



Model

# Hospital Infant Feeding Policy

**COBA** Coalition of Oklahoma  
Breastfeeding Advocates

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Oklahoma State Department of Health  
Oklahoma Academy of Family Physicians  
Association of Women's Health, Obstetric, and Neonatal Nurses-Oklahoma Chapter



Effective Date: 2009

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Policies are reviewed every 5 years

## Purpose

*To promote a philosophy of maternal infant care that advocates breastfeeding and supports the normal physiological functions involved in the establishment of this maternal-infant process. To assist families choosing to breastfeed with initiating and developing a successful and satisfying experience.*

**T**his policy is based on recommendations from the most recent breastfeeding policy statements published by the U. S. Surgeon General<sup>1</sup>, American Academy of Pediatrics<sup>2</sup>, American College of Obstetricians and Gynecologists<sup>3</sup>, American Academy of Family Physicians<sup>4</sup>, the Academy of Nutrition and Dietetics<sup>5</sup>, Academy of Breastfeeding Medicine<sup>6</sup>, World Health Organization<sup>7</sup> and the UNICEF/WHO evidence-based “Ten Steps to Successful Breastfeeding.”<sup>7-10</sup>

## The Ten Steps to Successful Breastfeeding

- 1) Have a written breastfeeding policy that is routinely communicated to all health care staff.
- 2) Train all health care staff in skills necessary to implement this policy.
- 3) Inform all pregnant women about the benefits and management of breastfeeding.
- 4) Help mothers initiate breastfeeding within 1 hour of birth.
- 5) Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
- 6) Give newborn infants no food or drink other than breast milk, unless medically indicated.
- 7) Practice rooming-in--allow mothers and infants to remain together--24 hours a day.
- 8) Encourage breastfeeding on demand.
- 9) Give no artificial teats or pacifiers to breastfeeding infants.
- 10) Foster the establishment of breastfeeding support groups and refer mothers to them upon discharge from the hospital or clinic.

## Policy Statements for Health Care Professionals:

### General

- ❑ Promote, support, and protect breastfeeding enthusiastically.
- ❑ Promote breastfeeding as a cultural norm and encourage family and societal support for breastfeeding.
- ❑ Recognize the effect of cultural diversity on breastfeeding attitudes and practices and encourage variations, if appropriate, that effectively promote and support breastfeeding in different cultures.

### Education

- ❑ Become knowledgeable and skilled in the anatomy, physiology and the current clinical management of breastfeeding.
- ❑ Encourage development of lactation education in nursing schools and dietetic programs, in medical schools, in residency and fellowship training programs, and for practicing physicians, nurses and dietitians.
- ❑ Ensure that all healthcare providers involved in maternal and child health receive education in human lactation.
- ❑ Use every opportunity to provide age-appropriate breastfeeding education to children and adults in the medical setting and in outreach programs for student and parent groups.

### Clinical Practice

- ❑ Work collaboratively with the obstetric, pediatric, family practice and public health communities to ensure that women receive accurate and sufficient information throughout the perinatal period to make a fully informed decision about infant feeding.
- ❑ Work collaboratively with the dental community to ensure that women are encouraged to continue to breastfeed and use good oral health practices.
- ❑ Promote hospital policies and procedures that facilitate breastfeeding.
  - Work actively toward developing hospital policies and practices that encourage and support breastfeeding, including:
    - Eliminating marketing of infant formula in hospitals, including infant formula discharge packs and formula discount coupons. For more information on the elimination of infant formula in hospitals visit [www.banthebags.org](http://www.banthebags.org).
    - Keeping mother and infant together.
    - Offering appropriate infant feeding images.
    - Providing adequate encouragement and support of breastfeeding by all health care staff.
  - Provide on-going, in-depth education in human lactation for all health care staff, including physicians/clinicians. Educate staff on the Ten Steps to Successful Breastfeeding during

orientation or within 6 months of hiring. Verify competency in basic breastfeeding management annually. Hospital leadership will identify staff responsible for implementing and ensuring staff training is completed and meets the Baby Friendly USA staff training requirements for 15 hours of didactic and 5 hours of clinical and is documented in personnel files.

