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Breastfeeding Policy

Hutt Maternity Policies provide guidance for the midwives and medical staff working in Hutt Maternity Services. Please discuss policies relevant to your care with your Lead Maternity Carer.

Purpose

To guide the protection, promotion and support of breastfeeding families within the Hutt Valley District Health Board.

Principles

The Hutt Valley District Health Board believes that breastfeeding is the healthiest way for a woman to feed her baby. All mothers have the right to make a fully informed choice as to how they feed and care for their babies. The policy is based on *The 10 steps to successful breastfeeding* WHO/UNICEF statement (Appendix1).

This policy supports the principles of the Treaty of Waitangi of **Protection**, **Partnership** and **Participation** by involving Hutt Valley Maori with the development and implementation of the breastfeeding policy.

Aims

This policy aims to create an environment where more women choose to breastfeed their babies, and are given sufficient information and support to enable them to breastfeed exclusively for 6 months, while at the same time honouring a family's sovereignty to make feeding decisions for their family

The policy guides staff to support breastfeeding and to avoid giving conflicting advice. Any deviation from the policy must be justified and recorded in the mother's and baby's notes. It is the midwife/nurse's responsibility to liaise with the LMC should concerns arise about the baby's health.

Upholding The Who Code

This policy is aligned to the WHO International Code of Marketing of Breastmilk Substitutes including:

- No advertising of groups that are in violation of the WHO Code for the marketing of breastmilk substitutes
- No advertising of follow-on formula, feeding bottles, teats, or pacifiers
- No literature provided by formula manufacturers is permitted
- No display of logos of the manufacturers of the above products on stationary, public handouts, calendars etc
- All formula will be kept from public view, brands will be rotated and will not be processed for less than 80% of wholesale cost

- Artificial formula company representatives are to only liaise with hospital supply department.
- Parents who have made a fully informed choice to formula feed their babies should individually be shown how to prepare formula correctly in the postnatal period.
- No routine group instruction on preparation of formula feeds will be given.

Communicating the Breastfeeding Policy

- This policy is to be communicated to all health care staff that have contact with pregnant women and mothers.
- All new staff will be familiarised to the policy in their orientation.
- The policy in its entirety will be kept in the offices of Postnatal, Delivery Suite, SCBU, Paediatric ward, Theatre, and GSG.
- A summary of the policy is available in the postnatal corridor in various languages.
- The policy will be available online on the intranet and *Huttmaternity* website.

Training health care staff

- All professional staff who have sustained contact with pregnant women and mothers will receive training in breastfeeding management.
 - All new maternity/SCBU staff will receive an introduction to the breastfeeding policy within the first six weeks of their employment.
 - Midwives and nurses will receive 18 hours of education (including Maori women and breastfeeding component) and an additional three hours of supervised clinical tuition initially. Then ongoing education of 12 hours over three years which includes 30 minutes of Maori women and Breastfeeding and three hours of clinical skills.
 - New Obstetric and Paediatric RMOs and SMOs receive orientation to Breastfeeding Policy and those employed for longer than six months receive two hours education annually.
 - Theatre staff, Anaesthetists and ancillary staff will receive one hour annually at a level appropriate to their professional group.
 - New staff will receive training within six months of taking up their posts.

Informing pregnant women of the benefits and management of breastfeeding

- Every effort must be made to ensure that all pregnant women are aware of the benefits of breastfeeding and of the potential health risks of formula feeding.
- All women who receive antenatal care through the Hutt Valley District Health Board will receive a copy of the *Breastfeeding Quick Reference Guide* and the *Breastfeeding Support in the Hutt Valley* card and will be offered an opportunity to discuss these at a follow up visit.
- Women and whānau are encouraged to attend an antenatal breastfeeding course eg. BirthED.

Initiation of Breastfeeding

- All mothers should be encouraged to hold their babies in skin-to-skin contact as soon as possible after birth, regardless of their intended feeding method. (Please refer to the skin to skin guidelines.)

- Skin to skin contact should be encouraged during the period immediately after birth, and throughout the entire hospital stay, as a means of establishing breastfeeding.

Supporting women to breastfeed and to maintain lactation

A midwife or nurse should be available to assist a mother at all breastfeeds during her hospital stay.

- Midwives and nurses should be able to explain positioning and attachment to the mother. Every attempt should be made to give hands free assistance.
- All breastfeeding mothers should be shown how to hand express their milk. The *Breastfeeding Quick Reference Guide* includes diagrams on this skill.
- When a mother and baby have to be separated for medical reasons it is the shared responsibility of the neonatal nurse caring for the baby and the mother's core midwife/nurse to ensure the mother is given help to express her milk and to maintain her lactation. The SCBU nurse would refer to post-natal midwives. SCBU nurses would absolutely encourage and give advice to ensure the mother is expressing and arrange for the mother to use the expressing room in SCBU once discharged from PNW.
- Mothers who are separated from their babies or whose babies are reluctant to feed should be encouraged to express breast milk at least eight times in a 24 hour period and this will be initiated within two hours of separation from her infant. It is the responsibility of the midwife/nurse, caring for the mother, to ensure that this occurs.

Prior to Formula Supplementation

All available EBM is given as a first option.

