

Office of Origin: Nursing

I. PURPOSE

- A. To assist breastfeeding families with initiating and developing a successful and satisfying experience using the Baby Friendly's Ten Steps to Successful Breastfeeding; and, to ensure optimal safety for all maternal patients and infants receiving care at UCSF Medical Center.
- B. This policy supports a philosophy of maternal infant care in which breastfeeding advocacy and support is a major part. It is intended to work in conjunction with all other medical center policies and procedures including but not limited to; patient safety, safe sleep, & prevention of infant drops and falls.

II. REFERENCES

Department of Nursing, Policies and Procedures:

[Automated Temperature Monitoring](#)

[Baby Friendly's Ten Steps to Successful Breastfeeding](#)

[Breastfeeding Techniques \(Neonatal/Pediatric\)](#)

[Breast Milk Identification, Handling, Storage and Exposure Policies](#)

[Breast Milk – Donor](#)

[Falls Prevention](#)

[Formula Preparation, Storage, and Use](#)

[Safe Sleep](#)

Late Preterm/Near Term Infant in the Newborn Nursery “Cub Club”

Department of Nutrition and Food Services, Policies and Procedures:

[Routine Preparation of Special Formulas \(Nutrition and Food Services\)](#)

[Preparation of Special Formulas in the Evening \(Nutrition and Food Services\)](#)

[Pediatric Enteral Formula Substitution List \(Nutrition and Food Services\)](#)

[Enteral and Infant Formula Substitution \(Nutrition and Food Services\)](#)

[Training Formula Room and Breast Milk Room Techs \(Nutrition and Food Services\)](#)

[Breast Milk Handling and Fortification \(Nutrition and Food Services\)](#)

III. DEFINITIONS

Exclusive Breastfeeding: Refers to the practice of feeding infants no food or drink other than human milk unless it is medically indicated.

Skin-to-Skin (S2S): Contact between the newborn infant and its mother (although another adult may hold the baby S2S). After birth, the healthy term baby should be completely dried and the baby should be placed naked against the mother's naked chest. The baby may wear a diaper and/or hat, but no other clothing should be between the mother's and baby's bodies. The baby and

mother are then covered with a warmed blanket, keeping the baby's head uncovered. S2S contact should continue, uninterrupted, until the completion of the first feeding (or for at least 1 hour). S2S contact should be encouraged beyond the first hours and into the first days after birth.

IV. POLICY

- A. UCSF Medical Center will actively support breastfeeding as the preferred method of providing nutrition to infants by advocating breastfeeding using the Baby Friendly's Ten Steps to Successful Breastfeeding:
 1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
 2. Train all health care staff in the skills necessary to implement this policy.
 3. Inform all pregnant women about the benefits and management of breastfeeding.
 4. Help mothers initiate breastfeeding within one hour of birth.
 5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
 6. Give infants no food or drink other than breast-milk, unless medically indicated.
 7. Practice rooming in - allow mothers and infants to remain together 24 hours a day.
 8. Encourage breastfeeding on demand.
 9. Give no pacifiers or artificial nipples to breastfeeding infant.
 10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center.
- B. UCSF Medical Center complies with the World Health Organization (WHO) International Code of Marketing of Breast Milk Substitutes by offering pregnant women, mothers, and families' education and materials that promote human milk rather than other infant food or drinks.
- C. The Baby Friendly's Ten Steps to Successful Breastfeeding, WHO International Code of Marketing of Breast Milk Substitutes and subsequent WHO resolutions will be prominently displayed in all areas that serve mothers and newborns.
- D. UCSF Medical Center does not accept or distribute free or subsidized supplies of breast milk substitutes, nipples, and other feeding devices to pregnant women and new mothers. All artificial nipples, infant feeding bottles, and other infant feeding supplies are purchased at fair market value by this facility.
- E. All pregnant women will be provided with information on breastfeeding during their pregnancy.

V. PROCEDURE

- A. The Lactation Taskforce, a multidisciplinary, culturally appropriate team comprising of physicians, nurse staff, lactation consultants, nutrition staff, and other appropriate staff has been established to identify and optimize the pathway for patients and families to Exclusive Breastfeeding. On a yearly basis, this group will evaluate data relevant to breastfeeding support services and formulate, along with administration, a plan of action to implement needed changes.

