POLICY ON TRAINING OF HEALTH CARE STAFF ON LACTATION AND BREASTFEEDING

POLICY NO. **: COM - 002**
DIVISION **:** OB-GYNE, NICU, PEDIA
CLASSIFICATION **:** COMMITTEE
SECTION **:** LACTATION AND BREASTFEEDING
POLICY REVIEWED DATE **:** May 2014

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OBJECTIVE:

- That every staff member will confidently support mothers with early and exclusive breastfeeding, and that this facility moves towards achieving Baby-friendly hospital.

POLICY:

1. Train all health care staff in skills necessary to implement the policy.

2. All nursing staff especially those involved in the care of mother and infants shall undergo training in lactation, neonatal care and breastfeeding management.

3. New staff shall be trained upon entrance of duty.

4. All training seminars must be documented, including **TIME-IN** and **TIME-OUT** of every participant.

5. Inform all health care workers and employees of the hospital that, the Global Strategy is supported by national policies, laws and programs to promote, protect and support breastfeeding, and protect the rights of working women to maternity protection.

Implementation Date:

This policy has been implemented since 1995, revised February 17, 2011, November 17, 2011 reviewed May 2, 2014, revised March 30, 2013

Schedule for Policy Review:

This policy shall be reviewed every three (3) years or as deemed necessary.

POLICY ON COMMUNICATION ABOUT THE BENEFIT AND MANAGEMENT OF BREASTFEEDING

POLICY NO. **: COM - 003**
DIVISION **:** OB-GYNE, NICU, PEDIA
CLASSIFICATION **:** COMMITTEE
SECTION **:** LACTATION AND BREASTFEEDING
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OBJECTIVE:

- To ensure consistent, effective care for mothers and babies.
- To provide a standard of practice that can be measured.

POLICY:

1. Require all pregnant mothers and their husband to attend mother's class on breastfeeding (Tuesday & Thursday @ 12:00 Noon – 1:00 P.M.) at the lobby of OSPAR and at 8:00 P.M. at the OB-Gyne Ward.

   They will be informed about:
   a. Hospital policy on breastfeeding and rooming-in its strict enforcement at all times whether the patient is private or charity.
   b. Benefits of breastfeeding.
   c. Importance of adequate diet during pregnancy.
   d. Proper management of mothers and newborn during lactation.
2. In the event that there are pregnant women who have not attended mothers class seminar but who are about to deliver, personnel concerned shall inform such women of the breastfeeding and rooming-in policies at the soonest possible time upon admission to the hospital.

3. Posting of instructional/demonstrative materials relevant to breastfeeding in strategic places of the hospital.

4. Videos presentation on breastfeeding education during mother's class.

5. All health facility materials will promote breastfeeding as the normal and optimal way to care for a baby.

How can a pregnant woman prepare for breastfeeding?

1. During pregnancy, women should eat an extra meal a day for adequate weight gain to support fetal growth and future lactation and take iron/folate supplement.
2. During lactation, women should eat the equivalent of an additional nutritionally balanced meal a day. She needs also high dose vitamin A supplements within one month after delivery to build stor4es and to improve the vitamin A content of breastmilk.
3. Pregnant women should prepare their breast and nipples, use the **Hoffman's maneuver.** This is a simple stretching exercise that pulls the skin back and away from the nipple with fingertips. For those with no nipple problems, the expectant mother can prepare her breasts during the last six weeks of pregnancy. She can pull the nipple gently in all directions, grasp the nipples with two fingers and pull and roll them back and forth and gently massage her breast.

Advantages of exclusive breastfeeding for mothers.

