



Maryland Hospital Breastfeeding Policy Recommendations

October 2012

**Martin O'Malley, Governor
Anthony G. Brown, Lt. Governor
Joshua M. Sharfstein, M.D., Secretary**

Maryland Hospital Breastfeeding Policy Recommendation Committee

Jacqueline Marlette-Boras, MHS, RD, LDN
Director
Maryland WIC Program
Maternal and Child Health Bureau
Maryland Department of Health and Mental Hygiene

Bonnie S. Birkel, CRNP, MPH
Acting Director
Maternal and Child Health Bureau
Maryland Department of Health and Mental Hygiene

Maura Dwyer, DrPH, MPH
Health Policy Analyst
Office of Family Planning and Home Visiting
Maternal and Child Health Bureau
Maryland Department of Health and Mental Hygiene

Erin Penniston, MSW
Program Manager
Community Transformation Grant Center for Chronic
Disease Prevention and Control
Cancer and Chronic Disease Bureau
Maryland Department of Health and Mental Hygiene

Rachel Ready, MPP
Health Policy Analyst
Maryland WIC Program
Maternal and Child Health Bureau
Maryland Department of Health and Mental Hygiene

Amy Resnik, MS, RD, CSP, LDN, IBCLC
Breastfeeding Coordinator
Maryland WIC Program
Maternal and Child Health Bureau
Maryland Department of Health and Mental Hygiene

Nadine Rosenblum, RN, BSN, IBCLC
Master of Nursing Community/Public Health
Candidate
University of Maryland School of Nursing

Sherri Sabol, RD, LDN, CLC
Chief, Breastfeeding Services
Maryland WIC Program
Maternal and Child Health Bureau
Maryland Department of Health and Mental Hygiene

S. Lee Woods, MD, PhD
Director
Office of Surveillance and Quality Initiatives
Maternal and Child Health Bureau
Maryland Department of Health and Mental Hygiene

Supporting Breastfeeding in Maryland

Introduction

DHMH encourages all birthing hospitals in the State to become “Maryland Best Practices Hospitals,” by either attaining Baby Friendly certification through the Baby Friendly Hospital Initiative (BFHI) the details of which are available at <http://www.babyfriendlyusa.org/eng/o1.html>, or, by meeting the ten criteria contained in these policy recommendations, described in detail further below. A hospital may choose to implement none of these criteria, or, it may choose to fulfill one or more of these criteria. If a hospital chooses to satisfy all ten of the criteria in these policy recommendations, then the hospital will be considered a “Maryland Best Practices Hospital.”

Background

There is extensive scientific evidence that breast milk is the optimal food for infants. The American Academy of Pediatrics recommends that babies receive nothing but breast milk for the first 6 months of life and continue breastfeeding for at least one year. Many other professional organizations encourage breastfeeding, including the American College of Obstetricians and Gynecologists, the American Academy of Family Physicians, the American College of Nurse-Midwives, the American Hospital Association, the National Association of Pediatric Nurse Practitioners, the Association of Women’s Health, Obstetrics and Neonatal Nurses, the United States Breastfeeding Committee and the Academy of Nutrition and Dietetics, formerly the American Dietetic Association.

While breastfeeding initiation is the essential first step, duration and exclusivity are key to obtaining the myriad of benefits to public health and society provided through breastfeeding. Babies who are fed formula or stop breastfeeding early have higher risks of obesity, diabetes, respiratory and ear infections, and sudden infant death syndrome (SIDS), and tend to require more doctor visits and hospitalizations.

Every two years, CDC administers the national Maternity Practices in Infant Nutrition and Care (mPINC) <http://www.cdc.gov/breastfeeding/data/mpinc/index.htm> survey to all hospitals and birth centers in the U.S. that provide maternity care. The 2009 mPINC survey, showed both strengths and areas for improvement related to breastfeeding support in Maryland hospitals and concluded, “Improvement is needed in maternity care practices and policies in Maryland. Many opportunities exist to protect, promote, and support breastfeeding mothers and infants in Maryland.” Other CDC data, summarized in the CDC Breastfeeding Report Card for 2012, <http://www.cdc.gov/breastfeeding/data/reportcard.htm> further define the current status of breastfeeding support in Maryland. With 72.6 percent of babies in Maryland who are counted as “ever breastfed,” Maryland has work to do to reach the 2020 Healthy People goal of 81.9 percent. Beyond initiation, Maryland’s numbers fall short with only 48.5% of babies breastfed at six months of age and only 15.0% exclusively breastfed. The 2020 goals are 60.6% and 25.5%, respectively.

