Clinical Manual **CLN - B - 125**

POLICY
Breastfeeding Policy

Purpose
At Grand River Hospital (GRH) all staff will support breastfeeding families.

Policy
Breastmilk is the optimal food for newborns. At GRH we strive to reduce barriers to successful breastfeeding and we continually work to ensure that optimal supports are in place for our breastfeeding families.

Grand River Hospital recognizes that:

- Breastfeeding is the natural and optimal way to feed babies
- Breastfeeding and breastmilk provides numerous benefits for both mothers and infants
- Breastfeeding helps to create and establish a lasting bond between a mother and her infant

Grand River Hospital:

- Protects breastfeeding families by allowing no advertising to mothers and their families of any items covered under the CODE (see Appendix 1), including breastmilk substitutes, nipples and pacifiers.
- Promotes exclusive breastfeeding and breastmilk as the optimal food for infants for the first six months of life; addition of nutritious solids at about 6 months and breastfeeding continuing for 2 years and beyond.
- Provides breastfeeding support for new mothers and their babies.
- Does not give group instructions on formula preparation and feeding. (see Appendix 1)
- Provides no formula when families are discharged from the Childbirth Program. (see Appendix 1)

Note: This policy takes into account the standards for maternity services as declared by the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the International Code of Marketing of Breastmilk Substitutes (CODE) (see Appendix 1), and the Canadian National Guidelines for Family-Centered Maternity and Newborn Care.

Procedure
The following steps have been adapted from *Evidence for the Ten Steps to Successful Breastfeeding*, WHO, Geneva, Rev. 2004. (Appendix 3)

1. Have a written breastfeeding policy that is routinely communicated to all health care staff
2. Train all health care staff in skills necessary to implement this policy
3. Inform all pregnant women about the benefits and management of breastfeeding
4. Help mothers initiate breastfeeding within one-half hour of birth
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants
6. Give newborn infants no food or drink other than breastmilk, unless medically indicated
7. Practice 24-hour rooming-in
8. Encourage breastfeeding on demand
9. Give no artificial nipples or pacifiers to healthy, term breastfeeding infants

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

Exceptions to this policy may occur with term and premature infants who are admitted to the Neonatal Intensive Care Unit or the Children's Unit. Their plan of care regarding breastfeeding may be modified from this policy due to their medical condition.

Related Documents

Appendix 1 – Summary of International Code of Marketing of Breastmilk Substitutes and Subsequent WHA Resolutions

Appendix 2 – Acceptable Medical Reasons for Supplementation

Appendix 3 - GRH Examples of the 10 Steps for Successful Breastfeeding

Breastfeeding and Contrast Medium (dye) Information

References

RNAO (2003). *Breastfeeding Best Practice Guidelines for Nurses*. Retrieved from https://ssl.grhosp.on.ca/http/www.rnao.org/Page.asp?PageID=924&ContentID=795 on January 2006.

WHO. (1998, revised 2004). *Evidence for the ten steps to successful breastfeeding,* Geneva.

St. Josephs Healthcare. *Breastfeeding Policy.*

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Appendix 1

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Summary of the International Code of Marketing of Breastmilk Substitutes and Subsequent WHA (World Health Assembly) Resolutions

The Code and Resolutions include these important provisions:

No advertising of products under the scope of the Code to the public.

No free samples to mothers.

No promotion of products in health care facilities, including the distribution of free or low-cost supplies.

No company representatives to advise mothers.

No gifts or personal samples to health workers.

No words or pictures idealizing the artificial feeding, including pictures of infants on the labels of the products.

Information to health workers should be scientific and factual.

All information on artificial feeding, including the labels, should explain the benefits of breastfeeding and all costs and hazards associated with artificial feeding.

Unsuitable products such as sweetened condensed milk should not be promoted for babies.

All products should be of a high quality and take account of the climatic and storage conditions of the country where they are used.

Promote and support exclusive breastfeeding for six months recognizing that any food or drink given before nutritionally required may interfere with breastfeeding.

Complementary foods are not to be marketed in ways to undermine exclusive and sustained breastfeeding.

Financial assistance from the infant feeding industry may interfere with professionals' unequivocal support for breastfeeding.

World Health Organization (WHO), Geneva, Switzerland, 1981, 1986, 1994, 1996, 2001.

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Appendix 2

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Acceptable Medical Reasons for Supplementation

A few medical indications in a maternity facility may require that individual infants be given fluids or food in addition to, or in place of, breast milk.

It is assumed that severely ill babies, babies in need of surgery, and very low birth weight infants (less than 1,000 grams) will be in a special care unit. Their feeding will be individually decided, given their particular nutritional requirements and functional capabilities, though breastmilk is recommended whenever possible. These infants in special care are likely to include:

Infants with very low birth weight or who are born preterm, at less than 1,000 grams or 32 weeks gestational age.

Infants with severe dysmaturity with potentially severe hypoglycemia, or who require therapy for hypoglycemia, and who do not improve through increased breastfeeding or by being given breast milk.

For babies who are well enough to room in with their mothers there are very few indications for supplements. In order to assess whether a facility is inappropriately using fluids or breast milk substitutes, any infants receiving additional supplements must have been diagnosed as:

Infants whose mothers are severely ill (e.g. psychosis, eclampsia, or shock).

Infant with inborn errors of metabolism (e.g. galactosaemia, phenylketonuria, maple syrup urine disease).

Infants with acute water loss, for example during phototherapy for jaundice, whenever increased breastfeeding cannot provide adequate hydration.

Infants whose mothers are taking medication which is contraindicated when breastfeeding (e.g. cytotoxic drugs, radioactive drugs, and anti-thyroid drugs other than propylthiouracil)

Infants with potentially severe hypoglycemia or who require therapy for hypoglycemia, and who do not improve through increased breastfeeding or by being given breast milk.

When breastfeeding has to be temporarily delayed or interrupted, mothers should be helped to establish or maintain lactation, for example through manual or hand-pump expression of milk, in preparation for the moment when breastfeeding may be begun or resumed.

Bulletin of the WHO, Geneva, 1989.

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Appendix 3

B-125 BREASTFEEDING POLICY

GRH Examples of the 10 Steps for Successful Breastfeeding

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

- We provide a comprehensive breastfeeding policy that has been reviewed and accepted by the Quality Councils of the Childbirth and Children's Programs and the Departments of Paediatrics and Reproductive Medicine.
- We provide a copy of the breastfeeding policy to all new employees within the Childbirth and Children's Programs and teach them the theoretical and practical skills necessary to follow it.
- We provide an outline of this policy in our patient education materials as well as on display in all our Childbirth and Children's areas of patient care.

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

- We promote breastfeeding by educating all staff that have contact with mothers and babies in the skills necessary to teach, assist, support and counsel mothers to breastfeed successfully.
- We include nursing staff, physicians, midwives, dieticians, pharmacists, students and support staff in this education.
- We maintain a high standard of education including practical skills to ensure that each staff member is comfortable with teaching mothers and able to provide consistent, evidence-based information and counselling.
- We provide education in ways meaningful to staff and try to accommodate their schedules.
- We offer the 18-hour Breastfeeding Course onsite a minimum of twice a year.
- We use bulletin boards in each patient room to increase awareness of breastfeeding policies, facts and news worthy information regarding breastfeeding.
- We require all staff caring for newborns to take the 18-hour Breastfeeding Course within six months of hire.
- We respect the feeding decision of each mother and provide written information and one-to-one teaching of formula preparation and feeding to families who have chosen to formula feed their infants.

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

- We promote breastfeeding by teaching expectant mothers the benefits of exclusive breastfeeding and the risks of artificial feeding in partnership with the Public Health Department.

- We talk to expectant mothers in our Prebirth Services about the benefits of breastfeeding.
- We identify mothers who may need special help with breastfeeding after the birth of their babies.
- Where necessary, we provide interpretation services to teach mothers about breastfeeding in their own language (also applies to other steps).
- We provide up-to-date breastfeeding education materials at hospital or clinic visits and through Public Health. We offer a prenatal breastfeeding class and keep additional resources in areas accessible to mothers.
- We participate in a Regional Prenatal Health Fair and advise expectant parents about the benefits of breastfeeding and what programs and services are available to support them.

Step 4: Help mothers initiate breastfeeding within one-half hour of birth

- We promote breastfeeding by welcoming a support person to stay with the mother during labour and birth and throughout the postpartum stay to give assistance and support with breastfeeding.
- We promote breastfeeding by encouraging skin-to-skin contact immediately after birth and leaving the baby in skin-to-skin contact with the mother.
- We promote breastfeeding by encouraging early breastfeeding and offer assistance if mother and baby need it.
- We promote breastfeeding by considering the needs of mothers and babies for warmth, privacy and tranquility.
- We perform patient procedures according to the needs of mothers and babies.
- We work collaboratively with our community partners including Waterloo Regional Public Health, Breastfeeding Buddies and La Leche League to promote breastfeeding and support families.

Step 5: Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants

- We promote breastfeeding by teaching mothers how to position and latch their babies, how to recognize a good latch and how to recognize their babies are getting enough.
- We teach mothers how to hand express breastmilk and/or have written information on hand expression.
- We promote breastfeeding by having a nurse assist and counsel each mother within 6 hours postpartum or as often as each mother needs assistance.
- We refer mothers who are having difficulties to a lactation consultant.
- We promote breastfeeding by encouraging mothers to connect with any mother-to-mother support person they may have (La Leche League mother, Breastfeeding Buddies, doula, or other).

In special situations, when mother or infants are sick:

- We promote breastfeeding by allowing mothers to remain in hospital courtesy rooms when possible while their infants are in the Neonatal Intensive Care Unit (NICU).
- We offer a care-by-parent room for mother and infant dyads to support the transition from NICU to home. This often includes promoting the establishment of breastfeeding.
- We make available breastmilk collection kits and provide access to an electric pump for mothers whose infants are unable to breastfeed or unable to stimulate a good milk supply or if the mother is unable to breastfeed her infant.
- We promote breastfeeding by encouraging mothers to start pumping within 6 hours of birth and to continue pumping a minimum of 6-8 times in 24 hours.
- We provide storage containers and a refrigerator/freezer to store their expressed milk.
- We work collaboratively with other areas of the hospital to assist mothers to maintain lactation if separation is required, i.e. Surgery, Mental Health, Emergency.

