Breastfeeding: Protection, Promotion and Support

Procedure code: Women's Services DP-CC4	Current version: February 2021
Previous version: February 2020	Next review date: February 2024
Section: Connecting Care	Sub-Section: Care Assessment/Planning/Delivery

1. Overview

Western Health (WH) recognises that breastfeeding is the optimal way for a woman to feed her infant, and that breastfeeding provides many health benefits for both women and infants.

This procedure aims to:

- Promote consistent, evidence-based information and advice about breastfeeding and lactation by WH clinicians.
- Support timely and appropriate breastfeeding care for women and infants.
- Support the establishment of optimal feeding for infants.
- Promote an environment where breastfeeding is protected, promoted, and supported by all staff.

Note: The terms “infant” and “woman” have been used to throughout this clinical document. It is acknowledged that this differs from the terminology of “baby” and “mother” utilised in BFHI documentation.

2. Applicability

This procedure applies to medical, midwifery, nursing, and allied health staff providing care to pregnant or lactating women and/or their infants during pregnancy, birth and the postpartum period.

All infants admitted to Newborn Services for greater than 24 hours are exempt from data submitted to BFHI data.

3. Responsibility

The Divisional Director and the Clinical Services Director of Women’s and Children’s Services will ensure all relevant staff are aware of this procedure. Communication of this procedure includes:

- All new midwifery and relevant nursing and medical staff will receive an orientation to the BFHI program, and are provided with a copy of this procedure and can continue to access electronically via the WH intranet.
- The WH Centre for Education will coordinate relevant education via Welearn, and regular in-service education. These will be conducted throughout the year at WH Lactation Service and Maternity Educators.
- WH Lactation Service will circulate regular newsletters to all staff within Women’s and Children’s Services, which includes reference to this procedure.

4. Authority

Changes to this procedure can only be approved by the Divisional Director or Clinical Services Director of Women’s and Children’s Services.

5. Associated Documentation

In support of this procedure, the following Manuals, Policies, Instructions, Guidelines, and/or Forms apply

Children’s Services DG-GC2	Safe Sleeping for Babies
Children's Services DG-GC3	Enteral Feeds and Supplementation in Newborn Services
Children’s Services DP-CC4	Care of Neonates in Maternity Services
Children’s Services DP-CC4	Neonatal Hypoglycaemia
Children's Services DP-CC4	Neonatal Jaundice
Children’s Services DP-CC4	Therapeutic Skin to Skin Care in Newborn Services
Women’s Services DG-CC4	Care During Active Labour, Birth and the Immediate Postpartum Period
Women's Services DG-CC4	Maternity Care Collaborative Guideline.
Women's Services DP-CC4	Breast Milk: Expressing, Storage and Management
Women's Services DP-CC4	Breastmilk: Refrigeration and Storage
Women's Services DP-CC4	Referral to the Lactation Service

Guideline	Antenatal Breastfeeding Education Guideline
Patient Information	Lactation Service Intranet Page
ABA Consumer information	*"Breastfeeding Confidence"*
WH Consumer information (Vietnamese)	*"Sua Me"*

6. Credentialing Requirements

All WH staff who provide care to pregnant and breastfeeding women and/or their infants and/or their children are required to complete the relevant training as per *Appendix 1.*

All Lactation Consultants employed at WH must be an International Board Certified Lactation Consultant (IBCLC).

6.1 Credentialing Process

In order to be credentialed to support women who choose to breastfeed, BFHI stipulate three groups of health facility personnel who require specific credentialing. Refer to *Appendix 1*.

6.2 Recognition of Prior Learning (RPL)

The staff member who has previously completed breastfeeding education and meets the requirements of BFHI standards for their relevant personnel group can apply for RPL by submitting evidence of RPL to Welearn for endorsement by an educator.

6.3 Maintenance of Credentialing

Once staff have completed the required education and uploaded relevant documentation to Welearn it will be reflected on the WH Monitoring and Performance (MaP) system.

7. Definitions and Abbreviations

7.1 Definitions

For purposes of this procedure, unless otherwise stated, the following definitions shall apply:

Infant	Child in the first 12 months of life, including neonates (first 28 days of life).
Child	A young human, aged from 28 days of life up to 17 years of age.

