



POLICY

Title: WS 0210 - Breastfeeding Assisting the Mother Baby

Location: Corona	Policy Number: 0210	Page: 1 of 12
Department of Document Owner: Women's Services		
Original Effective Date: 10/05	Last Review Date: 08/19	Last Revision Date: 08/19
Section: Departmental Women's Services		

I. Scope:

Corona Regional Medical Center

II. Definitions:

Exclusive Breast Milk Feeding: A newborn's consumption of human milk with no supplementation of any type (no water, juice, nonhuman milk [breast milk substitutes], or foods) except for vitamins, minerals and medication.

Skin to Skin: Refers to skin contact between the newborn and his/her mother. After birth, the healthy newborn will be dried and placed naked on the mother's naked chest. The newborn may wear a diaper and hat only. The newborn can then be covered with a blanket, keeping the head uncovered. Skin to skin should be encouraged beyond the first hour and into the first days after birth.

Artificial feeding: Supplemental feeding techniques with breast milk substitutes.

PHILOSOPHY:

Scientific evidence overwhelmingly indicates that breastfeeding is the optimal method of newborn feeding reducing risk of common causes of newborn morbidity and many health risks to mothers. It is Corona Regional Medical Center's philosophy to uphold and facilitate the World Health Organization (WHO) International Code of Marketing of Breast Milk Substitutes by offering education and materials that promote human milk rather other newborn food or drinks and by refusing to accept or distribute free or subsidized supplies of breast milk substitutes, nipples and other feeding devices so that the mother can make informed decisions on the part of the newborn and her family to breast feed without being restrictive or punitive. The mother and her family will be protected during her admission from misleading product promotion and/or advertising which interferes with or undermines informed choices. When a mother has chosen not to breastfeed, when supplementation of breastfeeding is medically indicated and when supplementation is chosen by the mother (after appropriate counseling and education), safe and appropriate methods of breastmilk substitutes, handling, storage and feeding

This policy and any related procedures or guidelines were developed based on available evidence, regulatory standards, and accreditation requirements. Caregivers are accountable for following policies, procedural steps, and/or guidelines as they carry out their responsibilities. However, no clinical policy, procedure, or guideline can account every situation, so caregivers remain responsible for exercising their clinical judgment within their scope of practice and varying from a policy, procedure, or guideline in the event where the patient's circumstances fall outside the scope of the policy.

will be taught to the parents. All artificial nipples, infant feeding bottles and breastmilk substitutes will be purchased at a fair market value by Corona Regional Medical Center.

III. Purpose:

A. To encourage and support any patient choosing to breast milk feed by providing accurate, consistent information and assistance in accordance with the Ten Steps to Successful Breastfeeding as written in the Baby Friendly Hospital Initiative (BFHI).

1. Assist each mother to be successful in her desire to breast milk feed her newborn.
2. Educate and offer assistance to new mothers to acquire skills to be successful in breastfeeding their newborns.
3. Educate and offer assistance to these mothers who decide not to breast milk feed their newborns on how to care for their changing breasts and proper feeding skills with expressed breast milk or breastmilk substitutes.
4. Educate and offer assistance to mothers who need to pump and store their milk.
5. Eliminate barriers to breastfeeding success.

B. International Board Certified Lactation Consultants (IBCLC), Lactation Educators, and Registered Nurses. As a Baby Friendly Hospital it is the responsibility for every staff member to support breastfeeding and identify and remove any barrier to successful breastfeeding.

IV. Policy:

A. Staff Education:

1. All Maternal Child Health (MCH) staff will receive a copy of this policy and be required to review it during their orientation to the department.
2. All staff will be required to attend a didactic course of 20 hours of breastfeeding instruction, which includes 5 hours of clinical instruction with a member of the Lactation Department team. The curriculum for this instruction will cover the 15 sessions identified by UNICEF/WHO recommendations. The Lactation department staff, IBCLC's will be responsible for implementing the lactation education. Proof of completion is required by all MCH staff. This instruction is to be completed within six months of hire. Annual competencies and in-services will be determined according to staff needs and supported by the Lactation team.
3. Breastfeeding training acquired prior to employment at CRMC, will be evaluated for acceptance. All competencies will be validated during new hire process.
4. This policy will be reviewed and updated at least every three years or sooner as indicated by changes in current practice or evidence based research. The staff will review this policy during the first 3 months of orientation to the MCH department and updated as identified.
5. The Director of Maternal Child Health will maintain the current education and annual competency records on all staff. Competency validation of all related education will be maintained in the employee's file and in the department's educational competency files.

6. Other education and in-service programs that are targeted at specific breastfeeding issues can be offered through in-service education and guest lectures. (No in-services can be financially supported or provided by formula companies.)
7. Group instruction on the use of breast milk substitutions, artificial nipples, bottles or pacifiers will not be offered to patients.
8. Breastfeeding will be supported as the optimal choice for every dyad unless in the presence of an acceptable medical reason when the use of a breast milk substitute is recommended (see Appendix B of Guidelines and Evaluation Criteria, BFHI.)

B. Staff Responsibilities:

1. The staff is required to maintain current education on the benefits of breastfeeding. This includes policy and procedure review and annual competencies.
2. It is the responsibility of professional staff employed by the facility to ensure that all pregnant women are aware of the benefits of breastfeeding and potential health risk of feeding breast milk substitutes. Health Care providers with privileges for labor, delivery, maternity, and nursery/newborn care will receive a minimum of 3 hours of breastfeeding management education pertinent to their role. At minimum, all health care providers will receive education on the benefits of exclusive breastfeeding, physiology of lactation, how their specific field of practice impacts lactation, and how to find out about safe medications for use during lactation.
3. All women will be given an opportunity to discuss infant feeding on a one-on-one basis with a health care professional or Lactation Consultant. The decision whether or not to breastfeed should be an informed choice made by the mother.
4. Information regarding the benefits and management of exclusive breastfeeding for the first 6 Months, and risks of breast milk substitutes, shall be included in prenatal education programs and during their hospital stays.
5. The health benefits of breastfeeding will be explained to all new mothers and their support person. The new mother will be given relevant information to make the decision regarding the feeding method for her newborn. Nursing staff will assess a breastfeeding session, at least once per shift, and will assist mother and newborn with breastfeeding issues continually, based each dyad's needs. Nursing staff will assist mother to decide the best feeding plan by providing her with accurate and consistent information based on Baby Friendly recommendations. The nurse will make a referral to the Lactation Consultant as needed for lactation issues.

6. Nursing staff will also assist mothers who have chosen not to breastfeed with lactation suppression. This will include verbal and written instruction on safe preparation of breast milk substitutes.
7. Nursing staff will instruct mothers in proper pumping, collection, storage and usage of breast milk when needed.
8. Nursing staff will provide discharge instructions verbally and in writing regarding the newborn's follow-up visit. The recommendation for this routine follow up visit with a healthcare provider is within 2-4 days after discharge.

C. Baby Friendly Requirements:

1. Corona Regional Medical Center 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 education and support. Staff at this facility may refer patients to healthcare providers that offer prenatal services that includes essential information to the pregnant woman regarding the benefits of breastfeeding. In addition, members of the staff participate in the local breastfeeding coalition.
2. Prenatal education is promoted through various venues, including but not limited to:
 - a. Physicians' Offices
 - b. Hospital tours
 - c. Hospital newsletter
 - d. Hospital web page
 - e. Best Fed Baby (Prenatal Breastfeeding) class
 - f. On admission to Labor and Delivery Unit the patient's prenatal education is documented.
 - g. Corona Regional Medical Center (including inpatient and outpatient areas) will not provide commercial material to breastfeeding mothers, which promote or encourage artificial feeding, or interfere with breastfeeding. Mothers will receive only non- commercial material, which provide educational information and promote breastfeeding.
 - h. At discharge, all mothers, will be offered follow-up information, at the Baby Connection Center, with a Certified Lactation Consultant within 2 – 3 days after discharge. They will also be given information regarding the Breastfeeding Support group at CRMC.
 - i. Breastfeeding mothers will be given referral information for lactation support upon discharge. These will include Corona Regional Medical Center Lactation Services, "The Baby Connection Center services", Riverside County's "Loving Support Group" and the local La Leche League referral number.
3. In compliance with the International Code of Marketing of Breast Milk Substitutes:
 - a. Employees of manufacturers or distributors of breast milk substitutes, bottles, artificial nipples, and pacifiers will have no direct communication with pregnant women or mothers within Corona Regional Medical Center.

