

Step 6

GIVE BREASTFED NEWBORN INFANTS NO FOOD OR DRINK OTHER
THAN BREASTMILK UNLESS MEDICALLY INDICATED.



Objectives



1. ENSURE—TO THE EXTENT POSSIBLE—THAT ONLY BREASTMILK IS GIVEN TO BREASTFEEDING BABIES UNLESS:
 - ♦ THERE IS A RECOGNIZED CLINICAL INDICATION, THE BABY IS UNABLE TO BREASTFEED OR THERE IS NOT BREASTMILK AVAILABLE.
 - ♦ THE MOTHER HAS MADE A FULLY INFORMED CHOICE TO FEED HER INFANT OTHER THAN BY DIRECT BREASTFEEDING AND OTHER THAN WITH BREASTMILK.
2. PROTECT PARENTS AGAINST DISPLAY, DISTRIBUTION OR PROMOTION OF INFANT FOOD OR DRINK OTHER THAN BREASTMILK.

Step 6

GOAL: TO ASSURE THAT BREASTFED INFANTS ARE FED ONLY BREAST MILK DURING THE ENTIRE HOSPITAL STAY, RECEIVING NO OTHER FOOD OR DRINK UNLESS MEDICAL INDICATIONS FOR SUPPLEMENTATION EXIST. FURTHER, TO ASSURE THAT PARENTS ARE PROTECTED AGAINST DISPLAY, DISTRIBUTION OR PROMOTION OF INFANT FOOD OR DRINK BESIDES BREAST MILK.

BACKGROUND

Reasons given for supplementing breast milk in the early days of a baby's life is the perception that it reduces jaundice, prevents hypoglycemia, helps settle the baby, ensures an adequate feeding for a particularly sleepy baby or a baby who is have difficulty with latching. Supplementation may also be used to address the notion that a baby's thirst or hunger is not relieved by breastfeeding or because a mother is ill or needs rest. However, scientific literature and professional health care guidance do not support supplementation, as these practices are associated with early breastfeeding cessation.

Additionally, some communities have cultural beliefs that colostrum is bad or insufficient for their infants or that ritual prelacteal feeds are needed to condition the infant's gut. However, prelacteal and supplemental feeds interfere with establishment of milk supply, increase the risk of breast engorgement and lactation failure and increase the infant's risk of infection.

Facilities sometimes offer families commercial samples of and literature about breast milk substitutes during pregnancy or upon discharge from the hospital. Giving these free samples - which may contain bottles, formula samples, artificial nipples or pacifiers and formula advertisements and coupons - increases the likelihood that families will use them. Finally, no promotion for infant food or drink other than breast milk should be displayed or distributed to families or staff in the facility. The facility should purchase infant formula and feeding devises in the same matter in which other food and supplies are purchased.

Exclusive breastfeeding, the preferred method of feeding, means the infant receives no food or drink other than mom's own breast milk unless one or more of the following is the case:

- There is an acceptable clinical reason the baby is unable to receive breast milk, and an appropriately trained physician or advanced practice nurse has made this determination, fully discussed reasons for supplementation with the infant's parents and documented the reasons in the medical record.
- There is no (or insufficient amounts of) expressed breast milk or banked donor milk available for supplementation.



- Mothers who have indicated that they would like to breastfeed and request supplementation should be counseled of risks associated with formula-feeding and the impact that supplementation may have on subsequent breastfeeding. Asking for supplementation may signal a problem with breastfeeding.
- The mother has made a fully informed choice to feed her baby through methods other than directly from the breast and with sustenance other than breast milk.

It is expected that healthcare professionals will promote exclusive breastfeeding for the first six months of life and will not recommend supplementary or replacement feedings unless there is a recognized medical indication, as determined and ordered by a trained medical professional. Supplementary feedings, for medical indication or upon parental request, should only occur within the context of a fully informed decision by the mother.

