeding devices.

- a. Employees of manufacturers or distributors of breastmilk substitutes, bottles, nipples, and pacifiers will have no direct contact or communication with pregnant women and mothers.
 - b. This facility does not receive free gifts, non-scientific literature, materials, equipment, money, or support for breastfeeding education or events from manufacturers of breastmilk substitutes, bottles, nipples, and pacifiers.
 - c. Pregnant women, mothers, and families will not be given marketing materials, samples or gift packs by the facility that consist of breast milk substitutes, bottles, nipples, pacifiers, or other infant feeding equipment or coupons for the above items.
- The World Health Organization Ten Steps to Successful Breastfeeding, and policies to support non-breastfeeding mothers, will be posted in all locations where care is provided to mothers and young children in languages and with wording that staff and families can easily understand.

- Typical references are available at _____.

STEP 2	Train all health care staff in skills necessary to implement this policy.
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- Education will be coordinated by the Perinatal Educators in collaboration with the managers/designees along with International Board Certified Lactation Consultants (IBCLC) and Certified Lactation Counsellors (CLC).

- The curriculum covers all 15 lessons recommended by Baby Friendly USA per BFHI Guidelines and Criteria Appendix A (<https://www.babyfriendlyusa.org/get-started/the-guidelines-evaluation-criteria>).
- Training will include breastfeeding, provision of human milk, and feeding the infant who is not breastfed, as well as alternative methods of feeding if not breastfeeding.
- Staff is aware of the safe storage and handling of human milk.

- Training for staff will include 20 hours of education, 5 of which will be under direct supervision of a supervisory staff member.
- Physicians and advanced practice nurses will receive a minimum of 3 hours of education and training
- Details of the training plan are included in ... and are based on Baby Friendly USA BFHI Guidelines and Criteria Appendix A (<https://www.babyfriendlyusa.org/get-started/the-guidelines-evaluation-criteria>).

- Required hours of clinical supervision will be documented in the staff member's training record.

- Staff competency is verified during orientation and annually by the education and lactation staff.

- New employees who are able to produce documentation of current IBCLC/CLC certification are not required to complete the full curriculum, but at minimum will be oriented to our Breastfeeding/Infant Feeding policy.

- Documentation of staff training will be maintained in each staff member's (physician's) employee portfolios. Academic physicians, advanced practice nurses and staff members will maintain records of faculty development related to breastfeeding and evidence of completion of 3 hours of required instruction in their teaching portfolios.

- All staff will receive training necessary to implement this policy within 6 months of hire.

STEP 3	Inform all pregnant women about the benefits and management of breastfeeding.
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- The administrative and medical directors/designees are responsible for the implementation of education that is provided to patients.

- All pregnant women will be provided with information on breastfeeding and counselled on the importance of breastfeeding, contraindications to breastfeeding, and management of breastfeeding. The facility will collaborate with prenatal care providers in the community to provide breastfeeding education and support.
- Collaboration with community-based programs such as WIC, and community participation in hospital Perinatal Committees has been established in order to coordinate breastfeeding messages.
- All mothers will receive support and education on the following topics:
 - a. Importance of breastfeeding and the risks of not doing so
 - b. Skin-to-Skin contact
 - c. Rooming-In
 - d. Breastfeeding management:
 - Early initiation of breastfeeding
 - Proper positioning and latch-on
 - Nutritive suckling and swallowing
 - Milk production
 - Recognition of feeding cues/baby-led feedings with no limits on length of feedings

- Frequency of feeding including no limits on how often or how long an infant should be fed
 - Expression of breastmilk, including hand expression and the use of a pump, if indicated
 - How to recognize if infant is adequately nourished
 - Recognition of feeding issues and reasons for contacting a healthcare provider
 - Risks of non-breast milk substitutes prior to introduction of complementary foods at six months
- e. Recommendations to breastfeed exclusively for six (6) months. The definition of exclusive breastfeeding is that the infant receives only breastmilk without any additional food or drink.
- f. Recommendations to continue breastfeeding to at least one year after introduction of appropriate complementary foods not prior to six months

- The method of feeding will be documented in the medical record of every mother and newborn.
- Breastfeeding will be encouraged unless medically contraindicated Baby Friendly USA BFHI Guidelines and Criteria Appendix B (<https://www.babyfriendlyusa.org/get-started/the-guidelines-evaluation-criteria>).