- Ensure that staff who received training prior to employment also complete the “Name of institution” education within 6 months of hiring and that the training is documented in personnel files.
  - Have lactation support experts available at all times. Referral to an International Board Certified Lactation Consultant (IBCLC) is recommended if available. To locate an IBCLC in your area visit the International Lactation Consultant Association website at [www.ilca.org](http://www.ilca.org) or the Oklahoma Lactation Consultant Resource Guide at <http://bis.health.ok.gov>.
  - Review other hospital policies impacting maternal/infant care to ensure incorporation of evidence-based, breastfeeding supportive care (eg. infant thermoregulation includes skin to skin care as an intervention).
- Provide effective breast pumps and private lactation areas for all breastfeeding mothers (patients and staff) in ambulatory and inpatient areas of the hospital.
  - Develop office practices that promote and support breastfeeding by using Academy of Breastfeeding Medicine guidelines:  
[http://www.bfmed.org/Media/Files/Protocols/Protocol\\_14\\_revised\\_2013.pdf](http://www.bfmed.org/Media/Files/Protocols/Protocol_14_revised_2013.pdf)
  - Become familiar with local breastfeeding resources (see attached resource page).
    - IBCLCs
    - Breastfeeding medical and nursing specialists such as certified nurse midwives
    - WIC Clinics and WIC Breastfeeding Peer Counselors
    - Other breastfeeding educators including certified doulas
    - Mother-to-mother support groups such as La Leche League and Breastfeeding USA
    - Breast pump rental resources
    - Human Milk Banks and local Human Milk Depots
      - Contact the Oklahoma Mothers’ Milk Bank for information and locations of milk depots in Oklahoma at [www.okmilkbank.org](http://www.okmilkbank.org).

When specialized breastfeeding services are used, the essential role of the infant’s primary health care provider within the framework of the medical home needs to be clarified for parents.

- ❑ Encourage adequate, routine insurance coverage for necessary breastfeeding services and supplies, including the time required by health care providers to assess and manage breastfeeding and the cost for durable medical equipment.
- ❑ Develop and maintain effective communication and coordination with other health care professionals to ensure optimal breastfeeding education, support, and counseling.
  - Those with breastfeeding expertise, such as maternal-child professional associations (see resource page), WIC breastfeeding coordinators and local IBCLCs can facilitate collaborative relationships and develop programs in the community and in professional organizations for support of breastfeeding.
- ❑ Advise mothers to continue their breast self-examinations on a monthly basis throughout lactation and to continue to have annual clinical breast examinations by their physicians.

#### Society

- ❑ Encourage the media to portray breastfeeding as positive and normative.
- ❑ Encourage employers to provide appropriate facilities and adequate time in the workplace for breastfeeding and/or milk expression.
- ❑ Encourage childcare providers to support breastfeeding and the use of expressed human milk provided by the parent.
- ❑ Support the efforts of parents and the courts to encourage continuation of breastfeeding in separation and custody proceedings.
- ❑ Provide counsel to adoptive mothers who decide to breastfeed through induced lactation, and refer for professional support as needed.
- ❑ Encourage development and approval of governmental policies and legislation that are supportive of breastfeeding mothers and children.

#### Research

- ❑ Promote continued basic and clinical research in the field of breastfeeding.
  - Encourage investigators and funding agencies to pursue studies that further delineate the scientific understandings of lactation and breastfeeding that lead to improved clinical practice in this medical field.
  - Encourage investigators to adequately define breastfeeding in any studies and include a group of exclusively breastfed babies as a control to improve the quality of lactation research.

#### Policy Statements for Documentation, Monitoring and Continuing Education:

- ❑ A written breastfeeding policy will be developed and communicated to all health care staff. The “*name of institution*” breastfeeding policy will be reviewed and updated routinely using current research as an evidence-based guide. Nursing leadership will identify staff responsible for implementation of the policy.

