I. POLICY:
Jamaica Hospital Medical Center encourages measures to promote successful breastfeeding that is congruent with the Baby Friendly Hospital Initiative (BFHI) whereby, the Maternal Child Health (MCH) staff implements evidence-based and safe practices of breast feeding, assist patients and their families to make informed feeding choices, and provide them with patient education on the benefits of breastfeeding.

A. This policy applies to the care of all families, regardless of feeding methods, and is based on the recommendations of the UNICEF/World Health Organization evidence-based Ten Steps to Successful Breastfeeding:

1. Have a written breastfeeding policy that is routinely communicated to all healthcare staff.

2. Train all healthcare staff in skills necessary to implement the policy.

3. Inform all pregnant women about the benefits and management of breastfeeding.

4. Help mothers initiate breastfeeding within one 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. Practice 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 to breastfeeding infants.

10. Foster the establishment of breast-feeding support groups and refer mothers to them on discharge from the hospital or clinic.
B. The initiative addresses the three levels of the eco-social model:
   1. Individual through written education materials and lactation support services;
   2. Interpersonal through the establishment of breastfeeding support groups, peer counselor relationships, and telephone support lines; and
   3. Organizational through a written policy that supports breastfeeding and organization-wide training of all staff on the benefits of breastfeeding.

C. Jamaica Hospital Medical Center complies with the International Code of Marketing of Breast Milk Substitutes by adhering to the following:
   1. Employees of manufacturers or distributors of breast milk substitutes, bottles, nipples, and pacifiers have no direct communication with pregnant women and mothers.
   2. JHMC does not receive free gifts, non-scientific literature, materials, equipment, money or support for breastfeeding education or events from manufacturers of breast milk substitutes, bottles, nipples, and pacifiers.
   3. No pregnant women, mothers, or families are given marketing materials or samples or gift packs that consist of breast milk substitutes, bottles, nipples, pacifiers, or other infant feeding equipment or coupons for marketing.
   4. Any educational materials distributed to breastfeeding mothers are free from messages that promote or advertise infant food or drinks other than breast milk.

II. PURPOSE:
   A. To promote a philosophy of maternal infant care that advocates breastfeeding as the preferred method for providing infant nutrition.
   B. To support families choosing to breastfeed with initiating and developing a successful and satisfying experience.
   C. To protect breastfeeding mothers from improper marketing practices as described in the International Code of Marketing of Breast milk Substitutes.

III. OPERATIONAL DEFINITIONS:
   A. **Exclusive breastfeeding**: The newborn is receiving only breast milk by suckling or expressed breast milk with the use of a spoon or feeding cup during the entire length of stay or hospitalization. No pacifier, teats or artificial nipples, or breast milk substitute should be introduced to the newborn.
Rationale: Evidence-based practice shows that breastfeeding protects against conditions such as obesity, ear infections, and allergies; and mothers who exclusively breastfeed during hospitalization will continue beyond discharge.

B. Rooming-in: Families should be informed of rooming-in and why it is important; all newborns regardless of feeding method should be kept with their mothers for at least 23 hours. Newborn assessment, bathing, weighing, admitting or follow-up physical examinations by the pediatrician or designee should be done at the bedside thereby providing an opportunity for patient education or for questions and answers between the mother and care provider.

When a mother requests that her baby be cared for in the nursery, the healthcare staff should explore the reasons for the request and should encourage and educate the mother about the advantages of having her infant stay with her in the same room 24 hours a day. This education will be documented. If the mother still requests that the baby be cared for in the nursery, the baby will be brought to the mother for feedings whenever the infant shows feeding cues. Interruption of rooming-in will be documented as per protocol

Rationale: Keeping mother and baby together have shown to promote breastfeeding; and babies who room-in are likely to breastfeed more, and less likely to develop jaundice. Evidence-based practices have shown that mothers are more apt to respond to infant feeding cues.