7.2 Abbreviations

For purposes of this procedure, unless otherwise stated, the following abbreviations shall apply:

ABA	Australian Breastfeeding Association
BOS	Birthing Outcomes System
BF	Breastfeeding
BFHI	Baby Friendly Health Initiative
CW	Children's Ward
EBM	Expressed Breast Milk
EMR	Electronic Medical Record
HITH	Hospital in the Home
HIV	Human Immunodeficiency Virus
LC	Lactation Consultant
MAR	Medication Administration Record
NBS	Newborn Services
NHMRC	National Health and Medical Research Council
PACU	Post Anaesthesia Care Unit
PSA	Patient Services Assistant
RM	Registered Midwife
RN	Registered Nurse
RPL	Recognition of Prior Learning
UNICEF	United Nations International Children's Emergency Fund
WH	Western Health
WHO	World Health Organisation

8. Procedure Detail

8.1 Discuss the Importance And Management Of Breastfeeding With Pregnant Women And Their Families (BFHI Step 3)

It is the responsibility of clinical staff to ensure that pregnant women are aware of the benefits of breastmilk, that exclusive breastfeeding is recommended for at least the first six months of life (with the addition of appropriate foods to continue breastfeeding to two years and beyond), and the potential health risks of breastmilk substitutes.

Antenatal education and/or discussion should cover the following key points:

- WH's breastfeeding procedure, including the Ten Steps to Successful Breastfeeding.
- Why breastfeeding is important and the risks associated with not breastfeeding.
- The importance of early uninterrupted skin-to-skin contact (with emphasis on first hour post birth).
- How to recognise when the infant is ready to attach to the breast for the first feed.
- Basic breastfeeding/lactation management, including positioning, attachment, feeding cues and feeding frequency.
- Why 24-hour rooming-in (staying close to infant) is important.
- Why bottle teats and dummies are discouraged while breastfeeding is being established in healthy term infants.
- Exclusive (full) breastfeeding for six months and that breastfeeding continues to be important after other foods are introduced and may be continued for up to two years and beyond as per WHO guidelines.

Midwives conducting antenatal clinic appointments with women will document discussion of appropriate information on the *Antenatal Breastfeeding Education Checklist* on BOS, as per *Women's Services DG-CC4 Maternity Care Collaborative Guideline.*

During antenatal care the following checkboxes must be completed in BOS to record that relevant discussion has occurred:

- 12-18/40weeks – Breastfeeding discussion and advice given in line with WH Breastfeeding procedure.
- 22-26/40weeks – Breastfeeding discussion and advice given in line with WH Breastfeeding procedure.
- 29-36/40weeks - Breastfeeding discussion and advice given in line with WH Breastfeeding procedure.

All women will be provided with a copy of the ABA publication "Breastfeeding Confidence" or the WH Vietnamese publication "Sua Me" and "Ten Steps to Successful Breastfeeding". Any other written material (including in languages other than English) and/or education sessions provided to women at WH will reflect BFHI best practice standards.

8.1.1 Additional Antenatal Breastfeeding Education And Supports

- All women booked at WH for pregnancy care are eligible to attend a free WH Breastfeeding Class (in a small group or online class format) and/or booking for Childbirth Education Classes at Tweddle Child + Family Health Service (which includes a breastfeeding session).
- All women are encouraged to attend a breastfeeding class. Attendance should be especially encouraged for women who:
    - Are primiparous;
    - Have had previous breastfeeding difficulties;
    - Have diabetes in pregnancy;
    - Are foreseen to have a breastfeeding difficulties (e.g. women with BMI >30 kg/m2, inverted nipples);
    - Are receiving a "red" antenatal pathway of care.
- Women with particular concerns that are not suitable to be addressed in a group setting, such as anticipated breastfeeding challenges e.g. an infant with cleft palate, multiple pregnancy, premature birth and/or previous complicated breastfeeding history are able to arrange an antenatal Lactation Service review; see (Insert Guideline Code) Lactation Services Outpatient Clinic: Referral and Booking Guideline.
- **Note:** Women taking medications that MAY be contraindicated while breastfeeding should also be referred for LC review. Liaison will occur between the LC and Neonatologist and/or Senior Pharmacists in Newborn Services as appropriate.

