



ARROWHEAD REGIONAL MEDICAL CENTER
Department of Nursing (NRS)
Maternal Child Health (MCH) Policies and Procedures

Policy No. 5304 Issue 1
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SECTION: PATIENT CARE

SUB SECTION: MATERNAL CHILD HEALTH

SUBJECT: MODEL HOSPITAL INFANT FEEDING POLICY

APPROVED BY: _____
Nurse Manager

POLICY

Arrowhead Regional Medical Center (ARMC) promotes breastfeeding considering it the biologic norm for the human mother and infant (dyad) in accordance with The Ten Steps to Successful Breastfeeding and accordance with the World Health Organization (WHO).

PROCEDURES

- I. Comply fully with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly Resolutions.
 - A. ARMC offers education and materials that promote, support, and encourage the use of human milk rather than infant feeding substitutes.
 - B. ARMC does not accept or distribute subsidized breast milk substitutes, free gifts, supplies, non-scientific literature, materials, equipment, money or support for breastfeeding education or events from manufacturers.
- II. The breastfeeding policy is routinely communicated to staff annually and upon hire.
 - A. The policy is reviewed in collaboration with the Maternal Child Health (MCH) Leadership, Lactation and Practitioners.
- III. Educate staff on skills and competence to support breastfeeding.
 - A. Department Clinical Educators/ Clinical Nurse Specialist (CNS) collaborates with lactation team for planning, implementing and documenting training.
 - B. New staff:
 1. Complete supervised clinical experience by an International Board-Certified Lactation Consultant (IBCLC) or a Certified Lactation Education Counselor within 6 months.
 2. New staff who have completed unverified breastfeeding education/competencies elsewhere are required to complete ARMC's breastfeeding education within 6 months post hire at ARMC or an approved outside venue. Previous education that can be verified through certificate of completion will be accepted.

- C. Annual nursing staff education/competency consists of breastfeeding education based on the needs assessment of the department.
- D. Practitioner's: Healthcare practitioners with privileges for Labor and Delivery, Mother-Baby care, receive breastfeeding management education pertinent to their role. This education may include but is not limited to the following:
 - 1. Benefits of exclusive breastfeeding
 - 2. Physiology of breastfeeding
 - 3. How specific field of practice impacts lactation
 - 4. Resources for safe medications during lactation
 - 5. Competency forms are maintained by the Clinical Educators/CNS.

IV. Discuss the importance and management of breastfeeding with pregnant individuals and their families. Education on breastfeeding practices is provided to parents upon admission. (Refer to Maternal Child Policy No. 5208, Breastfeeding: Encouraging, Supporting and Assisting).

V. Facilitate immediate and uninterrupted skin-to-skin contact and support parents to initiate breastfeeding as soon as possible after birth. (Refer to Maternal Child Policy No. 5208, Breastfeeding: Encouraging, Supporting and Assisting).

- A. Regardless of feeding choice, all stable infants are placed skin-to-skin. The nursing staff present immediately after delivery is responsible for creating the optimal environment for transition of the infant and initiation of the first breastfeeding.
- B. Vaginal births - Immediately after birth, infants are placed skin-to-skin for a minimum of one hour. Breastfeeding is initiated in the first hour.
- C. Cesarean births:
 - 1. Infants are placed skin-to-skin when the mother is alert and able to respond to her infant. Skin-to-skin remains uninterrupted on the bare chest until the first breastfeeding is completed.
 - 2. Skin-to-skin is provided with the family member or identified significant other of the baby during the period that the mother is not alert or responsive to baby.

VI. Support parents to initiate and maintain breastfeeding and manage common difficulties.

- A. A lactation risk assessment is completed upon admission/transfer to the Mother-Baby Unit.
 - 1. This risk assessment includes review and discussion of history of maternal anatomic/physiologic occurrences that may interfere with breastfeeding. (See Maternal Child Policy No. 5208, Breastfeeding: Encouraging, Supporting and Assisting).
 - 2. Breastfeeding mothers are offered assistance with breastfeeding by the primary care nurse and lactation consultant.
 - 3. Breastfeeding assessment is done and documented based on the breastfeeding assessment.

VII. Do not provide breastfed newborns any food or fluids other than breast milk unless medically indicated.

- A. Fluid supplementation (whether medically indicated or following informed consent of the mother) is administered via tube, syringe, spoon or cup rather than an artificial nipple and bottle). (See Mother Baby policy 202, Breastfeeding Supplementation: Alternative Methods).

VIII. Enable parents and their infants to remain together and to practice rooming-in 24 hours a day.

- A. When separation is medically required, do not separate infants from their parents for more than one hour in a 24-hour period.
- B. Perform all routine newborn procedures during skin-to-skin time and/or at the parent's bedside as appropriate.
- C. Document any interruption of rooming-in, including:
 - 1. The reason
 - 2. Time
 - 3. Duration of the separation.
- D. Rooming-in may be delayed or interrupted in situations where the mother is unable to care for herself or her newborn, e.g. medical or psychiatric complications.