Research shows the exclusive breastfeeding with no supplementation:

- Supports duration and exclusivity of breastfeeding and avoids early weaning ¹⁻²²
- Reduces the risk of developing breastfeeding problems ²³⁻²⁸
- Supports optimal health outcomes for mother and baby ^{5,29-75}
- Empowers mothers to breastfeed confidently ^{8,26,79}
- Saves money, resources, and lives ⁸⁰

Implementation: Best Practices for Success

Put breastfeeding support in place before eliminating supplements. The success of promoting exclusive breastfeeding and avoiding supplementation is interdependent with the success of most of the other steps outlined in this program. If the other steps are not fully and successfully implemented, there is a much greater likelihood that inappropriate supplementation will occur.

Inform families of the risks of formula supplementation - especially in the early days before milk supply is established - and suggest alternatives to supplementation. It may not be uncommon for mothers to ask for supplements to soothe a fussy newborn, either because they believe their milk supply is inadequate or because they are having difficulty breastfeeding. While staff must be responsive to and understanding of the mother's requests, it is also the responsibility of facility staff to thoroughly inform her and her family about the risks of and alternatives to supplementation. Families will be best prepared to make informed decisions about infant feeding - thus avoiding unnecessary supplementation - if they receive reassurance about what to expect in the first days of their baby's life and assistance with breastfeeding positioning and technique.



Counsel mothers who plan to feed their infants both breast milk and infant formula to delay the introduction of formula until the breastfeeding process is well-established as her supply could be impacted with the use of formula. Inform the breastfeeding mother that even if she chooses to use supplementation, her breast milk will continue to benefit her and her infant and will enhance her own health during the period of complementary feeding and for as long as she and her baby want to continue breastfeeding. Inform all mothers that solid foods and other drinks should not be introduced before age six months.

Protect at-risk babies from unnecessary supplementation. Sound policies and clear protocols for “infants of concern” (e.g., preterm or early-term infants, infants with hypoglycemic, jaundice or excessive weight loss, and other “reluctant feeders”) are necessary in order to determine appropriate indications for supplemental feedings and appropriate management for maximizing breastfeeding and minimizing risk.

Provide supplementation only when medically indicated. Breastfed infants should be given only breast milk unless specifically ordered by a healthcare provider because of medical indication and only with the mother’s informed consent.

- Educate staff about the short- and long-term risks of supplementation and about how to educate parents about supplemental feeding so they can make an informed choice before consenting. Consent given for supplemental feeding does not imply consent for the use of pacifiers
- When supplemental feedings are given, the feeding volume should not exceed the physiologic capacity of the newborn stomach. In the first few days of life, volumes of under 20cc should be given at each feeding.^{81,82} (see Newborns’ Stomach Capacity in this step’s RESOURCES section.)
- When supplementation is medically indicated, the infant’s nutritional status should be continually assessed, and breast milk should be used whenever possible.
- Be sure that staff understand it is important both to avoid supplementing breast milk with any other food (e.g., formula) and to avoid using a pacifier to soothe the baby during the infant’s hospital stay. All of a healthy newborn’s sucking needs should be met at the breast until breastfeeding is well-established.

If a supplement is indicated, what type of supplement should be used? The first choice of infant feeding is always the mother’s own milk directly from the breast. If this choice is not possible, the following list presents choices for supplementation, from the most desirable choice to the least:

- The baby’s own mother’s milk expressed and fed to the baby by cup, tube or bottle.

- Breast milk from a milk bank. Mountain West Mothers' Milk Bank is non-profit organization that has donor milk collection sites in Utah and neighboring states. Donor milk is processed and distributed by the Mothers' Milk Bank in Denver, Colorado (a program of Rocky Mountain Children's Health Foundation.) For more information see www.mwmothersmilkbank.org/
- If banked donor milk is not available, formula may be the next choice. Infant formula is another animal's milk or a soy-bean based formulation that has been processed for consumption by human babies. All infant formulas must meet minimal nutritional standards set by the U.S. Food and Drug Administration.

(Also see WHO/UNICEF Acceptable Medical Reasons for Use of Breast Milk Substitutes and the Academy of Breastfeeding Medicine's Clinical Protocol #3: ABM Clinical Protocol Number 3 - Hospital Guidelines for the Use of Supplementary Feedings in the Healthy Term Breastfed Neonate. Both are listed in the RESOURCES section of this Step.)

