

Hospital breastfeeding/infant feeding policy checklist

(Note: A hospital policy does not have to have the exact wording or points as in this checklist, but should cover most or all of these key issues. Care should be taken that the policy is not too long. Shorter policies (3 to 5 pages) have been shown to be more effective as longer ones often go unread).

The policy should clearly cover the following points:		YES	NO
Step 1:	The policy is routinely communicated to all (new) staff.		
	A summary of the policy that addresses the Ten Steps and support for non-breastfeeding mothers is displayed in all appropriate areas in languages and with wording that staff and mothers can easily understand.		
Step 2:	Training for all clinical staff (according to position) includes: Breastfeeding and lactation management (20 hours minimum or covering all essential topics, including at least 3 hours of clinical practice).		
	Feeding the infant who is not breastfed.		
	The role of the facility and its staff in upholding the International Code of Marketing and subsequent WHA resolutions.		
	New staff members are trained within 6 months of appointment.		
Step 3:	All pregnant women are informed of: Basic breastfeeding management and care practices.		
	The risks of giving supplements to their babies during the first six months.		
Step 4:	All mothers and babies receive: Skin-to-skin contact immediately after birth for at least 60 minutes.		
	Encouragement to look for signs that their babies are ready to breastfeed and offer of help if needed.		
Step 5:	All breastfeeding mothers are offered further help with breastfeeding within 6 hours of birth.		
	All breastfeeding mothers are taught positioning and attachment.		
	All mothers are taught hand expression (or given leaflet and referral for help).		
	All mothers who have decided not to breastfeeding are: Informed about risks and management of various feeding options and helped to decide what is suitable in their circumstances.		
	Taught to prepare their feedings of choice and asked to demonstrate what they have learned.		
	Mothers of babies in special care units are: Offered help to initiate lactation offered help to start their breast milk coming and to keep up the supply within 6 hours of their babies' births.		
	Shown how to express their breast milk by hand and told they need to breastfeed or express at least 6-8 times in 24 hours to keep up their supply.		
	Given information on risks and benefits of various feeding options and how to care for their breasts if they are not planning to breastfeed.		
Step 6:	Supplements/replacement feeds are given to babies only: If medically indicated.		
	If mothers have made a "fully informed choices" after counselling on various options and the risks and benefits of each.		

	Reasons for supplements are documented.		
Step 7:	All mothers and babies room-in together, including at night.		
	Separations are only for justifiable reasons with written documentation.		
Step 8:	Mothers are taught how to recognize the signs that their babies are hungry and that they are satisfied.		
	No restrictions are placed on the frequency or duration of breastfeeding.		
Step 9:	Breastfeeding babies are not fed using bottles and teats.		
	Mothers are taught about the risks of using feeding bottles.		
	Breastfeeding babies are not given pacifiers or dummies.		
Step 10:	Information is provided on where to access help and support with breastfeeding/ infant feeding after return home, including at least one source (such as from the hospital, community health services, support groups or peer counsellors).		
	The hospital works to foster or coordinate with mother support groups and/or other community services that provide infant feeding support.		
	Mothers are provided with information about how to get help with feeding their infants soon after discharge (preferably 2-4 days after discharge and again the following week).		
The Code:	The policy prohibits promotion of breast-milk substitutes.		
	The policy prohibits promotion of bottles, teats, and pacifiers or dummies.		
	The policy prohibits the distribution of samples or gift packs with breast milk substitutes, bottles or teats or of marketing materials for these products to pregnant women or mothers or members of their families.		
Mother-friendly care:	Policies require mother-friendly practices including: Encouraging women to have constant labour and birthing companions of their choice.		
	Encouraging women to walk and move about during labour, if desired, and to assume the positions of their choice while giving birth, unless a restriction is specifically required for a complication and the reason is explained to the mother.		
	Not using invasive procedures such as rupture of membranes, episiotomies, acceleration or induction of labour, caesarean sections or instrumental deliveries, unless specifically required for a complication and the reason is explained to the mother.		
	Encouraging women to consider the use of non-drug methods of pain relief unless analgesic or anaesthetic drugs are necessary because of complications, respecting the personal preferences of the women.		
HIV*:	All HIV-positive mothers receive counselling, including information about the risks and benefits of various infant feeding options and specific guidance in selecting what is best in their circumstances.		
	Staff providing support to HIV-positive women receive training on HIV and infant feeding.		

* The **HIV-related content** in the policy should be assessed only if national authorities have made the decision that the BFHI assessment should include HIV criteria.

Policies for activity

Note that these policies may have areas that can be improved. They are not examples of policies acceptable to BFHI.

