

Ensuring Optimal Breastfeeding Support for Pregnant Women and New Mothers

Procedure code: Women's Services DP-CC4

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Section: Connecting Care

Sub-Section: Care Assessment/Planning/Delivery

1. Overview

Western Health (WH) recognises that breastfeeding is the optimal way for a mother to feed her baby and that breastfeeding provides many health benefits for both mother and baby.

In a Baby Friendly Health Initiative (BFHI) facility, a woman's informed choice of infant feeding is encouraged, respected and supported.

This procedure aims to:

- Promote consistent, evidence-based information and advice about breastfeeding and lactation by WH clinicians.
- Create a health care environment with maternity facilities where breastfeeding is protected, promoted and supported by all staff.
- Ensure that the health benefits of breastfeeding and the potential health risks associated with breastmilk substitutes are discussed with all women and their families, allowing them to make an informed choice about how they feed their babies.
- Support staff to encourage women to breastfeed exclusively for six months and to continue breastfeeding, with the addition of appropriate complementary foods, for up to two years and beyond.
- Improve breastfeeding rates at Western Health by promoting awareness of the *Ten Steps to Successful Breastfeeding*.

This procedure is structured to align with the BFHI *Ten Steps to Successful Breastfeeding*, and includes:

- 8.1 [Have a written breastfeeding procedure that is routinely communicated to all health care staff](#)
- 8.2 [Train all health care staff in skills necessary to implement this procedure](#)
- 8.3 [Inform all pregnant women about the benefits and management of breastfeeding](#)
- 8.4 [Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour and encourage mothers to recognise when their babies are ready to breastfeed, offering help if needed](#)
- 8.5 [Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants](#)
- 8.6 [Give newborn infants no food or drink other than breastmilk, unless medically indicated](#)
- 8.7 [Practise rooming-in; allow mothers and infants to remain together 24 hours a day](#)
- 8.8 [Encourage breastfeeding on demand](#)
- 8.9 [Give no artificial teats or dummies to breastfeeding infants](#)
- 8.10 [Foster the establishment of breastfeeding support and refer mothers on discharge from Western Health](#)

2. Applicability

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

Babies admitted to Newborn Services for a period of greater than 24 hours are exempt from this procedure.

3. Responsibility

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

4. Authority

Changes to this procedure can only be approved by the Clinical Services Director of Women's and Children's Services or the Divisional 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 DP-CC4	Kangaroo Care and skin-to-skin contact in the Special Care Nursery
Children's Services DP-CC4	Late Preterm and Low Birth Weight Neonates on the Postnatal Ward
Children's Services DP-CC4	Neonatal Hypoglycaemia
Women's Services DG-CC4	Collaborative Maternity Care Guideline.
Women's Services DG-CC4	Labour, Birth and the Early Puerperium
AD171	Neonatal Assessment and Variation Form
Guideline	Antenatal Breastfeeding Education Guideline
ABA Consumer information	Breastfeeding With Confidence
Information Sheet	Breastfeeding Supports Available After Leaving Hospital
Information Sheet	Red Nose: Safe Sleeping

6. Credentialing Requirements

All Western Health 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 [Section 8.2](#).

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

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 newly born infants. Also referred to in this PPG as baby.
Child	A young human, aged from 28 days of life 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
AF	Artificial Feeding
BOS	Birth Outcomes System
BF	Breastfeeding
BFHI	Baby Friendly Health Initiative
CW	Children's Ward
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

The BFHI is a joint WHO and UNICEF project that aims to create a healthcare environment where breastfeeding is the norm, and practices known to promote the wellbeing of all mothers and infants are promoted. The BFHI includes the Ten Steps to Successful Breastfeeding and the International Code of Marketing of Breastmilk Substitutes.

The *Ten Steps to Successful Breastfeeding* are the global criteria against which maternity hospitals are assessed and accredited, and this procedure is structured to align with these steps.