DISPENSING FORMULA SAFELY

Tracking the dispensing of formula is a significant safety issue. Records should be maintained documenting lot numbers for all formula distributed so that there is adequate documentation in the event of a recall. This includes formula used on the ward and any formula distributed to patients for their use after discharge.

Preparation: Getting Ready to Support Exclusive Breastfeeding

Suggested Action steps for implementing Step 6 include:

1. Collect and examine a variety of data in your facility about the incidence and context of supplementation:
 - When, why and how is supplementation being used? What are the patterns and trends over time? What might be the contributing factors?
 - Assess staff attitudes and beliefs related to infant feeding in general and exclusive breast milk-feeding.
 - Examine your physical environment for the display and marketing of breast milk substitutes or other physical constraints to the promotion of exclusive breastfeeding.
2. Examine policies concerning the use of breast milk substitutes, including hypoglycemia, jaundice and "reluctant feeder" policies or protocols. Be sure that policies align with the WHO/UNICEF list of "acceptable medical reason for supplementation," (can be found at <http://bit.ly/2jRfh7u>) and the policies in your facility

The American Academy of Pediatrics and American College of Obstetricians and Gynecologists *Guidelines for Perinatal Care* and the Academy for Breastfeeding Medicine *Guidelines for Supplementing Feedings in Healthy and Hypoglycemic* neonates each recommend against routine supplementation with formula, glucose water or water.

3. Verify that your facility has put into place the steps that support exclusive breastfeeding, including steps that:
 - Reduce separation of mother and baby and support responsiveness to the infant's hunger cues (Steps 4,7,8 and 9) so that breastfeeding frequency and effectiveness are maximized.
 - Increase competency with breastfeeding skills for staff and parents (Steps 2,3 and 5).
 - To build support for the establishment of an abundant milk supply, educate staff about how these steps work together.
4. Allocate budget and staff time for training.
5. Promote and market the training of knowledge and skills as well as their application. This initiative should be carried out by using key staff members and a hospital-wide communications strategy.

OVERCOMING BARRIERS: STRATEGIES FOR SUCCESS

The most common concerns related to implementing Step 6 are detailed below, along with strategies for overcoming them.

1. **Hospital routinely gives supplemental feedings, regardless of acceptable medical indication.** Whether out of convenience or routine, it is common for facilities to give breastfeeding newborns supplemental feedings - even when supplementation is not medically indicated. Misinformation and incomplete knowledge about breastfeeding and lactation physiology may result in staff hesitance to fully back a policy that supports exclusive breastfeeding. In addition, some personnel may believe that the resources required to support exclusive breastfeeding are too expensive and time-consuming.

To mitigate these concerns:

- Ensure that the other steps, which support exclusive breastfeeding, on-demand-feeding and rooming-in, are successfully in place.

- Provide focused trainings on breastfeeding-specific issues such as lactation physiology, how to support breastfeeding in the first 24 hours, understanding proper use of supplements, etc.
- Emphasize the cost-savings associates with minimizing the supplies and resources dedicated to supplementation.
- Highlight health benefits to neonates and associated savings to facilities that support exclusive breastfeeding.

2. **Misconceptions about when breastfeeding is not possible or indicated.** Often staff and families misunderstand that relatively rare circumstances in which a mother who wishes to breastfeed her infant cannot do so. To overcome this barrier, facility staff should both understand these circumstances and be skilled in helping families to manage the feeding plans for their infants.

Sometimes an infant's mother cannot or should not breastfeed or provide her own breast milk. If this is a possibility, it should first be confirmed with a physician, advanced practice nurse or pharmacist that the mother's milk should not be used or could not be expressed for her baby and fed with an alternate method. If so, donor breast milk should be sought before considering breast milk substitutes. Consider also whether a replacement for the mother's own milk may be only temporary. If this is the case, be sure to support the mother who wants to produce milk and maintain her milk supply.

To help support breastfeeding mothers

SUPPLEMENTAL "TOP-OFFS": HELPFUL OR NOT?

A supplemental "top-off" to help settle a baby undermines the mother's confidence in nursing and caring for her baby. Help her to distinguish between hunger cues and fussiness for other reasons. Teach her ways to calm a fussy baby, such as skin-to-skin contact and rocking.

