

PROTOCOL FOR: Breastfeeding

- POLICY:**
1. All women are provided with information about the recommendations for and benefits of breast milk and breastfeeding so that they make an informed decision regarding how to feed their baby.
 2. All women who choose to breast feed or provide breast milk to their baby are supported in initiating and maintaining lactation unless it is medically contraindicated.
 3. Each patient wishing to breastfeed her infant, but unable to do so due to prematurity or neonatal illness, should be instructed in the use of the (electric) breast pump as soon as possible and within 4 hours of delivery. If a patient is unable to comprehend instructions due to her physical or emotional status, instruction should be offered as soon as the nurse deems appropriate.
 4. Breastfeeding is contraindicated if the mother is/has:
 - a. Antibody positive for Human Immunodeficiency Virus and not currently receiving treatment.
 - b. Antigen positive for Hepatitis B until infant treated.
 - c. Culture positive for tuberculosis until treated.
 - d. Culture positive for CMV if infant is premature or sick.
 - e. Positive for Herpetic lesion on the nipple.
 - f. Taking medication contraindicated with breastfeeding.
 - i. If the effects of medication are not known, the mother should be instructed to pump and store the milk until the specific medications are researched.
 - ii. If the medication is truly contraindicated, options for alternative medical treatment for the mother might be explored
 - g. A known history of illicit substance use during this current pregnancy who has not entered or is non-compliant in a drug treatment program. Mothers in this category may choose to pump and discard their breast milk until these issues are resolved and their milk is deemed "safe" to feed.
 - i. Infants of mothers in methadone maintenance programs may have symptoms of withdrawal ameliorated by small amounts of methadone in breast milk.

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5. Staff may choose to use universal precautions while handling breast milk but this is not required by OSHA.
6. Preterm infants do not need to demonstrate the ability to bottle feed prior to breastfeeding.

DESIRED PATIENT

OUTCOMES:

1. The term or medically stable pre-term infant will achieve optimal success in breastfeeding.
2. Parents will verbalize understanding of information regarding pumping, milk storage, and breastfeeding.
3. Mother will identify resources for information during the infant's hospitalization and after discharge.

**CLINICAL
ASSESSMENT**

AND CARE:

- A. Assess the following parameters and adjust care accordingly:
 1. Maternal comfort and readiness for breastfeeding/pumping (consider effects from narcotic and/or magnesium sulfate administration, C-section, etc.).
 2. Infant's readiness for breastfeeding (sucking and rooting, wakeful periods) or need for pumping.
 3. Potential breastfeeding concerns such as flat or inverted nipples, or lack of transition in milk volumes.
 4. Contraindications as listed above. If any present, discuss plan with Physician/Advanced Practitioner, lactation consultant and social worker, as needed.
 5. Medications should be evaluated for safety with breastfeeding.
- B. GENERAL INSTRUCTIONS:
 1. Explain the process of supply and demand needed to establish an adequate milk supply.
 2. Explain the need for frequent pumping/nursing 8 - 10 times per day. Explain that breast fullness is typical; engorgement is not. Warm showers, soaks, or packs may be used to relieve discomfort.
 3. Explain that anything the mother ingests (alcohol, medications, and illicit drugs) has the potential to pass into the breast milk in some amount. Therefore, the breast pumping or feeding mother needs to inform the staff and label her milk bottles with any medications or drug she has taken.

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4. Encourage exclusive breast feeding (including during the night and rooming in if the mother is still an in-patient and the baby is able to leave the nursery. Some mothers may need support and encouragement to do so. Explain the following:
 - a. Supplementing with formula and bottle-feeding (without pumping) in the early period of lactation reduces nipple stimulation and breast emptying, both of which have the potential to reduce milk supply.
 - b. Frequent, unrestricted nursing is the best preventive measure for breast engorgement.
 - c. The baby is the one who learns how to breastfeed. Exclusive breastfeeding increases learning opportunities.
 - d. Crying is a late sign of hunger. Delays in transfer of infants to mothers' rooms from the nursery may affect successful latch and feeding.
 - e. Early and consistent breastfeeding may decrease the likelihood of significant newborn jaundice.

C. BREAST FEEDING A WELL NEWBORN:

1. Provide privacy and as quiet an environment as possible.
2. Instruct/support mother with good positioning - this is essential!! Side-lying, cradle position, reverse cradle or football hold may be used:
 - a. Keep baby's head and body in alignment, with baby's entire body facing the mother's.
 - b. Mother may need to support her breast with her other hand, especially when the infant is first latching on to the breast.
 - c. Rotate positions, especially during the first two weeks to prevent nipple soreness, which is almost always related to latch and position. If nipple pain or soreness is present, the latch needs to be assessed.
 - d. Emphasize bringing the baby to the mother and allowing the baby to do most of the work in latching, This is usually best accomplished by stroking the baby's chin. The baby should not be pushed on the breast.
3. Instruct mother that pain during feeding or pumping indicates a problem that needs to be investigated. A

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gentle tugging is normal and is often felt during the first few days of nursing or pumping.

4. Teach mother to remove the baby from the breast by breaking the suction.
5. Teach mother to evaluate the milk transfer based on observations of a feeding let-down reflex, latch, suction, tongue position, amount of breast in mouth, nutritive versus non-nutritive sucking, visual and/or audible swallow.
6. Instruct mother to feed on demand and to take cues from the infant to determine both when to offer and end a feeding.
7. Encourage frequent feedings based on the infant's behavior.
8. Include father of baby or significant other/family in instruction process when possible.
9. Teach mother to keep track of the number of stools, wet diapers, and feedings in each 24 hour period and to compare these with daily goals (term infants).

D. BREAST AND NIPPLE CARE:

1. Instruct mother to wear a well-fitting (not too tight) support bra at all times. She may want to wear a bra at night for comfort too.
2. Instruct mother to leave nipples uncovered and air dry after each feeding. Expressing some milk onto the nipples and letting them air dry possibly helps to prevent tissue damage, as long as the mother is free of yeast infection.
3. Instruct mother that she only needs to wash her breasts as part of usual bathing routine and only with water - No soaps, creams, or ointments are recommended.
4. Instruct mother to maintain adequate fluid intake while breastfeeding.
5. Flat or inverted nipples may require that mother pump or roll nipple to pull them out prior to putting baby to breast. Breast shells with smaller hole in ring may also be used to break the adhesions that cause flat nipples.
6. Breast shells with larger hole in ring may be used with sore (but not cracked) nipples. The reason for discomfort should be identified (such as latch, positioning, pumping equipment or technique) and corrected.

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7. Reinforce verbal instructions using handouts, videos and pamphlets.
- E. Special Considerations For Breastfeeding Pre-Term Infant
1. Criteria: Physiologic stability and infant behavior
 - a. Experiences short, wakeful periods.
 - b. Tolerates intermittent gavage feeding for infant to be offered the full (no pumping) breast.
 - c. Able to maintain body temperature out of incubator for short periods of skin to skin contact.
 - d. Relatively free of illness and in a state of recovery.

* Note: The ability to nipple feed is not a prerequisite to breast feeding
 2. Begin with only one session a day, giving infant the chance to "get to know" mother. These initial nursing sessions should be introduced prior to intermittent feeds or bottle-feeds if the infant shows readiness.
 3. Reassure mother that the amount of milk ingested during early nursing sessions is not important. Total nourishment from breastfeeding is a goal to be accomplished over several weeks.
 4. Choose awake and alert time for infant (depending on infant, try 20-30 minutes before feeding).
 5. Provide privacy, comfortable chair, pillows, and footrest.
 6. Assess and document breastfeeding behavior (licking, sucking, nuzzling, vigorous sucking, sleep with little interest, pull away with cry).
 7. If baby falls asleep without adequate milk transfer, supplement with OG feeding.
 8. Consider starting test weights once infant seems to be getting some amount of milk. This scale can be used to build the mother's confidence with the breastfeeding by knowing how much milk the baby took.
 9. Reassure mother that full breastfeeding for premature infants is a process that takes time.
 10. Sometimes the bottle (ideally with breast milk) may be used to calm the baby and help him to latch on to the breast. This strategy usually works best as a

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baby is becoming more mature and alert for longer periods.

11. If maternal milk supply is low, refer to handout on improving milk supply and to protocol/procedure for breast pumping, breast milk use and storage.
12. After breastfeeding is established, duration should be individualized to infant's condition. There is no need to set an arbitrary time limit.
13. When breastfeeding is not fully established, have mother pump and empty breasts after breastfeeding. She may need to do this even after baby is discharged.
14. Provide support, encouragement and guidance for mother, as needed.
15. Prior to discharge, mothers should plan for extended visitation (possibly overnight) with nursing on demand so that she may learn to evaluate when she needs to supplement the breastfeedings. She may also consider pumping at night if she is not already doing so.

F. Consideration For Multiple Births:

1. Breastfeeding should be encouraged for any multiple birth if the mother desires, regardless of the number of infants.
2. The mother's milk supply, plans for feeding and other support at home will need to be evaluated.
3. After successfully breastfeeding each infant individually, simultaneous nursing with two infants (one at each breast) should be encouraged as a convenient way to nurse multiples most efficiently.

G. Communication

1. Make a referral to the lactation consultant for all first time breastfeeding mothers.
2. Discuss plan with nursing and medical staff and lactation consultant if:
 - a. Infant is not nursing well or at all.
 - b. Infant experiences unstable vital signs or drop in glucose that is related to breastfeeding.
 - c. Mother is disinterested in continuing breastfeeding explore if nipple soreness, engorgement, other factors play a role.

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- d. Infant's weight continues to drop after successful nursing and does not stabilize.
- e. Infant is not voiding or stooling well.
- f. Infant does not tolerate breast milk.
- g. Breast milk culture results suggest need for intervention.

- DOCUMENTATION:**
- 1. In the case of a multiple birth, documentation of teaching should be completed on each infant's Patient and Family Teaching Record.
 - 2. For well-born infants with mothers hospitalized, use Well Newborn Patient and Family Teaching Record for documentation.

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 5/91

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