IX. Support parents to recognize and respond to their infants' cues for feeding. (Refer to Maternal Child Policy No. 5208, Breastfeeding: Encouraging, Supporting and Assisting).

X. Counsel parents on the use and risks of feeding bottles, teats and pacifiers.

- A. Teach breastfeeding mothers that the use of bottles with artificial nipples and/or pacifiers may affect the development of optimal breastfeeding and newborn's suckling.
- B. If a mother requests that her breastfeeding newborn be given a pacifier or breast milk substitute, the nurse explores the reason for this request educating the mother on the possible negative consequences to breastfeeding. Alternative methods for soothing and feeding the newborn are discussed.
- C. Pacifiers may be used for breastfeeding newborns during painful and/or therapeutic medical procedures. Discard pacifier after procedure. Pacifier should not be with the newborn when returned to his/her mother.
- D. Breastfeeding mothers who request an artificial nipple and infant feeding bottles receive verbal/written education on the possible negative consequences regarding not breastfeeding. A "Consent for Formula and Pacifier Use" is obtained
- E. Families who do not breastfeed or need supplements at discharge will be individually given safe preparation, feeding, handling and storage of breastmilk substitutes education. Written instructions given if appropriate.
- F. Education, counseling and informed decision documented in the electronic health record (EHR).

XI. Coordinate discharge so that parents and their infants have timely access to ongoing support and care.

- A. Prior to discharge, the mother's plans for newborn's feeding at home are assessed.
- B. Discharge planning includes information on the importance of exclusive breastfeeding for 6 months.
- C. Mothers receive written information regarding additional outpatient community resources for breastfeeding support. Resources include but are not limited to:
 - 1. La Leche League
 - 2. Women, Infants and Children (WIC) programs
 - 3. Breastfeeding clinics
 - 4. Telephone hotlines for breastfeeding help

XII. Establish ongoing monitoring and data management.

- A. Data is collected from medical records, audits, and or surveys.
- B. Data collected is utilized to assess compliance and clinical practices that guide quality improvement.

REFERENCES: **Maternal Child Policy No. 5208, Breastfeeding: Encouraging, Supporting and Assisting.**

Mother-Baby Unit Policy No. 202, Breastfeeding Supplementation: Alternative Methods

Academy of Breastfeeding Medicine, (2018) ABM Protocol #7: Model Maternity Policy Supportive of Breastfeeding.

World Health Organization. 2018. The Ten Steps to Successful Breastfeeding.

World Health Organization. Implementation Guidance: protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services-the revised Baby-friendly Hospital Initiative. Geneva, Switzerland; 2018. <https://apps.who.int/iris/handle/10665/272943>.

World Health Organization. International Code of Marketing of Breast-Milk Substitutes. Geneva, Switzerland: World Health Organization. 1981.

Hernandez-Aguilar MT, Bartick M, Schreck P, Harrell C, The Academy of Breastfeeding Medicine, Young M, et al. ABM Clinical Protocol #7: Model Maternity Policy Supportive of Breastfeeding. Breastfeeding Medicine. 2018; 13(9). doi: 10.1089/bfm.2018.29110.mha

Center for Disease Control. Reviewed 2023. Infant Formula Preparation and Storage. <https://www.cdc.gov/nutrition/infantandtoddlernutrition/formula-feeding/infant-formula-preparation-and-storage.html>

DEFINITIONS: **Skin to skin**– Newborns (with only a diaper) is placed on the mother's bare chest.
Rooming-in– Mother and newborn remain in the same room during the entire hospitalization. One nurse provides care for the mother-baby couplet. Newborn procedures are done at the bedside whenever possible. If separation is required, separation is limited to less than one hour whenever possible.

ATTACHMENTS: **N/A**

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|-----------------------|-------------------|---|
| APPROVAL DATE: | 6/2/2025 | Sheryl Wooldridge, Clinical Director II |
| | | Department/Service Director, Head or Manager |
| | 8/8/2025 | Department of Women's Health Services |
| | | Applicable Administrator, Hospital or Medical Committee |
| | 4/10/2025 | Department of Pediatrics |
| | | Applicable Administrator, Hospital or Medical Committee |
| | 8/28/2025 | Nursing Standards Committee |
| | | Applicable Administrator, Hospital or Medical Committee |
| | 9/24/2025 | Patient Safety and Quality Committee |
| | | Applicable Administrator, Hospital or Medical Committee |
| | 10/2/2025 | Quality Management Committee |
| | | Applicable Administrator, Hospital or Medical Committee |
| | 10/23/2025 | Medical Executive Committee |
| | | Applicable Administrator, Hospital or Medical Committee |
| | 1/13/2026 | Board of Supervisors |
| | | Approved by the Governing Body |

REPLACES: **MCH Policy No. 5201 Baby Friendly Hospital Initiative**

EFFECTIVE: **08/2008**

REVISED:

REVIEWED: