

<b>BREASTFEEDING: PROTECTION, PROMOTION AND SUPPORT FOR HEALTHY TERM INFANTS</b>	<b>Patient/Resident/Client Care PRC-011</b>
<b>Issuing Authority</b>	<b>Beverley Clarke, Vice President</b> Signed by Beverley Clarke Dated May 11, 2012
<b>Office of Administrative Responsibility</b>	Health Promotion
<b>Author</b>	Deborah Crocker, Lactation Consultant & Chair Baby Friendly Initiative Steering Committee, Eastern Health
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## Overview

The Breastfeeding Policy of Eastern Health is based on the Baby Friendly Initiative (BFI) as declared by the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the International Code of Marketing of Breast Milk Substitutes (Code) and subsequent World Health Assembly Resolutions, the National Family-Centered Maternity and Newborn Care Guidelines and Health Canada's (2004) statement on breastfeeding.

BFI guiding principles include:

- Informed decision making
- Protecting, promoting and supporting breastfeeding through evidence based best practice
- Creating a culture of breastfeeding across the continuum of service through collaboration
- Working toward empowerment and public participation

## Policy

Eastern Health is committed to protecting, promoting and supporting breastfeeding for healthy term infants in all its hospitals and community health services by

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complying with the Code and the principles of the Baby Friendly Initiative (BFI).

## Scope

All employees and students working in the Children's & Women's Health and Public Health Programs.

## Purpose

This policy outlines the processes that will:

- promote breastfeeding as the normal way to feed babies
- promote breastfeeding as important in the health of mothers and babies
- provide information regarding the benefits of breastfeeding and risks associated with not breastfeeding to all women as early as possible in their prenatal period
- facilitate optimal breastfeeding practices and offer support to women in a culturally appropriate manner
- provide information, guidance and support to strengthen a woman's skill and technique in breastfeeding
- provide women with breastfeeding information and support to enable them to breastfeed exclusively for six months with continued breastfeeding for up to two years and beyond
- ensure a seamless transition from hospital to community for all breastfeeding mothers and babies
- educate employees who have contact with breastfeeding mothers
- promote a supportive environment for breastfeeding families who return to work

Complements Policy # [PRC-010 Breastfeeding Protection, Promotion and Support](#)

## Procedure

**Inform all pregnant women about the benefits and management of breastfeeding.**

- Provide prenatal education that includes information to help women and their families make an informed decision about infant feeding that includes the risk of not breastfeeding. The basics of breastfeeding management and the common experiences they may encounter will also be included. The aim is to give women confidence in their ability to breastfeed.
- Provide all pregnant women with information on breastfeeding through *A New Life* parent booklets and the provincial *Breastfeeding Handbook*.
- Use only materials and resources that reflect Baby-Friendly Principles and practices.
- Identify women at risk for early breastfeeding cessation and provide extra assistance, support and education. This includes such factors as lack of

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support, isolation (social, emotional or geographical), young age, low education and low socio-economic status.

- Respect the informed feeding decision of each mother and provide written and one on one teaching of breast milk substitute preparation and feeding.
- Determine mothers' decision about breastfeeding choice upon hospital admission.

### **Help mothers initiate breastfeeding within one hour after birth**

\*Place all babies skin to skin for at least one hour after birth.

- Encourage all mothers or support persons to hold babies skin to skin.
- Allow/encourage as much uninterrupted skin to skin care as possible.
- Welcome a support person to stay with the mother during labour and birth and to give assistance with breastfeeding.
- Consider the needs of mothers and babies for warmth, privacy and tranquility.
- Perform patient procedures, e.g. weighing, eye prophylaxis, bathing, according to the needs of mothers and babies.

### **Show mothers how to breastfeed and how to maintain lactation even if they are separated from their infants.**

Provide the mother with help and encouragement to express her milk and to maintain her lactation during periods of separation from her baby.

- Instruct mothers who are separated from their newborn babies to express milk 6 to 8 times in a 24-hour period.
- Provide all breastfeeding mothers with information and demonstration on how to hand express breast milk prior to hospital discharge.
- Inform breastfeeding mothers of the protocol for the storage and transportation of frozen breast milk if baby is being cared for in another hospital.
- Show mothers how to position and latch their babies, how to recognize good latch and how to recognize their babies are getting enough.
- In special situations where mothers or infants are sick, provide mothers with access to electric pumps and encourage to start pumping within 6-12 hours from birth and to continue pumping at least 6 times per day. All equipment cleaned as per manufacturer's guidelines.

### **Give newborn infants no food or drink other than breast milk, unless medically indicated.**

- Protect breastfeeding by making parents aware of the risks of breast milk substitutes and glucose water supplements through verbal and written instructions, if the mother asks to use them.
- Promote and protect breastfeeding by giving breastfeeding infants no supplementary or complementary feeds unless medically indicated according to WHO/UNICEF guidelines.
- Promote breastfeeding by encouraging early and frequent feeds of infants at risk for hypoglycemia, jaundice or excess water loss.