1. Physiological benefits
    - Breastfeeding promotes uterine involution, decreases risk of postpartum hemorrhage and increases period of postpartum anovulation (having periods without ovulation).
    - Mothers can also practice natural child spacing since breastfeeding delays ovulation. This is called Lactation Amenorrhea Method (LAM). A lactating woman has at least 98% protection from pregnancy for six (6) months when she remains without her period (ammenorrheic) and fully or nearly fully breastfeeds.
    - Breastfeeding also decreases the risk of breast cancer, ovarian cancer and hip and bone fractures.
    - Breastfeeding also makes it easier for night feeds.
2. Psychological Benefit
    - Breastfeeding promotes attachment between the mother and child, increases self-esteem to mothers and allows daily rest for mothers. It is important for the optimal health and development of the baby. Breastmilk provides every single essential nutrient in the development of the babyand the bonding element (mother's thoughts, emotions and vibration) that helps mother and baby to bond for life.

3. Financial Benefits
    - Breastfeeding can save as much as P2000 a month when compared to using other milks.
    - Reduces time lost from work. Mothers do not have to absent themselves from work because breastfed babies are less likely to get sick.

- Reduces cost for medicines for sick baby because breastfed infants do not get sick easily.

Implementation Date:

This policy has been implemented since 1995, revised February 17, 2011, November 17, 2011 reviewed May 2, 2014, revised March 30, 2013

Schedule for Policy Review:

This policy shall be reviewed every three (3) years or as deemed necessary.

POLICY ON THE INITIATION OF BREASTFEEDING WITHIN HALF HOUR OF BIRTH

POLICY NO. **: COM - 004**
DIVISION **:** OB-GYNE, NICU, PEDIA
CLASSIFICATION **:** COMMITTEE
SECTION **:** LACTATION AND BREASTFEEDING
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OBJECTIVE:

- **ESSENTIAL NEWBORN CARE (DOH AO 2009-0025)** – this Administrative Order (AO) outlines specific policies and principles for health care providers with regard the prescribed systematic implementation of interventions that address health risk known to lead to preventable neonatal deaths. This AO is consistent with AO No. 2008-2009 on implementing Health Reforms for Rapid Reduction of Maternal and Newborn Mortality and support all DOH initiatives and programs for newborn and child health.

POLICY:

A.Within the first 30 seconds

Objective: Dry and provide warmth to the newborn and prevent hypothermia

- Put on double gloves just before delivery.
- Use a clean, dry cloth to **thoroughly** dry the newborn by wiping the eyes, face, head, front and back, arms and legs.
- Remove the wet cloth.
- Do a quick check of newborn's breathing while drying.
- Do not put the newborn on a cold or wet surface.

- Do not bathe the newborn earlier than 6 hours of life.
- If the newborn **must** be separated from his/her mother, put him/her on a warm surface, in a safe place close to the mother.

B.After thorough drying

Objective: Facilitate bonding between the mother and her newborn through skin-to-skin contact to reduce likelihood of infection and hypoglycemia

- Place the newborn prone on the mother's abdomen or chest, skin-to-skin.
- Cover the newborn's back with a blanket and head with a bonnet.
- Place the identification band on the ankle.
- Do not separate the newborn from the mother, as long as the newborn does not exhibit severe chest in-drawing, gasping or apnea and the mother does not need urgent medical/surgical stabilization e.g. emergency hysterectomy.
- Do not wipe off vernix if present.

Check for multiple births as soon as newborn is securely positioned on the mother. Palpate the mother's abdomen to check for a second baby or multiple births. If there is a second baby (or more), get help. Deliver the second newborn. Manage like the first baby.

C. While on skin-to-skin contact (up to 3 minutes post-delivery)

Objective: Reduce the incidence of anemia in term newborns and intraventricular hemorrhage in pre-term newborn by delaying or non-immediate cord clamping.

- Remove the first set of gloves immediately prior to cord clamping.
- Clamp and cut the cord after cord pulsation have stopped (typically at 1 to 3 minutes). Do not milk the cord towards the newborn.
    a. Put ties tightly around the cord at 2 cm and 5 cm from the newborn's abdomen.
    b. Cut between ties with sterile instrument.
    c. Observe for oozing blood.
- After cord clamping, ensure 10 IU Oxytocin IM is given to the mother. Follow other protocol per PCPNC.

