New York State
Model Hospital Breastfeeding Policy

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All hospitals that provide maternity care services in New York State (NYS) must develop and implement written policies and procedures in accordance with New York Codes Rules and Regulations (NYCRR) Title 10 – part 405.21 to assist and encourage mothers to breastfeed.

In addition, the NYS Legislature enacted N.Y. Public Health Law § 2505-a which created Breastfeeding Mothers' Bill of Rights (BMBR) in July 2009. The statute specifies the rights of pregnant women and new mothers to be informed about the benefits of breastfeeding and to obtain support from health care providers and health care facilities during pregnancy, after delivery and after discharge. The new law requires that the BMBR be conspicuously posted in all NYS hospitals and birthing centers that provide maternity care services and included in the Maternity Information Leaflet, which is provided to new mothers when admission arrangements are made. The law also requires hospitals to assure that new mothers have the appropriate supports and services to best ensure success in breastfeeding their infants after delivery.

The New York State Model Hospital Breastfeeding Policy is composed of 26 required components and 47 recommended components categorized according to the following 11 sections: training for staff in hospitals that provide maternity services, breastfeeding education for mothers in maternity and prenatal care settings, breastfeeding initiation and skin-to-skin contact, breastfeeding instruction and assistance, feeding on demand, rooming-in, separation of mother and baby, supplementation and bottle feeding, pacifier use, discharge support, and formula discharge packs.

Each section contains required and recommended components. **Language in the required components must be included in hospital breastfeeding policy in accordance with NYCRR Title 10 – part 405.21 and the BMBR.** Language in the recommended components is not required by NYS laws, rules and regulations, but its inclusion is recommended by expert groups such as the Academy of Breastfeeding Medicine Clinical (ABM), Baby Friendly USA, Inc. and the United States Breastfeeding Committee (USBC). **Hospital policies, practices and procedures should support <u>all</u> healthy new mothers and their infants (regardless of infant feeding method) unless otherwise stated.**

The New York State Model Hospital Breastfeeding Policy is to be used as a standard reference when reviewing and revising hospital breastfeeding policy. Hospitals' revised breastfeeding policies should be made available to all staff, especially those who provide care to mothers and babies, and should be displayed in all areas of the hospital that serve mothers and babies. The corresponding New York State Model Hospital Breastfeeding Policy Implementation Guide provides several improvement strategies for each section of the model policy to support efforts to improve hospital environments, systems, and practices to better support new mothers to be success in exclusively breastfeeding their infants.

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1. Training for Staff in Hospitals that Provide Maternity Services

Required:

a. The hospital must designate at least one hospital maternity staff member, who is thoroughly trained in breastfeeding physiology and management, to be responsible for ensuring the implementation of an effective breastfeeding program. (NYCRR)

Recommended:

a. At least one hospital maternity staff member will be an International Board Certified Lactation Consultant (IBCLC).

b. All staff with primary responsibility for the care of new mothers and their infants will complete comprehensive training on breastfeeding physiology and management, with annual updates and competency verification, as well as continuing education in breastfeeding and lactation management. (Baby-Friendly USA, Inc.)

c. All providers who have privileges to provide care to new mothers and/or newborn infants will complete training (minimum of 3 credit hours) with annual updates in breastfeeding promotion and lactation management, as well as continuing education in breastfeeding promotion and lactation management. (Baby-Friendly USA, Inc.)

d. All hospital staff, including support staff, will provide consistent, positive messages about breastfeeding to all mothers who deliver within the hospital.

e. All hospital staff, including support staff, will not use note pads, post-its, pens, or any other incentives obtained from commercial formula companies or other companies that violate the international code of marketing of breast milk substitutes.