EXAMPLE A for Analysis HAPPY HOSPITAL BREASTFEEDING POLICY

Aims

1. To increase the incidence and duration of breastfeeding.
2. To assist mothers and infants in achieving successful breastfeeding by standardising teaching, eliminating contradictory advice, and implementing practices conducive to breastfeeding success.

POLICY

ANTENATAL PERIOD

Staff should be committed to the promotion of breastfeeding and should do everything possible to enhance the woman's confidence in her ability to breastfeed.

At first antenatal visit:

- (a) Perform thorough breast examination.
- (b) Ascertain choice of feeding method; if undecided encourage breastfeeding.
- (c) Give information leaflet that describes the benefits and management of breastfeeding.

DELIVERY ROOM

Put baby to breast as soon as it is feasible following delivery, preferably within half an hour as the infant suck is strongest at or during the first hour after birth. A nurse should be present at the first feed to offer instruction in correct technique and positioning.

POSTNATAL WARD

Demand Feeding - There should be no limit to the maximum number of feeds, but a full-term neonate is expected to need at least 5/6 feeds in a 24-hour period - with intervals of not longer than five hours. Practice rooming in.

Avoid rigid ward routine - do not waken baby for bath/weight/temperature between feeds. Advise mother to call staff member when baby wakens, for these tasks.

Efficient communication between mother and midwives and between staff at changeover is essential if consistency of approach and advice is to be achieved.

Document feeds as follows - long good feed, short good feed, poor feed.

Give no artificial teats or pacifier (also called "dummies" or "soothers") to breastfeeding infants while breastfeeding is being established.

All mothers need to be taught while in hospital how to express and store breast milk

DISCHARGE

Give information on community based support groups, community clinic, and the availability of follow-up clinic at the hospital.

EXAMPLE B for Analysis

Note that these policies may have areas that can be improved. They are not examples of policies acceptable to BFHI.

QUALITY CARE HOSPITAL BREASTFEEDING POLICY

Staff of the Quality Care Hospital are committed to Protecting, Promoting and Supporting Breastfeeding because breastfeeding is important for both the mother and her baby. This policy helps us to provide effective and consistent information and support to pregnant women, mothers and their families.

Adherence to the Ten Steps to Successful Breastfeeding (WHO/UNICEF) and the adherence to the International Code of Marketing of Breast-milk Substitutes (1981) and its subsequent resolutions are the foundation for our practices.

1. All staff will receive orientation on our breastfeeding policy relevant to their role when joining the hospital.
2. A minimum of 18 hours training in breastfeeding management is mandatory for all staff and students caring for pregnant women, infants and young children. New staff are facilitated to avail of training, within 6 months of commencing work if not already trained. Refresher courses are offered on a regular basis.
3. Midwives must discuss the importance and basic management of breastfeeding in the antenatal period and record this discussion in the pregnant women's chart.
4. Within 30 minutes of birth, all mothers regardless of feeding intention will be given their babies to hold with skin-to-skin contact for at least 30 minutes. A family member may provide skin-to-skin when the mother is unable to do so and skin-to-skin contact later encouraged in the postnatal ward or special care when baby and/or mother are stable.
5. All mothers will be offered help to initiate breastfeeding within 30 minutes of birth. Further assistance will be offered within 6 hours by a midwife to position and attach baby on breast.
6. Rooming-in is hospital policy and unless medically/clinically indicated a mother and her baby will not be separated. Where separation of baby from mother is necessary, lactation will be encouraged and maintained.
7. Baby-led feeding will be practiced for all babies although in the early days the baby may need to be woken if sleepy or if the mother's breasts become overfull. When baby has finished feeding on one side the second breast will be offered.
8. Breastfeeding mothers will be shown by the midwife how to express their breast milk by hand, and by pump if necessary.
9. Supplements will only be given for clinical/medical need. All supplementary feeds/fluids will be recorded in the baby's hospital notes with the indication for giving the feed. Prescribed supplementary fluids will be given by cup or NG tube.
10. No teats/dummies/soothers will be given to babies while breastfeeding is being established.
11. No advertising of breast-milk substitutes, feeding bottles, teats or dummies is permissible. Mothers choosing to formula feed their infants will be individually instructed on safe formula use during the postnatal period by the midwife before discharge.
12. Before discharge, support services available in the community will be discussed with each mother.

Any deviations to this policy as regards patient care will be recorded in the mother's/baby's chart with the reason for the deviation. The staff member will sign this with the date and time.

The Quality Office will audit compliance with the hospital breastfeeding policy at least once a year.

Policy effect date:

Policy review date: