CHC POLICY

BREASTFEEDING

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POLICY:

The Sahtu Health and Social Services Authority (SHSSA) promotes and supports breastfeeding because it is the healthiest first food for infants and has important benefits for both mother and baby.

PURPOSE:

1. To ensure that SHSSA supports an environment that empowers women who have made an informed decision to breastfeed;

2. To provide staff with guidelines on breastfeeding;

3. To ensure that staff provide full support and instruction to mothers and families as appropriate to the mother's choice of infant feeding.

ATTACHMENTS:

Breastfeeding Guidelines
Appendix "A" "WHO/UNICEF 10 Steps to Successful Breastfeeding"
Appendix "B" "Expected Feeding Pattern"
Appendix "C" "Medical Reasons for Using Breastmilk Substitutes"
Appendix "D" " Positions for Breastfeeding "
Appendix "E " " How to tell if your baby is feeding well"

REFERENCES:

1. Breastfeeding Committee for Canada. The Baby-Friendly Initiative in Community Health Services: A Canadian Implementation Guide.

2. UNICEF UK Baby Friendly Initiative. Implementing the Baby Friendly best practice standards.

3. World Health Organization. Protecting, Promoting and Supporting Breastfeeding: The special Role of Maternity Services.

Approved by: _____
CHAD FEHR, CEO

BREASTFEEDING GUIDELINES

1. All staff are responsible for implementing the SHSSA Breastfeeding Policy and Guidelines;

2. Staff are responsible for informing all pregnant women and new mothers about the benefits and management of breastfeeding;

3. Staff are responsible for providing a welcoming atmosphere for breastfeeding families;

4. Staff are responsible for helping mothers continue breastfeeding once discharged from hospital.

5. Staff will only distribute approved breastfeeding information.

6. Infants should not be given any food or drink other than breast milk, unless *medically indicated;*

7. Breastfeeding on demand is encouraged;

Purpose:

1. To provide nurses with guidelines in assisting mothers with breastfeeding their newborn;
2. To provide nurses with guidelines in managing common problems related to breastfeeding.

Benefits and Management of Breastfeeding

1. Offer all women an opportunity to discuss breastfeeding and document this in the mother's health record;

2. Help women gain confidence in their ability to breastfeed, by providing them with a clear and simple explanation of the physiological basis of breastfeeding;

3. Encourage women who decide to breastfeed to have a breast examination so that any breast anomalies such as flat or inverted nipples can be identified, and information and guidance provided as soon as necessary;

4. All breastfeeding materials and teaching should reflect the "WHO/UNICEF Ten Steps to Successful Breastfeeding "*(Appendix "A").*

Timing of Feeds

1. Encourage mothers to breastfeed on demand with no more than five hours between feeds. Educate mothers that cluster feeding may occur (frequent feedings every hour, for 3-5 hours, followed by a longer sleep of no more than 5 hours). See " Expected Feeding Pattern", *Appendix ("B");*

2. Educate mothers to recognize cues that alert them to baby's readiness to feed such as
   - Rapid eye movement
   - Waking
   - Stretching, stirring, hand to mouth activity
   - Sucking, licking, rooting or vocal utterances

   Placid babies may not demonstrate cues to be fed, and must be wakened no greater then five hours since the last feed;

6. Breastfeeding on demand is encouraged, but 15-30 minutes per breast of effective suckling is a reasonable guideline. Time/duration of feed may vary.

Supplementing Breastfeeding Babies

1. Breastfeeding babies should receive only breast milk without other foods and fluids unless there is a medical indication identified by the attending physician. See " Medical Reasons for Giving Breastmilk Substitutes to Breastfeeding Babies", Appendix ("C"). Parents and family will be consulted if supplementary feeds are recommended. Verbal consent will be documented.

2. Parents and families who elect to supplement their breastfeeding infant without a medical indication will be informed of the impact that supplementation may have on breastfeeding.

Assisting Families With Breastfeeding

1. Provide mothers with assistance with breastfeeds as necessary.

Positioning

1. Wash hands carefully with warm water and soap

2. Assist the mother to a comfortable position preferably in a chair. Back should be well supported and feet on a stool or the floor;

3. Position the baby in either cross-cradle or football hold for initial feeds. Support baby well across his/her shoulder and the base of his/her head. See "Positions for Breastfeeding, *Appendix ("D)";*

4. The baby should be supported at the level of the breast. Pillows or blankets may be used to lift the baby;

5. Supporting the breast with the hand in the C-hold is helpful in assisting the baby to latch during the early days or for longer. If the breasts are large, the nipples are flat or the baby has a weak suck, it is beneficial to support the breast. With the C-hold the fingers are placed under the breast with the thumb on top, well back from the areola.

