The Maryland Department of Health and Mental Hygiene
Hospital Breastfeeding Policy
Maternity Staff Training Program

Objectives
- Discuss policies and procedures that support exclusive breastfeeding in the hospital and during the early postpartum period
- Identify three strategies for early breastfeeding management of hospitalized patients

Hospital Practices That Assist Breastfeeding
- Rooming-in
- Baby-led feeding
  - Skin-to-skin contact
- Helping with sleepy babies and crying babies
- Avoiding unnecessary supplements
- Avoiding bottles, artificial nipples, and pacifiers

Rooming-In
- Facilitates bonding
- Helps establish and maintain breastfeeding
  - Mother learns baby's feeding cues
- Decreases stress
  - Maternal
  - Infant
- Reduces risk of infections

Rooming-In
- Improves breastfeeding outcomes

Rooming-In
- Adapting hospital routines
  - Better time management
  - Nursing assessments and teaching
  - Physician examinations
  - Common procedures easily done at bedside
  - Patient safety
  - Staff and patient misconceptions
  - Equipment
Baby-Led Feeding

- Breastfeeding on demand
  - Breastfeeding whenever the baby indicates a need, with no restrictions on the length or frequency of feeds

Baby-Led Feeding Outcomes

- Earlier passage of meconium
- Breast milk flow established sooner
- Larger volume of milk intake on day 3
- Lower maximum weight loss
- Lower incidence of jaundice
- Longer duration of breastfeeding
- More likely to breastfeed exclusively

Collaborative Feeding

- Infants are easier to feed when following their early feeding cues
  - Quiet alert
  - Moving arms and legs
  - Opening mouth (rooting)
  - Sucking fingers or hands
  - Encourage mother to watch for cues

Skin-to-Skin: Good for Baby

- Stimulates hormone release for milk production
- Increases milk volume
- Decreases uterine bleeding
- May lessen maternal depression
- Helps mother to bond with infant

Skin-to-Skin: Good for Baby

- Analgesic effects
  - Skin-to-skin is a remarkably potent intervention against pain experienced during heel sticks in newborns
  - Infant is skin-to-skin 15 minutes prior to stick
Dealing With Sleepy and Crying Babies

- Six Infant Behavioral States
  - Deep sleep
  - REM sleep
  - Quiet/semi-awake
  - Alert awake
  - Active alert
  - Crying

Teaching Normal Newborn Behaviors

- Establish realistic expectations
- Expected sleep and feeding trends
- Information and techniques to use with a sleepy or crying baby

Sleepy Baby

- Baby needs to be awake to feed well
  - Unwrap
  - Skin-to-skin
  - Rub back
  - Talk to baby
  - Change diaper
  - Sit baby up

Crying Baby

- May need
  - To eat (yes, again!)
  - To be held (it's ok—it won't spoil her!)
  - To be changed
  - To sleep
  - Less noise (or other overwhelming sensations)
  - To play
  - To be heard
  - Medical care

Avoiding Unnecessary Supplements

- Exclusive breastfeeding means babies should receive only breast milk, unless medically indicated
- Supplementary foods include
  - Formula
  - Baby food
  - Water
  - Juice
  - Glucose water
- Exceptions - prescribed vitamins, minerals, medications

Effects of Early Supplementation on Babies

- Milk Allergy
- Increased risk of diabetes
- Increased risk of diarrhea
- Increased risk of meningitis
- Increased risk of sepsis
Avoiding Unnecessary Supplements

- Acceptable Medical Reasons for supplements
  - Infants who should not receive breast milk and must have specialized infant formula.
  - Infants who can breastfeed but have a medical indication that prevents them from doing so exclusively.
  - Maternal conditions

Contraindications to Breastfeeding

According to the CDC, there are very few contraindications to breastfeeding.

<table>
<thead>
<tr>
<th>Baby Reasons</th>
<th>Mother Reasons</th>
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<tr>
<td>Galactosemia</td>
<td>HIV/AIDS</td>
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<tr>
<td>Inborn errors of metabolism</td>
<td>Antiviral medication</td>
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<td>May be able to partially breastfeed</td>
<td>Severe illness</td>
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<td>Preventing ability to care for baby</td>
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<td>Active, untreated TB</td>
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<td>Anticancer medications</td>
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<td>Prescribed drugs interfering with cell replication</td>
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<td>Illicit/illegal drugs</td>
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<td>Radiation therapy</td>
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<td>Diagnostic radiology okay</td>
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</tbody>
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Avoiding Bottles and Artificial Nipples

- Alternative methods to bottle feeding when supplements are needed
  - Supplemental Nursing System
  - Cup
  - Spoon
  - Dropper
  - Syringe

Pacifier Use

- Avoid the use of pacifiers for breastfed babies until breastfeeding is well established.
- Early use of pacifiers is associated with
  - Poor latch
  - Decreased milk production
  - Decreased weight gain
  - Earlier weaning

No Free Formula

- Infant formula will not be marketed to parents
  - Hospital should purchase formula
  - Formula should not be provided upon discharge
  - Not display any advertising for formula companies

For Hospitals Seeking Baby Friendly Status

- Follow the World Health Organization’s International Code of Marketing of Breast Milk Substitutes
- No acceptance of financial incentives from formula companies
  - Including free education, food, bottles, pacifiers, nipples

Conclusion

- Hospital practices are critical to the support of breastfeeding
- Evidence-based changes in hospital practices improve breastfeeding rates, reduce costs, and increase quality of care
References