Infant Feeding for Mother-Baby Couplet

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Infant Feeding

- Breastfeeding is the normative model for all infant feedings
- Primary care Providers will educate the mother on the following topics:
  - Non-pharmacologic pain relief methods for labor
  - Importance of exclusive breastfeeding
  - Importance of early skin to skin contact
  - Early initiation of breastfeeding
  - Rooming-in on a 24 hour basis
  - Feeding on demand or baby-led feeding
  - Frequent feeding to help assure optimal milk production
  - Effective positioning and attachment
  - Exclusive breastfeeding for the first 6 months, and the fact that breastfeeding continues to be important after 6 months when other foods are given
Admission to Mission Health Facility

• Mother’s intent to breastfeed:
  • Nurse will review mother’s history to determine contraindications to breastfeeding
  • If contraindications exist, mother will be counseled on possibility of expressing her breastmilk until contraindications have been eliminated

• Mother’s intent to formula feed:
  • Nurse will counsel mother to determine whether she has been informed of the benefits of breastfeeding
  • Nurse will provide education regarding breastfeeding
  • Education and mother’s feeding plan will be documented in the EMR
Contraindications to Breastfeeding

- Contraindications to breastfeeding include, but may not be limited to:
  - Maternal HIV
  - Maternal use of illicit substances
  - Maternal use of certain medications where the risk of morbidity outweighs the benefits of breastfeeding (such as radioactive isotopes, antimetabolites, cancer chemotherapy, and some psychotropic medications)
  - Mothers with active untreated tuberculosis
  - Mothers with active herpetic lesions of the breast(s)
  - Mothers with onset of varicella within 5 days before or up to 48 hours after delivery
  - Mothers with human T-cell lymphotropic virus type 1 or type 2
  - Infants with galactosemia
First Breastfeeding

- Following vaginal delivery, unless contraindicated by neonatal or maternal medical conditions, infant will be placed skin to skin immediately.
- Skin to skin is practiced for all couplets regardless of feeding choice.
- Following cesarean birth, skin to skin will be offered and assistance given as soon as the mother is responsive, alert and medically stable.
- Skin to skin will be maintained until after the completion of the first feeding or for at least one hour.
- Normal newborn procedures can be performed while infant is skin to skin.
- Breastfeeding assistance will be given when newborn begins to cue.
  - If infant does not cue within one hour, nurse will assist with breastfeeding.
- Skin to skin will be promoted as soon as medically advisable in the event it does not take place within the first hour of life.
Skin to Skin Contraindications

- Transitional condition of the newborn
- Transfer of baby to NICU
- Maternal hemorrhage
- Extensive surgical or perineal repair time
- Elevated anesthesia level
Patient Education

Nursing will provide the following education:

- Newborn feeding cues
- Exclusive breastfeeding during the first 6 months of life (AAP recommendation)
- Delay of pacifier use until breastfeeding has been well established (approx. 3-4 weeks of age). No pacifiers will be given by staff to well newborns with no medical indication
Stimulating/Maintaining Milk Supply

• When direct breastfeeding is not possible:
  • Nursing will educate and assist mothers with hand expression
  • Bilateral breast pumping will be initiated within 6 hours of delivery for any new delivery or within 6 hours of admission for any re-admit
    • Mothers will be encouraged to pump at a frequency similar to breastfeeding a baby
    • Newborns and babies less than 3-4 months of age, this is typically pumping every 2-3 hours for at least 15-20 minutes
  • Education on the proper storage and handling of expressed breastmilk will be provided
Supplementation

• No supplementation will be given to breastfed babies unless medically indicated, or at the request of the mother after she has been educated on the benefits of exclusive breastfeeding and risks of supplementation to successful breastfeeding

• If supplementation is medically indicated:
  • Mothers will be encouraged to pump breasts for 15 minutes any time a supplement is given
  • Mothers will use colostrum and/or breastmilk as a first choice for supplementation
  • Help mothers to choose a method of supplementation protective of breastfeeding such as spoon feeding, cup feeding, syringe feeding, finger feeding, supplementing at the breast or bottle feeding
Rooming-In

• 24 hour rooming-in will be practiced as the normative model of care for all families

• Routine newborn procedures will take place at mother’s bedside whenever possible. Separation due to medical procedures will be no more than 1 hour/day

• If breastfeeding infant is separated from its mother, appropriate steps to maintain breastfeeding exclusivity including returning infant to the mother in a timely manner when feeding cues are exhibited
Going Home

• Routine follow up with infant’s primary care provider within 48-72 hours following discharge from the hospital

• Information will be given to breastfeeding mothers on how to access breastfeeding support services available through the hospital and the community following discharge from the hospital