- ❑ “*Name of institution*” staff will actively support breastfeeding as the preferred method of providing nutrition to infants.
  - A multidisciplinary, culturally appropriate team comprised of hospital administrators, physician and nursing staff, lactation consultants and specialists, nutrition staff, parents, and other appropriate staff shall be established and maintained to identify and eliminate institutional barriers to breastfeeding. On a yearly basis, this group will compile and evaluate data relevant to breastfeeding support services and formulate a plan of action to implement needed changes.
- ❑ The woman’s desire to breastfeed will be documented in her permanent record.
- ❑ All prenatal patients will be educated about early initiation and continuation of breastfeeding. Mothers will be encouraged to exclusively breastfeed unless medically contraindicated. The method of feeding and education will be documented in the permanent record of every infant.
  - Exclusive breastfeeding is defined as providing breast milk as the sole source of nutrition. Exclusively breastfed babies receive no other liquids or solids.
- ❑ Breastfeeding promotion, assessment, teaching, and documentation will be done on each shift and whenever possible with each nursing staff contact with the mother.
  - After each feeding, nursing staff will document information about the feeding in the infant’s permanent record. This documentation may include the latch, position, and any problems encountered. For feedings not directly observed, maternal report may be used. Every shift, a direct observation of the breastfeeding session will be performed and documented.
- ❑ “*Name of Institution*” health professionals will attend regular educational sessions on lactation management and breastfeeding promotion to ensure that correct, current, and consistent information is provided to all mothers wishing to breastfeed.
  - “*Name of Institution*” does not accept free or below market value formula, nipples and bottles. As specified by the World Health Organization (WHO) Code of Marketing of Breastfeeding Substitutes, discharge bags offered to all mothers will not contain free supplies from formula manufacturers such as infant formula, coupons for formula, logos of formula companies, or literature with formula company logos or gift certificates offering incentive rewards for using the certain formula for a period of time.

### Policy Statements for Breastfeeding Education:

- ❑ Perinatal staff will provide all pregnant women and their support persons as appropriate with commercial-free evidence-based information on the benefits of breastfeeding, contradictions to breastfeeding, and risks of formula feeding. Additional education will include importance of exclusive breastfeeding for first 6 months, early initiation and early skin to skin contact, 24-hour rooming-in, cue-based feeding, frequent feeding for milk production, position and latch, and continued breastfeeding to 1-2 years of age.

- ❑ Mothers will be encouraged to utilize available breastfeeding resources including classes, written materials, video presentations and community resources, as appropriate. If clinically indicated, the clinician or nurse will make a referral to a lactation consultant or specialist.
- ❑ The following will be taught to all breastfeeding mothers, regardless of parity before discharge.
  - Proper positioning and latch-on.
  - Nutritive suckling and swallowing.
  - Milk production and release.
  - Infant feeding cues and feeding on cue.
  - Manual expression of breast milk and use of a pump if indicated.
  - How to assess if infant is adequately nourished.
  - Reasons for contacting the clinician.
  - Importance of exclusive breastfeeding for the first 6 months.
- ❑ Parents will be taught that breastfeeding infants, including cesarean-birth babies, should be fed on cue.
  - By discharge, most babies are feeding 8 or more times each 24 hours, including night feedings.
  - Infant feeding cues (such as increased alertness or activity, mouthing, or rooting) will be used as indicators of the baby's readiness for feeding.
- ❑ Parents who, after appropriate education, choose to formula feed their infants will be provided individual instruction.
- ❑ As soon as possible or within 6 hours of delivery, mothers who are separated from their infants will be instructed on how to use hand expression and if necessary, a double set-up electric breast pump. Instructions will include:
  - Expression at least eight times per day around the clock.
  - Proper storage, handling and labeling of human milk.
  - Kangaroo Care.
  - Encouragement to initiate direct breastfeeding as soon as medical conditions permit.
- ❑ Before leaving the hospital,<sup>10,11</sup> breastfeeding mothers should be able to:
  - Position the baby correctly at the breast with minimal discomfort during the feeding.



- Latch the baby to breast properly.
  - Recognize when the baby is swallowing milk.
  - Recognize that the baby should be nursed approximately 8 to 12 times every 24 hours.
  - Recognize age-appropriate elimination patterns.
  - List indications for calling a clinician.
  - Manually express milk from their breasts.
- Prior to going home, mothers will be given the names and telephone numbers of community resources to contact for help with breastfeeding, including (the support group or resource recommended by “*name of institution.*”) (See Resources below.)

