PURPOSE:
To describe nursing expectations of care for breastfeeding women.

PERSONS AFFECTED:
All OHSU Healthcare workforce members providing patient care.

RESPONSIBILITIES:
All Registered Nurses are responsible for following pertinent Nursing Practice Expectations of Care.

NURSING PRACTICE EXPECTATIONS OF CARE:

STANDARD 1:
Assessment and Diagnosis-The nurse collects relevant health data and analyzes the data to determine diagnosis.

Assessment:

1. Antepartum:
   a. Assess understanding of breastfeeding
   b. Assess breasts and nipples

2. Postpartum:
   a. Keep baby skin to skin
   b. Observe first feed: initial breastfeeding consists of rooting, licking and intermittent sucking at breast
   c. Provide parents with information and instruct on use of Is My Baby Getting Enough, Dance of Latch, and channel 35
   d. Teach hand expression
   e. No formula supplementation unless medically indicated

3. Assess need for lactation consult based on the following criteria:
   a. Maternal:
i. Perinatal complications that could affect lactogenesis such as postpartum hemorrhage, HELLP syndrome, PET, hypothyroid, polycystic ovarian syndrome and surgical delivery.

ii. Maternal age <17 or >40

iii. History of breast surgery

iv. Multiple birth

b. Neonatal:

i. Infant <37 weeks.

ii. Infant anomalies or neurological deficits affecting breastfeeding.

iii. LATCH score consistently <7 by 48 hours.

iv. 8% weight loss noted.

v. Effective breastfeeding not established prior to hospital discharge.

vi. Hyperbilirubinemia and phototherapy

4. At least once every 8 hours, assess:

   a. Observe a feeding
   b. LATCH score.
   c. Frequency and duration of feeds and that infant has unlimited access to breastfeeding.
   d. Infant state (sleepy, irritable, calm and alert).
   e. Presence of infant feeding cues.
   f. Stool and void pattern.
   g. Breastfeeding knowledge base and information needs.

5. Every 24 hours, assess:

   a. Infant weight and calculate %wt loss:
   b. Birth weight minus present weight = sum.
   c. Divide the sum by the birth weight = % weight loss.
   d. Breasts and nipples
   e. Potential need for follow-up after discharge.

**STANDARD 2:**

*Outcome Identification - The nurse identifies individualized expected outcomes for the patient.*

Expected Outcomes:

1. Initiate lactation consult referral if expected outcomes are not met.

a. Maternal outcomes:

   i. Identifies feeding cues and verbalizes need for frequent early feeds; responds by putting infant to breast within 1 hour of birth and then every 1-3 hours until white milk comes in; allows infant to suckle for unlimited duration.

   ii. Keeps baby skin to skin

   iii. Identifies correct latch.

   iv. Uses Is My Baby Getting Enough form to document feeds, void and stool pattern.

   v. Verbalizes frequency and duration of feeds once white milk comes in.

   vi. Is independent with latch-on by discharge.

   vii. Demonstrates correct nipple care.
viii. Demonstrates/verbalizes correct engorgement care.
ix. Demonstrate hand expression of breastmilk.
x. Identifies increase in milk supply by 2-5 days.

b. Infant outcomes:
i. Infant will suckle at each breast for unlimited duration with unlimited access to breast feeding.
ii. Infant will have at least one effective feed in the first 24 hours, but continued practice at breast should continue every 2-3 hours.
iii. Infant feeds 8-12 times per 24 hours after initial 24 hours.
iv. Weight loss <8% for all infants.
v. Latch score >7 by 24 hours of age.
vi. Baby will not be supplemented with formula unless medically indicated.

Standard 3:
Develop and Implement Plan of Care - The nurse develops and implements a plan of care to assist the patient in achieving expected outcomes.

Procedures/Treatments:

1. Infants room-in with their mothers and are kept skin to skin
2. At birth:
   a. Baby placed skin to skin on mother’s chest.
   b. Facilitate and assist with initial feed within ½-1 hour of birth.
   c. Begin breastfeeding teaching.