- b. Corona Regional Medical Center does not receive free gifts, non-scientific literature, materials, equipment, money, or support for breastfeeding education or events from manufacturers of breastmilk substitutes, bottles, artificial nipples, and pacifiers.
- c. No pregnant women, mothers, or families are given marketing materials, samples or gift packs by Corona Regional Medical Center that consist of breastmilk substitutes, bottles, artificial nipples, pacifiers, or other newborn feeding equipment or coupons for the above items.
- d. Any educational materials distributed to breastfeeding mothers will be free from any messages that promote or advertise newborn food or drinks other than breast milk.

D. Guidelines for handling, preparation, and storage of formula.

- A. Education will be given to the parent who makes the request to use breastmilk substitutes to feed which includes the choice of formula. The nurse will document the request, the education provided and the parents' response. The education will include verbal and written instructions to the parents regarding proper hygiene, cleaning utensils and equipment, appropriate reconstitution of breastmilk substitute, accuracy of measuring ingredients, safe handling, proper storage, and appropriate feeding methods. This education will be documented in the newborn's medical record.

V. Procedure:

A. Initiating breast milk feeding:

1. Pre-delivery education on the benefits of early skin to skin contact and breastfeeding will be offered verbally and in writing to every patient, regardless of their intended feeding method.
2. Education will be given to the parents regarding components of safe positioning for the newborn while skin to skin, which shall include face being seen, head in sniffing position, mouth and nose not covered, head turned to side, neck straight, shoulders and chest towards mother, legs flexed, and back covered with blanket. Mother infant dyad will be monitored continuously by staff in the delivery environment and regularly on the postpartum unit. Infant will be kept in bassinet at the bedside when mother feels sleepy or with an alert and awake support person.
3. Mothers who have healthy vaginal deliveries must be given their babies to hold skin to skin immediately, unless there is a medically justifiable reason for delay. Mothers who have healthy cesarean deliveries must be given their babies to hold skin to skin when the mother is responsive and alert, unless there is a medically justifiable reason for the delay. Initial skin to skin contact should continue uninterrupted until the completion of the first breastfeeding. In the case of the formula feeding infants, initial skin to skin contact should continue uninterrupted for at least one hour.
4. Uninterrupted skin to skin will be supported until the completion of the first feeding or one hour immediately after birth for all newborns including formula-fed newborns and also, throughout hospital stay. Documentation of the time of initial skin to skin and discontinuation of skin to skin will be kept in the EMR.
5. Nursing staff will educate the mother how to recognize newborn feeding cues.

6. Routine newborn care procedures (e.g., eye care, cord care, weighing, bathing) and any other procedures shall be delayed until after this initial one hour period is completed while the newborn remains skin to skin, unless medically contraindicated. All care will be done in the same room with parents/family involvement.
7. If skin to skin is interrupted for clinical reasons, it should be re-initiated as soon as mother and newborn are able and reasons will be explained to the mother and documented. If mother is not able to hold her newborn skin to skin, provisions will be offered to the significant other to have skin to skin time.
8. If newborn is transferred to another facility for medical care, the mother will be provided with the verbal and written education on the importance of initiating skin-to-skin care when she is reunited with her newborn.
9. Education on non-pharmacological pain relief methods will be given to the mother on admission and reinforced throughout her labor.

B. Mother-newborn dyads:

1. Mother and newborn will remain rooming-in. Rooming-in is where mother and newborn stay within close proximity in mother's room so feeding cues can be identified quickly and uninterrupted time together can occur. They will not be separated unless medically indicated and medical reason is identified and documented.
2. Education will be provided to the mother and support people about hourly rounding, Back to Sleep, Safety Contract, falls, security and any other items related to the safety of the mother baby dyad. Couplets considered "at risk" may need additional assessment and monitoring.
3. Any interruption of rooming in will be documented in the newborn's chart and include the reason for the interruption, the location of the newborn during interruption and the time when the separation began, as well as the time when the newborn was returned to the mother's room.
4. Dyads will room in together on a 24 hour basis. Routine procedures will be performed at mother's bedside as much as possible.
5. Placing the newborn in the nursery for extended time (except for medical instability) is not to be encouraged by the nursing staff. Families are instructed that rooming in is supported at all times.
 - a. The significant other is allowed to stay with the mother and is offered time to do skin to skin with their newborn as well.
 - b. Education in either written or verbal is given by staff on the importance of rooming- in.
 - c. When a mother requests that her newborn be cared for in the nursery, the healthcare staff will explore the reasons for the request and will encourage and educate the mother about the advantages of having her newborn stay with her in the same room 24 hours a day.
 - d. All education regarding newborn care will be documented in the newborn's chart.
 - e. The mother has the privilege and responsibility of feeding and caring for her newborn. If the newborn is separated from mother for any reason, the newborn will be brought to the mother for feedings whenever the newborn shows feeding cues. The mother will be encouraged and assisted to go to the newborn's location and will be offered skin-to-skin time with her newborn if the newborn is medically stable.

- f. Barriers to successful breastfeeding will be identified and minimized.

C. Nursing responsibilities when assisting mother with breastfeeding:

1. Nursing staff will evaluate mother and newborn for evidence of milk transfer during breastfeeding and for symptoms of lactation problems. The LATCH score table will be the tool for this evaluation the first time the newborn goes to breast and at least once a shift thereafter. A lactation risk assessment will be completed for all couples. Staff will review and discuss the history of maternal anatomic/physiologic occurrences that may interfere with breastfeeding including but not limited to:
 - a. Lack of noticeable breast enlargement during puberty or pregnancy.
 - b. Flat or inverted nipples.
 - c. Breast surgery.
 - d. Diabetes.
 - e. Hypothyroidism.
 - f. PCOS.
 - g. Glandular insufficiency.
 - h. And/or infertility.
2. The nurse will teach mother techniques on how to care for her breast and nipples and this may need to include:
 - a. Daily bath or shower; no soap on nipples.
 - b. Clean bra every day, if possible, preferably no bras with wires. Cotton breast pads may be used, if available, but should be changed often.
 - c. Breast cream (pure lanolin) may be applied as needed after feeding.
 - d. Comfort gels may be used for very sore nipple and given to mother with instructions. Nurse will notify Lactation Consultant for follow up of those patients requiring comfort gels.
3. Mother will be instructed on SKIN TO SKIN CARE, and its benefits:
 - a. Mother keeps newborn skin to skin as often as possible
 - b. Skin to skin gives mother time to gaze into her newborn's eyes
 - c. Gives mother time to explore and touch her newborn
 - d. When mother spends time skin to skin lactation success is improved.
4. The nurse will instruct mothers in proper breastfeeding techniques: Documentation to reflect education will be maintained.
5. Nurses will educate mothers that breastfed newborns should be fed on demand, supporting a minimum of 8 to 12 times every 24 hours. Feeding time will not be limited.
6. Mothers will be encouraged to keep newborn suckling using switch nursing, breast compression and massage, to encourage a sustained latch.
7. Nurses will instruct mother how to recognize signs of hunger (feeding cues)
 - a. Rooting
 - b. Mouthing movements
 - c. Tense appearance
 - d. Snorting and other sounds
 - e. Hand-to-mouth activity
 - f. Kicking, waving arms
 - g. Crying (late signs)
8. Nurses will instruct mothers on cluster feeding. (A group of breast feedings closely spaced together separated by short or long periods of rest)

9. Nurses will instruct mothers to recognize the signs of a good feeding, milk transference. "Getting enough":
 - a. Hearing swallowing (when milk volume increases around day 3 – 4)
 - b. Newborn's jaw should be gliding
 - c. Mother understands suck swallow ratio
 - d. Noticing that the breasts are softer after feedings
 - e. Feeling strong, deep, "pulling", sucking
 - f. Seeing milk in your newborn's mouth
 - g. Leaking from the other breast or feeling of a "let-down" reflex.
 - h. Instruct mother to recognize when the newborn is satisfied;
 - i. Drowsiness, sleepiness
 - j. Newborn comes off the breast spontaneously
 - k. Relaxed appearance
10. Mothers will be instructed to keep a feeding log tracking voids, stools and feedings. And that a minimum of 5-6 wet diapers and 3-4 stools per day after 7 days of life is normal.
11. Nurses will instruct the mother on proper LATCH:
 - a. Getting large part of the areola into mouth (approximately 1 -1 ½ in) and nipple back of newborn's mouth (deep asymmetrical LATCH).
 - b. With "flanged" lips. Lips at the breast are open at least 140° angle or greater
 - c. Audible swallowing of breast milk should be heard (Watch for short pause, open wide mouth and signs of swallowing motion)
 - d. LATCH is relatively comfortable, latch pain subsides quickly
 - e. A proper LATCH will prevent sore nipples
 - f. A proper LATCH will provide enough stimulation to the breast to maintain lactation
12. Mother should be educated in choosing positions that are comfortable for her and her newborn, (i.e., ventral, cross cradle hold, cradle hold, football hold, or side-lying position).
13. Baby-led feeding should be encouraged for newborns unless clinically contraindicated. Hospital procedures should not interfere with this principle.
14. Instruct mother how to safely break suction when the newborn is nursing.

D. General Breastfeeding Indications:

1. Mother should be informed that she may experience normal uterine cramping or increased normal lochia flow during or after breastfeeding.
2. Educate the mother to recognize, that breastfed newborns do not suck continuously, but stop and resume sucking at frequent intervals. This is known as a baby led feeding.
3. Instruct mother to burp newborn after he/she finishes nursing on each side, holding infant upright with gentle pressure against stomach and patting or rubbing back.
4. Assess mother's breasts and nipples to reassure mother that breastfeeding can continue or be quickly resumed after the correction of problems, such as:
 - a. Painful or bleeding nipples
 - b. Cracked or fissured nipples
 - c. Engorged breasts
 - d. Inverted nipples
5. Mothers with unresolved breastfeeding issues after 2 to 3 feedings should be referred

to the Lactation Consultant or the Pediatrician if the Lactation Consultant is not available.

6. All breastfeeding mothers will be shown how to hand express their milk. A post- partum education information booklet is given to all patients that contain instructions for hand expression along with a separate written and verbal instruction sheet from the nursing staff. Breastfeeding newborns will not receive breastmilk substitute (formula) unless there is a documented medical reason by the pediatrician or at the request of the mother.

7. Except for educated maternal request, breastfed newborns will not be supplemented without a medical order.

8. Artificial nipples or pacifiers will not be made available or offered within the hospital stay. The use of artificial nipples will not be encouraged by hospital staff.

9. Parents who request artificial nipples or pacifiers will be advised on the risk to breastfeeding. This education will be documented.

10. The use of artificial nipples or pacifiers are discouraged at Corona Regional Medical Center, however this facility encourages pain free newborn care, which may include breastfeeding, skin to skin, or use of a gloved finger and oral sucrose to suck during a painful procedure (e.g. blood draw).

- a. In the event that the parents request supplementation with breast milk substitutes it is necessary to explore the parent's questions and concerns about newborn feeding and assist the mother and her support person to explore the possible negative consequences of introducing any breast milk substitute to the newborn. The reason will be documented in the infant's medical record.
- b. If the mother decides to feed her newborn a breast milk substitute after receiving verbal and written education, the staff will discuss with mother the feeding options available. The mother will be taught how to safely feed her newborn with the device of her choice. Her decision of how to feed her newborn will be supported by the staff.