### Policy Statements for Clinical Care of Mothers and Their Infants: (deleted Breastfeeding Mothers)

- Immediately after birth all newborns, if baby and mother are stable, will be placed skin-to-skin with the mother.
- Skin-to-skin contact involves placing the baby, naked or diaper only, on the mother’s bare chest.
  - Perform newborn assessments while infant is skin to skin and delay infant prophylaxis until after first feeding or at end of first hour of life.<sup>12</sup>
  - After vaginal births, place infant skin to skin immediately until at least one breastfeeding is completed or for at least one hour if mother is not breastfeeding.<sup>12</sup> Maternal/newborn staff will ensure infant safety during this time, teach the mother newborn feeding cues and assist as infant self-attaches.
  - After cesarean births, place babies skin to skin as soon as the mother is able to respond and keep skin to skin until first breastfeeding is completed or for at least one hour if mother is not breastfeeding.
  - Skin to skin care may be delayed due to medical contraindication of mother and/or baby. Initiate as soon as medical circumstances allow.
  - Enable mothers of unstable infants or infants requiring transfer to the Neonatal Intensive Care Unit to practice skin to skin care as soon as infant is medically stable.
  - Encourage families to keep babies skin to skin as much as possible throughout the hospital stay.
  - Document skin to skin care in the infant’s medical record.
- All healthy mothers and babies will be kept together throughout their hospital stay, including at night (rooming-in).

- Transfer all healthy mothers and babies together from their birthing suite to the mother/baby unit.
- Perform all routine newborn procedures in the mother's room.
- Document any separation of mother and baby in the baby's medical record, including the reason, location and length of time.
- When a mother requests that her baby be cared for elsewhere:
  - Explore the mother's reason for requesting.
  - Educate the mother/family about the benefits of keeping baby with mother. See patient information handout.
  - Inform the mother that (*Facility*) does not have a newborn nursery.
  - Document education in mother's medical record.
- Breastfeeding assessment, teaching and documentation will be done on each shift and whenever possible with each staff contact with the mother.
  - After each feeding, staff will document information about the feeding in the infant's medical record. This documentation may include the latch, position, and any problems encountered.
  - For feedings not directly observed, maternal report may be used.
  - A direct observation of the baby's position and latch-on during feeding will be performed and documented at least once every 8-12 hours.
- Time limits for breastfeeding on each side will be avoided. Mothers will be taught to feed on cue at least 8-12 times per day.
  - Infants can be offered both breasts at each feeding but may be interested in feeding on only one side at a feeding during the first few days.
  - Mothers will be taught to avoid artificial nipples until breastfeeding is well-established, usually after 3-4 weeks.
- No supplemental water, glucose water, or formula will be given unless specifically ordered due to a medical indication by a physician or nurse practitioner, or by the mother's documented and informed request.
  - Prior to non-medically indicated supplementation, mothers will be informed of the risks of supplementing and any concerns will be explored and addressed.