Indications for Formula supplementation:

- Hypoglycemia, unresponsive to appropriate frequent breastfeeding
- Separation, transfer to other hospital or maternal illness
- Infant with inborn error of metabolism (eg. galactosaemia)
- Clinical evidence of significant dehydration
- Greater than 10% weight loss
- Meconium stools by day 5.
- Maternal medications contraindicated in breastfeeding

All supplemental feedings should be documented, including the content, volume, method, and medical indication or reason on the formula consent form. The primary goals are to feed the baby and optimize the maternal milk supply while determining the cause of poor feeding.

Breastfeeding challenges:

- If a baby is not latching, the mother's expressing routine needs to be started as soon as possible.
- Refer all breastfeeding challenges to the Lactation Consultant.
- Develop and document a feeding/expressing plan with the mother

- If baby is capable of feeding at the breast but requires top ups then use tube to breast NGT top ups are often more appropriate for the premature baby in SCBU.
- If baby is not able to breastfeed then try syringe/cup feeding. The premature baby will need to be showing cues of being able to orally feed by these methods before they would be used

Rooming-in

- Mothers will normally assume primary responsibility for the care of their babies.
- Separation of mother and baby will occur only where the health of either the mother or her infant prevents care being offered in the postnatal areas.
- Infants should only be removed from the mother for procedures for up to one hour and the mother should be given the option of attending the procedure and given information about the use of breastfeeding as a means of analgesia for medical procedures. Breast feeding may not be an appropriate method of analgesia in SCBU for procedures such as Lumbar Puncture etc.; if baby is unwell they **may** be Nil by Mouth.
- If mother insists on the infant being taken from her room for a period of rest this needs to be documented in the clinical notes. The infant is to stay with a staff member at all times. If for any reason this is not possible, then the infant will be returned to the mother or a family support person.
- If babies are removed for any reason, they should be returned to the mother within an hour or earlier if showing infant feeding cues.
- If the mother is in a situation where she is unable to care for her infant and the staff is unable to keep the infant under constant supervision, then a support person can be called in 24 hours a day to support the mother and assume care for the infant. This decision will be made jointly with the mother and the staff.

Baby-led Feeding

- Baby-led feeding will be encouraged for all babies unless clinically indicated
- Mother's need to be educated on what feeding cues are. These include:
 - opening his mouth
 - sticking out his tongue
 - chewing on his hand
 - trying to bounce down to the breast
 - Attempting to suckle on what ever he can find
- Cards that describe infant feeding cues will be attached to all cots

Use of Artificial Teats, Dummies and Nipple Shields

- Health care staff will not recommend the use of artificial teats or dummies. Parents wishing to use them should be advised of the possible detrimental affects on breastfeeding to allow them to make a fully informed choice. The information given and the parents' decision will then be recorded in the notes.
- Nipple shields may be helpful in assisting when the mother has inverted nipples. It is difficult to transfer colostrum through the nipple shield, therefore, it is not recommended to implement the use of a shield until the milk supply is established and should only be used as a last resort. Use of nipple shields should

be a short-term intervention and carefully assessed and closely monitored with the aim to return to breastfeeding without the shield as soon as possible.

Breastfeeding Support Groups

- Groups that assist with breastfeeding will be allowed access to the mothers on the ward if the mother wishes their presence.
- Contact information for *Breastfeeding Support in the Hutt Valley* is displayed on the notice boards within the Maternity Unit and routinely given in form of the Oranga Card in the Well Child book at discharge.
- Breastfeeding support groups will be invited to contribute to development of the breastfeeding policy through involvement in DHB BFHI Staff Courses, and through consultation.

References

Cordes, R et. Al. Academy of Breastfeeding Medicine: Protocol #3: Hospital guidelines for the use of supplementary feedings in the healthy term breastfed neonate. 2017.

Regional Public Health, Hutt Valley District Health Board and Kokiri Marae Hauora. *Breastfeeding Issues for Maori Women in the Wellington Region*. A report on consultation conducted with Maori Women and Health Professionals. Oct 2001.

WHO UNICEF. 1990. Innocenti Declaration on Protection, Promotion and Support of Breastfeeding (WHO, 1990).

WHO. 1991. *International Code of Marketing of Breastmilk substitutes*. Geneva: World Health Organization

Ministry of Health. 2002. *Breastfeeding: a Guide to Action*. Wellington: Ministry of Health.

WHO 1989, *Protecting, promoting, and supporting breastfeeding: the special role of the maternity services*, WHO/UNICEF, Geneva.

WHO 2002, *Infant and young child nutrition: Global strategy on infant and young child feeding*, report by the Secretariat, 16 April 2002 WHO.

Documents available to support policy

Breastfeeding Support in the Hutt Valley
Quick Reference Guide
Feeding Chart

Appendix 1

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 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 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](#).

Informed Consent

The right of a consumer to make an informed choice and give informed consent, including the right to refuse medical treatment, is enshrined in law and in the Code of Health and Disability Consumers' Rights in New Zealand. This means that a woman can choose to decline treatment, referral to another practitioner, or transfer of clinical responsibility. If this occurs follow the process map on page 18 of the Referral Guidelines (Ministry of Health, 2012).