- Pregnant women and families will receive no information that promotes use of human milk substitutes, including no information with industry logos or promotional materials per the Compliance with the International Code of Marketing of Breast-milk Substitutes as described in Baby Friendly USA BFHI Guidelines and Criteria (<https://www.babyfriendlyusa.org/get-started/the-guidelines-evaluation-criteria>).

- Educational sessions that promote use of infant formula or other human milk substitutes will be replaced by sessions that promote breastfeeding or use of human milk.
- For bottle/formula feeding mothers education will be provided on an individual basis, group educational sessions on bottle/formula feeding will be avoided.

STEP 4 Help mothers initiate breastfeeding within one half-hour of birth.

- Routine skin-to-skin contact (SSC) is the recommended standard practice regardless of the mother's feeding intention and type of delivery.
- All mother-newborn couples (dyads) will be offered SSC contact immediately after birth unless medically unstable.
 - a. All mother/infant dyads are supported to have immediate SSC.
 - b. Routine newborn procedures will be postponed until the first breastfeeding attempt occurs during the initial period of SSC.

- c. When a delay of SSC has occurred staff will ensure that mother and infant have SSC as soon as medically possible.
- d. Routine assessments are performed while in SSC.
- e. Procedure for SSC will be standardized:
 - infant dried and placed ventral-to-ventral on mothers chest
 - cap placed on head
 - doubled pre-warmed blankets over both
 - may suction if necessary while in SSC
 - assess and assign APGARS
 - replace damp blankets as needed
- f. Dyads will be monitored while in SSC.
- g. SSC begins immediately after birth and continues for at least 1 hour.
- h. Initiation and duration of SSC will be documented in the medical record.
- i. Assistance is offered to assess baby's readiness for feeding within one hour of birth.
- j. SSC will continue, uninterrupted, until the baby completes the first feeding.
- k. All mothers of caesarean section delivery should be given their babies to hold with SSC as soon as the mother is safely able to hold and respond to her baby.
- l. Routine assessment procedures will be performed while the infant is in SSC with the mother.
- m. When a delay of initial SSC has occurred staff will ensure that mother and infant received skin-to-skin care as soon as medically possible.
- n. Initiation of SSC for infants being cared for in the special care nursery or NICU is addressed in a hospital-specific SSC protocol for special care neonates (*insert link with example*).
- o. Mother and baby will remain together throughout the entire stay. Frequent skin-to-skin contact will be encouraged.

STEP 5	Show mothers how to breastfeed and how to maintain lactation in the event that they need to be separated from their infants.
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- Labor and Delivery Unit RN will:
 - a. Document the desired feeding method in mothers' and infants' charts
 - b. Place the newborn skin-to-skin immediately following birth and encourage breastfeeding within the first hour when clinically stable and appropriate
 - c. Document breastfeeding assessment and teaching
 - d. Educate mothers regarding proper positioning and latch as well how to ascertain effectiveness of feeding
 - e. Report feeding status upon transfer to Mother/Infant Unit or NICU

- Mother/Infant Unit RN will:
 - a. Document the desired feeding method for the newborn in the newborn's chart
 - b. Distribute the breastfeeding information packet upon admission
 - c. Encourage skin-to-skin and 24-hour rooming-in
 - d. All infants regardless of feeding method will practice rooming-in.
 - e. Mother-infant separation will be minimized and occur for medical procedures or indications.
 - f. All routine newborn procedures will be performed at the bedside.
 - g. Teach manual breast massage techniques
 - h. Teach infant feeding cues, assess newborn's readiness to feed and assist with breastfeeding when the newborn cues, and document encounter in the medical record
 - i. Assess and document breastfeeding using the assessment guide in this policy and LATCH scores done at least twice daily (see attached Additional Information).
 - j. Eliminate bottles from bassinets and rooms
 - k. Assess mothers' breasts and nipples for any issues that would affect feeding and document findings
 - l. Educate mothers on reasons for referral for additional breastfeeding support by a qualified lactation professional
 - m. Encourage mother to attend breastfeeding class and/or view the educational video
 - n. Teach proper breast milk storage using referenced materials on storage guidelines

- Labor and Delivery Unit RN will:
 - a. Encourage mothers who are separated from their sick or preterm newborns to express milk as soon as clinically able (optimally within 3 hours, but no longer than within 6 hours after birth) using manual and mechanical methods of milk expression
 - b. Educate mothers who are separated from their newborn(s) to manually or mechanically express milk 8 times or more every 24 hours
 - c. Educate and assist mothers with proper technique of pumping and proper cleaning of pump equipment
- For unstable infants in the observation nursery, transitional nursery or NICU, the RN's staffing these units will:
 - a. Document the desired feeding method for newborns in newborn charts
 - b. Encourage mothers to pump as soon as clinically able (ideally within 6 hours after birth)
 - c. Encourage mothers to pump every 2-3 hours during the day and at least 1-2 times during the night for 15-20 minutes or until the milk stops flowing. Mothers should be instructed not to pump for longer than 30 minutes

- Mothers who are feeding formula supplements or exclusively shall receive written information that is not specific to a brand as well as verbal education about proper preparation, measurement, safe handling, storage, hygiene and cleaning utensils and feeding supplies.
- This education will be provided on an individual basis and not in group sessions.
- The information will include information about safety regarding reconstituting powder and concentrate formula from national sources such as the FDA.
- Mothers feeding formula will be counselled about proper feeding amounts and methods.
- Education for formula feeding mothers will be documented in their infants' records.

STEP 6	Give newborn infants no food or drink other than breast milk unless medically indicated.
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- Mothers will be supported to exclusively breastfeed their babies and educated about the risks of supplementation while breastfeeding.
- If a mother requests that her breastfeeding newborn receive formula, staff will:
 - a. explore with the mother her reasons for this request and address her concerns
 - b. educate the mother about the negative consequences of feeding infant formula
 - c. document the education that has been provided in addition to documentation stipulated below
- On assessment, if an infant is found to have asymptomatic/symptomatic hypoglycemia, significant dehydration, weight loss of >10% of birth weight, or jaundice as defined under Medical Indications for Supplementation, the protocol for _____ will be activated (see attached Additional Information).

- Medical indications for supplementation will include, but are not limited to, the following:
 - a. Asymptomatic/Symptomatic Hypoglycemia (follow hypoglycemia policy – see below)
 - b. Significant dehydration: evidenced by no void in 24 hours
 - c. Weight loss of >10% of birth weight and infant unable to directly breastfeed or has LATCH < 7, and milk transfer assessed to be insufficient.
 - d. Hyperbilirubinemia levels/concentrations in the range that necessitate treatment by phototherapy as documented in the American Academy of Pediatrics Policy Statement on the Management Hyperbilirubinemia in the Newborn Infant 35 or More Weeks Gestation and by the Newborn's Attending Pediatrician. Attached Figures 2a, 2b, 2c contain hyperbilirubinemia intervention charts for low-, medium-, and high-risk infants. If supplemental formula is used for hyperbilirubinemia, hydrolysed formula is recommended.

- The protocol for supplemental feedings includes:
 - a. Supplemental feedings require a physician's order
 - b. A protocol order is initiated per policy
 - c. Suggested intake for the term healthy infant is a goal of 5-10 cc per feed on day of life #1, followed by 15-30 cc per feed on days of life #2 and #3
 - d. Utilizing an alternative feeding device (e.g., cup, syringe, finger feed, spoon) is the preferred method of supplemental feeding compared to nipple/bottle feeding method
 - e. Provide supplementation of expressed breastmilk, which is preferred (encourage mom to hand express or pump), donor breastmilk or 20-calorie infant formula as per protocol.
 - f. Educate family on safe use of alternative feeding devices such as syringe, cup and spoon.
 - g. Complete a formal evaluation of the mother-baby dyad including a direct observation of the next breastfeeding, and initiate a lactation consult.
 - h. Notify the physician if the medical indication persists after two feedings.
- All supplemental feedings will be documented in the infant's medical record and will include: the need for supplementation, the initiation of the supplementation order, parental education and discussion, medical indication or reason for supplementation, type of supplementation, method of providing the supplementation, and volume.

- All formula, nipples, bottles, and alternative feeding devices will be purchased by _____ Hospital at fair market value, and will not be provided free or at a price under market value by industry.
- _____ Hospital does not distribute samples, marketing materials, brochures, educational materials or gifts provided by infant formula industry.

STEP 7	Practice rooming-in (allow mothers and infants to remain together) 24 hours a day.
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- All mothers and infants will room-in together, including at night, regardless of feeding preference.
- Separation of mothers and infants will occur only if medically indicated and justification is documented in the chart.
- Routine newborn procedures will be performed at the mother's bedside.

