Approved by Quality & Patient Care Committee
3 March 2016

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.

Protecting, promoting and supporting breastfeeding practices contributes to improving the health, nutrition and wellbeing of women and their newborns, throughout their breastfeeding continuum from the antenatal period to postpartum and beyond (1,2). The World Health Organization (WHO) and UNICEF launched the Baby-friendly Hospital Initiative in 1992, to strengthen maternity practices to support breastfeeding (3). The foundation for the BFHI is the Ten Steps to Successful Breastfeeding described in Protecting, Promoting and Supporting Breastfeeding: a Joint WHO/UNICEF Statement (1, 2, 3). The WHO International Code of Marketing of Breast-milk Substitutes declares that substitutes for breast milk should not be marketed in ways that can interfere with breastfeeding (2, 3, 4, 5)

- **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 (1)

- **Breastfeeding Promotion** refers to coordinated activities and policies to promote health among women, newborns and infants through breastfeeding (2)

- **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 (1, 2). This may be verbal, physical help or assistance or infrastructure set up, such as available breastfeeding rooms or workplace facilitates to breastfeed (2) It also encompasses training provided to support all staff and activities. Support can also be provided through peer support such as the Australian Breastfeeding Association (1, 2).

- **Exclusive Breastfeeding** 'is an unequalled way of providing ideal food for the healthy growth and development of infants; it is also an integral part of the reproductive process with important implications for the health of mothers' (3).

1. AIM

- Establish and promote the Baby Friendly Hospital Initiative and policy on breastfeeding in accordance with the NSW Health policy directives, Australian National Strategies and global recommendations (6)
- Identify interventions and strategies with the potential to promote and support women to achieve breastfeeding goals
- Midwives, Lactation Consultants and medical staff to implement and foster evidence-based practices to promote, protect and support breastfeeding. Support staff to use information from peer reviews and intervention studies to guide decisions about policy and programs
- Provide support to women antenatally and throughout their postpartum period, for both breastfeeding initiation and maintenance.
- Identify options for environmental, social and policy interventions to promote and support breastfeeding
- Implement the 'Ten Steps to Successful Breastfeeding' to become and maintain designated as Baby-Friendly and abide by WHO's *International Code of Marketing of Breast-milk Substitutes*, which prohibits distribution of promotional materials such as gift bags with formula or other materials that promote formula (2,3)

BREASTFEEDING – PROTECTION, PROMOTION AND SUPPORT cont'd

- Encourage systematic planning and evaluation and the development of a broad approach to promoting and supporting breastfeeding
- The Royal Hospital for Women adopts an impartial approach in the planning and implementation of initiatives to promote breastfeeding
- Encourage continuity of care, referral and community support networks.
- Protection, promotion and support activities should focus on women who are less likely to breastfeed
- Promote the value of breastfeeding and optimise breastfeeding initiation rates

2. PATIENT

- Woman accessing Royal Hospital for Women from pregnancy and postpartum period

3. STAFF

- Medical, nursing and midwifery staff
- Domestic Staff
- Administration staff
- Allied Health

4. EQUIPMENT

- Nil

5. CLINICAL PRACTICE

Communicating the policy:

- Communicate this policy to all staff who have any contact with a pregnant and postpartum woman
- Make copy of THIS policy easily accessible
- Summary posters are displayed in relevant public areas (Appendix 1)

Training:

- Train and educate all staff regarding this policy
- Train and educate all staff who have contact with a pregnant and postpartum woman regarding breastfeeding management
- Train and educate relevant staff at a level commensurate with the amount of breastfeeding and infant feeding advice and assistance they will be providing
- Train new staff within six months of commencement of their contract
- Utilise written curricula that clearly covers the Ten Steps to Successful Breastfeeding for staff training

Antenatal period:

- Provide pregnant women with the opportunity to discuss various aspects of infant feeding with their care provider
- Enquire about their previous experience and offer extra support if required
- Explain clearly the physiological basis and benefits of breastfeeding together with good management practices that will promote the woman's confidence in her ability to breastfeed
- Provide woman with written information on breastfeeding and encourage to attend breastfeeding education classes
- Refer woman to MotherSafe if they require more information about medication use during breastfeeding

