

Department:	Obstetrics and Gynecology/ Neonatology Department		
Document:	Multidisciplinary Policy and Procedure		
Title:	Breast Feeding		
Applies To:	All Obstetrics and Gynecology and Neonatology Staff		
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1. PURPOSE:

- 1.1 To standardize the health care given to all breastfeeding mothers post-delivery.

2. DEFINITIONS:

- 2.1 **Breastfeeding**- is the normal way of providing young infants with the nutrients they need for healthy growth and development.

3. POLICY:

- 3.1 All women are provided with information about the recommendations for and benefits of breast milk and breastfeeding so that they make an informed decision regarding how to feed their newborn.
- 3.2 All women who choose to breast feed or provide breast milk to their baby are supported in initiating and maintaining lactation unless it is medically contraindicated.
- 3.3 Each patient wishing to breastfeed her infant, but unable to do so due to prematurity or neonatal illness, should be instructed to use electric breast pump as soon as possible and within 4 hours of delivery.
- 3.4 Breast feeding is contraindicated if the mother is:
 - 3.4.1 Antibody positive for HIV and currently not receiving treatment.
 - 3.4.2 Antigen positive for Hepatitis B until infant treated.
 - 3.4.3 Culture positive for tuberculosis until treated.
 - 3.4.4 Culture positive for CMV if infant is premature or sick.
 - 3.4.5 Positive for Herpetic lesion on the nipple.
 - 3.4.6 Taking medication contra indicated with breast feeding.
 - 3.4.7 A known history of illicit substance use during this current pregnancy.

4. PROCEDURE:

- 4.1 Clinical assessment and care:
 - 4.1.1 Assess the following parameters and adjust care accordingly.
 - 4.1.1.1 Maternal comfort and readiness for breastfeeding/pumping.
 - 4.1.1.2 Infant's readiness for breastfeeding or need for pumping.
 - 4.1.1.3 Potential breastfeeding concerns such as flat or inverted nipples or lack of transition in milk volumes.
 - 4.1.1.4 Discuss plan with Physician/Advanced Practitioner, lactation physician and social worker as needed.
 - 4.1.1.5 Medications should be evaluated for safety with breastfeeding.
- 4.2 General instructions:
 - 4.2.1 Explain the process of supply and demand needed to establish an adequate milk supply.

- 4.2.2 Explain the need for frequent pumping/nursing 8–10 times per day. Explain that breast fullness is typical; engorgement is not. Warm showers, soaks or packs may be used to relieve discomfort.
- 4.2.3 Explain that anything the mother ingests (alcohol, medications and illicit drugs) has the potential to pass into breast milk in some amount.
- 4.2.4 Encourage exclusive breastfeeding. Some mothers may need support and encouragement to do so. Explain the following:
 - 4.2.4.1 Supplementing with formula and bottle feeding in the early period of lactation reduces nipple stimulation and breast emptying, both of which have the potential to reduce milk supply.
 - 4.2.4.2 Frequent, unrestricted nursing is the best measure for engorged breast.
 - 4.2.4.3 The newborn is the one who learns how to breastfeed. Exclusive breastfeeding increases learning opportunities.
 - 4.2.4.4 Crying is a late sign of hunger. Delay in transferring infant to mother side may affect successful latch and feeding.
 - 4.2.4.5 Early and consistent breastfeeding may decrease the likelihood of significant newborn jaundice.
- 4.3 Breastfeeding a well newborn:
 - 4.3.1 Provide privacy and as quiet an environment as possible.
 - 4.3.2 Instruct/support mother with good positioning.
 - 4.3.2.1 Keep newborn's head and body in alignment, with baby's entire body facing the mother.
 - 4.3.2.2 Mother may need to support her breast with her other hand, especially when the infant is latching on to the breast.
 - 4.3.2.3 Rotate positions, especially during the first 2 weeks to prevent nipple soreness.
 - 4.3.2.4 Emphasize bringing the newborn to mother and allowing the newborn to do most of the work in latching. This is usually best accomplished by stroking the newborn's chin.
 - 4.3.3 Instruct mother that pain during feeding indicates a problem that needs to be investigated. A gentle tugging is normal.
 - 4.3.4 Teach mother to remove the newborn from the breast by breaking the suction.
 - 4.3.5 Teach mother to evaluate the milk transfer based on observations of feeding let down reflex, latch, suction, tongue position, amount of breast in mouth.
 - 4.3.6 Instruct mother to feed on demand and to take cues from the infant to determine both when to offer and end a feeding.
 - 4.3.7 Encourage frequent feedings based on infant's behavior.
 - 4.3.8 Include father of newborn or significant others in instruction process when possible.
 - 4.3.9 Teach mother to keep track of the number of stools, wet diapers and feedings in each 24 hour period and to compare these with daily goals.
- 4.4 Breast and nipple care:
 - 4.4.1 Instruct mother to wear a well-fitting support bra at all times.
 - 4.4.2 Instruct mother to leave nipples uncovered and air dry after each feeding. Expressing some milk onto the nipples and letting them air dry possibly helps to prevent tissue damage.
 - 4.4.3 Instruct mother that she only needs to wash her breasts as part of usual bathing routine and only with water.
 - 4.4.4 Instruct mother to maintain adequate fluid intake while breastfeeding.
 - 4.4.5 Flat or inverted nipples may require that mother pump or roll nipple to pull them out prior to putting newborn to breast.
 - 4.4.6 Breast shells with larger holes in ring may be used with sore nipples. The reason for discomfort should be identified and corrected.
 - 4.4.7 Reinforce verbal instructions using hand-outs, videos and pamphlets.
- 4.5 Special considerations for breastfeeding pre term infant.
 - 4.5.1 Criteria: physiologic stability and infant behavior.
 - 4.5.1.1 Experiences short, wakeful periods.

