Alaska Native Medical Center

Healthy Infant Feeding Procedure #509-01

Reference Policy: Healthy Infant Feeding Policy # 509

1. Purpose

1.1. To describe ANMC's comprehensive infant feeding plan

1.2. To describe the link between prenatal education, intrapartum care, and postpartum follow-up with access to timely and skilled support

2. Scope

The ANMC accredited campus and its staff, which includes employees, residents, non-physician interns, students, volunteers and contractors.

3. Definitions

3.1. "Exclusive breastfeeding" is providing breastmilk as the sole source of nutrition, with the exception of vitamins, minerals and medicines.

3.2. "Breastmilk substitutes" are any food being marketed or otherwise represented as a partial or total replacement of breastmilk, whether or not suitable for that purpose.

3.3. "Skin to skin contact (SSC)" occurs when a naked infant (exempting a diaper and hat) is placed ventral-to-ventral on mother's chest and then covered with blankets.

4. Procedure

4.1. This procedure will be reviewed within 30 days of hire with all employees. This procedure will be communicated to all applicable healthcare staff on an annual basis or any time changes are made to the procedure. This procedure will be made available for all employees to access via the intranet.

4.2. All women of childbearing age (12-55 years old) will be asked about their lactation status on admission to the hospital. If lactating women are admitted to a floor other than Family Birthing Services (FBS) then a consult with an International Board Certified Lactation Consultant (IBCLC) will be requested to help preserve lactation during the hospital stay.

4.3. Staff Training

4.3.1. ANMC health professionals who regularly provide care to breastfeeding mother-infant dyads at FBS will attend educational sessions on lactation management appropriate to their position of practice.

4.3.1.1. For RNs and CNAs within six months of hire, this training will consist of a onetime 15-hour course followed by 5 hours of hands-on clinic skills competency check on the management of optimal infant nutrition and mother-infant care, thereby meeting the objectives outlined by the Baby-Friendly Hospital Initiative (BFHI). The clinical skills competency check will be validated by an IBCLC.

4.3.1.1.1. It is the responsibility of the Director of FBS to ensure that all hired inpatient staff have received the required number of hours of training and maintain written documentation of the completion of training and clinical competency in each employee's record.

4.3.1.1.2. New employees who have received training prior to employment will be exempt from attending the 15-hour course after they provide documentation of attendance of previous training that meets all the objectives as specified by the BFHI and submit the documentation to the Senior Lactation and Infant Feeding Specialist and receive approval of acceptance of training in writing. They will be required to obtain 5 hours of clinical supervision at ANMC and have had their competencies verified by an IBCLC.

4.3.1.2. For MD, DO, APRN, and SLP providing inpatient maternity or nursery care, the training will consist at minimum of a 3-hour course on the management of lactation with completion of training to occur within 6 months of hire.

4.3.1.2.1.1. It is the responsibility of the Senior Lactation and Infant Feeding Consultant to ensure that all providers have received the required number of hours of training and maintain written documentation of the completion of training.

4.3.1.2.1.2. New employees who have received training prior to employment will be exempt from the training if they can provide documentation of attending 3 hours of education on the management of lactation specific to their job role. Documentation must be a certificate of attendance and be submitted to the Senior Lactation and Infant Feeding Consultant for written approval.

4.4. Prenatal Infant Feeding Education

4.4.1. A pregnant woman's infant feeding decision will be documented in the Electronic Medical Record (EMR).

4.4.2. When a mother who is receiving prenatal care services through ANMC chooses to breastfeed she will be provided counseling throughout her prenatal care using an approved prenatal breastfeeding curriculum.

4.4.2.1. Counseling topics will include: the benefits of breastfeeding, importance of exclusive breastfeeding, non-pharmacologic pain relief methods of labor, the importance of early skin-to-skin contact, early initiation of breastfeeding, rooming-in on a 24-hour basis, baby-led feeding, frequency of feeding in relation to establishing a milk supply, effective positioning and latch techniques, exclusive breastfeeding for the first six months, and that breastfeeding continues to be important after 6 months when complementary foods and water are given.

4.4.2.2. The Healthy Infant Feeding Committee is responsible for the development, implementation, evaluation, and revision of the breastfeeding education on a triennial basis.

4.4.2.3. This education will be delivered by a combination of RN case manager, midwife, obstetrician/gynecologist, and/or lactation educator in a one-on-one manner.

4.4.2.4. The completion of each education session will be appropriately documented in the EMR by the healthcare professional who counsels the mother.

