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	Effective Date:	10-30-2021
	Document Type:	Policy
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	Department/Section:	Neonatal Intensive Care Unit
	Document Title:	<b>BREASTFEEDING POLICY</b>

### **PURPOSE:**

1. To promote mother-infant care that advocates breastfeeding and supports the normal psychological functions involved in the establishment of this maternal-infant process.
2. To equip DPOTMH personnel the knowledge and expertise in the promotion, protection and preservation of breastfeeding.
3. To ensure that DPOTMH adheres to the guidelines set by the Executive Order No. 51 (Milk Code) and the Republic Act No. 7600 (Rooming in and Breastfeeding Act of 1992).

### **LEVEL:**


Physicians, Registered Nurses, Midwives, Nursing Attendants, Ancillary Hospital Staff, Breastfeeding Mothers and Newborn Babies

### **DEFINITION OF TERMS:**

**Breastfeeding-** the feeding of an infant or young child with breast milk from female human breast.

**Breast Milk.** The milk produced by the breast (or mammary glands) of a human female.


**Expressed Breast Milk.** Milk expressed by hand.

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### POLICY:

- 1 The hospital shall recognize the primary benefit of breast/human milk which is nutritional. Human milk contains just right amount of fatty acids, lactose, water and amino acids for human digestion, brain development and growth.
  - 1.1 Breastfed babies have fewer illnesses because human milk contains antibodies for diseases.
  - 1.2 Breastfed babies are protected from a number of illnesses including pneumonia, botulism, bronchitis, staphylococcal infections, influenza, ear infections and German measles.
  - 1.3 Breastfed baby's digestive tract contains large amount of Lactobacillus bifidus, a beneficial bacteria that prevents the growth of harmful organisms.
- 2 The hospital shall recognize the benefits of the family and country on the use of human milk. Potential decrease of annual health care costs.
  - 2.1 Decrease parental employee absenteeism and associated loss of family income.
  - 2.2 More time for attention to siblings and other family matters as a result of decreased infant illness.
  - 2.3 Decreased environmental burden for disposal of formula cans and bottles.
  - 2.4 Decreased energy demands for production and transport of artificial feeding products
- 3 Only BREAST MILK shall be given to the newborn in the NICU unless otherwise contraindicated.
- 4 Expressed milk is precious to the mother and the baby and shall be treated as a valuable commodity.
  - 4.1 It shall be discarded only for good reason.
  - 4.2 Human milk straight from the breast is always sterile.
- 5 Container for storage of expressed milk shall be small in size (4 oz. or less).




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- 5.1 If milk is to be frozen, it shall be stored in airtight containers (plastic or glass containers or disposable baby bottle bags) with as little head space as possible.
- 6 Milk that will be stored for 48 hours or more should be frozen immediately after expression and transported to the hospital in the frozen state.
  - 6.1 It is preferable to collect such milk in plastic containers.
  - 6.2 Sterile urine containers are acceptable.
  - 6.3 Transport (on ice or in a cooler).
  - 6.4 Milk shall be frozen in portions approximately equal to the amount needed for one or two feedings.
- 7 Once thawed, milk shall not be kept at room temperature for more than 4 hours.
  - 7.1 If kept refrigerated, it may be kept for up to 24 hours.
- 8 Instructions given to the mother shall be specific and complete, with emphasis on cleanliness.
  - 8.1 Wash hands with soap and water.
  - 8.2 Wash breast with water.
- 9 Mothers shall be instructed to empty breast as completely as possible because incomplete emptying produces milk with low caloric content (low fat).
  - 9.1 The mother shall notify her OB-Gyne and the baby's Pediatrician of any symptoms of mastitis.
  - 9.2 Milk from infected breast shall not be fed to the baby.
  - 9.3 Milk may be expressed by hands, manual pump or electric pump.
  - 9.4 The collection container for the breast pump needs to be washed on hot soapy water and rinsed in hot water between uses.

## CONTRAINDICATIONS

1. Human milk is contraindicated in infants with classic galactosemia (galactose 1-phosphate uridyltransferase deficiency)

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2. Mothers who have active untreated tuberculosis disease or are human T-cell lymphotropic virus type I or II positive
3. Mother who are receiving diagnostic or therapeutic radioactive isotopes or have had exposure to radioactive materials (for as long as there is radioactivity in the milk).
4. Mothers who are receiving antimetabolites or chemotherapeutic agents or small numbers of other medications until they clear the milk.
5. Mothers who are abusive to drugs.
6. Mothers who have herpes simplex lesions on the breast.
7. Infant may feed from other breast if clear of lesions.
8. Mothers who are infected with human immunodeficiency virus (HIV)
9. Mothers should avoid the use of alcoholic beverages because alcohol is concentrated in breast milk and its use can inhibit milk production.






