The Maryland Department of Health and Mental Hygiene
Hospital Breastfeeding Policy
Maternity Staff Training Program
Ongoing Support for Mothers
Session 1.0

Objectives
- Identify three pre-discharge infant breastfeeding issues requiring follow-up care
- Identify two resources available for non-hospitalized breastfeeding families
- Identify two employer issues that breastfeeding women should be aware of
- Discuss methods to sustain breastfeeding for at least two years

Follow-Up – Pediatric Appointment
- Initially at 3 to 5 days of age
- Second visit at 2 to 3 weeks of age

Pre-Discharge Breastfeeding Assessment – Baby Issues
- Excessive weight loss
- Lack of output
- Difficulty with latch
- Difficulty with suckling
- Lethargy

Pre-Discharge Breastfeeding Assessment – Mother Issues
- Unusual nipple size/shape
- Engorgement
- Sore nipples
- Questionable milk supply
- History of breast surgery
- History of infertility
- History of breastfeeding problems
- Health concerns
Pre-Discharge Breastfeeding Assessment - Mother Issues

- Lack of social support
- Maternal-infant attachment concerns
- Potential for postpartum depression
- Lack of confidence
- Inability to breastfeed without help

Follow-Up - Support Groups

- Foster the establishment of breastfeeding support groups and refer breastfeeding mothers to them upon discharge from the hospital or clinic
  - Hospital support groups
  - La Leche League
  - Women, Infants, and Children Program (WIC)
  - Private lactation consultants
  - Pediatrician offices

Follow-Up - Online Resources

- Support Groups, Breastfeeding Specialists, and Information
  - Maryland Breastfeeding Coalition
    - www.marylandbreastfeedingcoalition.org/
  - International Lactation Consultant Association
    - www.ilca.org
  - La Leche League
    - www.lalecheleague.org

Follow-Up - Online Resources

- Information
  - Maryland Department of Health and Mental Hygiene
    - http://mdh.maryland.gov
  - Click on 'Breastfeeding Services'
  - Office on Women's Health
    - http://www.oowh.maryland.gov/breastfeeding
  - United States Breastfeeding Committee

Protecting Breastfeeding Upon Return to Work - Advantages

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<tr>
<th>Employee</th>
<th>Employer</th>
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<td>Mom and baby continue to benefit from breastfeeding</td>
<td>Reduced absenteeism</td>
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<td>Cost effective</td>
<td>Increased productivity</td>
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<td>Connection between mom and baby</td>
<td>Increased morale</td>
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<td>Lower employer healthcare costs</td>
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<td>Lower staff turnover</td>
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<td>Positive return on investment (ROI)</td>
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Protecting Breastfeeding Upon Return to Work - Plan Ahead

- Prior to return to work, convey to supervisor plan to pump upon return to work
- Space needed
  - Non-bathroom
  - Private, preferably with a locked door
  - Can be used for other things when mom not pumping
- How pumping breaks will be handled
- Advantages to employer
Protecting Breastfeeding Upon Return to Work – It's the Law!

- 2010 Health Care Reform and Amendment to Federal Labor Standards Act (FLSA) section 7
- Provide reasonable break time
- Non-bathroom space
- Private space, shielded from view of others

Sustaining Breastfeeding

- The American Academy of Pediatrics and The American Academy of Family Physicians recommend
  - Exclusive breastfeeding for 6 months
  - Breastfeeding and solid foods for at least one year and beyond
- The World Health Organization recommends
  - Breast milk alone for 6 months
  - Continued breastfeeding along with family foods until at least two years old

Conclusion

- Safe discharge for breastfeeding mothers and babies prevents a cascade of breastfeeding complications
- Pre-discharge assessment
- Appropriate referrals
- Places for mothers to receive ongoing support

References


References
