# New York State Breastfeeding Policy Documents

1. New York State Model Hospital Breastfeeding Policy and Implementation Guide

2. Rochester General Health System Model—Breastfeeding Policy

3. Improving Hospital Breastfeeding Policies in NYS: Development of the Model Hospital Breastfeeding Policy

# New York State
# Model Hospital Breastfeeding Policy

October 2011

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# New York State Model Hospital Breastfeeding Policy

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, 405.21 – Perinatal Services to assist and encourage mothers to breastfeed.

In addition, the NYS Legislature enacted NY Public Health Law, Article 25, Title 1, § 2505-a (2009) - *Breastfeeding Mothers' Bill of Rights* (BMBR). 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 28 required components and 47 recommended components categorized according to the following 11 sections: training for staff in hospitals that provide maternity services, breastfeeding education and infant and self-care instruction for mothers in maternity and prenatal care settings, breastfeeding initiation and skin-to-skin contact, breastfeeding assistance and assessment, 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.**

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. 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 successful in exclusively breastfeeding their infants.



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# New York State Model Hospital Breastfeeding Policy

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New York State Model Hospital Breastfeeding Policy

## 1. Training for Staff in Hospitals that Provide Maternity Services

**Required:**

a. The hospital must designate at least one person, 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 and Infant and Self-care Instruction for Mothers in Maternal and Prenatal Settings

**Required:**

a. The hospital must provide to all mothers instruction on caring for themselves and their baby. Topics to be covered shall include but not be limited to: self-care, nutrition, breast examination, exercise, infant care including taking temperature, feeding, bathing, diapering, infant growth and development and parent-infant relationships. (NYCRR)

b. The hospital must provide an education program as soon after admission as possible, that addresses the following subjects related to breastfeeding:

- nutritional and physiological aspects of human milk;
- the normal process for establishing lactation, including positioning and attachment, care of breasts, common problems associated with breastfeeding and recommended frequency of feeding;
- 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 mother following discharge; and
- the importance of scheduling timely follow-up care with a pediatric provider. (NYCRR)

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

d. 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)

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b. In addition to the topics listed under required component 2b, the hospital will provide education around the following topics as soon after admission as possible:

- the importance of exclusive breastfeeding for the first six months,
- pain relief methods for labor, including non pharmacologic methods,
- the importance of early skin-to-skin contact,
- the importance of early initiation of breastfeeding,
- the option for rooming-in on a 24-hour basis, and
- manual expression and effective latch and milk transfer.

c. The hospital will inform all potential income-eligible women of the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) which offers additional breastfeeding education during the 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 about the risks 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 shall prohibit the application of standing orders for antilactation drugs. (NYCRR)

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

c. Unless medically contraindicated or unacceptable to the mother, hospital maternity staff shall allow the newborn to remain with the mother as the preferred source of body warmth. (NYCRR)

d. Hospital maternity staff shall encourage and assist mothers to breastfeed which shall include placement of the newborn for breastfeeding immediately following delivery unless contraindicated. (NYCRR)

**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 Assistance and Assessment

**Required:**

a. At all times, there should be available at least one staff member qualified to assist and encourage mothers with breastfeeding. (NYCRR)

b. The hospital must provide mothers with full information about their breastfeeding progress and how to obtain help to improve their breastfeeding skills. (BMBR)

c. The hospital must provide mothers with assistance from someone specially trained in breastfeeding support and expressing breast milk if the baby has special needs. (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 allow infants to be fed on demand. (NYCRR)

**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 the hospital does not have sufficient facilities to accommodate all such requests. (NYCRR)

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, to 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. (NYCRR)

b. Hospital maternity staff must inform mothers if their doctor or infant's 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 feeding 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)

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

c. 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. (NYCRR)

d. 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 NYS Department of Health and made available to the hospital, of providers offering the services requested. (NYCRR)

e. The hospital must inform each maternity patient of the importance of scheduling follow-up care with a pediatric care provider within the timeframe following discharge as directed by the discharging pediatric care provider. (NYCRR)

**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 available at the hospital and are ordered by their baby's health care provider or specifically requested by the mother. (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 [accept or] 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

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

NY Codes Rules and Regulations, Title 10.405.21 Perinatal Services.
http://www.health.state.ny.us/nysdoh/phforum/nycrr10.htm

NY Public Health Law, Article 25, Title 1, § 2505-a (2009) - *Breastfeeding Mothers' Bill of Rights*
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Overcoming Barriers to Implementing *The Ten Steps to Successful Breastfeeding:* Final Report, Baby-Friendly USA, Inc.
http://www.babyfriendlyusa.org/eng/docs/BFUSAreport_complete.pdf

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.usbreastfeeding.org/HealthCareSystem/HospitalMaternityCenterPractices/ToolkitImplementingTJCCoreMeasure/tabid/184/Default.aspx

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

# New York State
# Model Hospital Breastfeeding Policy:

# Implementation Guide

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This document was developed by New York State Department of Health and endorsed by the New York State Breastfeeding Partnership Team.

Production of this document was supported by the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, American Recovery and Reinvestment Act of 2009, Communities Putting Prevention to Work State Supplemental Funding for Healthy Communities, Tobacco Control, Diabetes Prevention and Control, and Behavioral Risk Factor Surveillance System DP09-901/3U58DP001963-01S2, Cooperative Agreement 5U58/DP001414-03 from the Centers for Disease Control and Prevention, and New York State funds. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the funders.

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**New York State Model Hospital Breastfeeding Policy: Implementation Guide**

Breastfeeding benefits infants by promoting overall health, growth and development, and by reducing the risk of infection during infancy, and asthma, obesity, diabetes and other chronic diseases in childhood and later in life. Breastfeeding benefits mothers by reducing postpartum bleeding and the risk of breast and ovarian cancers, diabetes and heart disease. Breastfeeding yields economic benefits to the family and society. The American Academy of Pediatrics (AAP) recommends exclusive breastfeeding for the first six months of life and support for breastfeeding for the first year and beyond if desired by mother and child. Mothers who exclusively breastfeed in the hospital, compared to those who do not, are more likely to exclusively breastfeed during the early postpartum period and to breastfeed for a longer period of time.

Breastfeeding education for all mothers, particularly those who are undecided, and instruction and assistance for breastfeeding mothers, are important steps in the promotion and support of breastfeeding initiation and exclusivity. Breastfeeding initiation within one hour of birth, breastfeeding on demand and rooming-in are important to establish and maintain adequate milk flow and promote mother infant bonding. Formula supplementation and use of pacifiers can interfere with an infant's ability to breastfeed, as well as decrease mothers' milk supply, and should be avoided unless medically indicated. If a mother and infant are separated for a medical reason, manual expression of breast milk should be encouraged to continue the provision of breast milk to the infant, maintain milk supply, avoid use of supplementation and prevent engorgement. Discharge support for breastfeeding mothers should be available to aid breastfeeding mothers in their decision to provide their infant(s) with the best form of nutrition available after their hospital stay.

