

## ***Ten Steps to Supporting Breastfeeding in Paediatric Units***

- Step 1: Have a written breastfeeding policy, which is formulated in conjunction with the maternity services (where relevant).**
- Staff are aware of policy and it is displayed
  - Consistent with policy in maternity services (where relevant)
  - Policy compliance is audited annually and the responsibility of a senior staff member.
- Step 2: Train health care staff caring for breastfeeding children in the skills necessary to implement the policy.**
- All health care staff receive information on the importance of breastfeeding/breastmilk for the ill or hospitalised child and on their role in supporting breastfeeding
  - Appropriate training in the skills necessary to implement this policy is provided to relevant staff.
- Step 3. Provide parents with evidence-based written and verbal information about the benefits and management of breastfeeding and breastmilk feeding.**
- On or prior to admission, all parents of newborn infants are provided with information on the importance of breastfeeding for an ill or hospitalised infant.
  - Further written information describing the particular importance of breastfeeding and good breastfeeding management practices for sick or hospitalised children is readily available on the unit.
  - Material that promotes the use of breastmilk substitutes, soothers, bottles and teats are absent from the unit.
  - *Impartial* information relating to breastmilk substitutes is provided only as needed and on an individual basis.
- Step. 4. Plan all nursing and medical care to minimise disturbance to the breastfeeding and parent-child relationship.**
- All staff is aware of the effects of drugs on the initiation and maintenance of breastfeeding and takes this into account when prescribing and administering.
  - Patient care is carried out with minimal disturbance to the breastfeeding relationship.
  - Exclusively breastfeeding infants are fasted for no more than 3 hours before scheduled surgical procedures.
  - Following medical or surgical procedures, babies are put to the breast as soon as they are alert enough and willing to feed, unless medically contra-indicated.
  - Staff is aware of the role of breastfeeding in pain control and reduction of stress and this is explained to parents.
  - Where disturbance is unavoidable (e.g. acute clinical crisis or appropriately managed intervention), a regular time for expressing breastmilk is introduced in order to establish and/or maintain lactation until breastfeeding can be resume.
- Step 5. Support mothers in their feeding method, assisting in the establishment and maintenance of breastfeeding and/or the safe expression and storage of breastmilk.**
- On admission to hospital, the child's past and current feeding history is discussed with parents and recorded in the care plan.
  - On admission mothers are assured that staff will support breastfeeding, unless a medical reason for discontinuation has been explained to the parents.
  - Staff members or counsellors with specialised training in breastfeeding and lactation management are available on all shifts to advise mothers on the establishment and/or management of lactation (including relactation) as necessary.
  - When necessary, mothers are shown how to express their milk effectively.
  - Breastfeeding infants younger than six months of age receive food or drink other than breastmilk only when this is appropriate.
  - Infants older than six months are offered appropriate complementary weaning foods and their mothers are encouraged to continue breastfeeding.
  - Suitable supports are provided to enable a mother to breastfeed her older child without physical or psychological discomfort.

**Step 6. Use alternative techniques conducive to breastfeeding, if a baby is unable to feed at the breast.**

- Cup feeding, cup and spoon, or if present, a nasogastric tube are used to deliver expressed breastmilk or medically indicated substitute feeds rather than a bottle and teat.
- Staff is familiar with, and trained in, feeding infants with teaspoons, cups and nasogastric tubes.

**Step 7. Provide facilities that allow parents and children to be together 24 hours a day in order to promote breastfeeding on demand.**

- Accommodation (including toilet/wash facilities) is provided which allows parents to remain beside their children for 24 hours a day to support child-led feeding and the successful maintenance of lactation.
- Skin-to-skin contact between mothers and clinically stable children is encouraged wherever possible in order to enhance milk production and reduce stress.
- Provided that there are no medical reasons to restrict intake, mothers are advised to put their child to the breast whenever the child wants to breastfeed, whether for food or for comfort.

**Step 8. Provide mothers with an environment and facilities that meet their needs for privacy, information and appropriate nutrition.**

- A private and comfortable area is available, dedicated to breastfeeding and the expression of breastmilk, if needed.
- Well-maintained and sterile equipment for the safe expression and storage of breastmilk is available at all times.
- The unit assists the mother to obtain an electric pump if this is needed.
- The unit encourages mothers unable to remain with their breastfed children to express their milk and send it to the hospital.
- The unit has access to a human milk bank that meets appropriate standards.
- Access to suitable food and beverages is available at all times to mothers staying with their breastfeeding children.
- Mothers of breastfeeding children admitted to non-paediatric areas of the hospital have easy access to facilities for breastfeeding as well as to equipment for the expression and storage of breastmilk
- The unit supports the mother to maintain breastfeeding when a sibling is admitted.
- Facilities are provided for breastfeeding in areas that serve paediatric out-patients.

**Step 9. Give no bottles or dummies/soothers to breastfeeding children unless medically indicated and with parents' permission.**

- Bottles or dummies/soothers are only given to children if they are medically indicated and after discussing the subject with the parents.
- The hospital refuses free or low-cost teats, bottles and dummies/soothers and gift packs containing these, thus avoiding inadvertent promotion of these products.

**Step 10. Provide parents with information about breastfeeding support services and groups during admission and on discharge from hospital.**

- Any feeding concerns are specifically discussed prior to discharge.
- Information on breastfeeding follow-up services available in the hospital is provided at discharge.
- The hospital offers education to key family members so that they can support the breastfeeding mother and child on return home.
- The child's GP, Paediatric Community Nurse and PHN are given full details of each mother's and child's breastfeeding status on discharge in order to ensure continuity of advice and care.
- Local breastfeeding support groups are encouraged to work with hospital staff in providing information about services available in the community
- Discharge planning provides information about local breastfeeding support groups and counsellors.
- The unit encourages and facilitates the formation of special interest parent-to-parent or health worker-to-parent support groups.
- Where the mother requests it, the facility allows breastfeeding counselling by independent lactation consultants or trained mother-support group counsellors as part of the health care team.