4.4.2.5. This curriculum will be made available on the intranet so that all facilities within Alaska Native Tribal Health Consortium (ANTHC) that provide prenatal services are able to access and use the curriculum to help develop a statewide coordinated message regarding breastfeeding. In addition, members of the staff participate in the Alaska Breastfeeding Coalition.

4.4.3. Mothers who choose to feed their infants breastmilk substitutes will be supported in their feeding decision and receive appropriate counseling throughout their prenatal care using an approved prenatal breastmilk substitute curriculum.

4.4.3.1. Informed consent for the mother's feeding decision will be documented in the mother's EMR during pregnancy when the decision is foreplanned.

4.4.3.2. Counseling topics will include: non-pharmacologic pain relief methods of labor, the importance of early skin-to-skin contact, rooming-in on a 24-hour basis, baby-led feeding, and the safe preparation of breastmilk substitutes.

4.4.3.2.1. This education will occur individually to avoid group education regarding the use of formula or infant feeding bottles, which is not permitted at this facility.

4.4.3.3. The Healthy Infant Feeding Committee is responsible for the development, implementation, evaluation, and revision of the breastmilk substitute education on a triennial basis.

4.4.3.4. This curriculum will be made available on the intranet so that all facilities within the ANTHC that provide prenatal services are able to access and use the curriculum to help develop a statewide coordinated message regarding breastmilk substitutes.

4.4.4. All pregnant women will be offered the opportunity to attend a breastfeeding course offered through Health Education Department. It is the responsibility of the Senior Lactation and Infant Feeding Consultant to ensure that the content of the education is consistent with the BFHI and the International Code of Marketing of Breast-milk Substitutes.

4.5. Skin-to-skin contact (SSC)

4.5.1. All infants born vaginally, if baby and mother are medically stable, will immediately be placed by the delivery provider in SSC with the mother following the birth regardless of feeding choice.

4.5.2. Infants born by cesarean-birth will be placed by an FBS nurse or delivery provider in SSC as soon as the mother is safely able to hold and respond to her baby and the infant is medically stable, regardless of feeding intention.

4.5.3. All infants should be left in SSC for at least one hour and until the first feeding has been accomplished unless there is a medically justifiable reason for early termination of SSC.

4.5.3.1. Contraindications: Infants and mothers who are not medically stable. Infants born to mothers who are HIV positive should be bathed prior to implementing SSC. Maternal infectious disease that prohibits mother-baby contact. SSC is declined by mother after counseling and support.

4.5.3.2. If there is a medical contraindication for SSC then this will be documented in the infant's EMR by the FBS nurse.

4.5.4. An FBS nurse is responsible to help educate the mother about infant feeding cues and provide breastfeeding assistance during the initial SSC period.

4.5.5. SSC will be documented in the infant's EMR by the FBS nurse. Documentation is to include time of initiation, time of cessation, duration of SSC, whether the first feeding was completed successfully, any reasons why SSC was delayed, and any reasons why SSC was terminated early.

4.5.6. The administration of routine medications should be delayed for the first hour after birth and the first feeding has been completed to allow uninterrupted SSC.

4.5.6.1. These medications should be administered in SSC whenever possible.

4.5.7. SSC will not be interrupted to perform routine assessments of medically stable infants. If a routine assessment is required then it will be performed while maintaining SSC.

4.5.8. If the infant requires treatment or observation in the Neonatal Intensive Care Unit (NICU) then SSC should be implemented with the dyad on the mother's first visit and once the infant is medically stable enough to allow for SSC. SSC should continue to be encouraged frequently throughout the infant's stay in the NICU if the infant is medically stable enough to allow for the SSC regardless of feeding intention. The infant's NICU nurse is responsible for the implementation and documentation of this care in the infant's EMR.

4.5.8.1. If the infant is returned to the mother during the mother's hospital stay then the infant should be placed in SSC for one hour with the mother regardless of feeding intention and infant age at time of return. The FBS nurse is responsible for documenting the initiation of SSC in the infant's EMR.

4.5.9. SSC contact will continue to be encouraged throughout the hospital stay while the mother is awake.

4.6. Postpartum breastfeeding assistance

4.6.1. After the initial assistance with breastfeeding during SSC, the FBS nurse will offer further assistance with breastfeeding within 3-6 hours of delivery.

4.6.2. A breastfeeding assessment, teaching, and documentation will be done on each nurse's shift. Every shift, a direct observation of the baby's position and latch during feeding will be performed and documented by an FBS nurse using a breastfeeding assessment tool and entered into the infant's EMR.

