

## Infant Feeding Policy for the Johnson Center

It is the policy of Lucile Packard Children's Hospital Stanford to: promote successful breastfeeding by ensuring that, in the absence of contraindications, all mothers who elect to breastfeed will have a successful and satisfying experience; and to standardize information regarding care that is communicated by all staff caring for patients.

### Policy and Procedure:

#### A. Maternal Education

1. This facility acknowledges breast milk feeding as the biological norm and the gold standard for optimal infant health. Obstetricians, Pediatricians, and all other health care staff will actively recommend and support breastfeeding as the preferred method of providing nutrition to infants unless breastfeeding is specifically contraindicated. When direct breastfeeding is not possible expressed human milk should be provided.
2. The infant feeding policy will be routinely communicated to perinatal unit staff, beginning with hospital orientation, and shall be clearly posted in the perinatal unit or on the hospital or health system Internet Web site. Nursing staff will be provided ongoing education related to breastfeeding.
3. Exclusive breastfeeding will be recommended for the first 6 months with the addition of complementary foods at 6 months of age. Breastfeeding will be recommended for at least the first year of life, or as long as mutually desired.
4. After being informed of the benefits of breastfeeding and risks of formula feeding, mothers who choose to formula feed exclusively will be treated with respect, and taught how to bottle feed safely.
5. The hospital will collaborate with prenatal care providers in the community to provide breastfeeding education and support. Mothers will be encouraged to attend a prenatal breastfeeding class.
6. All mothers will be given patient education materials included in the admission packet which reflects the breastfeeding practices at this facility.
7. The hospital will provide weekly community based support program and/or direct mothers to alternate sources of support within the community. A printed list of resources will be distributed to all families prior to discharge from the hospital.
8. LPCH will not provide formula marketing materials to mothers and will prohibit promotional materials and marketing efforts in all areas available to patients.

#### B. Initiation of Breastfeeding

1. Regardless of feeding preference, Mother-Baby dyads will be offered skin-to-skin contact at birth or soon thereafter including mothers of cesarean section delivery unless there is a medically justifiable reason to postpone.
2. Unless medically contraindicated, healthy infants will be placed and remain in direct skin-to-skin contact with their mothers after delivery until the first feeding is accomplished. Routine procedures including weighing, measuring, bathing, needle sticks, and eye prophylaxis will be delayed until after the first feeding is accomplished.
3. Except under special circumstances, the newborn should remain with the mother throughout the recovery period.
4. If an infant is separated for a medical contraindication or must be transferred immediately to special care, the nursing staff will ensure mother and infant begin skin-to-skin care as soon as possible.
5. Post cesarean-birth babies will be encouraged to breastfeed as soon as possible after birth.
6. After transport to the maternity unit, mother and baby are encouraged to remain skin-so-skin as long as desired by the mother. After the initial period of skin-to-skin, mothers will be encouraged to provide this type of care for the infant as much as possible during their hospital stay.
7. Mothers who have been identified as having a history of past or current use of illicit drugs will be counseled about the risks of drug use and breastfeeding.

### C. Management of Lactation

1. Post partum nursing staff will offer breastfeeding and lactation support within six hours of delivery.
2. Staff will promote unrestricted breastfeeding and not place any limitations on how often or how long mothers should breastfeed.
3. Parents will be taught to put their breastfeeding infant(s) to breast at least 8 to 12 times in 24 hours on no timely schedule. Parents will be informed that cluster feeding, particularly at night, is normal infant behavior and that a healthy newborn infant may feed less often in the first twenty four hours of life.
4. RN's will teach breastfeeding mothers about: feeding cues, hand expression, positioning and latch, skin to skin, intake/output requirements, and normal breastfeeding patterns.
5. Once every 8 hour shift nursing staff will do a Lactation Acuity Score (LAS) and a LATCH assessment.
6. An infant with an LAS Score of 2 or higher will receive a referral to Lactation. (see Section G)
7. An infant with a LAS Score of 2 or higher will be put on the "Lactation Risk Standards" care plan.
8. RN's will inform all mothers of the in-patient breastfeeding class.
9. Mothers will receive appropriate lactation support if they are separated from their newborns. (see Appendix A)

### D. Supplementation

1. No supplemental water, glucose water, or formula will be given unless specifically ordered by a physician, or by the mother's documented and informed request.
2. If not medically contraindicated, breast milk will be the first choice for supplementation and mother will be taught methods of milk expression, including hand expression, along with safe handling and storage of human milk.
3. Prior to non-medically indicated formula supplementation, mothers will be informed of the risks of formula supplementation.
4. Acceptable Medical Reasons for use of Breast Milk Substitutes (always use maternal breast milk prior to formula when available and not contraindicated) are: (see Section I. Contraindications)
5. Term infants who are supplemented will be fed by syringe, spoon, cup or bottle and receive appropriate amounts as per the "Lactation Risk Standards" and / or the physician's order.
6. Bottles will not be placed in an infant's crib.
7. All breastfeeding mothers who supplement will be taught how to pump.
8. Parents who choose to use the bottle will be taught paced bottle feeding. An exception would be an infant who is self-pacing well or is having endurance related feeding issues interfering with adequate oral intake and weight gain.
9. If a mother chooses to formula feed she will be provided information about how to safely prepare and feed infant formula.
10. Education will be provided in a family centered manner.