Postpartum period:

- Encourage immediate unrestricted skin-to-skin contact after birth(unless a medically indicated procedure is required) in an unhurried environment (including operating theatre suites), regardless of feeding method
- Initiate skin-to-skin in Theatre Suites for post-operative/caesarean woman if not medically contraindicated. Ensure unrestricted skin to skin contact for women who have had a general anaesthetic within 10 minutes of admission to recovery. Ensure routine procedures such as weighing, measuring and Vitamin K administration do not interrupt skin-to-skin contact
- Re-establish skin-to-skin contact as soon as able if skin-to-skin is interrupted for clinical indications or maternal choice
- Encourage skin-to-skin contact with partner/support person if woman unable
- Continue skin-to-skin contact until the baby has initiated the first breastfeed
- Provide assistance as required by helping the woman recognise and respond to her baby's feeding behaviours
- Supervise/assist the woman to respond to her baby's feeding cues
- Ensure the woman and baby will remain together in Recovery and during transfer back to the ward. Whenever possible skin-to-skin contact will continue once the woman and neonate have been admitted to the postnatal ward

Management of lactation:

- Encourage demand feeding or feeding to need unless there is documented clinical acceptable medical reason (5)
- Provide support, advice and assistance with the normal neonatal changes experienced by the woman. 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.
- Provide midwifery support, advice and guidance with managing basic breastfeeding issues such as positioning and attachment, care of the breasts and hand expression
- Reinforce the importance of night-time feeding for milk production.
- Offer the available breastfeeding resources to the woman, e.g.Free antenatal and postnatal breastfeeding classes, Royal Hospital for Women Education T.V., SESLHD Patient Information handouts
- Evaluate breastfeeding regularly and document in the integrated Clinical Notes and document a formal assessment in the maternal clinical pathway
- Demonstrate how to hand express for a woman who is separated from her neonate within six hours and encourage to continue expressing at least 8 - 10 times in a 24 hour period
- Provide written information on hand expressing and electric breast pump hire
- Assess and document all breastfeeds and complete Breastfeeding Assessment Tool by a midwife whilst in hospital/accessing Maternity services.

Supplementation:

- Abstain from offering supplementations in the form of water or breastmilk substitutes to a breastfed neonate unless there is a clearly identifiable and documented acceptable medical reason made by a senior midwife or medical officer (5)
- Discuss reasons/ acceptable medical indications for supplementation with the parents
- Document discussion in the Integrated Clinical Notes
- Obtain signed consent by woman and midwife for each supplement given
- Develop and write an agreed feeding plan with the woman and give one copy to the woman and file one copy in the maternal clinical pathway
- Review plan every 24 hours and modify as required

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BREASTFEEDING – PROTECTION, PROMOTION AND SUPPORT cont'd

Rooming In:
- Educate the woman on the 24 hour rooming in policy.
- Ensure the woman is not separated from her neonate without medical indication
- Do not routinely separate neonate from the woman at night, regardless of how they are being fed
- Place completed Neonatal Separation Sticker in the neonatal clinical pathway, if neonate is separated from woman. Document any reason for separation of neonate from parents in the Clinical Integrated Notes.

Use of Artificial Teats, Dummies and Nipple Shields:
- Do not recommend the use of artificial teats and dummies during the establishment of breastfeeding for healthy term neonates
- Educate the woman on the implications of using teats and dummies while trying to establish breastfeeding (including effects on neonate's suck mechanics and decreased maternal breast stimulation resulting in decreased supply)
- Provide education on the use of a spoon or cup to provide expressed breastmilk (See Spoon and Cup Feeding – Alternative Methods in the Early Postnatal Period)
- Document discussion and decision in the Integrated Clinical Notes
- Recommend use of nipple shields only when there is a clearly identifiable clinically acceptable medical reason made by a senior midwife or lactation consultant
- Refer to Royal Hospital for Women Nipple Shields - Use of in Postnatal Period policy and educate the woman appropriately

