

| Promoting and Supporting Breastfeeding in New York City: A collaboration between the New York City Department of Health and the Health and Hospitals Corporation.

The New York City Health and Hospitals Corporation(HHC), the largest public Hospital System in the United States, and New York City Department of Health and Mental Hygiene(NYCDOHMH) partnered in November 2006, to launch a Breastfeeding Promotion Initiative to foster breastfeeding and the use of mothers' milk in HHC's 11 urban public hospitals which serve mostly minority low income families. The program is based on the Baby Friendly Hospital Initiative "Ten Steps to Successful Breastfeeding."

HHC serves 1.3 million New Yorkers, nearly 400,000 of whom are uninsured, and delivers over 25,000 babies annually. A multi-disciplinary Breastfeeding Initiative Working Group was established across HHC hospitals to standardize policies, procedures and practices. The Working Group developed HHC's new Breastfeeding(BF) Policy based on best- and evidence-based practices. The Group also oversees program development and implementation at all 11 hospitals and formed education and performance evaluation sub-groups. Uniform provider education is conducted at all sites with more than 200 HHC maternal-child staff members obtaining Certified Lactation Counselor (CLC) training. A loaner pump program, newborn home visiting pilot program, enhancement of patient education materials and support, and a standardized data collection process to capture key program metrics were established. In addition, HHC eliminated the practice of providing new mothers with formula company gift bags and imposed a ban on formula promotion materials. Mothers who deliver at HHC hospitals receive a bag containing BF educational materials and a small ice pack and cooler.

Overall BF initiation rates have increased from 54% in 2004 to 80% in 2008. Exclusive BF on day of discharge increased from 15% to 29%. In 2008, BF in the first hour was achieved in 39% of births and 93% of the babies roomed-in with their mothers. Harlem Hospital achieved Baby Friendly Hospital Certification, the first in NYC, and the second in the state. While efforts continue, especially to improve exclusive BF and duration, some of the "unintended consequences" of the program are interesting.

Several New York City voluntary hospitals are now collaborating with the NYCDOHMH to improve BF rates in their facilities using the HHC model. HHC BF friendly discharge bags have turned out to be a great marketing tool. The bags have been the focus of several stories in the press and have been requested by Lactation Consultants in private hospitals to teach administrators about formula marketing effects.

NYCDOHMH and HHC have collaborated to combine existing resources and jointly developed new resources to meet the need for better BF practices in the largest U.S. public hospital system. Combining scarce resources has enabled the purchase of large volume of materials. Future efforts will focus on provider and community supporting of breastfeeding mothers and babies to improve duration and exclusivity of BF.

**New York City Health and Hospitals Corporation
Division of Medical and Professional Affairs
Office of Health Promotion and Public Health Services**

**Policies and Procedures on Breastfeeding and Use of Mother's
Milk for Infant Nutrition**

Revised: November 2009

Purpose:

1. To promote a philosophy of maternal-infant care that advocates breastfeeding, or the use of mother's milk, and supports the normal physiological functions involved in the establishment of this maternal-infant process.
2. To assist families choosing to breastfeed with initiating and developing a successful and satisfying experience.
3. This policy is based on the ten steps of the Baby-Friendly Hospital Initiative.

Statement and Standard of Care:

HHC recognizes and aims to foster breastfeeding, or the use of mother's milk, as the ideal nutrition for infants, based on the guidelines of ACOG, AAP, UNICEF, WHO and the Surgeon General of the United States, USDHHS, AWHONN, CDC, ILCA.

Scope:

This policy applies to all health care professionals providing prenatal, perinatal, post-partum and continuing care to mothers and infants.

Responsibility:

1. The Chief Executive Officer, Medical Director and the Directors of Nursing, Pediatric, and Obstetric Services are accountable for the implementation and compliance with this policy.
2. The Breastfeeding Facilitator is responsible to assist with the implementation of an effective breastfeeding program.
3. The Charge Nurse is responsible to ensure the implementation of this policy on the individual clinical units/ambulatory areas.

4. Pediatricians, Nurse Practitioners and Physician Assistants are responsible to prescribe the method of infant nutrition.
5. All nursing personnel are responsible to provide breastfeeding care as outlined in the policy.
6. All professional staff members in contact with perinatal patients are responsible to maintain and update their knowledge in keeping with the standards set by the WHO/UNICEF baby friendly initiative and to support breastfeeding.
7. Health care providers are responsible to provide clinical recommendations and information about drug effects on lactation to mothers and families.
8. In collaboration with the physician, the Breastfeeding Coordinator/Lactation Consultant is primarily responsible to assist the breastfeeding mother and family when consulted for a problematic situation. The Breastfeeding Coordinator/Lactation Consultant will also be a resource person for staff. Additional responsibilities may include providing advice and encouragement to breastfeeding mothers as specified by each facility.

Policy:

1. HHC staff will actively support breastfeeding or the use of mother's milk as the ideal method of providing nutrition to infants.
2. Central Office Multidisciplinary Committees comprised of physicians, nurses, breastfeeding coordinator/lactation consultants, breastfeeding facilitators, nutritionists, and other relevant staff from corporate facilities will identify and provide solutions to institutional barriers to breastfeeding on an ongoing basis. These committees will report to the HHC Breastfeeding Promotion Initiative Executive Committee.
3. A Breastfeeding Multidisciplinary Team (BMT) will be established at each facility and will meet regularly to identify and to eliminate institutional barriers to promote breastfeeding, and/or use of mother's milk.
4. A written breastfeeding policy will be developed and communicated to all health care staff at each HHC facility. This breastfeeding policy will be reviewed and updated routinely using current research as an evidence-based guide.
5. Breastfeeding education is an on-going process and must begin with the first prenatal visit and continue throughout the pregnancy and the postnatal period. Breastfeeding education is to be conducted in a culturally sensitive manner incorporating language specific media.

6. Postpartum women will be encouraged to exclusively breastfeed unless medically contraindicated. Exclusive breastfeeding is defined as providing breast milk as the sole source of nutrition and giving no other liquids or solids.
7. Each facility will practice 24-hour rooming-in to encourage breastfeeding on demand.
8. 'Hospital-grade' electric breast pumps will be available to mothers in the Labor and Delivery, mother-baby unit, NICU, pediatric unit and other units of the hospital where mothers may be confined to encourage extraction of breast milk when breastfeeding is not possible.
9. All HHC facilities will adhere to the international code of marketing that prohibits the promotion and distribution of formula company materials and media in hospitals and clinics⁸.
10. The patient's pharmacy medication profile will identify the patient as a lactating mother. This must be updated at every visit.
11. The internet site LactMed on the Toxnet database from the National Library of Medicine at <http://toxnet.nlm.nih.gov> will be made accessible in all clinical areas as the preferred reference on the compatibility of maternal medications and breastfeeding.
12. Each facility will maintain monthly breastfeeding statistics. The Breastfeeding Facilitator in conjunction with the Breastfeeding Coordinator/Lactation Consultant in every facility will coordinate data collection and the production of the monthly statistics.
13. All Breastfeeding Coordinators will work towards IBCLC certification within 2 years of employment.
14. HHC health professionals will attend educational sessions on lactation management and breastfeeding promotion to ensure that correct, current, and consistent information is provided to all mothers wishing to breastfeed. Consistent with the Baby Friendly Hospital Initiative, all MCH license nursing staff will take the "Baby Friendly 18 hour course" which will be offered at all facilities. Physicians, midwives and other providers will take a minimum of 3 hours of Breastfeeding education through ongoing CME or the University of Virginia web based program at www.breastfeedingtraining.org. Ancillary staff in MCH will receive training of up to 1 hour.

A. Prenatal

1. All pregnant women, and their support people as appropriate, will be provided with information on breastfeeding and counseled on the benefits of breastfeeding,

contraindications to breastfeeding, the risk of not breastfeeding and the risks of formula feeding. This will be discussed briefly and documented at every visit.

2. The health care provider will obtain a breastfeeding history at the first visit. A breast examination will also be performed at the initial prenatal visit.
3. Referral will be made to the facility Breastfeeding Coordinator/Lactation Consultant and/or the WIC Breastfeeding Coordinator/Lactation Consultants as appropriate.
4. Breastfeeding classes will be made available to every prenatal patient, at least once a month. (Audiovisual and other techniques may be used).
5. The mother's decision to breastfeed will be documented in her medical record, on the specified chart as required by each facility.

