

SOMERSET WEST COMMUNITY HEALTH CENTRE POLICIES AND PROCEDURES

PRIMARY HEALTH CARE

Title: BREASTFEEDING	
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POLICY

Somerset West Community Health Centre (SWCHC) supports breastfeeding as the normal way for a woman to feed her baby and also recognizes the important health benefits for both mother and child. All mothers have the right to make a fully informed decision as to how they feed and care for their babies, so it is essential they receive clear and evidence-based information.

Health care providers and other Community Health Centre (CHC) staff have the responsibility to support mothers and families regardless of the decisions made once they have ensured that the family has received accurate information.

This policy is designed to ensure good professional practice within the scope of the *Family-Centred Maternity and Newborn Care: National Guidelines* (Health Canada, 2000b) and the RNAO's: *Best Practice Guidelines for Breastfeeding*, 2003

SWCHC supports the Breastfeeding Committee for Canada's "Integrated 10 Steps Practice Outcome Indicators for Hospitals and Community Health Services" and adheres to the "WHO International Code of Marketing of Breast-Milk Substitutes".

PROCEDURE

1. Have a written breastfeeding policy that is routinely communicated to all staff and volunteers.

- This policy will be communicated to all healthcare providers, other staff and volunteers.
- All staff will information regarding our policy at orientation (appropriate to their roles and responsibilities within the Centre)..
- All staff will be eligible to access SWCHC Lactation Consultant Services as part of their employment benefits.
- Information about the policy is available in a number of languages and displayed in public areas. Copies of this policy are available upon request.

2. Ensure all health care providers have the knowledge and skills necessary to implement the Breastfeeding Policy.

- The Lactation Consultant, with support from Nurses, Nurse Practitioners, Physician Assistant, Physicians, and Dietitians will have the primary responsibility for supporting breastfeeding women, providing information to prevent problems, and for helping them to overcome any related problems.

- All staff who has contact with pregnant women and mothers will receive education and training in breastfeeding management at a level appropriate to their role. New clinical staff will receive training within six months of commencing employment or at the earliest possible opportunity.
- Documentation will include records of orientation of new employees to breastfeeding policy and practices along with records of attendance and evidence of ongoing competency validation.

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

- Every effort will be made to ensure that all pregnant women are aware of the benefits of exclusive breastfeeding for the first 6 months of life, and of the potential health risks of breast milk substitutes.
- All pregnant women who have contact with the CHC will be given an opportunity to discuss infant feeding on a one-to-one basis with a health care provider.
- Prenatal education, provided by the CHC will include information to help women and their families make an informed decision about infant feeding. The normal course of breastfeeding and the common experiences they may encounter will also be included. The aim is to give women confidence in their ability to breastfeed.
- All materials and teaching will reflect the WHO/UNICEF Baby-Friendly™ best practice standards as outlined in the Breastfeeding Committee for Canada (BCC) BFI Integrated 10 Steps Practice Outcome Indicators for Hospitals and Community Health Services.
- Women who have made an informed decision not to breastfeed will receive written materials on the feeding of human milk substitutes that is current, appropriate, and separate from breastfeeding information.

4. Place babies in skin-to-skin contact with their mothers immediately following birth for at least one 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.

Prenatal clients will be informed of:

- Importance of skin-to-skin contact following birth.
- Baby should place skin-to-skin immediately after birth for at least 60 minutes, or until the completion of the first breastfeed, or for as long as he mother wishes.
- If there are medical indications for delayed contact, skin-to-skin will be encouraged as soon as mother/baby is well enough.
- If baby is well but mother unwell, skin-to-skin contact with partner or other designated support person will be encouraged.
- If the mother wishes, skin-to-skin contact can be continued during transfers (e.g. by wheelchair or stretcher).
- That routine procedures, monitoring, and measurements can be delayed till after the first breastfeed, and that medications can be given while the baby is on mother's chest, preferably near the end of the first feed in the order to decrease pain.
- That hospital staff will observe and monitor the baby during the skin-to-skin period.

