Kaweah Delta Maternal Child Health
A division of Kaweah Delta Health Care District

Breastfeeding Policy

Policy: Nursing interventions to promote successful breastfeeding will include assessment of both mother and infant, initiation of appropriate interventions as needed and education of the mother in the successful management of breastfeeding.

The decision whether to breastfeed or provide breast milk for her newborn should be an informed choice made by the mother. The obstetric, pediatric, and family physician staff shall recommend human milk for all babies in whom breastfeeding is not specifically contraindicated and provide parents with complete, up-to-date information to ensure that their feeding decision is a fully informed one. Exclusive breastfeeding will be recommended as the ideal nutrition for newborns. When appropriate, mothers who plan to combine breastfeeding and formula feeding should be educated about the advantages of beginning with full breastfeeding to establish milk supply. Mothers who choose not to breastfeed for medical or personal reasons shall be treated with respect and support.

Procedure:

Initiation of Breastfeeding
Except under unusual circumstances, the recommendations of the AAP to promote successful breastfeeding will be followed

I. 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. Babies for whom an immediate pediatric assessment should take precedence over skin-to-skin contact include those who are preterm (born before 37 weeks' gestation), exhibit respiratory distress or cyanosis, have major congenital anomalies that might lead to cardiorespiratory compromise, are born through meconium-stained amniotic fluid and exhibit hypotonia or weak cry, are born in the context of markedly elevated infection risk (maternal temperature ≥101°F), or have evidence of perinatal depression (e.g., decreased muscle tone, apnea, bradycardia).

II. The alert, healthy newborn is capable of latching onto a breast without specific assistance within the first hour after birth. Dry the baby, assign Apgar scores, provide identification bracelets to mother and baby, and perform initial physical assessment while the newborn is with the mother. The mother is an optimal heat source for the neonate. Normal newborn care such as weighing, measuring, bathing, needlesticks, vitamin K, and eye prophylaxis should not delay early initiation of breastfeeding. Newborns affected by maternal medication and primiparous mothers may require assistance for effective latch-on and initiation of breastfeeding. Except under special circumstances, the newborn should remain with the mother throughout the recovery period.

Management of Lactation

I. Nursing staff will offer each mother further assistance with breastfeeding within 6 hours of delivery. The mother should be guided so that she can help the newborn latch onto the breast properly. During the course of her hospitalization, she shall receive instruction on and be evaluated for

   A. Nutritional guidelines and expectations
      1. Normalcy of weight loss (average of 7%, not to exceed 10% in term newborns)
      2. Normal timing to regain birth weight (by day 10)
      3. Expected feeding volumes in first 2 days (1-2 tsp or 5-10 mL/feed; 1-2 oz/d, term newborn)
      4. Indicators of adequate hydration and nutrition (bright yellow bowel movements by day 4-5)
   B Positioning and latch-on
   C. Hand expression and (if indicated) use of breast pump
   D. Trained caregivers will undertake daily formal evaluation of the breastfeeding process including observation of position, latch, and suckling. Each nursing shift will document these evaluations in the medical record.
   E. Breastfeeding babies will be weighed each day. Weight loss in the first 72 hours of 7% or more from birth weight indicates a possible breastfeeding problem and requires more intensive evaluation of breastfeeding and possible intervention to correct problems and improve milk production and transfer.

Supplementation

I. It is uncommon for breastfeeding newborns to need any supplementation during the first week.

   A. Routine supplements (water, glucose water, formula, and other fluids should not be given to breastfeeding newborns unless ordered by a physician.

B. For mothers who choose partial breastfeeding, the request for formula for their babies should be respected by the staff and their preference should be documented in the chart.

C. Newborns with hyperbilirubinemia may continue breastfeeding unless there are specific orders from the physician to the contrary.

Frequency of Feeds

I. Mothers will be encouraged to offer a minimum of 8 feedings at the breast every 24 hours and to nurse whenever the newborn shows early signs of hunger, such as increased alertness, physical activity, mouthing, or rooting. Crying is a late sign of hunger.

A. Babies should be aroused to feed if 4 hours have elapsed since the beginning of the last nursing.

B. Mothers separated from their newborns will be encouraged and provided appropriate assistance with the same feeding frequency.

C. Time limits for breastfeeding will be avoided

D. After 24 hours of life, if the baby has not latched onto the breast or latches on but feeds poorly, notify Pediatrician. The mother will be instructed to initiate hand expression and electric pumping every 3 hours.

1. Any collected colostrum will be fed to the newborn by an alternative method.
2. Skin-to-skin contact will be encouraged.
3. Until the mother's milk is available, a collaborative decision should be made among the mother, nurse, and clinician about the need to supplement the baby, the type of formula, the volume, and the mode of delivery. (If available, advice from a lactation consultant will be requested.)

Initiating Pumping

I. When direct breastfeeding is not possible, expressed human milk, fortified when necessary for the premature baby, is the preferred diet. Banked human milk may be a suitable feeding alternative for newborns whose mothers are unable or unwilling to provide their own milk.

II. The first post-delivery encounter with the physician, or as soon as it is appropriate, should include discussion of human milk, its role in the preterm newborn's care, and the urgency to begin expressing or pumping.

A. The responsibility for initiating and maintaining an expressing or pumping routine (at least 6 times/ day with a hospital-grade pump) will belong to the nursing staff.

B. Pumping should begin within the first 6 hours postpartum, or as soon after delivery as the mother is stable (not "recovered").

C. The aim is to mimic the optimal breastfeeding stimulation provided by a healthy full-term newborn.

Separation of mother and infant

I. Mothers who are separated from their newborns for more than 8 hours will be
   A. Assisted with and instructed on how to hand-express colostrum.
   B. Assisted with and instructed on how to use the double electric pump every 3 hours (or 6-8 times per day, with no period >5 hours between 2 sessions).
   C. Encouraged and taught how to store small volumes of fresh colostrum for their newborn.
   D. Provided a pumping diary/log to record their pumping history.
   E. Encouraged to practice skin-to-skin care as soon as the baby is able.
   F. Encouraged to initiate nonnutritive suckling as soon as mother's and baby's condition permits.
   G. Initiating oral feedings at the breast in preferred over bottle-feeding.
   H. Encouraged to initiate breastfeeding on demand as soon as mother's and baby's condition permits.
   I. Taught proper collection, storage, and labeling of human milk.
   J. Instructed on how to hand express and, if needed, use effective techniques with pumps once milk "comes in."
   K. Provided anticipatory guidance, when appropriate, on management of engorgement.
   L. Assisted with obtaining electric pump (hospital grade) for home usage prior to discharge.

"These guidelines, procedures, or policies herein do not represent the only medically or legally acceptable approach, but rather are presented with the recognition that acceptable approaches exist. Deviations under appropriate circumstances do not represent a breach of a medical standard of care. New knowledge, new techniques, clinical or research data, clinical experience, or clinical or bio-ethical circumstances may provide sound reasons for alternative approaches, even though they are not described in the document."


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