B. Intrapartum

1. The mother's decision to breastfeed will be documented in the maternal and infant chart.
2. Healthy term newborns will be placed and remain in direct skin-to-skin contact with their mothers immediately after delivery until the first feeding is accomplished, unless medically contraindicated. Dry the baby, assign Apgar scores, provide identification bracelets to mother and baby, and perform initial physical assessment while the newborn is with the mother. The mother is an optimal heat source for the neonate.
3. Mother and infant will be encouraged and assisted to initiate latching and breastfeeding within one hour of birth compatible with their conditions.
4. Post-cesarean birth babies will be encouraged and assisted to latch and to breastfeed as soon as possible. This may occur as early as in the operating room or recovery room.
5. Administration of Vitamin K, Hepatitis B vaccine, and prophylactic antibiotics to prevent ophthalmia neonatorum, footprints and other routine newborn admitting procedures may be delayed to allow uninterrupted mother infant contact and breastfeeding. Breastfeeding mothers' and babies' charts will be flagged as breastfeeding. Crib cards will be placed which designate the mode of feeding.

C. Postpartum

1. The admitting nurse will be informed of any feeding initiated in the delivery suite. Crib cards will be placed which designate the mode of feeding.

2. Breastfeeding mother-infant couples will remain together throughout their hospital stay, including at night (24-hour rooming-in) unless medically contraindicated. Skin-to-skin contact will be encouraged as much as possible.
3. The newborn should remain in the newborn nursery no longer than one hour for initial assessment and procedures, if the newborn and mother are stable.
4. The postpartum nurse will assist the mother with the initial breastfeeding in the postpartum area. A formal observation with an assessment tool will be done at this initial breastfeeding and once a shift. Any problems or issues identified will be addressed at that time and in subsequent feedings.
5. Postpartum nurses will assess mothers for early problems, including sore nipples and engorgement. Persistent problems should be referred to the Lactation Consultant/Breastfeeding Coordinator.
6. Staff from each shift will review and document frequency of feedings. The babies' weight will be documented at least once every 24 hours on the same scale, and the pediatrician will be notified of weight loss of 7% and greater. The lactation consultant should be notified.
7. Pacifiers will not be given to normal full-term breastfeeding infants. Only pre-term infants in the Neonatal Intensive Care Unit or infants with specific medical conditions may be given pacifiers for non-nutritive sucking. Newborns undergoing painful procedures (for example: circumcision) may be given a pacifier as a method of pain management during the procedure. The pacifier will be discarded after the procedure.
8. Encourage "pain free newborn care" which includes breastfeeding while performing certain procedures such as collecting blood samples (through a heel stick) for the newborn metabolic screening tests.
9. No supplemental water, glucose water or formula will be given unless specifically ordered by a physician or nurse practitioner or by the mother's documented and informed request. Prior to non-medically indicated supplementation, mothers will be informed of the risks of supplementing. The supplement should be fed to the baby by an alternative feeding method. Discussion of the risks of formula to the establishment and success of breastfeeding will be documented in babies' chart.
10. If the mother and/or infant have difficulty breastfeeding, the nursing staff will assist the mother to breastfeed and consult the Lactation Consultant/Breastfeeding Coordinator. If necessary, the mother will be shown how to express milk by hand, manual pump or electric pump, and any expressed colostrum or mother's milk will be fed to the baby by an alternative method. If the mother's milk is not available, a collaborative decision will be made involving the mother, nurse, clinician and Lactation Consultant regarding the need to supplement the baby with formula. An order for formula will be obtained from a pediatrician if formula will be given to a

breastfeeding baby. Each day clinicians will reassess the volume and type of the supplement. Pacifiers will be avoided. Skin-to-skin contact will be encouraged.

11. Mothers will be encouraged to utilize available breastfeeding resources including classes, written materials and video/DVD presentations as appropriate. Breastfeeding mothers will be instructed about:
 - a. Proper positioning and latch on;
 - b. Nutritive suckling and swallowing;
 - c. Milk production and release;
 - d. Frequency of feeding/feeding cues; Length of feeding.
 - e. Hand expression of breast milk and use of a pump if indicated;
 - f. How to assess if infant is adequately nourished; and
 - g. Reasons for contacting the clinician.

These skills will be taught to all breastfeeding women, will be reviewed with the mother prior to hospital discharge, and her level of comprehension will be documented in the medical record.

12. Parents will be educated that breastfed infants, including cesarean-birth babies, should be put to the breast at least 8 times in each 24-hour period. Infant feeding cues (such as increased alertness or activity, mouthing, or rooting,) will be used as indicators of the baby's readiness for feeding. Parents will be instructed that crying is a late indicator, and that babies should be breastfed during the night.
13. Time limits for breastfeeding on each breast will be avoided. Mothers will be encouraged to offer both breasts at each feeding.
14. Infant formula will not be placed in a breastfeeding infant's bassinet.
15. An appointment for an initial pediatric clinic visit within 24-72 hours of discharge, or the earliest date possible within the first week of life, will be given to all newborns.

