

University of Kentucky / UK HealthCare Departmental Policy and Procedure	Policy # OB08-37
Title/Description: Newborn Feeding Policy	
Purpose: To promote successful breastfeeding in all mothers who choose to breastfeed and exhibit no contraindications, uphold the Ten Steps to Successful Breastfeeding as endorsed by the UNICEF/World Health Organization (WHO) Baby Friendly Hospital Initiatives, and standardize the counseling and care received to all patients throughout the University of Kentucky Birthing Center.	

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Policy

All staff shall be oriented and able to locate and implement this policy to optimize patient care.



Procedure

Step 1: Written Procedures

This policy shall serve as written procedures for orienting staff on fulfilling newborn feeding requirements.

Step 2: Staff Education

The nurse manager, division charge nurses, and OB staff development will ensure that all staff caring for patients within the birthing center will receive the 15 sessions identified by UNICEF/WHO Hospital. Documentation of this training will be placed in each employees personnel file upon completion. The documentation will include: the title and topic of the training session, the date on which training occurred, and verification of the employees attendance. RN training will include 20 hours of education, 5 of which will be under direct supervision of a supervisory staff member. This training will include Breastfeeding Essentials ESO1 from Healthy E-Learning. Physicians will receive a minimum of 3 hours of education and training through Breastfeeding Training.org.

New employees will begin this training during orientation with a goal of completion within 6 months of hire. These employees will receive a copy of this policy upon hire for review.

All RNs and IBCLCs who work in the Mother/Baby Unit are required to have a minimum of 2 hours of continuing education each year regarding lactation. Also, skills will be assessed yearly on all employees via skills fairs during annual competency period.

Training acquired prior to hire at this facility will be assessed for verification of inclusion of the lessons recommended by UNICEF/WHO. If the prior training does not meet recommendations the new hire will be required to participate in the facility breastfeeding and lactation management program.

Step 3: Prenatal Education

All pregnant patients who receive care at Kentucky Women's Care and Polk-Dalton obstetrical clinics as well as the Family Practice clinic will be provided with the information on breastfeeding and counseled on the benefits of breastfeeding, contraindications to breastfeeding, and management of breastfeeding. The facility will collaborate with these prenatal care providers to provide breastfeeding education and support. All mothers will receive information outlined in [Appendix A](#). The curriculum includes all of the key teaching points as recommended in the Baby Friendly Guidelines and Criteria for Evaluation. A schedule of delivery of this information can be located in [Appendix A](#). The childbirth educator is responsible for developing, implementing, evaluating, and revising the educations plan and curriculum. The healthcare provider or support staff member who delivers the information will document the education on the woman's chart. No educational materials containing company logos will be distributed to the patient population.

Prenatal education for bottle/formula feeding mothers will be provided on an individual basis. Group educational sessions regarding formula feeding will be avoided.

*Please refer to [Appendix A](#) for further information.

Upon admission to the Birthing Center, the RN will document the mother's feeding choice in the OB Patient Profile document in SCM. This document shall be updated at all outpatient/inpatient



visits to The Birthing Center. Contraindications to breastfeeding will be assessed at that time. If a contraindication (per CDC guidelines) is discovered the RN will notify the Pediatric resident for patient counseling on feeding choice. The RN will support the feeding choice agreed upon as the result of this counseling.

If the mother states her intention is to bottle/formula feed, the RN will counsel her to ensure the patient is aware of the benefits of breastfeeding. The RN will give the mother the opportunity to ask questions regarding any concerns she may have related to breastfeeding. If after counseling the mother still intends to bottle feed the RN will document the counseling and feeding choice on the maternal chart in SCM.

Step 4: Mother- Baby Contact Immediately Post-Partum

To facilitate mother- infant bonding, to ensure best practices for breastfeeding support and to safely transition the infant from intrauterine life to extra uterine life, all healthy mothers and infants will be encouraged to participate in skin to skin or Kangaroo care. Please refer to policy [OB08-44 Newborn Care](#) for specific instructions on correct skin to skin technique.

In the case of vaginal birth, all healthy infants will be placed in immediate Kangaroo Care with no interruption of skin to skin contact until the first breastfeeding occurs. All routine procedures will be done while infant is in skin to skin contact. After the first breastfeeding, Kangaroo Care will continue as long as mother desires and is feasible for the infant. In the case where the mother chooses to formula feed, the initial period of Kangaroo Care will last at least one hour. After the initial period of Kangaroo Care, parents will be encouraged to continue this type of care for their infants as much as possible during the hospital stay.