8.1 Have A Written Breastfeeding Procedure That Is Routinely Communicated To All Health Care Staff

This procedure is to be communicated to all staff who have contact with pregnant women and mothers via a variety of methods including:

- Orientation;
- Education sessions;
- Intranet- Policies, Procedures & Forms portal;
- Other opportunities.

8.1.1 Orientation

- All new midwifery and relevant nursing and medical staff will receive an orientation to the BFHI program, and be provided with a copy of this procedure.

8.1.2 Education Sessions

- Western Health Centre for Education will facilitate three Breastfeeding Study Days annually. Regular inservice/education sessions are conducted throughout the year by the Western Health Lactation Consultants. Education sessions will include orientation to this procedure.

8.1.3 Other Opportunities

- Western Health Lactation Consultants will circulate regular newsletters to all staff within Women's and Children's Services, which includes reference to this procedure.

8.2 Train All Health Care Staff In The Skills Necessary To Implement This Procedure

Health care staff have a responsibility to support breastfeeding women and assist and educate them to overcome breastfeeding problems. 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 mothers with breastfeeding or breast expression.
Group Two	WH staff who may provide general breastfeeding advice but do not assist mothers with breastfeeding. Examples include obstetricians, neonatologists, paediatricians, other medical personnel, most paediatric unit nursing staff (unless they frequently assist mothers with breastfeeding or breast expression), speech pathologists, dieticians and physiotherapists who advise or provide care related to infant feeding or lactation to mothers and/or their babies.
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. Training requirements for each new staff member 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.

Recognition of up to twelve hours of prior learning may be applied for by new Group 1 staff. This may include theoretical education in BF and supervised clinical experience in BF skills acquired from any source within the previous 10 years. Relevant BFHI education from another BFHI accredited facility within the last 3 years can also be credited towards recognition of prior learning.

8.2.1 Group 1 Training Requirements (20 hours on commencement; 8 hours every subsequent 3 years)

- Knowledge of this procedure.
- Orientation and education to the BFHI program and the *Ten Steps to Successful Breastfeeding*.
- Knowledge of *Acceptable Medical Reasons for the Use of Breastmilk Substitutes* ([Appendix 1](#)).
- WH's and health workers' responsibilities under the *WHO International Code of Marketing of Breast-milk Substitutes*.
- WH's protocols and information on breastfeeding and lactation management in a *Baby Friendly* facility, with a focus on empowering the women and using "hands-off" techniques.
- Clinical skills such as positioning and attachment, recognising good attachment, hand expression and alternative ways in which a supplementary feed may be offered to a breastfeeding baby.
- Mother-friendly labour and birthing practices and how they relate to BF as per *Women's Services DG-CC4 Labour, Birth and the Early Puerperium*.
- Culturally sensitive care in response to women's beliefs, customs or ethnicity as per *Women's Services DG-CC4 Labour, Birth and the Early Puerperium*.
- How to assist the mother to make a fully informed and appropriate decision about infant feeding, suitable to her circumstances.
- Providing optimal support to all mothers who will be leaving Western Health using infant formula.

8.2.2 Group 2 Training Requirements (minimum 2 hours on commencement; update session every 3 years)

- Knowledge of this procedure.
- Orientation and education to the BFHI program and the Ten Steps to Successful Breastfeeding.
- Knowledge of *Acceptable Medical Reasons for the Use of Breastmilk Substitutes*.
- WH's and health workers' responsibilities under the *WHO International Code of Marketing of Breast-milk Substitutes*.
- Mother-friendly labour and birthing practices and how they relate to BF, as per *Women's Services DG-CC4 Labour, Birth and the Early Puerperium*.
- Culturally sensitive care in response to women's beliefs, customs or ethnicity as per *Women's Services DG-CC4 Labour, Birth and the Early Puerperium*.
- Protocols related to step 4, skin-to-skin contact, as per *Children's Services DP-CC4 Kangaroo Care and skin-to-skin contact in the Special Care Nursery* and Section 8.4 of this procedure
- Why breastfeeding is important.
- Ways in which a supplementary feed of infant formula can affect the breastfeeding baby and mother.
- How to assist the mother to make a fully informed decision about infant feeding appropriate to her circumstances.

8.2.3 Group 3 Training Requirements (minimum of orientation session; update session every 3 years)

- Knowledge of this procedure.
- Understanding of why breastfeeding is important.
- Orientation and education to the BFHI program and the *Ten Steps to Successful Breastfeeding*.
- Information to enable them to refer breastfeeding queries adequately e.g. to LC, RM, RN, BF classes.
- Note: Training and education records for each group are recorded in a training database, maintained by the WH Women's and Children's Education Department.

8.3 Inform All Pregnant Women About The Benefits And Management Of Breastfeeding

It is the responsibility of clinical staff to ensure that women are aware of the benefits of breastmilk, that exclusive breastfeeding is recommended for at least the first six months of life, and the potential health risks of formula feeding.

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 benefits of having a support person of the mother's choice with her throughout labour and birth.
- Ways to help with comfort and non-pharmacological pain relief during labour.
- The importance of early uninterrupted skin-to-skin contact (the importance of the first hour).
- How to recognise when the baby is ready to attach to the breast for the first feed.
- Basic BF/lactation management, including positioning and attachment, feeding cues and frequency of feeding.
- Why 24-hour rooming-in (staying close to baby) is important.
- Why bottle teats and dummies are discouraged while breastfeeding is being established.
- 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.
- Breastfeeding support groups and services in the community.

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

All women will be provided with a copy of the ABA publication "Breastfeeding with 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 Western Health will reflect BFHI best practice standards.

8.3.1 Breastfeeding Supports

- All women booked at WH for pregnancy care are eligible to attend a free WH Breastfeeding Class and/or to arrange a 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 have diabetes in pregnancy;
 - Are foreseen to have a breastfeeding difficulties (e.g. women larger than optimal weight, retracted nipples);
 - Are receiving a "red" pathway of care.
- Lactation Consultants / Mothercraft Nurse who conduct Antenatal Breastfeeding Classes will also document the information that was discussed in the woman's medical record.
- Women with particular concerns (not suitable to be addressed in a group setting) or with a previous complicated breastfeeding history are able to arrange an antenatal LC review.

8.4 Place Babies In Skin-to-skin Contact With Their Mothers Immediately Following Birth For At Least An Hour, And Encourage Mothers To Recognise When Their Babies Are Ready To Breastfeed, Offering Help If Needed

All women are encouraged to place their babies 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 [Labour, Birth and the Early Puerperium](#)*.

The baby should remain in skin-to-skin contact, without interruption or separation, for at least an hour after a vaginal or caesarean birth unless 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)*.

8.4.1 Skin-to-skin Contact Following Vaginal Birth

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

8.4.2 Skin-to-skin Contact Following Caesarean Section

- 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.

8.4.3 Skin-to-skin Contact Following General Anaesthetic

- Skin-to-skin contact should be commenced within ten minutes of the woman being able to respond to her baby.

8.4.4 Skin-to-skin Contact in Newborn Services

- Refer to *Children's Services DP-CC4 [Kangaroo Care and skin-to-skin contact in the Special Care Nursery](#)*.
- If skin-to-skin contact is interrupted for clinical reasons, it is to be resumed as soon as mother and baby are able; this may be facilitated in Newborn Services if appropriate. Skin-to-skin contact with another adult, such as the other parent of the baby, is an alternative where skin-to-skin contact with the mother is not possible; skin-to-skin contact with the mother should still be commenced as soon as possible.

8.5 Show Mothers How To Breastfeed, And How To Maintain Lactation Even If They Should Be Separated From Their Babies

All breastfeeding mothers at WH are taught:

- How to position and attach their babies for breastfeeding.
- How to recognise that the baby is well attached on the breast and breastfeeding effectively.
- How to stimulate the milk ejection reflex and how to hand express their breastmilk.
- The supply and demand principles behind maintaining optimal milk supply.
- How to recognise when the baby is ready to feed.
- How to maintain lactation if they are separated from their babies.
- Information and handouts may be provided to women from the WH intranet:

<http://inside.wh.org.au/departmentsandservices/womensandchildrens/Pages/Breastfeeding-education-information-for-women.aspx>

8.5.1 Mothers Who Are Rooming In With Their Babies (Routine Postnatal Care)

- All mothers who plan to breastfeed are provided with appropriate information, demonstration and support to initiate and maintain lactation and to breastfeed their babies. This is provided to women in the hospital wards and continued by midwives and nurses from the Maternity @ Home and Neonatal HITH services.

8.5.2 Mothers Who Are Separated From Their Babies

- Mothers who are separated from their babies at birth are encouraged to express colostrum, ideally within the first hour of birth (but at least within 6 hours) and then at least 8 times in a 24 hour period.
- Mothers are shown techniques for breast expression by hand and pump. They are also advised how to store and transport their breastmilk safely.
- If a breastfeeding mother or a breastfed baby/child is admitted to any part of WH, the support provided is appropriate and facilitates the continuation of breastfeeding.

8.5.3 Mothers Who Have Chosen Not To Breastfeed

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

8.6 Give Newborn Infants No Food Or Drink Other Than Breastmilk Unless Medically Indicated

Breastfed infants under six months of age who are patients of WH should receive no other food or fluids, unless medically indicated or a fully informed parental choice is made and documented.

If supplementation of breastfeeding is indicated for any infant, every effort should be made to encourage and assist the woman to express breast milk for supplementation.

8.6.1 Medically Indicated Postnatally

- If there is a medical indication to commence formula for an exclusively breastfed infant, RM/RNs are required to discuss and complete the relevant consent on the *Neonatal Assessment and Variation chart (AD171)*. In NBS and CW, verbal consent to give formula must be obtained and documented by RM/RNs under the 'Admission and Assessment' screen in EMR.
- In maternity services, medically indicated formula should be ordered on the EMR for the baby by a medical practitioner. Staff should then record administration of formula on the MAR. For WHO medically indicated reasons for the administration of formula, refer to [Appendix 1](#).
- NBS medical staff may recommend formula, including supplementation, for medical indications other than those listed in [Appendix 1](#). These will be discussed with women/parents to allow an informed choice to be made.

8.6.2 Informed Parental Choice

- If a woman who has been exclusively breastfeeding decides to supplement with formula or suppress lactation, midwives are required to discuss and complete the relevant consent on the *Neonatal Assessment and Variation chart (AD171)*. In NBS verbal consent to give formula must be obtained and documented by RMs or RNs under the 'Admission and Assessment' screen in EMR.

8.7 Practice Rooming In - Allow Mothers And Infants To Remain Together 24 Hours A Day

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

8.7.1 Information Provided To Women Regarding Rooming In

- Staff should inform women that rooming in:
 - Allows unrestricted breastfeeding.
 - Helps a mother learn about her baby's feeding and behavioural cues.
 - Promotes increased mother/baby contact and bonding
 - Promotes closer contact and bonding with other family members.
 - Helps prevent cross infection.
 - Reduces errors and clinical risks.

8.7.2 Information Provided To Women Regarding Safe Sleeping

- All women are to be provided with relevant information regarding safe sleeping; refer to *Children's Services DG-GC2 Safe Sleeping for Babies*.
- Women will be provided with information regarding safe sleeping in the antenatal and/or postnatal period.

8.8 Encourage Breastfeeding On Demand

Staff will encourage and support mothers to breastfeed according to their infants' needs, and convey to mothers that milk production and infant weight gains are increased by frequent and unrestricted breastfeeding.

Restrictions should not be placed on the frequency or duration of feeds for a healthy, full term infant.

Staff will support and educate mothers to recognise early feeding cues and when their babies are breastfeeding effectively. Mothers are encouraged to breastfeed if their breasts become uncomfortable or too full.

The clinical rationale for any scheduled feeds (for example, low birth weight, preterm birth, hypoglycaemia) must be explained to the mother 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.

8.9 Give No Artificial Teats Or Dummies To Breastfeeding Infants

The use of pacifiers/dummies or artificial teats by healthy term breastfed babies is discouraged during the establishment of breastfeeding, as this may interfere with suckling and the adjustment of the breastmilk supply to the baby's requirements during the first four weeks.

Staff will inform parents of the possible disadvantages of using teats and dummies to allow them to make an informed choice.

These discussions should include:

- The different type of suck has the potential to cause suck confusion.
- It is harder to recognise feeding cues.
- Babies may feed less often.
- May reduce time at the breast and decrease milk supply.
- May reduce the length of time the mother breastfeeds.

If supplementation is necessary, alternate feeding methods should be used, such as spoon, syringe or cup feeding.

8.10 Foster The Establishment Of Breastfeeding Support And Refer Mothers On Discharge From Western Health

All breastfeeding women will be provided with written information regarding resources available in the community for breastfeeding support ([Available on WH intranet](#)).

This includes:

- Maternity @ Home midwives provide home visits following discharge.
- Australian Breastfeeding Association www.breastfeeding.asn.au and 24-hour helpline - 1800686268.
- 24 hours Maternal and Child Health Helpline - 132229
- Lactation Consultants in private practice.
- Local Council Breastfeeding Support Services.
- Further information regarding local council breastfeeding Support Services ([Available on WH intranet](#))

8.11 Additional Considerations

8.11.1 WHO International Code of Marketing Of Breast-Milk Substitutes

- In addition to the ten-steps outlined above, Western Health aims to further protect breastfeeding by adhering to the relevant policy provisions of the WHO International Code of Marketing of Breast-Milk Substitutes and therefore:
 - Prohibits all promotion of artificial feeding and materials which promote the use of infant formula, feeding bottles and teats.
 - Does not permit the WH to receive free or subsidised (low cost) products within the scope of the Code.
 - Does not permit the distribution of samples and supplies of infant formula to parents.
 - Addresses restrictions on access to the WH and staff by representatives from companies which distribute or market products within the scope of the Code.
 - Prohibits direct or indirect contact of these representatives with pregnant women or mothers and their families.
 - Does not allow the WH to accept gifts, non-scientific literature, materials or equipment, money, or support for in-service education or events from these companies.
 - Ensures that instruction on preparation and feeding of infant formula is given individually and only to parents who need to use it. There is no group instruction.
 - Supports careful scrutiny at the institutional level of any research which involves mothers and babies, to identify potential implications on infant feeding or interference with the full implementation of the procedure.

8.11.2 Return To Work And Breastfeeding

- WH recognises the value of mothers on staff continuing to breastfeed. It recognises reduction of absenteeism, increase in productivity and increase in staff 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 babies and express their breast milk.
- 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.

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

In the Joan Kirner Women's and Children's Precinct, there is a Baby Care/Feeding Room located on the Ground Floor, behind the interactive wall.

In the Sunshine Hospital Precinct there is a Baby Care/Feeding Room located on the Ground Floor, behind Dorevitch Pathology.

9. Document History

Number of previous revisions: 6

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

10. Auditable Standards

1. Rates of initiation of breastfeeding
2. Rates of exclusive breastfeeding on discharge from hospital
3. Timing of initiation of skin-to-skin contact

11. References

Baby Friendly Health Initiative Australia (2016). Booklet 1: Standards for Implementation of the Ten Steps to Successful Breastfeeding. Available from: https://www.midwives.org.au/sites/default/files/uploaded-content/website-content/BFHI/bfhi_handbook_for_maternity_facilities_v3_20161028_0.pdf

Department of Education and Early Childhood Development (2014). *Victorian Breastfeeding Guidelines*. Available from: <http://www.education.vic.gov.au/Documents/childhood/professionals/health/breastfeedguidelines14.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 Organisation (2018). *Ten steps to successful breastfeeding (revised 2018)*. Available from: <https://www.who.int/nutrition/bfhi/ten-steps/en/>

12. Sponsor

Lactation Consultant Group

13. Authorisation Authority

Divisional Director of Women's and Children's Services

Infant Conditions

Infants who should not receive breast milk or any other milk except specialized formula:

- Classic galactosaemia: a special galactose-free formula is needed;
- Maple syrup urine disease: a special formula free of leucine, isoleucine and valine is needed; or
- Phenylketonuria: a special phenylalanine-free formula is needed (some breastfeeding is possible, under careful monitoring).