D. Separated Mothers/Infants

1. Ideally, the expression of breast milk will be initiated within 6 hours after birth, with the assistance and guidance of the primary care nurse
2. Mothers will be instructed on breast milk expression. This will include manual expression, the use of a manual breast pump or a single or double electric breast pump. The mother's ability to express breast milk will be documented in the medical record.
3. Instructions will include expression at least 8 times per 24 hours or approximately every three hours for approximately 15 minutes (or until milk flow slows, whichever is greater) around the clock including a pumping session during the night.

4. Pumping frequency will be documented.
5. The mother will be taught proper storage and labeling of her milk. Expressed milk will be labeled with the mother's name and medical record number, newborn's name and medical record number, date and time of expression.
6. Expressed milk will be stored in a designated refrigerator/freezer in the NICU, newborn nursery, or pediatric units. The refrigerator temperature will be maintained between 36° F - 41° F (2 to 4 degrees C) and freezer at -4 degrees F.(-20 degrees C)
7. The mother will be encouraged and assisted to breastfeed on demand as soon as the infant's and/or the mother's condition permits.

E. Discharge Instructions

1. Before leaving the hospital, breastfeeding mothers must be able to state and demonstrate:
 - a. How to position and latch the baby comfortably and correctly on the breast.
 - b. When the baby is swallowing milk
 - c. That the baby should be nursed approximately 8 or more times every 24 hours until satiety
 - d. The age-appropriate elimination patterns (at least six urinations per day and three to four stools per day by the fourth day of life)
 - e. Indications for calling a clinician, especially newborn refusal to breastfeed, excessive sleepiness and signs of dehydration and hyperbilirubinemia
 - f. Manually express milk from their breasts
 - g. Breast and nipple care
 - h. Know how to prevent sore nipples, plugged ducts and mastitis; how to identify their signs and what to do should they occur
 - i. Understand why no pacifier or bottles should be given until breastfeeding is well established, usually after 4 weeks
 - j. Understand the risks of formula feeding
2. Prior to going home, mothers will be given the names and telephone numbers of hospital or community resources to contact for help with breastfeeding.

Application:

These policies and procedures apply to all mothers and infants eligible to breastfeed.

Exceptions:

Breastfeeding is contraindicated in the following situations:

- HIV positive mother. If HIV status is unknown, a rapid HIV antibody test should be conducted, and/or risk factors should be evaluated and discussed with mother

- Mother with active herpetic lesions on her breast. Breastfeeding can be recommended on the unaffected breast
- Mothers who are positive for human T-cell lymphotropic virus (HTLV) type I or II
- Mother currently using illicit drugs (e.g., cocaine, heroin)
- Mother with active tuberculosis should be isolated from her newborn until she is no longer contagious, usually after 2 weeks of treatment. She can pump milk, which can be fed to the baby. The mother may breastfeed directly when respiratory isolation is discontinued, usually after 2 weeks of treatment
- Mother taking certain medications. Although most prescribed and over-the-counter drugs are safe for the breastfeeding infant, some medications may make it necessary to interrupt breastfeeding. These include radioactive isotopes, antimetabolites, cancer chemotherapy and a small number of other medications. Mothers who are advised to interrupt breastfeeding temporarily should express and discard their milk for the recommended time period
- Infant with galactosemia
- Refer to CDC guidelines for mothers with active H1N1

Conditions Not Contraindicated to Breastfeeding:

- Maternal methadone, any dose (10)
- Maternal hepatitis B or C infection
- Maternal CMV positive and baby is ≥ 1500 grams
Decisions about breastfeeding infants < 1500 grams by mothers who are CMV positive should be made with consideration of the potential benefits of human milk versus the risk of CMV transmission. Freezing and pasteurization can significantly decrease the CMV load in milk²
- Maternal latent TB
- Maternal fever
- Maternal mastitis

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The Ten Steps to Successful Breastfeeding

1. Maintain a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practice rooming-in --- allow mothers and infants to remain together --- 24 hours a day.

8. Encourage unrestricted breastfeeding..
9. Give no artificial nipples or pacifiers to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them, on discharge from the hospital or clinic.

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