

CATEGORY:	PROGRAM/SERVICE/DISCIPLINE/UNIT SPECIFIC – SPECIFIC CLINICAL SERVICES
SUB-CATEGORY:	MATERNAL NEWBORN
GROUP:	MATERNAL NEWBORN AND COMMUNITY HEALTH
DISTRIBUTION:	ALL STAFF
TITLE:	BREASTFEEDING

PURPOSE

To protect, promote, and support breastfeeding as the optimal way for a woman to feed her baby that is congruent with the recommendations of the World Health Organization (WHO), UNICEF, Health Canada and the Baby-Friendly Initiative (BFI) in Canada.

To provide families receiving services from Western Health support in breastfeeding.

While the focus of this policy is to protect, promote and support breastfeeding; women who have made an informed decision to feed breast milk substitutes will be supported with the same standards of care offered to breastfeeding mothers.

POLICY

All women must be encouraged to practice exclusive breastfeeding from birth to six (6) months of age and encouraged to continue breastfeeding up to two (2) years of age and beyond with appropriate introduction of complementary foods. (Refer to WHO definition)

All health care providers of Western Health are required to adhere to this policy, to improve the standard of care given to pregnant women, breastfeeding mothers, babies and families, and minimize the potential conflicting advice.

All staff working within Western Health who work in areas that provide maternity services and care for newborns must complete the E-Learning module Introduction to Western Health’s Breastfeeding Policy.

Support must be provided for staff returning to work who continue to breastfeed. Staff will be informed of appropriate areas provided for feeding their baby or for pumping while at work. The staff person should consult with their respective Manager for direction.

Implementation of this policy will ensure that all breastfeeding women (pregnant women, new mothers and families) receive consistent advice and support necessary to enable them to initiate and maintain their lactation and meet the nutritional needs of their child.

Western Health must support the “**WHO International Code of Marketing of Breast Milk Substitutes**”. (Refer to Appendix A)

Western Health must not display or distribute literature provided by infant formula companies. Parents who wish to bottle feed their babies will be taught individually (one-on-one).

Western Health supports the “**Ten Steps to Successful Breastfeeding**” set out by the BFI. (Refer to Appendix B)

Western Health requires that all staff providing direct and indirect care to breastfeeding families be aware of, and follow, the “**Guide to Caring for Breastfeeding Families**”. (Refer to Appendix C)

Western Health creates a supportive, educated and encouraging environment for breastfeeding by implementing “**Our Promise to Families**”. (Refer to Appendix D)

Western Health identifies “**Acceptable Medical Reasons for Supplementation**” as per WHO/UNICEF Baby-Friendly Hospital Initiative. (Refer to Appendix E)

DEFINITIONS

World Health Organization: A specialized agency of the United Nations (UN) that acts as a coordinating authority on international health.

Complementary Foods: Introduction of solid/liquid foods other than breastmilk to the diet.

Breastmilk substitutes: Any food being marketed or otherwise represented as a partial or total replacement for breastmilk.

REFERENCES

Breastfeeding Committee of Canada (BCC). (2004). The Ten Steps and Practice Outcome Indicators For Baby-Friendly™ Hospitals. Retrieved July 4, 2011, from [http://www.breastfeedingcanada.ca/documents/BFI%20Ind%20Hosp%20\(2\)%20March%2024%2004.pdf](http://www.breastfeedingcanada.ca/documents/BFI%20Ind%20Hosp%20(2)%20March%2024%2004.pdf)

World Health Organization/ UNICEF.(2003).Global Strategy for Infant and Young Child Feeding. Geneva. Retrieved July 4, 2011, from <http://whqlibdoc.who.int/publications/2003/9241562218.pdf>

APPENDICES

WHO International Code of Marketing of Breast Milk Substitutes – Appendix A

Ten Steps to Successful Breastfeeding – Appendix B

Guide to Caring for Breastfeeding Families – Appendix C

Our Promise to Families – Appendix D

Acceptable Medical Reason for Supplementation – Appendix E

KEY WORDS

Breast, Breastfeeding, Infant Feeding

TO BE COMPLETED BY QUALITY MANAGEMENT & RESEARCH STAFF ONLY

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APPENDIX A

WHO International Code of Marketing of Breast Milk Substitutes
http://www.who.int/nutrition/publications/code_english.pdf)

