

PERINATAL STANDARDS and GUIDELINES MANUAL

BREASTFEEDING		Date Developed:	September 2006	Page Number	1 of 5	Policy Number	FBC: 14.01
		Revised / Reviewed:					
Next Review Date	Refer To	Issuing Authority					
April, 2008		Perinatal Nurse Educator, MNC Director, Maternal/Newborn/Child Health Services Chief, Department of Obstetrics & Gynaecology Lactation Consultant, Family Birthing Centre					

We at Toronto East General Hospital recognize the health benefits of breastfeeding for both mother and child and have therefore based our policy on the “Ten Steps to Successful Breastfeeding” developed by the World Health Organization (WHO) and United Nations Children’s Fund (UNICEF).

STEP 1: Adopt a written breastfeeding policy that is brought to the attention of the health care staff.

Toronto East General Hospital’s breastfeeding policy defines our commitment to the promotion, protection and support of breastfeeding.

STEP 2: Ensure the training of all birthing centre personnel to institute this policy.

All personnel within the Maternal, Newborn & Child Health Service will have twenty-one hours of instruction on breastfeeding including three hours of clinical training. There will also be a continuing education program to maintain competency. Staff will also be provided with up-to date information concerning breastfeeding.

STEP 3: Inform all pregnant women of the advantages and management of breastfeeding.

Maternal, Newborn & Child Health Service is committed to providing an information pamphlet on the benefits of breastfeeding in the pre-registration package distributed to all families at their physician or midwives’ office. We are also committed to having resources accessible during visits to prenatal support services.

STEP 4: Help the new mother initiate breastfeeding within an hour after birth.

Help new mother initiate breastfeeding within an hour after birth. The mother who has just given birth is encouraged to hold her baby shortly after birth: the baby is placed on the mother's abdomen except if there is a medical contraindication, to facilitate skin to skin contact and the initiation of breastfeeding.

STEP 5: Show mothers how to breastfeed and how to maintain lactation if they should be separated from their infants.

The instruction and support given during the hospital stay allow mothers to acquire the knowledge and ability to breastfeed their babies, such as positioning and latching onto the breast. In special cases, the mother is encouraged to maintain lactation by expressing her milk.

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STEP 6: Do not give any food or drink to the newborn infant other than mother's milk unless there is a medical indication.

At Toronto East General Hospital, newborns only receive breast milk, unless there is a medical indication to receive supplementation, as stipulated by the WHO/UNICEF (BFHI). Acceptable medical indications for supplementation include:

- 1. Infants who cannot be fed at the breast but for whom breastmilk remains the food of choice.**
- 2. Infants who may need other nutrition in addition to breastmilk. This may include very preterm or very low-birthweight infants or those infants at risk of hypoglycaemia for whom sufficient breastmilk is not immediately available.**
- 3. Infants who should not receive breast milk, or any other milk, including the usual breastmilk substitutes and need a specialized formula.**
- 4. Infants for whom breastmilk is not available**
- 5. Maternal conditions that affect breastfeeding recommendations. These may include when the mother is physically weak, is taking certain medications or has certain infectious diseases.**

(from: WHO/UNICEF Baby Friendly Hospital Initiative: Revised, Updated and Expanded for Integrated Care, Section 1.3, Annex 1. Please refer to this document for more specific details related to these 5 points.)

OR

there is an informed choice to formula feed.

If supplementation is necessary, health care providers follow the Procedure for Supplementation, as outlined in Appendix A of this document

STEP 7: Leave the baby with his/her mother 24 hours a day.

Mother and baby are not separated during their hospital stay unless the baby requires specialized nursery care. The nurse will provide care to the family in the same room.

STEP 8: Encourage breastfeeding on demand.

We encourage breastfeeding on demand. The frequency and duration of breastfeeding is determined by the need of the infant. Mother receives support and teaching so that she can recognize the hunger and satiety cues of her baby.

STEP 9: Do not give breastfed infants any artificial teat or pacifier.

To facilitate the initiation of breastfeeding, we advise parents of well, full-term infants to avoid pacifiers and bottles in the first weeks after birth.

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STEP 10: Encourage the formation of breastfeeding support groups and inform mothers of their location.