D.Within 90 minutes of age

Objective: Facilitate the newborn's early initiation to breastfeeding and transfer of colostrums through support and initiation of breastfeeding

- Leave the newborn on the mother's chest in skin-to-skin contact. Health workers should not touch the newborn unless there is a medical indication.

- Observe the newborn. Advice the mother to start feeding the newborn once the newborn shows feeding cues (e.g. opening of mouth, tonguing, licking, rooting). Make verbal suggestions to the mother to encourage her newborn to move toward the breast e.g. nudging.
- Counsel on positioning and attachment. When the newborn is ready, advise the mother to position and attach her newborn.
- Advise the mother not to throw away the colostrums.
- If the attachment or suckling is not good, try again and reassess.
- A small amount of breast milk may be expressed before starting breastfeeding to soften the nipple area so that it is easier for the newborn to attach.

To prevent ophthalmia neonatorum through proper eye care, administer erythromycin or tetracycline ointment or 2.5% povidone-iodine drops to both eyes after the newborn has located the breast. Do not wash away the eye antimicrobial.

E.NON-IMMEDIATE INTERVENTIONS – These interventions are usually given within 6 hours after birth, and should never be made to compete with the time-bound interventions.

b. **Give Vitamin K prophylaxis**
   - Inject a single dose of Vitamin K 1 mg IM (if parents decline intramuscular injections, offer oral vitamin K as a 2nd line).

c. **Inject Hepatitis B and BCG vaccinations**
   - Inject hepatitis B vaccine IM and BCG intradermally.

d. **Examine the newborn. Check for birth injuries, malformations or defects.**
   - Weigh the newborn and record
   - Look for possible birth injury and/or malformation.
   - Refer for special treatment and/or evaluation if available.
   - If the newborn has feeding difficulties because of the injury/malformation, help the mother to breastfeed. If not successful, teach her alternative feeding methods.

e. **Cord Care**
   - Wash hands
   - Fold diaper below stump. Keep cord stump loosely covered with clean clothes.
   - If stump is soiled, wash it with clean water and soap. Dry it thoroughly with clean cloth.
   - Explain to the mother that she should seek care if the umbilicus is red or draining pus.
   - Teach the mother to treat local umbilical infection three times a day.

F.NEWBORN RESUSCITATION

a. Start resuscitation if the newborn is not breathing or is gasping after 30 seconds of drying or before 30 seconds of drying if the newborn is completely floppy and not breathing.
b. Clamp and cut the cord immediately.
c. Call for help.
d. Transfer the newborn to a dry, clean and warm surface. Keep the newborn wrapped or under a heat source if available.
e. Inform the mother that the newborn needs help to breath.

G.ADDITIONAL CARE FOR A SMALL BABY OR TWIN – if a newborn is preterm, 1 – 2 months early or weighing 1,500 – 2,499 g (or visibly small where a scale is not available).

a. If the newborn is delivered 2 months earlier or weighs < 1500 g, refer to a specialized hospital.
b. For a visibly small newborn or a newborn born >1 month early;

-Teach the mother how to keep the small newborn warm in skin-to-skin contact via Kangaroo Mother Care (KMC). Start kangaroo mother care when;

- The newborn is able to breathe on its own (no apneic episodes).
  The newborn is free of life-threatening disease or malformations.

-Provide extra blankets for the mother and the newborn, plus bonnet, mittens and socks for the newborn.

- If the mother cannot keep the newborn skin-to-skin because of complications wrap the newborn in a clean, dry, warm cloth and place in a cot. Cover with a blanket. Use a radiant warmer if the room is not warm or the baby is small.

- Give special support for breastfeeding: Encourage the mother to breastfeed every 2 – 3 hours.

-Weigh the newborn daily.

-When the mother and newborn are separated, or if the newborn is not sucking effectively, use alternative feeding methods.

H.UNNECCESSARY PROCEDURES

A. Routine suctioning
B. Early bathing/washing

C. Footprinting
D. Giving sugar water, formula or other prelacteals and the use of bottles or pacifiers.
E. Application of alcohol, medicine and other substances on the cord stump and bandaging the cord stump or abdomen.