### E. Pacifiers

1. Pacifiers or artificial nipples will not be routinely given by the staff to breastfeeding infants.
2. Breastfeeding during a painful procedure has been documented as an effective intervention for pain control. If breastfeeding is not possible during a painful procedure, such as circumcision, a pacifier may be used for pain management. In such cases the pacifier shall be removed prior to returning the baby to its parents.
3. Non-medical staff in Well Baby Nursery will not provide pacifiers to parents while providing their services.
4. Exception: Pacifiers will be used for nonnutritive sucking and oral training of premature infants and other special care infants.

### F. Rooming – in

Documents involving the evaluation and improvement of quality of care may be privileged under Ca. Evidence Code section 1157 and should be treated as confidential documents. These documents should not be printed, copied or distributed in any way that may jeopardize this protection.

1. LPCH will encourage all mother-infant couplets to remain together, day and night, throughout the hospital stay. Skin to skin will be encouraged to help facilitate infant feeding cues and promote mother-infant bonding.
2. Minimize the time of mother-infant separation which may occur for a medical procedure (i.e. circumcision). Routine newborn procedures will be performed at the bedside.

### **G. Risk factors for breastfeeding failure and the Lactation Risk Standards (LRS)**

The following breastfeeding risk factors indicate the patient will need more in depth breastfeeding assessment and management from the RN. A lactation referral will be initiated for a score of 2 or higher. (The score is listed to the right).

1. Cesarean Section Mothers (1)
2. Mothers with Multiples (2)
3. No Latch in 24 hours (1)
4. Sick Infant in NICU/ PICN and/or Separation of Mother/Infant Dyad. (2)
5. Infants supplemented more than 1x in 24 hours (non-medically indicated supplementation of formula). (1)
6. Borderline Term/ Late preterm and Small for Gestational Age Infant (2)
7. 10% Weight Loss of Birth Weight (2)
8. History of Breast Surgery (2)
9. History of Breastfeeding Issues/Early Termination of Breastfeeding (2)
10. Engorgement (1)

The LRS's consist of a care plan for each of the risk factors listed above. RN's are responsible for initiating this care plan until a Lactation Consultant can evaluate the patient further.

### **H. Discharge Preparation**

An educational checklist, including signs that an infant is being adequately fed at the breast, and designed to complement each mother's lactation issues will be reviewed by the nursing staff or lactation consultant. All families will receive a list of community resources to contact for outpatient lactation services. Mothers will be encouraged to follow up with a Lactation Consultant for feeding issues. According to the AAP Guidelines all breastfeeding newborns will be referred to a pediatrician or other pertinent health care provider, for a visit on the 3rd to 5th day.

### **I. Contraindications:**

Breastfeeding, although optimal for infants, may be contraindicated in some instances as follows:

1. Galactosemia
2. Active, untreated tuberculosis
3. Mothers who are receiving diagnostic or therapeutic radioactive isotopes or have had exposure to radioactive materials.
4. Mothers who are receiving antimetabolites or chemotherapeutic agents and a small number of other medications.
5. Mothers who are Human Immunodeficiency Virus (HIV) positive (in the US).
6. Mothers with active herpes lesions on her breast (breasts). Breastfeeding can be recommended on the unaffected breast.
7. Mother with varicella that is determined to be infectious to the infant
8. Mother has HTLV1 (human T-cell leukemia virus type 1)

### **Appendix A: For unstable infants in the PICN or NICU**

1. Provide support to the mother who is separated from her sick or preterm infant.
2. Encourage skin-to-skin if the infant is stable.
3. Encourage the mother to express milk as soon as clinically able (ideally within 6 hours after birth) using mechanical method of milk expression and manual method to increase milk yield.
4. Educate and assist mother with proper technique of pumping and proper cleaning/care of pump equipment. Assess

- mother to determine proper flange size.
5. Encourage mother to pump every 2-3 hours during the day and least 1-2 times during the night for 15-20 minutes or until milk stops flowing.
  6. Teach/assist with proper handling, labeling and storage of breast milk for the sick newborn.
  7. Assist in obtaining a double electric pump prior to discharge as needed.

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