Barriers to breastfeeding exclusivity and duration have been extensively reported in the literature, and several common themes have been identified. The main reasons mothers give for stopping breastfeeding before 3 months of age are perceived lack of breast milk supply, pain, infants given infant formula in the hospital, and technical difficulties such as infant latching problems and sore nipples. Breastfeeding decisions are influenced by many factors, including a mother's initial breastfeeding experience, family support, challenges on returning to work or school, and community support. In the United States, most babies are born in a hospital, and mother and baby have their first feeding experience in that setting. A mother's comfort with breastfeeding and her commitment to continue can be greatly influenced by hospital practices and staff support. First impressions have a lasting effect on subsequent behavior, making the birthing hospital stay a critical opportunity to impact breastfeeding success. It has been demonstrated that hospitals that adopt a series of policies and become designated as Baby-Friendly are able to increase breastfeeding rates substantially.^{14, 16}

The Process

Recognizing the vital role that hospitals play in the success of breastfeeding, the Maryland Department of Health and Mental Hygiene (DHMH) formed a committee to develop breastfeeding policy recommendations that will strengthen and improve current maternity care practices. A stakeholders' meeting was held in December 2011 to obtain input. The first edition recommendations were posted on the DHMH website for public comment in February 2012. Over 130 comments were received in this first round and shared with the Committee. 56% of the respondents strongly agreed and 30% agreed that the policy recommendations focused on correct strategies to promote and support breastfeeding. The second edition recommendations were post on the DHMH website for public comment in August 2012. 34 comments were received and reviewed by the Committee. 85% of the respondents agreed with the updated policy recommendations. In September 2012, the Committee finalized the policy recommendations and hospital self-assessment form. These policy recommendations, based on the WHO/UNICEF Ten Steps to Successful Breastfeeding, <http://www.unicef.org/newsline/tenstps.htm> include evidence-based hospital practices that increase rates of breastfeeding initiation, duration, and exclusivity for healthy, full term infants whose mothers have chosen to breastfeed them.

Summary of Maryland Hospital Breastfeeding Policy Recommendations

The “Maryland Best Practices Hospitals” will:

#1: Have a written breastfeeding policy that is routinely communicated to all hospital staff.

#2: Train all hospital staff in the skills necessary to implement this policy.

#3: Inform all pregnant women about the benefits and management of breastfeeding.

#4: Help breastfeeding mothers initiate breastfeeding within 1 hour of birth.

#5: Encourage breastfeeding on demand.

#6: Show breastfeeding mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.

#7: Practice “rooming in” – encourage breastfeeding mothers and infants to remain together 24 hours a day.

#8: Give breastfed infants no food or drink, other than breast milk, unless medically indicated.

#9: Give no pacifiers or artificial nipples to breastfeeding infants in the hospital, unless medically indicated.

#10: Foster the establishment of breastfeeding support groups and refer breastfeeding mothers to them on discharge from the hospital or clinic.

#1 – Have a written breastfeeding policy that is routinely communicated to all hospital staff.

Criteria
a. Create an interdisciplinary team (hospital administrators, physician and nursing staff, lactation consultants and specialists, nutrition staff, other appropriate staff, and parents) to develop and review breastfeeding policies annually.
b. Communicate policy to all hospital staff who provide care for breastfeeding mothers and their infants.
c. Post breastfeeding policy in appropriate form, as per established hospital guidelines.
d. Create a comprehensive breastfeeding policy addressing all UNICEF/WHO Ten Steps to Successful Breastfeeding, consistent with the International Code of Marketing of Breast Milk Substitutes. Link: www.who.int/nutrition/publications/infantfeeding/9241541601/en/

References: 1, 5, 8, 9, 15, 17, 18, 19, 20, 21, 22

#2 – Train all hospital staff in the skills necessary to implement this policy.

