

	<h1>Breastfeeding Policy</h1>	Policy Number <i>CHC-PN-0046</i>	Version Nos: 6
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The West Coast District Health Board (WCDHB) recognises that health is a resource for living (World Health Organization, 1986) and that breastfeeding contributes to the health of mother and baby by providing optimum nutrition for infants, protecting mother and baby against disease, having some contraceptive effect and facilitating mother-infant bonding (Innocenti Declaration, 1990).

This Policy is based on the following national and international documents:

- Protecting, Promoting and Supporting Breastfeeding: The Special Role of the Maternity Services A joint WHO/UNICEF Statement (World Health Organization 1989). This document outlines the ‘Ten Steps to Successful Breastfeeding’, (see Appendix 1).
- The WHO/UNICEF International Code of Marketing of Breastmilk Substitutes (World Health Organization, 1986).
- WHO and UNICEF Baby Friendly Hospital Initiative Documents for Aotearoa New Zealand (Implementation Group for the NZ Breastfeeding Authority 2000).

2. Purpose

This Policy outlines the processes that will:

- create supportive environments that protect, promote and support breastfeeding;
- promote a philosophy of care which supports the normal physiological pattern of breastfeeding
- follow the principles of the Treaty of Waitangi, protection, partnership and participation while also recognising individual cultural needs, where families are related to with respect and non-judgemental attitudes
- raise staff awareness of the maternity unit practices which help and those which may hinder the breastfeeding process
- assist staff in providing consistent, correct and current information
- enable mothers and babies to have satisfying breastfeeding experiences.

3. Application

This Policy applies to all staff members working in WCDHB Maternity Facilities, inclusive of those delivering ante-natal and post-natal care.

4. Responsibilities

For the purposes of this Policy:

All *staff working in maternity services, ante-natal and post-natal* are required to ensure they abide by the requirements of this

5. Definitions

There are no definitions associated with this Policy

	<h2 style="margin: 0;">Breastfeeding Policy</h2>	Policy Number <i>CHC-PN-0046</i>	Version Nos: 6
---	--	--	---------------------------------

6. Process

- 1.00 WCDHB will have a written policy that is routinely communicated to all health care staff.**
- 1.01 This Policy has been developed in consultation with the West Coast community. (For full documentation of this see WCDHB Breastfeeding Policy Supporting Documents 2003)
- 1.02 Full copies of the Policy are stored with the other Policy Manuals for staff reference and available in the patient's lounge of WCDHB Maternity Units for consumer access.
- 1.03 All staff, including independent midwives using this facility, shall be familiar with this Policy.
- 1.04 A summary of this Policy will be displayed throughout the WCDHB Maternity Units and in areas where antenatal consultation and classes take place.
- 2.00 WCDHB will train all health care staff in skills necessary to implement this Policy.**
- 2.01 All staff who come into contact with families using maternity services shall be educated in the skills necessary to implement this Policy. This includes annual ongoing education.
- 2.02 A record is to be kept for each staff member of when education occurs, and the content of this education.
- 2.03 See 'WCDHB Breastfeeding Policy, Supporting Documents', for a detailed description of the education programme.
- 2.04 New staff members will be oriented to this Policy during their orientation programme.
- 3.00 WCDHB staff will inform all pregnant women about the benefits and management of breastfeeding.**
- 3.01 Ante-natal classes, covering the benefits and management of breastfeeding, will be made available for pregnant women and their supporters.
- 3.02 The antenatal programme will include:
- i) the benefits of breastfeeding
 - ii) the importance of exclusive breastfeeding for the first six months
 - iii) breastfeeding management including; positioning and attachment to the breast demand feeding, rooming in, milk supply (including separation from baby for return to work).
 - iv) breastfeeding community supports
- 3.03 For a full description of the classes see WCDHB Breastfeeding Policy, Supporting Documents.
- 3.04 The Lead Maternity Carer (LMC) will also inform the woman of the above and in addition:



Breastfeeding Policy

Policy Number
CHC-PN-0046

Version Nos:
6

- i) the potential effects of breast milk substitutes, (see Appendix 2).
 - ii) the effects of obstetric medication on breastfeeding (see Appendix 3).
- 3.05 Instruction on the use of, and written materials pertaining to, artificial baby milks will not be given as group education but on a one-to one basis when needed (WHO, 1981).
- 4.00 WCDHB will support the LMC in helping mothers initiate breastfeeding within a half-hour of birth.**
- 4.01 Mothers shall be helped to initiate breastfeeding soon after birth by;
- i) being given the opportunity to have undisturbed skin to skin contact for at least 30 minutes after birth, or for as long as mother wishes, prior to any intervention such as bathing, dressing or weighing.
 - iii) staff being available during this time to assist mother to latch baby to breast.
- 4.02 Women who've had caesarean sections:
- i) shall be enabled to have undisturbed skin to skin contact with their baby for at least 30 minutes after birth, or for as long as mother wishes, as soon as she is able to respond to their baby
 - ii) shall have staff available to assist her to put baby to the breast.
- 5.00 WCDHB will show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.**
- 5.01 All new mothers, irrespective of previous experience, will be offered support, guidance and information regarding breastfeeding, in particular how to correctly position and latch their babies to the breast. Use of the pamphlet 'Baby's Position at the Breast' is recommended.
- 5.02 Staff will offer verbal guidance first before offering any hands-on help, which may occasionally be necessary to ensure a satisfactory feed.
- 5.03 A full term healthy baby who latches and suckles well within the 2 hours following birth should be woken for a breastfeed if still sleeping, initially a maximum of 8 hours later.
- 5.04 Each breastfeed will be documented using the coding system (see Appendix 4).
- 5.05 If breastfeeding is not achieved within 6 hours of birth the mother is shown how to express her colostrum manually. Other mothers are either shown, or informed of where information is on expression of milk should they ever need this.
- 5.06 If a baby is for any reason unable to feed the mother will be shown;
- i) how to hand express
 - ii) the appropriate use of the electric breast pump, the recommendation is that it not used before 48 hours post-partum
 - iii) the correct storage of breast milk
- She will be encouraged to express regularly, 2-4 hourly, until baby is feeding well.
- 5.07 Mothers who have had, or who are currently having, difficulties with breastfeeding, or who have special circumstances, will be referred to a lactation consultant.

	<h2 style="margin: 0;">Breastfeeding Policy</h2>	Policy Number <i>CHC-PN-0046</i>	Version Nos: <b style="font-size: 1.2em;">6
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- 5.08 A woman choosing not to breastfeed will receive one on one education about breast milk substitutes and instruction on the correct use of the one she chooses. In order to make an informed choice, she will also be made aware of the possibility of expressing her milk for her baby, beginning breastfeeding after a few days and the possibility of mixed feeding.
- 6.00 WCDHB will give newborn infants no food or drink other than breast milk, unless medically indicated.**
- 6.01 Where possible newborn babies will be given only breast milk unless medically indicated.
- 6.02 If supplementary feeds are needed staff must first examine the possibility of obtaining expressed breast milk before offering an artificial feed.
- 6.03 Some parents request may babies be given supplementary feeds, and in this case staff will raise their awareness of the potential effects of it's use (see Appendix 2) and ensure the mother is aware of normal breastfeeding patterns.
- 6.04 If babies are given an artificial feed, staff will document the reason for the feed (medical reason or mother's request), and request that the mother signs the appropriate consent form.
- 6.05 Acceptable medical indicators for supplementary feeding include:
- i) hypoglycaemia (blood sugar less than 2.6 mmol/l)
 - ii) dehydration, recognised by lethargy, skin turgor and tone, inadequate stooling and urine output, sunken eyes, and raised temperature (usually in a baby who has fed poorly and has lost > 10% of body weight (Robertson 1989)
 - iii) weight loss (>7% of birth weight), (Black, Jarman & Simpson 1998), dependant on circumstances.
 - iv) maternal drug use contra-indicated while breastfeeding
 - v) hyperbilirubinaemia, levels dependant on gestation and age of baby (Black, Jarman & Simpson 1998)
 - vi) prematurity, dependant on circumstances (Akre 1998)
- 7.00 WCDHB will practice rooming-in and allow mothers and infants to remain together - 24 hours a day.**
- 7.01 Rooming-in is encouraged 24 hours a day.
- 7.02 Staff will support mothers in becoming accustomed to babies presence and reassure as to their noises, safety and normality of frequent feeds.

	<h2 style="margin: 0;">Breastfeeding Policy</h2>	Policy Number <i>CHC-PN-0046</i>	Version Nos: 6
---	--	--	---------------------------------

8.00 WCDHB will encourage breastfeeding on demand.

- 8.01 Staff will encourage breastfeeding on demand by ensuring mothers:
- i) understand baby's cues to feed, and offer breastfeeds at these times
 - ii) are able to recognise effective breastfeeding
 - iii) know that 8-12 breastfeeds in 24 hours is normal
 - iv) understand how to express for comfort if breasts are overfull and baby not interested in feeding
- 8.02 No restrictions are to be placed on the frequency or length of feeding (if baby is feeding effectively).

9.00 WCDHB will not give artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.

- 9.01 No dummies are to be given by staff. If parents use a dummy, staff will inform them that the use of a dummy to substitute suckling at the breast will ultimately decrease lactation and may have implications on the baby's nutritional needs long term (Ford et al 1994; Clements et al 1997).
- 9.02 Colostrum, in small amounts, can be given by syringe, dropper, spoon or tube.
- 9.03 Expressed breast milk can be given by cup or tube as alternatives to artificial teats.

