PURPOSE

To facilitate optimal breastfeeding experiences and to provide mothers with consistent information regarding breastfeeding and breast milk expression, allowing the mother to return home with reasonable confidence and competence.

TEACHING MATERIALS

A. Lactation teaching materials
B. Postpartum dismissal After Visit Summary
C. Education Record in Electronic Health Record (EHR).

POLICY / PROCEDURE

A. Prenatally, mothers will be given written and verbal education regarding breastfeeding. Prenatal breastfeeding courses will also be offered.

B. Mother’s feeding plans will be discussed prenatally, with the provider. This feeding plan will be documented on admission, by the nursing staff, in the inpatient chart.

C. Healthy term newborns will be placed and remain in direct skin-to-skin contact with their mothers immediately after delivery until the first feeding is accomplished unless medically contraindicated. Infant should remain skin-to-skin during needed assessments and procedures until first feeding is accomplished (delay procedures such as weight and measurements until following first feeding). Infants should continue to be held skin to skin throughout their hospitalization, as medical condition(s) allow.

D. If medical complications arise that separate mother and baby or interrupt breastfeeding, initiate pumping of the breast as soon as possible. If the mother is unavailable, the healthy newborn should be placed skin to skin with their father.

E. Unless medically indicated and ordered by an HCP, breastfed infants should not receive any supplemental feedings. Supplementation with breast milk or colostrum does not require an order. Use alternative feeding policy for supplemental feedings for babies who are not in the NICU.

Note: Alternative feeding methods should not be used in the NICU.

F. Risks and benefits of supplementation should be fully discussed with the patient and this education documented in infant’s chart. If the mother requests to supplement with formula, a physician’s order needs to be obtained. Premature infants in the NICU will be supplemented per provider order.

G. Each breastfeeding mother will be evaluated and receive instruction as needed on the following (refer to breastfeeding teaching materials):
   1. Position the baby correctly at the breast.
   2. Demonstrate correct latch-on.
   3. How to recognize when the baby is swallowing.
4. State how many times in each 24 hours the baby should be fed.
5. State how many wet diapers and how many bowel movements the baby should have in a 24-hour period during the first two weeks at home.
6. Describe proper technique for milk expression collection and storage.
7. Identify infant behavioral cues of readiness to breastfeed.

H. Breastfeeding babies, who are not in NICU, will room-in the mother’s room throughout their hospital stay, including at night, unless the mother chooses not to.

I. Breastfed infants in the normal newborn nursery should be offered the breast 8-12 times each 24 hours, based on infant behavioral cues.

J. Mothers should nurse infant until satisfied. Babies may feed on one or both breasts. Consider alternating the first breast offered at each feeding.

K. When shields and shells are provided for a mother, this is to be communicated to the Lactation Consultant. Also, the risks and benefits of use associated with nipple shields should be explained to the mother.

L. Use of nipple creams, or any other topical preparations should be reserved for patient conditions that indicate a need for them.

M. There should not be routine use of pacifiers with breastfed infants in the normal newborn nursery. If mother requests a pacifier, the pacifier should only be given after risks and benefits of use are explained.

Note: Pacifiers may be used developmentally for infants in the NICU.

N. Provide patient with appropriate referrals to Lactation Consultants. Indications include but are not limited to:
   1. Mothers with abnormal appearing breasts or nipple(s) e.g. flat, extremely sore or inverted nipples, abnormal breast engorgement.
   2. History of low milk supply or breastfeeding difficulties with previous infants.
   3. Mothers with previous breast surgery.
   4. Mothers whose previous breastfed infants failed to gain sufficient weight.
   5. Preterm infants less than or equal to 37 weeks gestation.
   6. SGA / IUGR infants.
   7. Infants with oral defects (e.g., cleft lip, cleft palate)
   8. Infants with one-day stay, if mother is breastfeeding for the first time.
   9. Infants who consistently nurse poorly (e.g., do not have sustained suckling for at least five minutes at each breast at each feeding).
   10. Mother requests a lactation consult.

O. Provide information on how to obtain a breast pump for use at home prior to discharge – as needed.

P. Mothers will be educated on appropriate community breastfeeding resources during their hospitalization.

Q. “Breastfeeding for Healthcare Providers” courses, instructed by Lactation Consultants, will be offered on an ongoing basis.
REFERENCES


STAFF ACCOUNTABILITY

Reviewed by:
Nebraska Medicine NICU Staff Education and Practice Committee
Lactation Consultant Team, NICU, Nebraska Medicine
Manager, NICU, Nebraska Medicine
Manager, Women’s and Infants’ Services, Nebraska Medicine – Bellevue
Unit Based Council, Women’s Services, Nebraska Medicine
Unit Based Council, Women’s and Infants’ Services, Nebraska Medicine – Bellevue

Approved by:
Quality Triad – approved May 8, 2017
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