



## STEP FIVE

# BREASTFEEDING SUPPORT

**Support mothers to initiate and maintain breastfeeding and manage common difficulties even when baby is unable to be with mother.**

### HIPANGA 5

**Me tautoko ngā whaea kia tīmataria, kia haere tonu hoki te whāngote, me te whakamāmā i ngā uauatanga e tūpono nuitia ana, ahakoa kāore te kōhungahunga e āhei te noho taki me tana whaea.**

Review date: November 2023

*The CDHB commits to adhering to and further incorporating the principles of Te Tiriti o Waitangi, outlined in the breastfeeding policy, at each review.*

## PURPOSE

To ensure that all māmā and whānau receive individualised practical support to establish and maintain their lactation.

## RESPONSIBILITY

The breastfeeding policy and guidelines are applicable to all Canterbury District Health Board (CDHB) employees working within maternity facilities and the Neonatal Service including visiting health professionals and students.

## GUIDELINE

Level 3 Clinical Staff will be available to offer breastfeeding support 24 hours a day, should it be required and able to access lactation services when appropriate by referral.

## SUPPORT ALL BREASTFEEDING MĀMĀ TO LEARN PRACTICAL SKILLS

All breastfeeding māmā and her whānau should be offered support and guidance with breastfeeding after birth and at each feed as required by the individual needs. Whānau with pēpi in the neonatal unit who are breastfeeding or intending to do so will be supported to initiate lactation within 1-2 hours of birth by hand or electric breast pump – whichever is appropriate based on individual needs. NICU [Colostrum Collection Packs](#) (Ref.239786) will be provided for all whanau with pēpi in the neonatal unit



**He aroha whāereere, he pōtiki piri poho**

**A mother's love, a breast-clinging child**

The offer of assistance should be made to all breastfeeding māmā, irrespective of parity, because evidence changes, past experiences/success will vary, and returning to feeding a newborn may require support.

All māmā in maternity facilities will be offered the '[Covering the Basics' Breastfeeding Information for Women](#) (Ref.2406295), including māmā with pēpi in NICU. In addition māmā with pēpi in the neonatal unit receive the leaflet "[Breastfeeding Your Baby](#)" (Ref.7848).

It is important that staff are able to identify māmā who may require additional support or who have identified risk factors which may impact the initiation and establishment of lactation. This includes, but is not limited to, māmā who:

- Are medically/obstetrically unwell or have medical conditions such as diabetes
- Have a history of breastfeeding difficulties
- Have had breast surgery of any kind
- Have a history of illness involving hormonal function
- Have a history of infertility treatment
- Have had a difficult birth
- Have had a caesarean section birth
- Have had a multiple birth
- Have had a postpartum haemorrhage
- Have pēpi who are sleepy, mucousy or disinterested in breastfeeding
- Have been separated from their pēpi for a clinical reason
- Have mental health challenges/addictions and maybe on medications that impact on maternal alertness, concentration, milk supply or impact on the pēpi ability to settle and feed and in some cases showing signs of withdrawal and specialist support for the mama is required.

## **POSITIONING AND ATTACHMENT (LATCHING)**

Staff should offer to support breastfeeding māmā and whānau with positioning, alignment, and attachment of their pēpi to the breast and describe how to recognise an effective feed and milk transfer (swallows).

Māmā and whānau should be able to discuss what they have learned.

## **MATERNITY SERVICE**

### **Level 3 Clinical Staff**

- Provide a full breastfeeding assessment at least once during an 8 hour shift, including review of the [Infant Feeding Chart](#) (Ref.239170).
- Remain as hands off as possible when providing support, so as not to disempower māmā and her whānau.
- Ensure māmā and her whānau are confident with their breastfeeding plan.
- Provide education so that māmā and whānau can confidently use the infant feeding record.
- Show māmā the resources available to support information being provided. This will include:
  - Baby's Feeding Cues Poster
  - The Bottom Line Series poster



**He aroha whāereere, he pōtiki piri poho**

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- 'Covering the Basics' Breastfeeding Information for Women
- How do I know my breastfed baby is getting enough to eat poster
- Mama Aroha Reference Cards