APPENDIX B

Ten Steps to Successful Breastfeeding

Every facility providing maternity services and care for newborn infants must:

1. Have a written breastfeeding policy that is routinely communicated to all health care providers and volunteers.
2. Ensure all health care providers have the knowledge and skills necessary to implement the breastfeeding policy.
3. Inform pregnant women and their families about the importance and process of breastfeeding.
4. Place babies in uninterrupted skin-to-skin contact with their mothers immediately following birth for at least an hour or until completion of the first feeding or as long as the mother wishes: encourage mothers to recognize when their babies are ready to feed, offering help as needed.
5. Assist mothers to breastfeed and maintain lactation should they face challenges including separation from their infants.
6. Support mothers to exclusively breastfeed for the first six (6) months, unless supplements are *medically* indicated. (Refer to Appendix E)
7. Facilitate 24 hour rooming-in for all mother-infant dyads: mothers and infants remain together.
8. Encourage baby-led or cue-based breastfeeding. Encourage sustained breastfeeding beyond six (6) months with appropriate introduction of complementary foods.
9. Support mothers to feed and care for their breastfeeding babies without the use of artificial teats or pacifiers (dummies or soothers).
10. Provide a seamless transition between the services provided by the hospital, the community health services, and peer support programs. Apply principles of Primary Health Care and Population Health to support the continuum of care and implement strategies that affect the broad determinants that will improve breastfeeding outcomes.

(Breastfeeding Committee for Canada, 2011, <http://breastfeedingcanada.ca/BFI.aspx>)

APPENDIX C

Guide to Caring for Breastfeeding Families

Step 1: Have a written breastfeeding policy that is routinely communicated to all health care providers and volunteers.

1. All Registered Nurses providing Maternal Newborn and Community Health Services will be orientated to this policy upon initial employment to the organization and educated in basic lactation within twelve months of commencing employment. All Registered Nurses will participate in continuing education sessions to maintain their competency in the care of the breastfeeding family.
2. All Physicians providing Maternal Newborn and Community Health Services will be orientated to this policy and offered education in basic lactation.
3. Identified staff and volunteers, who have contact with pregnant women, new mothers and babies, including dietitians, clerical, cleaning and maintenance staff will be orientated to this policy.
4. Policy will be available on the Western Health website at www.westernhealth.nl.ca.

Step 2: Ensure all health care providers have the knowledge and skills necessary to implement the breastfeeding policy.

All Registered Nurses and other health care providers providing direct care in Maternal Newborn and Community Health Services will receive education on the BFI Making a Difference (MaD) course. From this course staff will have:

1. Knowledge base reflecting:
 - a. Advantages of breastfeeding and the risks of not breastfeeding.
 - i. How to assist and support a breastfeeding mother.
 - ii. How to assist and support the non-breastfeeding mother.
2. Skills Training:
 - a. The ability to facilitate correct latch and position of mother-baby.
 - b. The ability to support and promote a mother in latching her baby correctly.
 - c. The ability to assist the mother with hand expression of breastmilk.
 - d. The ability to provide instruction with the assembly, sterilization and operation of the breast pumps.
 - e. The ability to help mothers make informed decisions about infant feeding

- f. The ability to assist and support mothers to safely prepare, feed and store breast milk substitutes.

Step 3: Inform pregnant women and their families about the importance and process of breastfeeding.

1. Provide current written, verbal and/or audiovisual information to pregnant women, and their primary support person(s) regarding the importance of exclusive breastfeeding, the risks and costs of not breastfeeding and the difficulty of reversing the decision once breastfeeding is stopped.
2. Refer pregnant women to Community Health Nursing BABIES (Before Birth and Beyond, Information, Education and Support) Program (policy number 18-03-530) for assessment and appropriate support (i.e. one-on-one education, group sessions, Healthy Baby Club, appropriate referrals, etc).
3. Ensure collaboration with hospital and community health services in promoting consistency in prenatal education.
4. Each woman should be aware of the physiological, emotional and physical changes that occur during the breastfeeding process.

Step 4: Place babies in uninterrupted skin-to-skin contact with their mothers immediately following birth for at least an hour or until completion of the first feeding or as long as the mother wishes: encourage mothers to recognize when their babies are ready to feed, offering help as needed.

Encourage mothers to hold their babies in uninterrupted skin-to-skin contact immediately after birth, ideally in an unhurried environment.

1. Teach mothers to recognize the early cues baby's exhibit when hungry (i.e. licking lips, hands in mouth, rooting. Note: Crying is a late hunger cue).
2. Reinforce to the primary support person(s) the importance of skin-to-skin contact.
3. If skin-to-skin contact can not occur with the mother immediately following birth due to medical reasons, encourage skin-to-skin with primary support person.
4. Assist mothers to initiate breastfeeding soon after birth while other routine treatments can be delayed:
 - a. Vitamin K to be given within 6 hours
(<http://www.cps.ca/english/statements/FN/fn97-01.htm>).

- b. Eye prophylaxis to be given within 1 hour
(<http://www.cps.ca/english/statements/id/id02-03.htm>).
 - c. The first bath can be delayed for at least six hours
(http://whqlibdoc.who.int/hq/1997/WHO_RHT_MSM_97.2.pdf).
5. Record the time of the first feed, including the position, latch, rhythmic sucking motion and swallowing in the baby's health record.

Step 5: Assist mothers to breastfeed and maintain lactation should they face challenges including separation from their infants.

1. Ensure that mothers are able to demonstrate effective position and latch and know how to recognize that their babies are getting enough breastmilk.
2. Ensure that all mothers know how to hand express breastmilk and have written information on expression.
3. Ensure when a mother and baby have to be separated for medical reasons, the mother is given help to express her milk and to maintain her lactation.
4. Encourage women who are separated from their babies to express milk (preferably hand expression) within six hours after birth and at least six to eight times in every 24 hour period.
5. Where possible, provide all explanations and instruction to other key family members so that they can provide support and encouragement for the breastfeeding mother, particularly following discharge from hospital.
6. Inform mother of proper storage, handling and transportation of breast milk.
7. Provide anticipatory guidance about common breastfeeding concerns and how to establish and maintain good milk production.

Step 6: Support mothers to exclusively breastfeed for the first six (6) months, unless supplements are *medically* indicated.

1. No water or artificial feed may be given to a breast-fed baby unless medically indicated. (Refer to Appendix E) If such supplements are prescribed, the reasons must be clearly explained to parents and recorded in the baby's health record.
2. If parents request that their breast-fed baby be given a supplementary feed of formula or water, advantages of exclusive breastfeeding and the risks of non-medically indicated supplementation will be explained and the parent's request will be honored and recorded in the baby health record.

3. Establish a reliable system of data collection regarding breastfeeding initiation and duration rates, including exclusive breastfeeding and rates of supplementation.

Step 7: Facilitate 24 hour rooming-in for all mother-infant dyads: mothers and infants remain together.

No babies should be routinely separated from their mothers.

1. Mothers who have delivered by caesarean birth should have a support person available to help support breastfeeding.
2. Provide information to all mothers about safe infant sleeping
3. Encourage the support person to stay with mother while in hospital.
4. All examinations, teaching and procedures should occur at mother's bedside or in mother's presence. Mothers are encouraged to breastfeed or hold baby during painful procedures (i.e. PKU testing, blood work, immunizations, etc).
5. All other staff, and volunteers, who have contact with new mothers and babies, including clerical staff, cleaning and maintenance staff will be cognizant of the importance of uninterrupted bonding time and feeding and will acknowledge their presence by knocking on the door and not entering until permitted.
6. Breastfeeding is welcome everywhere within Western Health.

Step 8: Encourage baby-led or cue-based breastfeeding. Encourage sustained breastfeeding beyond six (6) months with appropriate introduction of complementary foods.

1. Assist mothers in the recognition of infant feeding cues and how to respond to them through breastfeeding with no restrictions placed on either the duration or frequency.
2. Mothers must be told what might be the expected pattern of age appropriate, normal feeding behaviors (e.g., infant states, feeding patterns, output, weight etc.)
3. Nursing procedures must not interfere with the principle of baby-led, cue-based feeding.
4. Provide information and support regarding the introduction of safe, appropriate complementary foods.

5. Ensure women receive information about a woman's right to accommodations in the community, school or workplace to sustain breastfeeding.

Step 9: Support mothers to feed and care for their breastfeeding babies without the use of artificial teats or pacifiers (dummies or soothers).

