BREASTFEEDING – PROTECTION, PROMOTION AND SUPPORT

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

1. AIM
   o To establish and promote a philosophy and policy on breastfeeding that reflects state policy and national and international recommendations

2. PATIENT
   o All pregnant or breastfeeding women and their babies who access the service at any point of entry

3. STAFF
   o All staff who come into contact with pregnant or breastfeeding women, their babies and their families

4. EQUIPMENT
   Nil specific

5. CLINICAL PRACTICE 1, 2, 3, 4, 5
   o Communicating the policy:
     o This policy is to be communicated to all health care staff who have any contact with pregnant women and mothers with a copy easily accessible
     o A summary poster will be displayed in relevant public areas and in the appropriate languages (Appendix 1)

   o Training:
     o All staff who have contact with pregnant women and mothers will receive training in this policy and breastfeeding management at a level commensurate with the amount of breastfeeding and infant feeding advice and assistance they will be providing
     o New staff will receive training within six months of commencement of their contract
     o Written curricula that clearly covers the Ten Steps to Successful Breastfeeding will be utilised for staff training
     o While responsibility for professional development rests with the individual this process will be facilitated by the educator and manager with each relevant department maintaining a database of completed breastfeeding education hours
     o Attendance at formula company sponsored events will not be recognised as continuing education

   o During the antenatal period:
     o Pregnant women will be provided with the opportunity to discuss various aspects of infant feeding with their care provider. They will be asked about their previous experience and extra support offered if required
     o The physiological basis of breastfeeding is to be clearly and simply explained, together with good management practices that will promote the woman’s confidence in her ability to breastfeed
     o Women will also be provided with written information on breastfeeding and encouraged to attend breastfeeding education classes

…/2
BREASTFEEDING – PROTECTION, PROMOTION AND SUPPORT

cont’d

- **In the immediate postpartum period:**
  - Unless medically contraindicated all mothers are encouraged to hold their babies in skin-to-skin contact as soon as possible after birth in an unhurried environment, regardless of feeding method.
  - Wherever possible initial assessments are to take place while the baby is with the mother, routine procedures such as weighing, measuring, Vitamin K should not interrupt skin-to-skin contact.
  - If skin-to-skin contact is interrupted for clinical indications or maternal choice it is to be re-instigated as soon as mother and baby are able.
  - Skin-to-skin contact continues until the baby has initiated the first breastfeed, staff will provide assistance as required by helping the mother recognise and respond to her baby’s feeding behaviours.
  - If the mother has had an operative delivery/caesarean section skin-to-skin contact should preferably be initiated in the theatre suite. If this is not possible and it is not medically contraindicated skin-to-skin contact will occur within 10 minutes of the mother’s arrival in Recovery/as soon as she is able to respond to her baby. Staff will assist the mother to respond to her baby’s feeding cues. The mother and baby will remain together in Recovery and during transfer back to the ward, wherever possible skin-to-skin contact will continue once the mother and baby have been admitted to the postnatal ward.

- **Management of lactation:**
  - All breastfeeding mothers are to be offered further help with breastfeeding within six hours of birth and as required.
  - Mothers who are separated from their babies will be shown how to hand express within six hours and encouraged to continue expressing at least six to eight times in a 24-hour period. If required details of electric breastpump hire will be provided.
  - Midwives will provide support, advice and guidance with managing basic breastfeeding issues such as positioning and attachment, care of the breasts and hand expression.
  - Demand feeding or feeding to need is to be encouraged unless otherwise clinically indicated. Staff will ensure that mothers/parents know what demand feeding means. The importance of night-time feeding for milk production will also be explained.
  - Staff will encourage mothers to access the breastfeeding resources available for example breastfeeding classes, videos, handouts.
  - Breastfeeding evaluation is to be attended regularly and documented in the history and progress notes and a formal assessment documented in the Maternal Care Plan.
  - Midwives will also provide support, advice and assistance with the normal newborn changes experienced by the mother. Anticipatory guidance and education will be provided on identifying hunger cues, expected feeding patterns and volumes consumed in the first weeks and indicators of hydration and nutrition.
BREASTFEEDING – PROTECTION, PROMOTION AND SUPPORT  cont’d

- **Supplementation:**
  - Supplementation in the form of water or breastmilk substitutes is not to be offered to a breastfed baby unless there is a clearly identifiable clinical indication. This decision should be made by an appropriately trained midwife and/or medical officer. Reasons for supplementation are to be fully discussed with parents and the discussion recorded in the history and progress notes. A consent form also needs to be signed.
  - An agreed feeding plan will be developed with one copy given to the mother and one copy in the notes. This plan will be reviewed every 24 hours and modified as required.
  - If a breastfeeding mother decides to give her baby a complementary feed, it needs to be clearly documented in her history and progress notes that she has been fully informed and a consent form signed.