Discharge Preparation:
- Refer appropriately to the Child and Family Health Nurse or the Breastfeeding Support Unit (BSU) if the woman has any identified breastfeeding variance
- Inform the woman of the contact details for the peer to peer and community supports available. These numbers include the Australian Breastfeeding Association 24 hour helpline/membership and mother's group, local Child and Family Health Services and other professional support groups found in the Personal Health record ("blue book").
- Give woman contact details for MotherSafe if they require more information about medication use during breastfeeding

6. DOCUMENTATION
- Maternal Clinical Pathway
- Neonatal Clinical Pathway
- Integrated Clinical Notes
- ObstetriX

7. EDUCATIONAL NOTES
- 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 Substitutes (4, 5).
- Breastfeeding should be protected, promoted and supported, since breast milk is the ideal form of nutrition for all infants and young children(6,7)
- It is recommended that all neonates/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 woman and infant wish too (2,3,7)

- 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. (6, 8)
- Effective support requires commitment to establish standards for best practice in all maternity and child care institutions/services. At individual level, it means access for all women to breastfeeding supportive services, including assistance provided by appropriately qualified health workers and lactation consultants, peer counsellors, and mother-to-mother support groups (4,5,7)
- 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/infants (2,4)
- 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
- Attendance at formula company sponsored events will not be recognised as continuing education
- The facility protects breastfeeding by adhering to the relevant provisions of the WHO International Code of Marketing of Breastmilk Substitutes and relevant subsequent WHA resolutions (2, 3,9)
- It is the responsibility of all maternity staff to provide education and support women in their choice of infant feeding (4) 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 (4,10).
- "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 (1, 2,11). (See Appendix 2) (12)
- 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 woman's and baby's health records.
- All infant formula used by the hospital is to be purchased with receipts freely available to view.
- Prohibit all promotion of artificial feeding and materials which endorse the use of infant formula, feeding bottles and teat (3,12)
- The Royal Hospital for Women does not permit receiving free or subsidised (low cost) products within the scope of the WHO International Code of Marketing of Breastmilk Substitutes (3,9)
- The Royal Hospital for Women does not permit the distribution of samples and supplies of infant formula to parents
- Addresses restrictions to the facility and staff by representatives from companies which distribute or market products within the scope of the WHO International Code of Marketing of Breastmilk Substitutes (3, 9).
- Prohibits direct or indirect contact of these representatives with pregnant women or mothers and their families (8,9)
- As a breastfeeding friendly facility The Royal Hospital for Women does not allow or accept gifts, non-scientific literature, materials or equipment, money or support for in-service infant feeding related education or events from these companies (9, 12)
- Ensures that instruction on preparation and feeding of infant formula is given individually and only to parents who need it: there is no group instruction (7, 10)
- Support careful scrutiny at the institutional level of any research which involves mothers and babies to identify potential implications on infant feeding or interference with the full implementation of the policy (4,6, 9)