The goal of the New York State Model Hospital Breastfeeding Policy is to help New York State (NYS) hospitals that provide maternity services improve the completeness of hospital breastfeeding policies in accordance with NYS laws, rules and regulations around breastfeeding in the hospital. The Implementation Guide was created to provide hospitals with potential strategies and tools to implement model policies in order to improve overall breastfeeding support. The Implementation Guide is divided into the same 11 sections as the Model Hospital Breastfeeding Policy. Included under each section are the corresponding required and recommended policy components with strategies for implementation. **Hospital policies, practices and procedures should support all healthy new mothers and their healthy infants, regardless of infant feeding method.**

Hospitals should create a hospital breastfeeding team to help ensure the dissemination and implementation of the hospital breastfeeding policy. Hospital staff with primary responsibility for the care of breastfeeding mothers and infants and providers (pediatricians, obstetricians, nurse midwives, etc.) should be adequately trained in breastfeeding, aware of the model policy and actively implementing practices to support the model policy. Hospitals will need to ensure that systems are in place to support the implementation of the hospital breastfeeding policy.

## Creating a Hospital Breastfeeding Team

A hospital breastfeeding team should be established and maintained to identify and eliminate institutional barriers to breastfeeding. The hospital team is meant to be interdisciplinary and should be culturally appropriate and composed of the following individuals and groups:

- hospital administrators,
- physicians and nurses,
- lactation consultants and specialists,
- nutrition and other appropriate staff,
- community breastfeeding support programs, and
- parents.

Including parents and community breastfeeding support programs in all aspects of the committee work may not be appropriate. However, their input on prenatal, inpatient and discharge education may be invaluable.

On a yearly basis, the hospital team should review and update the breastfeeding policy to be current with NYS laws, rules and regulations, best practices and evidence-based recommendations. The hospital breastfeeding team should also institute methods to verify that maternity care practices are consistent with hospital breastfeeding policy.

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## 1. Training for Staff in Hospitals that Provide Maternity Services

| | Required Policy Component | Strategies |
|---|---|---|
| a | The hospital must designate at least one person, who is thoroughly trained in breastfeeding physiology and management, to be responsible for ensuring the implementation of an effective breastfeeding program. (NYCRR) | 1. Designate a staff member to lead and work with the hospital breastfeeding team to provide oversight for the implementation of hospital breastfeeding policy; conduct periodic reviews of and updates to hospital breastfeeding policy; and assure that all staff receive necessary training and assessment of competencies around breastfeeding.<br><br>2. Provide and require that all staff with primary responsibility for the care of breastfeeding mothers and infants complete at least 20 hours of training on breastfeeding and lactation management. Training should cover all of the 10 steps and include a minimum of five hours of supervised clinical experience within six months of hire. (Baby-Friendly USA, Inc.) The *Ten Steps to Successful Breastfeeding: 20-Hour Interdisciplinary Breastfeeding Management Course for the US* or equivalent training would count for the non-clinical portion of the training. (http://www.babyfriendlyusa.org/eng/docs/Topics%20for%20Staff%20Training.pdf)<br><br>3. Provide an orientation in all mandatory new hire sessions to ensure that all newly hired staff are aware of the advantages of breastfeeding and acquainted with the facility's policy and services to protect, promote, and support breastfeeding. (Baby-Friendly USA, Inc.)<br><br>4. Provide a mandatory orientation for all current hospital staff to ensure that they are aware of the advantages of breastfeeding and acquainted with the facility's policy and services to protect, promote, and support breastfeeding. (Baby-Friendly USA, Inc.) |
| | **Recommended Policy Components** | |
| a | At least one hospital maternity staff member will be an International Board Certified Lactation Consultant (IBCLC) (see USLCA IBCLC Staffing Recommendations for the Inpatient Setting – www.uslcaonline.org) | |
| 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. | |

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| 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. (http://www.who.int/nutrition/publications/code_english.pdf) | 5. Consider low-cost training modalities such as including breastfeeding education in staff meetings, sending key staff to "train the trainer" programs and offering in-house training, and providing self-study training modules and web-based training. |

## 2. Breastfeeding Education and Infant and Self-care Instruction for Mothers in Maternal and Prenatal Settings

| | Required Policy Components | Strategies |
|---|---|---|
| a | The hospital must provide to all mothers instruction on caring for themselves and their baby. Topics to be covered shall include but not be limited to: self-care, nutrition, breast examination, exercise, infant care including taking temperature, feeding, bathing, diapering, infant growth and development and parent-infant relationships. (NYCRR) | 1. Provide prenatal breastfeeding education that includes breastfeeding initiation advice as well as skills and referrals to support breastfeeding continuation. The most effective breastfeeding education and behavioral counseling programs:<br>• begin during the prenatal period;<br>• use face-to-face individual or group sessions;<br>• are led by specially trained nurses, midwives, or lactation specialists;<br>• last at least 30 to 90 minutes; and<br>• include education on the benefits of breastfeeding for mother and infant, basic physiology, technical training on positioning and latch-on techniques, skills on how to overcome common barriers, garner social support, and use basic lactation support equipment such as breast pumps. (United States Preventive Services Task Force)<br><br>2. Utilize NYCDOHMH, NYSDOH, and/or the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) materials to revise or write a prenatal booklet about breastfeeding, free of formula, bottles and nipple advertisements that can be used in all affiliated prenatal facilities. (Baby-Friendly USA, Inc.)<br><br>3. Position education resources that show breastfeeding as a norm and are free of images related to formula feeding (i.e. bottle, formula company mottos etc.),such as posters, videos, peer counselors, and educators to present concise messages about infant feeding in obstetric care waiting rooms, ultrasonography, laboratories, and other locations where pregnant women visit within the hospital. (Baby-Friendly USA, Inc.) |
| b | The hospital must provide an education program as soon after admission as possible, that addresses the following subjects related to breastfeeding:<br>• nutritional and physiological aspects of human milk;<br>• the normal process for establishing lactation, including positioning and attachment, care of breasts, common problems associated with breastfeeding and recommended frequency of feeding;<br>• dietary requirements for breastfeeding;<br>• diseases and medication or other substances which may have an effect on breastfeeding;<br>• sanitary procedures to follow in collecting and storing human milk;<br>• sources for advice and information available to mother following discharge; and<br>• the importance of scheduling timely follow-up care with a pediatric provider. (NYCRR) | |
| c | The hospital must provide mothers with complete information about the benefits [and any potential disadvantages] of breastfeeding, for mother and baby, in order to inform their feeding decisions. (BMBR) | |

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| d | The hospital must provide mothers with commercial-free information on the following subjects:<br>• nutritional, medical and emotional benefits of breastfeeding for mother and baby;<br>• breastfeeding preparation; and<br>• potential breastfeeding problems. (BMBR) |
| **Recommended Policy Components** | |
| 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 decisions. (USBC) |
| b | In addition to the topics listed under required component 2b, the hospital will provide education around the following topics as soon after admission as possible:<br>• the importance of exclusive breastfeeding for the first six months,<br>• pain relief methods for labor, including non pharmacologic methods,<br>• the importance of early skin-to-skin contact,<br>• the importance of early initiation of breastfeeding,<br>• the option for rooming-in on a 24-hour basis, and manual expression and effective latch and milk transfer. |
| c | The hospital will inform all potential income-eligible women of the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) which offers additional breastfeeding education during the prenatal and post-partum periods. |

4. Develop a teaching checklist that provides talking points about breastfeeding at each prenatal care visit. (Baby-Friendly USA, Inc.)

5. Give anticipatory guidance to parents in the prenatal period regarding the hospital stay, particularly about immediate and continuous skin-to-skin contact, first feeding, frequent feedings, rooming-in, and pacifiers, the effect of supplements on milk supply and breastfeeding.

6. Conduct breastfeeding education and provide instructional materials that reflect the cultural background, education, age and language of the patient population. (ABM #5)

7. Invite staff from community breastfeeding partners (i.e. La Leche League, WIC programs, lactation consultants, etc) to provide education on-site. (Baby-Friendly USA, Inc.)