Criteria
a. Designate at least one hospital staff member, who is trained in breastfeeding physiology and management, to be responsible for ensuring the implementation of an effective breastfeeding training program based on training resources provided by DHMH or curriculum developed by the facility.
b. Require all hospital staff with primary responsibility for the direct care of mothers and their infants during the neonatal period to complete training on breastfeeding physiology and management, with annual updates. Curriculum developed by the facility or resources provided by DHMH may be used.
c. Require all providers who have privileges to provide care to new breastfeeding mothers and/or newborn infants to complete training with annual updates in breastfeeding promotion and lactation management. DHMH will provide information on training resources or curriculum developed by the facility may be used.
d. Employ at least one hospital maternity staff member who is an International Board Certified Lactation Consultant (IBCLC) with designated time to focus on breastfeeding.
e. Expect hospital staff (including support staff), who come in contact with pregnant women, breastfeeding mothers, and newborns, to provide positive messages about breastfeeding.

References: 1, 2, 4, 5, 8, 9, 11, 15, 17, 18, 19, 20, 21, 22

#3 – Inform all pregnant women about the benefits and management of breastfeeding.

Criteria

- a. Assure the availability of prenatal childbirth education classes that provide structured breastfeeding information, taught by an International Board Certified Lactation Consultant (if possible), for all women pre-registered to deliver at the facility.
- b. Provide pregnant women with complete and commercial-free information about the benefits of breastfeeding for mother and baby, contraindications to breastfeeding, and management of breastfeeding so an informed feeding decision can be made.
- c. Recommend exclusive breastfeeding as the ideal nutrition for newborns, unless medically contraindicated.

References: 1, 2, 4, 17

#4 – Help breastfeeding mothers initiate breastfeeding within 1 hour of birth.

Criteria

- a. Promote and support early breastfeeding (within 1 hour of birth) in the delivery room and/or recovery area.
- b. Encourage babies to be placed skin-to-skin on breastfeeding mother's chest as the preferred source of body warmth, unless medically contraindicated. Delay the administration of vitamin K and eye ointment and the measurement of weight and length for the first hour after birth to support uninterrupted mother-infant contact and breastfeeding, if possible.
- c. Encourage breastfeeding mothers to exclusively breastfeed throughout the hospital stay, unless medically contraindicated.
- d. Inform a breastfeeding mother when breastfeeding is medically contraindicated including:
 - the specific contraindication
 - whether she can save expressed breast milk during that time or if she should discard it and
 - what criteria need to be met before she can resume breastfeeding.

References: 1, 2, 8, 17

#5 – Encourage breastfeeding on demand.

Criteria

- a. Encourage and support breastfed infants to be fed on demand. The frequency and duration of breastfeeding should be infant-led, based on each infant’s early feeding cues, at least 8 in 24 hours after the first day of life. Emphasize the normalcy of frequent night feedings.
- b. If the medical condition of both mother and baby allows, make every effort to arrange for a separated mother and infant to be together for feedings.
- c. Teach breastfeeding mothers feeding cues and encourage each mother to feed as soon as her infant displays early infant feeding cues.
- d. Document all feedings in the infant’s medical record.
- e. Have a visitation policy that allows a baby to be a visitor in the breastfeeding mother’s room when the mother is a patient outside of the maternity area.

References: 1, 2, 8, 17

#6– Show breastfeeding mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.

Criteria
a. Provide instruction and assistance to each breastfeeding mother to facilitate lactation.
b. Provide breastfeeding mothers with information on how to obtain help from a hospital staff member trained in breastfeeding support and breast milk expression.
c. When feeding at breast is not possible, make every effort to have the baby receive his/her mother’s expressed milk until medically able to breastfeed.
d. If a breastfeeding mother or baby is re-hospitalized after the initial delivery stay, make every effort to continue to support breastfeeding.
e. Ensure that at least one hospital staff member, trained in breastfeeding management, is available at all times to assist breastfeeding mothers.
f. Instruct all breastfeeding mothers, provide written information, and observe for ability to: <ul style="list-style-type: none"> • Position the baby correctly at the breast • Latch the baby to breast properly • State when the baby is swallowing milk • State that the baby should be nursed a minimum of 8 to 12 times a day, with some infants needing to be fed more frequently • State age-appropriate elimination patterns • List indications for calling a healthcare professional • Manually express breast milk • State appropriate use of pacifiers (after breastfeeding is well established) to reduce the risk of SIDS.
g. Assist breastfeeding mothers, who require extended pumping, to obtain a medical order for an appropriate breast pump and provide a list of community resources for obtaining a breast pump.
h. Instruct breastfeeding mothers on proper handling, storage, and labeling of breast milk.
i. The hospital will provide individual instruction in formula preparation and feeding techniques for mothers who have chosen formula feeding or for whom breastfeeding is medically contraindicated.

References: 1, 2, 4, 17

#7 – Practice “rooming in” – encourage breastfeeding mothers and infants to remain together 24 hours a day.

Criteria

- a. Establish rooming-in for each breastfeeding dyad throughout the hospital stay, unless medically contraindicated.
- b. Perform medical procedures in the mother’s room when possible and practical.

References: 1, 2, 8, 17

#8 – Give breastfed infants no food or drink, other than breast milk, unless medically indicated.

Criteria

- a. Do not give sterile water, glucose water or formula to a breastfed infant without a health care provider’s order or the mother’s request after education. Discuss the potential negative impact sterile water, glucose water, formula or feeding these with a bottle nipple may have on breastfeeding success.
- b. Document a woman’s desire to breastfeed in her medical record, her infant’s medical record, and on her infant’s bassinet.
- c. Provide and document education about the use of supplementation and its possible negative impact on the establishment of breastfeeding so breastfeeding mothers can make an informed decision about supplementation. After making an informed decision, the breastfeeding mother’s choice will be respected and supported by the hospital staff.
- d. Do not accept free formula, advertisements, or formula coupons for use in the hospital or distribution to breastfeeding mothers.
- e. Store formula and supplies for formula feedings in a medication cart or separate storage space out of view to patients.

References: 1, 2, 6, 8, 13, 17

#9 – Give no pacifiers or artificial nipples to breastfeeding infants in the hospital, unless medically indicated.

Criteria

- a. Do not offer pacifiers or artificial nipples to healthy, full-term breastfed infants in the hospital while breastfeeding is being established.
- b. Inform breastfeeding mothers that the use of pacifiers and artificial nipples in the hospital could have a negative impact on the establishment of breastfeeding. After making an informed decision, the breastfeeding mother’s choice will be respected and supported by the hospital staff.
- c. Use skin-to-skin contact and breastfeeding during procedures requiring soothing and pain relief.
- d. Do not accept free or low-cost pacifiers.

References: 1, 2, 3, 7, 8, 10, 12, 17

#10 – Foster the establishment of breastfeeding support groups and refer breastfeeding mothers to them on discharge from the hospital.

Criteria

- a. Provide breastfeeding mothers with information about breastfeeding resources in their communities, including information on availability of breastfeeding consultants, support groups and breast pumps, if applicable.
- b. Refer current participants and potential income-eligible women to the Supplemental Nutrition Program for Women, Infants and Children (WIC) for additional breastfeeding support.
- c. When indicated, provide the family with a written feeding plan, developed in collaboration with the health care team, with appropriate follow-up recommended.

References: 1, 2, 8, 17

References

1. Academy of Breastfeeding Medicine Clinical Protocol #7 (ABM #7): Model Breastfeeding Policy (Revision 2010). *Breastfeeding Medicine*, Volume 5, Number 4, 2010.
<http://www.bfmed.org/Resources/Protocols.aspx>
2. American Academy of Pediatrics Policy Statement (2012). Breastfeeding and the Use of Human Milk, *Pediatrics*, 129(4): e827-e841.
3. Barros, F. C., Victoria, C. G., Semer, T. C., Filho, S. T., Tomasi, E., & Weiderpass, E., (1995). Use of pacifiers is associated with decreased breastfeeding duration. *Pediatrics*, 95(4): 497-499.
4. Chezem, J., Friesen, C., & Boettcher, J. (2003). Breastfeeding knowledge, breastfeeding confidence, and infant feeding plans: Effects on actual feeding practices. *Journal of Obstetric, Gynecologic and Neonatal Nursing*, 32(1): 40-47.
5. Declercq, E., Labbok, M., Sakala, C., & O'Hara, M. (2009). Hospital Practices and Women's Likelihood of Fulfilling Their Intention to Exclusively Breastfeed. *American Journal of Public Health*, 99(5): 929-935.
6. DelliFraine, J., Langabeer, J., Williams, J., Gong, A., Delgado, R., & Gill, S. (2011). Cost Comparison of Baby Friendly and Non-Baby Friendly Hospitals in the United States. *Pediatrics*, 127(4): e989-e994.
7. Dewey, K.G., Nommsen-Rivers, L.A., Heinig, J., Cohen, R.J. (2003). Risk Factors for Suboptimal Infant Breastfeeding Behavior, Delayed Onset of Lactation, and Excess Neonatal Weight Loss. *Pediatrics*, 112(3): 607-619.
8. DiGirolamo, A. M., Grummer-Strawn, L. M., & Fein, S. (2008). Effect of Maternity-Care Practices on Breastfeeding. *Pediatrics*, 122(2): S43-S49.
9. DiGirolamo, A. M., Grummer-Strawn, L. M., & Fein, S. (2001). Maternity care practices: Implications for breastfeeding. *Birth*, 28(2): 1523-1536.
10. Hauck, F.R., Omojokun, O.O., & Siadaty, M.S. (2005). Do Pacifiers Reduce the Risk of Sudden Infant Death Syndrome? A Meta-analysis. *Pediatrics*, 116(5): e716-e723.
11. Hospital Support for Breastfeeding: Preventing Obesity Begins in Hospitals. CDC VitalSigns; August 2011. <http://www.cdc.gov/VitalSigns/Breastfeeding/index.html>
12. Kramer M. S., Barr, R.G., Dagenais, S., Yang, H., Jones, P., Ciofani, L. & Jane F. (2001). Pacifier use, early weaning, and cry/fuss behavior: A randomized controlled trial. *Journal of the American Medical Association*, 286(3): 322-326.

13. Martin-Calama, J., Bunuel, J., Valero, M. T., Labay, M., Lasarte, J. J., Valle, F., et al. (1997). The effect of feeding glucose water to breastfeeding newborns on weight, body temperature, blood glucose, and breastfeeding duration. *Journal of Human Lactation*, 13(3): 209-213.
14. Merewood A., Mehta S.D., Chamberlain L.B., Philipp B.L., & Bauchner H. (2005). Breastfeeding Rates in US Baby-Friendly Hospitals: Results of a National Survey. *Pediatrics*, 116(3): 628-634.
15. Turner-Maffei C, Cadwell K, editors. Overcoming Barriers to Implementing the Ten Steps to Successful Breastfeeding. Sandwich, MA: Baby-Friendly USA, 2004.
http://www.babyfriendlyusa.org/eng/docs/BFUSAreport_complete.pdf
16. Philipp B.L., Merewood A., Miller L.W., Chawla N., Murphy-Smith M.M., Gomes J.S., Cimo S., & Cook J.T. (2001). Baby-Friendly Hospital Initiative Improves Breastfeeding Initiation Rates in a US Hospital Setting. *Pediatrics*, 108(3): 677-681.
17. Sample Hospital Breastfeeding Policy for Newborns. *Safe and Healthy Beginnings: A Resource Toolkit for Hospitals and Physicians' Offices*. American Academy of Pediatrics; 2009.
18. United States Breastfeeding Committee (USBC). *Implementing the Joint Commission Perinatal Care Core Measure on Exclusive Breast Milk Feeding*. Revised. Washington, DC: United States Breastfeeding Committee, 2010.
<http://www.usbreatfeeding.org/HealthCareSystem/HospitalMaternityCenterPractices/ToolkitImplementingTJCCoreMeasure/tabid/184/Default.aspx>
19. U.S. Department of Health and Human Services. *The Surgeon General's Call to Action to Support Breastfeeding*. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General; 2011. <http://surgeongeneral.gov>
20. World Health Organization. (1981). International Code of Marketing of Breast-milk Substitutes (Document WHA34/1981/REC/1, Annex 3). Geneva, Switzerland: World Health Organization; 1981.
21. World Health Organization/UNICEF. *Baby Friendly Hospital Initiative: Revised, Updated and Expanded for Integrated Care*. World Health Organization, UNICEF, 2009.
<http://www.unicef.org/newsline/tenstps.htm>
22. World Health Organization, United Nations Children's Fund, *Protecting Promoting and Supporting Breastfeeding: The Special Role of Maternity Services*. Geneva, Switzerland: World Health Organization; 1989.