C. Skin-to-skin contact: Immediately after birth, the newborn is quickly dried and placed on the mother’s bare chest; both are covered with warm blankets uninterrupted for at least one hour. Ensure that the neonate is dried between the folds, and wet towels or clothing are not in contact with either the mother or baby. Exceptions are when a mother’s or baby’s medical condition do not allow for skin-to-skin; in cases of cesarean section, skin-to-skin contact is established while incisions are being closed or as soon as mother is stabilized either in the operating room or in the post anesthesia care unit. Skin-to-skin contact should not be interrupted; the neonate should not be removed for bathing, weighing, examinations, or medications. The neonate is dressed in no more than a diaper and a hat and remains skin-to-skin on mother’s chest.

Neonatal assessment, weighing, the instillation of eye ointment and injection of vitamin K will be delayed for at least two hours to facilitate uninterrupted skin-to-skin contact. Routine procedures such as Apgar assessment, and heel stick for blood glucose monitoring should be done while mother and baby are skin-to-skin. Bathing of neonates will be delayed for 24 hours.

There should be no separation of the couplet during transition to the receiving postpartum nursing unit. Support for skin-to-skin support will be provided by the transitional nurse or designee.
When it is necessary for an infant to be admitted to the special care nursery, the nursing staff will educate the mother regarding the importance of skin-to-skin care for her infant and support the implementation of skin-to-skin care as soon as is medically possible.

**Rationale:** Skin-to-skin is part of the WHO (1997) “The Warm Chain” that helps to promote breastfeeding, and prevents hypothermia and hypoglycemia of the newborn. The recognizable heartbeat and voice of the mother helps the newborn’s transition to extra-uterine life. This practice avoids mother-baby separation; and provides an opportunity for baby-led breastfeeding, and reduces newborn hypoglycemia, hypothermia and stress.

### III. STANDARD OF CARE:

**A.** The Jamaica Hospital Medical Center MCH staff (providers and nursing) will actively support breastfeeding and the use of mother’s milk as the preferred method for infant nutrition. A trans-disciplinary, culturally sensitive team comprised of hospital administrators, physician and nursing staff, lactation specialists, nutrition staff, other appropriate staff, and parents shall be established and maintained to identify, eliminate and to provide solutions to institutional barriers to breastfeeding.

**B.** The Trans-disciplinary Committee on Breastfeeding Promotion team will meet every two years to review, evaluate compiled breastfeeding data and formulate a plan of action to implement needed changes or to update the policy with current evidence-based research.

**C.** Jamaica Hospital Medical Center will designate at least one person, who is trained in the physiology and management of breastfeeding, to be responsible for ensuring the implementation and maintenance of an effective breastfeeding program. At least one staff member (licensed nurse) who is trained or a lactation consultant will be available to assess, assist and encourage mothers with breastfeeding or hand expression of breast milk in special needs situations.

**D.** The hospital shall prohibit the application of standing orders for anti-lactation drugs.

**E.** This written infant feeding policy will be communicated to all staff at JHMC and implemented throughout the organization.

**F.** All pregnant women and their support persons will be provided with breastfeeding education and counseled on the benefits and the risk of formula feeding. Breastfeeding education is an ongoing process that begins with the first prenatal visit and continues throughout pregnancy; the education is conducted in a culturally sensitive manner incorporating language specific media and written material. The patient teaching curriculum includes:
G. The nutritional, medical, and emotional benefits of breastfeeding for mother and baby.

H. The non-pharmacologic pain relief methods while in labor.

I. The importance of early skin-to-skin contact immediately after birth.

J. Early initiation of breastfeeding.

K. Rooming-in for at least 23 hours per day during hospitalization.

L. Baby led feeding (on demand) to ensure the stimulation of the letdown reflex and adequate milk supply.

M. Effective positioning and attachment.

IV. PROCEDURE:
   A. Maternal Education
      The staff of JHMC inclusive of providers (doctors, midwives, and physician assistants) and nursing provides a program in the prenatal/postpartum settings, on admission and prior to discharge. The education will be provided by verbal, video and written material to mothers that addresses the following:

      1. Prenatal Care
         a. Pregnant women and their support person(s) are educated on the benefits and importance of exclusive breastfeeding for the first 6 months;
         b. Early skin-to-skin contact;
         c. Baby-led feeding with no limits on how long feeding should be;
         d. Early initiation of breastfeeding;
         e. Hand expression of breast milk within 6 hours of birth;
         f. Feeding options such as cup or spoon feeding of the neonate;
         g. Maintenance of exclusive breastfeeding for the first 6 months;
         h. Nutritional and physiological aspects of human milk;
         i. The normal process for establishing lactation, including positioning and attachment, care of breasts, common problems associated with breastfeeding and the recommended 8-12 times frequency of feeding within 24 hours;
         j. Dietary requirements for breastfeeding;
         k. Recognition of feeding cues and the benefits of rooming-in;
         l. Diseases and medication or other substances which may have an effect on breastfeeding;
         m. Sanitary procedures to follow in the collection and storage of human milk;
         n. Appropriate hygiene, cleaning of utensils and equipment, measurement and reconstitution of ingredients, proper storage and safe handling for the preparation of breast milk substitute; and the use of feeding bottles, cups, spoons and teats in a one-to-one setting for those mothers who choose
not to breast feed despite follow-up education by the providers, lactation consultant and or nurses;

o. The negative consequences of pacifier use;
p. Community resources that supports exclusive breastfeeding for six months following discharge;
q. The importance of scheduling timely follow-up care with a pediatric provider; and
r. Continuation of breastfeeding after introduction of appropriate complimentary foods.

2. Intrapartum
The mother’s decision to breastfeed will be documented in the maternal and infant chart. If the mother states her intention to breastfeed her infant, the medical history will be assessed; and appropriate counseling and support will be given if there are any contraindications to breastfeeding. If the mother’s choice is formula feeding, the nurse and or lactation consultant will counsel the mother to ensure that she has been informed of the benefits of breastfeeding and the risks that are associated with formula feeding. The following care and education will be provided for mothers during the intrapartum period:

a. In the case of vaginal births, the staff will encourage and explain the importance of skin-to-skin contact while nursing. If stable at the time of birth, all infants will be dried and placed skin-to-skin within five minutes of birth and held by the mother with no interruption for at least one hour or until the first breastfeeding occurs. Vitamin K and the instillation of eye ointment will be delayed until the initiation of breastfeeding is established.

b. For mothers who choose to formula feed, the initial skin-to-skin contact will be at least one hour.

c. In the case of cesarean births, the infant will be placed skin-to-skin with mother immediately if medically indicated or as soon as she is able to respond to her infant. Separation of mother-baby should be avoided unless indicated for medical reasons. Skin-to-skin will continue uninterrupted or if mother’s medical conditions do not permit immediate skin-to-skin, the nursing staff will ensure that skin-to-skin begins as soon as possible. Infant of cesarean mothers will be encouraged and assisted to latch and to breastfeed as soon as possible, this may occur in the operating room or in the recovery room.

d. The administration of Vitamin K and the instillation of eye ointment, and other routine admitting procedure will be delayed until breastfeeding is established or for up to six hours.
3. **Postnatal Care:** Breastfeeding mothers will be instructed on
   a. Proper positioning and latch-on
   b. Nutritive suckling and swallowing
   c. Milk production, release, and removal
   d. Frequency of feeding/feeding cues
   e. Hand expression of breast milk and use of a breast pump if indicated
   f. How to assess if infant is feeding well
   g. Reasons for contacting the healthcare professional after discharge
   h. Tips on how to arouse infant (skin-to-skin)
   i. How to prevent or relieve breast engorgement
   j. Proper collection, labeling and storage of breast milk.
   k. Possible negative consequences of pacifier use.
   l. If a mother chooses not to breastfeed or for medical reasons; the following education will be provided:
      i. The safe handling and preparation of formula on a one-to-one basis
      ii. Hand hygiene
      iii. The cleaning and washing of bottles.
      iv. The proper storage of prepared formula
      v. How to re-warm refrigerated bottles – never to use a microwave
      vi. Discarding any re-warmed milk that has not been consumed

The above skills will be taught to all pregnant and lactating women in written form, and reviewed before the mother is discharged.