REASONS TO AVOID SUPPLEMENTS

Supplements may:

- Replace optimal species-specific nutrition and immune protection.
- Introduce harmful microbes or allergens to the infant.
- Result in engorgement of the mother's breasts.
- Interfere with establishing milk supply.
- Reduce milk supply.
- Reduce breastfeeding duration.
- Add unnecessary cost to infant feeding.
- Undermine the mother's confidence in breastfeeding and in her infant-care skills.

who may require medication, it is good practices to have the facility pharmacist compile a resource list of drugs known to be compatible and incompatible with breastfeeding. Additionally, staff can contact the MotherToBaby Program at 1-800-822-BABY (2229) for questions. MotherToBaby provides evidence-based information to mothers, health care providers, and the general public about medications and other exposures during pregnancy and while breastfeeding. This toll-free number is available Monday - Friday, 8 am - 5 pm. For more information, see <http://health.utah.gov/prl/>

3. **Belief that the mother's milk is not sufficient or that prelacteal feedings are necessary.** Some families and healthcare providers believe that newborns need prelacteal feeding or supplements before the mother's milk "comes in." This practice displaces species-specific nutrition and immune protection and potentially exposes infants to pathogens and allergens.

Providing prelacteal feedings or non-indicated supplements also puts mother-baby dyads on a path toward failure to breastfeed. Unnecessary use of supplements not only de-emphasizes the value of colostrum and reduces a mother's confidence in her body's ability to meet her infant's nutritional need through exclusive breastfeeding but also misleads families with inaccurate information about what their babies' nutritional needs are.

Families and staff should be taught that:

- Effective breastfeeding leads to sufficient milk production.
- Even malnourished mothers produce enough milk for their infants, provided that feeding is available on-demand.
- Newborns need colostrum in the early hours of life, rather than supplements or other milk. (Provide information about the benefits of colostrum and about normal infant weight changes in the first week of life.)
- Infant stomach capacity is very small.
- Supplements are only indicated in a few circumstances, and many common challenges, such as a baby's fussiness, do not indicate the need for supplementation.

4. **Concern that exclusive breastfeeding may lead to dehydration or hypoglycemia.**

In healthy neonates, hypernatremic dehydration or hypoglycemia typically results from underfeeding. Assessment by trained staff twice daily for the first 48 hours will detect feeding difficulties and prevent healthy babies from developing these conditions. Increasing staff knowledge (through training) about the adequacy and sufficiency of exclusive breastfeeding and increasing staff skills for providing effective breastfeeding support and assessment can increase staff confidence and reduce reliance on

supplements. Staff should also be aware that if additional feeding is indicated for a baby at risk for dehydration or hypoglycemia, direct breastfeeding can be supplemented with expressed milk.

5. **Commercial influences and perceived high value of formula samples and discharge packs.** Facility staff, patients and their families may be influenced by commercial marketing or may feel that patients will be denied an expected gift if a commercial discharge pack or other samples are not available.

- Consider offering a facility-sponsored discharge pack that contains items that are useful for breastfeeding families.
- Unless indicated, keep breast milk substitutes out of patient rooms as well as out of patient-care and public areas.
- Assess your facility for marketing materials and displays of formula.
- Limit the physical access that sales representatives and vendor educators have to patient-care areas.

6. **Mothers request supplements for their infants.** A mother's request for supplements is often tied to difficulties with breastfeeding or with adjusting to a new baby. Strong support and education practices by facility staff can help families avoid supplementing their infants' diets.

Due to the established risk and downsides of supplementation discussed elsewhere in this Step, it is well worth the staff's time to help mothers overcome difficulties with breastfeeding. Furthermore, prenatal breastfeeding education (Step 3) gives parents an early start on preventing breastfeeding challenges and prepares them to make fully informed decisions about infant nutrition.

