

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Draft Maryland Hospital Breastfeeding Policy Recommendations

Second Edition

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Second Edition Model Hospital Policy Committee

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Supporting Breastfeeding in Maryland

Background

There is extensive scientific evidence **that breast milk is the optimal food for infants**. The American Academy of Pediatrics recommends that babies receive nothing but breast milk for the first 6 months of life and continue breastfeeding for at least one year. Many other professional organizations encourage breastfeeding, including the American College of Obstetricians and Gynecologists, the American Academy of Family Physicians, the American College of Nurse-Midwives, the American Hospital Association, the National Association of Pediatric Nurse Practitioners, the Association of Women’s Health, Obstetrics and Neonatal Nurses, the United States Breastfeeding Committee and the Academy of Nutrition and Dietetics, formerly the American Dietetic Association.

While breastfeeding **initiation** is the essential first step, **duration** and **exclusivity** are key to obtaining the myriad of benefits to public health and society provided through breastfeeding. Babies who are fed formula or stop breastfeeding early have higher risks of obesity, diabetes, respiratory and ear infections, and sudden infant death syndrome (SIDS), and tend to require more doctor visits and hospitalizations.

Barriers to breastfeeding exclusivity and duration have been extensively reported in the literature, and several common themes have been identified. The main reasons mothers give for stopping breastfeeding before 3 months of age are perceived lack of breast milk supply, pain, infants given infant formula in the hospital, and technical difficulties such as infant latching problems and sore nipples. Breastfeeding decisions are influenced by many factors, including a mother’s initial breastfeeding experience, family support, challenges on returning to work or school, and community support. In the United States, most babies are born in a hospital, and mother and baby have their first feeding experience in that setting. A mother’s comfort with breastfeeding and her commitment to continue can be greatly influenced by hospital practices and staff support. First impressions have a lasting effect on subsequent behavior, making the birthing hospital stay a critical opportunity to impact breastfeeding success. It has been demonstrated that hospitals that adopt a series of policies and become designated as Baby-Friendly are able to increase breastfeeding rates substantially. ^{14, 16}

Every two years, CDC administers the national Maternity Practices in Infant Nutrition and Care (mPINC) <http://www.cdc.gov/breastfeeding/data/mpinc/index.htm> survey to all hospitals and birth centers in the U.S. that provide maternity care. The 2009 mPINC survey, showed both strengths and areas for improvement related to breastfeeding support in Maryland hospitals and concluded, “Improvement is needed in maternity care practices and policies in Maryland. Many opportunities exist to protect, promote, and support breastfeeding mothers and infants in Maryland.” Other CDC data, summarized in the CDC Breastfeeding Report Card for 2011, <http://www.cdc.gov/breastfeeding/data/reportcard.htm> further define the current status of

breastfeeding support in Maryland. With 78.5 percent of babies in Maryland who are counted as “ever breastfed,” Maryland is approaching the 2020 Healthy People goal of 81.9 percent. However, beyond initiation, the numbers fall short with only 45.2% of babies breastfed at six months of age and only 13.1% exclusively breastfed. The 2020 goals are 60.6% and 25.5%, respectively.

The Process

Recognizing the vital role that hospitals play in the success of breastfeeding, the Maryland Department of Health and Mental Hygiene (DHMH) formed a workgroup to develop breastfeeding policy recommendations that will strengthen and improve current maternity care practices. A stakeholder’s meeting was held in December 2011 to obtain input. The first edition recommendations were posted on the DHMH website for public comment in February 2012. Over 130 comments were received in this first round and shared with the Committee. 56% of the respondents strongly agreed and 30% agreed that the policy recommendations focused on correct strategies to promote and support breastfeeding.

The comments received regarding challenges to implementing the policy recommendations and the Department’s responses can be summarized as follows:

- Comment: There will be a significant cost to implementing the policy, including the cost of staff training and paying employees their salary during training.
Response: The workgroup acknowledges training requires additional staff time and thus has start-up and on-going fiscal implications. However, as with any other clinical training, the hospital’s commitment to providing adequate and on-going staff training for breastfeeding best practices is essential to assuring quality and safe patient care.
- Comment: The Maryland Hospital Association was concerned about requiring hospitals to obtain Baby-Friendly status.
Response: The proposed approach does not require Baby-Friendly status but it does set standards for best practices.
- Comment: The Department of Health and Mental Hygiene should give credit for full attainment of best practices.
Response: The workgroup agrees and will document progress towards these best practices, to the extent possible.
- Comment: Physicians should not be required to earn 3 CME credits in breastfeeding training.
Response: CME requirement remains in recommendations but specific credit hours were removed.

- Comment: Nursing staff time for breastfeeding mothers will be limited based on nursing to staff ratios.
Response: Breastfeeding education and support can be spread out over the patient’s hospital stay with all staff having been trained with a breastfeeding management training curriculum.
- Comment: Staff may resist changes to breastfeeding policies and the need for a ‘culture change’ in regards to breastfeeding.
Response: Staff training will help alleviate these concerns. Research supports these criteria as steps to improve breastfeeding success.
- Comment: There will be an economic impact to no free formula samples and no free pacifiers.
Response: Researchers in Texas undertook an economic assessment of the cost of implementing the BFHI in U.S. acute care hospital settings, and concluded that the process is relatively cost-neutral. 6
- Comment: The language of the recommendations should be less forceful while maintaining the intent of the recommendation.
Response: The recommendations were revised by replacing “allow” with “encourage”, “promote” or “support” to provide flexibility for hospitals to implement evidence-based policies.

A second draft of the **DHMH 2012 Maryland Hospital Breastfeeding Policy Recommendations** was prepared to reflect this input as well as developments in Maryland’s hospitals regarding breastfeeding policies.

The Goal

These policy recommendations, based on the WHO/UNICEF Ten Steps to Successful Breastfeeding, <http://www.unicef.org/newsline/tensteps.htm> include evidence-based hospital practices that increase rates of breastfeeding initiation, duration, and exclusivity. The goal is for all Maryland birthing hospitals to become “**Best Practice Hospitals**” by meeting all ten of the criteria in the Maryland Hospital Breastfeeding Policy Recommendations or by attaining Baby-Friendly certification through the Baby-Friendly Hospital Initiative (BFHI).
<http://www.babyfriendlyusa.org/eng/01.html>

Stepwise Progress Towards the Goal

DHMH is proposing the following timeline to move toward the goal:

- August 2012: DHMH will post the updated DHMH 2012 Maryland Hospital Breastfeeding Policy Recommendations (Second Edition) on the DHMH website for public comment.
- September 2012: Based on the public comment DHMH will make final modifications and post the 2012 Maryland Hospital Breastfeeding Policy Recommendations as well as the 2012 Maryland Hospital Breastfeeding Policy Recommendations Self-Assessment.
- October 2012: Maryland hospitals will be provided with a self-assessment to complete comparing current practices with the 2012 Maryland Hospital Breastfeeding Policy Recommendations.
- December 2012: After completing the self-assessment, Maryland hospitals will submit a letter of commitment (template will be provided) to DHMH indicating the result of their self-assessment and their intention to (1) meet the DHMH 2012 Maryland Hospital Breastfeeding Policy Recommendations or (2) to sign a letter of commitment with Baby-Friendly USA.
- January 2013: DHMH will post hospital commitments on its website. The website will be updated as hospitals progress toward Best Practice Hospital status.

Summary of Maryland Hospital Breastfeeding Policy Recommendations

The “Best Practices” hospitals will:

- #1:** Have a written breastfeeding policy that is routinely communicated to all hospital staff.
- #2:** Train all hospital staff in the skills necessary to implement this policy.
- #3:** Inform all pregnant women about the benefits and management of breastfeeding.
- #4:** Help breastfeeding mothers initiate breastfeeding within 1 hour of birth.
- #5:** Encourage breastfeeding on demand.
- #6:** Show breastfeeding mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
- #7:** Practice “rooming in” – encourage breastfeeding mothers and infants to remain together 24 hours a day.
- #8:** Give breastfed infants no food or drink, other than breast milk, unless medically indicated.
- #9:** Give no pacifiers or artificial nipples to breastfeeding infants in the hospital, unless medically indicated.
- #10:** Foster the establishment of breastfeeding support groups and refer breastfeeding mothers to them on discharge from the hospital or clinic.

#1 – Have a written breastfeeding policy that is routinely communicated to all hospital staff.

Criteria

- a. Create an interdisciplinary team (hospital administrators, physician and nursing staff, lactation consultants and specialists, nutrition staff, other appropriate staff, and parents) to develop and review breastfeeding policies annually.
- b. Communicate policy to all hospital staff who provide care for breastfeeding mothers and their infants.
- c. Post breastfeeding policy in appropriate form, as per established hospital guidelines.
- d. Create a comprehensive breastfeeding policy addressing all UNICEF/WHO Ten Steps to Successful Breastfeeding, consistent with the International Code of Marketing of Breast Milk Substitutes. Link: www.who.int/nutrition/publications/infantfeeding/9241541601/en/

References: 1, 5, 8, 9, 15, 17, 18, 19, 20, 21, 22

#2 – Train all hospital staff in the skills necessary to implement this policy.

Criteria

- a. Designate at least one hospital staff member, who is trained in breastfeeding physiology and management, to be responsible for ensuring the implementation of an effective breastfeeding training program based on training resources provided by DHMH or curriculum developed by the facility.
- b. Require all hospital staff with primary responsibility for the direct care of mothers and their infants during the neonatal period to complete training on breastfeeding physiology and management, with annual updates. Curriculum developed by the facility or resources provided by DHMH may be used.
- c. Require all providers who have privileges to provide care to new breastfeeding mothers and/or newborn infants to complete training with annual updates in breastfeeding promotion and lactation management. DHMH will provide information on training resources or curriculum developed by the facility may be used.
- d. Employ at least one hospital maternity staff member who is an International Board Certified Lactation Consultant (IBCLC) with designated time to focus on breastfeeding.
- e. Expect hospital staff (including support staff), who come in contact with pregnant women, breastfeeding mothers, and newborns, to provide positive messages about breastfeeding.

References: 1, 2, 4, 5, 8, 9, 11, 15, 17, 18, 19, 20, 21, 22

#3 – Inform all pregnant women about the benefits and management of breastfeeding.

Criteria

- a. Assure the availability of prenatal childbirth education classes that provide structured breastfeeding information, taught by an International Board Certified Lactation Consultant (if possible), for all women pre-registered to deliver at the facility.
- b. Provide pregnant women with complete and commercial-free information about the benefits of breastfeeding for mother and baby, contraindications to breastfeeding, and management of breastfeeding so an informed feeding decision can be made.
- c. Recommend exclusive breastfeeding as the ideal nutrition for newborns, unless medically contraindicated.

References: 1, 2, 4, 17

#4 – Help breastfeeding mothers initiate breastfeeding within 1 hour of birth.

Criteria

- a. Promote and support early breastfeeding (within 1 hour of birth) in the delivery room and/or recovery area.
- b. Encourage babies to be placed skin-to-skin on breastfeeding mother's chest as the preferred source of body warmth, unless medically contraindicated. Delay the administration of vitamin K and eye ointment and the measurement of weight and length for the first hour after birth to support uninterrupted mother-infant contact and breastfeeding, if possible.
- c. Encourage breastfeeding mothers to exclusively breastfeed throughout the hospital stay, unless medically contraindicated.
- d. Inform a breastfeeding mother when breastfeeding is medically contraindicated including:
 - the specific contraindication
 - whether she can save expressed breast milk during that time or if she should discard it and
 - what criteria need to be met before she can resume breastfeeding.

References: 1, 2, 8, 17

#5 – Encourage breastfeeding on demand.

Criteria

- a. Encourage and support breastfed infants to be fed on demand. The frequency and duration of breastfeeding should be infant-led, based on each infant’s early feeding cues, at least 8 in 24 hours after the first day of life. Emphasize the normalcy of frequent night feedings.
- b. If the medical condition of both mother and baby allows, make every effort to arrange for a separated mother and infant to be together for feedings.
- c. Teach breastfeeding mothers feeding cues and encourage each mother to feed as soon as her infant displays early infant feeding cues.
- d. Document all feedings in the infant’s medical record.
- e. Have a visitation policy that allows a baby to be a visitor in the breastfeeding mother’s room when the mother is a patient outside of the maternity area.

References: 1, 2, 8, 17

#6– Show breastfeeding mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.

Criteria

- a. Provide instruction and assistance to each breastfeeding mother to facilitate lactation.
- b. Provide breastfeeding mothers with information on how to obtain help from a hospital staff member trained in breastfeeding support and breast milk expression.
- c. When feeding at breast is not possible, make every effort to have the baby receive his/her mother’s expressed milk until medically able to breastfeed.
- d. If a breastfeeding mother or baby is re-hospitalized after the initial delivery stay, make every effort to continue to support breastfeeding.
- e. Ensure that at least one hospital staff member, trained in breastfeeding management, is available at all times to assist breastfeeding mothers.
- f. Instruct all breastfeeding mothers, provide written information, and observe for ability to:
 - Position the baby correctly at the breast
 - Latch the baby to breast properly
 - State when the baby is swallowing milk
 - State that the baby should be nursed a minimum of 8 to 12 times a day, with some infants needing to be fed more frequently
 - State age-appropriate elimination patterns
 - List indications for calling a healthcare professional
 - Manually express breast milk
 - State appropriate use of pacifiers (after breastfeeding is well established) to reduce the risk of SIDS.
- g. Assist breastfeeding mothers, who require extended pumping, to obtain a medical order for an appropriate breast pump and provide a list of community resources for obtaining a breast pump.
- h. Instruct breastfeeding mothers on proper handling, storage, and labeling of breast milk.

References: 1, 2, 4, 17

#7 – Practice “rooming in” – encourage breastfeeding mothers and infants to remain together 24 hours a day.

Criteria

- a. Establish rooming-in for each breastfeeding dyad throughout the hospital stay, unless medically contraindicated.
- b. Perform medical procedures in the mother’s room when possible and practical.

References: 1, 2, 8, 17

#8 – Give breastfed infants no food or drink, other than breast milk, unless medically indicated.

Criteria

- a. Do not give sterile water, glucose water or formula to a breastfed infant without a health care provider’s order or the mother’s request after education. Discuss the potential negative impact sterile water, glucose water, formula or feeding these with a bottle nipple may have on breastfeeding success.
- b. Document a woman’s desire to breastfeed in her medical record, her infant’s medical record, and on her infant’s bassinet.
- c. Provide and document education about the use of supplementation and its possible negative impact on the establishment of breastfeeding so breastfeeding mothers can make an informed decision about supplementation. After making an informed decision, the breastfeeding mother’s choice will be respected and supported by the hospital staff.
- d. Do not accept free formula, advertisements, or formula coupons for use in the hospital or distribution to breastfeeding mothers.
- e. Store formula and supplies for formula feedings in a medication cart or separate storage space out of view to patients.

References: 1, 2, 6, 13, 17

#9 – Give no pacifiers or artificial nipples to breastfeeding infants in the hospital, unless medically indicated.

Criteria

- a. Do not offer pacifiers or artificial nipples to healthy, full-term breastfed infants in the hospital while breastfeeding is being established.
- b. Inform breastfeeding mothers that the use of pacifiers and artificial nipples in the hospital could have a negative impact on the establishment of breastfeeding. After making an informed decision, the breastfeeding mother’s choice will be respected and supported by the health care team.
- c. Use skin-to-skin contact and breastfeeding during procedures requiring soothing and pain relief.
- d. Do not accept free or low-cost pacifiers.

References: 1, 2, 3, 7, 8, 10, 12, 17

#10 – Foster the establishment of breastfeeding support groups and refer breastfeeding mothers to them on discharge from the hospital.

Criteria

- a. Provide breastfeeding mothers with information about breastfeeding resources in their communities, including information on availability of breastfeeding consultants, support groups and breast pumps, if applicable.
- b. Refer current participants and potential income-eligible women to the Supplemental Nutrition Program for Women, Infants and Children (WIC) for additional breastfeeding support.
- c. When indicated, provide the family with a written feeding plan, developed in collaboration with the health care team, with appropriate follow-up recommended.

References: 1, 2, 8, 17

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