Toronto East General Hospital

Policy Title:	Breastfeeding	
Category/sub-category:	Patient Care / Maternal Newborn	
Document Owner :	Advanced Practice Clinician Family Birthing Centre	
Approved by:	MNC Council	Date Approved –April 29, 2014

Written Consent Required?	N	Controlled Act?	N
Physician Order Required?	N	Delegated Act?	N

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Purpose

This policy was created to demonstrate Toronto East General Hospital's commitment to the promotion, protection and support of breastfeeding and to meet the requirements of 'Step 1' of the "Ten Steps to Successful Breastfeeding".

Policy Statement

All pregnant women and breastfeeding mothers are supported to breastfeed according to the procedure outlined below and in accordance with the "Ten Steps to Successful Breastfeeding" developed by the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and the WHO Code of Breast Milk Substitutes and the subsequent WHO Resolutions (see Appendix A for the Ten Steps and Appendix B for the WHO code).

Responsibilities

Maternal Newborn Child nursing staff are responsible for following this policy.

Procedures

- **Antepartum**

All pregnant women and their families are informed about the importance and process of breastfeeding (Step 3):

- When a pregnant woman pre-registers, she receives information on breastfeeding in her pre-registration package so that she can make an informed choice of feeding method.
- Prenatal breastfeeding classes are available to all pregnant women.
- Hospitalized antenatal patients will be provided with breastfeeding

written and verbal information

- **Postpartum**

Health care providers will ensure that:

- Medically stable babies will be placed in uninterrupted skin to skin contact with their mothers (or her partner) immediately following the birth for at least one hour or until the completion of the first feeding or as long as the mother wishes (Step 4)
- Mothers will be assisted to initiate breastfeeding within the first hour of life as early initiation of feedings improves breastfeeding success.
    - At the initial feeding, all mothers will be taught: maternal positioning, infant positioning, supporting the breast with thumb above and fingers under the breast, latching, removing the baby from the breast, benefits of skin to skin
- Mother and baby are not separated during their hospital stay unless the baby or mom requires specialized nursery care. (Step 7)
- All mothers will receive ongoing breastfeeding assessments, education and support throughout their hospitalization in order to acquire the knowledge and ability to breastfeed their babies. At least once a shift, nurses will perform a breastfeeding assessment and ensure that the teaching described below has been performed:
    - All breastfeeding mothers will be taught and encouraged to practice skin to skin and to breastfeed according to the baby's hunger cues.
    - All breastfeeding mothers will receive teaching and support in order to recognize hunger and satiety cues of her baby (Step 8)
    - All parents of well, full-term infants will be advised to avoid pacifiers and bottles in the first weeks after birth. (Step 9)
    - All breastfeeding mothers will be taught about common causes of nipple pain and strategies to correct or avoid nipple pain
    - All mothers will be taught how to hand express breast milk (see FBC policy on hand expression)
- All mothers who are separated from their infants will be encouraged to express their milk in order to maintain lactation. (Step 5)
- Before discharge, all mothers are provided with a list of breastfeeding support services in our community and are encouraged to visit our Breastfeeding Centre for Families. (Step 10)

- **Supplementation**

At Toronto East General Hospital, newborns only receive breast milk, unless there is a medical indication to receive supplementation, as stipulated by the WHO/UNICEF (BFHI). Acceptable medical indications

for supplementation include: (Step 6)

1. **Infants whose mothers are severly ill (e.g. psychosis, eclampsia or shock).**
2. **Infants with inborn errors of metabolism (e.g. galactosemia, phenylketonuria, maple syrup urine disease).**
3. **Infants with acute water loss, for example during phototherapy for jaundice, whenever increased breastfeeding cannot provide adequate hydration.**
4. **Infants whose mothers are taking medication which is contraindicated when breastfeeding (e.g. cytotoxic drugs, radioactive drugs, and anti-thyroid drugs other than propylthiouracil)**
5. **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.**

OR

there is an informed choice to formula feed.

If supplementation is necessary, the health care provider is responsible to:

a) Assess the history and current effectiveness of breastfeeding including positioning, latch, suck and audible milk transfer.

b) Assess the mother for maternal conditions that may affect milk synthesis or transfer. These may include:
   i. PPH or retained placental fragments
   ii. Maternal illness or disease that may temporarily limit the mother's ability to put the baby to the breast
   iii. Breast surgery

c) Assess the infant for congenital malformations that have potential to inhibit milk transfer. These may include:
   i. Tongue-tie
   ii. Malformations of the palate
   iii. Decreased oral tone

d) Assess the infant for physical findings that may, *in combination*, identify the need for medical supplementation. Report these findings to the Paediatrician, Family physician or Midwife if the baby is in the Family Birthing Center. The Physician, Midwife or SCN RN is responsible to determine if the infant meets medical guidelines for supplementation as per this policy.

If supplementation is required, the nurse, physician, midwife or lactation consultant is responsible to:

i. Ensure that the mother is aware of, and agreeable to, the plan of

care

ii. Discuss pros and cons of available supplementation methods
iii. Teach use of the supplementation method chosen, as appropriate
iv. Teach the mother to express her milk after each supplementation session to ensure stimulation is provided and to ensure adequate milk production
v. Re-assess the need for supplementation on an ongoing basis (minimum daily)
vi. Document the indications, method and response to supplementation in the patient's record. Communication with the mother regarding this plan of care should also be documented.
vii. If the infant is still being supplemented at the time of discharge, a visit to the Breastfeeding Centre for Families should be strongly encouraged. The Individualized Breastfeeding Plan (Appendix C) should be completed and a copy given to the mother.

- **Follow-up/Post-Procedure**

Antenatally, all breastfeeding teaching must be documented in the patient's antepartum notes.

All postpartum breastfeeding assessments, ongoing teaching and documentation of feedings must be documented in the Newborn pathway. A breastfeeding assessment must to be completed and documented on the day of discharge.

Training

All personnel within the Maternal, Newborn & Child Health Service will have twenty hours of instruction on breastfeeding including three hours of clinical training. There will also be a continuing education program to maintain competency. Staff will also be provided with up-to date information concerning breastfeeding. (Step Two)

References & Resources

RNAO
WHO

Appendix A: The Ten Steps to Successful Breastfeeding

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

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

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

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.

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

STEP 6: Support mothers to exclusively breastfeed for the first 6 months, unless supplements are *medically* indicated.

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

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

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

STEP 10: Provide a seamless transition between the services provided by the hospital, 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.

Appendix B: Summary of The International Code of Marketing of Breastmilk Substitutes and Subsequent Resolutions of the World Health Assembly:

No advertising of artificial infant feeding products to the general public.

No free product samples to pregnant women, new mothers or their families.

Information and educational materials must explain the benefits of breastfeeding, the health hazards associated with bottle-feeding, and the costs of using infant formula.

No promotion through health care facilities. The **health care system** may not be used to provide free samples to mothers or the promotion of products, such as product displays, posters, distribution of promotional booklets, flyers or the use of product logos. Company/sales employees may not use the health care system for product promotion.

No gifts or samples to health care workers. Product information to health care workers must be factual and scientific.

No free or low-cost supplies of infant formulas, bottles or nipples to maternity wards, hospitals or any part of the health care system.

Labelling of products must clearly state: the superiority of breastfeeding; that products should be used only on the advice of a health care worker; the instructions for appropriate preparation; and warn about the hazards of inappropriate preparation. No nutrition and health claims may be used, nor pictures or text which idealize artificial feeding.

Exclusive breastfeeding for six months as a global public health recommendation with continued breastfeeding for up to two years of age or beyond and the addition of **complementary foods** from the age of six months.

Complementary foods may not be marketed in ways that undermine exclusive and sustained breastfeeding.

Financial sponsorship from infant formula and infant foods companies creates conflict of interest for professionals working in infant and young child nutrition, especially with regard to the Baby-Friendly Hospital Initiative.

2006

Appendix C: Individualized Breastfeeding Plan

Attention Families: If you have been asked to go to the Breastfeeding Center for Families after discharge, please bring your copy of this form with you.