- 4.5.1.2 Tolerates intermittent gavage feeding for infant to be offered the full (no pumping) breast.
- 4.5.1.3 Able to maintain body temperature out of incubator for short periods of skin to skin contact.
- 4.5.2 Begin with only one session a day, giving infant the chance to 'get to know' mother. These initial nursing sessions should be introduced prior to intermittent feeds or bottle feeds if the infant shows readiness.
- 4.5.3 Reassure mother that the amount of milk ingested during early nursing sessions is not important. Total nourishment from breastfeeding is a goal to be accomplished over several weeks.
- 4.5.4 Choose awake and alert time for infant (depending on infant, try 20 to 30 minutes before feeding).
- 4.5.5 Provide privacy, comfortable chair, pillows and footrest.
- 4.5.6 Assess and document breastfeeding behavior (licking, sucking, nuzzling, vigorous sucking, and pull away with cry).
- 4.5.7 If baby falls asleep without adequate milk transfer, supplement with OG feeding.
- 4.5.8 Consider starting test weights once infant seems to be getting some amount of milk. This scale can be used to build the mother's confidence with the breastfeeding by knowing how much milk the baby took.
- 4.5.9 Reassure mother that full breastfeeding for premature infants is a process that takes time.
- 4.5.10 Sometimes the bottle may be used to calm the baby and help him to latch on to the breast. This strategy usually works best as a baby is becoming more mature and alert for longer periods.
- 4.5.11 After breastfeeding is established, duration should be individualized to infant's condition. There is no need to set an arbitrary time limit.
- 4.5.12 When feeding is not fully established, have mother pump and empty breasts after breastfeeding. She may need to do this even after newborn is discharged.
- 4.5.13 Prior to discharge, mother should plan for extended visitation with nursing on demand so that she may learn to evaluate when she needs to supplement the breast feedings.
- 4.6 Consideration for multiple births:
 - 4.6.1 Breastfeeding should be encouraged for any multiple births if the mother desires, regardless of the number of infants.
 - 4.6.2 The mother's milk supply, plans for feeding and other support at home will need to be evaluated.
 - 4.6.3 After successfully breastfeeding each infant individually, simultaneous nursing with two infants (one at each breast) should be encouraged as a convenient way to nurse multiples more efficiently.
- 4.7 Communication:
 - 4.7.1 Make a referral to the lactation consultant for all first time breastfeeding mothers.
 - 4.7.2 Discuss plan with nursing and medical staff and lactation consultant if:
 - 4.7.2.1 Infant is not nursing well or at all.
 - 4.7.2.2 Infant experiences unstable vital signs or drop in glucose that is related to breastfeeding.
 - 4.7.2.3 Mother is disinterested in continuing breastfeeding explore if nipple soreness, engorgement, other factors play a role.
 - 4.7.2.4 Infant's weight continues to drop after successful nursing and does not stabilize.
 - 4.7.2.5 Infant is not voiding or stooling well.
 - 4.7.2.6 Infant does not tolerate breast milk.
- 4.8 Desired patient outcomes:
 - 4.8.1 The term or medically stable pre term infant will achieve optimal success in breastfeeding.
 - 4.8.2 Parents will verbalize understanding of information regarding pumping, milk storage and breastfeeding.
 - 4.8.3 Mother will identify resources for information during the infant's hospitalization and after discharge.
- 4.9 Documentation :
 - 4.9.1 In the case of multiple births, documentation of teaching should be completed on each infant's patient and family teaching record.