3. Facilitate putting infant to breast every 1-3 hours. Allow to suckle for unlimited duration with unlimited access to breastfeeding.
4. At least one time per 8 hour shift:
   a. Facilitate skin to skin contact.
   b. If infant sleepy or reluctant to nurse, encourage and facilitate skin to skin and nipple contact.
   c. Instruct/facilitate baby to breast at least 8-12 times per day.
   d. Assist with correct latch.
   e. Reinforce the normalcy of frequent feeds day and NIGHT to ensure milk supply.
   f. Provide basic breastfeeding education and availability of educational channel.
   g. Engorgement care and instructions include the following if indicated:
      i. Perform gentle finger tip massage just prior to feeds.
      ii. Express enough milk to soften areola before feeds
      iii. Frequent feeds
      iv. Instruct and assist with comfortable positioning (footstools and pillows as needed)
      v. Ibuprofen/Acetaminophen as ordered

h. To prevent sore nipples or if sore nipples identified
   i. Ensure correct latch on
   ii. Express some milk prior to putting infant to breast
   iii. Instruct and assist comfortable positioning
iv. Do not limit frequency or duration of time at breast
v. No soap to nipples
vi. Soothies or Lanolin or shells PRN

5. Avoid pacifier use during hospital stay
6. Assist mother to express her breastmilk to stimulate her supply after every feed attempt.
   a. Use pump to evert flat or inverted nipples just prior to putting baby to breast.
   b. Give the infant expressed breastmilk by spoon, syringe, cup, or paced bottle per parent’s choice
   c. If no adequate latch by 24 hours:

Nutrition/IV's:

1. Drink to thirst
2. Instruct to continue a healthy, balanced diet while breastfeeding.
3. Infants will not be supplemented with formula unless medically indicated or requested by parents and then only with instructions and precautions.

Medications:

1. Ensure that all medications mother is taking are compatible with breastfeeding Resources include textbooks, Medications and Mothers’ Milk by Thomas Hale and Drugs for pregnant and lactating Women by Weiner and Buhimschi; Rocky Mountain Resource Center 1-900-285-3784; and lactation consultant.

Activity/Safety:

An interdisciplinary team approach is utilized to determine appropriateness of breastfeeding in the following circumstances:

1. Mother or baby with positive urine drug screen (UDS).
2. Mothers who are Hepatitis C positive (generally counseled that risk of transmission by breastmilk is unknown).
3. Mothers who are Hepatitis B positive (generally considered safe to breastfeed with HBIG vaccine series).
4. Mothers on methadone maintenance (Per AAP guidelines).

Teaching/Discharge Planning:

1. Instruct:
   a. Feeding readiness cues.
   b. Normal feeding patterns 1st week of life with unlimited access and time at breast.
   c. Once white milk is in infant feeding pattern may change. Infant should continue to have unlimited access and time at breast. Instruct that the infant will need to breastfeed every 2-3 hours with no more than one 4 hour stretch without nursing per 24 hours.
   d. Use "Is my baby getting enough?" form.
   e. Normal void/stooling pattern 1st week of life and when to call health care provider.
   f. Sore nipple management.
   g. Engorgement care.
   h. Hand expression of breastmilk.
   i. Community resources including OHSU Lactation Series in the Outpatient Clinic. Make community health nurse referral as needed.

2. Ensure:
a. Appropriate referrals to lactation consultant are made.
b. Needed community referrals are made.

STANDARD 4:

Evaluation-The nurse evaluates the patient’s progress toward attaining expected outcomes and revises the plan of care accordingly.

RELEVANT REFERENCES:


RELATED DOCUMENTS:

1. LACTATION: Collection and feeding methods of EMM.
2. LACTATION: Breastfeeding the preterm and near term infant.
3. LACTATION: Accidental administration of EMM to wrong infant.
4. LACTATION: Breastmilk suppression. (bereavement).
5. LACTATION: Breastmilk suppression (non-bereavement).
6. LACTATION: Breastmilk collection, storage and transport.
7. LACTATION: LC referral guidelines.
9. LACTATION: Pre and postfeed weights.
10. LACTATION: Use and care of breastfeeding support devices.
11. LACTATION: Breastfeeding the high risk or special needs baby.
12. LACTATION: Breastfeeding the adopted baby in the hospital.
14. LACTATION: Glycerin Gel Dressing use.
15. LACTATION: Nipple Shield guidelines.

EXTERNAL LINKS:

None

TITLE, PROCEDURE OWNER:

Lactation Team Members

APPROVING COMMITTEE(S):

OHSU Lactation Services, May 2010

FINAL APPROVAL:

Practice Council

Supersedes:

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