In the case of Cesarean birth, the infant will be placed skin to skin with mother within 5 minutes of the time she is able to respond to her infant and skin to skin will continue uninterrupted until the first breastfeeding occurs. In the case where the mother chooses to formula feed, the initial period of skin to skin will last at least one hour. Until this occurs, partners/spouses of the mother may participate in skin to skin contact.

Responsibilities of the staff caring for the mother and infant are described in the [policy OB08-44 Newborn Care \(Appendix B\)](#). Routine newborn procedures will be postponed until after the first feeding. Infant monitoring and assessment will continue while the infant is in Kangaroo Care with the mother as described in policy [OB 08-44 Newborn Care](#). Performance of these routine procedures at the mother's bedside is addressed in this policy. Conditions that would warrant contraindication to immediate skin to skin care are described in this policy as well.

The time Kangaroo Care begins and when it ends will be documented in the infant's chart. If there is a medical contraindication for Kangaroo Care or mother refuses to participate in this care, this will be documented in the chart as well. If an infant is separated for a medical contraindication or must be transferred immediately to special care, the nursing staff will ensure mother and infant begin skin to skin care as soon as possible. All mothers will be taught how to recognize the signs that their babies are ready to feed, and offered assistance if needed.

Steps 5, 6, and 8: Continued Post-Partum Care

The RNs and lactation consultants caring for the mother infant dyad on the Mother/Baby unit are responsible for observing and assessing as many breast feedings as possible. At least 2 breast feedings per 12 hour shift will be observed by these caregivers and will be documented in the



infant's and mother's charts. The first of these observations will occur ideally 3 hours and at the latest 6 hours after birth. The caregiver will utilize the assessment and observation time to teach mothers correct positioning, latch, and the signs of an effective feeding. As they will be watching for feeding cues in the infant to be assured the infant is ready for feeding, the caregiver will also teach mothers and their support persons to recognize feeding cues and to begin and end the feeding according to infant cues. No staff member will place any limitations on how often or how long mothers should breastfeed. Mothers and support persons will be informed by the nursing staff and lactation consultants that infants breastfeed approximately 8 to 12 times in 24 hours on no timely schedule whatsoever. They will discuss the normality of cluster feeding with mothers. All breastfeeding mothers will be taught by a staff nurse or lactation consultant manual expression of breast milk, the importance of exclusive breastfeeding, how to accomplish this exclusivity for the first 6 months, and the signs/symptoms of feeding issues that need referral to a health care provider. All of this teaching is to be documented in the maternal care record in SCM and/or the Lactation Consultant Note in the infant's chart in SCM.

Supplementation

Formula will not be given to any breastfed infant unless specifically ordered for a medical indication or by mother's informed and documented request.

If a breastfeeding mother requests that her infant be fed a breast milk substitute, the staff nurse caring for the mother/infant dyad will explore the mother's questions and concerns about infant feeding and educate her regarding the negative consequences of feeding her infant a breast milk substitute. Krames teaching concerning the negative consequences of breast milk substitutes will be given to the patient. This education will be documented in SCM on the mother's chart. If the mother decides to feed her infant a breast milk substitute after receiving education, her choice will be supported by the staff.

To ensure optimal nutrition for the infant and optimal breast milk production for the mother, special consideration must be taken in the case where the infant is not adequately transferring milk or must be separated from the mother. In the case of inadequate transfer, the mother infant dyad will be assessed individually by the staff nurse caring for the dyad, lactation staff and pediatric provider for need of supplementation on the part of the infant or breast stimulation on the part of the mother. Generally, when there is evidence that the infant will not be meeting the normal newborn feeding expectations, manual expression or expression of the mother's breast via a pump will be instituted as soon as this evidence presents itself.

In the case where it is necessary for the infant to be observed in the nursery due to being medically unstable or is admitted to the Neonatal Intensive Care Unit (NICU), breastfeeding mothers will be taught to express their milk within 6 hours postpartum. This teaching by the staff nurse and/or lactation consultant will include the frequency with which the mother needs to express her milk as well as how to properly store and handle the milk. Health care providers, staff nurses and lactation staff will collaborate to offer all infants in the NICU, regardless of feeding method, skin to skin contact with the mother as soon as is medically feasible. Medical conditions that may contraindicate skin to skin care for the mother/infant dyad are described in the Policy OB 09-38 Kangaroo Care.

The staff on the mother/baby unit supports safe and adequate nutrition for any infant, regardless of the feeding methods. For any infant in this facility that is being fed breast milk substitutes, regardless of the reason, the mother or infant care provider will be taught by the nursing staff how



to properly mix, handle and store the breast milk substitutes. They will be taught feeding cues that infants use to signal readiness to begin and end feeds. The nurse performing the education will be responsible for ensuring that the mother or care provider understands the information. The mother will be given written instruction, in addition to verbal instruction. The education will be documented on the mother's chart.