Implementation Date:

This policy has been implemented since 1995, revised February 17, 2011, November 17, 2011 reviewed May 2, 2014, revised March 30, 2013

Schedule for Policy Review:

This policy shall be reviewed every three (3) years or as deemed necessary.

POLICY ON HOW TO BREASTFEED AND MAINTAIN LACTATION EVEN IF THEY SHOULD BE SEPARATED FROM THEIR INFANTS

POLICY NO. **: COM - 005**
DIVISION **:** OB-GYNE, NICU, PEDIA
CLASSIFICATION **:** COMMITTEE
SECTION **:** LACTATION AND BREASTFEEDING
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OBJECTIVE:

To be able to know the advantages and disadvantages of Breastfeeding through proper motivation, mother's class and health teaching.

POLICY:

1. Breastfeeding is preferred and encouraged since we are a Baby Friendly Hospital affiliated.

2. The infant is burped well then should be placed on his right side for easy gastric emptying or in prone position after feeding.

3. Surrogate expressed breast milk is given in the absence of breast milk from the mother.

4. Use of sterilized containers for expressed breast milk is necessary.
    a. **Feeding on a normal babies**
        - Colostrums and breast milk must be given to all neonates who can tolerate oral feeding by direct manner.
        - The baby should be permitted to suck at the breast frequently or as demanded.

- Mother should wake their babies for breastfeeding if they sleep more than 3 hours.

b. **Feeding on preterm babies**

- Preterm (32 – 34 weeks gestation) and low birth weight whose sucking and swallowing mechanisms are not fully developed can be given through OGT feeding. Immediately 1 – 2ml of colostrums is given every 1 – 2 hours of life and may be given 5ml/day. However, unstable preterm is placed on NPO.
- With stabilization of vital signs and gestational age 32 – 34 weeks, breast milk by syringes or breastfeeding can be initiated.
- Asphyxiated babies generally cannot be fed 24 – 96 hours depending on the severity of complications.

c. **Feeding on babies with Hyperbilirubinemia**

- Mothers are allowed to breastfed or continue through expressed breast milk by tube or cup at NICU while the infant is on phototherapy.

Feedings are given more frequent to prevent water loss and dehydration brought by phototherapy.

BREASTFEEDING TECHNIQUES:

1. Put the baby to the breast immediately after birth and allow baby to remain with the mother.
2. Mother could either sit or lie down when breastfeeding. The position while breastfeeding should not make the mother feel tired.
3. Mother should hold the baby close enough to her body, supporting the baby's neck and shoulder.
4. Mother could place the nipple on the baby's cheek. This will make the baby turn and look for the nipple and grasp it by the mouth.
5. Mother could help the baby get enough milk by placing the baby's lower lip toward the base of the areola. This assures that the nipple is at the center of the baby's mouth.

Mother should offer both breast to the baby one after the other at each feeding time, allowing the baby to suckle on each breast for about 5 – 15 minutes. For the next feeding time, mother should start feeding on the breast last used by the baby.

6. If the baby is satisfied after feeding from only one breast, mother should express the milk from the other breast. She should start feeding on this breast at the next feeding. This will ensure equal suckling and emptying of both breasts.
7. Breastfeed frequently, as often as the baby wants, day and night. The signs when the baby is hungry are:
    - When baby turns towards the breast and searches for the nipple
    - licking movements
    - Flexing arms
    - Clenching fists
    - Tensing body

- Kicking legs
- Crying

8. Continue breastfeeding even if the mother or the baby becomes ill. Sick mothers need to rest and drink plenty of fluids top help her recover. If the mother does not get better, she should consult a health worker and say that she is breastfeeding. If the baby has diarrhea or fever, the mother should continue to exclusively breastfeed and frequently to avoid dehydration and malnutrition.