8. Provide moderated group discussions or referral to support organizations prior to delivery to promote the initiation and maintenance of breastfeeding. (ABM #5)

9. Indicate whether or not breastfeeding has been discussed with the mother in prenatal record and ensure that this record is available at the time of delivery (Baby-Friendly USA, Inc.)

10. Inform mother that intrapartum analgesia may have an impact on breastfeeding, and carefully consider the type and dose of analgesia used to avoid impeding the establishment of breastfeeding. (ABM #5)

11. Consult evidence-based resources as necessary on medication safety such as LactMed from the National Library of Medicine: (http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT) for questions regarding breastfeeding and medication. (USBC)

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|---|---|---|
| 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 about the risks 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. | 12. Consult evidence based resources on contraindications to breastfeeding AAP policy. (http://aappolicy.aappublications.org/cgi/content/full/pediatrics;115/2/496#SEC3) |

## 3. Breastfeeding Initiation and Skin-to-skin Contact

| | Required Policy Components | Strategies |
|---|---|---|
| a | The hospital shall prohibit the application of standing orders for antilactation drugs. (NYCRR) | 1. Encourage immediate and extended skin-to-skin contact to help promote breastfeeding, adjustment to extra-uterine life, and thermoregulation and prevent hypothermia and hypoglycemia. (USBC)<br>2. Adjust room (delivery, recovery, birthing, etc.) temperature as appropriate to prevent hypothermia and support skin-to-skin contact.<br>3. Emphasize the importance of uninterrupted skin-to-skin time for infant and mother to family members present at hospital. (USBC)<br>4. Dry and place infant on mother's bare chest immediately after birth, covering both infant and mother with warmed blankets. (USBC)<br>5. Perform routine tests and other procedures, such as heel-sticks or medication administration, while mother and baby are skin-to-skin and/or breastfeeding. (USBC)<br>6. To promote breastfeeding, eye prophylaxis and Vitamin K administration may be delayed up to 1 hour to allow for uninterrupted mother-infant skin-to-skin contact until the first breastfeeding is accomplished. (ABM #7)<br>7. Schedule routine events such as infant bathing, weighing, examinations, medications, and diapering after the infant's first breastfeeding session. (USBC)<br>8. Use crib card to indicate that mother has chosen to breastfeed her infant. |
| b | Hospital maternity staff must inform mothers about any drugs that may dry up their milk. (BMBR) | |
| c | Unless medically contraindicated or unacceptable to the mother, hospital maternity staff shall allow the newborn to remain with the mother as the preferred source of body warmth. (NYCRR) | |
| d | Hospital maternity staff shall encourage and assist mothers to breastfeed which shall include placement of the newborn for breastfeeding immediately following delivery unless contraindicated. (NYCRR) | |
| | **Recommended Policy Components** | |
| a | Hospital maternity staff will document a woman's desire to breastfeed in her medical record and in infant's chart and on 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) | |

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| 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 Assistance and Assessment

| | Required Policy Components | Strategies |
|---|---|---|
| a | At all times, there should be available at least one staff member qualified to assist and encourage mothers with breastfeeding. (NYCRR) | 1. Establish a team to standardize methods of breastfeeding assessment and instruction. (Baby-Friendly USA, Inc.)<br><br>2. Ensure that a trained physician, nurse or IBCLC lactation specialist conducts and documents a functional assessment of the infant at the breast within 8 hours (or sooner) of birth and at least once every 8 hours while infant and mother remain in the hospital by utilizing a breastfeeding assessment tool, such as the LATCH Breastfeeding Assessment Tool.<br><br>3. Rather than positioning and latching on the infant for the mother, allow mother to position her infant and achieve latch herself to improve self-efficacy and the chance of breastfeeding success upon leaving the hospital. Provide guidance only if necessary. (USBC)<br><br>4. Conduct and document breastfeeding teaching at least every shift and whenever possible with each staff contact with the mother. (ABM #7)<br><br>5. Address and document all problems raised by the mother such as nipple pain, ability to hand express, perception of inadequate supply, and any perceived need to supplement and refer to lactation consultant if needed. (ABM #2)<br><br>6. Require that at least one IBCLC certified lactation consultant be available at all times for additional education and assistance, if clinically indicated.<br><br>7. Monitor feedings, infant signs of adequate/inadequate intake and output and number of hours rooming-in. Encourage mothers to focus on self-management. |
| b | The hospital must provide mothers with full information about their breastfeeding progress and how to obtain help to improve their breastfeeding skills. (BMBR) | |
| c | The hospital must provide mothers with assistance from someone specially trained in breastfeeding support and expressing breast milk if the baby has special needs. (BMBR) | |
| | **Recommended Policy Components** | |
| 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 Policy Component | | Strategies |
|---|---|---|
| a | The hospital must allow infants to be fed on demand. (NYCRR) | 1. Adjust routines whenever possible to best meet infant feeding needs.<br><br>2. Teach parents that breastfeeding infants, including cesarean-birth babies, should be put to breast a minimum of eight to 12 times each 24 hours. (ABM #7)<br><br>3. Encourage more skin-to-skin time to increase feeding frequency. (ABM #3)<br><br>4. Educate mothers on the "supply and demand" principle of milk production, emphasizing the importance of exclusive breastfeeding to establish and maintain the milk supply.<br><br>5. Discuss normal newborn feeding behavior including cluster-feeds (several closely spaced feedings followed by a longer period of sleep). (USBC)<br><br>6. If an infant does not wake to feed at least 8 times in 24 hours, assess for hydration status and signs of sepsis or hypoglycemia. If the infant appears healthy, continue to monitor until the infant is feeding effectively and spontaneously waking for feeds. (USBC) |
| **Recommended Policy Components** | | |
| 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 Policy Components | Strategies |
|---|---|---|
| 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. (NYCRR) | 1. Discuss rooming-in as a norm in prenatal classes and staff training and encourage mother to have infant remain with her, day and night, throughout the entire hospital stay.<br><br>2. Provide information about the benefits of rooming-in to family members and to mothers who request separation from their infant.<br><br>3. Offer staff opportunities to role play response to mothers who request that their baby be taken from their room. (Baby-Friendly USA, Inc.)<br><br>4. Do not wake the mother and/or infant by removing the infant from the mother to obtain routine weights and vital signs. Whenever possible, these should be done in the mother-infant room and timed so both can be assessed together to reduce the number of interruptions to mother's and infant's sleep. If the infant must be removed from the mother's room, the infant should be returned as soon as circumstances allow. (USBC)<br><br>5. Institute "quiet time" during the day for naps, during which visitors are not allowed and routine procedures that are not medically necessary are not conducted.<br><br>6. Do not remove infant to allow mother to obtain more sleep; evidence suggests that mothers do not get less or lower quality sleep when infants room-in. (ABM #5)<br><br>7. Remind parents that evidence suggests that mothers do not get less or lower quality sleep when infants room-in. (ABM #5)<br><br>8. Encourage partner to stay in the hospital 24 hours to help mother with baby during hospital stay. (USBC) |
| b | The hospital must allow mothers to breastfeed their babies at any time day or night. (BMBR) | |
| | **Recommended Policy Components** | |
| 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. | |

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| | | 9. Stock crib with supply of clean shirts, blankets, diapers and comb, bottle of lotion and baby bath in crib drawer to facilitate rooming-in (no bottles, nipples or pacifiers). |

