Ten Steps to Successful Breastfeeding Q and A

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World Health Organization & UNICEF, 1989

Every facility providing maternity services and care for newborn infants should:

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 one hour of birth.**
5. **Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants.**
6. **Give newborn infants no food or drink others than breastmilk, 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 breast-feeding support groups and refer mothers to them on discharge from the hospital or clinic**

STEP 1 – *Have a written breastfeeding policy that is routinely communicated to all health care staff*

Q. Does Baby-Friendly, USA (BFUSA) offer any tools to guide hospitals in creating and implementing their policies?

A. Yes. The Baby-Friendly Hospital Initiative (BFHI) does offer tools for hospitals to design their own policies in order to become Baby Friendly. These tools are provided during the Development Phase of the 4-D Pathway.

STEP 2 – *Train all health care staff in skills necessary to implement this policy*

See Q&A Staff Training document located on the BFUSA website
http://www.babyfriendlyusa.org/eng/docs/Q&A%20-%20Step%202%20Staff%20Training%20Requirements%20_%202011.pdf

STEP 3 – *Inform all pregnant women about the benefits and management of breastfeeding.*

Q. Should breastfeeding education of pregnant women only occur in the first trimester or at additional points?

A. Breastfeeding education of pregnant women should be an ongoing process, starting during the first trimester, continuing until birth, through the delivery hospital stay, postpartum educational offerings and support groups.

Q. If a mother states her preference to formula-feed her infant, how should the hospital respond?

A. Counseling the infant feeding decision should be both patient-centered and family-centered. If a mother chooses not to breastfeed, we would expect the hospital to explore the mother's concerns about breastfeeding and offer ways to address them. However, if after being informed of the negative consequences the mother still chooses to formula-feed her infant, a level of respect must be maintained regarding her choice. Once she has given birth, she should be taught how to safely prepare formula, provided the best formula options for her infant and shown how to properly feed her infant. Remember, mom's often make last minute decisions to breastfeed. Hospital processes should be flexible to allow the mother this option.

Q. Are hospital staff allowed to teach pregnant women and new parents about infant formula preparation and feeding?

A. The goal of prenatal education in Step 3 is to offer information regarding the benefits of breastfeeding for both mother and baby. When health care personnel believe in the benefits and that exclusive breastfeeding is an achievable goal, their conviction is conveyed in such a manner that it builds mothers' confidence in their ability to breastfeed. Having said that, if after all education is offered and the family still reports that their choice is to formula feed, then it is prudent to offer information on safe preparation and feeding of infant formula. This education should be offered to new parents rather than pregnant women, since pregnant women may continue to learn about the benefits of breastfeeding and delay their final infant feeding decision until after the birth.

STEP 4 – *Help mothers initiate breastfeeding within one hour of birth.*

- *This step is now interpreted as: Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour and encourage mothers to recognize when their babies are ready to breastfeed, offering help if needed*
- *This step applies to ALL babies, regardless of feeding method*

Q. Does Step 4 of the Ten Steps to Successful Breastfeeding also apply to non-breastfed infants?

A. Yes. Skin-to-skin contact should be done for all mothers irrespective of their feeding choice because this practice offers so many benefits for both mother and baby. Skin-to-skin is a very important means of mother-infant bonding, infant thermoregulation, etc.

Q. In the event that skin-to-skin contact could not occur with the mother as a result of a medically-indicated separation, can the father be allowed to have this skin-to-skin contact?

A. Yes. Fathers or other support members can have skin-to-skin contact in this situation.

Q. What is the Kangaroo Mother Care?

A. Kangaroo Mother Care (KMC) refers to skin-to-skin (STS) care provided by the mother or father of a preterm infant. The infant is worn against the parent's naked chest in such a fashion that the infant is held upright. The parent is then wrapped in a blanket or other clothing to secure the infant against their chest. Babies may be held continuously in this fashion for several hours. Optimally KMC begins as soon as the baby is judged ready for STS contact.

Q. In the case where a hospital does not practice the Kangaroo Mother Care in their NICU, would they be required to adopt or implement this practice?

A. In order for a hospital to become Baby Friendly, Kangaroo Mother Care is recommended BUT NOT mandatory in special care units. Of note, Baby Friendly Guidelines assesses only the maternity unit and not the NICU. However, please remember that as a component of Step 5, the mother of a baby in the NICU will be interviewed to learn how she was helped with maintaining lactation during her separation from their infant. Kangaroo Mother Care has been shown to be helpful in maintaining lactation.

STEP 5 – *Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants.*

Q. When a mother is unable to breastfeed or had decided not to, what is the correct advice to give her about how to prepare infant formula safely?

A. Outline for Teaching Safe Preparation of Infant Formula:

- Appropriate Hygiene
- Proper Cleaning of Equipment
- Safe method for reconstitution of formula in accordance with your health care provider's instructions
- Accuracy of measurement of ingredients
- Safe handling of formula
- Proper storage of formula
- Proper feeding of infant formula in accordance with your health care provider's instructions

Facilities should ask their health care providers to familiarize themselves with the information found on the following websites below:

BFUSA Resource Page: http://babyfriendlyusa.org/eng/selfappraisaltool.html#links
WHO: http://www.who.int/foodsafety/publications/micro/pif_guidelines.pdf
FDA: http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfCFR/CFRSearch.cfm?fr=107.20

Q. Is having pumps in every room a violation of Baby Friendly given the recommendation to use pumps on an individual basis. Would having pumps in every room be misconstrued as mother-baby separation is inevitable?

A. The mission of Baby-Friendly is to give mothers the knowledge, skills and confidence to successfully breastfeed her baby. Our concern about a pump in every room is that it may undermine a mother's confidence in her ability to breastfeed. Having a pump in every room could be construed by the mother that the hospital feels she should use the equipment, whether or not she needs to. It is a suggestion to her that she may not be capable of fully breastfeeding her baby.

Step 6. Give newborn infants no food or drink others than breastmilk, unless *medically* indicated.

Q. What if a mother requests that her breastfed infant be supplemented with infant formula?

A. Counseling the mother should be both patient-centered and family-centered, including exploration of the reason for the request as well as education regarding the possible consequences to the health of her baby and/or the success of breastfeeding. As staff becomes more skillful at

communicating the importance of exclusive breastfeeding for the first 6 months and approaches for addressing mothers concerns about their ability to successfully nurse their babies, families become more knowledgeable and confident. If after counseling and education, the mother insists on formula supplementation, the staff should support the mother's choice, offer a feeding method to avoid the artificial nipple, and document the education.

Q. What are some of the medical reasons for formula supplementation in a healthy term infant?

A. Please refer to Appendix B in the BFUSA Guidelines and Evaluation Criteria: http://babyfriendlyusa.org/eng/docs/2010_Guidelines_Criteria_Rev%2011_28_11.pdf

Step 7. *Practice rooming-in--allow mothers and infants to remain together—24 hours a day.*

Q. Does Step 7 of the Baby-friendly Guidelines also apply to non-breastfed infants?

A. Yes. Rooming-in is a practice that provides benefits to all mothers and infants. When rooming in, mothers can observe their infants for feeding cues.

Q. How should hospital staff respond when mothers request that their babies be kept in the nursery?

A. A very important component of the staff training that is required under Step Two is learning how to effectively communicate the importance of the recommended maternity care practices that support breastfeeding. Like with other "Steps" where mothers may make informed choices, facilities have found that as their staff becomes more skillful at implementing and communicating best practices, families become more knowledgeable regarding the importance of these practices and more readily embrace them. This ultimately facilitates the achievement of the 80% threshold described in the evaluation criteria. As a strategy to build their skill in this area, hospital staff may wish to role play various responses to this situation.

Q, What if a mother requests that her infant be taken to the nursery for a short stay, perhaps so she can sleep?

A. Counseling the mother should be both patient–centered and family-centered, including exploration of the reason for the request and offering support and guidance for the mother's concerns. Research shows that moms get just as much sleep when their babies room in with them. Hospitals have been reporting that instituting quiet hours and conducting effective prenatal/post partum education that encourages families to restrict visitors and to use the hospital time for the mother and baby to get to know each other, learn how to breastfeed and rest/recover from the birth results in fewer requests for babies to be taken to the nursery. With that said, if after being educated the mother still chooses separation, her choice should be supported. If the choice is separation, the staff should document the education in the record and undertake actions to maintain exclusive breastfeeding.

Q. How can educators respond to staff members who are concerned that mothers are too tired to keep their infants in their rooms at night?

A. Once again, the answer to this concern lies in the evidence. Research indicates that there is no negative effect on mother's sleep when infants room in and there are beneficial effects on breastfeeding. If a there is concern about the effects of labor and delivery medication on the mother's ability to care for her infant, hospital policy may include offering other resources to support the mother. These resources may include family members or doulas that might stay with the mother.

Q. How should staff respond to mothers who request that their infants be cared for in the nursery, but not be given any formula?

A. Staff should take this opportunity to praise the mother for her desire to exclusively breastfeed. Exploring her concerns and reasons for the request while reinforcing that rooming in is the best way to achieve exclusivity can be very effective. The counseling may include the following topics:

- The importance of learning her baby's feeding cues,
- The benefits of exclusive, frequent, feeding on cue,
- How rooming in facilitates the mother learning these cues.

Q. How can hospitals address clinicians' concerns about keeping baby with mom 24/7?

A. Facilities should use the scientific evidence to educate clinicians. The research indicates that there is no negative effect on mother's sleep when she rooms in with her infant and there are beneficial effects on breastfeeding when rooming in occurs.

Step 8. *Encourage breastfeeding on demand.*

Q. How can hospital staff encourage BF on demand?

A. Encouraging breastfeeding on demand is the culmination of the implementation of several of the Ten Steps to Successful Breastfeeding. It begins with a supportive hospital breastfeeding policy and a well trained staff. It requires the implementation of practices such as skin-to-skin and 24 hour rooming-in. It works most effectively when the hospital staff members believe in exclusive breastfeeding and that feeding on demand works. They are then able to effectively encourage moms and help them to look at feeding patterns over 24 hours and not just their 8 hour shift. Looking at the infant feeding pattern over a 24 hour period many help to identify where some unnecessary supplementation can occur.

Q. Is it appropriate to teach mothers to feed their infants every 2-3 hours?

A. The evidence is clear that newborn infants do not feed every 2-3 hours, but will feed approximately 8-12 times in a 24 hour period. It is most appropriate to teach mothers and families to recognize feeding cues and encourage the mother to feed the infant whenever a feeding cue is observed.

Q. What if the baby is sleepy? How will the mother know when to feed the baby?

A. As was previously mentioned, the mission of a Baby-Friendly hospital is to give mothers the knowledge, skills and confidence to successfully breastfeed their babies. If the baby is very sleepy and not offering cues to feed, staff may wish to suggest to the mother that placing the infant skin to skin may be helpful. An important benefit to rooming in and restricting visitors during the hospital stay is that mothers have the opportunity to closely observe their baby's eating patterns under the watchful and skillful eye of hospital staff. In this situation, moms have the opportunity to be offered advice and ask specific questions of the staff before being discharged from the hospital. As a result of effective training and competency verification, hospital staff members have the knowledge, skills and confidence to help moms.

Q. What are the signs that a baby is hungry?

A. Infant feeding cues are a subject covered as a part of the staff training required under step 2. This is also a topic included in the education that hospital staff members are expected to provide to families. When families room in and practice lots of skin-to-skin, hospitals find this question is

asked less and less since moms tune into their babies and know that rooting and chewing on hands are early feeding cues and that fussing and crying are later cues.

Step 9. *Give no artificial teats or pacifiers to breastfeeding infants.*

Q. What if a mother requests that her breastfed infant be fed with an infant feeding bottle and an artificial nipple?

A. Counseling the mother should be both patient-centered and family-centered, including exploration of the reason for the request as well as education regarding the possible negative impact on breastfeeding of utilizing an artificial nipple. As staff becomes more skillful at implementing and communicating best practices and families become more knowledgeable regarding the importance of these practices, they more readily embrace them. This ultimately facilitates the achievement of the 80% threshold described in the evaluation criteria. The staff should offer alternative methods for feeding the infant and educate the mother on the proper use of the chosen method. If after counseling and education the mother insists on utilizing an artificial nipple, the staff should support the mother's choice and document the education in the record.

