

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

- Maintain mother-friendly antenatal, labour and birthing practices at the Royal Hospital for Women (RHW) to optimise breastfeeding
- Promote, protect and support breastfeeding at RHW by implementing the Baby Friendly Health Initiative (BFHI) framework 'The Ten Steps to Successful Breastfeeding' (Appendix 1)
- Support standards of care for a woman who is artificially feeding

2. PATIENT

- Pregnant and postpartum woman

3. STAFF

- All staff at RHW

4. EQUIPMENT

- Nil

5. CLINICAL PRACTICE

- Ensure all staff are aware that RHW is a 'Baby Friendly' hospital and support The Ten Steps to Successful Breastfeeding
- Communicate this policy and all other relevant BFHI policies/protocols to all staff who have any contact with a pregnant or postpartum woman. Adherence to this policy is mandatory
- Ensure a copy of this policy is easily accessible through the RHW website
- Ensure summary poster 'Supporting Breastfeeding and Safe Neonatal Feeding in Our Health Service' (Appendix 2) is displayed in relevant public areas
- Ensure staff have sufficient knowledge, competence and skills to support breastfeeding
- Maintain data management of required BFHI education hours
- Ensure all staff are aware of the:
 - SESLHD policy - Support for Breastfeeding Employees in SESLHD
https://www.seslhd.health.nsw.gov.au/sites/default/files/migration/Policies_Procedures_Guidelines/Workforce/Workplace_Business_Services/documents/SESLHDPR413SupportForBreastfeedingEmployeesinSESLHD.pdf
 - RHW Operational Business Rule 'Supporting breastfeeding employees at the Royal Hospital for Women' (located on the RHW intranet).These policies address support for staff to continue to breastfeed when they return to work
- Ensure all staff are aware of their BFHI educational requirements

ANTENATAL

- Ensure each pregnant woman is provided with information, education and support on the importance and management of breastfeeding, and this information is documented in the antenatal record prior to 28 weeks gestation
- Provide pregnant woman with the opportunity to discuss her choices and decisions with regards to options of neonatal feeding, ensuring the information given is evidence-based.
- Clarify and respect the woman's chosen method of neonatal feeding
- Explore the woman's previous neonatal feeding experience and offer extra support if required
- Refer to Clinical Midwifery Consultant (CMC2) Lactation if the woman fulfils criteria as per RHW LOP 'Antenatal Lactation Clinic - Referral, Assessment and Preparation'
<https://www.seslhd.health.nsw.gov.au/royal-hospital-for-women/policies-and-publications/functional-group/392>

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- Refer the woman to MotherSafe if she requires more information about medication use in the antenatal and postpartum period 02 93826539. <http://www.sesiahhs.health.gov.au/mothersafe>
- Provide the woman with education which explains the physiological basis and benefits of breastfeeding, the risks of not breastfeeding and optimal management practices that will empower the woman in her ability to breastfeed
- Provide the woman with education on the benefits of exclusive breastfeeding for six months and the importance of continuing breastfeeding when other food is introduced for as long as mutually desired by the woman and neonate/infant/child. This includes a woman returning to the paid workforce in this time frame
- Provide a woman with written information on breastfeeding and encourage her to attend free breastfeeding education classes
- Provide the woman with written information on breastfeeding support groups including peer-to-peer counselling e.g. The Australian Breastfeeding Association (ABA) www.breastfeeding.asn.au
- Provide education on Mother-Friendly labour practices for a pregnant woman to achieve a positive experience for labour and birth, and to optimise breastfeeding by:
 - Encouraging the woman to have a birth plan which allows consideration of her choices
 - Encouraging immediate skin-to-skin contact with her neonate at birth
 - Encouraging the woman to have a support person(s) of her choice with her throughout labour and birth
 - Encouraging the use of non-pharmacological pain relief during labour
 - Encouraging and supporting active labour practices. This allows the woman to move freely during labour and assume birthing positions of her choice, unless restrictions are medically indicated
 - Maintaining collaboration, consultation and communication with all caregivers