BREASTFEEDING FOR ILL MOTHERS

An ill or weak mother can typically continue breastfeeding, which benefits both herself and her baby in the following ways:

- The antibodies she produces in response to illness are provided to her baby through the breast milk.
- She will avoid side effects of abrupt weaning, such as possible sore breasts or a fever.
- She will avoid the baby's signs of distress (e.g. crying) that may develop if breastfeeding ceases abruptly.
- Milk production will be maintained.
- The baby will not be exposed to the health risks associated with supplemental feedings.
- Breastfeeding is easier for the mother to maintain than supplemental feedings since she can remain in bed and does not need to clean and prepare bottles.
- Mother and baby may maintain skin-to-skin contact and rooming-in.

Some mothers, especially those with a chronic illness or recovering from a complicated delivery, may need additional support to establish and maintain breastfeeding.

POTENTIAL BARRIERS TO BREASTFEEDING AND RECOMMENDED SOLUTIONS

| If the mother | Then |
|---|---|
| Is deceased or away from baby | <ul style="list-style-type: none"> Seek banked donor human milk. |
| Is weak or ill | <ul style="list-style-type: none"> Explain the benefits of continuing to breastfeed during illness. Maintain close contact through skin-to-skin and rooming-in. Assist mother with comfortable positioning. Provide extra breastfeeding support as needed during and after the mother's illness to ensure establishment and maintenance of milk supply. |
| Is ill with infections such as flu, GI infection, respiratory infection, bacterial infection, mastitis, Hepatitis B, etc. | <ul style="list-style-type: none"> Encourage her to breastfeed as usual and to consume extra fluids to stay hydrated. These illnesses are not contraindications for breastfeeding. MOST medications are safe for nursing mothers. However, a small number of medications are not compatible with breastfeeding. Check medications in a current lactational pharmacology drug reference manual, or call the MotherToBaby resource line and select the medication with the lowest-risk profile. Observe the infant for side effects such as drowsiness and adjust medications as necessary to allow breastfeeding to continue. Facility staff should have knowledge and resources to determine medications and treatments compatible with breastfeeding. |
| Has been using tobacco or alcohol | <ul style="list-style-type: none"> Encourage her to breastfeed as usual while educating and supporting her to minimize any substance use that will harm her baby. |
| Is infected with HIV | <ul style="list-style-type: none"> She should avoid all breastfeeding. HIV is considered a contraindication to breastfeeding in the U.S. Seek donor breast milk for her infant. |
| Is an IV drug user | <ul style="list-style-type: none"> Breastfeeding is not indicated. Seek donor breast milk for her infant. |
| If the infant | Then |
| Is weak, premature, ill, has low birth weight, sucking difficulties or oral anomalies | <ul style="list-style-type: none"> Give the baby expressed breast milk if nursing at the mothers' breast is not an option. Feeding by cup, spoon or tube may be helpful. Feedings that include calorie-rich hindmilk are particularly valuable for premature and low-birth-weight babies. |
| Is dehydrated | <ul style="list-style-type: none"> Assess the reason for dehydration. If the infant is otherwise healthy, assess feeding to assure adequate milk exchange. If additional feedings are needed, use expressed breast milk. Dehydration can be avoided with twice-daily assessments of feedings and the provision of skilled lactation support. |
| Has a metabolic disorder such as galactosemia or phenylketonuria | <ul style="list-style-type: none"> The baby will need an individualized feeding plan, which may require partial supplementation or full replacement of breast milk with formulas made specifically for the baby's needs. |

EVALUATING SUCCESS

Use the information in this section and the additional tools provided in the IMPLEMENTATION RESOURCES section at the back of this step as checkpoints to verify that you are successfully implementing Step 6. Assign one or two staff members with the best perspective on day-to-day operations to complete these checkpoints. This section is for your information only. UCATS does not require submission of these tools for certification.

Process changes. When evaluating your facility's success in implementing Step 6, consider the following:

- Number of policy changes related to supplemental feedings.
- Number of physical changes to display or distribution of formula.
- Number of other steps that are known to impact exclusive breastfeeding that have already been implemented.

Facility management should use the included Step 6 Action Plan to assess progress on this Step.

Impact on patient experience. Your facility should track data about exclusive breastfeeding and supplementation of breastfed babies. Data to track include:

- Exclusive breastfeeding rate during hospital stay.
- Proportion of breastfed babies receiving supplemental feedings.
- Proportion of babies receiving prelacteal feedings.
- Differences in exclusive breastfeeding, supplementation and prelacteal feeding rates among different sub-populations (e.g., race/ethnicity, age, income, Cesarean vs. vaginal delivery).