4.6.3. All breastfeeding mothers will be instructed about basic management of breastfeeding by the FBS nurse. The education will be provided in written form, and reviewed before the mother discharges from FBS. Appropriate documentation of this education will be completed in the mother's EMR. The education will include:

4.6.3.1. Proper positioning and latch; manual expression of breastmilk; frequency of breastfeeding; signs of effective feedings; maintenance of exclusive breastfeeding for the first 6 months of life; signs/symptoms of infant feeding issues requiring referral to a qualified healthcare provider; cue-based feeding; recognition of feeding cues to

initiate feedings; no limits on how often or how long infant should be fed; and normal infant feeding expectations.

4.6.4. Mothers who have chosen to breastfeed but must be separated from their infants will be supported in their decision to breastfeed. Breastmilk expression will begin within one hour after birth or as soon as the mother is sufficiently alert to consent to breastmilk expression. Mothers will be educated to express their breastmilk 8-12 times per 24 hours and how to properly store and handle breastmilk.

4.7. Breastmilk substitutes

4.7.1. A written medical order by a healthcare practitioner is required for any infant to receive breastmilk substitutes.

4.7.1.1. In all cases of supplementation with breastmilk substitutes for breastfed infants, the reason for the supplementation will be documented in the infant's EMR by the ordering provider.

4.7.1.2. Mothers who request breastmilk substitutes without a medical indication though had arrived at the hospital intending to breastfeed will be provided informed consent about breastmilk substitutes.

4.7.1.2.1. The infant's nurse should explore and address any concerns that the mother has about breastfeeding and educate the mother regarding the negative consequences of feeding infants breastmilk substitutes.

4.7.1.2.2. The outcome of the education will be documented in the infant's EMR by the infant's nurse.

4.7.2. For all breastfeeding mothers whose infants receive nourishment away from the breast, be it because of mother's request or for medical indication, staff will avoid supplementation utilizing artificial nipples.

4.7.2.1. Feeding options will be discussed with the mother prior to supplementation by the FBS/NICU nurse and she will be instructed on the safe use of the chosen feeding method. Supplemental feeding devices are explained in the NICU/Pediatric guideline entitled Breastfeeding-Artificial Feeding Methods located on the ANMC intranet.

4.7.2.2. If the mother requests supplementation via bottle, the mother will receive education by the FBS/NICU nurse about the possible negative consequences artificial nipples can have in regard to breastfeeding and will document this education in the infant's EMR.

4.7.3. The mother of any infant who is discharged from the hospital being fed with breastmilk substitutes will be given written and verbal education by the FBS or Pediatric nurse about safely providing breastmilk substitutes.

4.7.3.1. The education will be documented in the infant's EMR and will include information about: appropriate hygiene; cleaning utensils and equipment; appropriate reconstitution; accuracy of measurement of ingredients; safe handling; proper storage; appropriate feeding methods; recognition of feeding cues to initiate and terminate feedings; appropriate feeding volumes

4.7.4. The education on the use of breastmilk substitutes, bottles, or artificial nipples will be given on a one-on-one basis by the FBS or Pediatric nurse, with the avoidance of group sessions.

4.8. Acceptable Medical Reasons for the Use of Breastmilk Substitutes

4.8.1. Some health conditions of the infant may justify the recommendation that the infant receive breastmilk substitutes temporarily or permanently. Similarly, some health conditions of the mother may justify the recommendation that she does not breastfeed temporarily or permanently. Whenever cessation of breastfeeding is considered, together, the infant's family and the provider should weigh the benefits of breastfeeding against the risks posed by the presence of the specific conditions listed.

4.8.2. Infant Conditions

4.8.2.1. Infants who should not receive breastmilk or any other milk except specialized formula: classic galactosemia; maple syrup urine disease; phenylketonuria (some breastfeeding is possible, under careful monitoring)

4.8.2.2. Infants for whom breastmilk remains the best feeding option but who may need other food in addition to breastmilk for a limited period: term or preterm infants admitted to the NICU who are unable to feed orally, but who can feed via an oral- or nasogastric tube and whose mothers have not yet started to produce sufficient quantities of breastmilk; term or preterm infants admitted to the NICU whose mothers intend to breastfeed exclusively but who choose not to attend every scheduled or ad lib feed in the NICU and who approve of or request formula supplementation for their infant; newborn infants with demonstrated hypoglycemia, despite attempts to breastfeed; newborn infants who, despite adequate breastfeeding and breastfeeding support from trained hospital and clinic staff, demonstrate persistent weight loss, dehydration or lethargy

4.8.3.Maternal Conditions

4.8.3.1. Mothers who should not breastfeed: HIV infection; active untreated tuberculosis; untreated brucellosis; human T-cell lymphotropic virus type I or type II; taking antimetabolites or chemotherapy agents; undergoing radiation therapy

4.8.3.2. Mothers who may need to avoid breastfeeding temporarily: severe illness or temporary separation from the infant that prevents a mother from caring for her infant; 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 medications that are contraindicated in breastfeeding

4.8.3.3. Mothers who can continue breastfeeding, although health problems may be of concern: breast abscess, hepatitis B, hepatitis C, mastitis, active tuberculosis undergoing treatment.