10.00 WCDHB will foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

- 10.01 Staff will inform all mothers of the value of breastfeeding support groups and inform them of such groups in their community.
- 10.02 All mothers are given the information sheet 'Breastfeeding Help and Information Sources'.

11.00 WCDHB will ensure that this policy supports the international code of marketing of breast milk substitutes.

- 11.01 No advertising of artificial baby milks will be seen in WCDHB facilities.
- 11.02 No free samples of breast milk substitutes will be given to mothers or pregnant women.
- 11.03 WCDHB does not accept free or subsidised supplies of breast milk substitutes.
- 11.04 There will be no contact between company personnel marketing breast milk substitutes and mothers.
- 11.05 Materials for mothers concerning breast milk substitutes should be non-promotional and should carry clear and full information and warnings.
- 11.06 WCDHB employees will not accept gifts such as calendars, diaries, videos, pens or similar from companies.

	<h1>Breastfeeding Policy</h1>	Policy Number <i>CHC-PN-0046</i>	Version Nos: 6
---	-------------------------------	--	---------------------------------

11.07 Material concerning breast milk substitutes should be scientific and factual information.

7. Related Documents

Breastfeeding Help and Information Sources Information Sheet

Baby's Position at the Breast Information Sheet

WCDHB Breastfeeding Interventions Consent Form

8. Appendices

Appendix 1

The Ten 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 healthcare staff
2. Train all healthcare 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 a half-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 breastmilk, unless *medically* indicated
7. Practise rooming-in – 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

Appendix 2

Effects of Breastmilk Substitutes.

Just one bottle of formula:

- Increases the likelihood of serious allergy to cows milk protein (Goldman, 1999)
- Increases the chance of bowel infection and diarrhoea by changing the pH of the bowel (Wagner et al, 1996).
- Affects the delicate supply and demand balance (De Coopman, 1993)
- Increases engorgement by not emptying the breasts (Hill & Jumenick, 1994).
- Decreases the mothers confidence in her ability to feed her baby (Nylander et al, 1991).
- Can reduce the duration of breastfeeding (Lennon and Lewis, 1987).

Appendix 3

Effects of Obstetric Medication

The literature reports significant neurobehavioural effects of labour medications on the newborn and the mother-infant relationship (Walker, M 1997).

	<h1>Breastfeeding Policy</h1>	Policy Number CHC-PN-0046	Version Nos: 6
---	-------------------------------	-------------------------------------	---------------------------------

All those conditions requiring medical and paramedical action, either instrumental or pharmacological (induced labour, prolonged labour, operative delivery either vaginal or abdominal, use of local infiltration; use of oxytocic drugs during labour, prolonged general anaesthesia in caesarean section) may have an unfavorable effect, nearly always significant, on breast-feeding.

The following measures for breast-feeding promotional programme are suggested: modification of neonatal routine care to promote an earlier mother-infant interaction during lying-in; limitation of avoidable obstetric procedures and of drugs given to mothers; a better understanding of pharmacokinetics, both in mothers (placental passage of drugs and through milk) and in newborns during labour, delivery and puerperium (Zuppa et al 1979).

Under normal conditions 100mg pethidine given as pain-relief may have unfavourable effects on infant's developing breastfeeding behaviour when given close to delivery time (Nissen et al 1997). Researchers have found infants exposed to pethidine had delayed and depressed sucking and rooting behaviour. They recommend that pethidine-exposed mother-infant couples stay together after birth long enough to enable the infant to explore the breast without a forceful helping hand of health staff (Nissen E, et al, 1995).

Intention to breast-feed was abandoned most frequently by women in whom labour had been electively induced (Out et al.1988).

Induction of labour and assisted delivery were significantly associated with lower breast-feeding rates (Palmer et al 1997)

Babies whose mothers had had bupivacaine found decreased sucking response at 24 hours and may be more 'fussy' which can impact on breastfeeding behaviour. (DeJong 1981, Humenick 1995b cited in Nichols, F. & Humenick, S.,2000)

Appendix 4

Coding of Infant's Breastfeeds

- A. Offered but does not latch
- B. Interested but does not latch
- C. Latches on and off
- D. Latches - uncoordinated suck
- E. Good rhythmical sucking – short feed
- F. Good rhythmical sucking – long feed

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Revision History	Version:	6
	Developed By:	Alison Wallace
	Authorised By:	Director of Nursing
	Date Authorised:	October 2003
	Date Last Reviewed:	October 2006
	Date Of Next Review:	October 2008

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