2. Breastfeeding Education for Mothers in Maternal and Prenatal Settings

Required:

a. The hospital must assure the availability of prenatal childbirth education classes, for all pre-booked women, which address the following subjects related to breastfeeding:

- nutritional and physiological aspects of human milk,
- dietary requirements for breastfeeding, and
- diseases and medication or other substances which may have an effect on breastfeeding. (NYCCR)

b. The hospital must provide mothers with complete information about the benefits of breastfeeding, for mother and baby, in order to inform their feeding decisions. (BMBR)

c. The hospital must provide mothers with commercial-free information on the following subjects:

- nutritional, medical and emotional benefits of breastfeeding for mother and baby;
- breastfeeding preparation; and
- potential breastfeeding problems. (BMBR)

Recommended:

a. The hospital will incorporate structured breastfeeding education, taught by a certified lactation counselor; in all routine prenatal classes and visits, regardless of mothers' infant feeding decision. (USBC)

b. The hospital will provide an education program as soon after admission as possible which will include but not be limited to:

- the nutritional and physiological aspects of human milk;
- the importance of exclusive breastfeeding for the first six months;
- pain relief methods for labor, including non pharmacologic methods;
- importance of early skin-to-skin contact;
- early initiation of breastfeeding,
- option for rooming-in on a 24-hour basis;
- the normal process for establishing lactation, including positioning and attachment, care of breasts, common problems associated with breastfeeding and recommended frequency of feeding;
- manual expression and effective latch and milk transfer;
- dietary requirements for breastfeeding;
- diseases and medication or other substances which may have an effect on breastfeeding;
- sanitary procedures to follow in collecting and storing human milk;
- sources for advice and information available to the mother following discharge; and
- the importance of scheduling and ensuring follow-up care with a pediatric care provider within the timeframe following discharge as directed by the discharging pediatric care provider.

c. The hospital will refer all potential income-eligible women to the Supplemental Nutrition Program for Women, Infants and Children (WIC) to offer additional opportunities for education during prenatal and post-partum periods.

d. The hospital will explore issues and concerns with women who are unsure how they will feed their babies or who have chosen not to breastfeed. Efforts will be made to address the concerns raised and she will be educated on the consequences of not breastfeeding. If the mother chooses to formula feed, she will be taught safe methods of formula preparation and infant feeding. This information will be provided on an individual basis.

3. Breastfeeding Initiation and Skin-to-skin Contact

Required:

a. The hospital must prohibit the application of standing orders for antilactation drugs. (NYCCR)

b. Hospital maternity staff must inform mothers about any drugs that may dry up their milk. (BMBR)

c. To encourage and assist mothers to breastfeed, hospital maternity staff must place infants for breastfeeding immediately following delivery and allow the infant to remain with the mother as the preferred source of body warmth, unless medically contraindicated. (NYCCR)

Recommended:

a. Hospital maternity staff will document a woman's desire to breastfeed in her medical record (and infant's chart and bassinet). (ABM #7)

b. Hospital maternity staff will transfer mother and baby from delivery to post partum area while infant is skin-to-skin on mother's chest. (USBC)

c. The hospital will allow early breastfeeding to take place in the delivery room and/or recovery areas where possible.

d. Hospital maternity staff will encourage exclusive breastfeeding throughout the hospital stay, unless medically contraindicated. (ABM #7)

e. Hospital maternity staff will inform a mother, for whom breastfeeding is medically contraindicated, of the specific contraindication, whether she can express breast milk during that time for her infant and what criteria need to be met before she can resume breastfeeding.

4. Breastfeeding Instruction and Assistance

Required:

a. The hospital must provide instruction and assistance to each maternity patient who has chosen to breastfeed. Areas of instruction and assistance will include:

- establishing lactation;
- care of breasts and breast examination;
- common problems associated with breastfeeding;
- frequency of feeding;
- mother's nutrition and exercise;
- infant care, including taking temperature, feeding, bathing and diapering;
- infant growth and development;
- parent-infant relationship; and
- sanitary procedures for milk expression, collection, and storage of human milk. (NYCCR)

b. At least one hospital maternity staff member, who is thoroughly trained in breastfeeding physiology and management, must be available at all times to assist and encourage mothers with breastfeeding. (NYCRR)

c. The hospital must provide mothers, including those who have infants with special needs, with full information about their breastfeeding progress and how to obtain help to improve their breastfeeding skills from a hospital staff member, trained in breastfeeding support and breast milk expression. (BMBR)