B. Policy Review

1. The breastfeeding policy is readily available to all staff. The policy is reviewed and updated every two years with oversight from the multidisciplinary oversight committee and the UCSF Institute for Nursing Excellence based on current research and evidence-based guidelines.
2. The manager or designee of each applicable department will review the policy with all new employees and verify new staff competency by completion of the training period.
3. The manager will ensure that all staff receive adequate training to enable them to implement this policy within 6 months of hire.

C. Staff Training

1. Trainings for both clinical and non-clinical staff will ensure that staff understand the advantages of breastfeeding and will be familiar with the UCSF policy to protect, promote, and support breastfeeding.
2. The Unit Director of the Birth Center will ensure that nurses who care for maternal women and newborns will receive a minimum of 20 hours of training, including at least 5 hours of supervised clinical experience within 6 months of hire. The training will cover all topics specified by the Baby Friendly's Ten Steps to Successful Breastfeeding and the WHO International Code of Marketing of Breast Milk Substitutes, including breastfeeding and lactation management. See Attachment A: UCSF Training Curriculum Baby Friendly Competency Training Areas. Trainings conducted from another facility prior to employment may be accepted with proper documentation.
3. All maternity staff and maternity care providers will be oriented to the policy upon arrival to the unit within the first 6-week orientation. Staff and care providers will read and sign off on the policy. Documentation will consist of topic and date of training and will be stored in the employee's file.
4. Upon completion of the training, the clinical competency will be verified by the nurse orienting the new staff member. Staff will receive training and mentorship to attain competence in:
 - a. Counseling the feeding decision.
 - b. Providing safe S2S in the postpartum period.
 - c. Assisting and assessing the mother and baby in achieving comfortable and effective positioning and attachment at the breast.
 - d. Counseling mother regarding maintaining Exclusive Breastfeeding.
 - e. Learning and teaching feeding cues.
 - f. Assuring rooming in.
 - g. Teaching and assisting mother with hand expression of milk.
 - h. Teaching safe formula preparation and feeding to parents when necessary.
 - i. Assisting mother in finding support upon discharge.
5. Physicians, midwives, and advanced practice nurses that provide care for maternal patients and infants will receive a minimum of 3 hours of training in lactation and

breastfeeding management and support. Trainings conducted from another facility prior to employment may be accepted with proper documentation.

6. Training for non-clinical staff will be developed based on the job description and workplace exposure to mothers and infants.

D. Inform all Pregnant Women about the Benefits and Management of Breastfeeding

1. All pregnant women will be provided with information on breastfeeding during their pregnancy. The midwives, physicians, nurse practitioners, and nurses providing prenatal services are responsible for educating pregnant women and their support people about breastfeeding. Education is provided in a family-centered manner and will be documented in the medical record.
2. Topics include:
 - a. Benefits of breastfeeding.
 - b. The importance of Exclusive Breastfeeding for the first six months.
 - c. Non-pharmacologic pain relief methods for labor.
 - d. Importance of early S2S contact.
 - e. Importance of early initiation of breastfeeding.
 - f. Importance of rooming-in (on a 24-hour basis).
 - g. Importance of early and frequent nursing.
 - h. Effective positioning and attachment.
 - i. Tours and/or childbirth education classes conducted with pregnant women.
 - j. Continuation of breastfeeding after introduction of appropriate complimentary foods.
3. Mothers will be encouraged to practice Exclusive Breastfeeding unless medically contraindicated. If a family chooses not to breastfeed, this will be supported after breastfeeding education is complete and documented. The method of feeding will be documented in the medical record of every mother and infant.
4. All areas of the hospital serving pregnant women are free from materials that promote artificial feeding and breast milk substitutes. Pregnant women and their families are not given materials that promote artificial feeding and breast milk substitutes or informational handouts with industry logos.
5. There is no group education offered by this facility in which the use of formula or infant feeding bottles is discussed.
6. Pregnant women and their families receive written materials about the benefits of breastfeeding as well as an explanation of the practices implemented that support successful breastfeeding throughout the continuum of pregnancy. There is a schedule of topics to be discussed at each prenatal visit. The topics, which include all of the topics required in the U.S. Baby-Friendly Guidelines and Evaluation Criteria, are listed in "Prenatal Breastfeeding Education Curriculum."
7. UCSF Medical Center fosters the development of community-based programs that make available individual counseling or group education on breastfeeding and collaborates with

community-based programs to coordinate breastfeeding messages. Staff at this facility have provided other organizations that offer prenatal services essential information to be taught to the pregnant woman regarding breastfeeding. In addition, members of the staff participate in the San Francisco Department of Public Health Local Breastfeeding Coalition and the San Francisco Healthy Mothers Workplace Coalition.