POSTPARTUM

- Place neonate in skin-to-skin contact with woman immediately following birth for at least one hour, regardless of chosen feeding method or mode of birth. This involves placing naked neonate prone on the woman's bare chest and covering neonate with warm blanket +/- hat
- Facilitate woman to recognize when her neonate is ready to breastfeed, offering help if needed
- Encourage skin-to-skin contact with nominated support person when a woman has had a general anaesthetic for birth, until woman is able to safely respond to her neonate. Aid by keeping the woman and neonate together and ensuring procedures are in place for appropriate vigilance of neonate including assessment of airway, breathing and colour
- Delay weighing, measuring and bathing neonate to facilitate uninterrupted skin-to-skin contact
- Re-establish and maintain skin-to-skin contact of the woman and her neonate for at least one hour, if skin-to-skin is interrupted due to a medical indication or the woman's request. This includes 'kangaroo care' in Newborn Care Centre (NCC)
- Document any 'hands-on technique' assistance given by staff at the woman's request
- Show woman how to breastfeed and how to maintain lactation, even if she is separated from her neonate
- Support the woman to initiate and maintain breastfeeding and manage common difficulties
- Educate the woman about the important practice of "baby-led" feeding, unrestricted frequency and length of breastfeeding
- Educate the woman to respond to her neonate's early feeding cues e.g. rooting, licking, stirring and mouth movements

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- Empower the woman with education about the following, especially if woman is separated from her neonate:
 - how to initiate and maintain lactation within the first six hours of birth e.g. 'baby-led' feeding
 - expressing
 - safe management of expressed breastmilk
- Educate the woman how to assess her neonate is feeding effectively, with age-appropriate output
- Assess breastfeeding regularly and document in the woman's 'Clinical Pathway - Breastfeeding Assessment'
- Educate the woman on recommended techniques how to hand express
- Ensure woman is educated on safe management, use and storage of breastmilk and provide RHW patient information leaflet "Expressing and Storing Breastmilk" (Appendix 3)
- Ensure woman is aware of free postnatal breastfeeding classes, community and peer-to-peer breastfeeding groups e.g. ABA
- Support the woman who is artificially feeding and:
 - provide individual education and supervision on safe preparation, storage and handling of reconstituted powdered formula
 - provide woman with written information the RHW "Formula Feeding Information for Parents" resource booklet. This is available on the RHW Public Drive – Patient Information Leaflets – Infant Formula
 - ensure the woman is aware of the risks to her neonate if the preparation and handling instructions are not followed carefully
 - advise the woman of the cost of formula
 - advise the woman formula is used until neonate is 12 months of age
- Give neonate no food or drink other than breastmilk, unless medically indicated (Appendix 4)
- Ensure woman is educated about the importance of exclusive breastfeeding to six months of age and the risks associated with the use of supplements and formula to a breastfed neonate
- Provide woman who is requiring additional support with an agreed written breastfeeding plan that is reviewed each shift and document in the medical record. Give a copy to the woman
- Provide support for a woman who ceases breastfeeding before she wanted or planned to. Explore the reasons for this to reduce feelings of loss and disappointment, and minimize effect on any future neonatal feeding experience
- Complete consent form for 'Supplementary Formula Feeding of Breastfed Newborns' if formula supplementation is to be given and:
 - ensure the volume of the supplement considers the neonate's stomach size as per RHW LOP 'Supplementary Feeding of Breastfed Babies in the Postnatal Period' <https://www.seslhd.health.nsw.gov.au/royal-hospital-for-women/policies-and-publications/functional-group/392>
 - ensure the woman is not provided with samples or supplies of formula, bottles or teats to take home
- Enable woman and her neonate to remain together and to practice rooming-in 24 hours a day. Educate the woman on benefits of this e.g. confidence in recognizing her neonate's early feeding cues and normal behaviours, increased breastfeeding and adequate breastmilk supply, decreased risk of infection, security.
- Ensure rooming-in is only interrupted for a medically acceptable reason e.g. unwell woman or neonate
- Document the time, duration and reason/circumstances if woman and her neonate are separated and place completed separation sticker in Neonatal Care Plan
- Ensure direct supervision of neonate for any period not rooming-in

LOCAL OPERATING PROCEDURE – CLINICAL

4.