Breastfeeding Center for Families
825 Coxwell Avenue, Toronto, Ontario, Canada M4C 5T2
Phone: 416-469-6667 **Date:_____(YY/MM/DD)**

Mother	Baby
Room/Bed Number (inpatient referral only):	Date of Birth (YY/MM/DD):
Gravida: Para:	Current Age (hours):
Delivery type: □ SVD □ Assisted SVD □ C-section	Gestational Age at Birth (weeks):
Labour/Birth Anesthesia:	Weight (grams) at Birth: Wt at D/C:

□

Referred for Lactation Consultation **□ Referred to Breastfeeding Center**

□ Referred to Paediatrics (Sunday only)

Reason for referral:

□ Poor latching
□ Cracked/blistered nipples
□ Gestation < 37 weeks
□ Weight loss>10%
□ Supplementing, but wants to breastfeed exclusively
□ Not feeding effectively after 24 hrs of age
□ History of breast surgery
□ Multiples
□ Birth weight < 2500 grams
□ Other: _____

Breastfeeding Plan:

_____
_____
_____
_____
_____

Name (Print)	Signature	Designation

Copy Distribution: White Original: Mother's Chart/Yellow Copy: With Family at Discharge

Appendix D: Maintaining Lactation during infant separation

• **At Birth**	**Place newborn skin to skin or attempt breastfeeding, if medically stable, prior to transfer of newborn to SCN**

• **Immediate Postpartum Period (Birth to 6 hours)**	**Responsibilities for FBC nurse caring for mom:**
	• Initiation of hand expression within 6 hours of birth (WHO/Unicef, 2009)
	• Communication with SCN nurse caring for newborn to determine:
	  ○ Status of baby
	  ○ Readiness to feed
	  ○ Feeding times (when mom needed for feeds)
	• Assisting mom to SCN
	
	Responsibilities of SCN nurse:
	• Communication with FBC nurse caring for mom regarding:
	  ○ Status of baby and readiness to feed
	  ○ Times for kangaroo care or feeding, as appropriate

• **Postpartum Period (6 to 24 hours Postpartum)**	**Responsibilities for FBC nurse caring for mom:**
	• Communication with SCN nurse caring for newborn at the beginning of their shift to determine:
	  ○ Status of baby
	  ○ Readiness to feed
	  ○ Feeding times (when mom is needed for feeds in SCN)
	• Ongoing communication with SCN Nurse
	• Assisting mom to SCN if required
	• Ensure continued hand expression/pumping during separation
	
	Responsibilities of SCN nurse:
	• Communicate with FBC nurse caring for mom at the beginning of their shift to:
	  ○ Update status of baby and readiness to feed
	  ○ Arrange times for kangaroo care or feeding, as appropriate
	• Ongoing communication with FBC nurse

• **Postpartum**	**Responsibilities for FBC nurse caring for mom:**

Period (24+ hours PostBirth)

- Communicate with SCN nurse caring for newborn at the beginning of their shift to determine:
  - Status of baby
  - Readiness to feed
  - Feeding times (when mom needed for feeds)
- Ongoing communication with SCN Nurse
- Support continued hand expression/pumping during separation

Responsibilities of SCN nurse:

- Communicate with FBC nurse caring for mom at the beginning of their shift to:
  - Update status of baby and readiness to feed
  - Arrange times for kangaroo care or feeding, as appropriate
- Ongoing communication with FBC nurse
- Responsible for the continued breast expression during separation

- **If the Baby is Admitted to G7 Paediatrics**

Responsibilities of Pediatric nurse:

- Encourage mother to room in with baby
- Support the mother and infant breast feeding experience
- Encourage mother to continue breast expression (hand expression or pump expression) if baby not breast feeding adequately
- Responsible for teaching mother methods of expressed breast milk (EBM) supplementation if baby not breast feeding adequately

Guidelines for Lactation

- **Guidelines for Initiating Lactation**

The FBC nurse will teach the mom hand expression (see Appendix).