E. Help Mothers Initiate Breastfeeding within One Hour of Birth

1. The nursing staff present at the delivery oversee the transition of the infant and initiation of the first breastfeeding. This includes S2S contact with the mother immediately after birth, assisting the mother to recognize infant signs of feeding readiness, and allowing the infant to self-attach to the breast. S2S contact will be encouraged throughout the hospital stay, and in accordance with Safe Sleep Policy and newborn safety practices.
2. Immediately after delivery (vaginal or cesarean), term infants that are breathing/crying and with good tone will be placed S2S with the mother as long as the infant and mother are stable, it is not medically contraindicated, and is in alignment with the parental wishes. S2S is for all couplets, regardless of feeding choice. Mothers will be given the opportunity to initiate breastfeeding within 1 hour of birth.
3. Mothers who have healthy vaginal deliveries are encouraged to be given their babies to hold S2S immediately, unless there is a medically justifiable reason for delay. Mothers who have healthy cesarean deliveries are encouraged to be given their babies to hold S2S, when the mother is responsive and alert, unless there is a medically justifiable reason for delay.
4. If S2S contact is delayed or unable to happen (admission to the ICN), the nursing staff will educate and support the implementation of S2S care as soon as is medically possible.
5. Initial S2S contact should continue uninterrupted until the completion of the first breastfeeding. In the case of formula feeding infants, initial S2S contact should continue uninterrupted for at least one hour.
6. During the initial period of S2S contact, routine newborn procedures may be postponed until the first breastfeeding session has been completed.
7. Time of initiation of S2S contact as well as the time this contact ends is documented in the medical record.

F. Show Mothers How to Breastfeed and How to Maintain Lactation, Even if Separated from their Infants

1. All breastfeeding mothers will be supported with best practices for lactation care. The nurse will assess the mother's breastfeeding techniques, and if needed, demonstrate appropriate breastfeeding positioning and attachment with the mother and baby, optimally within 1 hour of birth.
2. A lactation risk assessment will be completed for all couplets. Couplets considered "at risk" may need additional assessment and monitoring. Women who have never breastfed or encountered problems previously from another birth will be identified during the assessment and provided the support and attention needed. Staff will review and discuss the history of maternal anatomic/physiologic occurrences that may interfere with breastfeeding including but not limited to: lack of noticeable breast enlargement during

puberty or pregnancy, flat or inverted nipples, breast surgery, diabetes, hypothyroidism, PCOS, glandular insufficiency, and/or infertility.

3. Breastfeeding assessment, teaching, and documentation will be done on each shift at minimum and more per the patient condition. After each feeding, staff will document information about the feeding in the mother's and infant's medical record. This documentation may include the latch, position, and any problems encountered. For feedings not directly observed, a maternal report may be used.
 4. Mothers will be encouraged to use breastfeeding resources including written materials, classes, and video presentations, as appropriate. Mothers will be given a feeding log sheet and shown how to monitor feedings and diapers. All breastfeeding mothers will be taught by a staff nurse the benefit of Exclusive Breastfeeding and how to accomplish exclusivity for the first 6 months.
 5. Infant feeding cues (such as increased alertness or activity, mouthing or rooting) will be used as indicators of the baby's readiness for feeding. Breastfeeding mothers will be encouraged to feed-on-demand.
 6. Parents will be taught to expect that breastfeeding infants, usually feed at least 8 to 12 times in a 24- hour period.
 7. Time limits for breastfeeding on each side will be avoided. Infants can be offered both breasts at each feeding but may be interested in feeding only on one side at a feeding during the early days.
 8. When a mother may be separated from her infant (e.g. ICN admission). The staff will:
 - i. Support the mother to begin expressing her breast milk as soon as possible, but no later than 6 hours after delivery.
 - ii. Teach the mother how frequently to express her milk as well as proper storage and handling procedures. The expressed milk will be given to the baby as soon as the baby is medically ready and the mother's expressed milk will be used before any supplementation with breast milk substitutes when medically appropriate.
 9. Mothers discharged home without their baby due to illness or prematurity will be given a discharge pumping plan, assurance of proper pumping equipment, and appropriate education.
 10. Mothers who choose to feed their infant a breast milk substitute will be given verbal and written (See Handout: InJoy: [Understanding Pregnancy to Parenting \[Formula Feeding\]](#)). information regarding appropriate hygiene, the preparation, storage, handling and feeding of the substitute, and this education will be documented in the medical record.
 - a. Ready to feed formula or liquid concentrate is recommended for the first 2 months of life.
 - b. Families who will use formula will be given information regarding safe powdered formula preparation.
- G. Give Infants No Food or Drink Other Than Breast Milk, Unless Medically Indicated
1. If supplementation is medically necessary, there must be a written medical order for the supplementation. The order must include the reason for and time of administration of the feeding. The provider will review the contraindications to supplementing with formula

which can negatively impact the infant and the mother's milk supply.