## 7. Separation of Mother and Baby

| Required Policy Components | | Strategies |
|---|---|---|
| a | The hospital must allow mothers to breastfeed their babies in the neonatal intensive care unit (NICU) unless medically contraindicated. (BMBR) | 1. For hospitals with a NICU, create and implement breastfeeding policy specific to infants in neonatal intensive care.<br><br>2. Provide clean collection vessels and instruction to pump as often as an infant would nurse during the time that the infant and mother are separated.<br><br>3. Initiate expression of breast milk as soon as possible (ideally in less than four hours after birth).<br><br>4. Remind mother that she may not obtain a lot of milk or even any milk during first few attempts at pumping.<br><br>5. Encourage mother who is discharged from the hospital before her infant(s) (as in the case of a sick infant(s)), to spend as much time as possible with the infant(s) and practice skin-to-skin contact. When possible, allow mother to stay in the hospital with infant. (ABM #2) |
| 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, to provide hospital grade electric pumps and rooming-in facilities. (BMBR) | |
| **Recommended Policy Components** | | |
| 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 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 Policy Components | Strategies |
|---|---|---|
| a | The hospital must restrict supplemental feedings to those indicated by the medical condition of the newborn or mother. (NYCRR) | 1. Develop and teach staff and care providers a protocol for provision of supplementation. The protocol should include:<br>• formal evaluation and direct observation of breastfeeding to determine cause of poor feeding or inadequate milk transfer before supplementation;<br>• instruction to mothers to express milk each time their baby receives a supplemental feeding, or about every 2–3 hours to help prevent maternal breast engorgement that will further compromise the milk supply and could lead to other complications. (ABM #2);<br>• documentation of supplementation for non-medical reasons, using supplementation consent form; and<br>• documentation and collection of formula usage data.<br><br>2. Lock up formula supplies and require staff to sign supplies out, indicating their name, the patient's name, and medical indication for use to help to restrict formula usage. (Baby-Friendly USA, Inc.) |
| b | Hospital maternity staff must inform mothers if their doctor or infant's 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 feeding 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 Policy Components** | |
| 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) | |

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| 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; 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 Policy Component | | Strategies |
|---|---|---|
| a | The hospital must respect a mother's decision to have her baby not receive any pacifiers. (BMBR) | 1. Inform parents of the risk of interference (from pacifier use) with the establishment of breastfeeding. (USBC)<br><br>2. Encourage mothers to hold and breastfeed infants during, or immediately following, routine painful procedures such as heel sticks and IM injections.<br><br>3. Encourage infant-to-mother skin-to-skin contact and/or breastfeeding to soothe and pacify infant.<br><br>4. Develop a protocol for use of pacifier in hospitals where pacifiers are used during painful procedures.<br><br>5. If pacifier is used during painful a procedure, discard immediately after procedure is completed.<br><br>6. Store pacifiers in locked cabinets or medication dispensing devices. (USBC) |
| **Recommended Policy Components** | | |
| 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 Policy Components | Strategies |
|---|---|---|
| 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) | 1. Conduct and document assessment of breastfeeding effectiveness at least once during the last 8 hours before discharge. (ABM #2)<br><br>2. Schedule a follow-up visit, with pediatric provider, for all breastfed infants and non-breastfed infants born by vaginal delivery within 48 to 72 hours after discharge (3 to 5 days after birth). For non-breastfed infants delivered by Cesarean section and whose hospital stay is 96 hours or longer, the first visit should occur up to a week after discharge depending on the specific issues, health concerns and needs of the baby and the mother. (Hagan et al., 2008)<br><br>3. Provide breastfeeding mothers with names and telephone numbers of lactation consultants and/or community resources (including breastfeeding support groups) for breastfeeding assistance. (ABM #7; WHO)<br><br>4. Develop a plan for annually verifying the existence of these services and the accuracy of the contact information. (Baby-Friendly USA, Inc.)<br><br>5. Refer all potential income eligible women to WIC for lactation and nutrition support: (http://www.breastfeedingpartners.org/, http://www.health.state.ny.us/prevention/nutrition/wic/)<br><br>6. Provide mothers with a breastfeeding diary and encourage tracking of breastfeeding during the first few weeks post partum to ensure that their infant is receiving adequate nutrition. Entries can be reviewed with pediatrician during follow-up visits. |
| b | 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) | |
| c | 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. (NYCRR) | |
| d | 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 NYS Department of Health and made available to the hospital, of providers offering the services requested. (NYCRR) | |
| e | The hospital must inform each maternity patient of the importance of scheduling follow-up care with a pediatric care provider within the timeframe following discharge as directed by the discharging pediatric care provider. (NYCRR) | |

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| Recommended Policy Components | | |
|---|---|---|
| a | The hospital will provide written information to and require that all breastfeeding mothers are able to do the following prior to discharge:<br>• position the baby correctly at the breast with no pain during the feeding,<br>• latch the baby to breast properly,<br>• state when the baby is swallowing milk,<br>• 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,<br>• state age-appropriate elimination patterns (at least six urinations per day and three to four stools per day by the fourth day of life),<br>• list indications for calling a healthcare professional, and<br>• manually express milk from their breasts. (ABM #7) | 7. Provide education to key family members so that they can provide support to the breastfeeding mother at home. (Baby-Friendly USA, Inc.) |
| 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 Policy Components | | Strategies |
|---|---|---|
| a | The hospital must not provide mothers with discharge packs containing infant formula or formula coupons unless these items are available at the hospital and are ordered by their baby's health care provider or specifically requested by the mother. (BMBR) | 1. Discharge gift packs are not necessary. If discharge gift packs are provided, work with marketing to develop educational information about infant feeding and/or infant care that is free of commercial messages or logos. |
| **Recommended Policy Components** | | |
| 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 [accept or] 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) | |

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# ROCHESTER GENERAL HEALTH SYSTEM
# PATIENT CARE SERVICES
## Women's Care Unit Structure Standards

## Addendum Z2

## Breastfeeding Policy

**Purpose:**
To establish and promote a philosophy and policy on breastfeeding that is congruent with the UNICEF/WHO "Ten Steps to Successful Breastfeeding. To assist families choosing to breast feed with initiating and developing a successful and satisfying experience.

Responsible disciplines for implementation: RNs, LPNs, Unit Technicians, attending providers, mid-level providers (residents, midwives, PAs)

**Policy Statements:**

1. Rochester General Health Service team members will actively support breastfeeding as the preferred method of providing nutrition to infants. A multi-disciplinary, culturally appropriate team comprised of hospital administrators, physician and nursing team members, lactation consultants/specialists, nutrition staff, and other appropriate team members shall be established and maintained to identify and eliminate institutional barriers to breastfeeding.

2. The written breastfeeding policy will be developed and communicated to all health care staff.

3. All pregnant women will be provided with information on breastfeeding and counseled on the benefits of breastfeeding and contraindications to breastfeeding.

4. The woman's desire to breastfeed will be documented in her medical record.

5. Mothers will be encouraged to exclusively breastfeed* unless medically contraindicated. The method of feeding will be documented in the medical record of every infant. After each feeding, health care staff will document a feeding assessment in the infant's medical record. The feeding assessment may include the latch, position, and any problems encountered. (*Exclusive breastfeeding is defined as providing breast milk as the sole source of nutrition. Exclusively breastfed babies receive no other liquids or solids.)