Infants for whom breast milk remains the best feeding option but who may need other food in addition to breast milk for a limited period:

- Very low birth weight infants (with birth weight less than 1500g);
- Very preterm infants, i.e. those born less than 32 weeks gestational age; or
- Newly born babies who are at risk of hypoglycaemia by virtue of impaired metabolic adaptation or increased glucose demand (such as those who are preterm, small for gestational age or who have experienced significant intra partum hypoxic/ischaemic stress, those who are ill and those whose mothers are diabetic) if their blood sugar fails to respond to optimal breastfeeding or breast milk feeding.

Maternal Conditions

Mothers who are affected by any of the conditions mentioned below should receive treatment according to standard guidelines.

Mothers who may need to avoid breastfeeding:

- HIV infection: if replacement feeding is Acceptable, Feasible, Affordable, Sustainable and Safe (AFASS).
- An individual decision should be made in consultation with each mother, taking into account her circumstances and viral load.

Mothers who may need to avoid breastfeeding temporarily:

- Severe illness that prevents a mother from caring for her infant e.g. sepsis;
- Herpes simplex virus type 1 (HSV-1): direct contact between lesions on the mother's breasts and the infant's mouth should be avoided until all active lesions have resolved; or
- Maternal medication:
 - Sedating psychotherapeutic drugs, anti-epileptic drugs and opioids and their combinations may cause side effects such as drowsiness and respiratory depression and are better avoided if a safer alternative is available;
 - Radioactive iodine-131 is better avoided given that safer alternatives are available - a mother can resume breastfeeding about two months after receiving this substance;
 - Excessive use of topical iodine or iodophors (e.g. povidone-iodine), especially on open wounds or mucous membranes, can result in thyroid suppression or electrolyte abnormalities in the breastfed infant and should be avoided; or
 - Cytotoxic chemotherapy requires that a mother stops breastfeeding during therapy.

Mothers who can continue to breastfeed, although health problems may be of concern

- Mastitis: continue breastfeeding. if breastfeeding is very painful, milk must be removed by expression to prevent progression of the condition;
- Breast abscess: breastfeeding should continue on the unaffected breast; feeding from the affected breast can continue if the abscess is not draining into a duct or express to keep breast drained. Resume breastfeeding once treatment has started;
- Hepatitis B: infants should be given hepatitis B vaccine, within the first 48 hours or as soon as possible thereafter;
- Hepatitis C: if a woman has a bleeding nipple, express and discard from the affected breast;
- Tuberculosis: mother and baby should be managed according to national tuberculosis guidelines;
- Substance use: Mothers should be encouraged not to use these substances and given opportunities and support to abstain. Mothers who choose not to cease their use of these substances or who are unable to do so should seek individual advice on the risks and benefits of breastfeeding depending on their individual circumstances. For mothers who use these substances in short episodes, consideration may be given to avoiding breastfeeding temporarily during this time:
 - Maternal use of nicotine, alcohol, ecstasy, amphetamines, cocaine and related stimulants has been demonstrated to have harmful effects on breastfed babies; and
 - Alcohol, opioids, benzodiazepines and cannabis can cause sedation in both the mother and the baby.
- Primary Inadequate Breastmilk Supply:
 - Breast surgery: Women who have had breast surgery such as breast reduction with nipple relocation may find it necessary to use a breastmilk substitute to supplement their baby's intake and ensure adequate nutrition.
 - Bilateral breast hypoplasia: Every attempt should be made to stimulate an adequate milk supply, but if unsuccessful, the baby may need a breastmilk substitute to supplement intake and ensure adequate nutrition.