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Review March 2022

BREASTFEEDING – PROTECTION, PROMOTION AND SUPPORT cont'd

- Educate the woman on the risks of use of dummies and teats in the early breastfeeding period to avoid:
 - neonatal sucking confusion
 - difficulty in the mother recognising early feeding cues
 - reduced breastfeeding frequency
 - reduced breast stimulation resulting in decreased breastmilk supply
 and provide SESLHD information leaflet “Use of dummies and pacifiers”
https://www.seslhd.health.nsw.gov.au/sites/default/files/migration/Planning_and_Population_Health/Health_Promotion/Healthy_Weight/docs/breastfeeding/Breastfeeding_Dummies_SESLHD.pdf
- Utilise alternative methods such as spoon, cup, finger feeding, if required, by appropriately trained staff
- Document an acceptable medical reason, or maternal request, if a breastfed neonate is given a dummy or offered supplementary feeds using a bottle and teat, and document any discussions in the medical record

DISCHARGE

- Coordinate discharge so the woman and her neonate have timely access to ongoing support and care
- Provide woman with post-discharge care and written information about community health and peer-to-peer breastfeeding support
- Provide woman who is artificially feeding at discharge with written information about community health support
- Advise breastfeeding woman to have follow up support within two to four days after discharge (i.e. Child and Family Health, General Practitioner, The Australian Breastfeeding Association)

6. DOCUMENTATION

- Maternal Clinical Pathway
- Neonatal Care Plan
- Medical records

7. EDUCATIONAL NOTES

- The RHW educates all relevant staff and addresses mother-friendly labour and birthing practices. This includes awareness of practices and procedures during labour and birth which may impact on the woman's condition and establishment of exclusive breastfeeding. The optimal protection, promotion and support of breastfeeding is facilitated by the adoption of normal physiological birthing practices
- The World Health Organization (WHO) and United Nations International Children's (UNICEF) launched the BFHI Initiative in 1992, to strengthen maternity practices to support breastfeeding.
- The framework for the BFHI is the 'Ten Steps to Successful Breastfeeding' described in Protecting, Promoting and Supporting Breastfeeding: A Joint WHO/UNICEF Statement.
- Protecting, promoting and supporting breastfeeding practices contributes to improving the health, nutrition and wellbeing of women and their neonates, throughout their breastfeeding continuum from the antenatal period to postpartum and beyond.
- The RHW accepts and endorses WHO/UNICEF global recommendations on breastfeeding and on infant and young child feeding. This includes the World Health Assembly Resolutions on Infant and Young Child Feeding and Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding.
- The WHO International Code aims to protect and promote breastfeeding by ensuring appropriate marketing and distribution of breastmilk substitutes.

LOCAL OPERATING PROCEDURE – CLINICAL

5.

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- The scope of the WHO International Code applies to breastmilk substitutes, when marketed or represented as a partial or total replacement for breastmilk.
- BFHI criteria excludes staff attendance at neonatal formula company sponsored conferences/seminars from being counted as continuing breastfeeding education.
- Breastfeeding protection enables women to breastfeed any place they feel comfortable. A mother and child have a right to feed confidently and without harassment. It includes legislative and regulatory guidelines, leave and employment entitlements and the creation of baby and breastfeeding friendly environments in the health system and broader community.
- Breastfeeding promotion refers to coordinated activities and policies to promote health among women, neonates and infants through breastfeeding.
- Breastfeeding support begins for women from their first antenatal visit and is followed through their postnatal period. Support is implemented through breastfeeding initiation and maintenance. This may be verbal and/or physical help and infrastructure set up.
- Exclusive Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of neonates. It is also an integral part of the reproductive process with important implications for the health of mothers
- Breastfeeding is important for optimal infant nutrition, growth and healthy development, protection against infection and chronic disease and benefits maternal health.
- Breastfeeding provides short-term and long-term health economic and environmental advantages to children, women, families and society
- Breastfeeding policies at national and local level should ensure that health professionals and health service providers are well informed about and fulfil their responsibilities under the WHO International Code of Marketing of Breastmilk Standards, covered by Summary of WHO International Code Compliance Standards (Appendix 5)
- It is recommended that all neonates 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 woman and infant wish
- HIV positive women are currently contraindicated to breastfeeding according to NSW Health guidelines. When a woman is known to be HIV positive, specialist advice is recommended for each individual case
- All women 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 neonate
- Responsibility for professional development rests with the individual and this process will be facilitated by the educator and manager with each relevant department maintaining a database of completed breastfeeding education hours
- Intrapartum procedures which may interfere with the establishment of breastfeeding include rupture of membranes, episiotomy, acceleration or induction of labour, instrumental delivery and caesarean birth. These should therefore not be used unless medically indicated
- Ongoing evidence indicates that continuous support during labour improves childbirth outcomes, including enhancing the physiological process of labour and establishment of breastfeeding
- Representatives from companies which distribute or market products within the scope of the WHO International code of marketing of Breastmilk Substitutes are restricted from direct or indirect access RHW, its staff, pregnant women, or mothers attending the facility
- As a breastfeeding friendly facility, RHW does not allow or accept gifts, non-scientific literature, materials or equipment, money or support for in-service neonatal feeding related education or events from these companies
- All neonatal formula used by the hospital is purchased with receipts freely available to view
- Any research performed at RHW which involves mothers and neonates must adhere to this policy and BFHI framework