Latch

1. Hold the base of baby's head gently but firmly, and bring baby to mother's breast;
2. Baby's head should be aligned with body, mother and baby tummy to tummy;
3. Tickling baby's lips lightly against mother's nipple stimulates rooting reflex. When baby's mouth is open as wide as a yawn and the tongue is down, quickly pull baby toward breast directing the chin into the lower part of the breast. An effective latch also includes:

    - Baby's nose and chin touching breast
    - Large amount of areola in mouth with lips curled outward

4. Some initial tenderness is expected as baby latches on but it should not be painful. If pain occurs take the baby off and initiate latch again;
5. Instruct the mother re signs of an effective latch. Encourage her to refer to "How to tell if your baby is feeding well " poster located in each post partum room (*Appendix "E").*

Suck Assessment

The baby's jaw will move with possible ear wiggling. There should not be a hollow in the baby's cheeks. If there is, the baby should be re-latched to go deeper onto the areola;

1. A sucking pattern is noted beginning with short quick bursts followed by a longer draw, a pause and an audible/visible swallow. With colostrums the short quick bursts are greater
   in frequency. Once mother's milk is in, these decrease and the longer rhythmical draws are more abundant;

2. Teach mother how to give "bolus" of breast milk with breast compression if baby not sucking well:

    - When baby slows down or stops open-pause close type of suck depress breast with thumb and forefingers on opposite sides of breast
    - Keep pressure up until baby no longer drinks even with the compression then release
    - Baby will likely start sucking again when he/she tastes milk but, if not, compress breast again.

    Note: It is important to ensure that baby is latched well, and that an improper latch is not the reason for a poor suck. Breast compression is not necessary if everything is going well;

3. Instruct the mother to listen for and observe this pattern, as well as quiet sounds of swallowing like clicking sounds in the colostrums phase. This will change to gulping sounds when the milk comes in;

4. Provide encouragement and emotional support to the breastfeeding family.

Removal of Baby from Breast

Instruct mother to break the seal by placing her finger in the corner of baby's mouth depressing the lower gum to release the suction.

Assessing Adequate Hydration

1. Instruct mothers regarding how to know if their baby is getting enough. Refer to " How to tell if your baby is feeding well" *Appendix ("F");*

2. Review other signs of hydration including:
    - Skin turgor, moist mucous membranes
    - Lethargy
    - Temperature

Management of Common Breastfeeding Problems

1. Sore Nipples:

- Check latch and position of the baby
- Observe suck
- Ensure that mother removes baby from the breast properly
- Alternate breastfeeding positions
- Encourage mom to feed frequently and try to latch before baby becomes overly aroused
- Suggest that mother starts feeding on less affected side

- After feedings express some colostrums/breast milk onto the nipple and areola and leave it to air-dry for 5 minutes
- A purified lanolin cream may be applied over sore nipple, but is not generally recommended.

2. Plugged/ Clogged Ducts:

- Apply warm compresses to affected area and instruct mother to gently massage in circular motion toward the nipple with flat fingers or palm of the hand before each feeding
- Change nursing positions ensuring that the nose and chin are directed towards the tender area
- Frequent unlimited nursing, nursing on affected side first at each feeding until resolved
- Avoid under wire bra and tight clothing.

3. Engorgement:

- Apply cool compresses on each breast prior to and following each feeding until engorgement resolves
- Encourage early and frequent feedings
- Instruct mother to use hand expression or pump prior to feedings if needed to soften the engorged areola and nipple.
- Limited pumping after feeding may soften the breast further if needed
- Note: This should be done with caution (i.e. not after every feed and very briefly) as too frequent and vigorous pumping may increase milk supply)
- Encourage mother to request analgesics as ordered by physician

Appendix "A"

WHO/UNICEF 10 Steps to Successful Breastfeeding

Every facility providing maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within half an hour of birth.
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practise rooming-in - that is, allow mothers and infants to remain together - 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Source: *Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services,* a joint WHO/UNICEF statement published by the World Health Organization.

Appendix "B"

Expected Feeding Pattern

Day 1	4-5 feedings in first 24 hours (preferably first feeding shortly after birth)
Day 2	Every 1-2 hours with one 4-5 hours sleep (Note: This is the time new mothers have the hardest time believing that their babies do not need other food. What the baby needs is unlimited access to mother's breast)
Day 3-4	Nursing every 2-3 hours with one longer stretch (4-5 hours) during each 24-hour period. (This is the pattern baby will probably follow for the first 2-3 weeks to re-establish birth weight)

Appendix "C"

Medical Reasons for Using Breastmilk Substitutes

Fortunately, there are only a few situations where infants cannot, or should not, be breastfed. The choice as to the best alternative to breastfeeding depends on the nature of the circumstances, and for this reason it is useful to distinguish between infants who cannot be fed at the breast but for whom breastmilk remains the food of choice; infants who would not receive breastmilk, or any other milk, including the usual breastmilk substitutes; and infants for whom breastmilk is not available, for whatever reason.

SITUATIONS RELATED TO MATERNAL HEALTH

Severe Illness
Severe incapacitating illness, while not itself a contraindication to breastfeeding, may make breastfeeding difficult or impossible.

Medication
A small number of medications are contraindications to routine breastfeeding. These include anti-metabolites, radioactive iodine and some anti-thyroid drugs. Other drugs that may cause side effects may be substituted or avoided. Only occasionally is breastfeeding contraindicated.