1. Health care providers must not recommend the use of pacifiers.
2. If a breastfed baby seems unsettled, it is more important to examine closely the mother's breastfeeding technique to seek improvements in management. Generally, a breastfeeding baby who can only settle with the use of a pacifier needs a latch assessment. If a baby needs artificial teats due to medical reasons, a mother needs to hand express or pump to maintain milk production. If a nipple shield is recommended as a tool for the baby to take the breast, the goal would be to wean from the shield as soon as possible with ongoing follow-up from the health care provider.

Step 10: Provide a seamless transition between the services provided by the hospital, the community health services, and peer support programs. Apply principles of Primary Health Care and Population Health to support the continuum of care and implement strategies that affect the broad determinants that will improve breastfeeding outcomes.

1. Women should be given details of where to obtain further help with breastfeeding and infant nutrition if necessary, including contact telephone numbers for community-based support services where available such as relevant web-based resources (e.g. www.babyfriendlynl.ca), Health Baby Clubs, Family Resource Centers, etc.
2. Prenatal education and material distributed to parents will provide them with information on breastfeeding and the common concerns they may encounter.
3. All breastfeeding mothers will be contacted by the Community Health Nurse within 24-48 hours upon receipt of the Live Birth Notification referral. These time frames refer to regular hours of operation. When needs have been identified that would require home visiting outside normal hours of operation the nurse consults with the Community Health manager to develop an action plan.
4. All breastfeeding mothers will be offered a minimum of one (1) home visit from the Community Health Nurse within 48 hours of initial contact. These time frames refer to regular hours of operation. When needs have been identified that would require home visiting outside normal hours of operation the nurse consults with the Community Health manager to develop an action plan.

5. All breastfeeding mothers will be offered a second contact/home visit within 14 days of birth.

APPENDIX D

“Our Promise to Families”

We aim to create a supportive, educated and encouraging environment for breastfeeding within Western Health.

1. Our employees are prepared with up-to-date knowledge about breastfeeding.
2. You and your family will learn about breastfeeding during pregnancy and after the birth of your baby.
3. You and your baby will have uninterrupted skin-to-skin time in the first hour after birth unless medical interventions are necessary.
4. You will be helped to start breastfeeding as soon as your baby shows readiness.
5. You will be encouraged to breastfeed whenever your baby wants.
6. You will be encouraged to feed your baby breast milk only.
7. Your baby will not be given bottles or soothers unless requested by a parent.
8. You and your baby will be in the same room throughout the day and night.
9. If you have to be separated from your baby, you will be shown how to express your breast milk, store it and ship it safely.
10. You will be given information about community support and mother-to-mother support groups (where available).
11. You are welcome to breastfeed anytime, anywhere. If you would like privacy an employee will assist you.

(Adapted from Grenfell Health Breastfeeding Policy, 2009, Retrieved July 4, 2011, <http://www.nlppp.ca/LGHBreastfeedingPolicy.pdf>)

APPENDIX E

Acceptable Medical Reasons for Supplementation

Exclusive breastfeeding is the norm. In a small number of situations, there may be a medical indication for supplementing breastmilk or for not using breastmilk at all. It is useful to distinguish between:

1. infants who cannot be fed at the breast but for whom breastmilk remains the food of choice;
2. infants who may need other nutrition in addition to breastmilk;
3. infants who should not receive breastmilk, or any other milk, including the usual breastmilk substitutes and need a specialized formula;
4. infants for whom breastmilk is not available;
5. maternal conditions that affect breastfeeding recommendations.

Infants who cannot be fed at the breast but for whom breastmilk remains the food of choice may include infants who are very weak, have sucking difficulties or oral abnormalities, or are separated from their mother who is providing expressed milk. These infants may be fed expressed milk by tube, cup, or spoon.

Infants who may need other nutrition in addition to breastmilk may include very low birth weight or very preterm infants, i.e., those born less than 1500 g or 32 weeks gestational age; infants who are at risk of hypoglycaemia because of medical problems, when sufficient breastmilk is not immediately available; infants who are dehydrated or malnourished when breastmilk alone cannot restore the deficiencies. These infants require an individualized feeding plan, and breastmilk should be used to the extent possible. Efforts should be made to sustain maternal milk production by encouraging expression of milk. Milk from tested milk donors may also be used. Hind milk is high in calories and particularly valuable for low birth weight infants.