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- The Royal Hospital for Women provides a culturally sensitive environment to breastfeeding families in response to the woman's beliefs, customs or ethnicity
- Special support for optimal neonatal and young child feeding will be offered to disadvantaged individuals, groups and communities with low breastfeeding rates and with poor neonatal and young child feeding practices
- Ongoing data collection and evaluation is conducted and clinical practice is modified accordingly
- Hospital and community staff must meet on a regular basis. Minutes of these meeting are available to clinical managers to ensure effective communication between all health care staff
- Development of RHW breastfeeding policies consider the environmental, social and policy interventions to promote and support breastfeeding

8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP

- NSW Health PD 2018_034 Breastfeeding in NSW: Promotion, Protection and Support
- NSW Health PD 2010_45 Towards Normal Birth
- NSW Health PD2010_019 Breastmilk – Safe Management
- SESLHD R413 2015 Support for Breastfeeding Employees in SESLHD
- SESLHD PD 251 2013 Breastfeeding Women: Support in Non-Maternity Facilities
- SESLHD PD 158 2016 Rooming in for Healthy Babies
- SESLHDGL/063 Care of infant feeding equipment within SESLHD facilities
- Supplementary Feeding of Breastfed Babies in the Postnatal Period
- Spoon and Cup Feeding – Alternative Feeding Methods in the Early Postnatal Period
- Antenatal Lactation Clinic – Referral and Assessment
- Breastfeeding Support Unit (BSU)
- Suppression of Lactation or Weaning

9. RISK RATING

- Low

10. NATIONAL STANDARD

- Standard 5 – Comprehensive Care

11. REFERENCES

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<http://www.bfmed.org/Media/Files/Protocols/Protocol%203%20English%20Supplementation.pdf>
2. Appleton J, Laws R, Russell CG, Fowler C, Campbell KJ & Denney-Wilson E. 2018 Infant formula feeding practices and the role of advice and support: an exploratory qualitative study *BMC Pediatrics*, vol. 18., no. 12
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3. Australian Government National Health and Medical Research Council Department of Health and ageing. Eat for Health. Infant Feeding Guidelines 2012. Infant Feeding Guidelines Summary. NHMRC: Commonwealth of Australia 2013
http://www.eatforhealth.gov.au/sites/default/files/files/the_guidelines/n56_infant_feeding_guidelines.pdf
4. Balogun OO, Dagvadorj A, Yourkavitch J, da Silva Lopes K, Suto M, Takemoto Y, Mori R, Rayco-Solon, P & Ota E 2017 Health facility staff training for improving breastfeeding outcome: a systematic review for step 2 of the Baby-friendly Hospital Initiative, *Breastfeeding Medicine*. Vol. 12. No. 9 <https://www.liebertpub.com/doi/pdf/10.1089/bfm.2017.0040>

