Implementing the Standards of Care for the Non-Breastfeeding Mother and her Baby

Requirements for the Standards of Care for the Non-Breastfeeding Mother and her baby

Policy

The health service will have a written Artificial Feeding Policy which is routinely communicated to all providers who have contact with pregnant women and / or mothers and babies.

This policy will include:

- information for health workers and family/whanau regarding the implications associated with the use of infant formula.
- the implications of formula feeding
- the importance of skin-to-skin contact
- safe preparation of infant formula
- safe handling and feeding of formula and sterilisation of equipment
- responsive or baby-led feeding with guidelines for appropriate intake
- rooming-in 24 hours a day, safe and unsafe sleeping
- referral to parenting / well child services
- a minimum 3 yearly review date which is clearly visible

The policy will be self-audited annually.
The policy will address the main points of the International Code of Marketing of Breastmilk substitutes and subsequent relevant WHA resolutions.

Education

An education programme must be available that ensures all clinical staff / workers receive the appropriate education on how to support mothers who choose to formula feed their baby. Regular updates are required to ensure competency is maintained.

The education programme must include:

- the implications associated with feeding a baby infant formula;
- the importance of skin-to-skin contact;
- the importance of rooming-in 24 hours a day, safe and unsafe sleep practices;
- responsive (cue based) feeding with guidelines for appropriate intake; and
- safe preparation and use of infant formula.

A copy of the education programme should be available for review.

A written description of the minimal content of the antenatal education must be available for review as well as copies of the antenatal information / handouts given to antenatal women who choose to formula feed their baby.

This education will include:

- the implications associated with feeding a baby infant formula;
- the importance of skin-to-skin contact;
- the importance of rooming-in 24 hours a day, safe and unsafe sleep practices;
- responsive (cue based) feeding with guidelines for appropriate intake;
- safe preparation and use of infant formula; and
- peer and parent support group contacts on discharge.

The education / information offered to pregnant women, who have a sound clinical indication for which breastfeeding is not recommended, must be available for review. This material for use in the antenatal period, must include the importance of breastfeeding, the implications and costs of using infant formulas and complies with The International Code.

Care of the non-breastfeeding mother and her baby

Documentation of the care of the non-breastfeeding mother and her baby will be available for review. This review will include the printed materials / handouts given to mothers.

Information is to be discussed and distributed to non-breastfeeding mothers on a individual basis antenatally and postnatally.

Infant Formula Use

Mothers are to be provided with clear, accurate and impartial information which therefore supports and enables them to make a fully informed decision as to how to feed their babies. Services must ensure that mothers individually have the opportunity to discuss feeding with a health care provider. *Artificial feeding* handout materials for use in the antenatal period must include the importance of breastfeeding and the implications and costs of using infant formulas.

The Baby Friendly Community Initiative restricts provision of information on the feeding of infant formula in a class or group situation. All teaching of the preparation and feeding of infant formula should be provided on an individual basis only for those mothers who need it or wish it. Studies suggest that many mothers prepare infant formula incorrectly so it is important the health practitioner ensures that the mother has understood the instructions so that her baby will not be put at risk from improperly prepared or handled infant formula.

Providers must ensure that their own knowledge about *artificial feeding* is current and comprehensive.

WHA Resolution 58.32 urges

'Member States to ensure that clinicians and other health-care personnel, community health workers and families, parents and other care-givers, particularly of infants at high risk, are **provided with enough information and training by health-care providers, in a timely manner on the preparation, use and handling of powdered infant formula in order to minimize health hazards; are informed that powdered infant formula may contain pathogenic micro-organisms and must be prepared and used appropriately;** and, where applicable, that this information is conveyed through explicit warnings on packaging.'

Sound Clinical Reasons for Using Infant Formula

There are only a few situations where infants cannot, or should not, be breastfed. The choice as to the best alternative to breastfeeding depends on the nature of the circumstances, and for this reason it is useful to distinguish between infants who cannot be fed at the breast but for whom breastmilk remains the food of choice; infants who should not receive breastmilk, or any other milk, including the usual infant formulas; and infants for whom breastmilk is not available, for whatever reason.

Situations related to maternal health

HIV positive Mothers

HIV is found in breastmilk, and cases of transmission of the virus to a breastfed baby whose mother acquired the virus through transfusion after birth proved that the virus could be transmitted in breastmilk. Not breastfeeding will avoid all possibility of mother to infant transmission of HIV through breastmilk. In New Zealand the Ministry of Health do not recommend mothers' breastfeed their babies as infant formula is considered a safe alternative. Mothers must decide between the risk of transmission versus the risk of infant morbidity /mortality from other causes if breastfeeding is withheld.

Social, Recreational, and Drugs of Abuse

Even in situations of tobacco, drug and high alcohol use, breastfeeding remains the feeding method of choice for the majority of infants. Most drugs of abuse cross into breastmilk, and most can be found in breastmilk in a dose dependent amount. Exposed infants may experience significant withdrawal symptoms if their mother's milk is abruptly withheld. Breastfeeding is not recommended for mothers who are intravenous drug users.

