Infant Feeding (Breastfeeding) Guideline

Site Applicability

All VCH & PHC sites

Practice Level

All VCH & PHC Health Care Professionals (HCPs) providing breastfeeding advice and intervention to women and infants:

- NP, RN, LPN
- Dietitian
- Midwife
- Physician

Policy Statement

As outlined in the Infant Feeding Policy (VCH / PHC)

VCH/PHC is committed to:

- Becoming Baby Friendly. Baby Friendly is an accreditation standard which protects, promotes and supports best practice around infant and young child feeding, based on the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) Ten Steps to Successful Breastfeeding.
- Providing the highest standard of care to support expectant and new mothers and their partners to feed their babies and build strong and loving parent-infant relationships. This is in recognition of the profound importance of early relationships to future health and well-being, and the significant contribution that breastfeeding makes to good health outcomes for both mothers and their children;
- Ensuring that all care is mother and family centered, non-judgmental and that mothers' decisions are supported and respected; and
- Working together across disciplines and organizations to improve mothers'/parents' experience of care.

As part of this commitment, VCH/PHC will ensure that:

- Staff are familiarized with this policy on commencement of employment;
- Staff receive training to enable them to implement the policy as appropriate to their role. New Staff will receive this training within six months of commencement of their employment.
- HCP's providing direct breastfeeding care to women will practice according to the standard defined for infant feeding of healthy term newborns (see Infant Feeding Guideline); and
- Facilities make provision for Staff and Clients to breastfeed their children as required.
- Staff and services will continue to support women who have made an informed decision to feed breast milk substitutes using the same standards of care as those used for breastfeeding mothers.

VCH/PHC will adhere to the following practice standards:

- The International Code of Marketing of Breast-milk Substitutes (Appendix A); and
- The Breastfeeding Committee for Canada: Integrated 10 Steps Practice Outcome Indicators for Hospitals and Community Health Services (Appendix B).

Need to Know

It is the intention of this guideline to describe and promote best practices for feeding of healthy term newborn infants. The guideline is for staff providing direct breastfeeding support, not for health professionals (like surgical nurses) who may care for women who are breastfeeding. Their role is covered under the Infant Feeding Policy (VCH / PHC).

Guideline incorporates:

- Evidence-based best practices based on the Baby-Friendly Initiative should be used by health care providers when caring for women and their infants.
- Perinatal Services BC Health Promotion Guideline - Breastfeeding Healthy Term Infants provides breastfeeding recommendations and guidelines for breastfeeding assessment and intervention.

Staff will be educated on how to support mothers who are not able to breastfeed, due to medical reasons, or mothers who are separated from their infants, or by informed choice.

Equipment & Supplies

Breast pump and attachments, medicine cups, spoons, supplemental nursing system, droppers

Practice Guideline

Prenatal Care

Pregnant women will be offered breastfeeding education and information as appropriate during contact with VCH/PHC staff. This information should build on their knowledge and needs.

- This may include distribution of Baby's Best Chance, referral to the VCH Parenting website; Healthy Families BC website, provision of breastfeeding education via prenatal education or support group, or to individual clients.
- Goal of prenatal breastfeeding education is to promote the importance of:
  - Exclusive breastfeeding: up to 6 months
  - Skin to skin contact at delivery and ongoing
  - Cue based feeding.
  - Proper positioning & latch
  - Having a support person room in after the baby is born to support with breastfeeding
  - Sustained breastfeeding up to two years and beyond with the introduction of complementary foods at six months.
  - Donor Milk Banking
  - Risks of non-medically indicated supplementation

Labour and Birth

- Place the infant skin-to-skin with mother following birth so that the infant has full access to the mother's breast and nipple and remains skin-to-skin until completion of the first feeding.
  - Place baby skin-to-skin with mother, father, or other designate immediately after birth
  - Initiate breastfeeding within the first hour after birth
  - Delay provision of medication to the baby until the end of the first hour after birth unless medically necessary. Medication may be given while breastfeeding.
  - Encourage mother/family to breastfeed and/or maintain skin-to-skin contact with baby during painful procedures to reduce the impact of pain on the baby.
  - Keep healthy mothers and babies together.