- Signs that their baby is ready to feed, and encouraged to watch for these during skin-to-skin in the early postpartum period.
- Written information consistent with the issues cited above will be provided and actions documented.

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

- The centre will ensure that all mothers have the opportunity for early assessment of breastfeeding by a designated health care provider.
- Breastfeeding progress will be assessed at each follow-up to provide reassurance and enable early identification of potential concerns.
- Health care providers will ensure that mothers are given help/instruction on how to hand express and appropriately feed their infant.
- Health care providers caring for both mother and baby will ensure that the mother is given help to express her milk and encouragement to maintain lactation during periods of separation from her baby.
- Mothers will be given information on how to access a breast pump when medically required.
- Centre owned breast pumps may be loaned to clients for short term use at the discretion of LC/RN's/MD/NP/PA
- Instructions regarding use and care of the breast pump are provided and an appointment is booked with the LC to ensure follow-up
- Women who have made an informed decision not to breastfeed will receive written materials on the feeding of human milk substitutes that is current, appropriate, and separate from breastfeeding information.
- The centre will provide all mothers with information regarding CHC on-call service and how to access community-based breastfeeding and parenting/peer support on a 24 hour basis.

6. Infants are not offered food or drink other than human milk for the first 6 months unless medically indicated.

- The centre will support evidence-based practices, which are known to facilitate initiation and establishment of exclusive breastfeeding for six months and for 2 years and beyond with the introduction of age-appropriate food.
- Mothers will be informed of the medical indications for supplementation
- Should they choose to not breastfeed, they will be given information and support to help them make an informed decision about supplementing with their own expressed breast milk, human donor milk, or human milk substitutes without the use of bottle or artificial teats.
- Safe preparation, use, and storage of supplements.
- That supplementation may be a temporary measure and will receive support to return toward “total” breastfeeding.
- Support will be given to help them meet their chosen breastfeeding goal.
- Documentation will show the client’s informed decision making.

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

- Prenatal clients will be informed of the importance of having their infants remain with them from the time of birth and that a support person is welcomed to stay with them day and night.
- Mothers will be informed that if examinations or painful procedures are necessary, they can be done with the mother present so she can hold the baby skin-to-skin and breastfeed and that The mother and baby need not be separated unless medically necessary.
- Mothers are given accurate information about safe co-sleeping and bed sharing.
- Documentation reflects the concepts cited.

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

Mothers will be given information on;

- Age-appropriate cue-based, effective feeding of their infants
- Feeding cues, unrestricted frequency and length of breastfeeds, signs of effective breastfeeding, and signs of readiness for solids.
- Centre services that support this such as the Well Baby Drop-in, Dietitian support, and Making Baby Food

Health care providers will:

- Reflect the aim of exclusive breastfeeding to six months and continued breastfeeding for two years or beyond with appropriate introduction of complementary foods.
- Discuss and document breastfeeding progress with mothers at every contact.
- Provide written information consistent with these issues.

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

- The centre will provide information and support for mothers to feed and care for their breastfeeding babies without the use of artificial teats or pacifiers.
- Health care providers will offer alternatives recommended for feeding breastfed infants, and soothing techniques for all infants.
- Written information will be provided that outlines the risks associated with artificial teats and describes alternative to assist in informed decision-making.
- Documentation reflects the concepts stated above.

10. Provide seamless transition between the services provided by the hospital, community health services, and peer support programs.

- CHC staff will ensure that there is a reliable, formal system for communicating a mother's breastfeeding progress from hospital to community.
- This CHC encourages collaboration with other health care providers and community-based breastfeeding support programs.
- Clients are given written information listing hospital, community health, peer support providers, and private Lactation Consultant services.
- Representatives of local community-based breastfeeding support programs (mother-to-mother or peer breastfeeding counselors) will be invited to participate in the development of breastfeeding policies and related breastfeeding initiatives through multidisciplinary committees.
- CHC staff will use their influence to advocate for a breastfeeding culture in the local community through collaborative partnerships with community groups, businesses, schools, local government and the media.