Recommended:

a. Hospital maternity staff will observe mothers several times per day and provide additional support, if needed, to ensure successful breastfeeding. (ABM #7)

b. The hospital will not routinely provide nipple creams, ointments, or other topical preparations, unless indicated for a dermatologic problem; or nipple shields or bottle nipples to cover a mother's nipples, treat latch-on problems, prevent or manage sore or cracked nipples or use when a mother has flat or inverted nipples. Nipple shields will be used only in conjunction with an IBCLC consultation and after other attempts to correct the difficulty have failed. (ABM #7)

5. Feeding on Demand

Required:

a. The hospital must have a provision for infants to be fed on demand. (NYCCR)

Recommended:

a. The frequency and duration of breastfeeding will be infant-led, based on infant's early feeding cues. (ABM #7)

b. If a mother and infant are separated, hospital maternity staff will take the breastfeeding infant to the mother for feeding whenever the infant displays early infant feeding cues, including, but not limited to sucking noises, sucking on fist or fingers, fussiness, or moving hands toward mouth.

c. Hospital maternity staff will teach mothers feeding cues and encourage mothers to feed as soon as their infant(s) display early infant feeding cues.

d. Hospital maternity staff will encourage mothers to avoid scheduled feedings and emphasize the importance and normalcy of frequent night feeds.

e. Hospital maternity staff will document all feedings in the infant's medical record.

6. Rooming-in

Required:

a. The hospital must establish and implement the option of rooming-in for each patient unless medically contraindicated or unless the hospital does not have sufficient facilities to accommodate all such requests. (NYCCR)

b. The hospital must allow mothers to breastfeed their babies at any time day or night. (BMBR)

Recommended:

a. Hospital maternity staff will not separate healthy mothers and infants during the entire hospital stay, including during nights and transitions.

b. Hospital maternity staff will perform routine medical procedures in the room with mother and baby present, not in the nursery.

7. Separation of Mother and Baby

Required:

a. The hospital must allow mothers to breastfeed their babies in the neonatal intensive care unit unless medically contraindicated. (BMBR)

b. If nursing is not possible, every attempt must be made to have the baby receive their mother's pumped or expressed milk. (BMBR)

c. If a mother or baby is re-hospitalized in a maternal care facility after the initial delivery stay, the hospital must make every effort to continue to support breastfeeding and provide hospital grade electric pumps and rooming-in facilities. (BMBR)

Recommended:

a. Hospital maternity staff will instruct mothers of infants in the NICU on how to hand express their milk and use a hospital-grade breast pump until their infant is ready to nurse. (ABM #7)

b. Hospital maternity staff will teach mothers proper handling, storage and labeling of human milk. (ABM #7)

c. Infants will be fed mother's expressed milk until the medical condition allows the infant to breastfeed. (USBC)

d. Donor milk may be recommended and obtained if a mother and infant are separated and the mother is not able to express a sufficient amount of milk for the infant. (USBC)

e. The hospital will provide medical orders for electric breast pumps and referral to local breast pump rental services to mothers who require extended pumping.

8. Formula Supplementation and Bottle Feeding

Required:

a. The hospital must restrict supplemental feedings to those indicated by the medical condition of the newborn or mother. (NYCCR)

b. Hospital maternity staff must inform mothers if their doctor or pediatrician is advising against breastfeeding before any feeding decisions are made. (BMBR)

c. The hospital must allow mothers to have their baby not receive any bottle and to have a sign on their baby's crib clearly stating that their baby is breastfeeding and that no bottle feeding of any type is to be offered. (BMBR)