*See [Appendix C: OB 08-38 Supplementation policy](#)

* See [Appendix D: Bottle Feeding Instructions](#)

Step 7: Rooming-In

It is the philosophy of this institute to ensure the safety and well-being of the infant by educating the mother regarding current evidence-based practices in neonatal care. It is furthermore within the institute's philosophy to implement best practices that support successful breastfeeding. Keeping the mother and infant in close proximity enhances this educational process and is a current evidence-based practice that leads to optimal breastfeeding outcomes. Therefore all mother-infant dyads will practice rooming in. Rooming in is defined in this facility as keeping the infant in the mother's room 24 hours a day. This will be noted in the hourly rounds parameter in the maternal flow sheet in SCM. If medical procedures must be administered that necessitate separation of the dyad the maximum allowable time for this separation in a 24 hour period is 1 hour. Mother who gives birth vaginally will begin rooming in immediately after the birth of the infant in the LDR room. Mothers who give birth via Cesarean section will begin rooming in as soon as the mother comes to the postpartum unit.

As a quality assurance measure any separation of the mother and infant will be documented in the infant's chart and the documentation will include the time the separation began and ended the reason for the separation and the location of the infant during the separation.

In the case where a mother might request that her infant be cared for in the well-baby nursery the nurse caring for the mother-infant dyad is responsible for counseling the mother regarding the reason for her request, informing the mother of the benefits of having the infant room in and will document this education. If after education and support, the mother chooses to have the infant taken to the nursery, the nurse caring for the infant will be responsible for bringing the infant to the mother whenever the infant displays feeding cues in support of exclusive breastfeeding.

Step 9: Artificial Nipple and Pacifier Use

In accordance with evidence-based best practices for optimal breastfeeding outcomes, the staff on the mother-baby unit will not distribute pacifiers to breastfeeding dyads. If a breastfeeding mother requests that her infant be given a pacifier, the mother will be counseled by the staff nurse and or lactation consultant regarding her concerns and reasons for the request. The possible negative consequences of pacifier use on successful breastfeeding will be shared with the mother as well. The staff nurse and/or lactation consultant will document this education and the mother's decision. An exception to this is certain medical conditions such as narcotic withdrawal when non-nutritive sucking is part of the treatment of the baby. In the case where an infant must undergo a painful medical procedure (i.e. circumcision) the infant will be allowed to utilize the pacifier for pain control. The pacifier will be disposed of following the procedure and will not go to the mother's room in the infant's crib. The use of the pacifier for pain control will be discussed with the mother prior to the procedure.



Also in accordance with best practices, the staff on the mother baby unit will avoid the use of artificial nipples. In the case where a mother requests that her infant be supplemented utilizing an artificial nipple, the nurse will educate her on the negative effects on successful breastfeeding and will document the education. The mother will be encouraged to utilize the alternative feeding device approved by this facility.

Step 10: Breastfeeding Support after Discharge

All mothers, whose feeding choice is breastfeeding, will be offered an appointment with a lactation consultant in the Mommy and Me Clinic prior to discharge. All first time breastfeeding mothers will receive a scheduled appointment in the Mommy and Me Clinic prior to discharge, unless patient declines. Lactation consultants will provide all breastfeeding mothers with their contact info and Mother/Baby unit contact info prior to discharge for any assistance they might need after discharge.

Staff from the lactation department will be responsible for attending the area breastfeeding coalition meetings in order to stay current with the available postpartum breastfeeding resources. They will compile a list of resources that is to be distributed to breastfeeding mothers prior to discharge. This list is to be reviewed and updated at least quarterly. As representatives of the hospital, the lactation staff who attend the coalition meetings will be expected to participate in activities that assess community postpartum breastfeeding support needs discover what breastfeeding support groups are available to breastfeeding mothers and encourage the development of breastfeeding support groups and services when needs are discovered to exist. By becoming familiar with the support services available to postpartum breastfeeding mothers in the community, these coalition members from the lactation staff at the hospital will serve as the resource persons for recommending appropriate breastfeeding services to mothers and care providers when specific needs arise.

International Code of Marketing of Breast Milk Supplement Compliance

To ensure optimal breastfeeding support for women and infants in this community this facility and its employees uphold the tenants of the WHO Code of the Marketing of Breast milk Substitutes.