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- Encourage mothers to express their own milk if a supplement is medically necessary and if needed provide them with access to an electric breast pump while in hospital.
  - Promote breastfeeding by giving mothers information about hand expression or pumping at home if a supplement is needed after discharge.
  - Protect breastfeeding by using medications for the mothers that are compatible with breastfeeding wherever possible; and if not possible, maintain lactation by expressing breast milk and resuming breastfeeding as soon as possible.
  - Obtain informed consent from parents if supplementary feeds are required. Obtained informed consent must be documented in chart notes.
  - Record any supplements that are prescribed or recommended in the baby's hospital chart or health record. The preferred methods of supplementation are lactation aids used at the breast, cup, syringe or finger feeding.
  - Breast milk substitute supplies and feeding equipment will be stored out of sight.

**Practice rooming-in. Allow mothers and babies to remain together 24 hours a day.**

- Support breastfeeding by assisting mothers and infants to remain together from birth.
- Promote 24 hour rooming-in and encourage all mothers to keep their babies with them.
- Inform mothers they may have a support person with them whenever possible and provide guidance to the support person about their role to "mother the mother".
- Complete infant procedures while the mother is present and at the bedside where possible.
- Encourage mothers whose babies are in the Neonatal Intensive Care Unit (NICU), if possible, to room-in with their babies for a minimum of 24 hours prior to discharge.

**Encourage baby-led breastfeeding.**

- Ensure that breastfeeding mothers are offered support and assistance to acquire the skills of positioning and latch. Staff skilled in breastfeeding management will provide instruction and support in such a manner that will empower mothers to become confident and self-reliant in basic breastfeeding management. Nurses will provide information and guidance that will allow the mother to place the baby to the breast herself. The mother is in control of the breastfeeding situation. The nurse will provide as much hands off support as possible and directly intervene only when necessary.
- Teach infant feeding cues to all mothers and their support persons.

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- Promote breastfeeding by teaching mothers to respond to their infants feeding cues by breastfeeding whenever the infant shows signs of interest in feeding.
  - Encourage mothers to feed infants at least 8-12 times in 24 hours.
  - Teach mothers and their support persons that colostrum is adequate nourishment for their babies for the first 48 to 72 hours, and that some weight loss is normal.
  - Perform procedures according to and respecting the needs of mothers and babies e.g. weighing, bathing, stocking shelves.
  - Assist and counsel each mother for at least one feed every shift or as often as each mother needs assistance.
  - Mothers and babies, who are having difficulties, will be referred to a lactation consultant or a health care provider skilled in managing complex breastfeeding issues.

**Give no artificial teats or pacifiers to breastfeeding infants.**

Protect breastfeeding by giving no pacifiers to breastfeeding infants and not selling any pacifiers in the hospital.

- Inform and educate parents on the risks of pacifier use in early breastfeeding, until breastfeeding is well established (6 weeks).
- Do not use bottles or nipples for breastfeeding infants whenever a supplement is necessary but use alternate feeding methods such as lactation aids, finger feeding, cup feeding and spoon feeding.
- Use nipple shields only after consultation with a lactation consultant or a health care provider skilled in managing complex breastfeeding issues.

**Support mothers to establish and maintain exclusive breastfeeding to six months, foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.**

- Ensure formal systems for communicating a mother's breastfeeding progress from hospital to the community is in place e.g. Live Birth Notification system and Healthy Beginning Referral form.
- Refer all new mothers to the community health nurse within 24 hours of discharge from hospital, so the mother will have the opportunity for early face-to-face assessment of breastfeeding. Breastfeeding progress will be assessed at appropriate intervals.
- Provide contact information for community-based breastfeeding support services to all breastfeeding mothers upon discharge.
- Provide information to all mothers on how to access breastfeeding support 24 hours a day via Information Lines.
- Provide services to breastfeeding women in the community based on best practices.
- Provide breastfeeding women requiring admission into hospital the necessary support to continue breastfeeding and maintain lactation.

**Encourage sustained breastfeeding beyond 6 months with appropriate**

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### **introduction of complementary foods.**

- Provide prenatal education and postnatal follow up by staff that will reflect the aim of exclusive breastfeeding to six months and continued breastfeeding for two years and beyond with appropriate introduction of complementary foods.
- Inform parents of their right to have accommodations in the workplace that support and sustain breastfeeding.