B. **Initiation of Breastfeeding**
   1. Mothers will be encouraged to exclusively breastfeed unless medically contraindicated. The method of feeding will be documented in the medical record of every infant during skin-to-skin time by the transitional nurse or the nurse that is providing care for the couplet during the length of stay. Exclusively breastfed babies receive no other liquids or solids with the exception of oral medications prescribed by the care provider for the infant. Medical conditions include the following:
      a. Mother will be encouraged to observe feeding cues and to initiate breastfeeding within five minutes after birth in the LDR or Recovery Room for at least an hour unless medically contraindicated. Skin-to-skin contact will remain uninterrupted for at least one hour or completion of the first feeding. All mothers are counseled and supported for skin-to-skin. Skin-to-skin time, medical indication for delaying skin-to-skin, and informed refusal of the practice are documented in the medical record.
A. Administration of Vitamin K

b. The administration of vitamin K will be delayed for the first hour after birth and up to 6 hours to allow uninterrupted mother–infant skin-to-skin contact and breastfeeding.

c. For cesarean deliveries, skin-to-skin contact is initiated at delivery and breast feeding encouraged in the operating room or recovery area as soon as the mother is alert and responsive for at least one hour or completion of first feed. Mothers should be taught infant positioning such as side-lying or football clutch to minimize incision discomfort and the use of pillows to protect the incision site. Regional medication after cord clamping should be used to decrease the need for postoperative narcotics. Mother–infant should practice frequent breastfeeding and rooming-in such as would be routine for vaginal delivery. If breast feeding is not possible, every attempt will be made to have the baby receive mother’s pumped or hand expressed breast milk in the first hours of life. Mothers will be allowed to breastfeed their babies in the neonatal intensive care unit unless medically contraindicated. All mothers are counseled and supported for skin-to-skin. Skin-to-skin time, medical indication for delaying skin-to-skin, and informed refusal of the practice are documented in the medical record.

C. Management of Lactation

1. Supplemental water, glucose water, or formula will not be given unless medically indicated and specifically ordered by the primary care provider and by the mother’s documented and informed consent. Reason(s) for other provision(s) of the route (i.e. spoon, cup, syringe, etc.), the form of supplement, and amount given will be documented in infant’s electronic medical record. Prior to non-medically indicated supplementation, mothers will be informed of the risks of supplementing. The supplement should be fed to the baby by cup if possible and will be no more than 10–15 mL (per feeding) in a term baby. Alternative feeding methods such as syringe or spoon feeding may also be used. Bottles will not be placed in or around the breastfeeding infant’s bassinet.

2. Place the “Exclusive Breastfeeding” alert at the top of each breastfed infant’s bassinet.

3. Do not give supplement, artificial teats or pacifier to breastfed infants. If requested by the family, the nurse or care provider is to inquire why, offer support accordingly, and educate the mother/family on the risk. If the request remains, the nurse is to document in the electronic medical record the reason and support offered.

4. Pacifiers may be used for the breastfeeding infant during painful and/or therapeutic medical procedures. Discard pacifier after procedure. Pacifier should not be with infant when infant is returned to mother.
5. This facility encourages “pain-free newborn care,” which may include breastfeeding or skin to skin care with finger suck during a painful procedure (e.g. blood draw). This recommendation does not contraindicate pacifier use for painful procedures where the mother is not present, (e.g. circumcision), or infants who may benefit from pacifier use for therapeutic reasons (e.g. prematu-rity, neonatal abstinence syndrome).

6. The staff will assist mother as needed within their scope of practice.

7. Instruct mothers on the importance of rooming-in so that breastfeeding mothers and infants may remain together as much as possible.

8. The staff will promote breastfeeding on demand to achieve 8 to 12 feedings in 24 hours with some infants needing to be fed more frequently. Infant feeding cues (increased alertness or activity, mouthing, or rooting) will be used as indicators of the readiness for feeding.

