

POLICY TITLE: Feeding/Breast

RECOMMENDED BY: OB Department

CONCURRENCE(S): Infection Control

REVIEWED: 1/93, 4/96, 10/99, 12/00, 7/04 10/9
10/10, 10/11, 10/12

SUPERSEDES: _____

EFFECTIVE DATE: Prior to 4/89

REVISED: 11/94, 8/97, 12/01, 6/02, 9/05, 10/08

ADMINISTRATIVE APPROVAL _____

MEDICAL STAFF/DIRECTOR APPROVAL _____

Standard:

Each client can expect to be assisted with, or provided for the maintenance/restoration of adequate aeration, circulation, nutrition, activity, rest, elimination and comfort.

Purpose: To maintain nutrition and hydration of infant. To promote bonding of mother and baby.

Performed by: RN, LPN

Policy:

Definitions (as necessary):

Equipment/Supplies needed (as necessary):

Procedure and rationale:

1. Initiate breast-feeding within 30 minutes of birth for vaginal delivery and as soon as possible after return to room post cesarean section. The mother should be made aware that baby may not actively nurse at first, but that the attempt and contact are important.
2. Remove any clothing from the mother's upper body and from the baby. Once baby is latched properly, cover both with warmed bath blanket.
3. Assist mother into comfortable position, either sitting or lying on side. When on side, place pillow to mother's back. When sitting, use pillow under baby and arm for extra support. May use footstool so mother is more relaxed.
4. Perform hand hygiene. Provide hand sanitizer or wet wash cloth for mother's hands.
5. Assist mother with latch on as follows:
 - a. Help mother shape nipple and areola to place into baby's mouth. Using hand opposite nursing breast, lift breast with fingers below and thumb above. Avoid using the scissors hold. Keep fingers well away from areola.
 - b. Teach mother to tickle baby's lips with her nipple until baby opens wide and then pull baby quickly to breast. Observe that baby has areola in mouth, that jaw is working up and down, cheeks not sucking in, and no sucking noises are heard.
 - c. Ask mother if she feels pinching or biting. If so, remove baby and relatch.
6. It is not necessary to restrict nursing time, or to switch sides during nursing. Alternate starting side at subsequent feedings.
7. Show the mother how to press the breast away from the corner of his mouth to release suction.
8. Burp baby as needed.

9. Feed at least every 2-3 hours or as often as indicated by babies feeding cues.
10. Teach nipple care to mother (no soap, air dry, let milk dry on nipple, Lansinoh and breast shells).
11. Pacifiers are contraindicated until nursing is well established, creating ineffective sucking and nipple soreness.
12. If nursing is ineffective and supplemental feeding is needed.
 - a. Provide breast pump and teach mother how to pump. See policy - Breast Pumping and Breast milk Storage
 - b. Collect colostrum in syringe and syringe feed to infant.
 - c. When able to obtain 5cc or more of colostrum switch to feeding with Foley feeding cup.
 1. Hold infant semi upright with bib under chin.
 2. Squeeze cup so milk rises in the channel and collects in the top lip.
 3. Bring cup to baby's lips, do not tip or pour into mouth, rather allow baby to sip or lap with tongue. This encourages forward movement to the tongue needed to proper latch at the breast.

Documentation:

Record feeding in Newborn Daily assessment. Indicate if baby nurses or is syringe fed or cup fed. If baby nurses, document how many minutes. If by cup or syringe, enter volume.

Protective equipment grid and category (only use if applicable)

Protective Equipment	Mandatory Use	Use Judgment	Not Necessary
Gloves	/		
Gown or Plastic Apron		/	
Mask		/	
Face Shield		/	
Protective Eye Wear		/	

Cross Reference (only if identical policy exists in another department)

References (only if necessary to support process and must be specific and current)