Infant Feeding: UWMC Policy for Baby-Friendly Hospital Initiative

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<th>Policy: Infant Feeding</th>
<th>Update Frequency: Every 3 years</th>
<th>Effective Date: 1999</th>
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<tbody>
<tr>
<td>Responsible for development / update: UWMC Lactation Services</td>
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<td>Applicable Departments: MICC, MIC, NICU</td>
<td>Applicable Professions: MD, ARNP, RN, PCT</td>
<td>Responsible for Implementation: Mother/Baby Unit Nurse Manager</td>
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<td>Last Review/Revision: 2017</td>
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POLICY PURPOSE:
Mothers are encouraged to breastfeed their infants and are supported with accurate information in accordance with the Ten Steps to Successful Breastfeeding as documented in the Joint Statement by UNICEF (United Nations Children’s Fund) and WHO (World Health Organization) Baby Friendly Hospital Initiative.

Step 1: Breastfeeding Policy is to be routinely communicated to all health care staff

Policy
a. This facility upholds the WHO *International Code of Marketing of Breast Milk Substitutes* by offering education and materials that promote human milk rather than other infant food or drinks, and by refusing to accept or distribute free or subsidized supplies of breast milk substitutes, bottles, nipples and other feeding devices.
b. The above philosophy is posted in all locations where care is provided to mothers and young children including the Maternal and Infant Care Clinic, Maternity & Infant Center (MIC, which includes the Labor & Delivery Unit and the Mother-Baby Unit), and Neonatal Intensive Care Unit.
c. The lactation consultants review the policy with all new employees within 6 weeks of hire. Each registered nurse (RN) and patient care technician (PCT) working in the Maternity & Infant Center (MIC, which includes the Labor & Delivery Unit and the Mother-Baby Unit) is oriented to this Breastfeeding Policy during an 8-hour supervised clinical experience, scheduled with Lactation Services during initial orientation on the Mother Baby Unit.
d. Changes to the policy are reviewed with all staff via email, posting of the changes on the Maternity & Infant Care website, and/or via an online learning module in LMS (Learning Management System) prior to the implementation of the new procedures.

Step 2: Train all health care staff in the skills necessary to implement this policy

Policy
a. The MIC Nurse Managers will ensure that all MIC RNs and PCTs receive 20 hours of training on the topics specified by the Baby-Friendly Hospital Initiative. This training is provided in two parts: 5-to-8 hours of supervised clinical training with the Lactation Team (IBCLC, RN) during the first five weeks of initial orientation to the unit. As soon as possible, preferably within 6-months of hire or when enough new staff members have been hired, staff are scheduled to attend a 16-hour training that covers the 15 sessions identified by UNICEF/WHO. As part of these trainings, the Lactation Team reviews the infant feeding policy and verifies the clinical competency of each staff member.
b. MDs and ARNPs receive 3 hours of training. Pediatric residents receive a 1-hour didactic session with one of the Pediatric Faculty (Nancy Danoff, MD), and 2 hours of clinical training with the Newborn Nurse Practitioner (Barbara Baker, ARNP, IBCLC) during their newborn rotation. Obstetric and Family Medicine residents receive 3 hours of didactic training during their first year.
c. Details for the execution of these trainings are specified in a separate training plan.
d. Documentation of all training and competency verification will be maintained by the Operations Supervisor for the Maternal & Infant Care Unit. Such documentation consists of topic, date of training, date of competency verified. Certificates of attendance will be distributed to the individual staff member. Sign-in sheets will be maintained on file in the Lactation Services office as well as in Staff Development.

e. New employees who are current IBCLCs, or have received training within the 5 years prior to employment will be exempt from the training if they provide sufficient documentation of training in all of the required topics, participate in the required number of hours of clinical supervision and have had their competencies verified by the Lactation Consultant.

f. Staff competency in the critical areas identified in the Baby-Friendly Guidelines and Criteria for Evaluation will be verified upon hire and annually during the Performance Evaluation.

Step 3: Inform all pregnant women about the benefits and management of breastfeeding

Policy
a. This facility has an established plan titled, *Breastfeeding Education for Pregnant Women – Prenatal Clinic*, for the development, implementation, evaluation and revision of breastfeeding education offered to women at the prenatal clinic. The lactation staff is responsible for developing, evaluating and revising the curriculum. Health care providers and supporting staff at the prenatal clinics are responsible for implementing the education.

b. The curriculum includes all of the key teaching points as recommended in the Baby-Friendly *Guidelines and Criteria for Evaluation*. A schedule for delivery of this information, beginning in the first trimester, is included in the plan.

c. The healthcare provider or support staff member who delivers the information documents the education in the woman’s chart.

d. This facility offers no group education on the use of formula or infant feeding bottles and none of the educational materials distributed to pregnant women will contain product names, images, or logos of infant formula, foods, bottles, feeding devices and other related items. Information about bottle/formula feeding is not provided in group/classroom settings but only on an individual basis and only to families who need it.

e. This facility fosters the development of programs that make available individual counseling and group education on breastfeeding by referring patients to a community-based program called Great Starts. A staff person who represents UWMC on the board of Great Starts and reviews curriculum for Baby-Friendly and WHO Code Compliance.

