Breastfeeding Service

1. SCOPE

This document defines requirements for staff involved in caring for breastfeeding mothers, infants, or children at Bryan Medical Center.

2. PURPOSE

To establish a guideline for providing breastfeeding education, support, and interventions for mother/baby couples and families delivering at Bryan Medical Center, and for ordering, receiving, labeling, storing, and administering banked donor breast milk for infants in the hospital.

3. PROCEDURE/REQUIREMENTS

3.1 All staff caring for breastfeeding mothers, infants or children will follow this procedure and the 10 Steps of Baby-Friendly.

3.2 The Unit Manager of Mother/Baby is responsible for implementing the procedure and assuring staff training.

3.3 Bryan Health believes breastmilk is the standard for infant feeding and strictly adheres to the International Code of Marketing of Breast Milk Substitutes.

3.3.1 Employees of manufacturers or distributors of breastmilk substitutes, bottles, nipples, and pacifiers have no direct communication with pregnant women and mothers.

3.3.2 Bryan Health does not receive free gifts, non-scientific literature, materials, equipment, money, or support for breastfeeding education or events from manufacturers of breastmilk substitutes, bottles, nipples, and pacifiers.

3.3.3 No pregnant women, mothers, or families are given marketing materials or samples or gift packs by the facility containing breastmilk substitutes, bottles, nipples, pacifiers, or other infant feeding equipment or coupons for the above items.

3.3.4 Any educational materials distributed to breastfeeding mothers are free from messages that promote or advertise infant food or drinks other than breastmilk.

3.4 Pregnant women will be informed about the benefits of breastfeeding via written or verbal communication prior to delivery.

3.4.1 Written information is included in the preadmission packet given to patients in the physician offices.

3.4.2 Verbal and written information is provided during childbirth preparedness and breastfeeding classes. International Board Certified Lactation Consultants (IBCLCs) and Nurse Educators/RNs are responsible for implementing/updating education for the breastfeeding and childbirth preparedness classes respectively.

3.4.3 Curriculum content related to breastfeeding in childbirth and breastfeeding classes is outlined in Appendix A.

All rights reserved © 2020 Bryan Health

3.4.4 Group talk about the use of formula and infant feeding bottles will be avoided.

3.5 A medical reason for provision of donor human breast milk will be determined by the physician, neonatologist or health care providers.

3.6 Bryan Health fosters the development of community based programs and coordinates breastfeeding messages through corporate sponsorship and regular attendance to the Nebraska Breastfeeding Coalition. Additionally, Bryan Health is collaborating with area facilities to streamline the breastfeeding message and improve breastfeeding success in the area.

3.7 Staff Education

3.7.1 Staff must complete Baby-Friendly education, training and orientation within 6months of hire. No training acquired prior to employment is accepted. Verification of staff competency is addressed by unit preceptor and documented on Knowledge and Skills Inventory.

3.7.2 All maternity staff and maternity care providers will be oriented to the policy during their 6-12 week orientation. Staff and care providers will be expected to read and sign off on the policy.

3.7.3 Baby-Friendly Curriculum includes Baby-Friendly Hospital Initiative Self Study Packet with corresponding tests and 5 hours of supervised clinical experience with an IBCLC.

3.7.4 The 15 hours of curriculum content includes:

- Session 1: The BFHI –a part of the Global Strategy
- Session 2: Communication skills
- Session 3: How milk gets from the breast to the baby
- Session 4: Promoting breastfeeding during pregnancy
- Session 5: Birth practices & breastfeeding
- Session 6: Helping with a breastfeed
- Session 7: Practices that assist breastfeeding
- Session 8: Milk supply
- Session 9: Supporting the non-breastfeeding mother and baby
- Session 10: Infants and Mothers with special needs
- Session 11: Breast and nipple concerns
- Session 12: If the baby cannot feed at the breast
- Session 13: On-going support for mothers
- Session 14: Protecting breastfeeding
- Session 15: Making your hospital or birth center Baby-Friendly

3.8 Breastfeeding should be allowed based on infant's feeding cues after uninterrupted skin-to-skin care immediately following vaginal deliveries and as soon as the mother is alert and able to respond to her healthy infant after a

All rights reserved © 2020 Bryan Health

cesarean section. Breastfeeding should be initiated in the recovery room or sooner.

3.9 Encourage rooming-in 24 hours per day during the hospital stay.

3.9.1 Rooming-in means all infants, regardless of feeding method, should be kept with the mother both day and night. Implementation of routine newborn procedures should be done at mother's bedside, with few exceptions.

3.9.2 Interruptions of rooming-in will be documented as a typed note within the clinical documentation system under infant's medical record. Documentation should include the reason for interruption, location of infant during interruption, and time parameters of interruption.

3.9.3 When a mother requests her infant be cared for in the nursery, the healthcare staff should explore the reasons for the request and should encourage and educate the mother about the advantages of having her infant(s) stay with her in the same room 24 hours a day. Document request and education in the clinical documentation system under infant's medical record.

3.9.4 If a mother still requests her infant be cared for in nursery despite education, the infant will be brought to the mother to breastfeed per infant's feeding cues.

3.10 Ongoing teaching/coaching related to breastfeeding will continue throughout the hospital stay for the mother and family/support persons and be reviewed prior to dismissal.

3.11 Skin-to-skin Contact

3.11.1 Skin-to-skin is the act of placing the undressed infant against the bare skin (no bra) of the mother's chest. Skin-to-skin contact is ideally done with the mother, but can be done with another family member. Initiate skin-to-skin for all babies regardless of infant feeding choice; nurse should assist with positioning and document procedure in clinical documentation system nursing assessment.

3.11.2 For vaginal delivery, the infant should be placed skin-to-skin immediately following birth and until completion of the first feeding or for at least one hour. Encourage the mother to recognize infant feeding cues and offer help if needed. The infant is quickly dried and then placed naked on mother's bare chest immediately after birth; then both are covered, except for the baby's head, with warmed blankets. Acap may be placed on the infant's head but his face should be visible. Ensure the infant is dried between his skin folds and that wet towels and clothing are not in contact with him.

3.11.3 For cesarean sections, the infant should be placed skin-to-skin assoon aspossible after delivery, and can be done while incision is being closed in non-emergent cases.

3.11.4 During initial skin-to-skin time, the infant should not be removed for bathing, weighing, examinations, or medications. Cord clamping and APGAR scoring can be done with the infant skin-to-skin. Diapering may be postponed until after the first feed.

All rights reserved © 2020 Bryan Health

3.11.5 The nursing staff present immediately after delivery has the responsibility to create the optimal environment for transition of the infant and initiation of the first breastfeeding. This encompasses placing the infant skin to skin with the mother immediately after birth, assisting the mother to recognize infant signs of feeding readiness, and allowing the infant to self-attach to the breast.

3.11.6 Medical contraindications to immediate skin-to-skin care include communicable lesions on mother's anterior torso or need for immediate resuscitation of mother or infant. Skin-to-skin care previously delayed for medical contraindications should be initiated once resolved.

3.11.7 Initiation of skin-to-skin care for infants being cared for in the Neonatal Intensive Care Unit (NICU) is addressed by procedure PC.OBS.48.

3.12 Consultations are done by an International Board Certified Lactation Consultant.

3.13 Inpatient

3.13.1 All breastfeeding dyads will have at least one complete breastfeeding session observed/assessed per 12 hours by anRN. The latch score will be calculated per listed algorithm and documented in the clinical documentation system.

3.13.2 Assist mother to a comfortable position with pillows asnecessary.

3.13.3 Provide privacy and encourage mother to relax.

3.13.4 Positioning and Feeding/Patient Teaching:

3.13.4.1 Position infant tummy to tummy in the ventral hold, cradle hold, crosscradle hold, football hold or side-lying position, as described below. Infant's nose should be opposite mother's nipple; do not push on infant's head.

3.13.4.2 Ventral position

3.13.4.2.1 Mother is placed in reclined position. Place infant prone coming from a 45 degree angle across mother's abdomen. Have mother support her infant's shoulder blades with the opposite hand than the side the baby is breastfeeding on. Mother may support her breast asneeded for breast compressions.

3.13.4.3 Cradle hold position

3.13.4.3.1 Roll infant's body toward mother.

3.13.4.3.2 Grasp infant's thigh with hand and tuck infant's lower arm around mother's waist.

3.13.4.3.3 Bring infant to breast, not breast to infant.

3.13.4.3.4 Support breast with opposite hand in the C-position.

3.13.4.4 Crosscradle hold position

3.13.4.4.1 Position asin cradle hold but hold infant with opposite arm so the hand supports the neck and lower head behind the ears. Hold the breast with free hand.

All rights reserved © 2020 Bryan Health

3.13.4.4.2 Breast may be supported in "U" position or "C" position with hand underneath the breast to lift breast upward.

3.13.4.5 Football hold

3.13.4.5.1 Place infant on pillow atmother's side.

3.13.4.5.2 Support infant's upper back with arm and support the infant's neck and lower head behind the ears with hand.

3.13.4.5.3 Bring baby to breast with baby's nose directed toward mother's nipple.

3.13.4.5.4 Use opposite hand to support breast.

3.13.4.6 Side-lying position

3.13.4.6.1 Place infant on side, facing mother's breast.

3.13.4.6.2 Have mother support breast with opposite hand.

3.13.4.6.3 Mother should use her lower arm or pillow to keep baby positioned at breast.

3.13.5 Hold hand under mother's breast in a C-hold or a V-hold.

3.13.5.1 C-hold description: Place thumb on top of breast with rest of hand cupped underneath breast for support. The hand would form anoutline of the letter "C" if removed from breast and kept in same position.

3.13.5.2 V-hold description: Sometimes called the "cigarette hold" with placement of the first finger above the nipple and the middle finger below it. The hand is to the side of the breast. (This hold may be preferred by multiparas).

3.13.6 Touch infant's lips with mother's nipple to initiate the rooting reflex.

3.13.7 When infant opens mouth wide, aim the nipple into the roof of the infant's mouth, on top of the tongue and quickly bring infant toward the breast.

3.13.8 When infant has latched onto the breast correctly, most of the areola will be in the infant's mouth and the baby's lips will flare out. Deep sucking motions will be seen.

3.13.9 Assess breast for slight movement asinfant sucks correctly.

3.13.10 If there is any assessment of pinching pain for the mother when the baby sucks, have mother attempt to adjust the latch to improve it. If mother is unable to adjust the latch to achieve comfort, have her stop the breastfeeding by inserting her finger into the corner of the infant's mouth, between the gums, to break the suction.

3.13.10.1 Encourage infant to latch on again, reminding mother to take a cleansing breath to relax so the milk can flow (let-down reflex).

3.13.11 Burp infant after first breast is completed and again after feeding.

3.13.12 Babies are encouraged to feed per hunger cues (whenever the baby acts hungry). Healthy newborns usually feed a minimum of 8 times in 24 hours. No restrictions should be placed on the frequency or length of feedings. Skin-to-skin contact should be encouraged often (at least every 2-3 hours) and will help trigger the infant's in-born feeding cues. If the infant is

All rights reserved © 2020 Bryan Health

consistently not showing hunger cues or not latching to the breast, consult with MD or IBCLC for further evaluation and feeding plan. Hunger cues might include:

3.13.12.1 Sucking on fist

3.13.12.2 Stretching

3.13.12.3 Making soft sounds

3.13.13 Teach mother to watch her infant for nutritive suckling vs. non-nutritive suckling throughout the feeding. Feedings both start and end with non-nutritive suckling patterns. Infants can be encouraged to maintain nutritive suckling patterns by having mother compress her breast, stimulating infant, and doing skin-to-skin care.