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## NEONATAL SERVICE

### Level 3 Clinical Staff and the Neonatal Feeding Team

- Provide a full breastfeeding assessment at every feeding opportunity with ongoing review of the [Infant Feeding Chart](#) (Ref.239170)
- Provide where ever possible prolonged skin-to-skin contact to facilitate the transition to direct and exclusive breastfeeding
- Remain as hands off as possible when providing support, so as not to disempower māmā and her whānau.
- Ensure māmā and her whānau are confident with their breastfeeding plan.
- Provide education so that māmā and whānau can confidently use the infant feeding tools available ([Ref.2310247](#))
- Show māmā the resources available to support information being provided. This will include:
  - Baby's Feeding Cues Poster
  - 'Covering the Basics' Breastfeeding Information for Women
  - Neonatal specific resources

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## DOCUMENTATION

### MATERNITY FACILITIES

The Infant Feeding Record is used in all maternity facilities. The first and all subsequent breastfeeds and output will be recorded on the [Infant Feeding Record](#) (Ref.2400431).

Staff are responsible for completing the Infant Feeding Record whenever there has been an assessment, input or support for the breastfeed, including breastfeeding codes, supplementary feeds (see [Breastfeeding Guideline Breastmilk Only for Newborns \(GLB06\)](#)), supplementary feeding reason codes and output.

All supplementary feeds are to be signed by both staff and parent.

Referrals to the Lactation Service are made online via Flow-view and the Lactation Consultant Referral form.

Fully completed infant feeding records provide information for staff to:

- fully assess breastfeeding
- guide appropriate infant feeding care planning
- safely prepare for discharge



## NEONATAL SERVICE

- Feeding records are incorporated in [Neonatal Level 2 Chart](#) (Ref.9978) and on Neonatal Intensive Care [Level 3 Observation Chart](#) (Ref.2403708). Informed parent consent and the feeding plan is recorded within the [Neonatal Multidisciplinary Care Plan \(MCP\)](#) (Ref.2400454).
- Complex feeding issues are referred to the Infant Feeding CNS or the CNS – Lactation on the Infant Feeding – Referral ([Ref.2310304](#)).
- [Expressing Diary Tool](#) (Ref.239784) – given to all neonatal māmā as part of the colostrum pack.

## BREASTFEEDING CODES

Breastfeeding code explanations are included on the infant feeding record for both Maternity and Neonatal Services.

## MATERNITY SERVICE

A score of A-D indicates a pēpi who is not yet feeding (transferring breastmilk) effectively.

Clinical assessment, observation of a complete feed and discussion with an ACMM Lactation Consultant, or mother's Lead Maternity Carer (LMC), as appropriate, is warranted for a pēpi who:

- Is well, term and scores A-D for two consecutive feeds
- Shows feed code regression, ie. was scoring E-F, then scores A-D

A specific individualised breastfeeding plan should be commenced if not already in use.

All whanau should be provided with ['Covering the Basics' Breastfeeding Information](#) (Ref.2406295) to support their breastfeeding knowledge and understanding of initiating lactation.

All pēpi on the neonatal unit require specific individual feeding plans.

## NEONATAL SERVICE

The [Neonatal Unit Feeding Code Tool](#) (Ref.239170) is structured differently from maternity because of the complexity of the neonatal infant. It is scored from 1-6, used to assess the quality of the infant sucking and transfer of milk and guides the nurses in conjunction with the mother to decide if supplementation is required. It is also used as an educational tool to assist the māmā to understand how the feed went and to see progress for breastfeeding and lactation. It can be used in conjunction with the breastfeeding diary.