BREASTFEEDING – PROTECTION, PROMOTION AND SUPPORT cont'd

- Staff who elect to breastfeed on return to work from maternity leave will be supported.
- Special support for optimal infant and young child feeding will be offered to disadvantaged individuals, groups and communities with low breastfeeding rates and with poor infant and young child feeding practices (2, 10)
- All pregnant women and mothers will be educated and get one-to-one counselling on optimal infant and young child feeding in antenatal classes/clinics and after the birth of their baby (12)
- Every effort will be made to facilitate mothers in the paid workforce to exclusively breastfeed up to six months and to continue breastfeeding after that for as long as the mother and baby wish, in combination with appropriate complementary foods (2, 3, and 4).
- All health, social and allied workers and institutions caring for mothers, infants and young children will fully comply with all the provisions of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions (2, 3, 9).
- Monitoring and evaluation procedures should be central to the implementation of an action plan; the results of monitoring and evaluation activities should obviously be used for re-planning. To ensure comparability, monitoring of breastfeeding initiation, exclusivity and duration rates should be conducted using standardized definitions and universally accepted data collection methods (2, 4, 10).
- All women should have access to effective support. Women with particular breastfeeding difficulties should have also timely access to expert help and support from appropriately qualified lactation consultants or health workers with equivalent expertise (12,13)
- Women who stop breastfeeding before they wanted or planned to should be encouraged and assisted to examine the reasons for this to help reduce feelings of loss and failure and ensure this experience does not adversely affect any future infant feeding experiences (12, 13, 14).
- Health workers should be empowered to provide effective breastfeeding counselling and their services is extended in the community by trained lay or peer counsellors (12, 13, 15).
- All women should have access to skilled support to initiate and sustain exclusive breastfeeding for 6 months and ensure the timely introduction of adequate and safe complementary foods with continued breastfeeding up to two years or beyond (3,4)
- The optimal protection, promotion and support of breastfeeding is facilitated by the adoption of normal physiological birthing practices and keeping medical interventions, including pharmacological analgesia during labour (10, 13, 16, 17)
- Maternal and infant conditions may require acceptable medical reason for use of breastmilk substitutes (18). See Appendix 3 (18).

8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP

- NSW Health PD2010_019 Breastmilk – Safe Management
- SESLHD PD 158 Support for Breastfeeding Employees in SESLHD
- SESLHDPR 352 Mastitis (Lactational) Treatment
- PD2011_042 Breastfeeding in NSW: Promotion, Protection and Support
- 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
- Weight Loss (Day 3-6) is Greater than 10% In Breastfed Newborns at Discharge
- 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. RISK RATING

- Medium

Approved by Quality & Patient Care Committee
3 March 2016

BREASTFEEDING – PROTECTION, PROMOTION AND SUPPORT

10. NATIONAL STANDARD

- Standard RH – Reducing Harm

11. REFERENCES

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REVISION & APPROVAL HISTORY
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)
Stripping Milk Engorged Breasts Guideline (2003 – 2012)

FOR REVIEW: MARCH 2019

…..appendices

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 available on the RHW internet.

We understand that it is important for you to know about breastfeeding before your baby is born. We will provide information at booking 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. We recommend exclusive breastfeeding to six months, ongoing breastfeeding until two years and beyond (with appropriate and safe complementary foods) or as long as both mother and baby wish.

We recommend :

- Placing your baby skin-to-skin immediately after birth and allowing this time to bond without unnecessary separation. This is important for all mothers and babies regardless of feeding method
- Keeping your baby near you whenever you can so you can gain confidence in recognising and responding to your baby's cues
- Breastfeeding your baby whenever they are hungry or as often as your baby shows readiness
- Avoiding giving your baby anything other than breastmilk
- Avoiding teats and dummies (pacifiers) that can interfere with the successful establishment of feeding

We will:

- Explain to you how you can tell your baby is getting enough milk
- Provide skilled assistance to work through any breastfeeding challenges
- Help you to initiate and maintain your milk supply, if you are separated from your baby, until you can be reunited
- 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 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 on the safe preparation and administration of this formula.

This hospital complies with the WHO International Code for the Marketing of Breastmilk Substitutes.

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.

The National Health and Medical Research Council (Australia) currently recommends breastfeeding is contraindicated when a mother is known to be HIV positive. (Specialist advice is recommended for each individual case)

[1] BREASTFEEDING – PROTECTION, PROMOTION AND SUPPORT, RHW Local Operating Procedure, May 2015. Available on RHW Website

APPENDIX 2

The Ten Steps to Successful Breastfeeding (12)

1. Have a written breastfeeding policy that is routinely communicated to all healthcare staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Place all babies in skin-to-skin contact with their mothers immediately following birth for at least an hour and encourage mothers to recognise when their babies are ready to breastfeed, offering help if needed.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give newborn infants no food or drink other than breastmilk, unless medically indicated.
7. Practice rooming-in—allow mothers and infants to remain together—24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them, on discharge from the hospital or clinic.