Infants who should not receive breast milk, or any other milk, including the usual breastmilk substitutes may include infants with certain rare metabolic conditions such as galactosemia who may need feeding with a galactose free special formula or phenylketonuria where some breastfeeding may be possible, partly replaced with phenylalanine free formula.

Infants for whom breastmilk is not available may include when the mother had died, or is away from the baby and not able to provide expressed breastmilk. The need for a breastmilk substitute may be only partial or temporary.

There are very few maternal medical conditions where breastfeeding is not recommended. The following are some situations in which maternal health issues may preclude breastfeeding or require careful assessment of potential health concerns for mother and/or baby:

Maternal medication

There are only a few medications where breastfeeding is contraindicated. These include anti-neoplastics, radioactive iodine, some anti-thyroid medications and some anti-convulsants.

Some medications may cause drowsiness or other side effects in the infant. Check medications with Motherisk (<http://www.motherisk.org/women/breastfeeding.jsp>) or Thomas Hale's "*Medications and Mothers' Milk*". Whenever possible choose a medication that is safer and monitor the infant for side effects of the medication while breastfeeding continues.

Maternal addiction and substance use

Breastfeeding usually remains the feeding method of choice in situations of maternal substance use. However, all women should be counseled preconceptually, prenatally and postnatally about the potential and unknown harm that drugs, such as nicotine, alcohol, marijuana, amphetamines and cocaine, can present to infant health and breastfeeding success.

Mothers with a history of drug addiction should be encouraged to breastfeed if they are actively engaged in recovery and demonstrating their ability to abstain from illicit drug use. Mothers using methadone therapy for opiate withdrawal and abstinence should be encouraged to breastfeed regardless of the dose they may be taking.

HIV-infected mothers

Breastfeeding is contraindicated for mothers who are HIV positive.

Other maternal infectious illnesses

Breast abscess - feeding from the affected breast is not recommended. However, consultation with the family physician is recommended. Milk must be expressed from this breast. Feeding can be resumed once the abscess has been drained and the mother's treatment with antibiotics has commenced. Breastfeeding should continue on the unaffected breast.

Herpes Simplex Virus Type 1 & 2 – Women with herpes lesions on their breasts should refrain from breastfeeding until all active lesions on the breast have resolved.

Varicella-zoster – Breastfeeding of a newborn infant is discouraged while the mother is infectious, but should be resumed as soon as the mother becomes non-infectious.

HTLV-I (Human T-cell leukaemia virus) - Breastfeeding is not encouraged

Lyme disease – Breastfeeding may continue during mother’s treatment.

Maternal conditions of common concern for which breastfeeding is not contraindicated:

Cytomegalovirus (CMV) - Infected mothers of full term infants should continue to breastfeed as usual. Breastfeeding is not recommended for preterm or immunocompromised infants of mothers who are CMV-seropositive.

Hepatitis B - Infected mothers should continue breastfeeding as usual. Infants should be given hepatitis B vaccine, within the first 48 hours or as soon as possible thereafter.

Hepatitis C- Mothers with chronic infection should be encouraged to breastfeed.

Influenza: Mothers should continue to breastfeed as usual.

Tuberculosis - Breastfeeding by the TB-positive mother should be continued as usual. Mother and baby should be managed according to national tuberculosis guidelines (<http://www.scribd.com/doc/53017184/TB-Guidelines-2010>).

Mastitis - In general, continued breastfeeding is recommended during antibiotic therapy.

(Adapted from: UNICEF/WHO BFHI materials: Revised, Updated and Expanded for Integrated Care 2006 Section 1.3 - Annex 1)

References for Acceptable Medical Reasons for Supplementation:

American Academy of Pediatrics (AAP).

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Canadian Pediatric Society (CPS). <http://www.cps.ca>

Centre for Disease Control and Prevention (CDC):

<http://www.cdc.gov/breastfeeding/disease/contraindicators.htm>

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Motherisk. <http://www.motherisk.org/women/index.jsp>

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UNICEF/WHO BFHI materials: Revised, Updated and Expanded for Integrated Care 2009. <http://www.who.int/nutrition/publications/infantfeeding/9789241594950/en/index.html>

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Eleventh WHO Model List of Essential Drugs. Geneva: World Health Organization, 2002