



DR. PABLO O. TORRE  
MEMORIAL HOSPITAL

# RIVERSIDE MEDICAL CENTER, INC.



**METRO PACIFIC HEALTH**  
THE HEART OF FILIPINO HEALTHCARE

<b>DEPARTMENT:</b> Nursing Services Division		<b>POLICY NUMBER:</b> DPOTMH-MPP-DR-P004 (01)	
<b>TITLE/DESCRIPTION:</b>  INFANT FEEDING POLICY AND GUIDELINES			
<b>EFFECTIVE DATE:</b> June 15, 2025	<b>REVISION DUE:</b> June 14, 2028	<b>REPLACES NUMBER:</b> N/A	<b>NO. OF PAGES:</b> 1 of 9
<b>APPLIES TO:</b> Delivery Room, Medical Services Division		<b>POLICY TYPE:</b> Multi disciplinary	

## PURPOSE:

To ensure safe, evidence-based, and nutritionally appropriate feeding practices for all infants in our institution, promoting exclusive breastfeeding, protecting infant health, and supporting mothers and caregivers through informed practices.

## DEFINITIONS:

**Infant** – A child aged 0 to 12 months.

**Exclusive Breastfeeding** – Feeding the infant only breast milk (including expressed breast milk) without any additional food or drink, not even water, except oral rehydration salts, drops, or syrups (vitamins, minerals, medicines).

**Complementary Feeding** – The introduction of solid or semi-solid food in addition to breast milk from 6 months onward.

**Formula Feeding** – Feeding infants with a manufactured milk substitute when breastfeeding is not possible or contraindicated.

**Rooming-In** – The practice of keeping the mother and her newborn together 24 hours a day during the hospital stay to promote breastfeeding and bonding.

## RESPONSIBILITY:

Nurse, Midwife, and Physician

## POLICY:

1. All infants shall be supported to initiate breastfeeding within the first hour of life, unless medically contraindicated.
2. **Exclusive breastfeeding is strongly promoted** for the first six months of life.
3. Formula feeding will only be provided if medically indicated or upon informed request by the mother, and documentation shall be made.
4. Health care workers shall not promote breast milk substitutes or distribute free samples or promotional materials.
5. Mothers shall be educated on proper latching, milk expression, and storage of expressed milk.





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6. The facility shall practice **rooming-in** and **baby-friendly hospital initiatives (BFHI)** principles.
7. Staff shall respect and support the informed feeding choices of parents while promoting best practices.
8. Infant feeding plans should be documented in the patient chart and reviewed regularly.
9. Complementary foods will be introduced appropriately starting at six months while continuing breastfeeding up to two years or beyond.
10. Donor human milk, if used, shall only be sourced from licensed milk banks and prescribed as per institutional policy.
11. The hospital shall implement regular breastfeeding training for all healthcare staff not limited to NICU and Station 11 nurses, to ensure consistent knowledge, skills, and support for mothers and infants across all units.





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## PROCEDURE (SOP):

### A) Upon Admission/Delivery

1. The nurse or midwife educates the mother on the importance of early initiation of breastfeeding.
  - 1.1 Upon admission, the nurse explains the benefits of exclusive breastfeeding, early initiation, and skin-to-skin contact.
  - 1.2 Education is documented in the mother's chart.
2. The newborn is placed on immediate skin-to-skin contact with the mother for at least 90 minutes.
  - 2.1 Immediately after delivery, the newborn is dried and placed on the mother's bare chest.
  - 2.2 Covered with a warm blanket, the baby remains undisturbed for bonding and initiation of breastfeeding.
  - 2.3 The nurse monitors temperature, color, and breathing.
3. The nurse assists with the first breastfeeding session and documents the feeding initiation.
  - 3.1 Within the first hour of life, the nurse assists the mother in achieving a proper latch.
  - 3.2 Time of first breastfeeding, latch quality, and baby's response are documented.

### B) During Hospital Stay

1. The nurse promotes rooming-in to support demand feeding.
  - 1.1 The baby remains with the mother 24/7 to encourage breastfeeding on demand.
  - 1.2 Formula and other supplements are avoided unless medically indicated.
2. The nurse checks breastfeeding techniques, milk let-down, and infant weight daily.
  - 2.1 Latching, sucking, and positioning are observed.
  - 2.2 Any feeding concerns are documented and referred to the lactation team or physician.
3. If breastfeeding is not available or temporarily not possible, the nurse initiates cup feeding as the preferred method of alternative feeding.
  - 3.1 Situations may include: maternal illness, delayed milk production, or poor latch.
  - 3.2 The nurse prepares expressed breast milk or formula as ordered by the physician.
  - 3.3 The mother is informed and consent is obtained and documented.
4. The nurse performs cup feeding using proper hygiene and technique.
  - 4.1 A sterile, smooth-edged cup is used for feeding.
  - 4.2 The infant is held upright or semi-upright.
  - 4.3 A small amount (5–10 mL) of milk is poured into the cup.
  - 4.4 The cup is gently placed at the infant's lower lip, allowing the baby to sip. **CONTROLLED DOCUMENT**



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poured.

4.5 The nurse observes for signs of choking, fatigue, or aspiration.

4.6 Intake, feeding duration, and response are documented.

4.7 The cup is cleaned and disinfected after each use

## C) Discharge Planning

1. The nurse provides one-on-one breastfeeding counseling and support.

1.1 Guidance on latch, milk expression, storage, and feeding frequency is provided before discharge.

2. Educational materials on infant feeding are distributed.

2.1 Printed instructions on breastfeeding, cup feeding (if applicable), and newborn care are provided.

3. The feeding plan is documented in the discharge summary.

3.1 Final feeding method, follow-up plans, and referrals are clearly recorded.

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## WORK INSTRUCTION:

KEY TASK	PERSON RESPONSIBLE
1. Educates the mother on the importance of early initiation of breastfeeding.	Nurse
2. Places newborn on immediate skin-to-skin contact with the mother for at least 90 minutes.	
3. Monitors temperature, color, and breathing	
4. Assists with the first breastfeeding session and documents the feeding initiation	
5. Promotes rooming-in to support demand feeding	
6. Checks breastfeeding techniques, milk let-down, and infant weight daily	
7. Initiates cup feeding as the preferred method of alternative feeding	
8. Performs cup feeding using proper hygiene and technique	
9. Observes for signs of choking, fatigue, or aspiration.	
10. