

After Discharge From Maternity/Newborn Nursery

During Postpartum/Maternal Care Visit: Continue to encourage and support.

- Ask about breastfeeding duration and success.
- Advocate exclusive breastfeeding to 6 months.
- Be prepared to refer to specific lactation specialists and/or community resources when needed.

During the 3 to 5 Day Pediatric Visit:

Assess, prescribe Vitamin D, and plan ahead.

- Be sure to initiate a conversation with the patient. Suggested conversation starters include:
 - “How is your milk flowing?”
 - “Is the baby latching on well?”
 - “Do you have any concerns about your breasts or how breastfeeding is going?”

Medications that are Safe for Breastfeeding Mothers

Anti-Hypertensives	Anti-Infectives	Diabetes medications	Analgesics
Methyldopa (Aldomet)	Clindamycin	Insulin	Morphine and derivatives
Labetalol	Ampicillin-sulbactam (Unasyn)	Glyburide (infant's glucose may be monitored, but adverse effects are rare)	Acetaminophen
Nifedipine (Procardia)	Fluconazole Gentamicin	Metformin	Ibuprofen

Consult product prescribing information and the LactMed Database about specific drugs: <http://toxnet.nlm.nih.gov>

- Ideally, observe breastfeeding and look for signs of how breastfeeding is going.

Signs Breastfeeding is Going Well

- Baby latches onto areola, not just nipple
- Infant suckles using jaw, not just lips
- Infant makes swallowing sound
- Infant can latch on both breasts

Signs Breastfeeding is NOT Going Well

- $\geq 7\%$ infant weight loss from birth weight at 3-5 day pediatric visit
- Infrequent wet/soiled diapers (fewer than 3-4 urine diapers/24 hrs., fewer than 3-4 stools/24 hrs.)
- Mother's nipples are red, cracked (likely due to latch problem)

If there are signs breastfeeding is not going well, intervene as necessary, (e.g., provide telephone and in-office support, refer mother to a lactation specialist and/or support group). In addition:

- Reinforce on-demand feeds – and no supplementation – will increase milk supply.
- Remind mother to stay hydrated whenever breastfeeding the baby.
- Discuss benefits of prolonged breastfeeding to at least six months and explore barriers and solutions.

At Any Visit:

Verify success, anticipate challenges and support prolonged breastfeeding.

- Remind mother to give the baby 400 IU of oral vitamin D drops daily until at least 1 liter or quart of formula or whole milk is given daily.
- Refer the mother to a lactation specialist and/or support group whenever needed. Keep referral information in each exam room.
- Discuss return-to-work plans and breast pump options. Hospital-grade personal electric pumps are available through some WIC programs and via insurance in select circumstances.
- Fluoride supplements are not indicated in New York City.

Select Coding Options For Breastfeeding Encounters

Feeding problem, newborn	779.31
Feeding problem, infant >28d	783.3
Neonatal jaundice	774.6
Dehydration, neonatal	775.5
Weight loss	783.21
Blocked milk duct	675.24
Breast engorgement, ductal	676.24
Nipple infection	675.04
Nipple, sore	676.34
Supervision of lactation	V24.1
Other specified follow-up exam	V67.59 if original problem resolved

Source: www.aap.org/breastfeeding/files/pdf/CODING.pdf

Breastfeeding – Key Points

- Eight to 12 feedings at the breast should be provided every 24 hours, or whenever the baby shows early signs of hunger such as increased alertness, physical activity, mouthing or rooting.
- In the early weeks after birth, non-demanding infants should be awakened to feed if four hours have elapsed since the beginning of the last feeding.

Breastfeeding techniques:

- Both breasts should be offered at each feeding for as long a period as the infant remains at the breast. The first breast offered should be alternated with each feeding, so that both breasts receive equal stimulation and draining.
- Pacifiers should be avoided until breastfeeding is well established.

Nutritional guidelines:

- Water and juice are unnecessary for breastfed infants and may introduce contaminants or allergens.
- Supplements (water, glucose water, formula, and other fluids) should not be given to breastfeeding newborns, unless medically indicated.
- All breastfed infants should receive 400 IU of oral vitamin D drops daily beginning in the first few days of life and continuing until the daily consumption of vitamin D-fortified formula or milk is at least one liter or quart per day.
- Complementary foods rich in iron should be introduced gradually beginning around six months of age.

Resources

New York City Department of Health and Mental Hygiene

- Call 311 and ask for the Women's Healthline

• **Nurse-Family Partnership provides breastfeeding education and support for low income, first time mothers. Patients must be enrolled before their 28th week of pregnancy.**

For more information, call 311.

• **Newborn Home Visiting Program provides breastfeeding support in the first few days-weeks of life**

For more information, call 311

or your neighborhood office:

North or Central Brooklyn: 646-253-5700

South Bronx: 718-579-2878

East or Central Harlem: 212-360-5942

Women, Infants and Children (WIC)

Growing Up Healthy Hotline: 1-800-522-5006

www.health.state.ny.us/prevention/nutrition/wic/

U.S. Department of Health and Human Services

National Breastfeeding Helpline: 1-800-994-9662

www.womenshealth.gov/breastfeeding

African-American Breastfeeding Alliance

Helpline: 1-877-532-8535

(Monday – Friday, 9 am – 5 pm)

www.aabaonline.com

La Leche League

1-800-Laleche (1-800-525-3243)

www.llli.org

Always use non-commercial breastfeeding materials in your office.

Breastfeeding Pocket Guide



Breastfeeding – Simply the Best



Breastfeeding confers unique health benefits to infants and mothers. Health care providers and staff can play a critical role in promoting exclusive breastfeeding and increasing duration of breastfeeding. Your counseling and support efforts should start while the patient is pregnant, and continue through the neonatal period and beyond.

This pocket guide has been developed to support you in this effort. Please help us make breastfeeding the norm.

During Prenatal Care: Encourage expectant mothers to breastfeed exclusively for six months.

What you say to expectant mothers and their families makes a real difference. If you recommend exclusive breastfeeding, more new mothers will breastfeed for longer periods of time.

Let them know:

- “Breast milk is the safest and most special food for your baby. Formula just does not give you and your baby the same protection against diseases.”
- “The longer you breastfeed your baby, the better. Every bit of breast milk your baby gets is important. And it helps you to regain your shape and lower your risk for some cancers.”
- “It might be a little hard at first, but it gets easier. It benefits your baby for the rest of his/her life.”
- “Most women can breastfeed. Your body will make enough milk to give your baby all the food he/she needs for the first six months of life.”

Mothers Can Breastfeed If They...

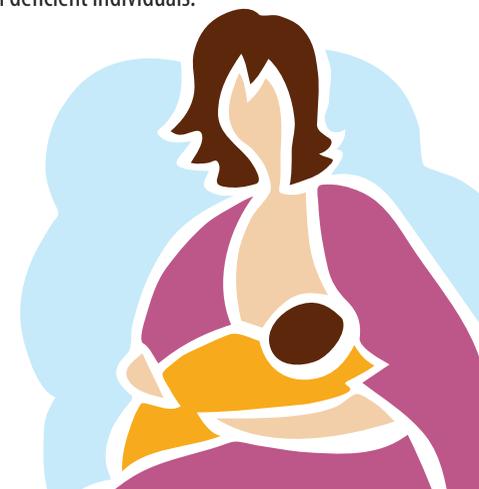
- **Have Cesarean Deliveries**
Initiate breastfeeding immediately, using a semi-recumbent position on the side or sitting up.
- **Take Medications**
Most medications can be taken while breastfeeding. Consult product prescribing information and the LactMed Database about specific drugs: <http://toxnet.nlm.nih.gov>.
- **Have Had Breast Surgery (including breast augmentation or reduction)**
 - *Augmentation mammoplasty:* Breastfeed frequently to maintain milk supply.
 - *Breast reduction:* Monitor infant growth since milk supply could be insufficient.
 - *Breast biopsy involving an areolar incision:* Women can compensate by augmenting production in the unaffected breast, but monitor infant growth since milk supply could be insufficient.
- **Have Hepatitis A**
Initiate breastfeeding after infant receives immune serum globulin and then vaccinate at one year of age.
- **Have Hepatitis B**
Initiate breastfeeding after infant receives hepatitis B immune globulin and first dose of the three-dose hepatitis B vaccine series.
- **Have Hepatitis C**
Hepatitis C is not a contraindication for breastfeeding, but reconsider if nipples are cracked or bleeding.
- **Have Pierced Nipples**
Remove nipple accessories before feeding to avoid the risk of infant choking.
- **Have an Occasional Alcoholic Drink**
Avoid breastfeeding for two hours after the drink.
- **Smoke**
Counsel mother about smoking cessation and to avoid infant exposure to secondhand smoke.

Mothers Cannot Breastfeed If They...

The following are absolute contraindications

- **Are Infected with HIV**
- **Are Infected with HTLV (Human T-cell Lymphotropic Virus) Type I or II**
- **Use Illegal Drugs**
- **Are Receiving Cancer Chemotherapy Agents, Radioactive Isotopes or Thyrotoxic Agents**
- **Have Active Herpes Lesion on the Breast (shingles, chicken pox)**
- **Have Untreated Chicken Pox**
- **Have an Infant Who Has Galactosemia**

Note: In women whose infant has known or suspected G6PD deficiency: While this is not an absolute contraindication for breastfeeding, mothers should not ingest fava beans or medications such as nitrofurantoin, primaquine phosphate or phenazopyridine hydrochloride, which are known to induce hemolysis in deficient individuals.



At the Hospital: Provide leadership in breastfeeding support from delivery through discharge.

Obstetrics Providers:

- **Upon arrival to labor and delivery:**
 - Verify HIV status is known at labor (mandate rapid test if not known).
 - Check maternal medications are compatible with breastfeeding by consulting product prescribing information and the LactMed Database about specific drugs: <http://toxnet.nlm.nih.gov>.
- **Support early latch:**
 - Place baby in skin-to-skin contact with mother within an hour of delivery (ideally 30 minutes) and support attempts to breastfeed.
 - Ask pediatric team and nursing to minimize medical assessment and interventions for healthy infants until first feeding is attempted.
- **Support continued on-demand feeds:**
 - Encourage rooming-in so on-demand feeds are easier. Inform the mother on-demand feeds will improve milk flow and supply.
“In the first few weeks, you’ll find the more often the baby suckles at the breast, the better the flow of milk.”
 - When maternal procedures are indicated, schedule them after breastfeeding or arrange for use of hospital electric pump prior to procedure if the mother will be off the floor for more than 2 hours.

Pediatrics Providers:

- **Support early latch:**
 - Support early skin-to-skin contact and early latch within an hour of delivery (ideally 30 minutes).
 - Vitamin K administration can safely be given within 6 hours of life and need not delay the first breastfeeding opportunity.
- **Optimize breastfeeding in the nursery:**
 - Order “exclusive breastfeeding with no supplementation except Vitamin D” unless there are true contraindications.
 - Prescribe vitamin D 400 IU oral drops p.o. daily.
 - Ask the nurse or lactation coordinator/consultant to see the mother as soon as possible to support breastfeeding.
 - Describe colostrum and its benefits.
“It doesn’t look like milk, but it will satisfy your baby and give him/her special protection in the first few days. It’s all he/she needs.”
 - Support rooming-in so on-demand feeds are easier. Inform the mother on-demand feeds will improve flow and supply.
“In the first few weeks, you’ll find the more often the baby suckles at the breast, the better the flow of milk.”
 - Counsel mothers to avoid pacifiers and formula supplementation.
- **Discharge planning:**
 - Make certain that the 3-5 day outpatient visit is scheduled for early breastfeeding follow-up.
 - Provide contact information for breastfeeding support upon discharge.
 - Remind mothers not to take formula samples, if offered.