Best Practice
Breastfeeding Questions and Answers
Information for Nurses for Baby-Friendly Assessment
(or everything you need to know about infant feeding and are delighted to ask)

1. **What is the infant feeding policy at BCW?**

"BC Women's Hospital promotes a philosophy of maternal and infant care which advocates breastfeeding and supports the normal physiological functions involved in this maternal-infant process. Breastfeeding is actively supported based on the principles outlined in Breastfeeding Committee for Canada's Baby Friendly Initiative (BFI) Integrated 10 Steps Practice Outcome Indicators for Hospitals and Community Health Services and the WHO/ UNICEF's "Ten Steps to Successful Breastfeeding"

Name 3 things mentioned in the policy.

Mothers (and families when appropriate):

1. Are provided with information about the importance of breastfeeding so informed decisions about breastfeeding can be made.
2. Initiate breastfeeding beginning with immediate skin-to-skin care unless the mother and/or baby are medically unstable.
3. And babies remain skin-to-skin ideally for the first six hours or at least until completion of the first feed. If the mother is not available, a designated support person provides skin-to-skin to help stabilize the infant.
4. And babies remain together at all times during their hospital stay unless mother and/ or baby are medically unstable.
5. Of babies in the NICU are actively supported to begin the process of lactation with skin-to-skin care and early (within 1st hour of birth) initiation of hand expression and active encouragement to provide hands on care for their baby.
6. Whose babies die are offered the option of milk donation as appropriate.
7. Make an informed decision to formula feed are provided with information and support to do so. This decision is documented in the chart.
8. Are not given free samples of breast milk substitutes to take home, refer to Marketing of Breast Milk Substitutes.

2. **What do you recommend when babies are not latching?**

In the first 24 hours:

- Encourage skin-to-skin care. Entice the infant by expressing some colostrum. Show the mother how to support the infant's back and shoulders.
- If mother's nipples are flat or inverted, try teaching the mother to gently roll or pull the nipple out
- Try waking techniques such as sitting the infant up and rubbing their back
- Assist mother try various breastfeeding positions
- Review the pamphlet: *Breastfeeding Your Baby* (use latch drawings to provide a visual guide)

- If the infant still does not latch try again in 30-60 minutes.
- Show mother how to hand express after breastfeeding attempts. Show family how to collect and give drops of colostrum/milk by feeding syringe or spoon
- Support mother to attempt breastfeeding at least every 3 hours

See Breastfeeding Guideline (06.07L) for more information

3. How do you assess how well the baby is feeding?

Observe a feeding and assess:

Mother: including whether her breasts are beginning to fill and are her nipples damaged or distorted after feedings

Baby: feeding behaviours (actively feeding at breast, frequency of feeds), hydration (output), weight.

4. What information do we need to give women during pregnancy?

Pregnancy is the time when women make decisions about breastfeeding – "the normal and unequalled" way for babies to eat (Health Canada & CPS, 2014). Health care providers can support and influence a positive decision. Research shows that the more often breastfeeding is mentioned during pregnancy the more likely women are to breastfeed. Be positive, mention breastfeeding often and include the family – all effective strategies.
Staff must provide information to pregnant women appropriate to their needs. Topics for discussion include:

- *the opportunity to discuss their infant feeding decisions with knowledgeable staff*
- *the importance of breastfeeding – including exclusive breastfeeding*
- *skin-to-skin contact – how and why*
- *how to get milk supply started if their baby cannot breastfeed because of prematurity or illness*
- *how to care of her breasts when baby dies*
- *risks of non-medically indicated supplementation, cue-based feeding, position and latch, rooming-in, and sustained breastfeeding (for 2 years and beyond)*

5. What percentage of mothers do you teach hand expression?

100% of breastfeeding mothers. Hand expression includes expressing a few drops of colostrum to entice baby, to stimulate lactation in the first 24-48 hours when pumping may not be as efficient or to empty breasts instead of using a pump.

6. What are the expert recommendations about exclusive breastfeeding and duration?

*Expert recommendations are: **Six months of exclusive** breastfeeding with solids introduced at 6 months and breastfeeding **continuing for 2 years or beyond**.*

7. What do you tell families about how often and how long (at each feeding) they should feed their baby?

In the first 24 hours baby may not be very interested in feeding but families should keep the baby skin-to-skin as much as possible and watch for opportunities to offer the breast (offer at least 6 times in the first 24 hours). In the second 24 hours parents should expect their babies to become

more wakeful, feeding at least 8 times in 24 hours. Babies should be seen to be actively feeding at the breast for as long as they wish too. Sleepy babies may need extra encouragement to wake to feed often enough and well enough. Babies typically "cluster feed" and feed more often at night.

8. What are some of the risks of formula?

The literature reports that formula fed infants are at higher risk for a number of infections (middle ear, gastrointestinal, upper respiratory) allergies, diabetes and SIDS. They are denied the benefits of breastfeeding. Breastfed infants supplemented with formula may not feed well enough or often enough to establish breast milk production. Formula changes the flora of the gut.

9. What are some medical indications for supplements?

For babies who are well enough to be with their mothers on postpartum, there are very few indications for supplements. The medical indications for supplementation are:

Newborns with:

- *Acute water loss - for example, during phototherapy if increased breastfeeding does not provide adequate hydration.*
- *Hypoglycemia or other clinical condition indicating a need for additional calories not met by additional breastfeeding.*
- *Inborn errors of metabolism - such as phenylketonuria.*
- *Weight loss - has sufficient weight loss to raise clinical concerns. A weight loss of greater than 10% raises concerns and mandates clinical assessment and* ***consideration*** *for supplementation.*

Mothers with:

- *Severe illness causing temporary disruption of breastfeeding – e.g. psychosis, eclampsia, or shock.*
- *Administered medication contraindicated for breastfeeding*
- *See policy WW06.07D*

10. What are some key points about getting breastfeeding off to a good start?

Key points: place baby skin-to-skin at delivery – when cuing behaviours begin, assist with breastfeeding. Leave the mother and baby undisturbed throughout this initial feeding attempt. Encourage lots of skin-to-skin contact and frequent breastfeeding attempts. Support the mother to latch her baby well and to identify early feeding cues. Use positive language to empower mother and her baby.

11. If families ask for some formula to take home what do you do?

Politely decline and explain: The hospital policy prohibits giving formula samples to families. Giving samples implies brand endorsement (product promotion). It is more appropriate to provide information so parents can be informed consumers. Parents deserve better consumer information. The CRNBC also prohibits nurses from advertising products.

12. What are some advantages of keeping mother and baby together?

Rooming-in, supporting mothers and babies to stay together has numerous advantages. Hospital stays are short - caring for mother and baby together maximizes teaching and learning opportunities. Admissions, baby assessments, baths and other procedures provide opportunities for positive learning experiences and opportunities to weave education into care. Parents learn a lot unconsciously by watching how we manage babies. Removing babies from the mother's room also posses a security risk – parents get the perception that someone who looks or acts like a nurse or physician can take their baby away.

13. If supplements are offered how do you usually suggest they be given?

When the first few drops of colostrums are collected, a syringe or spoon may be the easiest way to collect the colostrum to give to the baby. Cup feeding is easily learned by most babies (and their parents). The goal in the first few days is just to ensure babies get enough food to keep their energy up to learn to feed from the breast.

13. How do you help mothers with sore nipples?

Most important first step – check the latch. Most mothers have nipple soreness in the first week. However, nipple damage (blisters, abrasion, scabs, cracks, bruising) indicates a poor latch. When the nipple comes out of the baby's mouth it should be rounded. If the nipple looks squashed, flattened or pinched it usually means the baby is not latched well. Review position and latch using the ***Breastfeeding Your Baby Pamphlet****. Suggest expressing colostrum or provide lanolin as comfort measures. However, neither of these measures will fix nipple soreness if the cause (poor latch) continues.*

14. What do you tell mothers about how to tell that their baby is latched well?

One sign of a good latch is when the nipple comes out of the baby's mouth looking rounded and not squashed. Mothers need to know that nipple damage is a sign of a poor latch. Additionally, babies well latched continue to suckle beyond just a few sucks. A baby who instantly "falls asleep" at the breast, goes on and off the breast or does not begins to suck, probably does not have a good latch. When well latched, the breast goes well to the back of the baby's mouth – as far as the soft palate. This stimulates the baby to suck.

15. What do you tell mothers about storage and handling of milk and formula?

Human milk: In hospital, human milk must be clearly labelled. Bottles of milk from the same mother should be bagged together. Take care to check the label to ensure the 'right' milk is given to the 'right' baby. Fresh milk can stay at room temperature for a few hours. It can be refrigerated for 3-5 days or frozen for several months depending on how cold the freezer temperature is.
Formula: Prepared formula should be refrigerated as soon as it is opened. It can stay in the fridge for 24 hours. If opened and left out for more than an hour it should be discarded.

16. What kinds of pumps do you suggest?

Recommendations depend on anticipated use. Most women can learn to hand express for occasional use. Otherwise a good hand pump is effective. If mothers are pumping for every feed or to establish milk production for a premature or sick infant a rental electric pump is recommended. Mothers pumping long term (3 months or more) for a very premature infant may find the purchased electric pump ($250.00+) may be more cost effective. Small electric pumps (that do not self-cycle) or bicycle hand pumps are not recommended. If mothers of preterm babies already have a pump, suggest they bring it into the hospital to compare effectiveness with a hospital pump.

17. What do you suggest to mothers when their babies are fussy, especially at night?

Reassure mothers that it is common for babies to feed frequently at night time. When the baby is 'fussy' keep baby skin-to-skin and feed frequently. Assess how well the baby is feeding and share results with the family to reassure them.

18. Why is breastfeeding important?

Human milk is a living tissue that provides numerous immunological benefits as well the appropriate species-specific food. Important for optimal health and nutrition (less risk of many infections including gastro-intestinal, middle ear, upper respiratory, meningitis, NEC; less risk of certain illnesses and chronic conditions such as allergies, diabetes and certain childhood cancers) and optimal cognitive development. Breastfeeding enhances maternal infant bonding and has numerous benefits to mothers including weight loss, decreased risk of postpartum bleeding and decreased risk of breast cancer. Financial benefits: it's free and breastfed children require less antibiotics and other health care. Their parents also take less time off from work to deal with sick children.

19. If feeding problems have not been resolved before discharge what action do you take?

To help mothers overcome difficulties, it is important to help the mother create a feeding plan that will be safe for the baby and lead to eventual resolution of the feeding difficulties. The discharge feeding plan should cover "The Three Rules of Breastfeeding: #1 Feed the Baby; #2 Empty the Breasts; #3 Help Baby Learn to Breastfeed." Questions to resolve include:
Is the mother producing enough milk at this time to meet her baby's needs? If not, she should also give either donor milk or formula. The method used to give supplements must also work well enough that feedings can be completed in a reasonable amount of time.
Can her baby feed well enough, long enough and frequently enough to stimulate/empty her breasts without causing damage to the mother's nipples? If not, she should consider using an effective breast pump.
Delay of discharge should be considered if a suitable plan cannot be accomplished by the family.

20. Name some community resources for breastfeeding mothers.

Resources in the community include La Leche League, mothers groups, and community health units that provide community health nurse visits and mothers groups. BCW also has out-patient breastfeeding clinics. Families can call 604-875-3135 for breastfeeding clinic appointments.

21. What do you suggest to mothers to prevent and treat engorgement?

The best way to prevent engorgement is by frequent, effective breastfeeding (or frequent expression/pumping if the baby is unavailable or unable to latch and feed). To treat engorgement the first step is to assess how well the baby is breastfeeding. The cause of engorgement may be a baby not feeding well. When mothers are engorged there are two problems: milk stasis and swelling. Heat and gentle massage (hot compresses, warm baths and showers) helps the milk to flow. Ice packs after the feeding help to decrease swelling. If the breasts are too firm for the baby to latch the nurse will need to help the mother to soften the breasts using heat, gentle massage and hand expression before latching the baby or using a breast pump.

22. What information do you give families who are formula feeding?

Provide information and answer question to insure mothers have the opportunity to make informed decisions. Use the principles of AFASS. In their situation is artificial milk:

- *Acceptable: The mother perceives no problem in replacement feeding. Potential problems may be cultural, social, or due to fear of stigma and discrimination.*
- *Feasible: The mother (or family) has adequate time, knowledge, skills, resources and support to correctly mix formula or milk and feed the infant up to 12 times in 24 hours.*
- *Affordable: The mother and family can pay the cost of replacement feeding without harming the health or nutrition status of the family.*
- *Safe: Replacement foods are correctly and hygienically prepared and stored, and fed.*
- *Sustainable: Availability of a continuous supply of all ingredients needed for safe replacement feeding for up to one year of age or longer.*

Support and encourage skin-to-skin cuddling to enhance newborn stability.
Provide amounts appropriate to the baby's age.
Discuss:

- *Feeding cues, pacing and how to tell baby has had enough.*
- *Types of formula: ready-to-feed, concentrated and powdered.*
- *Powdered formula is not sterile and is not recommended for high risk infants (premature and or low birth weight babies under 2 months of age, babies of all ages who are immune compromised or have weakened immune systems.*
- *Preparation and storage: Water for all formula should be boiled for 1 minute. Powdered formula should be made with boiled water that is at least 70 degrees.*
- *Safety issues including holding babies for all feedings (not propping the bottle).*
- *Resources: Formula Feeding Your Baby: Safely preparing and storing formula http://www.healthlinkbc.ca/healthfiles/hfile69b.stm Formula Feeding Your Baby: Getting Started http://www.healthlinkbc.ca/healthfiles/hfile69a.stm*

23. What opportunities can you find to talk to mothers about infant feeding issues?

With such short stay in hospital it is important to include discussion of feeding issues and assessment in all contacts with mothers. Throughout pregnancy breastfeeding information and

support should be mentioned many times. Mothers should be given opportunities to address any concerns that they have.
*During postpartum, breastfeeding issues can be part of admission procedures, mother and baby checks and any other interactions. When admitting mother and baby to their postpartum room, open the pamphlet, "**Breastfeeding your Baby**" to the middle pages and use this to guide the discussion about latching and typical baby feeding behaviours.*

24. What do you tell mothers about feeding whose babies are in NICU?

*Mothers whose babies are in NICU will need to begin expressing milk as soon as possible if their babies are not able to go to the breast or do not feed effectively. Ideally, this should begin within the first hour of birth and should occur at least 8 times in 24 hours. 'Hands on Pumping' – combining hand expression with pump use and breast compressions produces more milk than pumping alone. Mothers also need information about how to collect and deliver the early few drops of colostrums for gut priming, and Oral Immune Therapy (OIT: See Guideline (NN.08.09 and NN.08.09A) especially for the very premature infant. Storage information is available from the information sheet, **Equipment, Preparation and Storage of Breast Milk**. Never throw away breast milk without careful consideration.*
Reassure mothers that it is normal to see very little colostrum – with frequent pumping the supply will increase. Encourage the mother to visit her baby as much as she wishes to provide skin-to-skin care as soon to help her baby become stable. Inform her of the benefits of skin-to-skin care to her milk supply and to her baby. Remind her how important her presence is to her baby. Channel 68 on the BC Women's TV has the video, 'A Premie needs his Mother'.

25. If a baby's temperature is low what would you recommend?

The most effective method of enhancing thermoregulation is skin-to-skin care. Help the family to support the mother by bringing warm blankets to put over the baby while s/he is skin-to-skin. If the mother is not available encourage the father or grandparent to put the baby skin-to-skin. Show the family how to keep their baby covered not letting the warm blankets slip exposing the skin. If the baby is not skin-to-skin suggest that the baby be dressed in a sleeper.

26. What supplements are medically indicated, what choices do you suggest?

If there are medical indication s for supplements check first to see if the mother can express some milk. The next choices in order of preference are donor human milk or formula.

27. What do you suggest to families to help their babies when they have painful procedures such as heel pricks?

Evidence indicates that babies cope best with painful procedures (and use up less energy) if they are comforted throughout the procedure. Breastfeeding with skin-to-skin care beginninga few minutes before the procedure is as effective as any other non-pharmaceutical intervention and empowers parents. Other possibilities include skin-to-skin cuddling and offering the parent's finger to suck on. A You TubeVideo called "The Power of Parents Touch" is available online.

28. What do you tell parents about typical feeding patterns and how they change over the first few days?

Babies will often feed soon after birth if left undisturbed, skin-to-skin on the mother's chest. During the first 24 hours they are often quite sleepy. In the second 24 hours, we expect that babies will become much more wakeful and interested in feeding – at least 8 times in 24 hours. They may have clusters of feeds when they feed very frequently over a short period of time and then sleep for a longer period. Their output increases from a minimum of 1 wet diaper during the first 24 hours, 2 during the second and increases markedly over the next couple of days as the milk supply increases. Stooling increases and the stool colour changes from black to yellow by day 5.

29. What breastfeeding resources do you give to families?

Numerous patient information handouts are available for families according to their specific needs. Available are:

- *Breastfeeding Your Baby,*
- *Mother's Milk: Using, Storing and transporting Milk and Cleaning Equipment*
- *Increasing Your Milk Supply,*
- *Signs That Your Baby is Breastfeeding Well*
- *Mother's Milk in the NICU (for families in the NICU)*

30. Why is skin-to skin care important?

Benefits of skin-to-skin care include: thermoregulation, decreased newborn stress, enhanced homeostasis, decreased infant crying, stimulation of hormonal regulation of lactation and increased maternal milk production.

31. When should skin-to-skin care begin?

Immediately after birth!