Maternal Postpartum and Healthy Term Newborn Care

- Exclusive breastfeeding should be encouraged and facilitated in the early postpartum period.
  - Early and frequent feedings should be supported
  - Encourage skin-to-skin contact
  - Keep mothers and infants together
  - Parent(s) should be shown how to recognize feeding cues
  - Parent(s) should be taught how to recognize the signs of adequate breast milk intake
  - Hand expression of colostrum/breast milk is taught to all mothers

- Key points for the postpartum period are:
  - Exclusive breastfeeding is encouraged and facilitated
    - Perform initial and on-going direct assessment of the newborn's physiological ability/readiness to breastfeed and refer appropriately (e.g. for complications such as tongue tie, low muscle tone, cleft lip/palate)
  - Human breast milk is the only nourishment the healthy term infant requires
    - Give newborns no food or drink other than breast milk (including colostrum) unless medically indicated (see Appendix C)
  - Early and frequent breastfeedings are supported
    - Keep healthy mothers and babies together (24 hour rooming in during hospital stay)
    - Encourage breastfeeding on cue and avoid time limits
    - Ensure 4 to 6 feeds in the first 24 hours, and 8 or more feeds in 24 hours thereafter.
  - Skin-to-skin contact is encouraged to support; longer breastfeeding duration, early mother-infant attachment, less infant crying, and greater infant cardio-respiratory stability
    - Keep mother and baby together for all routine tests and procedures. To further reduce the effects of pain on the baby maintain skin-to-skin or breastfeed during the procedure.
  - Artificial nipples, pacifiers, nipple shields, and breast pumps are avoided unless clinically indicated or until breastfeeding is established
  - Recognition of signs of adequate breast milk intake, by parents, is essential
    - Assess parent's knowledge or inform parents as needed about:
      - proper positioning and latch,
      - suck and swallow,
      - milk transfer,
      - milk production,
      - signs of adequate feeding and hydration,
      - feeding cues and frequency of feeding,
      - manual breast expression,
      - expected weight loss after birth
      - when and how to get help.
    - HCP to perform initial and on-going direct assessment of breastfeeding and hydration (e.g. frequency of voids and stools, skin turgor, adequate weight gain). Weight loss of 7-10% is considered within the normal and acceptable range with return to birth weight by about 2 weeks. Perform appropriate interventions to promote optimal intake as indicated.
  - Supplemental vitamin D is recommended for breastfed infants.
    - Recommend a daily vitamin D supplement of 400 IU for breastfed infants.

- **If it is not possible for a mother to exclusively breastfeed an infant,** the parents or caregivers of the child should be supported to ensure the infant's nutritional well-being. They should be given information on the availability of pasteurized human donor milk and if such is not available, then given appropriate information on breast milk substitutes.

  When feeding at the breast is not possible, the first choice is to feed expressed breast milk from the infant's own mother. For situations when the infant is partially breastfed, it is important to support the mother to maintain or improve lactation. **It is important that these mothers:**
  - receive information to support an informed decision
  - are assisted to choose what is acceptable, feasible, affordable, sustainable and safe (AFASS)
  - are instructed about correct preparation, storage and feeding of supplements

Continuing Care and Support

- Support mothers to sustain exclusive breastfeeding.
- Breastfeeding assessment of mother and infant should be carried out during health care contacts through discussion and observation.
- Provide support for infants identified with specific challenges.
- Provide support for mothers identified with specific challenges.
- Inform mothers and families of the recommendations for exclusive breastfeeding to 6 months and appropriate introduction of complementary foods. Introduction of complementary foods is led by the infant's signs of readiness and may be a few weeks before or just after the sixth month. Beyond six months, further delay increases risk of iron deficiency. Complementary feeding, along with continued breastfeeding, provides the nutrients and energy to meet the needs of the older infant.
- Assess for families knowledge and capacity to access ongoing supports and resources to sustain breastfeeding or transition to weaning. Provide education as needed.
- Establish and advocate for community breastfeeding support.
- Promote collaboration between HCPs, breastfeeding support groups and local community.

Expected Patient/Client/Resident Outcomes

Long Term Goals

- Mothers initiate and exclusively breastfeed to 6 months.
- Breastfeeding continues for 2 years and beyond.
- Recommended complementary foods are introduced according to the Nutrition for Healthy Term Infants: Recommendations from Six to 24 Months.

Short Term goals

- Maintain or improve current breastfeeding initiation rates at hospital discharge. Target is 75% EXCLUSIVE breastfeeding at discharge.
- Accurately chart and collect data according to new Breastfeeding Committee for Canada (BCC) definitions. Work with community and public health to develop a system of data collection to monitor breastfeeding rates in the community.
- For mothers who choose to formula feed, there will be an increase in those doing so as safely as possible.
- Improvements in parents' experiences of care.
- A reduction in the number of re-admissions for feeding problems.

Patient/Client/Resident Education

Resources for families:

VCH:
- Parenting Resources
- Baby Friendly Initiative (BFI)

PHC: Breastfeeding at SPH – For All Staff and Care Providers

Health Link BC: Formula Feeding Your Baby Getting Started
(also available in Chinese, French, Punjabi, Spanish and Vietnamese)

The following resources are available from Print Health Education Materials (VCH or PHC)

- Breastfeeding in the First 3 Weeks (Cat# GK.560.B743)
(also available in Chinese, Farsi, Korean, Punjabi, Spanish, Tagalog and Vietnamese)
- Engorgement (Cat# GK.560.E54)
- Forceful Letdown (Cat# GK.560.F67)
- Increasing your Milk Supply (Cat# GK.560.L69)

- Mastitis (Cat# GK.560.M37)
- Nipple Pain (Cat# GK.560.N57) *(also available in Chinese, Farsi, Punjabi, Vietnamese)*
- Over Abundant Milk Supply (Cat# GK.550.O94)
- Plugged Ducts (Cat# GK.560.P58)
- Thrush Infections (Cat# FG.810.T47)

Evaluation

VCH and PHC will work toward a standard of data collection for the region that will:

- Evaluate breastfeeding status using definitions and data collection periods as endorsed by the Breastfeeding Committee of Canada for documenting initiation and duration rates (i.e.: at birth, hospital discharge, 2 weeks, 2 months, 6 months, 12 months, 18 months). See Appendix D for data collections definitions).
- Assess discharge breastfeeding rates as provided by Decision Support and BC Perinatal Database Registry (BCPDR) quarterly and follow up areas of concern with recommendations to address quality improvement.

Site Specific Practices

Each site may require implementation detail to meet the standard based on their program, space and human resource capacity.

Documentation

Perinatal Services BC (PSBC) and site specific forms/electronic health record (EHR).

Related VCH Documents

- Perinatal Services BC Health Promotion Guidelines: Breastfeeding Healthy Term Infants
- Policy: Infant Feeding (Breastfeeding): VCH / PHC
- VCH & PHC: Breastfeeding Healthy Term Infants
- Lower Mainland Medical Imaging: Breastfeeding Guidelines Post Intravascular Contrast Administration

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VCH: *(Regional SharePoint 2nd Reading)*

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Appendix A:

Summary of the International Code of Marketing of Breast milk Substitutes (The Code) and Relevant World Health Assembly (WHA) Resolutions

The Code and WHA Resolutions concerning infant and young child nutrition include these important provisions:

1. No advertising of products under the scope of the Code to the public.
2. No free samples to mothers.
3. No promotion of products in health care facilities, including the distribution of free or low-cost supplies.
4. No company representatives to advise mothers.
5. No gifts or personal samples to health workers.
6. No words or pictures idealizing artificial feeding, including pictures of infants, on the labels of the products.
7. Information to health workers should be scientific and factual.
8. All information on artificial feeding, including the labels, should explain the benefits of breastfeeding and all costs and hazards associated with artificial feeding.
9. Unsuitable products such as sweetened condensed milk should not be promoted for babies.
10. All products should be of a high quality and take account of the climatic and storage conditions of the country where they are used.
11. Promote and support exclusive breastfeeding for six months as a global public health recommendation with continued breastfeeding for up to two years of age or beyond.
12. Foster appropriate complementary feeding from the age of six months recognizing that any food or drink given before nutritionally required may interfere with breastfeeding.
13. Complementary foods are not to be marketed in ways to undermine exclusive and sustained breastfeeding.
14. Financial assistance from the infant feeding industry may interfere with professionals' unequivocal support for breastfeeding.

World Health Organization. *International Code of Marketing of Breast-milk Substitutes.* Available from URL: http://www.who.int/nutrition/publications/code_english.pdf

Appendix B

Breastfeeding Committee for Canada: Baby-friendly Initiative (BFI) Authority
Integrated 10 Steps Practice Outcome Indicators for Hospitals and Community Health Services

For the complete document with detailed description of the outcome indicators, see:
http://breastfeedingcanada.ca/documents/2012-05-14_BCC_BFI_Ten_Steps_Integrated_Indicators_Summary.pdf

Step 1: Have a written breastfeeding policy that is routinely communicated to all health care providers and volunteers.

Step 2: Ensure all health care providers have the knowledge and skills necessary to implement the breastfeeding policy.

Step 3: Inform pregnant women and their families about the importance and process of breastfeeding.

Step 4: Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour or until completion of the first feeding or as long as the mother wishes: encourage mothers to recognize when their babies are ready to feed, offering help as needed.

Step 5: Assist mothers to breastfeed and maintain lactation should they face challenges including separation from their infants.

Step 6: Infants are not offered food or drink other than human milk for the first 6 months, unless *medically* indicated.

Step 7: Facilitate 24 hour rooming-in for all mothers: mothers and infants remain together.

Step 8: Encourage baby-led or cue-based breastfeeding. Encourage sustained breastfeeding beyond six months with appropriate introduction of complementary foods.

Step 9: Support mothers to feed and care for their breastfeeding babies without the use of artificial teats or pacifiers (dummies or soothers).

Step 10: Provide a seamless transition between the services provided by the hospital, community health services and peer support programs.

Appendix C:

Medical Indications for Supplementation or Cessation of Breastfeeding[1]

Whenever interruption or cessation of breastfeeding is considered, the benefits of breastfeeding should be weighed against the risks posed by the use of human milk substitutes and the need to intervene because of the presenting medical condition.

- Supplements are provided to healthy term breastfed newborns/infants when medically indicated or by mothers informed request.
- Definition of Supplements: Supplements are any food or liquid other than mother's own breast milk given to a newborn/infant whose mother plans to breastfeed. Appropriate supplements are human donor milk or formula.

INFANT CONDITIONS

Infants who should not receive human milk or any other milk except specialized formula:

- those with classic galactosemia - special galactose-free formula is needed
- those with maple syrup urine disease - a special formula, free of leucine, isoleuceine and valine is needed
- those with phenylketonuria - a special phenylalanine-free formula is needed (some breastfeeding is possible, under careful monitoring)

Infants for who human milk remains the best feeding option but who may need other food, in addition to human milk for a limited period:

- weighing less than 1500 g (very low birth weight)
- born at less than 32 weeks of gestation (very preterm)
- 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/ischemic stress, those who are ill and those whose mothers are diabetic if the infant's blood sugar fails to respond to optimal breastfeeding or human milk feeding)
- Clinical and laboratory evidence of significant dehydration (e.g. greater than 10% weight loss, high sodium, poor feeding, lethargy etc.) that is not improved by skilled assessment and management of breastfeeding.
    - Acute water loss - for example, during phototherapy if increased breastfeeding does not provide adequate hydration
- Those with a significant weight loss in the presence of clinical indications (mother's milk production not established). **Depending on the severity, optimize and increase frequency of breastfeeding before determining if supplementation is required for:**
    - Weight loss of more than 7% in the first 3 days of life[2]
    - Weight loss of 8 to 10% accompanied by delayed lactogenesis II (day 5 or later)
    - those who fail to regain birth weight by two weeks after birth
    - those exhibiting clinical indications of insufficient milk intake (no bowel movements, or fewer than one a day [in the first two weeks of life], or continued meconium five or more days after birth)
    - those with an average weight gain of less than:
        - 115 g/week: 2 weeks to 4 months
        - 85 g/week: 4 to 5 months
        - 60 g/week: 6 to 12 months

If a baby is monitored intensively and begins to gain weight again within two weeks even if the birth weight has not been regained, it may be appropriate to wait another few days before giving supplements.

Infant who may have difficulty feeding from the breast – may need to be fed with alternate feeding methods. Mother's own milk is the first choice.

- Those with a medical condition that may require special considerations for breastfeeding, e.g. neuromuscular difficulties such as Down's syndrome or cleft lip/palate, where the baby is unable to produce enough negative pressure when sucking at the breast.
- Infants who are separated from their mother due to illness or surgery
- Infants unable to latch and breastfeed effectively

MATERNAL CONDITIONS

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

Maternal conditions that may justify *permanent* avoidance of breastfeeding:

- Mothers with HIV infection (in Canada and other resource-rich countries) due to the risk of transmission from mother to infant.
- Mothers with human T-lymphotropic virus type 1 or 2 infection.

Maternal conditions that may justify *temporary* avoidance of breastfeeding:

- Severe illness that prevents a mother from caring for her infant (e.g., sepsis, psychosis, eclampsia or shock)
- Herpes simplex virus type 1(HSV-1) - direct contact between lesions on the mother's breasts and the infant's mouth should be avoided until all active lesions have resolved
- Maternal medication – for complete information check LactMed at http://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm. General contraindications include:
    - Sedating psychotherapeutic drugs, anti-epileptic drugs and opioids and their combinations may cause side effects such as drowsiness and respiratory depression and are better avoided if a safer alternative is available
    - Radioactive iodine-131 is better avoided given that sager alternatives are available - a mother can resume breastfeeding about two months after receiving this substance
    - Antineoplastic and immune suppressants used for chemotherapies
    - Excessive use of topical iodine or iodophors (e.g., povidone-iodine), especially on open wounds or mucous membranes, can result in thyroid suppression of electrolyte abnormalities in the breastfed infant and should be avoided
    - There are very few instances in which maternal therapy with commonly used antimicrobial agents precludes continuation of breastfeeding. Breastfeeding may need to be discontinued for a short period during treatment.
    - Intravascular Contrast for Medical Imaging – See VCH Breastfeeding Guideline Post Intravacular Contrast Imaging for full recommendation – Current evidence suggests it is suitable for mothers to continue breastfeeding because only a small percentage of intravascular contrast may be absorbed by the breastfed infant.

Maternal conditions that may impact breastfeeding:

- Insufficient breast milk supply due to breast injury or surgery in which major nerves and ducts of the breast are damaged (e.g. burns to breast, breast reduction surgery with incisions to the areola and/or nipple.
- Delayed Lactogenesis II (day 5 or later) and inadequate milk intake by baby
    - Retained placenta
    - Sheehan syndrome – postpartum hemorrhage followed by absence of lactogenesis
- Separation from baby due to illness or surgery

Maternal conditions that are of concern, but during which breastfeeding may continue:

- Breast abscess – breastfeeding should continue on the unaffected breast; feeding on 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 – if nipples are bleeding discard milk
- Mastitis – if breastfeeding is very painful, milk must be removed by expression to prevent progression of the condition
- Substance use, including:
    - Maternal use of nicotine, alcohol, ecstasy, amphetamines, cocaine and related stimulants has been demonstrated to have harmful effects on breastfed babies
    - Maternal use of alcohol, opioids, benzodiazepines and cannabis can cause sedation in both the mother and the baby
    - Mothers should be encouraged not to use these substances and given opportunities and support to abstain and apply harm reduction principles
    - Women who received methadone maintenance during pregnancy and are stable should be encouraged to breastfeed their infants postpartum, unless there is another contraindication, such as use of street drugs[3]
- A medical condition that may make it more difficult to breastfeed frequently, such as intolerable pain that is unrelieved by intervention.

Supplementation of Breastfeeding Newborns & Infants to 6 months

- Provide the mother with information about human donor milk (HDM) and formula.
- Provide the mother information and support about establishing and maintaining milk production.
- When breastfeeding is temporarily delayed or interrupted, assist the mother to initiate or maintain breastfeeding by effective expression of milk by hand or breast pump.
- Give the mother's own milk (unless unavailable or contraindicated due to maternal or infant factors) either directly from the breast or expressed to the baby.

Prior to feeding supplements to the newborn

- Assess the mother and newborn for medical indications (see below).
- The mother makes an informed choice of supplementing with either human donor milk (HDM) when available or formula.
- Determine the method of providing the supplementation. Note: Feeding the newborn/infant from a cup is preferred.
- Supplementation in the first 48 hours begins with small amounts and increases as indicated by ongoing assessment. Supplementation should mimic the volume and frequency of normal breastfeeding, and follow the infant cues of satiation. The following is the average reported intake of colostrum by healthy breastfeed infants (Academy of Breastfeeding Medicine, 2009)

Time	Intake (mL/feed)
1st 24 hrs	2 to 10
24 to 48 hrs	5 to 15
48 to 72 hrs	15 to 30
72 to 96 hrs	30 to 60

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[3] http://toxnet.nlm.nih.gov/cgi-bin/sis/search2/f?./temp/~swN2ps:1

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Appendix D:

BC Provincial Breastfeeding Codes and Definitions

Breastfeeding Code	Definition
Exclusive breastfeeding	The infant has received only breast milk (including expressed milk, donor milk) since birth. Allows the infant to receive oral rehydration solution (ORS), syrups (vitamins, minerals, medicines) but does not allow the infant to receive anything else.
Total breastfeeding	The infant has **only received breast milk in the past 7 days**. Has history of supplementation with non-human milk, other liquid (including water) or solids since birth. *This definition identifies infants who are exclusively breastfeeding at the time of data collection but not from birth. There are many infants who initially receive a supplement(s) at some point but exclusively breastfeed following this temporary intervention. However, based on the above definition they can no longer be classified as having exclusive breast milk*
Non-exclusive breastfeeding	The infant/child has received breast milk (includes expressed milk, donor milk) and water, water-based drinks, fruit juice, ritual fluids or any other liquid including non-human milk or solids.
No breastfeeding	The infant / child receives no breast milk.
Not Assessed	Not assessed

For more information on the Breastfeeding Committee of Canada Breastfeeding Definitions and Data Collection Periods go to
http://breastfeedingcanada.ca/documents/BCC_BFI_Breastfeeding_Definitions_and_Data_Collection_English.pdf