6. Immediately after an uncomplicated normal vaginal delivery and after a mother undergoing C-section is stabilized in the recovery room, all healthy newborns will be placed skin-to-skin with the mother. Skin-to-skin contact involves placing the naked baby prone on the mother's bare chest. Rational for skin to skin will be explained to the

mother. Mother-infant couples will be given the opportunity to initiate breastfeeding within one hour of birth. Post-cesarean birth babies will be encouraged to breastfeed as soon as possible within two hours of birth.

7. The nursing staff that is present immediately after delivery will encourage and support immediate and continuous skin to skin contact for mother and infant unless mother and/or infant are medically unstable. When a delay of initial skin to skin contact has occurred, staff will ensure that mother and infant receive skin to skin care as soon as medically possible. The nurses will teach the mother to look for signs of feeding readiness and support self-attachment of the infant.

8. During the initial period of skin to skin contact, routine newborn procedures will be postponed until the first breastfeeding has been completed. Routine assessment procedures will be performed while the infant is skin to skin with mother.

9. (For RGH only)- When it is necessary for an infant to be admitted to the special care nursery, the nursing staff will educate the mother regarding the importance of skin to skin care for her infant and support the implementation of skin to skin care as soon as it is medically possible. Mothers will be allowed to breastfeed their babies in the special care nursery unless medically contraindicated.

10. Breastfeeding mother-infant couples will be encouraged to remain together throughout their hospital stay, including at night. (Addendum EE)

11. Breastfeeding assessment, teaching and documentation will be done on each shift and whenever possible with each team member contact with the mother. After each feeding, staff will document information about the feeding in the infant's medical record. For feedings not directly observed, maternal report may be used. Mothers will be encouraged to utilize available breastfeeding resources including classes, written materials and video presentations as appropriate. If clinically indicated, the clinician or nurse will make a referral to a lactation consultant.

12. Breastfeeding mothers will be instructed as soon after admission as possible about:
    a. Nutritional and physiological aspects of human milk
    b. Dietary requirements for breastfeeding
    c. Diseases and medications or other substances which may have an effect on breastfeeding
    d. Sanitary procedures to follow in collecting and storing human milk
    e. Care of the mother's breast
    f. Milk production and let down
    g. Common problems associated with breastfeeding
    h. Proper positioning and latch on;
    i. Nutritive suckling and swallowing versus non-nutritive;
    j. How to wake a sleeping baby
    k. Frequency of feeding/feeding cues;
    l. Hand expression of breast milk and use of a pump if indicated;

m. How to assess if infant is adequately nourished; and
n. Reasons for contacting the care provider.
o. Sources for advice and information available to mother following discharge from the hospital
p. The importance of scheduling timely follow-up care with the pediatric provider
q. Importance of maintaining breastfeeding for 6 months

These skills will be taught to primiparous and multiparous women and reviewed before the mother goes home.

13. The baby's position, latch-on, root, suck and swallow will be observed and evaluated every 8 hours.

14. Education will be given to parents that breastfeeding infants, including cesarean-birth babies, should be put to breast at least 8-12 times each 24 hours. Infant feeding cues (such as increased alertness or activity, mouthing, or rooting,) will be used as indicators of the baby's readiness for feeding. Breastfeeding mothers will be encouraged to breastfeed at night.

15. Time limits for breastfeeding on each side will be avoided. Infants can be offered both breasts at each feeding, but may only be interested in feeding on one side at a feeding during the early days.

16. 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. When supplementing for either medical or non-medical reasons, the mother must be taught and assisted to manually express colostrum. Colostrum or expressed breast milk will be used before formula. If necessary, mother will be provided a hospital grade breast pump and be instructed in its use. The physician or nurse practitioner will only order supplementation when the infant exhibits signs of low blood sugar, 8-10 percentage weight loss, premature birth, or other medical reasons as deemed by the provider. The mother will be educated on feeding options and how to administer supplementation if supplementation has been ordered by the physician or nurse practitioner. Prior to non-medically indicated supplementation, mothers will be informed of the risks of supplementing. Any supplement should be fed to baby using an alternative method least disruptive to breastfeeding and manageable by family. Bottles will not be placed in breastfeeding infant's crib.

17. This institution does not give group instruction in the use of formula and does not distribute discharge packs.

18. In accordance with best practices, the use of artificial nipples, infant feeding bottles and pacifiers will be avoided for breastfeeding infants. Breastfeeding mothers who request artificial nipples and feeding bottles will receive education on the possible negative consequences regarding breastfeeding and this education will be documented in the mother's medical record.

19. Pacifiers will not be given to normal, healthy, full term breastfeeding infants. The pacifier guidelines at Rochester General Health System state that preterm infants in the Special Care Nursery 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 infant will not return to the mother with the pacifier. Rochester General Health System encourages "pain free newborn care" which may include breastfeeding during the heel stick procedure for blood sampling such as the newborn metabolic screening tests. If the mother request a pacifier, the health care staff will explore the reason for this request, address the mother's concerns and educate her on problems associated with pacifier use. This education will be documented in the mother's medical record.

20. No creams, soaps, lotions or ointments should be applied to the breast or nipple except for Purelan or Lansinoh when needed. The infant's saliva and mother's milk will help heal sore nipples. Mothers with sore nipples will be observed for positioning and latch on techniques.

21. Nipples shields or bottle nipples will not be routinely used to cover a mother's nipple to treat latch-on problems or prevent or manage sore or cracked nipples, or when a mother has flat or inverted nipples. Nipple shields will only be used in conjunction with a lactation consultation.

22. After 24 hours of life, if a healthy term infant has not latched on or fed effectively, the mother will be instructed to begin breast massage and hand expression of colostrum. Skin-to-skin contact will be encouraged. Parents will be instructed to watch closely for feeding cues and whenever these are observed to awaken and feed the infant. If the baby continues to feed poorly, pumping with a hospital grade electric breast pump will be initiated and maintained every two to three hours. Any expressed colostrum or mother's milk will be fed to the baby by an alternative method. The mother will be reminded that she may not obtain much milk or even any milk the first few times she pumps her breasts. Each day clinicians will be consulted regarding the volume and type of supplement, if needed in cases of problem feeding, the lactation consultant will be consulted.

23. If the healthy term baby is still not latching-on well or feeding well when going home, the feeding/pumping/supplementing plan will be reviewed in addition to routine breastfeeding instructions. A follow-up visit or contact with a pediatrician will be scheduled within 24 hours. Depending on the clinical situation it may be appropriate to delay discharge of the couplet to provide further breastfeeding intervention, support and education.

24. During the hospitalization and before discharge mothers will be provided with information to help them choose a medical provider for their baby and educated as to the importance of follow up appointments.

25. During the hospitalization and before discharge maternity patients will be provided instruction and counseling in family planning methods compatible with breastfeeding and, if requested by the patient, a list of providers offering the requested services (compiled by the NYS Department of Health).

26. Recommended follow-up for all babies within the first few days postpartum is as follows

- If a baby goes home at >36 hours after birth, a follow-up visit with a pediatrician or other qualified health care practitioner for a formal evaluation of breastfeeding performance, a weight check, assessment of jaundice and age appropriate elimination will be scheduled within 48-72 hours of age
- If a baby is discharged at <36 hours after birth, the follow-up visit will be scheduled within 24 hours

27. During the hospitalization and before discharge a referral to the appropriate community organization offering breastfeeding support and services will be initiated for the breast feeding mother.

28. During hospitalization the mother will be instructed on caring for themselves and their baby. Instructions will include:
    a. The importance of maintaining proper nutrition and appropriate exercise
    b. The importance of continued breast examination
    c. Infant care including taking the baby's temperature, feeding, bathing, diapering, infant growth and development and parent –infant relationships and bonding.