3.13.14 Expected feeding patterns

3.13.14.1 After analert breastfeeding session post birth, infant may become sleepy and uninterested in breastfeeding. Skin-to-skin 30 min-1hr prior to and during feeding attempts may help bring the baby to a more alert state.

3.13.14.2 At approximately 12-24 hours of life, infant tends to be more alert and want to breastfeed frequently. This frequent breastfeeding pattern is commonly called "cluster-feeding," an expected feeding pattern which stimulates her breast to make appropriate volumes of milk. Encourage mother to continue breastfeeding per infant's feeding cues.

3.13.14.3 Painful procedures such ascircumcision may temporarily affect a breastfeeding infant by making him sleepy or uninterested in breastfeeding. Mother should be encouraged to do frequent skin-to-skin sessions and continue offering her breast per cues or at least every 2-3 hours.

3.13.15 Effectiveness of feeding is evidenced by observed swallowing, adequate output per day of life, weight loss <10% in a healthy, term infant.

3.13.16 Encourage exclusive breastfeeding for six (6) months, with continued breastfeeding for at least the 1st year or longer as mutually desired by the mother and infant.

3.13.17 Refer mothers to Caring for You and Your Baby booklet regarding signs/symptoms of infant feeding issues requiring referral to qualified health care and recommendations for routine follow-up visits.

3.13.18 Instruct mother on proper use of hand expression, breast pumping, and milk storage.

3.13.19 Supplemental feedings are to be done only if medically indicated or mother insists after receiving verbal and written education. Document discussion with mother related to the risks involved with elective formula feeding asnoted in handout: "Understanding the Choice of Formula Supplementation" available through SaveNotes and in Caring For You and Your Baby Booklet. Verbal discussion should include exploration of the mother's concerns. Provide mother with "Understanding the Choice of Formula Supplementation" handout and document written and verbal education in the clinical documentation system.

All rights reserved © 2020 Bryan Health

3.13.19.1 Medical indications for supplementation with breastmilk substitutes will be addressed via multidisciplinary approach including data from Nursing staff, Lactation Consultants, and Health Care Providers.

3.13.19.2 Medical indications for supplementation are guided by Academy of Breastfeeding Medicine Protocol 3 and may include:

3.13.19.2.1 Asymptomatic hypoglycemia unresolved by breastfeeding

3.13.19.2.2 Weight loss 10% with inadequate milk transfer

3.13.19.2.3 Inadequate infant output per day of life

3.13.19.2.4 Hyperbilirubinemia with signs of inadequate intake

3.13.19.2.5 Delayed maternal secretory activation

3.13.19.2.6 Breast pathology or previous breast surgery with poor production

3.13.19.2.7 Temporary cessation of breastfeeding due to maternal medication

3.13.19.2.8 Intolerable maternal pain with feeding despite intervention

3.13.19.3 Physician or Licensed Practitioner is responsible for ordering medically indicated supplementation.

3.13.19.4 Documentation for reason of supplemental feeding should be included in a typed note within the clinical documentation system under infant's medical record.

3.13.19.5 Mother's breast milk is the preferred supplement.

3.13.19.6 If expressed breast milk is not available, breast milk from anapproved breast milk donor bank (See Addendum A) should be used or formula.

3.13.19.7 If a mother feeds her baby milk from a non-approved breast milk source, complete an Occurrence Record.

3.13.19.8 Mothers who feed formula should be provided written and verbal education on safe handling of formula. Provide written, education from SaveNotes to address safe handling, storage, appropriate hygiene, cleaning utensils and equipment, accurate measurement, and reconstitution of formula. Educate mother on appropriate feeding methods. Document written and verbal education in the clinical documentation system.

3.13.19.9 Maternal contraindications to breastfeeding include:

3.13.19.9.1 HIV infection

3.13.19.9.2 Human t-lymphotrophic virus type Ior II

3.13.19.9.3 Substance abuse and/or alcohol abuse

3.13.19.9.4 Active, untreated tuberculosis

3.13.19.9.5 Taking certain medications (i.e., prescribed cancer chemotherapy, radioactive isotopes, antimetabolites, antiretroviral medications, and other medications where the risk of morbidity outweighs the benefits of breast milk feeding)

All rights reserved © 2020 Bryan Health

3.13.19.9.6 Undergoing radiation therapy

3.13.19.9.7 Active, untreated varicella

3.13.19.9.8 Active herpes simplex virus with breast lesions

3.13.19.10 Infant contraindications to breastfeeding include:

3.13.19.10.1 Classic galactosemia

3.13.19.10.2 Maple syrup urine disease

3.13.19.10.3 Phenylketonuria (some breastfeeding under careful monitoring)

3.13.19.11 Parents are educated regarding negative effects of using artificial nipples or pacifiers. Pacifiers will not be given by the staff to breastfeeding babies. If the mother requests a pacifier, the healthcare staff will explore the reasons for this request, address the mother's concerns and educate her on problems associated with pacifier use. A handout on pacifier use during breastfeeding can be found in SaveNotes and in Caring for You and Your Baby Booklet. The nurse should print this information for the patient and document educating the patient about pacifier use in the clinical documentation system.

3.13.19.11.1 Medical conditions warranting pacifier usage include circumcision. The pacifier should be thrown away after the procedure.

3.13.19.12 Offer alternate feeding methods for supplementation such ascup feeding, syringe feeding, finger feeding, or Supplemental Nursing System (SNS). Educate mother on how to administer the feeding with supplemental feeding device (via demonstration with return demonstration) and document education in the clinical documentation system. Educate patient about risks of bottle feeding to the breastfeeding process. Educate about proper cleaning of supplementation devices. Document feeding method and education in the clinical documentation system.

3.13.19.13 All artificial nipples, infant feeding bottles and breastmilk substitutes are purchased at a fair market value by Bryan Health.

3.13.20 Nipple Care/Patient Teaching

3.13.20.1 Instruct mother on hand expression and apply breastmilk to the nipples after each feeding. Allow to air dry.

3.13.20.2 Lanolin-only ointment can be applied after the breastmilk has air dried if the nipples become sore or pink. This should NOT be washed off before the next feeding.

3.13.20.3 For blistered, cracked or bleeding nipples, hydrogel dressings may be applied. Follow package guidelines for duration of use. Lanolin-only ointment should not be used in conjunction with the dressings.

3.13.20.4 For any additional problems with sore nipples, contact a lactation consultant.

3.13.21 Diet Guidelines/Patient Teaching

3.13.21.1 Instruct mother on maintaining a well-balanced diet.

3.13.21.1.1 Calories should be increased by 500 per day over non-pregnant calorie needs.

All rights reserved © 2020 Bryan Health

3.13.21.1.2 Choose from a variety of nutritious foods.

3.13.21.1.3 Drink to satisfy thirst.

3.13.22 Special Considerations/Patient Teaching

3.13.22.1 Inverted/flat nipples.

3.13.22.1.1 Encourage mother to gently pull the nipple and roll between her thumb and index finger or apply reverse pressure to evert nipples.

3.13.22.1.2 Have mother use breast pump 2-3 minutes before feeding to increase nipple protractility.

3.13.22.1.3 Use a sandwich hold and pinch up breast tissue along the side of the areola to define a mouthful.

3.13.22.1.4 Nipple shields may be used only with recommendation and evaluation from one of the Lactation Consultants.

3.13.22.2 A referral to the Lactation Consultant should be made in the following situations:

3.13.22.2.1 Twins

3.13.22.2.2 Premature infants

3.13.22.2.3 Reluctant breastfeeding infants

3.13.22.2.4 Infants with sucking disorders

3.13.22.2.5 Excessive weight loss –Follow the Academy of Breastfeeding Medicine Protocols 3 and 10.

3.13.22.2.6 Mother's sore nipples

3.13.22.3 Initiate breast pumping (see section IX below) or hand expression if infant has not latched by 12-24 hours of age despite attempts. If infant and mother are separated (ex: infant to NICU), initiate pumping ideally within 1 hour but at least within 6 hrs.

3.13.22.4 Follow Lactation Consultant's plan of care. The Lactation Consultant will indicate a new plan of care in the clinical documentation system under CarePlans.

3.14 Documentation

3.14.1 Document exclusive breastfeeding/assessments/concerns in the clinical documentation system

3.14.2 Document teaching on Maternal/Newborn Education Standard (Form #M361) and in the clinical documentation system.

3.14.3 Document breastfeeding plans in the clinical documentation system asneeded and document evaluation each shift.

3.14.4 Document educational process and informed decision for using artificial nipples or formula and for not rooming-in.

All rights reserved © 2020 Bryan Health

3.15 Follow-Up Phone Call

3.15.1 Lactation Consultants will call breastfeeding mothers one day after discharge if having risk factors or if prompted to by referral and:

3.15.1.1 Assess the mother's breastfeeding status

3.15.1.2 Plan needed interventions

3.15.1.3 Determine follow-up asneeded

3.15.1.4 Provide education regarding identified problems

3.15.1.5 Documentation

3.15.1.6 Document assessment, pertinent conversation, and follow-up information in Clinical Documentation System.

3.16 Community Follow-up

3.16.1 Recommendation for a routine follow-up visit with the health care provider or lactation consultant will be made based on AAP recommendations for a visit on the third to fifth day of age or 24 to 72 hours after discharge.

3.16.2 Referrals for ongoing breastfeeding support will be made asnecessary to community breastfeeding support services.

3.16.3 Community breastfeeding resources are located in the back of the Caring for You & Your Baby booklet given to each patient. Mother should be made aware of places to seek help within the community from IBCLCs including but not limited to Milk Works, Pediatrician offices, WIC.

3.17 Breastmilk Collection – Breastpump Use

3.17.1 Obtain breast pump and double pumping system kit. Order for breast pump appears on Physician Standard Order #5208, Post-Partum Routine.

3.17.2 Assemble breast pump according to manufacturer's instructions.

3.17.3 Provide the following information/education to patient:

3.17.3.1 Wash hands before expressing breastmilk or using a breast pump.

3.17.3.2 Express milk at least eight (8) times in 24 hours.

3.17.3.3 After using a breastpump, store any amount of colostrum/milk in a clean, hard plastic container.

3.17.3.4 When pumping several ounces, fill containers about ¾ full.

3.17.3.5 Seal the container with a solid lid (using a bottle nipple is not appropriate).

3.17.3.6 Label the container with the mother/child's name, date and time the milk was expressed.

3.17.3.7 If transporting milk to the Medical Center, place the container in aninsulated bag or cooler.

All rights reserved © 2020 Bryan Health

3.17.3.8 Fill the insulated bag or cooler with frozen ice packs and crumpled paper towels to fill excess space. Do not use wet ice for transporting previously frozen milk.

3.17.3.9 Fresh breast milk is best, but breastmilk can be refrigerated or frozen. Storage guidelines for fresh breastmilk:

3.17.3.9.1 Room temperature: Four (4) hours (healthy, term infants) Four (4) hours (hospitalized and preterm infants)

3.17.3.9.2 Cooler with ice: Six (6) to Eight (8) hours (healthy, term infants) Six (6) to Eight (8) hours (hospitalized and preterm infants)

3.17.3.9.3 Refrigerator: Four (4) days (healthy, term infants) 48 hours (hospitalized and preterm infants)

3.17.3.9.4 Refrigerator/freezer unit: Six (6) months (optimal) to 12 months (healthy, term infants) Three (3) months (hospitalized and preterm infants)

3.17.3.9.5 Deep freezer: Six (6) months (optimal) to 12 months (healthy, term infants) Six (6) months (hospitalized and preterm infants)

3.17.3.10 Thawed breastmilk may be stored in a refrigerator for 24 hours. Do not refreeze thawed breastmilk. Re-label thawed milk with the date and time.

3.17.3.11 Verify the name and medical record number on the labeled container with the infant's ID band with another health care professional before use.

3.17.3.12 Cleaning Breastpump Kit

3.17.3.12.1 After use, disconnect the bottles from the tubing and place all disassembled pieces that come into contact with the milk in a clean dish or other container.

3.17.3.12.2 Rinse pieces with cool water to remove milk residue.

3.17.3.12.3 Wash pieces with warm, soapy water and rinse thoroughly.

3.17.3.12.4 Tap out any excess water and allow pieces to drip dry on a clean paper towel.

3.17.3.12.5 Do not place water in tubing asthis can lead to mold and bacterial growth.

3.17.3.12.6 Quick Clean Bag may be used –follow manufacturer's instructions for use. Encourage NICU mother's to use one (1) time per 24 hours.

3.17.4 Mother expressing breast milk when mother is a patient, but infant is a not a patient:

3.17.4.1 Obtain a plastic calibrated cylinder or bath basin.

3.17.4.2 Fill container with ice and refill asneeded.

3.17.4.3 Keep container in the patient's room.

3.17.4.4 Apply patient label/sticker with date and time of milk collection on the milk storage container.

3.17.4.5 Use the oldest expressed breast milk (EBM) first.

3.17.4.6 Encourage family to take EBM home assoon asconvenient.

All rights reserved © 2020 Bryan Health

3.17.5 Mother expressing breast milk after mother has been discharged, but infant is a patient (i.e., NICU and transitional babies, pediatric patients):

3.17.5.1 When pumping several ounces, fill containers about ¾ full.

3.17.5.2 Seal the hard container with a solid lid (using a bottle nipple is not appropriate).

3.17.5.3 Label the container with the mother/child's name, date and time the milk was expressed.

3.17.5.4 Store EBM in refrigerator designated for breast milk storage.

3.17.5.5 Verify the name and medical record number on the labeled container with the infant's ID band with another health care professional before use.

4. RESOURCES

Breast pump

Lanolin-only ointment

Hydrogel Dressing

Nipple shield

Supplemental Nursing System

Foley Cup

Clinical Documentation System -documentation

Maternal Newborn Education Standard -Form #M361

Physician Standard Order #7867 -Post Partum Routine

Medical Center Procedure for Kangaroo Care (KMC) - NICU

Caring for You & Your Baby booklet

Medical Center Procedure for New Employee Orientation

Knowledge and Skills Inventory (located in blue book in staff orientation file)

Handout: Understanding the Choice of Formula Supplementation in SaveNotes Formula-feeding (available in SaveNotes and Caring for You and Your Baby Booklet)

Handout: Pacifiers (available in SaveNotes and in Caring for You and Your Baby Booklet on portal)

Baby-Friendly Hospital Initiative Self Study Packet

Banked Donor Breast Milk –Addendum A

- Donor breast milk
- Oral syringes
- Colostrum collection and storage containers
- Labels
- Penguin warmer
- Penguin warmer bags

All rights reserved © 2020 Bryan Health

5. REFERENCES

Academy of Breastfeeding Medicine. Clinical Protocol #3: Hospital guidelines for the use of supplementary feedings in the healthy term breastfed neonate, revised 2017. New Rochelle, NY: Academy of Breastfeeding Medicine; 2017.

Academy of Breastfeeding Medicine. Clinical Protocol #7: Model Maternity Policy Supportive of Breastfeeding, 2018. New Rochelle, NY:Academy of Breastfeeding Medicine; 2018.

Academy of Breastfeeding Medicine. Clinical Protocol #8: Human Milk Storage Information for Home Use for Full-Term Infants, revised March 2017. New Rochelle, NY:Academy of Breastfeeding Medicine; 2017.

ACOG Clinical Review. Breastfeeding: Maternal and Infant Aspects. MCN Am J Matern Child Nurs. 2011 Sep-Oct;36(5): 318-24

American Academy of Pediatrics: Breastfeeding and Use of Human Milk, Pediatrics;Volume 129, Number 3, March 2012: e827-841

Jones, F., & Tully, M. (2019). Best Practice for Expressing, Storing, and Handling Human Milk in Hospitals, Homes and Child Care Setting (4th ed.). Raleigh, NC: Human Milk Banks Association of North America, Inc.

Lauwers, J. & Swisher, A. (2016). Counseling the Nursing Mother, A Lactation Consultant's Guide. (6th ed.). Sandbury, MA: Jones & Vartlett.

The Baby-Friendly Hospital Initiative: Guidelines and Evaluation Criteria for Facilities Seeking Baby-Friendly Designation.2019 Edition. Baby-Friendly USA, Inc available on-line at: https://www.babyfriendlyusa.org/wp-content/uploads/2019/12/US-Interim-GEC_191107_CLEAN.pdf

United States Breastfeeding Committee. Implementing The Joint Commission Perinatal Care core measure on exclusive breast milk feeding. 2nd rev ed. Washington, DC: United States Breastfeeding Committee; 2013.

Wambach, K & Spencer, B. (2020). Breastfeeding and Human Lactation (6th ed). Boston: Jones and Bartlett Publishers.

Additional References for Addendum:

Mother's Milk Bank –Denver Colorado

Jones, F., & Tully, M. (2019). Best Practice for Expressing, Storing, and Handling Human Milk in Hospitals, Homes and Child Care Setting (4th ed.). Raleigh, NC: Human Milk Banks Association of North America, Inc.

Academy of Breastfeeding Medicine. Clinical Protocol #3: Hospital guidelines for the use of supplementary feedings in the healthy term breastfed neonate, revised 2017. New Rochelle, NY: Academy of Breastfeeding Medicine; 2017.

American Academy of Pediatrics: Breastfeeding and Use of Human Milk, Pediatrics; Volume 129, Number 3, March 2012 e827-841.

All rights reserved © 2020 Bryan Health

ACOG Clinical Review. Breastfeeding: Maternal and Infant Aspects. MCN Am J Matern Child Nurs. 2011 Sep-Oct;36(5): 318-24

Lauwers, J. & Swisher, A. (2016). Counseling the Nursing Mother, A Lactation Consultant's Guide. (6th ed.). Sandbury, MA: Jones & Bartlett.

The Baby-Friendly Hospital Initiative: Guidelines and Evaluation Criteria for Facilities Seeking Baby-Friendly Designation. 2019 Edition. Baby-Friendly USA, Inc available on-line at: https://www.babyfriendlyusa.org/wp-content/uploads/2019/12/US-Interim-GEC_191107_CLEAN.pdf

United States Breastfeeding Committee. Implementing The Joint Commission Perinatal Care core measure on exclusive breast milk feeding. 2nd rev ed. Washington, DC: United States Breastfeeding Committee; 2013.

Wambach, K & Spencer, B. (2020). Breastfeeding and Human Lactation (6th ed). Boston: Jones and Bartlett Publishers.

6. APPENDIX

Appendix A: Class Outlines

7. OWNER

Staff RN-Womens & Childrens-Exp, Mother/Baby

8. APPROVER

Provision of Care, Treatment and Services Function Leaders
  Clinical Services Director
  Cardiac/Vascular Services Director

All rights reserved © 2020 Bryan Health

Appendix A: Class Outlines

Breastfeeding Basics

- Importance/Benefits of breastfeeding
- Importance of exclusive breastfeeding for about 6 months
- Anatomy and physiology of the breast
- Skin to Skin
- Latch on process/positioning
- Labor medications and birth processes: effect on breastfeeding
- First-breastfeeding session
- Common breastfeeding patterns
- Rooming-in
- Risks of elective supplementation in first 6 months
- Sore nipples—treatment options
- Signs of adequate intake
- Returning to work and breastfeeding
- Community Resources

Childbirth Education Class Breastfeeding

- Introduction to Baby Friendly Hospital
- Steps: 2, 4, 6, 7, 8, and 9
- Infants' first breastfeeding session
- Skin to skin
- First milk
- Breastfeeding Patterns
- Hunger cues
- Latch on
- Basic breastfeeding positions

All rights reserved © 2020 Bryan Health