HOW WORKING MOTHERS CONTINUE TO BREASTFEED THEIR BABY

- Mothers can continue breastfeeding even when they have to return to work.
- Working mothers can breastfeed her baby before leaving for work, after returning from work, at night and day-off or on weekends.
- While at work, mothers can express their milk to relieve pain due to full breasts to ensure continuous milk production and prevent breasts from drying up.
- While the mother is away, the expressed breastmilk can be fed to the baby using a clean cup.

Implementation Date:

This policy has been implemented since 1995, revised February 17, 2011, November 17, 2011 reviewed May 2, 2014, revised March 30, 2013

Schedule for Policy Review:

This policy shall be reviewed every three (3) years or as deemed necessary.

POLICY ON NEWBORN INFANT NO FOOD & DRINK OTHER THAN BREASTMILK, UNLESS MEDICALLY INDICATED

POLICY NO. **: COM - 006**
DIVISION **:** OB-GYNE, NICU, PEDIA
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OBJECTIVE:

Breastmilk is the best food since it contains essential nutrients completely suitable for the infant's needs.
It is also nature's first immunization, enabling the infant to fight potential serious infection.

POLICY:

1. What does **BREASTFEEDING TSEK** means?

   - **"Tama"** by immediate skin-to-skin contact between mother and baby after birth, and initiation of breastfeeding within the first hour of life.
   - **"Sapat"** by encouraging and assuring mothers that little breastmilk is enough for the first week and that frequent breastfeeding ensures continuous breastmilk supply to respond to the increasing needs of the baby.
   - **"EKsklusibo"** by giving only breastmilk and no other liquid to the baby for the first six(6) months. Breastmilk has all the other and nutrients that the baby needs for the first six (6) months after which the baby should be given appropriate complementary foods while continuing breastfeeding.

2. What is the importance of **BREASTFEEDING TSEK?**

   - Babies who were not breastfed in the first 6 months of their lives are 25 times more likely to die than those who experienced exclusive breastfeeding from the time they were born.

- The timing of initiation of breastfeeding is important as there is a higher risk of death among infants with longer delay in the initiation of breastfeeding.
- Hospitalized low birth weight infants who were fed with formula milk had 4 times the incidence of serious illness compared to those infants who were breasted.
- There is a 2 – 4 fold increase in neonatal mortality rate (NMR) in not receiving colostrums. There is a 5 – 13% decrease in NMR with exclusive breastfeeding
- Breastfeeding not only saves babies from death, but also provides long-term benefits. Breastfed babies do better in school cognitive tests by as much as 4.9 points. There is a positive association of breastfeeding with educational attainment.

3. What are **the advantages of exclusive breastfeeding** for the baby?
    - The human milk is naturally designed for human consumption. It is nutritionally superior to any alternatives, bacteriologically safe and always fresh.
    - Breastfeeding **promotes proper jaw, teeth, and speech development.**
    - **Suckling at the breast is comforting** to fussy, overtired, ill or hurt baby.
    - It also **promotes bonding.**
    - **Provides protection against infection** – breast milk reduces the risk of acute infection such as diarrhea, pneumonia, ear infection, influenza, meningitis and urinary tract infections.
    - **Protect against illnesses** – it protects against chronic disease in children such as allergies, diabetes, ulcerative colitis and Chron's disease. Breastfeeding promotes child development and is associated with lower risk factors for cardiovascular disease including high blood pressure and obesity in later life.
    - **Protects from allergies** – breastfed babies are exposed to fewer allergens in the first hour of life and the first feedings of colostrums literally 'seal the gut' (the porous lining of the intestine), providing a barrier to the absorption of allergy-producing agents. Both colostrums and mother's mature milk are rich in antibodies, providing the baby the benefit of being immune for about 6 months of age.
    - **Enhances intelligence** – human breast milk enhances brain development and improves cognitive development.
4. Why do exclusive breastfed babies **need no additional water?**
    - Healthy infants need about 80-100 ml of water per kilogram of body weight in the first week of life and increases to 140-160 ml per kilogram between 3-6 months of age. The water requirements of the infant are all available from breast milk.
    - Eight-eight (88)% of breast milk is made-up of water. Even though a newborn gets little water in colostrums, no additional water is needed because a baby is born with extra water. The breastmilk with higher water content is usually available in mothers about the third or fourth day from birth.
    - Breast milk is also low in solutes or dissolved substances such as sodium, potassium, nitrogen and chloride. Thus, less water is needed to flush out these solutes. With less solutes, the baby's kidneys which are still immature are not overworked.

MILK BANKING

It is the policy of our institution that the human breast milk shall be handled and administered according to a safe and standardized process.

Procedure:

A. Exposure of human milk in the hospital.
   a. Human milk is expressed using a hospital-grade electric breast pump.
   b. Mothers should be provided with pumping kits suitable for double breast pumping. Each mother will be instructed in the correct use of the pump, including how to clean the pumping kit between uses.
   c. Mothers will be provided with single use, clean milk storage containers by unit staff.
   d. Mothers will receive instructions on correct hygiene (hand washing and care of nipples and breast) while pumping. Mothers should be discouraged from using any nipple treatments (creams and ointments) that may affect milk quality and or be harmful to the infant. Mothers may be instructed to use their own as a lubricant.
   e. The Unit Manager, Area Staff are responsible for the routine cleaning and disinfecting of a hospital-owned breast pumps. Pumps should be cleaned each day following the manufacturer's instructions for use of cleaning products. Users should be reminded to wash their hands before and after using the breast pump.

B. Storage
   a. Our hospital's patient care staff should follow Standard Precautions when handling expressed milk.
   b. Human milk may be stored on the hospital's designated refrigerator unit/freezer for that purpose only. It should never be stored with employee foods/medications.
   c. Human milk should be stored in hard plastic containers intended for single use should not be larger than 8-ounces volume.
   d. Each container must be labeled with patient's name, medical record number, date and time expressed, date and time thawed and any additives.

      If frozen in a general freezer: expiration is in 3 months
      If frozen in a deep freezer: expiration is in 6 months
   e. Milk intended for use within 24-48 hour period should be refrigerated. Any other milk should be placed in the freezer for longer storage. Milk stored at 4^0C (40^OF) in a refrigerator is good for 48 hours.
   f. Human milk containing any supplements or additives can be refrigerated for 24 hours.
   g. Human milk that has been refrigerated up to 24 hours can be frozen; milk refrigerated >24 hours cannot be frozen.

h. Human milk that has been thawed or partially thawed cannot be frozen and must be used within 24 hours.
i. Human milk containing supplements or additives cannot be frozen.
j. Daily monitoring of expressed milk expiration dates must be checked. Expired milk must be discarded immediately.

C. Transportation
   a. An insulated container with freezer gel pack should be used to transport fresh or frozen breast milk.

D. Thawing
   a. Patient care staff should use Standard Precautions when handling breast milk.
   b. Verify and identify of human milk by matching before breast milk is administered to a patient, 2-unique patient identifiers (patient's name and medical record number or date of birth) on the patient's identification bracelet with the same information on the human milk label. Checking can be done by 2 Registered Nurses and patient's parent.

      NOTE: Check expiration date; use the oldest milk first according to expiration date.
   c. There are two acceptable methods for thawing and/or warming human milk.
      i. Warm water basin
         1. Fill a basin belonging to the patient with lukewarm water, not hot or boiling water. DO NOT use a "common basin" to warm milk for multiple patients. DO NOT thaw breast milk at room temperature, in the refrigerator, or in the microwave. If NOT fed to patient, breast milk is refrigerated after thawing.
         2. Place the milk container(s) in the basin, making sure the water level does not touch the lid of the container(s). The milk container may be placed in a vinyl glove or plastic bag to protect the label from getting wet.
         3. Keep the basin on a counter or stable surface while thawing the milk, DO NOT place the basin in the sink. DO NOT thaw milk under running water in a sink.