Medication

Very few medications are contraindicated in breastfeeding. These include anti-metabolite drugs such as those used in chemotherapy, radioactive iodine and some anti-thyroid drugs. Other drugs that may cause side effects may be

avoided or alternatives used. Radioactive drugs used in diagnostic tests often do not cross into breastmilk in appreciable amounts, or if they do, breastfeeding may be withheld and previously expressed breastmilk used to maintain supply, for a short time.

Health workers should ensure drug incompatibility with a reputed source to ensure correct advise is given.

Suggested books and websites include:
'Medications and Mothers' Milk' A Manual of Lactational Pharmacology. Thomas W. Hale (2014 – but updated two yearly)
http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT
http://www.breastfeedingonline.com/meds.shtml#sthash.kCehfSh0.dpbs

During the time breastfeeding is withheld the mother would need to express to maintain supply and for comfort. This expressed milk would be discarded.

Severe Illness

Severe incapacitating illness in the mother may pose challenges to breastfeeding that are difficult or occasionally impossible to overcome, even though the illness itself is not a contraindication. When a mother becomes ill, she may need considerable support to establish and maintain a milk supply.

Other Infectious Diseases

In the case of herpes simplex lesions found on the breast, temporary interruption of breastfeeding from the affected breast is recommended until all active lesions have been resolved. For most other maternal infections, including tuberculosis, hepatitis B, mastitis and breast abscess, breastfeeding can commence and/or continue providing medical protocols, such as the Hepatitis B vaccine given within twelve hours of birth, are followed.

Situations related to infant health

Inborn errors of metabolism

Infants with galactosemia, PKU and maple syrup urine disease require partial or complete feeding with infant formula, which is appropriate to the specific metabolic condition.

Sick infants in intensive care

These infants require an individualised feeding plan, and breastmilk should be used whenever possible. Efforts should be made to sustain maternal milk production by encouraging expression of breastmilk and breastfeeding commencement/resumption when the infant has recovered. Should re-lactation be required the mother is likely to need intensive support from health practitioners.

Severe dehydration and malnutrition

This incorporates infant feeding in emergencies. Such circumstances may require temporary feeding with infant formula while breastmilk production is increased/re-established.

For further information refer to resources such as**:**

'Acceptable medical reasons for use of breast-milk substitutes.'
World Health Organisation/UNICEF
http://www.who.int/nutrition/publications/infantfeeding/WHO_NMH_NHD_09.01/en/

Implementing the Care of the Non-Breastfeeding Mother and her Baby

Key Requirements Standards of Care for the Non-Breastfeeding Mother and her Baby

1. The service has an Artificial Feeding Policy which ensures appropriate support is afforded to the mother who has decided to feed her baby infant formula.
2. The policy includes:
   - information for health workers and family/whanau regarding the implications
     associated with the use of infant formula.
   - the implications of formula feeding
   - the importance of skin-to-skin contact
   - safe preparation of infant formula
   - safe handling and feeding of formula and sterilisation of equipment
   - responsive or baby-led feeding with guidelines for appropriate intake
   - rooming-in 24 hours a day, safe and unsafe sleeping
   - referral to parenting / well child services
   - a minimum 3 yearly review date which is clearly visible
3. The policy is self-audited annually.
4. The policy addresses the main points of the International Code of Marketing of
   Breast-milk substitutes and subsequent relevant WHA resolutions.
5. All clinical staff and workers at the service have received orientation to the policy.
6. **Level 3 staff / workers** fully meet the education standards for the support
   of the non-breastfeeding mother.
   The education programme includes:
   - the implications associated with feeding a baby infant formula
   - the importance of skin-to-skin contact
   - the importance of rooming-in 24 hours a day
   - safe and unsafe sleep practices
   - responsive, or baby-led feeding with guidelines for appropriate intake
   - safe preparation and use of infant formula
7. All written materials / handouts regarding artificial feeding are:
   - appropriate;
   - separate from breastfeeding information;
   - contain the implications of formula feeding; and are
   - International Code compliant.
8. Information is discussed and formula preparation demonstrations are carried out on an individual basis.

9. Pregnant women and mothers can report that the service discussed:
    - recognition of feeding cues with guidelines for appropriate intake;
    - on how to prepare and feed infant formula;
    - on how to give feeds safely at home and how to clean and sterilise their equipment; and
    - gave information on how and where to get help in the community, if they have feeding problems.

Documentation required for Standards of Care for the Non-Breastfeeding Mother and her baby prior to Assessment

1. A copy of the Artificial Feeding Policy.
2. The education programme for **Level 3 and Level 4 staff / workers**.
3. Staff education records.
4. Copies of the information / handouts given to the non-breastfeeding mother both antenatally and postnatally on artificial feeding.
5. Information, support and guidance for the woman who has decided not to breastfeed.