8.2 Support Women To Commence Skin-To-Skin Contact And Breastfeeding With Their Infants As Soon As Possible After Birth (BFHI Step 4)

All women are encouraged to place their infant in skin-to-skin contact on their bare chests as soon as possible after birth, regardless of mode of birth and intended feeding method. Refer to *Women's Services DG-CC4 Care During Active Labour, Birth and the Immediate Postpartum Period.*

The newly born infant should remain in skin-to-skin contact, without interruption or separation, for at least an hour after a vaginal or caesarean birth unless for maternal request or a medically indicated procedure requires separation. The time and duration of skin-to-skin contact is to be documented on BOS and on the *Neonatal Assessment and Variation chart (AD171).*

Note: Care must be taken to ensure thermoregulation for newly born infants during skin-to-skin, with consideration to drying the infant well after birth, and use of warm wraps and a hat during skin-to-skin contact.

8.2.1 Vaginal Birth

- WH staff will promote skin-to-skin contact with the infant on the woman's bare chest **immediately (within five minutes**) after birth for at least one hour and until the first breastfeed is complete.

8.2.2 Caesarean Section Birth

- WH staff will promote skin-to-skin contact with the infant on the woman's bare chest **immediately (within five minutes**) after caesarean section birth for at least one hour and until the first breastfeed is complete.
- If skin-to-skin contact is unable to commence immediately in operating theatre following a caesarean section, skin-to-skin contact should be commenced **within ten minutes** of the woman transferring to PACU. In addition to time of skin-to-skin contact, the time of arrival in recovery should also be recorded in BOS.

8.2.3 General Anaesthetic

- Skin-to-skin contact should be commenced within ten minutes of the woman being able to respond to her infant.
- **Note:** If skin-to-skin contact is interrupted for clinical reasons, it is to be resumed as soon as the woman and infant are able and may be facilitated in Newborn Services if appropriate. Skin-to-skin contact with another adult, such as the other parent of the infant, is an alternative where skin-to-skin contact with the woman is not possible; skin-to-skin contact with the woman should still be commenced as soon as possible.

8.3 Support Women To Initiate And Maintain Breastfeeding And Manage Common Difficulties (BFHI Step 5)

All women who plan to breastfeed are taught the necessary skills, and provided with appropriate support and information to initiate and maintain lactation, and to breastfeed their infant.

As a minimum, all women at WH who are planning to breastfeeding are taught:

- How to position and attach their infant for breastfeeding.
- How to recognise that the infant is well attached on the breast and breastfeeding effectively.
- How to recognise that milk transfer is occurring.
- The supply and demand principles, and how to maintain optimal milk supply.
- How to recognise when their infant is ready to feed.
- How to maintain lactation if the infant is not feeding effectively or if temporarily separated.
- How to hand express (including expressing a few drops of milk to entice the infant at the beginning of a feed).
- How to stimulate the milk ejection reflex.
- How to use an electric breast pump (if required).
- How to assess whether their infant is getting enough milk.
- Breast and nipple care.

8.3.1 Women Rooming In With Their Infant Following Birth (Routine Postnatal Care)

- All women who plan to breastfeed are provided with appropriate information, demonstration and support to initiate and maintain lactation, and to breastfeed their infant. Rooming in provides opportunity for women to learn these skills with support from midwives, and is continued by midwives and nurses from the Maternity @ Home and Neonatal and Paediatric HITH Services.

8.3.2 Women Separated From Their Infant

- Midwives caring for women who are separated from their infant at birth are responsible for encouraging mothers to begin early expressing. This should occur within the **first 2 hours of birth**. In addition to this, new mothers should be supported by their midwife to express at least 8-12 times in the 24 hour period thereafter. Resources for clinicians are available in the PPG: *Womens Services DP-CC4 Breast Milk- Expressing, Storage and Management.*
- Clinicians play a key role in empowering a new mother to initiate and establish an EBM supply when separated from their baby. Women admitted to the postnatal ward, birth centre or HDU, whose babies are admitted to NBS, require additional support to express frequently in the early postpartum period.
- When a mother and baby are separated, expressing within the first 2 hours of birth ensures the beneficial properties of breastmilk are still available to a sick or premature infant in the early neonatal period while ensuring the woman's EBM supply is optimised in the subsequent days following birth.
- Women who are separated from their baby must be provided with access to a breastpump and given appropriate education on its correct use by a skilled clinician. Women require support to initiate and continue expressing to maintain or enhance their supply in the absence of their baby.
- Skin to skin or kangaroo care should be encouraged as early as possible in the first 24 hours after birth, as per *Children's Services DP-CC4 Therapeutic Skin to Skin Care in Newborn Services*. It is the clinicians responsibility to ensure women are shown techniques for breast expression by hand and also advised how to store and transport their breastmilk safely. Further resources for clinicians are available in *Womens Services DP-CC4 Breast milk- Refrigeration and Freezing*.

