

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Maryland Hospital Breastfeeding Policy Recommendations

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Introduction

There is extensive scientific evidence that breast milk is the optimal food for infants. Many professional organizations encourage breastfeeding, including the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American Academy of Family Physicians, the American College of Nurse-Midwives, the American Hospital Association, the Association of Women's Health, Obstetrics and Neonatal Nurses and the Academy of Nutrition and Dietetics, formerly the American Dietetic Association.

Early infant feeding practices can affect growth and development in children, while significantly reducing risk for infections and chronic diseases such as diabetes, asthma, and obesity. The Centers for Disease Control and Prevention (CDC) reports that low rates of breastfeeding add \$2.2 billion per year to medical costs nationally (CDC Vital Signs, August 2011). Unfortunately, mothers who want to breastfeed may have a hard time doing so without hospital support. Since most babies are born in the hospital, there is a clear opportunity for hospital personnel to enhance the initiation and continued success of breastfeeding. Ongoing education and support of breastfeeding mother/infant pairs will help increase the duration and exclusivity of breastfeeding.

In response to the Surgeon General's Call to Action to Support Breastfeeding, CDC Breastfeeding Report Card – United States, 2011 and Maternity Practices in Infant Nutrition Care (mPINC) 2009 Survey, a workgroup was formed at the Maryland Department of Health and Mental Hygiene to review current hospital policies and compose breastfeeding policy recommendations. The following pages provide guidance in developing hospital policies. Implementation should be consistent with existing regulations. These recommendations apply to normal, healthy, full-term infants and are not intended to apply to the specific needs of high-risk infants.

Summary of Maryland Hospital Breastfeeding Policy Recommendations

- #1: Have a written breastfeeding policy that is routinely communicated to all health care 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: Help mothers initiate breastfeeding within 1 hour of birth.
- #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 breast milk, 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 pacifiers or artificial nipples to breastfeeding infants, unless medically indicated.
- #10: Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

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

Intervention	Comments
Recommendations	
<p>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.</p>	
<p>b. Communicate policy to all health care staff who provide care for mothers and their infants.</p>	
<p>c. Post breastfeeding policy as appropriate in appropriate form for intended audience including on website and other social media utilized by the facility.</p>	
Best Practices	
<p>a. Create a comprehensive breastfeeding policy addressing all Ten Steps and adhering to the International Code of Marketing of Breast Milk Substitutes and include above recommendations in hospital policy.</p>	

#2 – Train all health care staff in skills necessary to implement this policy.

Intervention	Comments
Recommendations	
<p>a. Designate at least one hospital maternity staff member, who is thoroughly trained in breastfeeding physiology and management, to be responsible for ensuring the implementation of an effective breastfeeding training program.</p>	
<p>b. All staff with primary responsibility for the care of new mothers and their infants will complete comprehensive training on breastfeeding physiology and management, with annual updates and competency verification, as well as continuing education in breastfeeding and lactation management.</p>	
Best Practices	
<p>a. All providers who have privileges to provide care to new mothers and/or newborn infants will complete training (minimum of 3 credit hours) with annual updates in breastfeeding promotion and lactation management, as well as continuing education in breastfeeding promotion and lactation management.</p>	
<p>b. At least one hospital maternity staff member will be an international Board Certified Lactation Consultant (IBCLC) with designated time to focus on breastfeeding.</p>	
<p>c. All hospital staff, including support staff, will provide positive messages about breastfeeding to all mothers who deliver within the hospital.</p>	
<p>d. All hospital staff, including support staff, will not use formula marketing promotional items, such as pads, post-its, pens or any other items obtained from commercial formula companies or companies that violate the International Code of Marketing of Breast Milk Substitutes.</p>	

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

Intervention	Comments
Recommendations	
a. Assure the availability of prenatal childbirth education classes, for all women pre-registered to deliver at the facility.	
b. Provide mothers with complete information about the benefits of breastfeeding for mother and baby and contraindications to breastfeeding so an informed feeding decision can be made.	
c. Provide mothers with commercial-free information on breastfeeding preparation and management.	
d. Recommend exclusive breastfeeding as the ideal nutrition for newborns, unless medically contraindicated.	
Best Practices	
a. The hospital will incorporate structured breastfeeding education, taught by an International Board Certified Lactation Consultant (IBCLC) in all prenatal classes.	
b. The hospital will provide a breastfeeding education program as soon after admission as possible.	
c. The hospital will refer all potential income-eligible women to the Supplemental Nutrition Program for Women, Infants and Children (WIC) to offer additional opportunities for breastfeeding education and support during prenatal and post-partum periods.	

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

Intervention	Comments
Recommendations	
a. Document a woman’s desire to breastfeed in her medical record, her infant’s medical record, and on her infant’s bassinet.	
b. Allow early breastfeeding (within 1 hour of birth) to take place in the delivery room and/or recovery area.	
c. Encourage skin-to-skin contact on mother’s chest as the preferred source of body warmth, unless medically contraindicated.	
Best Practices	
a. Hospital maternity staff will encourage infant to be held skin-to-skin on mother’s chest at birth or soon thereafter. The administration of vitamin K and eye ointment and the measurement of weight and length will be delayed for the first hour after birth to allow uninterrupted mother-infant contact and breastfeeding.	
b. Hospital maternity staff will encourage exclusive breastfeeding throughout the hospital stay, unless medically contraindicated.	
c. Hospital maternity staff will inform a mother when breastfeeding is medically contraindicated including: <ul style="list-style-type: none"> • the specific contraindication • whether she can express breast milk during that time (for her infant or to discard) and • what criteria need to be met before she can resume breastfeeding. 	

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

Intervention	Comments
Recommendations	
a. Provide instruction and assistance to each maternity patient who is breastfeeding to facilitate lactation.	
b. Provide mothers, including those who have infants with special needs when mother and infant(s) are hospitalized at the same facility, information about their breastfeeding progress and how to obtain help to improve their breastfeeding skills from a hospital staff member, trained in breastfeeding support and breast milk expression.	
c. Allow and encourage mothers to breastfeed their babies in the neonatal intensive care unit, unless medically contraindicated.	
d. When feeding at breast is not possible make every attempt to have the baby receive his/her mother's expressed milk until medically able to breastfeed.	
e. If a mother or baby is re-hospitalized in a maternity care facility after the initial delivery stay, make every effort to continue to support breastfeeding and provide a hospital-grade electric breast pump.	
Best Practices	
a. At least one hospital maternity staff member, who is thoroughly trained in breastfeeding management, will be available at all times to assist mothers with breastfeeding.	
b. Hospital maternity staff will instruct all breastfeeding mothers, provide written information and observe for ability to correctly demonstrate the following: <ul style="list-style-type: none"> • Position the baby correctly at the breast • Latch the baby to breast properly • State when the baby is swallowing milk 	

<ul style="list-style-type: none"> • 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 milk from their breasts. 	
<p>c. Hospital maternity staff will instruct mothers of infants in the NICU how to hand express their milk and how to use a hospital-grade breast pump until their infants are ready to nurse.</p>	
<p>d. Hospital maternity staff will teach mothers proper handling, storage, and labeling of human milk.</p>	
<p>e. Donor milk will be considered for a high-risk infant if mother and infant are separated and the mother is not able to express an adequate volume of milk for the infant.</p>	
<p>f. For mothers who require extended pumping, the hospital will provide medical orders for appropriate breast pumps and referral to a local durable medical equipment company or breast pump rental service.</p>	

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

Intervention	Comments
Recommendations	
<p>a. Do not give sterile water, glucose water and artificial milk to a breastfeeding infant without the mother’s informed consent and/or physician’s specific order.</p>	
<p>b. Have a sign on the infant’s bassinet clearly stating that the infant is breastfeeding and that no bottle feeding of any type is to be offered.</p>	
Best Practices	
<p>a. If possible, breastfed infants who cannot nurse at the breast will be fed in a manner that is consistent with preserving breastfeeding such as finger feeding, syringe feeding, or cup feeding.</p>	
<p>b. Hospital maternity staff will not place formula bottles, pacifiers or artificial nipples in a breastfeeding infant’s room or bassinet.</p>	
<p>c. Hospital maternity staff will inform mothers of the risks of supplementation to establishing and sustaining breastfeeding prior to non-medically indicated supplementation and document that the mother has received this information.</p>	
<p>d. Hospital maternity staff will provide a specific medical order when formula is provided to a breastfeeding baby and document the reason(s) for the provision of formula, the route, the form of supplement, and the amount given in the infant’s medical chart.</p>	
<p>e. The hospital will provide individual instruction in formula preparation and feeding techniques for mothers who have chosen formula feeding or for whom breastfeeding is medically contraindicated.</p>	

f. The hospital will not accept free formula, breast milk substitutes, bottles or nipples.	
g. The hospital will store formula and supplies for formula feedings in a medication cart or separate storage space outside patient care areas.	

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

Intervention	Comments
Recommendations	
a. Establish and implement rooming-in for each patient, unless medically contraindicated.	
b. Allow mothers to breastfeed their babies at any time day or night.	
Best Practices	
a. Hospital maternity staff will not separate healthy mothers and infants during the entire hospital stay, including during nights and transitions.	
b. Hospital maternity staff will perform routine medical procedures in the room with mother and infant present, not in the nursery.	

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#8 – Encourage breastfeeding on demand.

Intervention	Comments
Recommendations	
a. Allow breastfed infants to feed on demand. The frequency and duration of breastfeeding should be infant-led, based on each infant’s early feeding cues, at least 8 times per day after the first 24 hours.	
b. If a mother and infant are separated, hospital maternity staff will take the breastfeeding infant to the mother for feeding (if infant is medically stable) whenever the infant displays early infant feeding cues.	
c. Hospital maternity staff will teach mothers feeding cues and encourage each mother to feed as soon as her infant displays early infant feeding cues.	
d. Hospital maternity staff will document all feedings in the infant’s medical record.	
Best Practices	
a. Hospital maternity staff will encourage mothers to feed on demand and emphasize the importance and normalcy of frequent night feeds.	

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

Intervention	Comments
Recommendations	
a. Hospital maternity staff will not offer pacifiers or artificial nipples to healthy, full-term breastfeeding infants.	
b. Hospital maternity staff will respect a mother’s decision to have her baby not receive any pacifiers.	
Best Practices	
a. The hospital will integrate skin-to-skin contact and breastfeeding into relevant infant care protocols to promote infant soothing and pain relief. If a pacifier is used during a procedure (circumcision), discard the pacifier immediately after the procedure.	
b. The hospital will not accept free or low-cost pacifiers.	

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

Intervention	Comments
Recommendations	
<p>a. Provide mothers with information about breastfeeding resources in their community, including information on availability of breastfeeding consultants, support groups and breast pumps, if applicable.</p>	
Best Practices	
<p>a. Hospital maternity staff will instruct all breastfeeding mothers, provide written information and observe for ability to correctly demonstrate the following upon discharge:</p> <ul style="list-style-type: none"> • 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 milk from their breasts. 	
<p>b. The hospital maternity staff will facilitate mother-to-mother and/or health care worker-lead support groups.</p>	
<p>c. When indicated, hospital maternity staff will provide a feeding plan and set up a follow-up lactation appointment.</p>	
<p>d. The hospital will refer all current participants and potential income-eligible women to the Supplemental Nutrition Program for Women, Infants and Children (WIC) for additional breastfeeding support.</p>	

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