D. Initiating Pumping

1. Early breast pumping, and or hand expression should be initiated on the day of delivery within 6 hours if infant separation is indicated.

2. Mothers who are separated from their infants will be:
   a. Instructed on hand expression and the use of a hospital grade electric breast pump. Instructions include hand expression at least eight times per day or approximately every 3 hours for 15 minutes around the clock and the importance of not missing an expression session during the night when prolactin levels are high,

   b. Encouraged to breastfeed on demand as soon as the infant's or mother's condition permits,

   c. Taught proper storage and labeling of human milk, and

   d. Assisted in obtaining an appropriate breast pump prior to discharge.

3. If a mother or baby is admitted to Jamaica Hospital Medical Center after the initial delivery, every effort must be made to continue to support breastfeeding, and to provide a hospital grade electric pumps and rooming-in accommoda-tions.

E. Formula Preparation, Storage and Handling

The safe preparation, storage, handling and feeding of infant formula will be taught one-to-one to all mothers who have chosen to provide breast milk substitute to their infant. A handout will be given to reinforce teaching and all information will be documented in the mother’s medical record. Teaching will include:
1. Hand washing with soap and water must be performed prior to handling infant feeding equipment during the preparation and handling of formula and before feeding infant.

2. Sterilization of bottles and other equipment is recommended by either using a commercial sterilizer or using boiled water.

3. Use the exact amount of water recommended on the label for mixing.

4. Tap water must be brought to a boil for at least five minutes prior to using.

5. After preparing the formula, it should be cooled to room temperature by placing it under running tap water or in a container of ice water. Check the temperature of the formula on the back of the hand prior feeding.

6. Never use a microwave to re-warm formula.

7. Use prepared formula right away or refrigerate until ready for use.

8. Appropriate feeding methods include the use of a cup, syringe, spoon or bottles.

9. Discard unused formula that has been left out in room temperature for more than one hour.

10. Carefully read the manufacturer’s instructions and observe the “use by” date on bottles or cans of formula.

V. NURSING STAFF RESPONSIBILITIES
A. Teach mother the importance and use of proper hand hygiene prior to feeding and after each diaper change; and prior to the preparation of formula.

B. Transport infant to mother in bassinet.

C. Provide adequate support and encouragement, including information regarding pain management for feedings. Answer questions as needed; provide anticipatory guidance.

D. Monitor mother and infant frequently during feedings and rooming-in.

E. Breastfeeding assessment, teaching, and documentation will be done on each shift and whenever possible with each staff contact with the mother. Each feeding will be documented, including latch, position, and any problems encountered in the infant’s medical record. For feedings not directly observed, maternal report may be used. Every shift, a direct observation of the baby’s position and latch-on during feeding will be performed and documented.
F. Breast pumps are available but may be distributed only after an assessment is done by a provider (not a standing order).

VI. DISCHARGE INSTRUCTIONS
A. All babies should be seen for follow-up within the 2-3 days postpartum. This visit should be with a qualified healthcare provider assess, evaluate and review breastfeeding, perform a weight check, assessment for jaundice, and age-appropriate elimination. The mother must receive information to help them choose a medical provider for their baby and understand the importance a follow-up appointment.

B. Before leaving the hospital the maternity staff will determine that breastfeeding mothers are able to:
   1. Position the baby correctly at the breast with no pain during the feeding.
   2. Latch the baby to breast properly.
   3. State when the baby is swallowing milk.
   4. State that the baby should be nursed according to his/her feeding cues. Mothers are advised that breastfed babies typically feed 8-12 times per day with some infants needing to be fed more frequently.
   5. State age-appropriate voiding and stooling patterns.
   6. List indications for calling a healthcare professional.
   7. Demonstrate hand expression milk.
   8. Perform basic self-care including hand washing and infant care techniques prior to discharge.
   9. Verbalize the available community resources to support breastfeeding, for example WIC; Mother support groups, and peer counselors support.