4.8.3.4. Recommendations regarding breastfeeding with concurrent medication use should be made on a case-by-case basis using an evidenced based reference for the specific medication.

4.8.3.5. Recommendations for mothers who are substance dependent

4.8.3.5.1. Recommendations should be individualized on risks and benefits depending on the individual’s circumstances.

4.8.3.5.2. When mothers use marijuana during lactation counseling should be consistent with the guideline that is maintained at this facility entitled Marijuana Use during Pregnancy and Lactation. This guideline is available on the ANMC intranet.

4.8.3.5.3. Counsel women under any of the following circumstances not to breastfeed: using illicit substances and not engaged in substance abuse treatment; relapsing to illicit drug use or legal substance misuse in the 30-day period prior to delivery; not engaged in prenatal care with positive maternal urine toxicology screen (without a medical explanation) for substances other than marijuana at delivery; any behavioral or other indicators that the woman is actively abusing substances; chronic alcohol use.

4.8.3.5.4. Evaluate new mothers’ situations under the following circumstances and determine appropriate advice for breastfeeding by discussion among the mother, maternal and infant care providers, and substance abuse treatment providers: relapse to illicit substance use or legal substance misuse in the 30-90 day period

prior to delivery; concomitant use of other prescription medications deemed to be incompatible with lactation; engaged late (after the second trimester) in prenatal care and/or substance abuse treatment; attained drug and/or alcohol sobriety only in an inpatient setting; lack of appropriate maternal family and community support systems; report that they desire to breastfeed their infant in order to either retain custody or maintain their sobriety in the postpartum period.

4.8.3.5.5. Encourage women under the following circumstances to breastfeed their infants: engaged in substance abuse treatment; plans to continue in substance abuse treatment in the postpartum period; abstinence from illicit drug use for 90 days prior to delivery; ability to maintain sobriety demonstrated in an outpatient setting; toxicology testing of maternal urine negative at delivery; engaged in prenatal care and compliant.

4.9. Rooming-in

4.9.1. Infant will remain with his/her mother (rooming-in) 24 hours per day unless there is medical indication for separation, regardless of feeding preference.

4.9.2. If medical procedures must be administered that necessitate separation of the dyad then the maximum allowable time for separation in a 24 hour period is 1 hour total.

4.9.3. Routine infant newborn procedures will be performed at the mother's bedside.

4.9.4. Interruptions to rooming-in will be documented in infant's EMR by the FBS staff. Documentation will include the reason for the interruption, the location of the infant, and the time the infant is returned to the mother.

4.9.5. If a mother requests the infant be cared for in the nursery, the reason for the request will be explored by the FBS nurse; education regarding the benefits of keeping the infant in close proximity will be provided and documented in the infant's EMR. If the mother still requests care be provided outside of her room then the infant will be returned to the mother for feedings when feeding cues are observed by FBS staff in order to support exclusive breastfeeding.

4.10. Artificial nipples

4.10.1. Artificial nipples will be avoided in healthy breastfeeding infants.

4.10.1.1. If a mother requests an artificial nipple then the FBS staff will explore reasons for this request and address the mother's concerns. The mother will receive education

about the possible negative consequences that the early introduction of artificial nipples can have on breastfeeding. This education should be documented in the infant's EMR by the FBS nurse.

4.10.2. Infants in the NICU or infants with specific medical conditions (e.g., neonatal abstinence syndrome) who are not admitted to the NICU may be recommended pacifiers for non-nutritive sucking. Documentation of the medical indication of the pacifier will be located in the infant's EMR by either the FBS nurse or NICU nurse.

4.10.3. Infants undergoing painful procedures may be given a pacifier as a method of pain management during the procedure. The infant will not return to the mother with the pacifier.

4.11. Discharge follow up

4.11.1. All infants will be referred to a healthcare professional for a follow-up outpatient appointment on the third to fifth day of life or within 24 to 72 hours of discharge, whichever occurs first.

4.11.2. Prior to discharge, mothers will be given by the FBS nurse the contact information of community resources for help with infant feeding.

4.11.3. ANMC has a community infant and postpartum support group. Families will be referred to this group upon discharge.

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