8.3.3 Women Who Have Chosen Not To Breastfeed Following Birth

- Women who have chosen not to breastfeed are provided with individual education about infant formula feeding, including the safe preparation of infant formula and bottle-feeding.

8.4 Do Not Provide Breastfed Newly Born Infants Any Food Or Fluids Other Than Breastmilk, Unless Medically Indicated (BFHI Step 6)

8.4.1 Exclusive Breastfeeding, And Use Of Breastmilk Substitutes

- Parents are made aware of the importance of exclusive breastfeeding to around 6 months of life, and the risks associated with giving infant formula or other supplements to a breastfed infant.
- Before an infant formula is given to a breastfed infant, the individual circumstances of the woman and/or infant and alternative management strategies are considered. If a woman requests that her infant is given a breastmilk substitute, the importance of exclusive breastfeeding, the risks of supplementation, and alternative management strategies must be discussed.
- If a breastmilk substitute is given to a breastfed infant it is either:
    - For an acceptable medical indication (refer to *Appendix 2*), which has been documented; or
    - At the woman's request, after she has made an informed decision which has been documented; and
    - The volume of the breastmilk substitute that is ordered must take into account the newly born infant's stomach size.
- Documentation on the feeding chart is to include reason for supplementation in the comments for each feed, and the amount given for each feed. The woman's request or consent for supplementation needs to be recorded in the clinical notes at the time the supplement was given, and if a signed consent is used, that should also be included.
- **Note:** Advanced consent for supplementary feeds (e.g. on admission) does not meet this requirement and is considered inappropriate, however women who have made an informed choice in pregnancy NOT to breastfeed do not need to sign consent for feeds.
- WH staff will not give parents and their families samples or supplies of infant formula, bottles* or teats to take home.
- * A Haberman Feeder® (or other specialty feeder) may be provided to families where medically indicated.

8.4.2 Care Of Women Using Breastmilk Substitutes

- Women who are considering using a breastmilk substitute are supported to make a fully informed and appropriate decision about infant feeding, suitable to their circumstances; this is documented in BOS in the antenatal period:
    - Information and instruction on the safe preparation, storage, and handling of reconstituted, powdered infant formula, using WHO Guidelines is available in *Women's Services DP-CC4 Infant Feeding: Infant Formula, Indications and Preparation Safety.*
    - Information on the risks to the infant if the preparation and handling instructions are not followed carefully.
    - A demonstration and supervised practice in making up a bottle-feed using powdered infant formula.
    - Information on the importance of ensuring the correct concentration by following the instructions exactly, regarding water volume and scoops of powder, and parents/caregivers are made aware that these will be different for each brand.
    - Information on best practice for feeding their infant with a bottle, including paced bottle-feeding.
    - Information on where to get help with infant feeding after discharge from WH.
- Parents with low literacy skills or from a non–English speaking background may need extra help to ensure they have the required skills and understanding of the risks.
- Materials on breastmilk substitute feeding which are shown or given to parents are free from advertising, do not refer to or contain images of an identifiable product, and comply with the WHO International Code.

8.5 Enable Women And Their Infants To Remain Together And To Practise Rooming-In 24 Hours A Day (BFHI Step 7)

All infants in postnatal care areas (including the High Care Unit in Birthing) room in with their mother 24 hours a day. Separation of the woman and infant while in hospital is to occur only when the health of either the woman or infant prevents care being offered in the postnatal areas.

If preterm or unwell infants need to be in a separate room to allow for adequate treatment and observation, efforts must be made for the woman to recuperate postpartum with her infant, or to have no restrictions and be encouraged and supported to visit her infant in NBS (this should continue to be encouraged in the event that a woman is discharged home and her infant remains admitted in NBS; family are eligible to visit 24 hours a day).

Staff should inform women that rooming in:

- Allows unrestricted breastfeeding.
- Helps learn about infant feeding and behavioural cues.
- Promotes increased woman and infant contact and bonding.
- Promotes closer contact and bonding between the infant and other family members.