Vendors from companies that distribute breast milk substitutes, infant feeding bottles, artificial nipples, and pacifiers will follow the institute's vendor policy and will only communicate with the appropriate individuals in purchasing. Furthermore, this facility and the employees thereof will not accept free gifts, literature, materials, equipment or money from these same individuals. This facility and its employees will not accept support for attending breastfeeding education nor host events subsidized by these same individuals.

This facility and employees thereof will not distribute to pregnant women, mothers or their families marketing materials or samples or gift packs that include breast milk substitutes, bottles, nipples and pacifiers, or other infant feeding equipment or coupons for the above items (even for formula feeding mothers).

All educational materials distributed to breastfeeding mothers from this facility are free of messages that promote or advertise infant food or drinks other than breast milk.

All artificial nipples, infant feeding bottles and breast milk substitutes are purchased at a fair market value by this facility.



Persons and Sites Affected

Enterprise Chandler Good Samaritan Kentucky Children's Ambulatory Department Birthing Center

Policies Replaced

Chandler HP Good Samaritan Kentucky Children's CH
 Ambulatory KC Other

Effective Date: 11/04/2013

Review/Revision Dates: 08/01/2012, 11/04/2013

Approval by and date:

Signature _____ Date _____

Name Anita C Taylor RNC-OB, Patient Care Manager, Review Team Leader

Signature _____ Date _____

Name Gwen Moreland MSN Director of Neonatal and Maternal Care Services

Signature _____ Date _____

Name Rebecca Collins MD Director of the Newborn Nursery

Appendix A

Measurable Objectives	Content	Method and Materials for Teaching	Evaluation Techniques
The Learner will be able to list three benefits of breastfeeding for babies, and three benefits for moms	Introduction of instructor Location of restrooms and schedule for class Review of class objectives: to provide moms with information on the benefits and management of breastfeeding	Power Point Lecture (15 minutes)	Class discussion Q & A
The Learner will discuss the importance of the first hours in establishing breastfeeding and list strategies for maximizing this stage.	Importance of immediate skin to skin contact to initiate breastfeeding	Power Point Lecture Demonstration with doll	Class discussion Q & A Participation
The learner will identify reasons to breastfeed exclusively and frequently, avoiding bottles and pacifiers	APA recommendation of exclusivity for first 6 months and avoidance of pacifiers/bottles for first month to avoid nipple confusion	Power Point Lecture Demonstration with bottle and alternative feeding techniques	Class discussion Q & A
The learner will describe and be able to recognize feeding cues and explain the importance of baby led feeding. The learner will identify the advantage of rooming in and discuss strategies for coping with “second night syndrome”	Review of how to recognize early and late feeding cues Review of rooming in protocol (23 out of 24 hours per day) Discussion of reasons for “second night syndrome”	Power Point Handouts: bookmark with feeding cues and feeding diary Handout: Second Night strategies Lecture	Class discussion Q & A
The Learner will demonstrate how to hand-express colostrum/milk, and explain its usefulness	Increased amount of milk/colostrum with hand expression	Demonstration with foam “breast”	Q & A Class discussion Participation with foam “breast”
The Learner will demonstrate how to position the baby for deep latch in three different positions	Proper latch decreases nipple soreness/improves emptying of breast	“Real Deal” DVD Lecture Demonstration with dolls Handouts	Class discussion Q & A Return demonstration/practice with dolls

Measurable Objectives	Content	Method and Materials for Teaching	Evaluation Techniques
The Learner will explain plan for minimizing and treating engorgement, signs of mastitis, how to respond to baby's growth spurts, and how to know baby is getting enough milk	Use of warm soaks, frequent feeds, hand expression S/S Mastitis Baby led feeding Approximate feedings in 24 hours (8-12) Wet and dirty diapers	Lecture Handouts	Class discussion Q & A
The Learner will discuss strategies for pumping, what type pump they may need if separated from infant, and identify steps to procure a pump through an insurance provider	Strategies for successful pumping Pumps available and role of Health Care Reform Act and insurance company requirement Pumping at work	Power Point Lecture Handouts	Class discussion Q & A
The Learner will list four key points on storing and handling stored milk	Rule of 4's: 4 hours at room temp 4 days in refrigerator 4 months in refrigerator freezer 1 year in deep freeze Thaw in warm water or in fridge- NOT microwave Swirl to remix	Power Point Lecture Handouts	Class discussion Q & A
The Learner will identify resources for lactation assistance after discharge	Mommy and Me Clinic Community resources through Health Dept.	Power Point Lecture	Class discussion Q & A

Nursing Your Infant Class

1. **Who:** Pregnant Women and their partners/support persons
2. **Purpose:** To provide pregnant women and their partners /support persons with information on the benefits and management of breastfeeding, the importance of breastfeeding exclusivity for the first 6 months, the risks of supplements, the importance of immediate skin to skin contact for early initiation of breastfeeding, and the importance of rooming in to promote baby led feeding. Also to supply them with resources for after discharge.
3. **Time:** 2.5 hours
4. **Where:** Good Samaritan Hospital Conference Room A, unless otherwise noted.
5. **Materials:** Handouts, "Real Deal" DVD, gift bags, Breastfeeding booklet, Power Point

Appendix B: [OB08-44 Newborn Care policy](#)

Appendix C: [OB08-38 Supplementation policy](#)

Appendix D: How to Bottle-feed

Newborns need good nutrition and plenty of loving. According to the American Academy of Pediatrics, breast milk is the best nutrition for your baby for the first 6 months. However, if you have made an informed decision not to breast feed or cannot breast feed because of medications or illness, there are many formulas that can meet your baby's nutritional needs. Ask your health care provider which is best for your baby. If your baby seems hungry but isn't eating well, try using a different-shaped nipple on the bottle. Also, be sure to hold the bottle so your baby can suck properly.

Safety Tip: Don't heat formula in a microwave. Instead, heat a bowl of water in the microwave. Remove the bowl and place the bottle in the hot water for a few minutes.

Facts on Formula

1. Baby formula can be cow-based or soy-based. If your family has a history of allergies, your baby's doctor may suggest a specific type of formula to use.
2. Ready to feed formula is easiest, but it also costs the most. Your doctor may recommend this for the first three months if your baby is born early, is a low birth weight, or has problems fighting infections.
3. Concentrated powder and liquid formulas (not ready to feed) need to be mixed with water before using. Follow the package directions closely. Using too much or too little water may be harmful to your baby. It is recommended that you boil the water you use to mix with powdered formula until your baby is 3 months old. Be sure to boil it for one to two minutes. Wait until it is almost cool to mix with formula. Always test the formula on your wrist before feeding, to be sure it isn't too hot for your baby.
4. If you have any concerns about the safety of your water, contact your health department.

Bottle Care

1. WASH YOUR HANDS every time you fill or offer a bottle.
2. Boil bottles and nipples or wash them in the dishwasher until your baby is 3 months old.
3. After your baby is 3 months of age, you may clean used bottles and nipples with hot, soapy water. Use a nipple brush to scrub the inside of bottles, nipples, and other bottle parts. Make sure the nipple is open by holding it upside down, and pouring water in it. Look for the water to slowly drip out of the nipple. Be sure to rinse all parts completely and allow them to air dry.
4. To limit the amount of air your baby swallows, use bottles designed to decrease the amount of air inside them.
5. Bottles can be filled up to 24 hours ahead of time, but you must keep them refrigerated until they're used, and you must throw them out in 24 hours if unused.
6. If your baby does not finish a bottle in one hour, throw it out.
7. Holding Your Baby and Bottle

- (a) Cradle your baby in your arm, holding the head slightly higher than the chest.
- (b) Stroke the cheek nearest to you. When your baby's mouth opens, place the nipple on the tongue well into your baby's mouth.
- (c) Tip the bottle so the nipple fills with milk. For your baby's sake, never prop the bottle. Holding your baby during feedings builds trust and makes choking less likely.

Burping Your Baby

- 1. Burp your baby after every 1/2 to 1 ounce of formula, or when he or she is done feeding.
- 2. Your baby can be burped sitting up while you hold the baby's jaw (supporting his or her head), lying face-down across your lap, or with his or her belly against your shoulder.

How Much to Feed and How Often

- 1. Start with how much formula your baby was taking per feeding in the hospital-usually 1-3 ounces.
- 2. Increase the amount you feed your baby as he or she shows signs of still being hungry. Babies who are bottle fed usually show signs of hunger every 2-3 hours from birth to 3 months. From
- 3. 3-9 months of age, they usually feed every 3-4 hours.
- 4. Increase the amount you feed your baby by 1/2 to 1 ounce at a time.

Signs of Hunger and Fullness

- 1. Early signs of hunger include reaching out with the tongue, turning the head, sucking or chewing on fingers or hands. Feeding should take place when babies show these early signs.
- 2. Late signs of hunger are crying loudly, arching the back, or going to sleep before eating.
- 3. Hungry babies are tense and will suck and swallow fast. They may clench their fists and hold them close to their face.
- 4. Full babies relax their bodies and stop clenching their fists. You will know your baby is full when he or she becomes relaxed and calm, and begins to suck more slowly, spits out the nipple, or turns away from the bottle.