- The supplement should be fed to the baby by cup if possible and will be approximately 5 to 15 ml per feeding during the first 48 hours.<sup>14-16</sup>
  - Alternative feeding methods such as syringe or spoon-feeding may also be used; however, these methods have not been proven to be effective in preserving breastfeeding.
  - Bottles should not be routinely placed in a breastfeeding infant's bassinet.
- The American Academy of Pediatrics recommends avoidance of pacifier use in breastfeeding babies for the first month of life to ensure successful establishment of breastfeeding.<sup>17</sup> Therefore, pacifiers should not be routinely given to normal full-term breastfeeding infants. Mothers will be educated about risks of pacifier use including masking of feeding cues, difficulty latching and decreased milk production.
- The pacifier guidelines at "*name of institution*" state that preterm infants in the Neonatal Intensive Care or Special Care Unit or infants with specific medical conditions may be given pacifiers for non-nutritive sucking.<sup>12</sup> Newborns undergoing painful procedures (circumcision, for example) may be given a pacifier as a method of pain management during the procedure. The infant should not return to the mother with the pacifier.
  - "Name of institution" encourages "pain-free newborn care," which may include breastfeeding during the heel stick procedure for the newborn metabolic screening tests.
- Routine blood glucose monitoring of full-term, healthy appropriate for gestational age (AGA) infants is not indicated.
- Assessment for clinical signs of hypoglycemia and dehydration will be ongoing.<sup>18</sup>
- Anti-lactation drugs are not recommended for any postpartum mother.
- Routine use of nipple creams, ointments, or other topical preparations should be avoided unless such therapy has been indicated.
- Mothers with nipple pain will be observed for latch-on technique.
- Nipple shields should not be routinely used to cover a mother's nipple to treat latch-on problems, prevent or manage sore or cracked nipples or when a mother has flat or inverted nipples.
- Bottle nipples will not be used to cover a mother's nipple during breastfeeding.
  - Nipple shields should be used only in conjunction with a lactation consultation.
- Within 12-24 hours after birth, if the healthy, term infant has not latched on or fed effectively, the mother will be instructed to begin breast massage and hand expression of colostrum into the baby's mouth during feeding attempts.
- Skin-to-skin contact will be encouraged (parents will be instructed to watch closely for feeding cues and whenever these are observed to feed the infant).

- If the baby continues to feed poorly, hand expression or use of a double set-up electric breast pump will be initiated and maintained a minimum of eight times per day. Any expressed colostrum or mother's milk will be fed to the baby by an alternative method.
  - The mother should be educated that hand expression is more effective in the first three days and that she may not obtain much milk or even any milk the first few times she pumps her breasts.<sup>19</sup>
  - Until the mother's milk is available, a collaborative decision should be made involving the mother, nurse, and clinician regarding the need to supplement the baby.
    - According to the World Health Organization and the American Academy of Pediatrics, donor human milk should be offered for medically indicated supplementation.<sup>2, 20</sup>
    - Formula should be offered if no donor milk is available.
  - Each day the clinicians will review the feeding plan.
  - Pacifiers should be avoided.
  - In cases of problem feeding, the lactation consultant or specialist will be consulted.
- If the baby is still not latching on well or feeding well when going home, the feeding/pumping/supplementing plan will be reviewed in addition to routine breastfeeding instructions.
- A follow-up visit or contact should occur within 24 hours.
  - Depending on the clinical situation it may be appropriate to delay discharge of the mother and baby to provide further breastfeeding intervention, support, and education.
- In the case that the mother chooses not to breastfeed or mother's milk cannot be used, and when donor milk is not available, infant formula will be offered with the mother's informed consent. The World Health Organization recommends
- The use of sterile liquid infant formula, especially for infants who are at the highest risk of infection.
- For parents who choose to use infant formula, hospitals should provide parents with verbal and written information and this education will be documented in the medical record. Information will include:
- Guidelines for the preparation, use and handling of formula, appropriate hygiene and cleaning of equipment so as to minimize risks of contamination.
  - Information about appropriate portions and paced bottle feeding to reduce the incidence of overfeeding the bottle-fed infant.

- Powdered infant formula is not sterile and has been associated with serious illness and death in infants due to contamination with harmful bacteria. When sterile liquid infant formula is not available, powdered infant formula should be:<sup>21, 22</sup>
  - Prepared according to manufacturer specifications.
  - Made with water heated to at least 70°C (158°F).
  - Cooled quickly to feeding temperature by placing sterilized bottle or other feeding instrument under cold running water or submerging in cold water.
  - Consumed immediately or stored at temperatures no higher than 5°C (41°F).
  - Discarded if the offered feed has not been consumed within two hours.
  - Used within 24 hours once it has been mixed and appropriately stored.
  