11. Possible medical indications for use of breast milk substitutes, temporary or permanent in the event expressed breast is not available or amount is not sufficient:

- a. Symptomatic hypoglycemia: in the event that expressed breast milk is not available.
- b. Respiratory distress preventing baby to breathe while suckling at breast. (Baby may be gaviged with expressed breast milk).
- c. Low birth weight less than 1500 Gm.
- d. Less than 32 week gestation
- e. Diagnosed Galactosemia
- f. Diagnosed Maple syrup urine disease
- g. Diagnosed Phenylketonuria
- h. Positive HIV
- i. Active Varicella that developed within 5 days prior to delivery until 2 days following delivery.
- j. Untreated active Tuberculosis (mother may resume breastfeeding once treated for 2 weeks and documented as no longer contagious).
- k. T-cell Lymphotropic virus Type I or Type II
- l. Suspected or Confirmed Ebola Virus
- m. Infected with untreated brucellosis
- n. Maternal Drug abuse
- o. Maternal medical instability

- p. Active Herpes lesion to the breast, however mother can breastfeed from the unaffected breast if the active breast is covered completely to avoid transmission.
- q. Maternal medications that are contraindicated with breastfeeding, seek reference books for current list.
- r. Dyad separation; in the event that the infant is transferred to a higher level of care.

E. Pumping Breast Milk

1. Education will be provided to mothers upon their request or when medically indicated on the use of a breast pump. Documentation of this education will be entered in the medical record.
2. Pumping of the breast may be indicated for the stimulation of milk production.
3. Other indications for the use of expressed breast milk may include different situations and each feeding plan should be individualized to meet the needs of each mother/baby dyad.
4. Some possible indications for expressing breast milk may be:
 - a. Mothers who are separated from their newborns. This mother should be encouraged to begin expressing as soon as possible after delivery, (no later than 6 hours if possible), as early initiation has long term benefits on milk production.
 - b. Breastfeeding is assessed as ineffective or incomplete; the mother will be instructed to begin breast stimulation using manual/pump expression.
5. The type of breast pump either manual or electrical breast pump is provided, the mother should be instructed on its use and be given a demonstration of its function that includes the assembly and cleaning per manufactures instruction booklet.
6. Have mother wash her hands with soap and water before starting the pumping process.
 - a. Instruct and assist mother to a comfortable position sitting upright.
 - b. Instruct mother on proper breast massage and compression to help the letdown reflex occur before and while using the breast pump.
 - c. Have mother lean over slightly and place breast in the flange with the nipple centered in the flange opening. Assess for proper size of flange and ensure that skin is not pinched or injured during pumping.
 - d. After breast flange is properly placed, the pump power is turned on. Use the minimal setting and gradually increase to a comfortable level agreed upon by the mother.
 - e. Pump for 15 minutes on each breast when using a double pump; with a single pump, pump 5 minutes on each breast alternating for a total of 15 minutes OR until the flow of colostrum or breastmilk has ceased to flow.
 - f. Teach mother that once breast milk is established, she needs to pump a couple of minutes after the milk has significantly decreased or ceased.
 - g. Instruct mother to pump every 2 to 3 hours.
 - h. Mother is given instructions to wash equipment in warm soapy water, rinse well and drip dry.
7. Review any medication mother is taking to determine if any may be passed into her milk. Advise mother to ask her physician regarding any medications she is taking and their effects on breastfeeding.
8. Mother will be instructed to use a pumping log.

9. Usage of Expressed Breast Milk: (Collection and storage – see policy):
 - a. To warm or to defrost milk, place container in tepid water.
 - b. Once warmed, milk must be used.
 - c. Breast milk is never to be heated or thawed in the microwave.
 - d. Provide education on storage and warming of stored breastmilk.
 - e. Supplemental feeding devices available are Supplemental Nursing System (SNS), spoon, periodontal syringe, cup, and artificial nipples. This equipment shall be provided as indicated, along with education on use and cleaning.