The nurse will inform the mom that:

- Early initiation of hand expression facilitates an abundant milk supply
- Hand expression is the easiest and most effective way of stimulating milk production in the early period
- Hand expression should be initiated within 6 hours of birth
- Volumes of colostrum range from a few drops to 1 tbsp per expression and this is sufficient for her baby
- Colostrum has many benefits for her baby
- She should go to SCN as often as possible and she can contact them by phone (x6568) at any time

- **Guidelines for Maintaining**

The nurse will inform the mom that:

- Expressing a minimum of 8 times in a 24 hour period is

Lactation

necessary to develop and maintain an adequate milk supply

- If she requires long term or consistent pumping she may opt to use a Breast Pump (manual or electric) if she prefers

Appendix E: Teaching Hand Expression

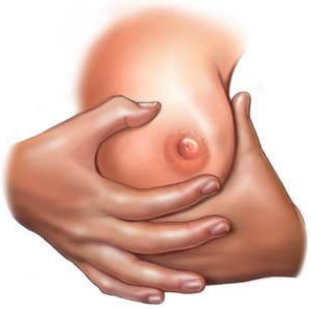
Key Steps – Teach mom to: (UNICEF/WHO, 2006)
http://www.unicef.org.uk/BabyFriendly/Health-Professionals/Care-Pathways/Breastfeeding/First-days/Hand-expressing/

• Encourage her milk to flow

- Ensure mother is comfortable and relaxed
- Teach her to think about her baby, or look at her baby (or a photograph of baby)
- Warm her breast and gently massage or stroke it
- Gently roll her nipple between her thumb and finger

• Find her Milk Ducts

- Have mom gently feel her breast near the outer edge of the areola or about the length of her first thumb joint back from the nipple until she finds a place where the breast feels different.
- Once found, have mom place her first finger over the duct, and then her thumb on the opposite side of the breast, or her thumb on the duct and finger opposite
- She can support her breasts with the other fingers of that hand, or with her other hand



Picture courtesy of:
health.yahoo.com/media/healthwise

• Compress the breast over the ducts

- First, ask the mom to gently press her thumb and fingers slightly back towards the chest wall
- Second, ask the mom to roll her thumb and first finger forward, compressing the milk duct between them (this helps the milk to flow towards the nipple)
- Have mom release the pressure and repeat the compress and release movement until the milk starts to drip out (it may take a few minutes).
- Colostrum is thick and comes in small amounts, so it will usually appear in drops

• **Repeat this process in all parts of the breast**	• Move her thumb and fore finger around the edge of her areola to another section and repeat the compress/release movement • When flow ceases, she changes to the other breast and repeats, if both breasts are to be expressed • She can pause to massage her breast again if needed. She can go back and forth between her breasts a few times if needed.
• **When to Hand Express (UNICEF/WHO, 2006)**	• If the baby is not able to suckle, the mother should being expressing as soon after birth as possible • Hand expression must begin within 6 hours of birth
• **How Long to Hand Express (UNICEF/WHO, 2006)**	• The length of time to express depends on why the mother is expressing • If she is expressing to get colostrum for her baby who is not able to suck she might express for 5-10 minutes to get a teaspoon of colostrum. She should express every few hours • If baby is unable to go to the breast and she is expressing to increase milk production, she should aim to express for about 20 minutes at least 6 or more times in a 24 hour period, including at least once at night. • If the mother is just softening the areola to help the baby attach, she should compress until she achieves the desired softness
• **Breast Pump Policy Link**	• Breast Pump
• **Points to Remember**	• Colostrum may come in drops. These are precious to the baby. The mother may be able to express into a spoon, small cup or directly into the baby's mouth so that no drops of colostrum are lost. • It is not necessary for the health care provider to touch the mother's breast when teaching hand expression. There are cloth breasts available to enhance your teaching. • It may take a few tries before milk is expressed. Encourage the mother not to give up if she gets little or no milk on the first try. The amount of milk obtained increases with practice. • Explain to the mother that she should not squeeze the nipple itself. Pressing or pulling on the nipple cannot express milk and can be painful and can damage the nipple • Expressing should not hurt. If it does, check the techniques listed above with the mother and observe her expressing.

- Taking time to prepare the breasts with heat and massage will increase the effectiveness of expression