- Helps prevent cross infection.
- Reduces errors and clinical risks.

The time, duration and the reason/circumstances of all separations must be documented in the EMR e.g. documentation in EMR of "Transfer to NBS for true blood glucose (15 minutes)". This may be incorporated into other relevant notes and should be documented contemporaneously where possible.

8.6 Support Women to Recognise and Respond to their Infants' Cues for Feeding (BFHI Step 8)

No restrictions are placed on the frequency or length of breastfeeding, and women are not advised to feed at set times or feed for a specific number of minutes for well newly born infants.

Staff will support and educate women to recognise early feeding cues, and when their infant is breastfeeding effectively. Women are encouraged to breastfeed if their breasts become uncomfortable or too full, and provided with information about how to manage these issues to improve comfort.

The clinical rationale for any scheduled feeds (e.g. low birth weight, preterm birth, and hypoglycaemia) must be explained to the woman and appropriately documented by midwifery or medical staff. Refer to *Children's Services DP-CC4 Late Preterm and Low Birth Weight Neonates on the Women's Wards* and *Children's Services DP-CC4 Neonatal Hypoglycaemia* for feeding advice.

8.7 Counsel Women On The Use And Risks Of Feeding Bottles, Teats And Pacifiers (BFHI Step 9)

Breastfeeding women are counselled on the use and risks of feeding bottles, teats, and pacifiers/dummies for healthy well infants. WH clinicians will assist women to use alternative feeding methods when they are required.

WH staff should counsel a breastfeeding woman on the best method for feeding her infant (e.g. syringe, cup, bottle) with EBM or a supplement, taking into account:

- Volume of feed;
- Whether anticipated use is short or long term;
- Whether the method enhances development of breastfeeding skills;
- Maternal preference;
- Potential stress to the infant.

The method of feeding and volume is documented in EMR on the feeding chart.

Women are informed of the following reasons that dummies are not recommended in the early weeks of breastfeeding healthy well infants:

- Different type of suck so there is the potential for suck confusion;
- Harder to recognise feeding cues;
- Infants tend to feed less often;
- Can reduce the time at the breast hence decrease milk supply.

Note: WH does not provide dummies in the maternity postnatal areas.

8.8 Coordinate Discharge So That Parents And Their Infants Have Timely Access To Ongoing Support And Care

All breastfeeding women will be provided with written information prior to discharge regarding resources available in the community for breastfeeding support. Refer to the Lactation Services Intranet Page

This includes:

- Maternity @ Home midwives provide home visits following discharge.
- Australian Breastfeeding Association:
    - www.breastfeeding.asn.au
    - 24-hour helpline – 1800 686 268
    - Peer support via local ABA group.
- 24 hours Maternal and Child Health Helpline Ph.13 22 29
- Local Council Breastfeeding Support Services
- Lactation Consultants in private practice- Contact details available on LCANZ website.

8.9 Additional Considerations

8.9.1 Marketing Of Breastmilk Substitutes

- WH complies with the policy provisions of the WHO International Code of Marketing of Breast Milk Substitutes, and therefore does not permit:
    - The promotion or use of materials which promote the use of infant formula, feeding bottles and teats.
    - The receipt or distribution of free or subsidised (low cost) products related to breastmilk substitutes.
    - The distribution to parents of take-home samples and supplies of infant formula, bottles and teats.
- Representatives from breastmilk substitute companies are not permitted access to WH facilities or personnel, nor to have direct or indirect contact with pregnant women, lactating women, and/or their families. The acceptance of gifts, non-scientific literature, materials or equipment, money, or support for in-service education or events from these companies is not permitted.
- Any research which involves pregnant or lactating women and/or infants will be reviewed by the Chair of Midwifery for any potential implications on infant feeding and/or interference with the full implementation of this procedure.

8.9.2 Return To Work And Breastfeeding

- WH recognises the value of employees continuing to breastfeed. It recognises reduction of absenteeism, increase in productivity, and increase in employee commitment to BFHI accreditation.
- WH supports employees who wish to combine work and breastfeeding by providing a private, specific facility where women can breastfeed their infant and/or express their breast milk (see following table).
- Staff are supported by management and entitled to flexible lactation breaks each time the employee needs to express their breastmilk or breastfeed within the workplace.