### **Guidelines / Protocols**

A New Life, Parent Booklets, 2004, Province of Newfoundland and Labrador

Association of Registered Nurses of Newfoundland and Labrador (ARNNL) Guidelines: Registered Nurse Competencies to Protect, Promote and Support Breastfeeding, May 27, 2000

Association of Registered Nurses of Newfoundland and Labrador (ARNNL) Position Statement: Breastfeeding, March 12, 1999

Breastfeeding Handbook, 2008. Province of Newfoundland and Labrador

Clinical Practice Guidelines for the Well, Near-Term Infant, 2005, Children and Women's Health, Eastern Health

Education and Support Standards for Pregnancy, Birth and Early Parenting, 2005. Province of Newfoundland and Labrador

### **Supporting Documents**

Academy of Breastfeeding Medicine: Breastfeeding Protocols, 2006-2008

Breastfeeding Committee for Canada (BCC): The Seven Point Plan and Practice Outcome Indicators for the Protection, Promotion and Support of Breastfeeding in Community Health Services, 2004. The National Authority for the WHO/UNICEF Baby Friendly Initiative in Canada

Breastfeeding Committee for Canada (BCC): The Ten Steps and Practice Outcome Indicators for Baby-Friendly Hospitals, 2004. The National Authority for the WHO/UNICEF Baby Friendly Initiative in Canada

Breastfeeding Policy, 2007, St. Joseph's Health Care, Hamilton, Ontario

Breastfeeding Policy, 2009, Labrador/Grenfell Regional Health Authority, Newfoundland and Labrador

Breastfeeding Protocols for Health Care Providers, 2007, Toronto Public Health

Exclusive Breastfeeding Duration, 2004, Health Canada Recommendations. Health Canada

Extensive Phototherapy, 2004, American Academy of Pediatrics

Global Strategy for Infant and Young Child Feeding, 2003, World Health Organization

Growing Babies, Growing Parents, 2006. Province of British Columbia

Guidelines for Glucose Monitoring and Treatment of Hypoglycemia in Breastfed Neonates, 2006, American Academy of Pediatrics

International Lactation Consultant Association: Clinical Guidelines for the Establishment of Exclusive Breastfeeding, 2005, ILCA  
Medications and Mothers' Milk, 12<sup>th</sup> Edition, 2006, Hale Publishing, Texas  
National Family-Centered Maternity and Newborn Care Guidelines and Health Canada's 2004 Statement on Breastfeeding.  
Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services, A Joint WHO/UNICEF Statement, 1989  
The Breastfeeding Answer Book, 3<sup>rd</sup> Revised Edition, 2003, LaLeche League International  
WHO, 1981, Summary of the International Code of Marketing of Breastmilk Substitutes, and subsequent, relevant WHO resolutions.

## Key Words

- Baby Friendly Initiative, Breastfeeding, Feeding, Infants, International Code, Infant Feeding

## Definitions & Acronyms

<b>BFI</b>	Baby Friendly Initiative. An international program aimed at improving breastfeeding outcomes for mothers and babies by improving the quality of care for all mothers and babies.
<b>BCC</b>	Breastfeeding Committee for Canada-the national authority for the WHO/UNICEF Baby Friendly Initiative in Canada.
<b>Breast milk substitute</b>	Artificial infant formula
<b>Code</b>	International Code of Marketing of Breastmilk Substitutes. The Code protects and promotes breastfeeding by ensuring the proper use of breastmilk substitutes on the basis of adequate information and through the appropriate marketing and distribution.
<b>Exclusive breastfeeding</b>	No food or liquid, other than breastmilk, not even water, is given to the infant from birth by the mother, health care provider or family member/supporter.
<b>Informed decision</b>	One where a reasoned choice is made by a responsible individual using relevant information about the advantages and disadvantages of all the possible courses of action in accordance with the individual's beliefs.
<b>Lactation aids</b>	Special devices that help breastfeeding mothers overcome various problems.



<b>NICU</b>	Neonatal Intensive Care Unit
<b>Rooming-in</b>	A practice whereby mothers and newborns stay together in the same room throughout the entire hospital stay.
<b>UNICEF</b>	United Nations Children’s Fund
<b>WHO</b>	World Health Organization

**Policy History** This policy replaces the following policies:

<b>Legacy Board</b>	<b>Policy #</b>	<b>Policy Name</b>	<b>Date Revised</b>
	595-BFDG-040	Breastfeeding: Protection, Promotion and Support for Health Term Infants	Nov 8, 2011
HCCSJ	VI-A-05	Breastfeeding	
HCSSJR	5-60	Breastfeeding	
EHCSB	A-02-00-031 A-02-00-032	Breastfeeding Policy-Employees Breastfeeding Policy-Public	
AHCIB	NSY-1581	Breastfeeding	
PHCC	VII-100,IV-25,IV-30	Breastfeeding Mothers-Support During Admission	

Key: HCCSJ – Health Care Corporation of St. John’s  
 HCSSJR – Health and Community Services – St. John’s Region  
 EHCSB – Eastern Health and Community Services Board  
 AHCIB – Avalon Health Care Institutions Board  
 PHCC – Peninsulas Health Care Corporation