VII. EDUCATION OF STAFF
A. The aim of the Education program is to enable all staff to have the knowledge and skills to incorporate the Baby Friendly evidence-based standards into their daily practice. Nursing Staff Development in collaboration with the Jamaica Hospital Breast Feeding Committee with the use of a multidisciplinary approach will frequently review and adjust the education curricula according to evidence-based practice.

B. All healthcare staff that has contact with pregnant women, mothers and babies will be oriented to the breast feeding policy and understands their role within it. Staff education will be in breast feeding and lactation management that covers
all Ten Steps, the International Code of Marketing of Breast milk Substitutes, and Weight Loss in Breast Feeding Neonates.

C. New maternity staff inclusive of midwives, nurses, nurse practitioners, physicians, physicians assistants and residents should have completed or be scheduled to complete relevant training program within six months of hire.

D. In order to build the foundation and delivery of quality care, a minimum of 20 hours which includes 5 hours of supervised clinical practice are required for the training of registered nurses and licensed practical nurses who have responsibility for the clinical care of breast feeding mothers and their babies. Thereafter, all clinical personnel (registered nurses and licensed practical nurses) will be required to maintain a minimum of 7.5 hours of approved breast feeding continuing education units (CEUs) on a yearly basis.

E. Providers inclusive of midwives, nurse practitioners, physicians, physician assistants, and residents will adhere to a curriculum of at least 3 hours of breast feeding education as specific to professional practice field. Incoming new residents will receive their breastfeeding training and education during their orientation period. Ongoing education will be done on a yearly basis with CME as dictated by the various departments (OB, Family Practice, and Pediatrics).

F. Current and newly hired ancillary maternity staff which includes Patient Care Associates will receive an initial of 4 hours of breast feeding training and thereafter required to maintain a minimum of one hour approved breast feeding continuing education on a yearly basis. Other ancillary staff (dietary aide, patient information representatives) will be given informational education on breast feeding.

G. Current and newly hired non-clinical employees to the hospital will be informed of the breastfeeding policy during informational sessions or in the Medisys orientation.

VIII. DOCUMENTATION
Nurses are responsible for documentation in the electronic medical record of the following:
A. Initiation of skin-to-skin

B. Breastfeeding assessment

C. LATCH

D. Rooming-in

E. Separation of couplet including duration and reason
IX. HOSPITAL RESPONSIBILITY TO THE COMMUNITY

A. Jamaica Hospital Medical Center does not accept free formula or free breast milk substitutes. Nursery or Neonatal Intensive Care Unit discharge bags offered to all mothers will not contain infant formula, coupons for formula or bottles, the logos of formula companies, or any literature with those logos. Purchasing is responsible for the maintenance of contracts or the purchasing of formula at fair market value.

B. This facility fosters the development of community-based programs that make available individual counseling or group education on breastfeeding and collaborates with community-based programs to coordinate breastfeeding messages. Staff at this facility have provided to other organizations that offer prenatal services a sample curriculum that includes essential information to be taught to the pregnant woman regarding breastfeeding. In addition, members of the staff participate in the local breastfeeding coalition.

C. Jamaica Hospital Medical Center MCH staff will attend educational sessions on lactation management and breastfeeding promotion to ensure that correct, current, and consistent information is provided to all mothers including those mothers who chose not to breastfeed.

D. Jamaica Hospital Medical Center will offer each maternity patient a program of instruction and counseling in family planning, and the avoidance of those contraceptive methods that will hinder milk production until breastfeeding have been established.

E. Jamaica Hospital Medical Center will provide a designated area (lactation room) for lactating mothers inclusive of employees or visitors where breastfeeding their infant or pumping can be done.
X. REFERENCES:


## APPROVAL SIGNATURE

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<tr>
<th>Department</th>
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<tr>
<td>Marge Lilienthal, RN, MS, NEA-BC&lt;br&gt;Director of Nursing&lt;br&gt;Women &amp; Children’s Services</td>
<td>On File</td>
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<td>Ajey Jain, MD&lt;br&gt;Director of Neonatology</td>
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<td>Steven Inglis, MD&lt;br&gt;Chairman Obstetrics&lt;br&gt;and Gynecology</td>
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