

STEP 6: Give newborn infants no food or drink other than breastmilk, unless medically indicated.

Recommendations
Ensure that breastfeeding babies receive no food or drink (other than breastmilk) unless medically indicated.
Ensure that staff have a clear understanding of what the few acceptable reasons are for prescribing food or drink other than breastmilk for breastfeeding babies including: <ul style="list-style-type: none">• maternal contraindication to breastfeeding or medical indication for supplementation*• infant contraindication to breastfeeding or medical indication for supplementation*• maternal request despite education about benefits of exclusive breastmilk feeding and risks of formula supplementation
In the setting of a mother who states her intent to feed her infant formula only, ensure that staff: <ul style="list-style-type: none">• explore reasons with mother for not breastfeeding and address concerns raised• review the risks of not breastfeeding for both the mother and infant• discuss various feeding options such as expressing and feeding breastmilk to her infant• help the mother decide what is suitable in her situation
In the setting of a breastfeeding mother who requests supplementation with formula, ensure that staff: <ul style="list-style-type: none">• explore reasons for this request• address the concerns raised• provide education on the potential risks of formula supplementation to her baby and her breastfeeding success (e.g., establishing an adequate milk supply)• help the mother decide what is suitable in her situation
If a mother still requests to feed her infant with formula after an informed discussion, allow the mother to do so and document maternal request and counseling provided in the infant’s medical record.
Require a written order for formula supplementation including documentation of the evidence-based medical indication for supplementation or maternal request after informed discussion.
In the event an infant receives medically indicated supplementation with a breastmilk substitute, document medical indication for supplementation in the infant’s medical record and indicate attempts first made to obtain the mother’s milk through hand expression and/or electric breastpump expression.
Ensure that the facility has adequate space away from breastfeeding mothers, and the necessary equipment and supplies for teaching mothers who are formula feeding their babies how to properly prepare the formula.
Ensure that all clinical protocols related to infant feeding are current and evidence-based.
Track exclusive breastmilk feeding according to the Joint Commission definition of exclusive breastmilk feeding (Appendix A).
Compare facility’s annual rate of supplementation of breastfed babies to rate reported by the CDC’s National Immunization Survey data for geographic-specific region in which facility is located.

*See following page for **Potential Acceptable Medical Indications for Supplementation of the Breastfed Infant**

Potential Acceptable Medical Indications for Supplementation of the Breastfed Infant When a Mother's Own Expressed Milk and/or Mother is Not Available

- Late Preterm Gestation with one of the following complications:
 - Hypoglycemia not responsive to skin-to-skin and breastfeeding
 - Signs of ineffective milk transfer at the breast (e.g., non-sustained suckling pattern)
 - Excessive weight loss (e.g., weight loss > 8% unless infant demonstrating active milk transfer at the breast and adequate hydration)
 - Jaundice requiring phototherapy
- Low Birth Weight (< 2500 grams) or Small for Gestational Age with one of the following complications:
 - Hypoglycemia not responsive to skin-to-skin and breastfeeding
 - Signs of ineffective milk transfer at the breast (e.g., non-sustained suckling pattern)
 - Excessive weight loss (e.g., weight loss > 8% unless demonstrating active milk transfer at the breast and adequate hydration)
- Hypoglycemia not responsive to skin-to-skin and direct breastfeeding
- Inborn error of metabolism (Classic Galactosemia, Maple Syrup Urine Disease, PKU)
- Weight loss > 10% in setting of one or more of the following:
 - Decreased urine or stool output
 - Signs of infant excessive hunger or sleepiness
 - Jaundice requiring phototherapy

Potential Acceptable Medical Indications for Supplementation of the Breastfed Infant When a Mother is Unable to Directly Feed her Baby and Her Own Milk is Not Available and/or Feeding her Breastmilk is Contraindicated

- Severe maternal illness impacting mother's ability to directly breastfeed (e.g., psychosis, eclampsia, sepsis, shock) or significantly impacts her breastmilk production
- Maternal illness requiring treatment with a medication contraindicated in breastfeeding or that would pose significant potential for harm or concern in infant (e.g., chemotherapeutic agent, radioactive isotopes, antimetabolites, antiretroviral medications)*
- Maternal infection with HIV or Human T-cell Leukemia Virus type 1 (HTLV1)
- Maternal active, untreated Tuberculosis (*another care provider may feed the infant with the mother's expressed breastmilk when it becomes available*)
- Mother with active Herpes (HSV) or Varicella lesion(s) of the breast (*breastfeeding can be recommended on the unaffected breast*)
- Mother with active Hepatitis C infection and signs of nipple cracking / bleeding (*breastfeeding can be recommended on the unaffected breast*)
- Mother is taking street drugs or illicit drugs of abuse (*or is assessed at very high risk for doing so such as with continued drug use in the last trimester of pregnancy*) with the possible exception of marijuana

* Thomas Hale's *Medications and Mothers' Milk* or *LactMed* available at: <http://toxnet.nlm.nih.gov/cgi-bin/sis/search> are recommended as evidence-based resources to assist in weighing risks of continued vs. temporary or permanent cessation of breastfeeding in the setting of a maternal medication of concern in breastfeeding

NH's Ten Steps to Successful Breastfeeding: Step by (baby) Step



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Appendix A: Implementing the Joint Commission Perinatal Care Core Measure (#PC-05) on Exclusive Breastmilk Feeding

Criteria: Determine proportion of all term infants who were exclusively breastmilk-fed during their entire newborn hospitalization

Improvement: Increase in the annual rate of exclusive breastmilk feeding

Numerator: # of term infants fed breastmilk only* since birth

Denominator: Single term liveborn newborns discharged from the hospital with exclusion of those meeting criteria below:

- Admitted to the Neonatal Intensive Care Unit (NICU) or transferred to another hospital during newborn hospitalization
- Diagnosis of prematurity of 35-36 weeks completed gestation or younger
- Diagnosis of Galactosemia
- Required parenteral infusion during newborn hospitalization
- Length of Stay > 120 days
- Enrolled in clinical trials
- Experienced death
- Documented acceptable maternal medical reason for not exclusively feeding breast milk as per Joint Commission Criteria
 - HIV infection
 - Human t-lymphotrophic virus type I or II
 - Substance abuse and/or alcohol abuse
 - Active, untreated tuberculosis
 - Taking certain medications, i.e., prescribed cancer chemotherapy, radioactive isotopes, antimetabolites, antiretroviral medications and other medications where the risk of morbidity outweighs the benefits of breast milk feeding
 - Undergoing radiation therapy
 - Active, untreated varicella
 - Active herpes simplex virus with breast lesions
 - Admission to Intensive Care Unit (ICU) post-partum

*The Joint Commission defines exclusive breastmilk feeding as a newborn receiving only breastmilk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines. Breastmilk feeding includes expressed mother's milk as well as donor human milk, both of which may be fed to the infant by means other than suckling at the breast.

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