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16. World Health Organization, 2018, Implementation Guidance. Protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services: the revised Baby Friendly Hospital Initiative 2018 <http://www.who.int/nutrition/publications/guidelines/breastfeeding-facilities-maternity-newborn-summary.pdf?ua=1>

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<https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2014/02/Guide-to-the-Unicef-UK-Baby-Friendly-Initiative-Standards.pdf>
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..../Appendices

REVISION & APPROVAL HISTORY

Reviewed and endorsed Maternity Services LOPs 8/3/19
Approved Quality & Patient Care Committee 3/3/16
Reviewed and endorsed Lactation Working Party February 2016
Approved Quality & Patient Safety Committee August 2015
Reviewed Maternity Services LOPs group 18/8/15
Approved Quality & Patient Safety Committee 19/4/12
Replaced the following Breastfeeding policies
Staff Education and Implementation Guideline (2001 – 2012)
Care of the Breasts for Postnatal Women Guideline (2003 – 2012)
Care of nipples Guideline (2004 – 2012)
Dummies/Pacifiers – Postnatal Use Guideline (2001 – 2012)
Skin to Skin contact for Newborns Guideline (2004 – 2012)

Appendix 1
World Health Organisation (2018)
'Ten Steps to Successful Breastfeeding' (Revised)

Critical management procedures

- 1a. Comply fully with the *International Code of Marketing of Breast-milk Substitutes* and relevant World Health Assembly resolutions.
- 1b. Have a written infant feeding policy that is routinely communicated to staff and parents.
- 1c. Establish ongoing monitoring and data-management systems.
2. Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.

Key clinical practices

3. Discuss the importance and management of breastfeeding with pregnant women and their families.
4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.
5. Support mothers to initiate and maintain breastfeeding and manage common difficulties.
6. Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.
7. Enable mothers and their infants to remain together and to practise rooming-in 24 hours a day.
8. Support mothers to recognize and respond to their infants' cues for feeding.
9. Counsel mothers on the use and risks of feeding bottles, teats and pacifiers.
10. Coordinate discharge so that parents and their infants have timely access to ongoing support and care.



Reference

1. World Health Organization, 2018, Ten Steps to successful breastfeeding (revised 2018), viewed 5 October 2018, WHO, Geneva, <http://www.who.int/nutrition/bfhi/ten-steps/en/>

Appendix 2



SUPPORTING BREASTFEEDING AND SAFE NEONATAL FEEDING IN OUR HEALTH SERVICE

Our Health Service is committed to supporting and encouraging safe feeding for all neonates. We comply with the World Health Organisation International Code for the Marketing of Breastmilk Substitutes and World Assembly Resolutions. Our full document, which sets out our practices and guidelines relating to neonatal feeding, is available on the RHW website: <https://www.seslhd.health.nsw.gov.au/royal-hospital-for-women/policies-and-publications>

We train:

- All staff involved in your care in the skills necessary to support the successful establishment of breastfeeding and safe neonate feeding practices

We provide:

- Evidence based practices within our facility during pregnancy, birth and the parenting journey
- Education throughout pregnancy, labour, birth and the postnatal period:
 - to help achieve breastfeeding goals
 - on the importance of breastfeeding
 - on management of breastfeeding
- Additional support when woman and neonate are separated to establish and maintain breastmilk supply
- Individual instruction on the safe preparation and administration of formula for a woman who is formula feeding

We encourage:

- Ongoing professional and peer to peer support for continuing breastfeeding
- Membership of the Australian Breastfeeding Association (ABA) and local breastfeeding groups to compliment community support

We recommend:

- Exclusive breastfeeding to six months of age, ongoing breastfeeding until two years of age and beyond (with appropriate and safe complementary foods) or as long as both mother and baby wish
- Skin-to-skin contact immediately after birth until the first breastfeed and continuing until breastfeeding is established
- Rooming-in. This involves keeping a mother and her neonate(s) together 24 hours a day to gain confidence in recognizing and responding to her neonate's feeding cues
- Breastfeeding whenever neonate shows readiness
- Exclusive breastfeeding unless medically indicated
- Avoiding teats and dummies, as these may interfere with the successful establishment of breastfeeding, unless medically indicated

We welcome all families from different cultures and support culturally diverse backgrounds. Interpreters are available if needed.

All women working in, visiting, or using the RHW are welcome to breastfeed their baby in this facility.

Appendix 3 Expressing and Storing Breastmilk

Reasons for expressing

- You are returning to work
- You are going out and will miss a breastfeed
- To help your baby attach to a full breast
- Your nipples are too sore to breastfeed
- You or your baby is unable to directly breastfeed, but, you still want the baby to have breastmilk
- To clear a blocked duct and prevent mastitis
- To help treat mastitis
- You wish to increase your breastmilk supply

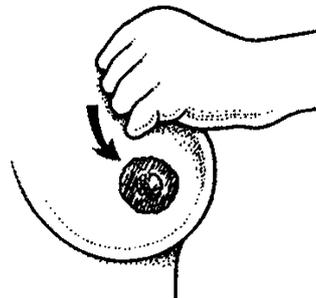
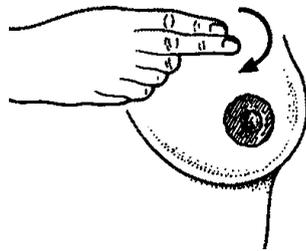
Some helpful hints

- Express in a comfortable, private place, free from distractions
- Have a glass of water nearby
- Have all expressing equipment ready
- **Relax!** Music, looking at photo of your baby or smelling something he/she has worn may help

Hand Expressing

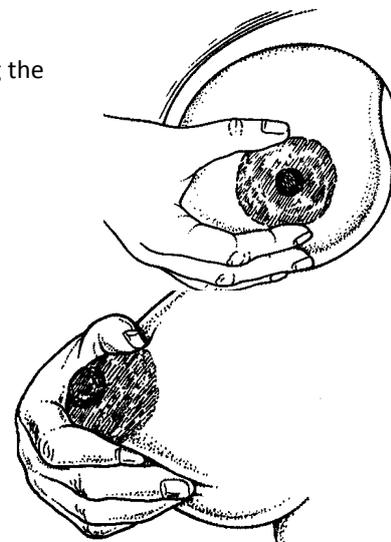
Before starting:

- Wash your hands with soap and warm water. Dry with a clean towel before handling your breast.
- Get a clean, dry container (one that has been washed in hot soapy water and rinsed)
- To encourage the flow of milk gently massage the breast. Start from the top of the breast and work down towards the nipple including the underside. Do this several times to ensure the whole breast is massaged.



A general guide

- Make a C-shape with your thumb and fingers
- Gently and carefully press backwards, hold for about 2 seconds and release, easing the breastmilk out of the ducts
- Do not squeeze the nipple
- Be careful not to damage the breast tissue by sliding your fingers along the breast
- Be patient - the breastmilk may take a little time to start flowing
- Once the breastmilk flow has slowed, move your fingers to another spot and start again. This helps express more breastmilk and drain all parts of the breast
- If expressing both breasts, switch back and forth doing a few minutes on each side – up to 20-30 minutes in total
- If expressing after a breastfeed for increased stimulation, there may be only a little breastmilk left in the breast.
- It often takes time to be comfortable with expressing. Please ask for help if you find it difficult to express.



Storing expressed breastmilk in the home

Breastmilk is best used when fresh, but can be stored in a fridge or freezer in a clean, covered plastic or glass container. Label with your name, date and time expressed. The following is a simple guide for storing expressed breastmilk at home.

BREASTMILK	ROOM TEMPERATURE	REFRIGERATOR	FREEZER
Freshly expressed, in a closed container	6–8 hours if temperature is $\leq 26^{\circ}$ C. If refrigeration is available, it is better to store breastmilk there.	72 hours if the refrigerator temperature is $\leq 4^{\circ}$ C. Store in the back section rather than in the door	“Bar” refrigerator - 2 weeks Freezer section of refrigerator with separate door (- 18°C) – 3 months Deep freezer (-20°C) – 6-12 months
Previously frozen – thawed in refrigerator but not warmed	≤ 4 hours i.e. the next feed	Store in refrigerator 24 hours	Do not refreeze
Thawed outside refrigerator in warm water	For completion of feed Throw out leftover breastmilk	4 hours or until next feed	Do not refreeze
Neonate has begun feeding	For completion of feed Throw out left over breastmilk	Discard	Discard

Transporting expressed breastmilk

- Use an insulated container e.g. a chiller bag with a freezer brick, to keep breastmilk cold/frozen
- If not using immediately, put the breastmilk back into a refrigerator or freezer as soon as possible
- If some of the frozen breastmilk has thawed, it should be used within 24 hours. **Do not refreeze**

Thawing/warming expressed breastmilk

- Frozen: Defrost quickly by placing breastmilk container in a jug with hot water, and shake gently every few minutes
- Chilled: Shake breastmilk gently if it has separated in the storage container in the fridge. Warm breastmilk by placing the cup/bottle in a jug of hot, not boiling, water.
- To test for readiness: Place a few drops on the inside of your wrist. It should be body temperature, or just a little warmer
- Do not use a microwave to thaw or heat breastmilk
- Do not reheat or reuse breastmilk

Feeding baby expressed breastmilk

- Expressed breastmilk can be fed to a baby using a plastic spoon, a small cup with a rounded lip, or by bottle.
- The method chosen will depend on whether the baby is breastfeeding and your personal choice, the age of the baby and the amount of breastmilk being offered.

Contacts

If you have any further questions about anything you have read, please talk to:

- your midwife
- your child and family health nurse
- Australian Breastfeeding Association 1800 686268

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Appendix 4

Acceptable Medical Reasons for Use of Breastmilk Substitutes

NEONATAL CONDITIONS

Neonates with the following conditions should not receive breastmilk or any other milk except specialised formula:

- Classic galactosemia: a special galactose-free formula is needed.
- Maple syrup urine disease: a special formula free of leucine, isoleucine and valine is needed.
- Phenylketonuria: a special phenylalanine-free formula is needed, though some breastfeeding is possible, under careful monitoring.

Neonates with the following conditions for whom breastmilk remains the best feeding option but who may need other food in addition to breastmilk for a limited period:

- very low birth weight neonates (those born weighing less than 1500g).
- very preterm neonates, i.e. those born less than 32 weeks gestational age.
- neonates who are at risk of hypoglycaemia by virtue of impaired metabolic adaptation or increased glucose demand. This includes those who are preterm, small for gestational age or who have experienced significant intrapartum hypoxic/ischaemic stress, as well as those who are ill and those whose mothers are diabetic if their blood sugar fails to respond to optimal breastfeeding or breastmilk feeding

MATERNAL CONDITIONS

Mothers who are affected by any of the conditions mentioned below should receive treatment according to standard guidelines.

Mothers with HIV may need to avoid breastfeeding

- The most appropriate neonatal feeding option for a HIV-infected mother depends on the individual circumstances of mother and neonate, including the mother's health status, but should also take into consideration the health services available and the counselling and support the mother is likely to receive.
- When replacement feeding is acceptable, feasible, affordable, sustainable and safe (AFASS)⁶, avoidance of all breastfeeding by HIV-infected women is recommended.
- Mixed feeding in the first six months of life i.e. breastfeeding while also giving other fluids, formula or foods, should always be avoided by HIV-infected mothers.

Mothers with the following conditions may need to avoid breastfeeding temporarily:

- Severe illness that prevents a mother from caring for her neonate, for example sepsis.
- Herpes simplex virus type 1 (HSV-1): Direct contact between lesions on the mother's breasts and the neonate's mouth should be avoided until all active lesions have resolved.
- Maternal medication including:
 - sedating psychotherapeutic drugs, anti-epileptic drugs, opioids and their combinations may cause side effects such as drowsiness and respiratory depression and are better avoided if a safer alternative is available⁷
 - radioactive iodine-131 is better avoided given that safer alternatives are available. A mother can resume breastfeeding about two months after receiving this substance.
 - excessive use of topical iodine or iodophors e.g. povidone-iodine, especially on open wounds or mucous membranes, as this can result in thyroid suppression or electrolyte abnormalities in the breastfed neonate, and should be avoided.
 - cytotoxic chemotherapy - requires that a mother stops breastfeeding during therapy.

Mothers with the following conditions can continue breastfeeding, although health problems may be of concern:

- Breast abscess: Breastfeeding should continue on the unaffected breast. Feeding from the affected breast can resume once treatment has started⁸
- Hepatitis B: Neonates should be given hepatitis B vaccine within the first 48 hours or as soon as possible thereafter⁹
- Hepatitis C.
- Mastitis: If breastfeeding is very painful, breastmilk must be removed by expression to prevent progression of the condition⁸
- Tuberculosis: Mother and neonate should be managed according to national tuberculosis guidelines¹⁰
- Substance use¹¹:

- Mothers should be encouraged not to use these substances and given opportunities and support to abstain. Mothers who choose not to cease their use of these substances or who are unable to do so should seek individual advice on the risks and benefits of breastfeeding depending on their individual circumstances. For mothers who use these substances in short episodes, consideration may be given to avoiding breastfeeding temporarily during this time.
- Nicotine, alcohol, ecstasy, amphetamines, cocaine and related stimulants have been demonstrated to have harmful effects on breastfed neonates.
- Alcohol, opioids, benzodiazepines and cannabis can cause sedation in both the mother and the neonate.

ADDENDUM FOR AUSTRALIA

The list above was developed by the World Health Organization (WHO) for global use. There are some situations and more recent recommendations which are not included above, but are listed below that are considered by BFHI to be acceptable medical reasons for the use of breastmilk substitutes in Australia.

Primary Inadequate Breastmilk Supply

- Breast surgery: Women who have had breast surgery, such as breast reduction with nipple relocation, may find it necessary to use a breastmilk substitute to supplement their neonate's intake and ensure adequate nutrition.
- Bilateral breast hypoplasia: Every attempt should be made to stimulate an adequate milk supply, but if unsuccessful, the neonate may need a breastmilk substitute to supplement intake and ensure adequate nutrition.

HIV Infection

The World Health Organization (WHO) have released updated guidelines; *Guidelines on HIV and Infant Feeding, 2010, Principles and recommendations for infant feeding in the context of HIV and a summary of Evidence, Geneva WHO; 2010*. If a decision is made to use replacement feeding it must be acceptable, feasible, affordable, sustainable and safe (AFASS). An individual decision should be made in consultation with each mother, taking into account her circumstances and viral load.

Hepatitis B

Under the current Hepatitis B recommended prophylaxis, breastfeeding is not a risk factor for mother-to-child transmission¹²

Adapted from BFHI Handbook for Maternity Facilities. Baby Friendly Health Initiative, Australia Updated 2016

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Appendix 5

Summary of WHO International Code Compliance Standards

Aim: the aim of the *WHO International Code* is to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breastmilk substitutes, including infant formula, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.

Scope: the *WHO International Code* applies to the marketing, and practices related thereto, of the following products: breastmilk substitutes, including infant formula; other milk products, foods and beverages, including bottle-fed complementary foods, when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breastmilk; feeding bottles and teats. It also applies to their quality and availability, and to information concerning their use.

Policy statements on the WHO International Code

- Adherence by the facility and its staff to the relevant provisions of the *WHO International Code* and subsequent WHA resolutions.
- All promotion of artificial feeding and materials which promote the use of infant formula, feeding bottles and teats is prohibited.
- The facility is not permitted to receive or distribute free and subsidised (low cost) products within the scope of the *WHO International Code*.
- The distribution to parents of take-home samples and supplies of infant formula, bottles and teats is not permitted.
- There are restrictions on access to the facility and staff by representatives from companies in relation to marketing or distributing infant formula products or equipment used for artificial feeding.
- There is no direct or indirect contact of these representatives with pregnant women or mothers and their families.
- The facility does not accept free gifts, non-scientific literature, materials or equipment, money, or support for in-service education or events from these companies if there is any association with artificial feeding or potential promotion of brand/product recognition in relation to infant feeding
- There is careful scrutiny at the institutional level of any research which involves mothers and babies for potential implications on infant feeding or interference with the full implementation of the policy.

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