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Issue Date: June 18, 2018 Review Date: Revision Date: April 13, 2018	Subject: Breastfeeding

**POLICY SUBJECT:**

Breastfeeding

**PURPOSE:**

The purpose of this policy is to provide evidence-based care for breastfeeding families congruent with the World Health Organization (WHO), Baby Friendly Hospital Initiative (BFHI). This policy promotes optimal initiation of breastfeeding in the postpartum period and continuation of exclusive breastfeeding for the first six (6) months of life and breastfeeding for up to two (2) years and beyond.

**BOARD POLICY REFERENCE:**

Executive Limitation (EL-02) – Treatment of Clients

**POLICY:**

Breast milk is recognized as optimal nutrition for infants with health benefits for women, families and communities. Southern Health–Santé Sud is committed to the promotion, protection and support of breastfeeding. The breastfeeding guidelines outlined in this document are based on the “Ten Steps of Successful Breastfeeding” – a joint WHO/UNICEF statement and Breastfeeding Committee of Canada Integrated Ten Steps Practice Outcome Indicators

**DEFINITIONS:**

**Baby Friendly Initiative** – The Baby Friendly Hospital Initiative (BFHI) was initiated by the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) in 1991. In Canada the BFHI is called the Baby Friendly Initiative (BFI), which reflects the continuum of care between hospital and community services. The objective of the Baby Friendly Initiative is to improve outcomes for mothers and babies by enhancing the quality of their care and enabling them to make informed choices around infant feeding. Specifically, BFI was

established to protect, support and promote the initiation and duration of breastfeeding globally (Breastfeeding Committee of Canada, 2011).

**Breastfeeding Initiation and Duration** – Exclusive breastfeeding is recommended for the first six (6) months of life for healthy term infants with continued breastfeeding for up to two (2) years and beyond with the introduction of complementary foods at six (6) months (Health Canada 2004 – endorsed by Canadian Pediatric Society, Dietitians of Canada, College of Family Physicians of Canada, etc.).

**Exclusive Breastfeeding** – The infant receives human milk (including expressed milk, donor milk) and allows the infant to receive oral rehydration solution (ORS), syrups (vitamins, minerals, medicines) but does not allow the infant to receive anything else.

**International Code of Marketing of Breast-Milk Substitutes** – The International Code was adopted by a resolution of the World Health Assembly (of which Canada is a member state) in 1981 to protect and promote breastfeeding and to protect the minority of infants who might need artificial feeding through the provision of adequate information on appropriate infant feeding and the regulation of the marketing of breast milk substitutes, bottles and teats. In subsequent years additional resolutions have further defined and strengthened the Code. The International Code stipulates that there should be absolutely no promotion of breast milk substitutes, bottles and teats to the general public; that neither health facilities nor health professionals should have a role in promoting breast milk substitutes; and that free samples should not be provided to pregnant women, new mothers or families.

**LATCH-R Breastfeeding Assessment and Intervention Strategies** – An assessment tool that is provided as an education tool. It will assist the nurse/midwife in completing a LATCH-R breastfeeding assessment and intervening, if necessary, based on a complete visual assessment of the mother and infant during breastfeeding. A score of at least “one” in each category except “T” indicates discharge readiness. If this score is not attained, a plan for supporting breastfeeding is put in place and communicated to Public Health Nurse (PHN) prior to discharge from hospital.

**LATCH-R Tool** – Breastfeeding assessment and intervention guide used to assess latch, audible, swallowing, type of nipple, hold (positioning), mother’s responsiveness to infant cues and confidence to breastfeed.

**IMPORTANT POINTS TO CONSIDER:**

- Breastfeeding promotes bonding and attachment between mother and baby and is a cost effective way to provide optimal infant nutrition. Breastfed infants have lower incidences of respiratory infections, diarrhea, otitis media and other childhood diseases. Breast milk facilitates weight gain, visual, cognitive and intestinal development as well as assisting premature infants to regulate body temperature.
- Mothers who formula feed have an increased risk of postpartum hemorrhage, breast cancer, ovarian cancer and osteoporosis.
- Society in general, experiences a decrease in healthcare costs due to reduced

- childhood infections and adult chronic disease.
- Toronto Public Health has developed breastfeeding protocols for Health Care Providers which are an excellent resource for use. They can be accessed at <http://bit.ly/2kClmkS>