F. Breast Care for the Non-Nursing Mother:

1. The nurse will provide education on various comfort interventions and techniques for mothers who desires lactation suppression that includes the following:
 - a. The use of a well-fitted brassiere or sport bra is to be worn at all times until lactation suppression has occurred.
 - b. Instruct the mother in principles of a properly fitted bra that is and not too tight.
 - c. Instruct the mother to keep breast well supported but not **bound** night and day during this period.
 - d. Some comfort recommendations to offer the mother are, cold packs to the breasts, avoidance of breast stimulation such as a hot shower or hot compresses to the breast.
 - e. The application of fresh cabbage leaves to the breast to decrease swelling and pain alternating with cold compresses can also relieve discomfort.
 - f. The use of analgesics as prescribed by physician.
 - g. Instruct the mother in hygiene of breast; wash breast daily with warm water (no soap), taking care to remove any crust of colostrum which may have formed, keep breast dry and wear a clean bra daily after washing breast.
 - h. Offer instruction to the mother on the physiology of lactation to include the appearance of colostrum and that milk may appear on the third or fourth day postpartum, and may last up to 48 to 72 hours.
 - i. Instruct the mother on signs and symptoms of infection and the need to report these signs or symptoms to her healthcare provider. Instruct her to look for signs of redness, heat, extreme tenderness of the breasts or fever, temperature greater or equal to 38.5 C.

G. Education prior to discharge from hospital

Documentation of education is required and needs to reflect the following:

1. Follow - up care.
2. Signs and symptoms of feeding problems, requiring a consultation with Lactation team or pediatrician.
3. Strategies to maintain exclusive breastfeeding for a minimum of 6 months.
4. Recommendation to continue to breastfeed after introduction of supplementary foods is given.
5. Normal feeding and growth patterns.

VII. REFERENCE:

- A. **Breastfeeding Handbook for Physicians**
American Academy of Pediatrics (AAP), American College of Obstetricians and Gynecologists (ACOG) 2nd ed. (2014) from <http://www.aap.org/bookstore>(www.aap.org)
- B. American Academy of Family Physicians (AAFP) Breastfeeding (Policy Statement). (2010). Retrieved from <http://www.aafp.org/online/en/home/policies/b/breastfeedingpolicy.html>
- C. BFHI USA Implementing the UNICEF/WHO Baby Friendly Hospital Initiative in the U. S. (n.d.). Retrieved from <http://www.babyfriendlyusa.org/eng/index.html>
- D. **Centers for Disease Control and Prevention (CDC)**(www.cdc.gov)
www.cdc.gov/breastfeeding(www.cdc.gov) (www.cdc.gov(www.cdc.gov))
- E. Hale, T. (2019). *Medication and Mother's Milk*. 18th ed. New York, NY. Springer Publishing Company
- F. (n.d.). *Healthy People 2020*. Retrieved from <http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/HP2020objectives.pdf>
- G. J. Newman MD, and T. Pitman C. (Update 2006, revised 2012). *"The Ultimate Breastfeeding Book of Answers"*.
- H. Wambach and Riordan (2016). *Breastfeeding and Human Lactation*. 5th ed. Massachusetts. Jones and Bartlett Learning, LLC.
- I. Judith Lauwers, Anna Swisher. (2016). *Counseling the Nursing Mother*. 6th ed. Jones & Bartlett , Learning LLC .
- J. Ladewig, London, Davidson. (2017). *Contemporary Maternal-Newborn Nursing Care*. 9th ed. US: Pearson Education, Inc.
- K. *Lippincott Williams & Wilkins. Nursing Procedures*. (2017). Breastmilk Handling and Care.
- L. Ten Steps to Successful Breastfeeding by the Baby Friendly Hospital Initiative/UNICEF&WHO. (n.d.). Retrieved from <http://www.unicef.org/programme/breastfeeding/baby.htm>
- M. US Breastfeeding Committee. (2013). *"Implementing The Joint Commission Perinatal Care Core Measure on Exclusive Breast Milk Feeding"*.
- N. Hockenberry and Wilson. (2015) *Wong's Nursing Care of Infants and Children*. 10th ed. St Louis, Missouri. Mosby, an imprint of Elsevier Inc.

E. Attachments: None

Revision dates: 11/08, 10/09, 12/12, 08/14, 11/14, 04/16, 10/17, 8/19