The Maternal, Newborn & Child Health Service is committed to providing all mothers who are discharged home within 48 hours after birth, a follow-up visit by the Public Health Nurse within 24 hours. The Public Health Nurse through the Healthy Babies, Healthy Children program, will direct follow-up care. All mothers are encourages to visit our “Breastfeeding Centre for Families”, two to three days after discharge. Upon discharge, all families will be provided with a list of breastfeeding support services available in our community.

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APPENDIX A:

Prior to Initiating Supplementation

Prior to initiating supplementation, the nurse is responsible to:

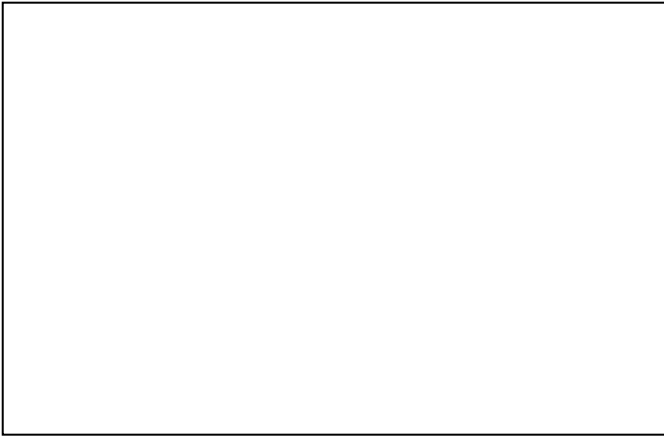
1. Assess the history and current effectiveness of breastfeeding including positioning, latch, suck and audible milk transfer.
2. Assess the mother for maternal conditions that may affect milk synthesis or transfer. These may include:
 - i. PPH or retained placental fragments
 - ii. Maternal illness or disease that may temporarily limit the mother's ability to put the baby to the breast
 - iii. Breast surgery
3. Assess the infant for congenital malformations that have potential to inhibit milk transfer. These may include:
 - i. Tongue-tie
 - ii. Malformations of the palate
 - iii. Decreased oral tone
4. Assess the infant for physical findings that may, *in combination*, identify the need for medical supplementation. Report these findings to the Physician or Midwife if the baby is in the Family Birthing Center. The Physician, Midwife or SCN RN is responsible to determine if the infant meets medical guidelines for supplementation as per this policy.

Procedure for Supplementation

1. If supplementation is required, the nurse, physician, midwife or lactation consultant is responsible to:
 - i. Ensure that the mother is aware of and agreeable to the plan of care
 - ii. Discuss pros and cons of available supplementation methods
 - iii. Teach use of the supplementation method chosen, as appropriate
 - iv. Teach the mother to express her milk after each supplementation session to ensure provide stimulation and to ensure adequate milk production
 - v. Re-assess the need for supplementation on an ongoing basis (minimum daily)
 - vi. Document the indications, method and response to supplementation in the patient's record. Communication with the mother regarding this plan of care should also be documented.
2. If the infant is still being supplemented at the time of discharge, a visit to the Breastfeeding Centre for Families should be strongly encouraged. The Individualized Breastfeeding Plan (Appendix B)_should be completed and a copy given to the mother.



**TORONTO EAST
GENERAL HOSPITAL**



Individualized Breastfeeding Plan

Attention Families: If you have been asked to go to the Breastfeeding Center for Families after discharge, please bring your copy of this form with you.

Breastfeeding Center for Families

825 Coxwell Avenue, Toronto, Ontario, Canada M4C 5T2
Room G 111 Phone: 416-469-6667

Date: _____(YY/MM/DD)

Mother	Baby
Room/Bed Number (inpatient referral only):	Date of Birth (YY/MM/DD):
Gravida: _____ Para: _____	Current Age (hours):
Delivery type: <input type="checkbox"/> SVD <input type="checkbox"/> Assisted SVD <input type="checkbox"/> C-section	Gestational Age at Birth (weeks):
Labour/Birth Anesthesia:	Weight (grams) at Birth: _____ Wt at D/C: _____

Referred for Lactation Consultation

Referred to Breastfeeding Center

Reason for referral:

- Poor latching
- Cracked/blistered nipples
- Gestation < 37 weeks
- Weight loss > 10%
- Supplementing, but wants to breastfeed exclusively
- Other: _____

- Not feeding effectively after 24 hrs of age
- History of breast surgery
- Multiples
- Birth weight < 2500 grams

Breastfeeding Plan:

Name (Print)	Signature	Designation

Copy Distribution: White Original: Mother's Chart/Yellow Copy: With Family at Discharge