Q. Can a mother choose if her infant will be fed using a tube, syringe, spoon or cup in place of artificial nipples or bottles, or is the hospital mandated to make this decision?

A. Yes. The option is available for the mother to choose if her infant should be fed with or without artificial nipples. It is the hospital's responsibility to inform the mother of the choices available for feeding her infant and the benefits/consequences associated with each. However, the mother ultimately does have the right to make that informed decision.

Q. What if a mother requests that her infant be given a pacifier?

A. Again, counseling the mother centering on patient and family concerns is most appropriate. Staff should explore the mother's reason for the request and offer suggestions regarding her concerns and education regarding the possible negative effects on breastfeeding of pacifier use. An alternative option to avoid the artificial nipple should be offered. After counseling and education, the mother's choice should be respected. This education should be documented in the patient record. Note: If the nurse discovers in counseling that the mother's request is due to the recommendation to prevent SIDS, proper education should be provided. The nurse should be knowledgeable regarding the AAP's policy and support the policy statement that pacifiers should not be used with breastfeeding infants until breastfeeding is well-established, after about 3-4 weeks.

Q. What if a parent brings a pacifier to the hospital or receives one as a gift?

A. In this case, the staff should follow the same procedure as above.

Q. Can pacifiers be used for pain management?

There is a body of research to promote skin to skin contact and infant at the breast for an analgesic effect during some painful procedures like heal sticks. However, in accordance with the AAP recommendations, the Guidelines and Evaluation Criteria do allow a pacifier to be used for painful procedures. If a pacifier is used for pain management, it should be discarded before the infant is returned to the mother.

Q. Our hospital says that feeding devices must be FDA approved; does Baby-Friendly USA have any comments about infant feeding devices?

A. Many hospitals are concerned about using a product for any reason other then what the manufacturer specified. For example, some hospitals worry that a medicine cup used as a feeding device could have a sharp edge that will cut an infant's mouth. BFUSA does not recommend or endorse any specific projects, but wishes to remind facilities that there are plenty of alternative feeding devices such as a soft cup feeder, cup feeder or a supplemental nursing system that are manufactured for specific alternative feeding uses.

Q. If nurses can't give pacifiers, what should they tell mothers to do to soothe fussy babies?

A. Staff can utilize this opportunity to teach families alternative soothing methods, such as skin-to-skin care. Sometimes parents need to be educated about normal newborn infant behaviors. They need staff to reassure them that it is normal for an infant to be awake and cluster feed frequently at night and for parts of the day. Moms should continue to offer the breast when the infant demonstrates cues. The ultimate reward will be a full milk supply and happy baby.

Step 10. *Foster the establishment of breast-feeding support groups and refer mothers to them on discharge from the hospital or clinic*

Q. Does BFUSA provide tools for establishing in-house breastfeeding support services?

A. The Guidelines and Evaluation Criteria allow for some flexibility in the implementation of Step 10. Therefore, BFUSA does not specify specific activities here. Facilities are strongly encouraged to coordinate their support activities with community programs. If there are already support groups in the community then facilities may support and make referrals to them. If there are no support groups available, the facility has a variety of options to consider. Here are some ideas other facilities have had success with:

- Convene a "Continuity of Care" committee with local community lactation support resources (i.e. WIC, LLL, WIC peer counselors, BF coalition, etc.) to help develop in-house lactation support, as well as support services available post discharge.
- Develop in-house BF support group where mothers can get together once per day to learn, encourage and BF their babies.
- Implement a BF support hotline and follow-up appointments post discharge to all mothers.

Q. Is referring mothers to only the support services offered by the facility adequate?

A. Mothers who are breastfeeding should be aware of all the choices available for postpartum breastfeeding support in their community. A comprehensive, current list of these services should be made available to all breastfeeding women.