Assessing value to the facility. Use the Facility Impact chart to assess how the recommended measures have affected your facility and to assess cost savings that may be attributed to the changes made.

Please see IMPLEMENTATION RESOURCES for UCATS certification application.

RESOURCES

Staff Handout

- WHO/UNICEF Acceptable Medical Reasons for Use of Breast milk Substitutes:
<http://bit.ly/2jS8F6v>
- Relevant resources from the California Department of Public Health Model Hospital Policy Recommendations Online Toolkit:
 - Multiple resources related to Step 6, including educational handouts and informed consent forms for supplementation: <http://bit.ly/2jS7JyK>
 - Additional resources, including patient handouts: <http://bit.ly/2jS8FmR>
- Scripts for mothers who have decided to combination feed and mothers who are supplementing for medical reasons, from Stanford School of Medicine:
<http://stan.md/2jS9Z9n>
- Outcomes of Breastfeeding vs. Formula Feeding (literature review), by Ginna Wall, MN, IBCLC : <http://bit.ly/2jSbeWb>
- Fact Sheet: “Just One Bottle Won’t Hurt”—or Will It?: Supplementation of the Breastfed Baby by Marsha Walker: <http://bit.ly/2jSh9dF>
- Breastfeeding: Baby’s First Immunization Poster, American Academy of Pediatric Childhood: <http://bit.ly/2jSbxA8>

Patient handouts

- From TX Department of State Health Services WIC - Colostrum fact sheet:
English: <http://bit.ly/2jRYFu2>
Spanish: <http://bit.ly/2jRYVJw>
- From California Department of State Health Services WIC—How does formula compare to breast milk?: <http://bit.ly/2jSOXJl>
- From Massachusetts Breastfeeding Coalition (“Both Breast and Bottle? No!”):
<http://bit.ly/2jS1ATd>

Implementing TJC Core Measure on Exclusive Breast milk Feeding

- The United States Breastfeeding Committee’s guidance on implementing the Joint Commission measure: <http://bit.ly/2jSc2u5>

Lactational Pharmacology References

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- Briggs G, Freeman R, Yafe S. (2008). Drugs in Pregnancy and Lactation: A Reference Guide to Fetal and Neonatal Risk. Lippincott, Williams & Wilkins: Philadelphia, PA.
- Utah MotherToBaby Program: <http://bit.ly/2jSarVe>
- National Library of Medicine. LactMed: Drugs and Lactation Database: <http://bit.ly/2jS3R0Q>

Newborns' Stomach Capacity

- Stomach capacity references from the California Department of Public Health: <http://bit.ly/2jrRPPy>

Human Milk Banking

- Human Milk Banking Association of North America: <http://bit.ly/2jS754r>
- Mountain West Mothers' Milk Bank : <http://bit.ly/2jS5b3C>

Position Statements and Protocols

- Academy of Breastfeeding Medicine: Clinical Protocol #1: Guidelines for Glucose Monitoring and Treatment of Hypoglycemia in Term Breastfeeding Neonates. Lenexa, KS: The Academy of Breastfeeding Medicine Protocol Committee, 2014.: <http://bit.ly/2jSddtv>
- Academy of Breastfeeding Medicine: Clinical Protocol #3: ABM Clinical Protocol Number 3—Hospital Guidelines for the Use of Supplementary Feedings in the Healthy Term Breastfed Neonate. Lenexa, KS: The Academy of Breastfeeding Medicine Protocol Committee, 2009.: <http://bit.ly/2jS5BHe>
- American Academy of Pediatrics. Breastfeeding and the use of human milk. Pediatrics 100 (6): 1035–39, 1997. <http://bit.ly/2jS9Tyz>
- American Academy of Pediatrics: Management of Hyperbilirubinemia in the Newborn Infant 35 or More Weeks of Gestation. Pediatrics 114 (1) :297–316, 2004.: <http://bit.ly/2jS5VWs>
- World Health Organization. Hypoglycemia of the Newborn: Review of the Literature. Geneva: World Health Organization: WHO/CHD 97.1,1997.: <http://bit.ly/2jS6ekg>
- World Health Organization. International Code of Marketing of Breast-milk Substitutes Frequently Asked Questions: <http://bit.ly/2jScNDy>