Procedure for implementing Step 3

- Refer to Breastfeeding Education Plan for details.
- The MIC and clinic staff provide accurate information to pregnant women on the following topics:
  - Benefits of breastfeeding
  - Non-pharmacologic pain relief methods for labor
  - Early skin-to-skin contact and early initiation of breastfeeding
  - Effective positioning and latch techniques
  - Rooming-in on a 24-hour basis
  - Baby-led feeding, and the importance of frequent feedings in establishing the milk supply
  - The importance of exclusive breastfeeding for the first 6 months, and continuation of breastfeeding after introduction of appropriate complimentary foods.

Step 4: Help mothers initiate skin-to-skin care immediately after birth

Policy
a. To facilitate mother infant bonding, to ensure best practices for breastfeeding support, and to safely transition the infant from intrauterine life to extrauterine life, all mothers and infants will be offered skin-to-skin care.
b. In the case of vaginal birth, the infant will be dried and immediately placed skin-to-skin with no interruption of skin-to-skin contact until the first breastfeeding occurs. After the first breastfeeding, skin-to-skin contact will continue as long as mother desires and is feasible for the infant. In the case where the mother chooses to formula feed, the initial period of skin-to-skin will last at least one hour.

c. In the case of cesarean birth, the infant will be placed skin-to-skin with mother as soon as she is able to respond to her infant. Skin-to-skin contact will continue uninterrupted until the first breastfeeding occurs. In the case where the mother chooses to formula feed, the initial period of skin-to-skin will last at least one hour.

d. After the initial period of skin-to-skin contact, mothers will be encouraged to continue this type of care for their infants as much as possible during the hospital stay.

e. Responsibilities of the staff caring for the mother and infant are described during orientation and in the protocol, *Thermoregulation of the Newborn*.

f. The time skin-to-skin begins and when it ends will be documented in the infant’s chart. If there is a medical contraindication for skin-to-skin care or the mother refuses to participate in this care, this will be documented in the chart as well. If an infant is separated for a medical reason or must be transferred immediately to the NICU, the nursing staff will ensure mother and infant begin skin-to-skin care as soon as is possible.

**Procedure for implementing Step 4**

- In this facility, skin-to-skin care is practiced in the following manner: the infant is placed prone or side-lying on the mother’s chest and/or abdomen wearing no more than a hat and/or a diaper, with no clothing between the mother and the baby. A warm blanket is laid over the infant and mother, once the infant is placed skin to skin.
- Skin-to-skin contact begins immediately after birth for all mothers and infants, regardless of mother’s feeding preference, and continues uninterrupted for at least one hour or more.
  - Assessments are performed while the mother and baby are in skin-to-skin contact. Weighing, bathing and other procedures requiring the baby to be separated from the mother are postponed until after the first feeding.
  - When skin-to-skin contact must be delayed for health or safety reasons, MIC staff will ensure that mother and baby have skin-to-skin contact as soon as possible. Time of first skin-to-skin contact is documented in the clinical record.
  - The staff helps the mother/baby initiate breastfeeding within an hour of birth. If the infant is unable to feed effectively, the staff helps the mother hand-express colostrum and gives the colostrum to the baby via oral syringe or spoon.

**Step 5: Show mothers how to breastfeed and how to maintain lactation even if they are separated from their infants**

**Policy**

a. The nurse caring for the mother-infant dyad in the postpartum setting is responsible for observing and assessing as many breastfeeding as possible. The nurse uses this time to teach mothers positioning/latch and the signs of an effective feeding. As the nurse will be watching for infant feeding cues, the nurse will also teach mothers and their support persons to recognize feeding cues and to begin and end the feeding according to infant cues. Staff members will not place limitations on how often or how long mothers should breastfeed. Mothers and support persons will be informed by the staff that infants breastfeed approximately 10 to 12 times in 24 hours on no timely schedule. The nurse will discuss the normality of frequent, irregular or “cluster” feedings with mothers.

b. The process for supporting mothers who feed their infants breastmilk substitutes will be to give written and verbal information regarding preparation, storage, handling and feeding of the substitutes.