## HAND EXPRESSION OF BREASTMILK

### THE HEALTH PROFESSIONAL WILL

- Verbalise expressing technique rather than demonstrate on māmā.
- Emphasise the importance of hand hygiene when a mama expresses her milk.
- Doll and breast resources are available in maternity ward and the neonatal service for hands off breastfeeding demonstration purposes. Informed consent will be gained prior to any touching of the breast.
- Provide verbal and written information to māmā and whānau on hand expression and how to store expressed breastmilk not immediately needed for feeding.
- Resources to support this include:
  - Mama Aroha Reference Cards – available in every room
  - Breastfeeding Naturally DVD
  - Kiriata Mama TV channel
  - BreastFedNZ app

### HAND EXPRESSION CAN ENABLE MĀMĀ AND WHĀNAU TO

- Understand how the breast and the milk ejection reflex (MER) or 'let down' work
- Gain confidence in their ability to produce milk
- Produce a few drops of milk to tempt her pēpi to feed
- Soften a full breast to ease discomfort or enable pēpi to latch
- Provide milk for her pēpi when they are separated, or when pēpi is unable to breastfeed
- Increase milk supply
- Maintain milk supply if breastfeeding is interrupted
- Hand expressing can be combined with an electric breast pump to increase milk yield

Inform all breastfeeding māmā and whānau who discharge prior to a hand expressing demonstration how to access this information and how to access breastfeeding support in the community. Whānau will be encouraged to be involved to facilitate breastfeeding support following discharge.

## MINISTRY OF HEALTH GUIDELINES FOR STORING EXPRESSED BREASTMILK

- |    |                                      |  |
|----|--------------------------------------|--|
| 1. | Fresh breastmilk at room temperature | 4 hours                                  |
| 2. | Refrigerator                         | 2 days                                   |
| 3. | Freezer                              | 4 months (normal upright fridge/freezer) |
| 4. | Chest freezer/deep freeze            | 6-12 months                              |
| 5. | Freezer box                          | 2 weeks                                  |



## SEPARATION OF MĀMĀ AND PĒPI FOR CLINICAL REASONS

The volume of milk expressed is a determinant of the long-term outcome of māmā ability to produce milk for her pēpi.

### The Health Professional will:

- Emphasise importance of immediate breast and nipple stimulation and expressing where separation occurs soon after birth, particularly if skin-to-skin contact is not possible, even if pēpi cannot be fed as yet.
- Give information on use of warmth, breast massage, hand or electric breast pump expression.
- Ideally assistance to initiate a milk supply should occur within 1-2 hours after their pēpi birth.
- Document any clinical reason for delay in initiating of commencement of expressing milk in the first 1-2 hours in the notes of māmā and on the neonatal service, in the multi care pathway.
- Encourage expression at least eight times or more in every 24 hours including at least once overnight (2300-0700) with a **maximum** of 5 hours between any two expressing sessions.
- Emphasise importance of night expression to maintain lactation.
- Discourage long breaks between expressing, the longest being no greater than 5 hours.
- Recommend a hospital grade pump when a breast pump is required.
- Encourage māmā and whānau to start and finish each electric breast pump session with hand expression – known to produce higher yield.
- Share responsibility for teaching/support when pēpi is in the Neonatal Service and māmā is on maternity ward.

### NEONATAL

For sick and premature infants where the mother must express her milk, the volume of milk expressed by day 14 is a determinant of the long-term outcome of māmā ability to produce enough milk for her pēpi.

## CLINICAL MIDWIFE/LACTATION CONSULTANT

CDHB has a Lactation Consultant Service, available for specialist advice, support and to educate staff. The Neonatal Service has a multidisciplinary feeding team for complex neonatal pēpi and their whānau.

## AUDIT OF COMPLIANCE TO THE BREASTFEEDING POLICY

Audit is crucial to ensure high standards of care for māmā and pēpi. Audit of Infant Feeding Record, and interview of māmā (with consent).

### NEONATAL

Interview of māmā (with consent).

Audit of mama's clinical records and the Neonatal MCP on initiation of lactation within 1-2 hours of birth.

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Authorised by: Clinical Guidelines Group and CDHB Maternity Quality Governance Group

Owner: Breastfeeding Coordinator

Step 5: Breastfeeding Support

Breastfeeding Guidelines

Christchurch Women's Hospital

Christchurch New Zealand