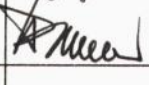
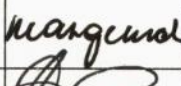

#### **CONDITIONS THAT ARE NOT CONTRAINDICATED**


1. Mothers who are Hepatitis B surface antigen-positive.
2. Mothers who are infected with Hepatitis C virus (persons with hepatitis C virus antibody or Hepatitis virus RNA positive blood).
3. Mothers who are febrile.
4. Mothers who have been exposed to low-level environmental chemical agents.
5. Mothers who are seropositive carriers of cytomegalovirus (CMV).



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**APPROVAL:**

	Name/Title	Signature	Date
Prepared by:	<b>CANDY LYN G. QUIPTE, RN</b> NICU Staff Nurse		10/13/2021
	<b>JENIFFER D. SISON, RN</b> NICU Head Nurse		11/3/21
Verified:	<b>HANNAH KHAY S. TREYES, RN, MN</b> Chief Nurse		12/07/2021
Reviewed:	<b>DENNIS C. ESCALONA, MN, FPCHA, FPSQua</b> Quality Assurance Supervisor		12/07/2021
Recommending Approval:	<b>MARIA LIZA C. PERAREN, RN, MAN</b> Nursing Service Division Officer		11/19/2021
	<b>HENRY F. ALAVAREN, MD, FPSMID, FPSQua</b> Total Quality Division Officer		12/9/2021
	<b>MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA</b> Vice President – Chief Medical Officer		12.15.2021
Approved:	<b>GENESIS GOLDI D. GOLINGAN</b> President and CEO		2/12/22

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### **DOCUMENTATION:**

Revised Policy


### **DISSEMINATION:**

Hospital Communicator

Manual of Policies and Procedures

### **REFERENCE:**

Breastfeeding, S. O. N. (2012, March 1). *Breastfeeding and the Use of Human Milk*. American Academy of Pediatrics. <https://pediatrics.aappublications.org/content/129/3/e827>

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	Effective Date:	10-30-2021
	Document Type:	Standard Operating Procedure
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	Department/Section:	Neonatal Intensive Care Unit
	Document Title:	<b>BREASTFEEDING</b>

**PURPOSE:**


To ensure adherence to the guidelines set by the Executive Order No. 51 (Milk Code) and the Republic Act No. 7600 (Rooming in and Breastfeeding Act of 1992).

**SCOPE:**

Applies to all Neonatal Intensive Care Unit staff of Dr. Pablo O. Torre Memorial Hospital

**PERSON RESPONSIBLE:**

Registered Nurses, Midwives, Nursing Attendants,

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### **PROCEDURE:**

1. Nurse on Duty notifies the mother about the schedule for breastfeeding
2. Nurse on Duty assists the mother to the breastfeeding room.
3. Nurse on Duty instructs and assists mothers on hand washing technique.
4. Nurse on Duty provides nursery gown to wear over the mother's clothes.
5. Nurse on Duty checks the baby's identity and asks the complete name of the mother.
6. Nurse on Duty assists the mother on breast care.
7. Nurse on Duty instructs and demonstrates to the mother the proper breastfeeding.







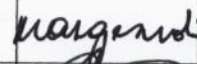
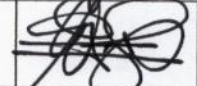
### **REFERENCE:**

Breastfeeding, S. O. N. (2012, March 1). *Breastfeeding and the Use of Human Milk*. American Academy of Pediatrics. <https://pediatrics.aappublications.org/content/129/3/e827>



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		Department/Section:	Neonatal Intensive Care Unit
		Document Title:	<b>BREASTFEEDING</b>

**APPROVAL:**

	Name/Title	Signature	Date
Prepared by:	<b>CANDY LYN G. QUIPTE, RN</b> NICU Staff Nurse		10/13/2021
	<b>JENIFFER D. SISON, RN</b> NICU Head Nurse		11/3/2021
Verified:	<b>HANNAH KHAY S. TREYES, RN, MN</b> Chief Nurse		12/07/2021
Reviewed:	<b>DENNIS C. ESCALONA, MN, FPCHA, FPSQua</b> Quality Assurance Supervisor		12/07/2021
Recommending Approval:	<b>MARIA LIZA C. PERAREN, RN, MAN</b> Nursing Service Division Officer		03-15-2022
	<b>HENRY F. ALAVAREN, MD, FPSMID, FPSQua</b> Total Quality Division Officer		3/32/2022
	<b>MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA</b> Vice President – Chief Medical Officer		3-25-22
Approved:	<b>GENESIS GOLDI D. GOLINGAN</b> President and CEO		2/14/22

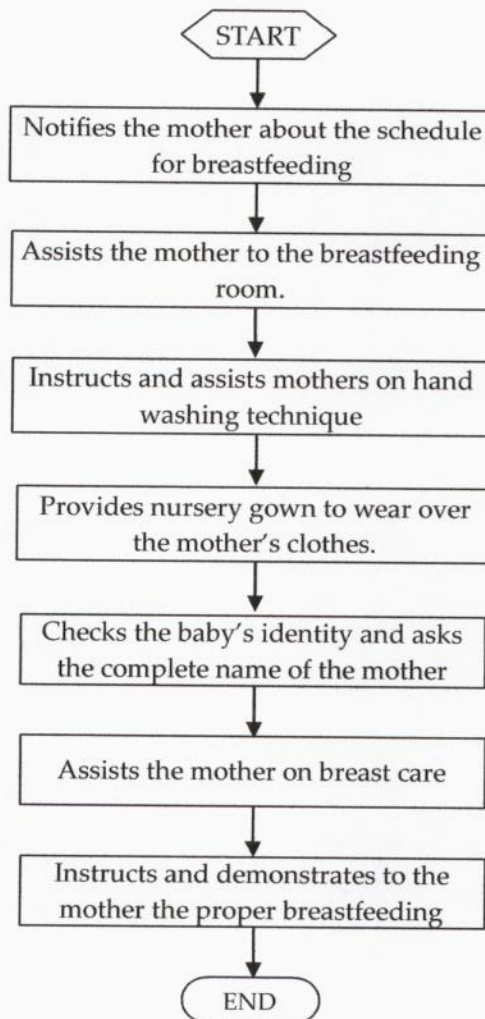



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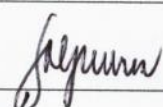
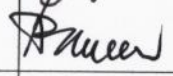


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## FLOWCHART



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	Name/Title	Signature	Date
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	<b>JENIFFER D. SISON, RN</b> NICU Head Nurse		11/03/2021
Verified:	<b>HANNAH KHAY S. TREYES, RN, MN</b> Chief Nurse		12/01/2021
Reviewed:	<b>DENNIS C. ESCALONA, MN, FPCHA, FPSQua</b> Quality Assurance Supervisor		11/15/2021
Recommending Approval:	<b>MARIA LIZA C. PERAREN, RN, MAN</b> Nursing Service Division Officer		14-Dec-21
	<b>HENRY F. ALAVAREN, MD, FPSMID, FPSQua</b> Total Quality Division Officer		12/14/2021
	<b>MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA</b> Vice President – Chief Medical Officer		12.15.2021
Approved:	<b>GENESIS GOLDI D. GOLINGAN</b> President and CEO		2/12/22






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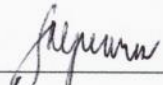
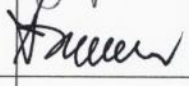
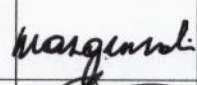

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Document Code:	DPOTMH-I-29-P04-WI01
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Document Type:	Work Instruction
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Document Title:	<b>BREASTFEEDING</b>

KEY TASKS	PERSON RESPONSIBLE
1. Notifies the mother about the schedule for breastfeeding	Nurse on Duty
2. Assists the mother to the breastfeeding room	Nurse on Duty
3. Instructs and assists mothers on hand washing technique	Nurse on Duty
4. Provides nursery gown to wear over the mother's clothes	Nurse on Duty
5. Checks the baby's identity and asks the complete name of the mother	Nurse on Duty
6. Assists the mother on breast care	Nurse on Duty
7. Instructs and demonstrates to the mother the proper breastfeeding	Nurse on Duty

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**APPROVAL:**

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Recommending Approval:	<b>MARIA LIZA C. PERAREN, RN, MAN</b> Nursing Service Division Officer		14-Dec-21
	<b>HENRY F. ALAVAREN, MD, FPSMID, FPSQua</b> Total Quality Division Officer		12/14/2021
	<b>MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA</b> Vice President – Chief Medical Officer		12/16/2021
Approved:	<b>GENESIS GOLDI D. GOLINGAN</b> President and CEO		2/12/22