- Ban the Bags, a national campaign to stop formula company marketing in maternity hospitals: <http://bit.ly/2jRYkYc>

Commercial Discharge Packs, Further Reading

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- Review and Meta-Analysis for the US Preventive Services Task Force,” *Annals of Family Medicine* 1, no.2 (July–August 2003): 70–78.
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- Donnelly A, Snowden HM, Renfrew MJ, Woolridge MW. “Commercial hospital discharge packs for breastfeeding women.” *Cochrane Database Syst Rev* 2000;(2): CD002075
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- Murray EK, Ricketts S, Dellaport J. Hospital practices that increase breastfeeding duration: results from a population-based study. *Birth* 2007;34:202–211.
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IMPLEMENTATION RESOURCES

- Action Plan
- Facility Impact
- UCATS Application Form

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Step 6

ACTION PLAN

Step 6 Implementation Owner: _____

Start date: _____ **Target completion date:** _____

Primary Goals of Step 6:

- ☐ Ensure that—to the extent possible—only breast milk is given to breastfeeding babies unless:
 - There is a recognized clinical indication, the baby is unable to breastfeed and there is no breast milk available.
 - The mother has made a fully informed choice to feed her infant other than by direct breastfeeding and other than with breast milk.
- ☐ Protect parents against display, distribution or promotion of food or drink other than breast milk.

| BUDGET/RESOURCES FOR IMPLEMENTATION: | | |
|--|---|-----------------|
| Resources area and description | Planned actions | Budgeted amount |
| Training: Train staff on acceptable medical indications for supplemental feedings and how to assess and support exclusive breastfeeding. Set aside time for discussing information gathered by literature review committee. | <div></div> <div></div> <div></div> <div></div> <div></div> | \$ |
| Materials development: Set up documentation tools for documenting maternal consent for supplementation and for dispensing formula when needed. Purchase and make available current lactational pharmacology resources. | <div></div> <div></div> <div></div> <div></div> <div></div> | \$ |
| Marketing: Consider developing a facility discharge pack that supports breastfeeding and does not include formula samples and products. Note that a discharge pack is not a required element. | <div></div> <div></div> <div></div> <div></div> <div></div> | \$ |
| Equipment: Consider stocking formula in point-of-care medication dispensing devices (e.g., Pyxis system.) Provide adequate space and supplies to support breast milk expression and storage. (Consider a private, no-visitors space for nursing and pumping; provide refrigerator space for expressed milk.) | <div></div> <div></div> <div></div> <div></div> <div></div> | \$ |
| Other costs related to implementation of <i>Step 6</i> . | <div></div> <div></div> <div></div> | \$ |
| Total expected costs | | \$ |

Implementation

Do facility policies:

- ☐ Promote exclusive breastfeeding whenever possible?
- ☐ Outline appropriate use of breast milk substitutes, including policies or protocols for addressing infant hypoglycemia and jaundice, “reluctant feeders” and infants delivered by C-section or with very low birth weight?
- ☐ Allow time and resources for facility staff to educate families about the risks—both short- and long-term—of supplementation?
- ☐ Require documented informed consent for supplemental feedings?
- ☐ Provide sufficient resources and facilities to support breastfeeding, including the ability of mothers to pump or express and store breast milk?
- ☐ Require documentation of distribution and use of formula and of supplementation trends?
- ☐ Prohibit practices that fall within the scope of the International Code of Marketing for Breast milk Substitutes, including distribution of commercial discharge packs or infant formula samples?

Do staff trainings and competencies support:

- ☐ Staff breastfeeding knowledge and support and evaluation skills to promote exclusive breastfeeding when clinically feasible?
- ☐ Staff knowledge of the short- and long-term risks of supplementation?
- ☐ Staff knowledge of acceptable medical indication for use of breast milk substitutes and evidence-based management of hypoglycemia, jaundice and dehydration.

Notes

Step 6 Implementation Tracking

Use the table below as a checkpoint for your unit and facility planning and for assessing your progress on *Step 6*.

Set unit goals in terms of the month at which you plan to achieve each goal below, and assign each goal to be monitored a specific person on staff.

Each goal below should be documented and archived so that your facility can verify progress and assess future goals.

| At month | | Person Responsible | Initials | Date Completed |
|----------|--|--------------------|----------|----------------|
| | Related Steps have been implemented successfully, enabling your facility to begin putting <i>Step 6</i> into place. (See the Implementation section, Put breastfeeding support in place before eliminating supplements.) | | | |
| | Data are being collected and assessed for: supplemental and prelacteal feedings, rates of breastfeeding exclusivity, staff and family knowledge and attitude toward breastfeeding exclusivity, and formula usage and promotion. | | | |
| | The facility is documenting exclusive breastfeeding rates among different sub-populations (e.g., race/ethnicity, age, income, cesarean vs. vaginal delivery). | | | |
| | A literature review committee has been established. | | | |
| | Relevant literature is being reviewed and shared with staff (and patients) appropriately. | | | |
| | Policies regarding breastfeeding supplementation have been reviewed and revised as necessary. | | | |
| | Staff have been trained in policy and procedure for supplementation, and current policies are clearly posted and available for staff reference. | | | |
| | Facilities have been updated to allow for breast milk pumping and storage. | | | |
| | Stocks of formula and related supplies are managed in a manner consistent with other medical supplies, and a system is in place to manage and track supplement usage. | | | |
| | Distribution of commercial discharge packs and promotional materials has been discontinued. | | | |

Step 6

FACILITY IMPACT

| | Details | Person Responsible | Initials | Date Completed |
|---|---|--------------------|----------|----------------|
| <p>Cost to purchase formula prior to implementation compared to cost after implementation</p> <p>Net loss or gain:</p> <p>_____</p> | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | | | |
| <p>Patient satisfaction scores:</p> <p>Track and analyze patient satisfaction quarterly.</p> <p>Has patient satisfaction improved since implementing <i>Step 6</i>? _____</p> | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | | | |
| <p>Joint Commission Measure:</p> <p>Assess facility performance on Joint Commission Measure. Document performance, noting new gains or any new losses.</p> | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | | | |
| <p>What can be improved upon next year?</p> | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | | | |

Step 6

UCATS STEPPING UP FOR UTAH BABIES

APPLICATION

The inquiring health facility is expected to protect breastfeeding and should market health, and nothing else. All mothers, no matter their feeding choices, should be supported. Of the mothers who express a desire to breastfeed, $\geq 80\%$ should exclusively breastfeed while at the facility, $\geq 80\%$ who ask for supplementation should receive additional counseling and $\leq 10\%$ replace breast milk with a combination of breast milk and breast milk substitute while at the facility.

Mothers who decide not to breastfeed should partner with maternity care staff to learn about the various feeding options and decide which is best for the infant. 100% of mothers who decide not to breastfeed, should receive information and support for alternative feeding options and $\leq 10\%$ should completely replace breast milk with a breast milk substitute while at the facility.

1. What percentage of healthy infants are exclusively breastfed? _____%

Numerator: # of healthy infants who are exclusively breastfed

Denominator: # of healthy infants born in the facility

2. What percentage of healthy infants are fed only breast milk substitute? _____%

Numerator: # of healthy infants who are fed only breast milk substitute

Denominator: # of healthy infants born in the facility

3. What percentage of healthy infants are fed a combination of breast milk AND breast milk substitute? _____%

Numerator: # of healthy infants who fed breast milk AND breast milk substitute

Denominator: # of healthy infants born in the facility

4. What percent of mothers who ask for supplementation, receive additional counseling?
_____%

Numerator: # of mothers who asked for supplementation and received additional counseling

Denominator: # of mothers who asked for supplementation

5. What percent of mothers who have decided not to breastfeed receive information and support for alternative feeding options and are helped to decide what was best for the infant?
_____%

Numerator: # of mothers who decided not to breastfeed and received information and support for alternative feeding options

Denominator: # of mothers who decided not to breastfeed