Joan Kirner Women's and Children's has a 'Baby Feeding Room' for staff located within Newborn Services (5th Floor, room 5.35). Electric Breast pumps are available for use.

Joan Kirner Women's and Children's also has a 'Baby Care/Feeding Room' located on the Ground Floor, behind the interactive wall.

Sunshine Hospital has a 'Baby Care/Feeding Room' located on the Ground Floor, behind Dorevitch Pathology.

Footscray Hospital has a 'Baby Care/Feeding Room' located in the stairwell closest to Radiology, on Level 3.

9. Document History

Number of previous revisions: 7

Previous issue dates: September 2003, April 2008, June 2009, June 2010, May 2013. April 2016 and February 2020

Minor amendment: October 2021 and April 2022

Documents superseded or combined:

Code	Name
Women's Services DP-CC2.1.17	Ensuring Optimal Breastfeeding Support for Pregnant Women and New Mothers
Women's Services DP-CC4	Ensuring Optimal Breastfeeding Support for Pregnant Women and New Mothers

10. Auditable Standards

For 80% of BFHI eligible infants born at WH to be exclusively breastfed on discharge from hospital, excluding infants who require medically indicated supplemental feeding and/or are admitted to NBS for >24 hours.

For 80% of BFHI eligible infants born at WH to have uninterrupted skin-to-skin contact immediately or within 5 minutes following vaginal birth, and 10 minutes post caesarean section birth, uninterrupted until the conclusion of the first breastfeed or one hour post birth.

Critical management procedures (steps 1-2) are audited quarterly via review of data and a minimum of 20 staff interviews from each of the 3 personnel groups.

Key clinical practice indicators (steps 3-10) are audited quarterly via review of clinical records and interviews with a minimum of 20 mother-infant pairs for each indicator.

The Western Health BFHI Working Group will oversee the BFHI action plan, results of quarterly BFHI audits and resulting actions required. The Working Group will be chaired by a representative from Lactation Services.

11. References

Baby Friendly Health Initiative Australia (2020). Maternity Facility Handbook. Available from: https://bfhi.org.au/maternity-facilities/

Department of Education and Early Childhood Development (2014). *Victorian Breastfeeding Guidelines*. Available from: http://www.education.vic.gov.au/Documents/childhood/professionals/health/brestfeedguidelines14.pdf

National Health and Medical Research Council (NHMRC) (2013) *Eat for Health. Infant Feeding Guidelines (*Summary). Available from: https://www.nhmrc.gov.au/about-us/publications/infant-feeding-guidelines-information-health-workers

WHO/UNICEF (1989). *Joint Statement, Protecting, Promoting, and Supporting Breastfeeding: the Special Role of Maternity Services*. Geneva WHO. Available from: https://apps.who.int/iris/bitstream/handle/10665/39679/9241561300.pdf?sequence=1&isAllowed=y

World Health Organization (2020). Ten Steps to Successful Breastfeeding. https://www.who.int/activities/promoting-baby-friendly-hospitals/ten-steps-to-successful-breastfeeding. Published 2020. Accessed 2 November, 2020.

12. Sponsor

Lactation Services Manager

13. Authorisation Authority

Divisional Director of Women's and Children's Services

Appendix 1: Staff Knowledge, Competence and Skills

Staff Training Requirements

WH staff have a responsibility to support breastfeeding women, and assist and educate them to overcome breastfeeding challenges. WH staff working within Women's and Children's Services are divided into three groups; different training requirements apply for each group.

Group One	WH staff who assist women with breastfeeding or provide education in relation to breastfeeding in the following areas: Antenatal Clinic, Maternity Assessment Centre, Birthing Suite, Women's Wards, Maternity At Home (Domiciliary), and Newborn Services. Examples include lactation consultants, registered midwives, registered, enrolled or mothercraft nurses who work in Maternity and/or Newborn Services who frequently assist women with breastfeeding or breast expression.
Group Two	WH staff who may provide general breastfeeding advice but do not assist women with breastfeeding. Examples include obstetricians, neonatologists, paediatricians, other medical personnel, Children's Ward and Paediatric and Neonatal Specialist Clinics nursing staff (unless they frequently assist women with breastfeeding or breast expression), speech pathologists, dieticians and physiotherapists who advise or provide care related to infant feeding or lactation to women and/or their infants.
Group Three	WH staff who have contact with pregnant and breastfeeding women, but do not give assistance and do not provide advice as part of their role. Examples include ward clerks, PSAs, pharmacists, social workers, and PACU staff.

Staff new to WH should commence training within six months of employment, ideally within their scheduled WH orientation program and should be completed within their first twelve months of employment at WH.

Bank and Agency Staff members who work on a regular basis (i.e. >20 shifts in a six month period) are required to complete the applicable education for their group.

BFHI Infant Feeding – Learning Pathways

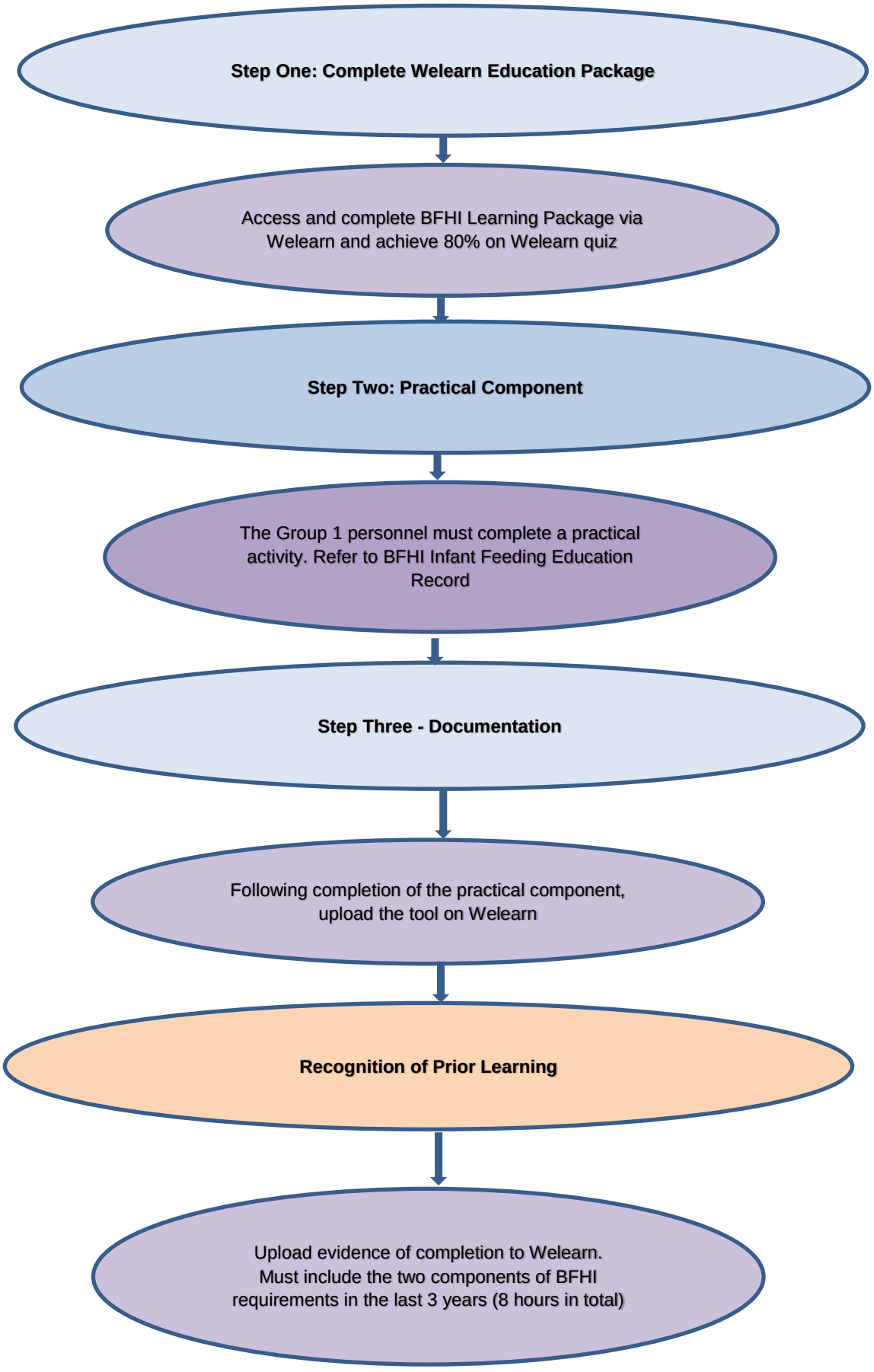
Group One	See flowchart below
Group Two	Complete Welearn Education Package and achieve 80% on Welearn quiz
Group Three	Complete Welearn Education Package

Recognition of prior learning may be applied for by new staff. Staff must supply evidence that they have completed the two components of BFHI requirements in the last 3 years (8 hours in total).

Relevant BFHI education from another BFHI accredited facility within the last 3 years can also be credited towards recognition of prior learning.

Note: Training and education records for each group are recorded in Welearn once all requirements have been completed and reported to MAP.

BFHI Infant Feeding – Learning Pathway for Group 1 Personnel



Appendix 2: Medical Indications for Supplementation in Healthy Term Infants

Medical Indications for Supplementation in Healthy Term Infants (37–42 weeks) are described below. An individualised decision must be made as to whether the clinical benefits outweigh the potential negative consequences of such feedings.

Note: Any infants requiring supplementation for these reasons should be excluded from BFHI data.

Infant Indications

a. Hypoglycaemia, as indicated in *Children's Services DP-CC4 Neonatal Hypoglycaemia (Flowchart 1).* Typical treatment for neonatal hypoglycaemia includes supplementation with formula or, in some cases, buccal or intravenous glucose administration.
b. Clinical or laboratory evidence of significant dehydration e.g. high sodium, poor feeding, lethargy, etc..
c. Weight loss as defined by *Children's Services DP-CC4 Care of Neonates in Maternity Services, Appendix 3.* This may be an indication of inadequate milk transfer or low milk production, however a thorough evaluation of infant feeding is required before automatically ordering supplementation. It should also be noted that excess newborn weight loss is correlated with positive maternal intrapartum fluid balance (received through intravenous fluids) and may not be directly indicative of breastfeeding success or failure.
d. Hyperbilirubinemia associated with poor breast milk intake despite appropriate intervention and marked by ongoing weight loss and limited stooling. See *Children's Services DP-CC4 Neonatal Jaundice.*
e. Where macronutrient supplementation is indicated, such as for the infant with rare inborn errors of metabolism.

Maternal Indications (in addition to making an LC referral via EMR):

a. Delayed secretory activation (72–120 hours) with signs of inadequate intake by the infant.
b. Primary glandular insufficiency as evidenced by abnormal breast shape, poor breast growth during pregnancy, and minimal indications of secretory activation.
c. Breast pathology or prior breast surgery resulting in poor milk production.
d. Certain maternal medications.
(e.g. chemotherapy, some psychotherapeutic drugs, some anti-epileptic drugs, long-lasting radioactive compounds).
e. Intolerable pain during feedings unrelieved by interventions.
f. Severe illness that prevents a woman caring for her infant (e.g. sepsis).
g. Maternal HIV positive status – babies to be exclusively formula fed.
h. HSV lesions on breasts.
i. Hepatitis C positive with grazed, cracked or bleeding nipples.

Adapted from BHFI, 2020

Appendix 3: WH Breastfeeding Policy Summary

Appendix 4: Suggested Breastfeeding Education in Antenatal Appointments

Midwife Booking Appointment (MBA)	• WH Breastfeeding Handout based on the "10 Steps to Successful Breastfeeding." • Why breastfeeding is important for women and infants. • Risks associated with not breastfeeding. • Discuss knowledge and previous experience of infant feeding. • Provide "Breastfeeding with Confidence" booklet.
18/40 Week Appointment	• Benefits of a support person throughout labour and birth. • Non-pharmacological pain management during labour. • Importance of early uninterrupted skin-to-skin contact (importance of 1st hour). • How to recognise when the infant is ready to attach to the breast for the first feed.
22/40 Week Appointment	• Exclusive breastfeeding for the first 6 months; and the • Continuation of breastfeeding when other foods are introduced (2 years and beyond); • Feeding cues and frequency of feeding; • Effective positioning and attachment.
26/40 Week Appointment	• Importance of 24-hour rooming-in. • Why bottle/teats/dummies are discouraged while breastfeeding is being established.
30/40 Week Appointment	• Community breastfeeding support groups and services.
36/40 Week Appointment	• Antenatal expression, storage and transport of breastmilk (where appropriate).