- **Rooming In:**
  - Mothers will assume primary responsibility for the care of their babies.
  - The newborn will remain with the mother/parents throughout the hospital stay, except under unusual circumstances. Babies will not be routinely separated from their mothers at night, regardless of how they are being fed.
  - Parents are encouraged to attend the hearing screening test with their baby.
  - Education regarding the importance of keeping babies close and sharing a bedroom in the first six months as per SIDs guidelines will be provided.
  - Staff will also provide education on normal baby behaviour patterns and facilitate parental development of settling skills.
  - If for any reason the baby is not with the parents during the hospital stay, this will be documented in the history and progress notes. A sticker will also be placed in the Neonatal Care Plan identifying the time of separation, reason, and parental consent.

- **Use of Artificial Teats, Dummies and Nipple Shields:**
  - Staff will not recommend the use of artificial teats and dummies during the establishment of breastfeeding for healthy term infants.
  - Wherever possible, a spoon or cup will be used to provide extra fluids.
  - In cases where the mother indicates a desire to use a dummy, a summary of the discussion and decision will be recorded in the history and progress notes. The discussion will include the possible detrimental effects on suck mechanics and associated issues such as cleaning and storage.
  - Nipple shields will not be recommended except in extreme circumstances, for example, the mother with flat/inverted nipples and the baby is unable to attach in any other way. The intervention needs to be fully explained before commencement of use. Follow-up breastfeeds will be assessed by a skilled practitioner whilst in hospital/accessing Maternity services. If the mother is still requiring the nipple shield for attachment at discharge from maternity services, referral to a breastfeeding clinic or child and family health service will be required.

- **Discharge Preparation:**
  - Mothers will be given the contact details of the community supports available to them once back in their own community. These numbers will include the Australian Breastfeeding Association 24-hour helpline, local child and family health services and other professional support groups. These numbers will be found in the Personal Health record (“blue book”).

…/4
6. DOCUMENTATION
   - History and progress notes
   - Maternal Care Plan
   - Neonatal Care Plan
   - ObstetriX

7. EDUCATIONAL NOTES
   - Breastfeeding is the normal biological method for a woman to feed her baby and
     breastmilk provides optimal nutrition. This document reflects and is supported by
   - It is recommended that all infants are exclusively fed breastmilk up to the first six
     months of age followed by the introduction of appropriate complementary foods with
     breastfeeding continuing well into the second year, or as long as both mother and baby
     wish.
   - All mothers have the right to receive clear and impartial information to enable them to
     make a fully informed choice as to how they feed and care for their babies.
   - It is the responsibility of all maternity staff to provide education and support women in
     their choice of infant feeding. Health care staff will not discriminate against any woman
     in her chosen method of infant feeding and will fully support her when she has made that
     choice.
   - "The Ten Steps to Successful Breastfeeding", incorporated into the NSW Health Policy
     Directive, provides the necessary framework for organisations to successfully implement
     the Baby Friendly Health Initiative; eliminating hospital practices that may interfere with
     successfully initiating and maintaining breastfeeding.
   - In order to avoid conflicting advice it is mandatory that all staff involved with the care of
     breastfeeding women adhere to health service practice guidelines, policies and
     procedures. Any deviation must be justified and recorded in the mother’s and baby’s
     health records.
   - All infant formula used by the hospital is to be purchased with receipts freely available to
     view.
   - As part of NSW Health’s requirement to comply with their responsibilities under the WHO
     International Code of Marketing of Breastmilk Substitutes there will be no advertising of
     breastmilk substitutes, feeding bottles, teats or dummies permissible in any part of this
     health service. The display of manufacturers’ logos on items including but not restricted to
     calendars and stationery is also prohibited.
   - Industry representatives will only have contact with relevant specific management
     personnel. The acceptance of gifts, non-scientific literature, materials or equipment,
     money, or support for in-service education or events is prohibited.
   - No literature provided by infant formula manufacturers is permitted. Infant feeding
     educational material for distribution to women and their families must have been
     developed and/or reviewed and endorsed by the Maternity Services Forms Committee.
BREASTFEEDING – PROTECTION, PROMOTION AND SUPPORT cont’d