**PROCEDURE:**

1. This breastfeeding policy is routinely communicated to all health care providers and volunteers:
  - This policy defines the commitment of the region in the promotion, protection and support of breastfeeding.
  - Breastfeeding is the normal method of newborn and infant feeding and human milk is the optimum form of newborn and infant nutrition.
  - All interventions and care plans directed toward the newborn and lactating woman protect this valuable resource.
  - The region's policy is communicated to all appropriate hospital staff, community health staff and volunteers upon employment and on a regular basis. Appropriate staff receive a copy of the policy upon hire.
  - The document will be available as a practice resource to appropriate staff.
  - A summary of this policy is visibly displayed in areas serving pregnant women, mothers, infants and/or children. The poster can be found at <http://www.gov.mb.ca/health/bfm/resources.html>.
2. Healthcare providers have the knowledge and necessary skills to implement this policy:
  - All staff providing care to mothers, newborns and infants receive infant feeding education consistent with regional policy within six (6) months of their employment, with updates provided on a regular basis.
  - Education includes: the benefits of breastfeeding; anatomy and physiology of breastfeeding; how to solve common breastfeeding challenges; the impact of introducing formula and artificial nipples or pacifiers before breastfeeding is established.
  - Education includes: The Ten Steps to Successful Breastfeeding for Hospitals and Community Health Services and International Code of Marketing of Breast Milk Substitutes.
  - Education also includes: supervised clinical experience, a system of referral to breastfeeding specialists after hospital discharge and a list of community resources.
3. Inform all pregnant women and their identified supports about the importance and process of breastfeeding:
  - During the prenatal visits to the physician/midwife/nurse practitioner as well as during prenatal education, women are provided with pertinent information on the health benefits and management of breastfeeding and the potential health risks of formula feeding.
  - All materials and teaching reflect the WHO/UNICEF Baby Friendly best practice standards.
  - Written material with general information on pregnancy and parenting does not contain information on feeding of breast milk substitutes.

- Women who have made an informed decision not to breastfeed are provided written material on breast milk substitutes that are current, appropriate and reflects best practice and complies with the WHO Code of Breast Milk Substitutes. This handout can be found at <http://www.gov.mb.ca/healthyliving/hlp/docs/nutrition/milkfo.pdf>
  - Women are informed about the importance of skin-to-skin contact and encouraged to discuss this with their health care providers.
4. Babies are placed skin-to-skin contact with their mothers immediately following the birth for at least an hour or until completion of the first feeding or as long as the mother wishes. Mothers are encouraged to recognize when their babies are ready to feed, with help offered as needed:
- Babies are placed in skin-to-skin contact with their mothers immediately following vaginal or caesarean delivery (without general anesthetic), regardless of their intended feeding method.
  - Skin-to-skin is initiated immediately after birth unless separation is medically indicated. Most babies self-latch within the hour.
  - In case of other medical emergency, skin-to-skin contact and breastfeeding is started as soon as mother and baby are stable.
  - Skin-to-skin contact is unhurried and uninterrupted for at least one hour or until the completion of the first breastfeed, unless there is a recorded medical indication for separation.
  - Baby is removed from skin-to-skin only if medically indicated or if requested by the mother, and this will be recorded in the baby's health record.
  - Routine procedures and measurements are delayed until after the first breastfeed.
  - If the baby is well but the mother is ill or unavailable, skin-to-skin contact with partner/support person of her choice is encouraged.
  - Mothers are given the opportunity to remain close to their newborn regardless of the type of delivery, as long as the health of the mother and newborn remain uncompromised.
  - Normal observation and monitoring of the mother and baby (temperature, breathing, color and tone) by staff continues through the skin-to-skin contact.
  - Mothers are encouraged to look for signs that their babies are ready to feed and are offered assistance as needed.
5. Women who have decided to breastfeed are assisted with breastfeeding and how to maintain lactation should they face challenges including separation from their infants:
- The instruction and support given during the hospital stay allows mothers to acquire the knowledge and necessary skills to breastfeed their babies, including instructions on cue-based feeding, positioning and latching onto the breast.
  - Staff offer breastfeeding mothers further assistance with breastfeeding their babies within six (6) hours of delivery.
  - Breastfeeding assessment, education and intervention (if required) using the LATCH-R Assessment and Intervention Guide (CLI.5810.PL.001.SD.02) is completed with the first feeding after birth and every eight(8) hours until discharge, unless more frequently is indicated.
  - All breastfeeding mothers are shown how to hand express their milk or given

information on expression and advised of where they can get help, should they need it.

- Within the first twenty-four (24) to forty-eight (48) hours post-birth, if feedings at the breast are ineffective, or the mother is separated from her infant, the mother is instructed to hand express or pump her breast at least six (6) to eight (8) times in a twenty-four (24) hour period, with continued assistance by an experienced staff member.
- A mother experiencing challenges is provided a written plan that supports the mother's breastfeeding goals; the plan is attached to the postpartum referral to Public Health-Healthy Living.
- Mothers who have never breastfed or who have previously encountered problems with breastfeeding receive special attention and support from staff.
- Mothers are given contact information on support persons (health professionals and peer supports).
- Mothers with babies who are unable to breastfeed, or who are separated from babies during illness are provided instruction to maintenance of lactation by frequent expression of milk (beginning within six (6) hours of birth and eight (8) or more times in twenty-four (24) hours to establish lactation. They are provided information on how to store and handle milk, and where to obtain equipment and how to clean it.
- A seamless continuum of care is maintained following discharge. Hospital staff document areas of concern on the Postpartum Referral for effective follow up in the community. In collaboration with the primary care provider, a plan for safe discharge and follow up is put in place.