            NOTE: Temperature approved breast milk warmer can be used instead of the previous thawing procedure.
      ii. Human Milk Warmer
         1. See Manufacturers Guidelines for Usage.
   d. Swirl the milk container(s) periodically to distribute the milk components.
   e. Instruct parents/family members in the correct procedure for thawing breast milk for use in the hospital and at home.
   f. Milk should not be warmed beyond 122^0F to prevent destruction of enzymes and natural immune factors present in the milk.
   g. Only RN's may add supplements/additives to human breast milk.

h. If the volume of milk to be fortified is >60 ml, mix in a plastic container. If the volume is <60 ml, use a nursette. Label container with the Connecticut Children's human milk label with the patient name, medical record number, date/time milk was thawed, date/time prepared, contents/list of supplements added and expiration based on whether the milk was fresh or frozen.
i. Place any unused thawed breast milk in the refrigerator labeled with patient identification label (as above) and the date/time thawed. Use within 24 hours.

Implementation Date:

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Schedule for Policy Review:

This policy shall be reviewed every three (3) years or as deemed necessary.

POLICY ON ROOMING-IN

POLICY NO. **: COM - 007**
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OBJECTIVE:

- To promote a wellness model of maternity care that will improve birth practices.
- To support every baby the best start in life by creating a health care environment that support breastfeeding as the norm.
- To foster a closer mother-baby relationship.

POLICY:

1. **For vaginal deliveries (NSD) –** the following newborn infants shall be put to the breast of the mother immediately after birth and forthwith roomed-in within thirty (30) minutes.
    - All well infants regardless of age gestation and delivered without complication shall be given to their mother to hold and caress immediately after birth.
    - Infants with low birth weights but who can suck, should also be given to the mother immediately.
    - Infants shall be roomed-in with their mothers within 30 minutes to 1 hour after delivery.
    - The NICU staff shall assist the mother to initiate breastfeeding in the delivery room by latching on.
2. **For Caesarian Section deliveries:**
    - Infants delivered by caesarian section shall be roomed-in and breastfed within three (3) to four (4) hours after birth **(RA No. 7600 Sec. 6)**
    - The NICU staff shall assist the mother to initiate breastfeeding.
3. **For complicated births (sick baby, sick mothers or both sick)**

- Infants shall be roomed-in as soon as medical condition permits. If the baby is staying in the unit, the mother must breastfeed directly or will feed with expressed breast milk.
- Newborn shall not be given pre-lacteal feeds such as sterile water, glucose water or milk formula since breast milk can provide their needs.
- Supplemental feedings are accepted only on medical conditions such as inborn errors of metabolism (Galactosemia, Phenylketonuria, MSUD), very low birth weights (below 1000g), preterm newborns (below 32 weeks gestation).

4. **For mothers with illnesses:**
    - Mothers with common breast problems such as breast engorgement, sore nipples and mastitis are still encouraged to continue to breastfeed their babies.
    - Mothers with mild to moderate medical conditions may still continue to breastfeed directly or give EBM by dropper or cup.

❖ **Exemption from rooming in and breastfeeding policies include those who are seriously ill such as mothers with eclampsia, CHD class IV, severe infection or diabetes, taking medications contraindicated to breastfeeding such as anti-cancer drugs, mothers with psychotic problems and other conditions which do not permit the said policies.**

❖ **Exemptions – infants whose conditions do not permit rooming-in and breastfeeding as determined by the attending physician, and infants whose mothers are either:**
    - Serious ill
    - Taking medications contraindicated to breastfeeding
    - Violent psychosis
    - Whose conditions do not permit breastfeeding and rooming-in as determined by the attending physician

Shall be exempted from the provisions of Section 5,6 and 7: Provided, that these infants shall be fed expressed breastmilk or wet-nursed as may determined by the attending physician. (RA 7600 Sec.8)

❖ **Right of the Mother to Breastfeed(RA 7600 Sec. 9)** – it shall be the mother's right to breastfeed her child who equally has the right to her breastmilk. **Bottlefeeding** shall be allowed only after the mother has been informed by the attending health personnel of the advantages of breastfeeding and the proper techniques of the infant formula feeding and the mother has opted in writing to adopt infant formula feeding for her infant.

Implementation Date:

This policy has been implemented since 1995, revised February 17, 2011, November 17, 2011 reviewed May 2, 2014, revised March 30, 2013

Schedule for Policy Review:

This policy shall be reviewed every three (3) years or as deemed necessary.

POLICY TO ENCOURAGE BREASTFEEDING ON DEMAND

POLICY NO. **: COM - 008**
DIVISION **:** OB-GYNE, NICU, PEDIA
CLASSIFICATION **:** COMMITTEE
SECTION **:** LACTATION AND BREASTFEEDING
POLICY REVIEWED DATE: May 2014

Reviewed By:		
Arleen G. Herrera, RN, MAN OIC-Nursing Division	Angeline L. Brillante, RN,MAN Asst. Chief Nurse	Juana Sinena-Loren, MD HEAD-OB-Gyne Dept.
Reviewed By:	Noted By:	Approved By:
Ma. Rima G. Apelo, MD HEAD-Pediatric Dept	Lea Grace Vasquez, MD Chief of Clinics	Ephraim Neal C. Orteza, MD,MHA Hospital Director

OBJECTIVE:

- For better nutritional needs.

POLICY:

1. **A baby needs to be fed on demand.**
    - In the first two days of life, babies need only to be fed 2 4 times a day.
    - From about the third day onward, the baby starts to feed more often or about 10 – 20 feeding in 24 hours.
    - On the second week or so, most babies settle into routine of their own and feed 5 – 10 times a day.
    - From the third week onward, the number of feedings decreases to about one feeding every 3 – 4 hours.
    - A mother should offer her breast to the baby often.
2. **Babies are content with breastmilk alone**
   Breastmilk is adequate when the baby:
    - Is satisfied after 15 – 20 minutes of feeding
    - Falls asleep right away after each feeding and sleeps for about 3 – 4 hours

- Gains weight satisfactorily, i.e. about ½ kilogram every month for the first six (6) months such that birth weight will be doubled by about the sixth (6^{th}) month, and tripled by the first year.
- Urinates about six (6) times a day.

Implementation Date:

This policy has been implemented since 1995, revised February 17, 2011, November 17, 2011 reviewed May 2, 2014, revised March 30, 2013

Schedule for Policy Review:

This policy shall be reviewed every three (3) years or as deemed necessary.

NO ARTIFICIAL TEATS OR PACIFIER TO BREASTFEEDING INFANTS

POLICY NO. **: COM - 009**
DIVISION **:** OB-GYNE, NICU, PEDIA
CLASSIFICATION **:** COMPREHENSIVE
SECTION **:** LACTATION AND BREASTFEEDING
POLICY REVIEWED DATE **:** May 2014

Reviewed By:		
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OBJECTIVE:

- To promote, protect and support breastfeeding practices.

POLICY:

1. Sterile water or glucose should **not be given** to infants on pre-lacteal between feedings.

2. **No milk formula or any breast milk substitutes** should be given, unless with a narrative written report and a waiver.

3. **No artificial teats or pacifiers** (dummies or soothers) should be given to breastfeeding babies.
4. Complimentary food in addition to or in placed of breast milk should be given by dropper or small cup in the following condition:

    - Infants with inborn errors of metabolism
    - Those with increased insensible water loss such as during phototherapy
    - Very low birth weight and preterm below 32 weeks of gestation
    - Severe prematurity, severe hypoglycemia not responsive to increase breastfeeding
    - Infants whose mothers are taking medications which may cause harm

Implementation Date:

This policy has been implemented since 1995, revised February 17, 2011, November 17, 2011 reviewed May 2, 2014, revised March 30, 2013

Schedule for Policy Review:

This policy shall be reviewed every three (3) years or as deemed necessary.