Social Circumstances
Even in situations of tobacco, alcohol and drug use, breastfeeding remains the feeding method of choice for the majority of infants. Where hard-drug users are concerned, decisions should be made on a case-by-case basis. If the mother is absent, efforts should be made to find a wet-nurse or to obtain heat-treated breastmilk from a breastmilk bank. Breastfeeding is not recommended for mothers who are intravenous drug users.

HIV-Positive Mothers
Babies of HIV-Positive mothers should not be breastfed, as there is a risk that the virus can be passed through the breastmilk from mother to infant.

Other Infectious Disease
In the case of herpes simplex lesions found on the breast, temporary interruption of breastfeeding is recommended until all active lesions have been resolved. For most other maternal infections, including tuberculosis, hepatitis B, mastitis and breast abscess, breastfeeding is not contraindicated.

Appendix "C"
SITUATIONS RELATED TO INFANT HEALTH

Inborn Errors of Metabolism
Infants with galactosemia, PKU, and maple syrup urine disease may require partial or complete feeding with a breastmilk substitute, which is appropriate to their specific metabolic condition.

Sick Infants in Intensive Care
These infants require an individualized feeding plan, and breastmilk should be used to the extent possible. Efforts would be made to sustain maternal milk production by encouraging expression of milk, and re-lactation when the infant has recovered.

Severe Dehydration and Malnutrition
This incorporates infant feeding in emergencies. Such circumstances may require temporary feeding with a breastmilk substitute while breastmilk production is re-established.

Source: *The Baby-Friendly Initiative in Community Health Services: A Canadian Implementation Guide,* published by the Breastfeeding Committee for Canada.

SHSSA BREASTFEEDING GUIDELINES

Appendix "D"

Positions for Breastfeeding

Cradle Hold

Cradle Hold

Baby is positioned across the abdomen so that the baby's whole body faces the mother's body and the baby's head is supported by the mother's arm. The baby's lower arm is tucked around the mother's waist. The baby's ear, shoulder, and hip should be in the straight line. A pillow across the mother's lap can help to support her arm and the baby. A footstool can be used to support the mother's legs.

Cross Cradle Hold

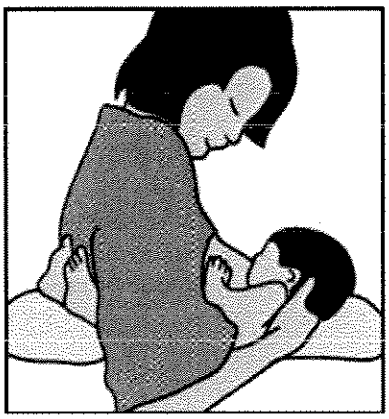
Cross Cradle Hold

The cross cradle hold also works well using alternate arms. That is, the breast is supported with the hand on the same side and the baby is held with the arm on the opposite site. The arm supports the baby's hips and back while the palm of the hand supports the baby's shoulder and head. This is often the easiest position during the learning period and for preterm infants.

SHSSA BREASTFEEDING GUIDELINES

Appendix "D"

Positions for Breastfeeding



Football Hold

Football Hold

This is a good alternate position to vary pressure on sore nipples, and for mothers who have had caesareans, have large breasts or flat nipples or for preterm infants.

Sitting up in an armchair or couch, support baby on pillow against mother's side, with baby's head and back lying against mother's hand and forearm. Flex baby's legs up behind mother's back against the surface of the chair. Her opposite hand supports the breast.

Side Lying

Side Lying

This is an excellent position if there is pain from an episiotomy or an abdominal incision. This is also the best position for resting at night and whenever convenient during the day. This may be a difficult position to learn and may require help.

The mother lies on one side with one or two pillows for head support, one for back support and one between her knees. The baby is placed completely on the side with the mouth at nipple level and nose, chin, tummy and knees touching mother.

The mother's upper hand supports the breast (C-Hold). The lower arm may be bent and placed under mother's head or stretched out along the baby's back. Different ways may need to be tried to see which works best.

The mother may need help early on, to pull the baby close while latching the baby on. A small rolled towel or pillow rolled at the baby's back will keep baby aligned on the side.

Appendix "E"

How to Tell if your Baby is Feeding Well

Poops

- The colour will change from black, brownish to seedy mustard yellow (May also be greenish at times)
- Texture changes from sticky to soft and watery
- 12-24 hours newborn will pass black tar-like poop
- 24-72 hours: 1-2 poops with color changing from brown
- 4 days – 3 weeks: 2-3 stools per day minimum at least the size of a loonie.

Wet Diapers

- Pale and odourless urine
- Day 1: 1-2 urines
- Day 3: 3-4 urines
- After Day 3 expect 5 or more diapers per day

Other signs to look for

- Baby is eating 8-12 times in 24 hours
- Your baby is eating nothing other than breastmilk, is eating often and is content after each feeding. Most newborns eat every 2-3 hours
- Feedings are usually 20-40 minutes but may be shorter or longer.

Baby's Weight

- 7-10% weight loss in the first week is okay
- Weight loss is slowing by day 3 and baby is starting to gain weight
- Return to birth weight by 2-3 weeks of age