a. Medical Contraindications To Breastfeeding:

- i. HIV+
- ii. Mother using illicit drugs
- iii. Mother taking medications contraindicated in breastfeeding
- iv. Mother has active untreated tuberculosis
- v. Mother has HTLV 1 or 2
- vi. Infant has classic form of Galactosemia

2. No formula will be given to healthy term infants unless medically indicated or by the mother's informed and documented consent. If the mother requests her infant to receive formula, staff will explore and address the mother's concerns. The mother will receive education regarding the health risks of formula feedings for the infant and the mother's milk supply.

a. Indications For Supplementation:

- i. Treatment of hypoglycemia according to: (Screening and Management of Hypoglycemia in Late Preterm & Term Newborns)
- ii. Hyperbilirubinemia with excessive weight loss and additional risk factors
- iii. Considered at weight loss of *greater than* 10% of birth weight
- iv. Late preterm infant (36-37 6/7 weeks) with weight losses greater than 3% by 24 hours of life and 7% by 72 hours of life are considered excessive and merit further evaluation and monitoring

3. The request will be granted and the process will be documented, including education and informed consent. The mother will be taught how to safely administer a feeding with the chosen device and educated regarding normal feeding methods.
4. When it is medically necessary to supplement, staff will educate mothers about the risks of artificial nipples. Supplemental feeding devices utilized at this facility include syringe, spoon, cup and supplemental nursing system.
5. Donor Breast Milk should be considered as an option for all the mothers who are supplementing. ([UCSF Nursing Procedures Manual: Breast Milk Identification, Handling, Storage and Exposure](#)).

H. Practice Rooming in with a goal that all mothers and infants remain together 24 hours a day

1. The Model of Care at the UCSF Birth Center is Couplet Care. Mother-infant dyad (regardless of maternal feeding preference) will room in immediately after delivery and are not separated during hospitalization as long as both are medically stable and mother or family is able to care for infant.
2. Routine newborn procedures are able to be done at the mother's bedside.
3. Any interruption of rooming-in will be documented in the infant's chart and include the reason for the interruption, the location of the infant during the interruption, the time when the separation began, and the time when the infant was returned to the mother's

room.

4. If a mother requests that her baby be separated from her, the staff will explore the mother's reason for request, educate her on the benefits of keeping the baby close, and document this counseling. If the infant is separated from the mother for any reason, the infant will be brought to the mother for feeding whenever the infant shows feeding cues.

I. Encourage Breastfeeding On-Demand

1. All mothers will be taught to feed their infants based on infant cues. Postpartum education will include these signs of cues in the infants. This includes newborn feeding behaviors such as cluster feeding, feeding through the night, (usually at least 8-12 feedings in a 24-hour period).
2. No limitations will be taught to mothers regarding breastfeeding lengths or number of feedings.
3. Parents will be encouraged and taught that both physical contact and nourishment are important.

J. Give No Pacifiers or Artificial Nipples to Breastfeeding Infants

1. Pacifiers will not be given to well full-term breastfeeding infants
2. Preterm infants in the Neonatal Intensive Care Unit or infants with specific medical conditions may be given pacifiers for non-nutritive sucking.
3. Newborns undergoing painful procedures may be given a pacifier as a method procedural support. The infant will not return to the mother with the pacifier.
4. UCSF encourages modalities such as breastfeeding and S2S contact for newborn pain relief during painful procedures.
5. Breastfeeding mothers who request pacifiers, artificial nipples and/or infant feeding bottles (when not medically indicated) will receive education on the possible consequences regarding breastfeeding, including the American Academy of Pediatrics (AAP) recommendation of not giving any bottles or pacifiers to babies for at least one month until after breastfeeding is fully established, and this education will be documented.
6. Any supplementation should be given by supplemental nursing system, syringe, spoon or cup in preference to an artificial nipple or bottle. This does not include premature or infants admitted to the ICN for specific medical/surgical conditions.