- Furthermore, the organisation supports careful scrutiny of any research which involves mothers and babies for potential implications on infant feeding or interference with the full implementation of this policy.
- Parents who have made a fully informed choice to feed their babies with infant formula will be shown how to prepare these feeds correctly on an individual basis in the postnatal period. Women may elect to bring in their chosen formula. No routine group instruction on the preparation of artificial feeds will be given in the antenatal period as evidence suggests that information given at this time is well retained and may serve to undermine confidence in breastfeeding.
- Staff who elect to breastfeed on return to work from maternity leave will be supported to do so.

8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP
- NSW Health PD2010_019 Breastmilk – Safe Management
- SESIH PD 158 Support for Breastfeeding Employees in SESIH
- SESLNPD/36Mastitis (Lactational) Treatment
- Supplementary Feeding of Breastfed Babies in the Postnatal Period
- Spoon and Cup Feeding – Alternative Methods in the Early Postnatal Period
- Nipple Shields – Use in the Postnatal Period
- Management of Breastfed Newborns Whose Discharge Weight Loss (Day 3-6) is Greater than 10%
- Antenatal Lactation Clinic – Referral and Assessment
- Breastfeeding Support Unit (BSU)
- Expressed Breastmilk – Cleaning of Lactational Aids in Postnatal Areas
- Mastitis and Breast (Lactational) Abscess – Readmission for Treatment
- Suppression of Lactation or Weaning

9. REFERENCES
5. The UK Baby Friendly Initiative audit tool to monitor breastfeeding support in the maternity services. Appendix 1: Writing and evaluating the breastfeeding policy http://www.babyfriendly.org.uk

REVISION & APPROVAL HISTORY
Replaced the following Breastfeeding policies:
- Staff Education and Implementation Guideline
- Care of the Breasts for Postnatal Women Guideline
- Care of Nipples Guideline; Dummies/Pacifiers – Postnatal Use Guideline
- Skin to Skin contact for Newborns Guideline
- Stripping Milk Engorged Breasts Guideline

…….Appendix
APPENDIX 1

SUPPORTING BREASTFEEDING AND SAFE INFANT FEEDING IN OUR HEALTH SERVICE

Our health service supports and encourages safe feeding for all babies. Our full document which sets out our practices and guidelines relating to infant feeding is applicable to all staff. It is on the RHW internet and available on request. This hospital supports the WHO International Code for the Marketing of Breastmilk Substitutes.

We understand that it is important for you to know about breastfeeding before your baby is born; we will provide information at booking-in together with details about classes and extra information and support if required.

We train all those involved in your care in the skills necessary to support the successful establishment of breastfeeding, exclusive breastfeeding to six months and ongoing until two years and beyond (with appropriate and safe complementary foods) or as long as both mother and baby wish. This includes:

- Placing your baby skin to skin immediately after birth, allowing this time to bond without unnecessary separation; (this is important for all mothers and babies regardless of feeding method)
- Recommending that you keep baby near whenever you can so you can gain confidence in recognising and responding to your baby’s cues
- Encouraging you to feed your baby whenever needed
- Explaining to you how you can tell your baby is getting enough milk
- Providing skilled assistance to work through any breastfeeding challenges
- Avoiding giving your baby anything other than breastmilk
- Avoiding teats and dummies (pacifiers) that can interfere with the successful establishment of feeding

If you are separated from your baby we will help you to initiate and maintain your milk supply until you can be reunited. We will also give you guidance on how to maintain breastfeeding on return to work or study. This Health Service supports all staff to continue breastfeeding their baby when they return to work.

All those women visiting or using the Health Service are welcome to breastfeed their baby and a private space will be provided if needed.

We have guidelines for the safe use of infant formula so mothers and staff can make choices based on evidence rather than marketing. All mothers who decide to feed their baby with formula will be given individual instruction of the safe preparation and administration of this formula.

Mothers and babies need competent care from trained health professionals and a community network which works together. We strongly encourage membership of the Australian Breastfeeding Association (ABA) and involvement in their local groups to complement the support available within the Health System.