- Interruptions to rooming in will be documented in the medical record including the reason for the interruption, the location of the newborn and the time the newborn is returned to the mother.

- If a mother requests the newborn be cared for in the nursery, the reason for the request will be explored; education regarding the benefits of keeping the infant in close proximity will be provided and documented in the medical record. If the mother still requests care be provided outside of her room, then the newborn will be returned to the mother for feedings when feeding cues are observed in order to support exclusive breastfeeding.

STEP 8 Encourage breastfeeding on demand.

- Mothers are taught: (1) to recognize infant feeding cues, (2) that infants should feed on-demand, and (3) appropriate expectations for feedings post-partum.
- No restrictions are placed on mothers regarding frequency or duration of breastfeeding.

STEP 9 Give no pacifiers or artificial nipples to breastfeeding infants.

- Pacifiers or artificial nipples will not be given by the staff to breastfeeding infants with the following exceptions:
 - a. Pre-term infants in the NICU or infants with medical conditions that are benefitted by non-nutritive suckling
 - b. Newborns undergoing painful procedures when breastfeeding to comfort the infants is not available. If a pacifier is used, it will be discarded following the procedure and will not be returned to the mother.
 - c. If a mother requests a pacifier the staff will explore reasons for this request and address the mother's concerns and educate her on potential problems with pacifier use. This education will be documented in the medical record. If a mother insists on using a pacifier, the pacifier will be provided by the family and not by the hospital.
 - d. Infants who are receiving supplemental nutrition will be offered alternative feeding methods to avoid use of bottles and nipples if acceptable to mother and achievable according to staff.
 - e. Mothers will be taught the rationale for avoidance of bottles and nipples according to the best scientific evidence available.

STEP 10 Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

- All breastfeeding newborns will be scheduled to see a pediatrician or other knowledgeable healthcare professional at 3 to 5 days of age.
- For infants who are still not latching on or breastfeeding well at the time of discharge, the feeding/pumping/supplementation plan will be reviewed with the mother in addition to the routine breastfeeding instructions.

- A follow-up visit to the pediatrician or a home nurse visit should be scheduled within 24 hours of discharge. Depending on the clinical situation, it may be appropriate to delay the discharge of a newborn with feeding difficulties.
- Breastfeeding mothers will be referred to community breastfeeding resources and support groups.
- A list of resources will be printed and distributed to all breastfeeding families in their discharge information package. This list will be printed in the languages most frequently spoken/read by mothers delivering at this hospital.

Compliance with the International Code of Marketing of Breast Milk Substitutes

- If the institution decides to offer a gift at discharge, this gift will not contain industry-sponsored materials, logos, or supplies that related to infant feeding.
- Mothers will not receive any infant formula, coupons, or logos of formula companies, or literature with formula company logos or materials produced by companies related to infant feeding.
- This facility upholds the WHO International Code of Marketing of Breastmilk Substitutes by declining to accept or distribute free or subsidized supplies of breast milk substitutes, nipples and other feeding devices.
- Employees of manufacturers or distributors of breastmilk substitutes, bottles, nipples, and pacifiers will have no direct contact or communication with pregnant women and mothers.
- This facility does not receive free gifts, non-scientific literature, materials, equipment, money, or support for breastfeeding education or events from manufacturers of breastmilk substitutes, bottles, nipples, and pacifiers.
- Pregnant women, mothers, and families will not be given marketing materials or samples or gift packs by the facility that consist of breastmilk substitutes, bottles, nipples, pacifiers, or other infant feeding equipment or coupons for the above items.

Policies, Supporting Documents Impacting Infant Feeding Policy

- The following policies refer to this Infant Feeding Policy:
 - a. _____
 - b. _____

Below are examples of other documents that may impact infant feeding policy. If these documents exist in your facility, have they been reviewed for consistency with the Infant Feeding Policy?

- a. *Breastfeeding Support Pathway*
- b. *12-Hour Breastfeeding Decision Tree*

- c. Breast-Lactation Consultation Initiating*
- d. Breast Milk Collection and Storage*
- e. Blood Glucose Monitoring – Newborn*
- f. Large for Gestational Age Infant*
- g. Small for Gestational Age Infant*
- h. Other*