29. Mothers who are separated from their sick or premature infants will be:
- Assisted with initial breast expression within 6 hours of birth unless mother's physical condition prohibits pumping.
- Instructed on how to use skilled hand expression or the hospital grade electric breast pump. Instructions will include pumping every two to three hours for 10-15 minutes each breast (single set-up) or 8-10 minutes (double set-up) during the day and every 4 hours during the night;
- Encouraged to breastfeed on demand as soon as the infant's condition permits
- Encouraged to place the infant skin to skin as soon as medically possible
- Taught proper storage and labeling of human milk
    1. Instruct mothers to wash their hands before handling their expressed breast milk and the container in which the milk will be stored.
    2. Make sure breast milk is stored only in the temperature regulated refrigerator/freezer housed in the Special Care Nursery.
    3. Expressed breast milk containers will be labeled with the patient's name, medical record number, date of birth, date and the time the breast milk was expressed.
- Assisted in obtaining an electric breast pump prior to going home.

30. Before leaving the hospital, effective breastfeeding mothers should be able to:

a. Position the baby correctly at the breast without discomfort during the feeding;
b. Latch the baby to breast properly;
c. State how to wake a sleeping baby;
d. State when the baby is swallowing milk;
e. State that the baby should be nursed approximately 8 to 12 times every 24 hours until satiety;
f. State age-appropriate elimination patterns (at least 4-5 urinations per day and three to four stools per day by the fourth day of life);
g. List indications for calling a clinician; and
h. Manually express milk from their breasts;
i. Discuss dietary requirements needed when breastfeeding.

28. Prior to going home, mothers will be given the names and telephone numbers of community resources to contact for help with breastfeeding, including but not limited to (the support group or resource recommended by Rochester General Health System). If patient is a WIC client, she will be seen by or referred to a WIC breastfeeding peer counselor prior to discharge and given contact information for early follow-up.

29. Rochester General Health System does not accept free formula, free breast milk substitutes, pacifiers, artificial nipples, or bottles. Discharge bags will not be distributed.

30. Rochester General Health System health professionals that care for mothers and infants will be trained in breastfeeding and lactation management according to the recommendations in the Baby Friendly Guidelines and Criteria for evaluation. The lactation department in conjunction with the Clinical Resource Nurse is responsible for implementing and assuring all maternity staff are trained in breastfeeding and lactation management.

31. All nursing staff will receive information on Baby Friendly Hospital Initiative during hospital orientation. All nurses caring for mothers and newborns will receive 20 hours of education in breastfeeding and lactation management. The curriculum for this education will cover the 15 sessions identified by UNICEF/WHO and include a minimum of 8 hours of clinical training. All new maternity staff employees will be required to participate in the facility breastfeeding and lactation management training and verify competencies.
    a. Completion of the breastfeeding orientation within 6 months of hire and documented in the employee education file.
    b. Review of the Breastfeeding Policy
    c. Annual breastfeeding education/information
    d. Training in the skills needed to assist mothers who have chosen to formula feed (Patient Education Plan)

32. When it is not possible for the biological mother to breast feed, the first alternative, if available, should be the use of human milk from other sources. Although the Rochester General Health System does not provide milk from human milk banks, information on

purchasing milk from human milk banks will be provided by the physician if the mother and family so desire.

33. If a mother or baby is re-hospitalized postpartum, Rochester General Health System will make every effort to continue to support breastfeeding by providing hospital grade electric pumps and rooming-in for the mother and infant unless such an arrangement is medically contraindicated.

**Exceptions:**
Breastfeeding is **contraindicated** in the following situations:

1. HIV positive mother in developed countries (e.g. US, Europe)
2. Mother using illicit drugs (for example cocaine, heroin);
3. A 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. The references used at Rochester General Health System are *the National Institutes of Health lactation medication database- TOXNET (http://toxnet.nlm.nih.gov/); Medications and Mothers' Milk* by Thomas Hale(Hale 2010), Breastfeeding: A Guide for the Medical Profession by RA Lawrence and RM Lawrence(Lawrence and Lawrence 2011), and The American Academy of Pediatrics Statement on the Transfer of Drugs into Human Milk.(Committee on Drugs and The American Academy of Pediatrics 2001)
4. Mother has active, untreated tuberculosis;
5. Infant with galactosemia;
6. Mother with active herpetic lesions on her breast(s) -- breastfeeding can be recommended on the unaffected breast (the Infectious Disease Service will be consulted for problematic infectious disease issues);
7. Mother with varicella that is determined to be infectious to the infant; and
8. Mother has HTLV1 (Human T-cell leukemia virus type 1).
9. Specific disease processes or medications which might impact breastfeeding are considered individually and will be discussed by the lactation consultant with the appropriate resources. The results will be shared with the patient.

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# Improving Hospital Breastfeeding Policies in New York State: Development of the Model Hospital Breastfeeding Policy

Bethany A. Hawke, Barbara A. Dennison, and Stephanie Hisgen

**Abstract**

The public health importance of breastfeeding, especially exclusive breastfeeding, is gaining increased recognition. Despite a strong evidence base that key hospital maternity practices (*Ten Steps to Successful Breastfeeding*) impact breastfeeding initiation and exclusivity in the hospital and breastfeeding duration post-discharge, they are not widely implemented. In 2009, written hospital breastfeeding policies were collected from all New York State (NYS) hospitals providing maternity care services ($n=139$). A systematic assessment of the policies found that, on average, approximately half (19/32) the components required under NYS hospital regulations were included. Inclusion of each of the *Ten Steps* varied from 14% to 98%. An evidence-based Model Hospital Breastfeeding Policy was developed that included required components (based on NYS hospital regulations and legislation) and recommendations from expert groups such as the Academy of Breastfeeding Medicine, Baby Friendly USA, Inc., and the United States Breastfeeding Committee. Improved hospital breastfeeding policies are a critical first step in improving hospital maternity care to better promote, support, and protect breastfeeding. Additional efforts throughout health care, the workplace, and the broader community will be required to make breastfeeding the norm.

## Introduction

BREASTFEEDING, ESPECIALLY EXCLUSIVE breastfeeding, is of public health importance because of the recognized health benefits afforded to mothers and infants and the economic benefits accrued to families, communities, and insurers. Human (breast) milk is a source of complete nutrition for a human infant at minimal cost. Infants who are breastfed have a reduced risk for sudden infant death syndrome, childhood cancers, infectious diseases (otitis, pneumonia, gastroenteritis), obesity and diabetes. Mothers who breastfeed have a reduced risk for breast cancer, anemia, and osteoporosis.

Recently, there has been an increase in attention to breastfeeding support, promotion, and protection, both within New York State (NYS) and throughout the United States. Nationally, several breastfeeding objectives were added to Healthy People 2020, to build upon the breastfeeding objectives already included in Healthy People 2010. Targets in Healthy People 2020 were increased for breastfeeding initiation, breastfeeding at 6 months, breastfeeding at 1 year, breastfeeding exclusively at 3 months, and breastfeeding exclusively at 6 months over those in Healthy People 2010.[1] Surgeon General Regina M. Benjamin, M.D., released *The Surgeon General's Call to Action to Support Breastfeeding*,[2] and former NYS Health Commissioner Richard F. Daines, M.D., issued a Call to Action to promote breastfeeding, urging healthcare providers to increase awareness, reduce barriers, and improve knowledge and skills in promoting and supporting exclusive breastfeeding. In August 2009, NY Public Health Law § 2505-a, Breastfeeding Mothers' Bill of Rights[3] (BFMBR), was passed by the NYS Legislature and signed into law by former NYS Governor David A. Paterson, effective May 1, 2010.