Appendix 3

Acceptable Medical Reasons for Use of Breastmilk Substitutes (18)

INFANT CONDITIONS
Infants who should not receive breastmilk or any milk except specialized formula

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

Infants 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 infants (those born weighing less than 1500g)
- Very preterm infants, i.e. those born less than 32 weeks gestational age
- Newborn infants who are at risk of hypoglycaemia by virtue of impaired metabolic adaptation or increased glucose demand (such as those who are preterm, small for gestational age or who have experienced significant intrapartum hypoxic/ischaemic stress, those whose mothers are diabetic) if their blood sugar fails to respond to optimal breastfeeding or breastmilk feeding

MATERNAL CONDITIONS
Mothers who may need to avoid breastfeeding

- HIV infection: if replacement feeding is acceptable, feasible, affordable, sustainable and safe

Mother who may need to avoid breastfeeding temporarily

- Severe illness that prevents that prevents a mother from caring for her infant, example sepsis;
- Herpes Simplex virus type (HSV-1): direct contact between lesions on the mothers breast and the infants mouth should be avoided until all active lesions have resolved
- Maternal medication:
  - Sedating psychotherapeutic drugs and opioids and their combinations may cause side effects such as drowsiness and respiratory depression and are better avoided is a safer alternative is available
  - 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., providone-iodine), especially on open wounds or mucous membranes, can result in thyroid suppression or electrolyte abnormalities in the breastfed infant and should be avoided
  - Cytotoxic chemotherapy requires that a mother stops breastfeeding during the therapy.

Mothers who 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 started
- Hepatitis B: infants should be given hepatitis B vaccine, within the first 48 hours or as soon as possible thereafter
- Hepatitis C
- Mastitis: if breastfeeding is very painful, milk must be removed by expression to prevent progression of the condition
- Tuberculosis: mother and baby should be managed according to National tuberculosis guidelines
- Substance use
  - Maternal use of nicotine, alcohol,ecstasy,amphetamines,cocaine and related stimulants has been demonstated to have harmful effects on breastfed babies;
  - Alcohol, opioids, benzodiazepines and cannabis can cause sedation in both mother and the baby

Appendix 3 (cont'd)

Acceptable Medical Reasons for Use of Breastmilk Substitutes (18)

Adapted from BFHI Australia, 2009.Booklet 1: Standards of Implementation. Acceptable Medical Reasons for the Use of Breastmilk Substitutes

1) Technical updates of the guidelines on Integrated Management of Childhood Illness (IMCI). Evidence and recommendations for further adaptations. Geneva, World Health Organization, 2005.
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Appendix 4

The Global Strategy for Infant and Young Child Feeding Operational Targets from the Innocenti Declaration 2005 (19)

1. Appoint a national breastfeeding coordinator with appropriate authority, and establish a multisectoral national breastfeeding committee composed of representatives from relevant government departments, nongovernmental organizations and health professional associations.

2. Ensure that every facility providing maternity services fully practices all the "Ten steps to successful breastfeeding" set out in the WHO/UNICEF statement on breastfeeding and maternity services.

3. Give effect to the principles and aim of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions in their entirety. 4. Enact imaginative legislation protecting the breastfeeding rights of working women and establish means for its enforcement.

5. Develop, implement, monitor and evaluate a comprehensive policy on infant and young child feeding, in the context of national policies and programs for nutrition, child and reproductive health, and poverty reduction.

6. Ensure that the health and other relevant sectors protect, promote and support exclusive breastfeeding for six months and continued breastfeeding for up to two years of age or beyond, while providing women access to the support they require – in the family, community and workplace – to achieve this goal.

7. Promote timely, adequate, safe and appropriate complementary feeding with continued breastfeeding.

8. Provide guidance on feeding infants and young children in exceptionally difficult circumstances, and on the related support required by mothers, families and other caregivers.

9. Consider what new legislation or other suitable measures may be required, as part of a comprehensive policy on infant and young child feeding, to give effect to the principles and aim of the International Code of Marketing of Breast-milk Substitutes and to subsequent relevant Health Assembly resolutions