- All babies should be seen for follow-up within the first few days after discharge.
  - This visit should be with a health care provider for an evaluation of breastfeeding, a weight check, assessment of jaundice and age-appropriate elimination.
    - \* For infants discharged at less than 2 days of age (<48 hours): Follow-up at 2 to 4 days of age.
    - \* For infants discharged at more than 2 days of age (> 48 hours): Follow-up at 4 to 5 days of age.
    - \* All newborns should be seen by 2 weeks of age.<sup>2</sup>

### Policy Statements for Exceptions to Breastfeeding:

Breastfeeding is contraindicated in the following situations:

- HIV-positive mother in developed countries.
- Mother is using illicit drugs (for example, cocaine, heroin) unless specifically approved by the infant's health care provider on a case-by-case basis.
- A mother taking certain medications.
  - Although most prescribed and over-the-counter drugs are safe for the breastfeeding infant, some medications may make it necessary to interrupt breastfeeding. These include:
    - Radioactive Isotopes
    - Antimetabolites/Chemotherapy
    - Small number of other medications
- Mother has active, untreated tuberculosis.
  - Mother's expressed milk may be fed to the baby until breastfeeding can be initiated.<sup>2,3</sup>

- ❑ Infant has galactosemia.
- ❑ Mother has active herpetic lesions on her breast(s).
  - Breastfeeding can continue on the unaffected breast (the Infectious Disease Service will be consulted for problematic infectious disease issues).
- ❑ Mother has varicella that is determined to be infectious to the infant.
- ❑ Mother has HTLV1 (human T-cell leukemia virus type 1).

**References used by “Name of Institution”:**

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- *Medications and Mothers’ Milk* by Thomas Hale, (2014)<sup>24</sup>
- *Breastfeeding: A Guide for the Medical Profession* by R.A. Lawrence and R.M. Lawrence, (2011)<sup>2</sup>

## Non-Exceptions

Breastfeeding is not contraindicated in the following situations:

- ❑ Mothers who are hepatitis B surface antigen-positive.
- ❑ Mothers who are infected with hepatitis C virus (hepatitis C virus antibody or hepatitis C virus-RNA-positive blood).
- ❑ Mothers who are febrile (unless cause is a contraindication outlined in the previous section).
- ❑ Mothers who have been exposed to low-level environmental chemical agents.
- ❑ Mothers who are seropositive carriers of cytomegalovirus (CMV) (not recent converters if the infant is term).
  - Decisions about breastfeeding of very low birth weight infants (birth weight <1500 g) by mothers known to be CMV-seropositive should be made with consideration of the potential benefits of human milk versus the risk of CMV transmission.
  - Freezing and pasteurization can significantly decrease the CMV viral load in milk.
- ❑ For the majority of newborns with jaundice and hyperbilirubinemia breastfeeding can and should be continued without interruption.
  - In rare instances of severe hyperbilirubinemia, some clinicians may decide to interrupt breastfeeding temporarily for a brief period though this practice is controversial.<sup>13</sup>

## Additional Considerations

- ❑ Breastfeeding mothers should be advised to avoid the use of alcoholic beverages.
  - Alcohol use can inhibit the milk release.

- An occasional alcoholic drink is acceptable. Breastfeeding can be avoided for 2 hours after the drink to minimize any alcohol in the milk.
- Tobacco smoking by mothers is not a contraindication to breastfeeding. Health professionals should advise all tobacco-using mothers to avoid smoking within the home and to make every effort to wean themselves from tobacco as rapidly as possible.
- Due to the potential for compromised milk production, additional infant weight checks may be indicated.



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Policy adapted from: The Academy of Breastfeeding Medicine Protocol #7: Model Breastfeeding Policy

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## Breastfeeding Resources

### **Oklahoma Breastfeeding Hotline**

1-877-271-MILK (6455)

### **Academy of Breastfeeding Medicine**

<http://www.bfmed.org/>

### **American Academy of Pediatrics Breastfeeding Initiative Website**

<http://www2.aap.org/breastfeeding/>

### **AAP Breastfeeding Residency Curriculum**

<http://www2.aap.org/breastfeeding/curriculum/index.html>

### **AAP Infant Feeding During a Disaster sheet**

<http://www2.aap.org/breastfeeding/curriculum/documents/pdf/InfantNutritionDisaster.pdf>

### **Ban the Bag – National campaign to stop formula company marketing in maternity hospitals**

<http://www.banthebags.org>

### **Baby-Friendly Hospital Rap**

<http://vimeo.com/40689077>

### **Baby-Friendly USA**

<http://www.babyfriendlyusa.org/>

### **Centers for Disease Control - Breastfeeding**

<http://www.cdc.gov/breastfeeding/>

### **Healthy People 2020 Objectives**

<http://www.usbreastfeeding.org/NewsInformation/NewsRoom/201012HP2020andTJCToolkit/tabid/185/Default.aspx>

### **Human Milk Banking Association of North America, Inc.**

<http://www.hmbana.org/>

### **Indian Health Services Breastfeeding Site**

<http://www.ihs.gov/babyfriendly/>

### **Infant Risk Center**

<http://www.infantrisk.com/>

### **International Lactation Consultant Association**

<http://www.ilca.org/>

### **ILCA's Find a Lactation Consultant**

<http://www.ilca.org/i4a/pages/index.cfm?pageid=3432>

**La Leche League International**

<http://www.llli.org>

**La Leche League of Oklahoma**

<http://www.lllok.org>

**LactMed**

<http://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm>

**National Initiative for Children's Healthcare Quality (NICHQ) breastfeeding website**

<http://breastfeeding.nichq.org/>

**Office on Women's Health It's Only Natural Campaign**

<http://www.womenshealth.gov/itsonlynatural/>

**Oklahoma Breastfeeding Resource Center**

[www.okbrc.org](http://www.okbrc.org)

**Oklahoma Infant Alliance (for care of late preterm infants)**

<http://oklahomainfantalliance.org/>

**Oklahoma Lactation Consultant Association**

<https://www.facebook.com/OKLCA>

**Oklahoma Lactation Consultant Resource Guide**

[http://www.ok.gov/health/Child and Family Health/Breastfeeding/Where to Call for Help/index.html](http://www.ok.gov/health/Child_and_Family_Health/Breastfeeding/Where_to_Call_for_Help/index.html)

**Oklahoma - Maternal and Child Health Service**

[http://www.ok.gov/health/Child and Family Health/Maternal and Child Health Service/](http://www.ok.gov/health/Child_and_Family_Health/Maternal_and_Child_Health_Service/)

**Oklahoma Mothers' Milk Bank**

[www.okmilkbank.org](http://www.okmilkbank.org)

**Oklahoma - Pregnancy Risk Assessment Monitoring System (PRAMS)**

[http://www.ok.gov/health/Child and Family Health/Maternal and Child Health Service/Data and Evaluation/Pregnancy Risk Assessment Monitoring System \(PRAMS\)/index.html](http://www.ok.gov/health/Child_and_Family_Health/Maternal_and_Child_Health_Service/Data_and_Evaluation/Pregnancy_Risk_Assessment_Monitoring_System_(PRAMS)/index.html)

**Oklahoma Turning Point - Certified Healthy Business Program**

[http://www.ok.gov/health/Community Health/Community Development Service/Certified Healthy Oklahoma/Businesses/index.html](http://www.ok.gov/health/Community_Health/Community_Development_Service/Certified_Healthy_Oklahoma/Businesses/index.html)

**Oklahoma State Department of Health Breastfeeding Information and Support**

<http://bis.health.ok.gov>

**Oklahoma - WIC Breastfeeding Promotion and Support**

[http://www.ok.gov/health/Child and Family Health/WIC/WIC Breastfeeding Promotion and Supp](http://www.ok.gov/health/Child_and_Family_Health/WIC/WIC_Breastfeeding_Promotion_and_Supp)

[ort/index.html](#)

**The Joint Commission's Speak Up campaign**

[http://www.jointcommission.org/speakup\\_breastfeeding/](http://www.jointcommission.org/speakup_breastfeeding/)

**United States Breastfeeding Committee**

<http://www.usbreastfeeding.org/>

**USBC toolkit: Implementing the Joint Commission Perinatal Care Core Measure on Exclusive Breast Milk Feeding**

<http://www.usbreastfeeding.org/Portals/0/Publications/Implementing-TJC-Measure-EBMF-2013-USBC.pdf>

**World Health Organization**

<http://www.who.int/topics/breastfeeding/en/>



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