K. Foster the Establishment of Breastfeeding Support Groups and Refer Mother to them on Discharge from Hospital

1. Infants that are not breastfeeding well will be discharged home with a safe feeding plan.
2. Before leaving the hospital, breastfeeding mothers should be able to:
 - a. Position the baby correctly at the breast with minimal nipple discomfort during the feeding.
 - b. Latch the baby to breast properly.
 - c. State that the baby should be fed approximately 8 to 12 times every 24 hours until satiety.

- d. State age-appropriate elimination patterns (at least six urinations per day and three to four stools per day by the fourth day of life); (See UCSF Birth Center booklet *Post-Partum: Now That You Have Given Birth*).
 - e. List indications for calling a clinician.
 - f. Hand-express milk from their breasts.
 - g. Maintain milk supply if and when separated from the baby.
3. Prior to going home, mothers will be given the UCSF Birth Center booklet *Post Partum: Now That You Have Given Birth*, which includes the names and telephone numbers of community resources to contact for help with breastfeeding, including coordination of WIC activities or other community services that offer counseling. All mothers are given the UCSF Health Breastfeeding Guide and Log Book. UCSF also offers a post-partum support group and a lactation specific support group.
 4. A recommendation for a follow-up visit with the appropriate health care provider is reviewed and shared with all mothers and infants.
- L. Compliance with the International Code of Marketing of Breast Milk Substitutes
1. All breast milk substitutes, including special infant formulas that are used in the facility are purchased in the same way as any other foods or medicines.
 2. The facility and staff refuses free or low-cost supplies of breast milk.
 3. No employees of manufacturers or distributors of breast milk substitutes, bottles, nipples, pacifiers or other infant feeding supplies have any direct or indirect contact with pregnant women or mothers.
 4. UCSF does not receive free gifts, non-scientific literature, material, equipment, money, or support for breastfeeding education or events from manufacturers of breast milk substitutes, bottles, nipples and pacifiers.
 5. No pregnant women, mother, or families are given marketing materials or samples or gift packs by the facility that consist of breast milk substitutes, bottles, nipples, pacifiers or other infant feeding equipment or coupons for the above items. The facility keeps infant formula cans and pre-prepared bottles of formula out of view unless in use.
 6. Any educational materials distributed to breastfeeding mothers are free from messages that promote or advertise infant food or drinks other than breast milk.
 7. Staff can verbalize why it is important to not give any free samples or promotional materials from manufacturers or distributors of breast milk substitutes, bottles, and pacifiers.

VI. RESPONSIBILITY

Questions about the implementation of this policy should be directed to the Lactation Consultant.

VII. HISTORY OF POLICY

Issued June 2019 by Baby Friendly Implementation Work Group

Reviewed and Approved June 2019 by Policy Steering Committee

Reviewed and Approved July 2019 by Benioff Children's Hospital Quality Improvement Executive Committee

Reviewed and Approved in July 2019 by Executive Medical Board and Governance Advisory Council

Reviewed and Approved February 2020 by Baby Friendly Implementation Work Group

Reviewed and Approved April 2020 by Policy Steering Committee

Reviewed and Approved April 2020 by Executive Medical Board and Governance Advisory Council

VIII. APPENDICES

A. UCSF Training Curriculum: Baby Friendly Competency Training Areas (see below)

Other References / Handouts

- Lactation Education Resources: [Infant Hunger Cues](#)
- UCSF Medical Center Information for Patients: [Caring for Yourself During Pregnancy and Beyond](#) (Prenatal booklet)
- UCSF Medical Center Information for Patients: Postpartum – Now That You Have Given Birth (*Available print copies only*)
- InJoy: [Understanding Pregnancy to Parenting \(Formula Feeding\)](#)

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Appendix A: UCSF Training Curriculum: Baby Friendly Competency Training Areas

All staff nurses in maternal-child inpatient care will receive 20 hours of education in breastfeeding and lactation management, including 5 hours of supervised clinical experience. The following curriculum covers the 15 sessions identified in the current version of the *U.S. Baby-Friendly Guidelines and Evaluation Criteria*.