Step 6: Give newborn infants no food or drink other than breastmilk, unless medically indicated

- We promote and protect breastfeeding by giving breastfeeding infants no supplementary or complimentary feeds unless medically indicated according to the WHO/UNICEF guidelines (Appendix 2)
- We promote breastfeeding by encouraging early and frequent feeds of infants at risk. (Appendix 2)
- We protect breastfeeding by making mothers aware of the risks of formula supplementation.
- We promote breastfeeding by encouraging mothers to review Our Commitment to Breastfeeding Families at GRH posted in each patient's room.
- We protect breastfeeding by storing formula supplies and feeding equipment out of sight.
- We encourage mothers to express their own milk if a supplement is needed and if needed provide them with a collection kit and an electric breast pump while in hospital.
- We promote breastfeeding by giving mothers information about hand expressing or pumping at home if a supplement is needed after discharge.
- We protect breastfeeding by using medications for mothers that are compatible with breastfeeding whenever possible; and if not possible, we maintain lactation by expressing breastmilk and resuming breastfeeding as soon as possible.

Step 7: Practice 24-hour rooming-in

- We support breastfeeding by assisting mothers and infants to remain together from birth to discharge. Our single-room maternity care model allows us to keep mothers and babies together.

- We encourage mothers to have a support person with them whenever possible to support mom and baby.
- All infant procedures are performed with the mother (parent) present, except in rare circumstances.

Step 8: Encourage breastfeeding on demand

- We promote frequent and unrestricted breastfeeding immediately after birth and beyond.
- We teach mothers to recognize and respond to their infants' feeding-cues.
- We encourage mothers to feed their infants at least 8 times or more in 24 hours.
- We teach mothers that colostrum is adequate nourishment for their babies for the first 48 to 72 hours, and that some weight loss is normal.

Step 9: Give no artificial nipples or pacifiers to healthy, term breastfeeding infants

- We protect breastfeeding by giving no pacifiers to healthy, term breastfeeding infants.
- We discourage families from bringing pacifiers and make them aware of their potential risks in the well newborn.
- We discourage the use of bottles or nipples for healthy breastfeeding infants but promote use of alternate feeding methods such as lactation aids, cup feeding or finger feeding whenever a supplement is needed.

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

- We support breastfeeding by giving mothers a list of breastfeeding resources in the community including mother-to-mother support groups.
- We provide breastfeeding follow-up support through the hospital-based Post-Birth Clinic and New Mother Support Services.
- All mothers are offered an appointment in our Post Birth Clinic within 48 hours of discharge where they will be seen by a Public Health Nurse. The nurse will assess breastfeeding and refer to a lactation consultant as necessary.
- We provide follow-up support through the New Mother Support Services up to one month.
- We encourage all families to link with a health care professional or a community support that can link the mother to support programs specific to her area.
- Our lactation consultants participate in the community Prenatal Health Fairs.

WHO, Geneva, Rev. 2004

Breastfeeding and Contrast Medium (dye)

You are receiving this information because you need to have a test that may require an injection of a dye and you are currently breastfeeding your baby. You have the choice whether to continue breastfeeding or temporarily stop.

Scientific studies indicate that it's safe for the mother and infant to continue breastfeeding after receiving contrast medium/dye (see references below).

- Less than one per cent of the administered dose of contrast agent is excreted into breast milk;
- Less than one per cent of the contrast medium in breast milk ingested by an infant is absorbed from the gastrointestinal tract; and
- Therefore, the expected dose of contrast medium absorbed by an infant from ingested breast milk is extremely low, approximately 0.01 per cent of the dose given to the mother.

Information from the dye manufacturers recommend mothers stop breastfeeding for 48 hours after receiving an iodinated contrast medium/dye, or 24 hours after administration of gadolinium contrast.

You can:

- Continue to breastfeed

OR

- Refrain from breastfeeding for 24 or 48 hours after the administration of the contrast medium/dye.
- To protect your milk supply for the baby, continue to express and discard the breastmilk from both breasts, as often as your baby would have fed during this time.
- You may wish to collect enough breast milk before the contrast study to feed your child during the 24 or 48 hour period following the examination.

If you have any further questions, please call:

- Your health care provider;
- A lactation consultant at Grand River Hospital (519-749-4355); or
- Mother Risk Clinic Hospital for Sick Children Toronto (1-416-813 6780, option 9)

References:

1. *ACR Committee on Drugs and Contrast Media (2001). Administration of contrast medium to breastfeeding mothers. ACR Bull.;57:12-3.*
2. *Hale, Thomas, (2011) Medications and Mother's Milk On-line, Iodinated Radiocontrast agents. Radioactive Diagnostic Procedures*
3. *Manual on Contrast Media – version 7 (2010). Administration of Contrast Media to Breastfeeding Mothers.*

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