4.9.2 For well born infants with mothers hospitalized, use well newborn patient and family teaching record for documentation.

5. MATERIAL AND EQUIPMENT:

- 5.1 Breast pump
- 5.2 Feeding bottles

6. RESPONSIBILITIES:

- 6.1 Physician
- 6.2 Nurses

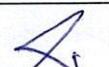
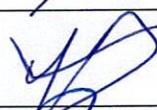
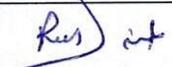
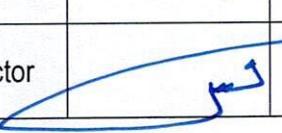
7. APPENDICES:

- 7.1 Breastfeeding Notes Form

8. REFERENCES:

- 8.1 Baby Friendly hospital initiative: UNICEF, Evidence for the ten steps to successful breastfeeding. WHO, Geneva, 1998.
- 8.2 CDC Guide to breastfeeding interventions: evidence based interventions, including maternity care practices, support of breastfeeding in work place. <http://www.cdc.gov/breastfeeding/pdf>.
- 8.3 CBAHI Standard 3rd Edition 2016.
- 8.4 MOH, Guidelines for Obstetrics and Gynecology, Clinical Policies and Procedures.

9. APPROVALS:

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Reviewed by:	Dr. Mohannad Yaghmour	Head of the Department		January 12, 2025
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Reviewed by:	Mr. Sabah Turayhib Al - Harbi	Director of Nursing		January 13, 2025
Reviewed by:	Mr. Abdulelah Ayed Al - Mutairi	QM&PS Director		January 14, 2025
Reviewed by:	Dr. Thamer Naguib	Medical Director		January 15, 2025
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BREAST FEEDING

Upon the instruction from the Ministry of Health, based on the approved directive from the High Commissioners Number 12/1/77185 dated 14/08/1428 concerning the encouragement and promotion of Breast Feeding among mothers as well as regulations of marketing breast milk substitute.

Maternity and Children Hospital in Hafar Al Batin will actively encourage and promote breastfeeding initiatives among mothers. Thus, we are informing you that we are:

1. Committed to help mothers initiate early Breastfeeding after delivery.
 2. Skin to skin contact between the mother and the baby immediately after birth for minimum half an hour.
 3. The baby will be with his mother inside her room throughout his/her stay at the hospital.
 4. Appropriate educational material (brochures) will be distributed, highlighting: (the benefits of breastfeeding for the baby and the mother, how to express breast milk and storage it. Etc.)
 5. Infant formula will not be provided in the Post-Natal wards and Neonatal care unit or Pediatrics Medical or Surgical Ward.
- In rare case, exceptions may be made with prescription of the Physician.

Thank you for being a part of our initiatives

(Mother/ Guardian)

Name:

I,

Acknowledge that I have read and understood the above mentioned initiatives and hereby affix my signature to actively take part in the promotion of Breast Feeding

بناءً على تعليمات وزارة الصحة والمعتمدة على الموافقة السامية في تشجيع الرضاعة الطبيعية وتعزيزها للأمهات وذلك حسب نظام تداول بدائل حليب الأم مع قرار وزارة الصحة رقم 58177/1/12 تاريخ 1428/8/14 وتنص على تشجيع الرضاعة الطبيعية بين الأمهات وكذلك التراخيص لبدائل لين الأم.