A strong evidence base demonstrates the key role that hospital maternity practices play in affecting breastfeeding initiation and exclusivity in the hospital and breastfeeding duration beyond discharge. A strong, written hospital breastfeeding policy is an important first step to improving hospital breastfeeding practices. NYS hospital regulations require that all NYS hospitals that provide maternity services have a written hospital breastfeeding policy. This article describes the assessment of these written hospital breastfeeding policies and the development of the NYS Model Hospital Breastfeeding Policy.

## Materials and Methods

### *Review of NYS hospitals' breastfeeding policies*

In May 2009, a letter was sent on behalf of the directors of the Offices of Public Health and Health Systems Management

Division of Chronic Disease Prevention, New York State Department of Health, Albany, New York.

(responsible for ensuring that hospitals follow state and federal regulations) of the NYS Department of Health (NYSDOH) to hospital leadership, including the Chief Executive Officer, the Director of Maternity Care Services, the Chief of Neonatology, and the Chief of Obstetrics, at all NYS hospitals that provided maternity care services (in May 2009, $n=139$). The letter requested that each hospital submit to the NYSDOH a copy of their current written breastfeeding policy and supporting documentation, such as any protocols or procedures having to do with breastfeeding. The letter reminded leadership that under New York Codes, Rules and Regulations (NYCRR), Title 10, 405.21—Perinatal Services,[4] hospitals that provide maternity care services are required to have a written hospital breastfeeding policy. Follow-up e-mails and phone calls ensured that all hospitals that provided maternity care services submitted their breastfeeding policy and supporting documentation for review.

To systematically review each hospital's breastfeeding policy, a draft codebook was developed based on 32 required components from the NYCRR. A sample of the hospital breastfeeding policies was reviewed, independently, by two coders, to test for inter-rater reliability. Policy coding results were discussed, and rating differences were resolved. The draft codebook was revised accordingly and reviewed by senior staff from the Office of Public Health and Office of Health Systems Management to ensure coding was consistent with NYCRR measures of compliance. The final NYCRR-based codebook identified 32 components, each of which was coded with a "1" if present, and a "0" if not present or incomplete (noncompliant). Each hospital breastfeeding policy was reviewed, using the final codebook, for presence or absence of each of the 32 required components.

The evidence-based *Ten Steps to Successful Breastfeeding* (*Ten Steps*), as outlined by the World Health Organization and UNICEF,[5] were matched to the corresponding NYCRR-required components (Table 1). For each of the *Ten Steps*, a hospital policy was determined to include that Step if all of the corresponding components were included in the hospital's breastfeeding policy.

### *NYS regulation and legislation*

The BFMBR codified and strengthened the existing NYS hospital regulations by specifying the rights of pregnant women and new mothers to be informed about the benefits of breastfeeding, to receive specified maternity care, and to receive support from healthcare providers and healthcare facilities during pregnancy, after delivery, and after discharge and provides a toll-free number to call if a maternity care facility has not honored these rights. The legislation also added new requirements. For example, a hospital must respect a mother's decision to have her baby not receive any pacifiers. The American Academy of Pediatrics recommends pacifier use for infants up to the age of 1 year, when they are placed for sleep, as a potential way to reduce the risk of sudden infant death syndrome.[6] However, for breastfeeding infants, pacifier use should be delayed for 3–4 weeks, until breastfeeding is well established.[7]

### *NYS Model Hospital Breastfeeding Policy*

The NYS Model Hospital Breastfeeding Policy was developed in late 2010 and finalized in February 2011. Model Policy components are derived from the state hospital regulations (NYCRR), state law (BFMBR), or both, with law superseding regulation when there are differences. The NYS Model Hospital Breastfeeding Policy also incorporates additional recommendations from the *Ten Steps*,[5] the Academy of Breastfeeding Medicine,[8] Baby Friendly USA, Inc.,[9] and the United States Breastfeeding Committee.[10] The NYSDOH cannot require that hospitals include recommendations not specified in the NYCRR or BFMBR, but hospitals are strongly encouraged to include the recommended components in their hospital breastfeeding policies.

### *Review, feedback, buy-in*

The NYS Model Hospital Breastfeeding Policy was presented to the NYS Breastfeeding Partnership Team, which includes breastfeeding experts across NYS who have an influential role in the improvement of breastfeeding support, promotion, and practice in NYS. Members were offered the opportunity to provide suggestions and revisions prior to the distribution of the document.

The NYS Model Hospital Breastfeeding Policy was also critically reviewed by staff from the NYSDOH Offices of Public Health and Health Systems Management, the Division of Legal Affairs, and the Public Affairs Group to ensure compliance with the intent and language of the BFMBR and NYCRR.

## Results

### *Review of NYS hospitals' breastfeeding policies*

All NYS hospitals that provided maternity care services in 2009 ($n=139$) submitted a copy of their written hospital breastfeeding policy and supporting documentation for review. Based on the NYCRR coding method described, the number of the required components present in hospitals' written breastfeeding policies ranged from 3 to 29 (Fig. 1). On average, the hospital policies included 19 (59%) of the 32 required components. Although 104 (75%) hospital policies contained more than half (at least 17) of the required components, only 24 (17%) hospital policies contained three-quarters (25 or more) of the required components. No hospital policy contained all 32 required components.

The *Ten Steps* were operationalized by matching NYCRR-required components to their corresponding *Ten Steps* (Table 1). These criteria were used to determine whether a hospital's breastfeeding policy included each of the *Ten Steps*. The *Ten Steps* were well represented in the hospital breastfeeding policies, but no single Step was included in every hospital policy, nor did any hospital policy include all of the *Ten Steps*. Although all hospitals had a written breastfeeding policy, only a few hospitals ($n=19$, 14%) had written procedures to ensure dissemination or communication of the policy to staff. Although the NYCRR do not make any mention of pacifiers during a newborn's hospital stay, more than half ($n=83$, 60%) of hospital policies restricted their use.

### *Dissemination of NYS Model Hospital Breastfeeding Policy*

At the beginning of February 2011, the final NYS Model Hospital Breastfeeding Policy was sent by secure transmission (NYSDOH Health Commerce System intranet) to the

TABLE 1. NEW YORK STATE HOSPITALS PROVIDING MATERNITY SERVICES ($N=139$) WHOSE HOSPITAL BREASTFEEDING POLICY INCLUDES EACH OF THE *TEN STEPS* BASED ON THE REQUIRED COMPONENTS SPECIFIED IN NEW YORK CODES, RULES AND REGULATIONS

| *Ten Steps to Successful Breastfeeding*[a] | *NYS hospital breastfeeding policy required components (2009)*[b] | *Hospitals* [n (%)] |
|---|---|---|
| 1. Have a written breastfeeding policy that is routinely communicated to all healthcare staff. | • A written policy is present, and<br>• There is description about the procedure for dissemination/communication of policy among staff. | 19 (14) |
| 2. Train all healthcare staff in skills necessary to implement this policy. | • At least one person at the hospital is designated to ensure implementation of breastfeeding policy. | 82 (59) |
| 3. Inform all pregnant women about the benefits and management of breastfeeding. | • Information about the advantages of breastfeeding is provided to women who are undecided.<br>• The process of caring for breasts is discussed with each breastfeeding mother.<br>• Common problems associated with breastfeeding are discussed with each breastfeeding mother.<br>• Maternal dietary requirements for breastfeeding are discussed with each breastfeeding mother.<br>• Diseases and medications that might affect breastfeeding are discussed with each breastfeeding mother. | 27 (19) |
| 4. Help mothers initiate breastfeeding within half an hour of birth. | • Unless contraindicated, the newborn is placed for breastfeeding immediately (within 30–60 minutes) following delivery. | 127 (91) |
| 5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants. | • Breastfeeding mothers are to be encouraged to maintain lactation if separated from their infant. | 103 (74) |
| 6. Give newborn infants no food or drink other than breastmilk, unless medically indicated. | • Supplemental feedings are only provided for the medical condition of the newborn or mother. | 125 (90) |
| 7. Practice rooming-in—that is, allow mothers and infants to remain together—24 hours a day. | • The option for rooming-in is available to mothers, 24 hours a day (for at least 6 hours of every 8-hour shift), unless it is medically contraindicated or the hospital does not have sufficient facilities. | 110 (79) |
| 8. Encourage breastfeeding on demand. | • There is a provision for the newborn to be fed on demand (no restriction on frequency or length of newborns' breastfeeds). | 136 (98) |
| 9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants. | • The hospital must respect a mother's decision to have her baby not receive any pacifiers. | 83 (60)[c] |
| 10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic. | • Advice and information about breastfeeding is available following discharge. (Can be in the form of a contact or birth center phone number.) | 101 (73) |

[a]Joint World Health Organization/UNICEF statement published by the World Health Organization.[5]
[b]All required components for the 2009 review were based on the requirements specified in the New York Codes, Rules and Regulations (NYCRR), Title 10, 405.21—Perinatal Services.[4]
[c]Hospital policies were reviewed for inclusion of language restricting the use of pacifiers, even though this is not required under the NYCRR, Title 10, 405.21—Perinatal Services.[4]
NYS, New York State.

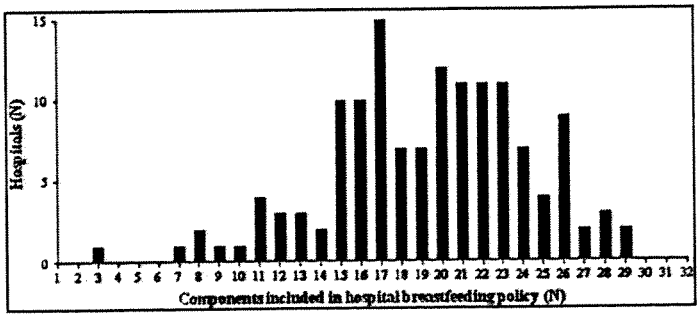


FIG. 1. Distribution of New York State hospitals providing maternity services ($n=139$) by the number of required components ($n=32$) included in their hospital breastfeeding policy.

leadership at all NYS hospitals that provided maternity care services (in February 2011, $n = 135$). In addition, the document was sent by e-mail to the individual who had been identified as "most knowledgeable about breastfeeding" at each hospital. The Model Policy and an Implementation Guide are available on the NYSDOH public Web site.[11,12]

## Discussion

This was the first, comprehensive collection and review of written breastfeeding policies in NYS hospitals. All (100%) of hospitals submitted their policies for review. A systematic, well-defined, transparent method of review was developed and vetted through the NYSDOH. This review found wide variation in the comprehensiveness of the hospital policies. Having a comprehensive written policy is no assurance that the policy is, in fact, translated into practice. However, it is generally accepted that a written policy is a first step in ensuring implementation into practice, communicating to staff, and supporting the sustainability of policy and practice.

There are no published studies evaluating the strength or comprehensiveness of breastfeeding policies in all hospitals or facilities providing maternity care services in any other state. The national survey of Maternity Practices in Infant Nutrition and Care (mPINC) asks staff at maternity facilities to estimate the frequency of maternity care or infant feeding practices.[13] However, this survey does not report on the presence of written hospital policies requiring those practices. The responses are aggregated to provide state-level estimates of breastfeeding support at maternity facilities. The mPINC survey does not include the granularity or specificity for individual hospitals in NYS and in 2009 had an 82%, compared with 100%, response rate for this hospital policy review.

Several states have undertaken efforts to improve breastfeeding support by developing voluntary reporting systems, based on the *Ten Steps* (Texas Ten Step Program[14]), or a subset of the *Ten Steps* (Colorado Can Do 5[15] and Arizona Baby Steps to Breastfeeding Recommendations[16]). Through the Baby-Friendly Hospital Initiative, hospitals throughout the United States can voluntarily apply for a comprehensive evaluation of their hospital breastfeeding policies and practices to be certified that they are providing optimal level of care to support breastfeeding and thus be designated as a Baby-Friendly Hospital. In 2009, when NYS hospital policies were collected, two hospitals in the state were certified as Baby-Friendly. As of March 2012, there were four and 129 Baby Friendly Hospitals in NYS and the United States, respectively.[17] With increased attention and with support from the Centers for Disease Control and Prevention, many hospitals throughout the country are working to improve hospital policies and maternity care practices to be consistent with the *Ten Steps*, and many have voluntarily decided to participate in the Baby-Friendly Hospital Initiative.

In 2009, NYS became the second state, after California, to pass legislation—the BFMBR—that specifically applies to healthcare providers and to maternity healthcare facilities, requiring them to ensure that pregnant women and new mothers are provided with the maternity care and support necessary to support successful breastfeeding.[3,18] The California law requires the Department of Public Health to provide training to appropriate hospital staff on hospital policies and recommendations to promote exclusive breastfeeding, with priority given to hospitals that have exclusive breastfeeding rates in the lowest quartile (25%) in the state.[18] The impact of the NYS legislation has yet to be determined, but it reflects increased support in the state for efforts to improve hospital breastfeeding policies and practices.

Only one other state health department has developed a Model Hospital Breastfeeding Policy—the California Department of Public Health. The Department has also developed a toolkit that provides hospitals with recommendations and resources to aid in implementing the policy.[19]

## Conclusions

The NYS Model Hospital Breastfeeding Policy sets a new standard, not just for NYS, but for all hospitals that provide maternity care services in the United States, by being based on the most current recommendations of expert breastfeeding groups, which are based on the best possible evidence.[8–10,20] A limitation of this study is that while a written policy is often recommended as the first step to promote key practices and procedures, there is no guarantee that the policy will be implemented or enforced. Despite NYS regulations requiring key components, many of these were not included in the written hospital breastfeeding policies. A better understanding of the reasons for the wide variation in hospital breastfeeding policies is needed. Research is also needed to identify best practices to facilitate translation of these policies into systems changes and fully implemented practices.

Next steps in NYS include providing individual feedback for each hospital's policy review to hospital staff and administrators. In addition, efforts are ongoing to improve the quality of care delivered to pregnant women and new mothers to increase promotion, support, and protection of breastfeeding in the hospital setting and beyond. However, to fully realize breastfeeding as the norm, additional efforts are needed throughout the healthcare system, in worksites, and in the broader community. Research is needed to better understand the many determinants of breastfeeding success and how to best support women, infants, and families, to improve breastfeeding metrics in NYS and elsewhere.

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## Disclosure Statement

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Address correspondence to:
*Bethany A. Hawke, MPH*
*Bureau of Chronic Disease Evaluation and Research*
*Division of Chronic Disease Prevention*
*New York State Department of Health*
*Corning Tower, Room 1070*
*Albany, NY 12237*

*E-mail:* bah09@health.ny.gov

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