Recommended:

a. If possible, breastfed infants who cannot nurse at the breast will be fed in a manner that is consistent with preserving breastfeeding (i.e. by cup, dropper or syringe). (ABM #7)

b. The hospital will eliminate all advertising for formula, bottles and nipples produced by manufacturers/distributors of these products from all patient care areas.

c. Hospital maternity staff will not place formula bottles, pacifiers or artificial nipples in a breastfeeding infant's room or bassinet. (ABM #7)

d. Hospital maternity staff will inform mothers of the risks of supplementation to establishing and sustaining breastfeeding prior to non-medically indicated supplementation and document that the mother has received this information. (ABM #7)

e. Hospital maternity staff will provide a specific medical order when formula is provided to a breastfeeding baby and document the reason(s) for the provision of formula, the route (i.e. spoon, cup, syringe, etc.), the form of supplement, and the amount given in the infant's medical chart. (USBC)

f. The hospital will not promote or provide group instruction for the use of breast milk substitutes, feeding bottles and nipples. (Baby-Friendly USA, Inc.)

g. 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.

h. The hospital will provide individual instruction for families who require education on formula preparation. (ABM #7)

i. The hospital will not accept free formula, breast milk substitutes, bottles or nipples. (ABM #7, Baby-Friendly USA, Inc.)

j. The hospital will store formula and supplies for formula feedings in a medication cart or separate location outside patient care areas.

9. Pacifier Use

Required:

a. The hospital must respect a mother's to decision to have her baby not receive any pacifiers. (BMBR)

Recommended:

a. Hospital maternity staff will not offer pacifiers or artificial nipples to healthy, full-term breastfeeding infants. (ABM #7)

b. The hospital will integrate skin-to-skin contact and breastfeeding into relevant infant care protocols to promote infant soothing and pain relief. (ABM #7)

c. The hospital will not accept free or low-cost pacifiers. (Baby-Friendly USA, Inc.)

10. Discharge Support

Required:

a. The hospital must provide mothers with information about breastfeeding resources in their community, including information on availability of breastfeeding consultants, support groups and breast pumps. (BMBR)

b. The hospital must determine that maternity patients can perform basic self-care and infant care techniques prior to discharge or make arrangements for post discharge instruction. (NYCCR)

c. The hospital must offer each maternity patient a program of instruction and counseling in family planning and, if requested by the patient, a list, compiled by the department and made available to the hospital, of providers offering the services requested. (NYCCR)

d. Prior to discharge, the hospital must ensure that follow-up medical arrangements are made for mother and infant(s) within the timeframe following discharge as directed by the discharging pediatric care provider. (NYCCR)

e. The hospital must provide mothers with information to help them choose a medical provider for their baby and understand the importance of a follow-up appointment. (BMBR)

Recommended:

a. The hospital will provide written information to and require that all breastfeeding mothers are able to do the following prior to discharge:

- position the baby correctly at the breast with no pain during the feeding,
- latch the baby to breast properly,
- state when the baby is swallowing milk,
- state that the baby should be nursed a minimum of eight to 12 times a day until satiety, with some infants needing to be fed more frequently,
- state age-appropriate elimination patterns (at least six urinations per day and three to four stools per day by the fourth day of life),
- list indications for calling a healthcare professional and
- manually express milk from their breasts. (ABM #7)

b. The hospital will schedule a follow-up visit for all infants within a timeframe consistent with current AAP recommendations.

c. The hospital will provide home visiting referrals to support continuation of breastfeeding.

d. The hospital will facilitate mother-to-mother and/or health care worker-to-mother support groups. (Baby-Friendly USA, Inc.)

11. Formula Discharge Packs

Required:

a. The hospital must not provide mothers with discharge packs containing infant formula or formula coupons unless these items are ordered by their baby's health care provider. (BMBR)

Recommended:

a. If a hospital provides discharge packs, they will design their own commercial free bags and provide materials that are also non-proprietary.

b. The hospital will not provide discharge packs that contain infant formula, coupons for formula, logos of formula companies, and/or literature supplied or sponsored by formula companies or their affiliates. (ABM #7)

12. References

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