و ضمن خطط مستشفى الولادة والأطفال بحفر الباطن تشجيع وتعزيز الرضاعة الطبيعية بين الأمهات لذا نود أن تعلمك بأننا نقوم بال التالي :

- 1/ مساعدة الأمهات في البدء بالرضاعة الطبيعية الصحيحة في الملاعق الأولى من الولادة .
- 2/ سليم وضع الطفل ملائقاً لجسم الأم لمدة ساعة على الأقل مباشرةً بعد الولادة .
- 3/ سليم إبقاء الطفل مع أمه طوال فترة تواجدهم في المستشفى .
- 4/ تقديم ملويك متنقية عن الرضاعة الطبيعية . والتي تتضمن : (فوائد الرضاعة الطبيعية لكل من الأم والطفل ، وطرق جمع وحفظ حليب النبي .. وغيرها)
- 5/ لن يتم توفير الحليب الصناعي في أقسام ما بعد الولادة أو أقسام الأطفال الباطنية والجراحية إلا بوصمة من الطبيب المختص .

نشكر لكم مشاركتكم جزءاً من مبادرتنا

(الأم / ولي الأمر)
الأسم : _____

أقر أني قرأت وفهمت التعليمات المشار إليها (إعلانه التي تشجع على الرضاعة الطبيعية ولها لوقع .

الترفع : _____
التاريخ : _____

KINGDOM OF SAUDI ARABIA



Hospital: _____
 Region: _____
 Dept./Unit: _____

MRN: _____ رقم الوالد المكتوب

Name: _____ الاسم

Nationality: _____ الجنسية

Age: _____ سن Years: _____ شهور Months: _____ يوم Days: _____

Date of Birth: _____ / 14 / 20 تاريخ الولادة

Gender: Male Female الجنس

BREASTFEEDING NOTES FORM

Date: _____	Mode of delivery: _____	Parity: _____
<p>1. Delivery room/ following delivery: Skin to skin contact Time of delivery:</p> <p>Did mother/ baby have skin to skin contact? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, why not? Please tick main reason.</p> <p><input type="checkbox"/> Maternal preference <input type="checkbox"/> Neonatal/ medical reason <input type="checkbox"/> Maternal/ medical reason</p> <p>If Yes, for how long?</p> <p>Staff Name: _____ Signature: _____</p> <p>Date: _____ Time: _____</p>		
<p>2. Following delivery (observation room) Early feeding</p> <p>Did the baby have a feed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, why not? Please tick main reason.</p> <p><input type="checkbox"/> Maternal preference <input type="checkbox"/> Neonatal/ medical reason <input type="checkbox"/> Maternal/ medical reason</p> <p><input type="checkbox"/> Baby showed no interest <input type="checkbox"/> Ward busy <input type="checkbox"/> Other (Please specify): _____</p> <p>If Yes, how did the baby feed? Breastfeed:</p> <p><input type="checkbox"/> Good effort (licking & smelling breast) <input type="checkbox"/> Good attachment <input type="checkbox"/> Rhythmic sucking</p> <p>Staff Name: _____ Signature: _____</p> <p>Date: _____ Time: _____</p>		
<p>3. Postnatal ward (breastfeeding support)</p> <ol style="list-style-type: none"> 1. Show mothers how to breastfeed and maintain lactation even if they are separated from their infants. <ul style="list-style-type: none"> • Mother instructed how to express breast milk if baby is separated <input type="checkbox"/> Yes <input type="checkbox"/> No • Mother offered further assistance within 6 hours of delivery <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Mother able to position and attach correctly her babies to breast. <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Taught mother the importance of self demand feeding, rooming-in. <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Problems with using teats, dummies, nipple shields. <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Breastfeeding support details given and explained. <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Breastfeeding leaflets given. <input type="checkbox"/> Yes <input type="checkbox"/> No <p>Staff Name: _____ Signature: _____</p> <p>Date: _____ Time: _____</p>		