



POLICY: Inpatient/Pediatrics Admission Breastfeeding Policy	POLICY NUMBER: PC_030_HS
CHAPTER: PC 01.02.01	EFFECTIVE DATE: 04/01/2016
LAST REVISION DATE: 03/01/2016	SUPERSEDES: PF_037_PC

I. POLICY:

It is the policy of the Yukon-Kuskokwim Health Corporation that nursing mothers will be encouraged to continue breastfeeding. The staff of the Yukon-Kuskokwim Health Corporation (YKHC) will do everything possible to support nursing mothers to continue breastfeeding. As a part of this policy, a nursing mother who is admitted to Inpatient as patients or the care-giver of a pediatric patient will be encouraged to breastfeeding during admission.

II. PURPOSE:

To ensure normal feeding patterns for mother and breastfeeding infant and to allow unencumbered treatment and recuperation for the patient and to provide for the safety for the visiting infant and other patients on the inpatient unit.

III. DEFINITIONS:

- A. Inpatient: A patient or mother who is admitted to the Inpatient Pediatrics or Adult Inpatient unit. For the purpose of this policy, “Inpatient” does not include Labor & Delivery which is addressed separately
- B. Breastfeeding Dyad: A mother/baby couplet in which the mother is breastfeeding or providing expressed breast milk for her infant.
- C. Exclusive Breastfeeding: The act of providing an infant no other nutrition other than breast milk (i.e. no formula, juice, water, or solid food).
- D. Breastfeeding: Any case in which an infant or child is receiving any quantity of breast milk.
- E. Rooming In – The act in which an infant and mother stay in the same room

IV. BACKGROUND:

It is known that breastfeeding helps protect against numerous diseases including pneumonia, Respiratory Syncytial Virus (RSV), Influenza, Urinary Tract Infections (UTI), meningitis, otitis media, diarrhea/constipation, diabetes, allergy, and reactive airway disease. Decreasing the duration of breastfeeding or the amount of breast milk consumed contributes to increased incidence of these diseases and can cause increased severity and/or duration of disease in sick infants. Hospitalization of an infant or mother can be a vulnerable time in the course of lactation due to potential separation of the infant and mother, medication concern, illness, and other concerns. Because of the increased severity and incidence of certain disease in our area, YKHC recommends that breastfeeding continues for at least the first two years of life.



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V. PROCEDURE:

- A. Assessment of Breastfeeding concerns with admitted mother of breastfed infant: All admitted breastfeeding patients will be asked if they have any breastfeeding concerns. If issues are found, the nurse or physician will place a referral order for a lactation consultation. The nurse or physician will then contact the lactation specialist to arrange a face-to-face consultation.
- B. Rooming In:
 - 1 The breastfeeding infant must be less than six (6) months old to room in. A responsible adult must be in the room at all times with the mother and infant if the former is the one hospitalized. If it is the mother who is hospitalized, she should be in a private room. If it is an older sibling that is hospitalized and the mother/infant pair accompanies the sibling, they also should be in a private room. The pediatric ward should be avoided. When a private room is not available, the infant will not be allowed to visit to prevent the spread of disease, both to and from the infant.
 - 2 If the breastfeeding infant is rooming in with the sibling or mother, the mother must be educated about risks associated with keeping well infant on the Inpatient Unit.
 - 3 If there are any health concerns about a non-admitted breastfeeding infant, coming onto the unit for the purposes of rooming-in to breastfeed, the Health Care Team will be notified.
 - 4 In the case of an admitted lactating mother, her infant will be encouraged to room in with her provided the following conditions are met: A dedicated, responsible, sober adult must be present at all times to address the infant’s needs and the infant is less than 6 months.
 - 5 Emergency Dept (ED)/Clinic and Inpatient Provider and Registered Nurse must conduct a huddle to:
 - a. Determine the necessity of admission.
 - b. Evaluate the safety of the situation for all of the people involved.
 - c. Any member of the team may prevent the rooming in if a significant concern is raised.
 - 6 If the breastfeeding mother is from the village and is not able to locate a responsible, sober adult to care for the infant, administrative approval must be sought to fly the caregiver adult into Bethel.
 - 7 Visitation: In the case of an older infant/child or a patient who does not want to room-in, a breastfed infant/child is permitted to visit at any time of day or night for the purpose of breastfeeding and must be accompanied by a responsible, sober adult.



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C. Safety of breastfeeding in *special* situations:

1. Maternal Conditions:

- a. Human Immunodeficiency Virus (HIV) – Breastfeeding is contraindicated in the United States.
- b. Active Tuberculosis: Breastfeeding can generally continue in the presence of active Tuberculosis (TB), and most TB medications are safe with breastfeeding. In rare clinical circumstance, infant may be separated from their mother in the case of untreated, active TB. TB has not been shown to be transmitted via breast milk and *expressed milk* can be fed to the infant, even in cases of *untreated*, active TB.
- c. HSV or Herpes Zoster infection: Breastfeeding can continue as long as lesions can be covered while breastfeeding. If the mother has lesions on the breast, that breast should be expressed and the milk discarded until the skin has healed in order to maintain milk supply.
- d. Substance Abuse: Breastfeeding is contraindicated in women actively using illicit substance or who are actively intoxicated with alcohol.

VI. REFERENCES:

- A. VI. References: World Health Organization; Acceptable Medical Reasons for use of Breast-milk Substitutes; 2009.
- B. Association for Professionals in Infection Control (APIC) APIC Text of Infection Control and Epidemiology 3rd edition, 2009, 37:14-16, 18, 38:20, 24.
- C. Academy of Breastfeeding Medicine Protocol Committee; ABM Clinical Protocol #8: Human Milk Storage.” Breastfeeding Medicine; Vol 5 No 3, 2010.
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- F. Lawrence, Ruth MD and Lawrence, Robert MD; Breastfeeding: A Guide for the Medical Profession; Elseveier Mosby; 7th Edition; USA; 2010.
- G. Lactmed; a division of Toxnet: <http://toxnet.nlm.nih.gov/> Click on “Lactmed.

Author’s Name: David Compton, MD

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