**Procedure for implementing Step 5**
• Every mother-baby is assessed for correct positioning and attachment at the first feeding after birth, and reassessed every shift. Every feeding is documented with a LATCH score in the online clinical record. At least one feeding per shift is observed (versus reported).

• Before discharge from the hospital, MIC staff assess mothers’ knowledge about:
  o How to know that the baby is feeding effectively
  o How to maintain exclusive breastfeeding for the first 6 months
  o Signs/symptoms of feeding issues requiring referral to the health care provider

• Every mother is taught how to express her milk by hand.
  o Hand expression is encouraged with each breastfeeding, especially if there is any concern about milk production or intake. Storage and handling of expressed mother’s milk is taught from the Caring for Yourself and Your New Baby booklet.
  o Any mother who is separated from her baby at birth will be encouraged to begin expressing milk by hand in the first hour after birth.
  o Mothers with a baby born less than 37 weeks gestation and will be taught how to use the double electric breast pump, encouraged to express milk by hand and/or pump at least 8 times a day.
  o Mothers anticipating a separation from their infants due to medical reasons will be helped to arrange rental of a pump for home use.

• Any mother experiencing difficulty with breastfeeding that the staff nurses cannot solve will be referred to UWMC lactation consultants.

• Mothers who feed their infants breastmilk substitutes will receive the handout on feeding infant formula, which covers appropriate hygiene, cleaning utensils and equipment, appropriate reconstitution, accuracy of measurement of ingredients, safe handling, proper storage, and appropriate feeding methods. This is documented on the discharge education area of the electronic medical record.

Step 6: Give infants no food or drink other than breast-milk, unless medically indicated

Policy

a. If a breastfeeding mother requests that her infant be fed a breastmilk substitute, the staff nurse caring for the mother/infant dyad will explore the mother’s questions and concerns about infant feeding and educate her regarding the possible negative consequences of feeding her infant a breastmilk substitute. Counseling the mother should be both patient-centered and family-centered, with use of listening skills and the “teach-back” method.

b. Suggested teaching points about the importance of exclusive breastfeeding may include the following: non-human milk feedings
  • Do not contain human growth factors and hormones needed for infant growth and development
  • Alter the infant’s GI tract, affecting his immune system and ability to fight infection
  • May result in overeating and taking more milk than needed
  • Increase the risk for diabetes, cancer, obesity, Crohn’s disease and ulcerative colitis in adulthood
  • Increase infants’ risk of infections including ear infections, gastrointestinal infections, and meningitis

c. This education will be documented in the online medical record. If the mother decides to feed her infant a breastmilk substitute after receiving education, her choice will be supported by the staff.

d. Medical indications for supplementation are included in the policy on giving formula to breastfed infants. Newborn infants are given only breast milk, unless there is a physician’s order or a protocol related to a specific medical indication, or by the mother’s informed and documented request.

e. For all breastfeeding mothers whose infants receive a breastmilk substitute, be it because of mother’s request or for medical indication, staff will avoid supplementation utilizing artificial nipples or infant feeding bottles. In all cases of supplementation, the mother will have feeding options discussed with her and she will be taught by the staff nurse to utilize an alternate feeding method. The supplemental feeding devices utilized by this facility, including a hierarchy of these devices, are explained in the protocol, Alternative Feeding Methods.

f. The reason for the supplementation is documented in IVIEW in the online medical record. Joint Commission reasons to exclude mothers/infants from the count of exclusive breastfeeding are documented on the discharge plan in the clinical record.
g. In support of *The International Code of the Marketing of Breastmilk Substitutes*, this facility does not accept free or subsidized breastmilk substitutes, artificial nipples or infant feeding bottles. All of these items are purchased at fair market value in accordance with the purchasing policy of this facility utilized to purchase any other product on the mother-baby unit.

**Step 7: Practice rooming in—allowing mothers and infants to remain together 24 hours a day**

**Policy**

a. It is the philosophy of this medical center to ensure the safety and well-being of the infant by educating the mother regarding current evidence-based practices in neonatal care. Keeping the mother and infant in close proximity enhances this educational process and is an evidence-based practice that leads to optimal maternal-infant outcomes. Therefore all mother-infant dyads, regardless of feeding choice, practice rooming in. Rooming in is defined as keeping the infant in the mother’s room 24 hours a day. Routine newborn procedures are implemented at the mother’s bedside whenever possible. If medical procedures must be administered outside the mother’s room, but the mother accompanies her infant, that counts as rooming in. If mother and infant must be separated for medical, the maximum allowable time for this separation in a 24-hour period is 1 hour.

b. As a quality assurance measure any separation of the mother and infant will be documented in the infant’s chart. Documentation will include the time the separation began and ended, the reason for the separation, and the location of the infant during the separation.

c. If a mother requests that her infant be cared for outside her room, the nurse caring for the mother/infant dyad will explore the mother’s concerns and educate her regarding the benefits of rooming in. Counseling the mother should be both patient-centered and family-centered, with use of listening skills and the “teach-back” method. If after education and support, the mother chooses to have the infant taken away, the nurse caring for the infant will be responsible for bringing the infant to the mother whenever the infant displays feeding cues in support of exclusive breastfeeding. Education and outcome will be documented in the electronic medical record.