UCSF Medical Center: *Excellence in Care with the Ten Steps* (Provided by [Evergreen Perinatal Education](#)) – Through March 2019

UCSF Medical Center: *Baby Friendly Nurse Training* (Provided by UCSF Medical Center) – September 2019- Present

Course Objectives

- Describe barriers to effective communication with women about feeding their babies.
- List birthing routines that may influence breastfeeding success.
- Discuss the rationale of S2S care for mother and baby.
- Describe how our care influences milk production.
- Describe the basic elements of correct positioning and latch.
- Perform a breastfeeding LATCH score.
- Identify the special needs of babies born too early.
- List ways for mothers to maximize breast milk production.
- Describe the importance of human milk for human babies.
- List possible negative effects of supplementing babies with breast milk substitutes.
- Discuss some marketing tactics used by commercial baby food industries.
- Evaluate the current AAP recommendation about infant sleep.
- List several possible responses when women request formula, nighttime nursery care.
- Discuss the rationale of restricting pacifier use in the early weeks of breastfeeding.
- Describe infant feeding cues.
- Develop a care plan to help a mother with nipple pain, engorgement, and/or infection.
- Discuss the importance of providing protection and support to childbearing women.

Day 1 Agenda

Talking to Mothers about Breastfeeding (Steps 1 - 3)

- Making breastfeeding an expectation
- Looking at “culture”
- Breastfeeding promotion to teen moms
- What works?

Getting Feedings Started with Evidence-Based Care (Step 4)

- Connecting prenatal care with hospital practices
- Evaluating birth practices
- Labor routines
- S2S care and breastfeeding responses
- Postpartum practices

- Making feeding a priority

The Influence of Care on Breastfeeding Outcomes

- Helping mothers understand breast milk production
- Hormones of Milk Production
- Prolactin Oxytocin – the most potent of female hormones

Positioning & Latch (Step 5a)

- The first feedings
- There are many ways to breastfeed
- Assessment of a feeding - LATCH score practice

Preterm and Late Preterm Babies (Step 5b)

- Innovative care
- Preventing problems
- Maximizing milk supply

Day 1 Workshop Learning Objectives

1. Discuss the importance of hospital policies that support Exclusive Breastfeeding.
2. List the minimum requirements established for hospital staff breastfeeding education.
3. Describe barriers to effective communication with women about feeding their babies.
4. Discuss the effects of culture on breastfeeding outcomes.
5. Identify teaching points appropriate for prenatal classes and interactions with pregnant women.
6. List birthing routines that may influence breastfeeding success.
7. Discuss hospital birth policies and procedures that support Exclusive Breastfeeding.
8. Discuss the rationale of S2S care for mother and baby.
9. Describe the anatomy and physiology of lactation and the process of breastfeeding.
10. Describe how our care influences milk production.
11. Describe the basic elements of correct positioning and latch.
12. Perform a breastfeeding LATCH score.
13. Identify the hallmarks of milk transfer and effective breastfeeding.
14. Identify the special needs of babies born too early.
15. List ways for mothers to maximize breast milk production.
16. Describe the importance of human milk for human babies.
17. List possible negative effects of feeding babies breast milk substitutes.
18. Discuss some marketing tactics used by commercial baby food industries.
19. Identify acceptable medical reasons for supplementation of breastfed babies.
20. Evaluate the current AAP recommendation about infant sleep.
21. List several possible responses when women request formula, nighttime nursery care.
22. Describe infant feeding cues.
23. Discuss ways to assist new mothers and their babies when early breastfeeding is challenging or difficult.
24. Discuss the rationale of restricting pacifier use in the early weeks of breastfeeding.
25. Describe management techniques for breast and nipple problems.
26. Develop a care plan to help a mother with nipple pain, engorgement, and infection.
27. Discuss the importance of ongoing protection and support for mothers to continue breastfeeding beyond the early weeks.

28. Discuss the research that demonstrates the success of implementing the Baby Friendly's Ten Steps to Successful Breastfeeding.
29. Describe how "Best Practice" provides satisfaction for childbearing women and the professionals who care for them.

Day 2 Agenda

Why it Matters What We Feed Babies (Step 6)

- Species-specificity of mammal milks
- Confirmed benefits of breastfeeding for mother and baby
- Outcomes of Breastfeeding vs. Formula Feeding
- Components of human milk
- Why not just give a bottle of formula? - Human milk and the immune system
- When is supplementation appropriate?
- International Code of Marketing of Breast Milk Substitutes

Other Policies that Support Breastfeeding (Steps 7-9)

- The importance of keeping babies close
- Safe sleep criteria
- When mothers request nursery care
- Understanding feeding cues
- Feeding babies who continue to be sleepy
- What's the problem with pacifiers?

Preventing Problems When Families Leave the Hospital (Step 10)

- Feeding alerts for parents to know
- Sore nipples, engorgement, infection
- Providing support for families post-partum
- Knowing your resources

Does This Make a Difference?

- Results of changing hospital practice
- Getting on the same page
- Looking at our professional lives
- What women and babies need/want from us