6. Infants are not to be offered food or drink other than human milk, unless *medically* indicated:

- Exclusive breastfeeding is encouraged to six (6) months.
- Supplementary water or artificial baby milk is not to be given to breastfeeding infants unless specifically ordered for a medical condition by the physician or upon parental request.
- If supplementation is required, the method chosen should not interfere with the initiation of breastfeeding; mothers are to make an informed choice regarding a supplementation method.
- All weaning information reflects the aim of exclusive breastfeeding to six (6) months and introduction of appropriate complementary foods for two (2) years and beyond.
- Staff document in the health record: reason for supplementation, information discussed with mother, method, amount and type of supplementation used.
- Mothers who have made the decision not to breastfeed, or who have elected to supplement their babies for non-medically indicated reasons, are provided information to support an informed decision (importance of exclusive breastfeeding, supports to overcome breastfeeding concerns) and are instructed about correct preparation, storage and feeding of supplements.
- Breastfeeding is welcome everywhere in our health sites in the region.

7. Facilitate twenty-four (24) hour rooming-in for all mothers. Mothers and infants are to remain together:
  - Mothers and babies will remain together throughout the hospital stay with all teaching and examinations occurring at the mother's bedside or with her present.
  - Mothers are encouraged to hold and settle their babies if painful procedures are necessary; example, newborn metabolic screening. Skin-to-skin contact and/or breastfeeding is encouraged.
  - The nurse helps the mother and family plan for period of rest/sleep, both day and night.
  - A support person as chosen by the mother is welcomed to stay with her day and night.
8. Encourage baby-led or cue-based breastfeeding:
  - No restriction is placed on the frequency or length of breastfeeds.
  - Mothers are encouraged to breastfeed their newborns on cue; as often and as long as their babies want to breastfeed.
  - Breastfeeding will take priority over non-emergent events such as newborn baths, pictures and visitors.
  - The mothers are taught to recognize hunger and satiation cues, assess an adequate feed, and monitor wet and soiled diapers as signs of sufficient intake.
9. Support mothers to feed and care for their breastfeeding babies without the use of artificial teats or pacifiers (dummies or soothers):
  - Breastfeeding babies are cared for without bottles and pacifiers.
  - Health care staff discourage the mother and family to use artificial nipples which may interfere with the establishment of breastfeeding.
  - The region does not accept free or low cost feeding bottles, teats or pacifiers.
  - If supplementation is necessary, alternate methods such as a cup or supplemental feeding device is explored first, using expressed breast milk as first choice.
10. Provide a seamless transition between the services provided by the hospital, community health services and peer support programs:
  - Upon hospital discharge mothers are verbally informed and given a list of support groups with telephone numbers.
  - Upon discharge, the Postpartum Referral form is completed by hospital and faxed to Public Health-Healthy Living, along with documentation of breastfeeding difficulties, assessment and interventions, if applicable.
  - The Public Health Nurse makes contact with the client, upon receipt of the referral.
11. Health care staff fully support the informed infant feeding decisions of all women:
  - When a mother makes an informed decision on infant feeding, she is provided with individual support and education.
  - When a mother makes an informed decision to artificially feed, she is provided with individual instruction on the choice, preparation, storage and feeding of infant formula.
12. In compliance with The International Code of Marketing of Breast Milk Substitutes facilities and staff within Southern Health–Santé Sud:

- Protect all babies through compliance with the provisions of the WHO International Code of Marketing of Breast Milk Substitutes, and subsequent, relevant WHA resolutions.
- Develop and Implement educational material that is impartial.
- Refer to Summary of the International Code of Marketing Breast Milk Substitutes (The Code) (CLI.5810.PL.001.SD.01) and Relevant World Health Assembly (WHA) Resolutions.

**SUPPORTING DOCUMENTS:**

<a href="#">CLI.5810.PL.001.FORM.01</a>	Breastfeeding Plan – Term - Bilingual
<a href="#">CLI.5810.PL.001.FORM.02</a>	Breastfeeding Plan – Late Preterm - Bilingual
<a href="#">CLI.5810.PL.001.SD.01</a>	Summary of The International Code of Marketing of Breast Milk Substitutes
<a href="#">CLI.5810.PL.001.SD.02</a>	LATCH-R Assessment and Intervention Guide

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