**Step 8: Encourage breastfeeding on demand**

**Policy**

a. The staff encourages mothers to breastfeed when their infants show feeding cues. The staff normalizes the frequency of newborn feedings, expecting and encouraging babies to breastfeed 8-12 or more times a day. Duration of the feedings is not restricted (feedings are expected to last within a range from a few minutes to almost an hour, with no time restrictions).

**Step 9: Give no pacifiers or artificial nipples to breastfeeding infants**

**Policy**

a. Pacifiers and artificial nipples are not given to normal full-term breastfeeding newborns until breastfeeding is well-established. UWMC follows the American Academy of Pediatrics recommendation to wait four weeks after birth before introducing an artificial nipple.

b. For comfort and pain relief during painful procedures, mothers are encouraged to hold their babies in skin contact and to breastfeed. If this is not possible, the newborn may be given a parent's clean finger or a staff member’s gloved finger as a method of pain management during the procedure.

c. The staff will offer alternative methods for feeding the infant (such as syringe and tube at breast, finger-feeding, or cup/spoon-feeding), and educate the mother on the proper use of the chosen method. If after counseling and education the mother chooses to use an artificial nipple, the staff will support the mother's choice and document the education in the record.
d. Infants may be given pacifiers for non-nutritive sucking when mother and baby are separated for medical reasons.

e. When the mother requests a bottle for her infant, possible consequences of missed or delayed breastfeeding are explained to the mother and documented in the electronic medical record. Counseling the mother should be both patient-centered and family-centered, including exploration of the reason for the request as well as education regarding the possible negative impact on breastfeeding of utilizing an artificial nipple.

**Step 10: Ensure the continuity of care for breastfeeding mothers upon discharge**

**Policy**

a. The staff informs the mother that UWMC Lactation Services has a phone line and an outpatient clinic to assist with problems and concerns after she goes home from the hospital.

b. An early post-birth follow-up visit is scheduled for 3-5 days after birth. If unable to schedule this visit with the infant's primary care provider, the infant may be scheduled to return to UWMC for an early post-birth visit with Lactation Services.

c. UWMC collaborates with community organizations that offer breastfeeding support in the form of support groups, drop-in weight check clinics, home visits, and classes. “Breastfeeding resources” are listed in the *Caring for Yourself and Your New Baby* booklet and online at https://healthonline.washington.edu/document/health_online/pdf/BB2-pp89-92-Breastfeeding-Resources.pdf. Education about these resources is documented in the electronic medical record.

**Compliance with the International Code of Marketing Breast Milk Substitutes**

a. To ensure optimal breastfeeding support for women and infants in this community, this facility and its employees uphold the tenants of the WHO *International Code of the Marketing of Breastmilk Substitutes*.

b. Vendors from companies that distribute breast-milk substitutes, infant feeding bottles, artificial nipples and pacifiers will follow the institute’s vendor policy and will communicate only with the appropriate individuals in purchasing. UWMC and its employees do not accept free gifts, literature, materials, equipment or money from vendors. UWMC and its staff do not accept support for attending breastfeeding education or host events subsidized by vendors that are in violation of the WHO Code.

c. Hospital policies that may impact breastfeeding mothers and infants are reviewed by the lactation team to ensure that they do not hinder successful breastfeeding.

d. UWMC does not distribute to pregnant women, mothers or their families marketing materials or samples or gift packs that include breast milk substitutes, bottles, nipples and pacifiers, or other infant feeding equipment or coupons for the above items.

e. All educational materials distributed to breastfeeding mothers from this facility are free of messages that promote or advertise infant food or drinks other than breast milk.

**References**

**Step 1**

Type: OBSERV


American Academy of Pediatrics, Section on Breastfeeding. PEDIATRICS Vol. 129 No. 3 March 2012, pp. 827-841
http://pediatrics.aappublications.org/content/129/3/e827.full#content-block

http://www.babyfriendlyusa.org/get-started/the-guidelines-evaluation-criteria
Step 2


Step 3


Step 4


Step 5


**Step 6**

**Step 7**


**Step 8**


**Step 9**


Step 10


WHO Code


REVIEW/REVISION DATES:


Process Owner: Ginna Wall, RN, MN, IBCLC, Barbara Lautman, RN, BSN, IBCLC Date: 01/02/2017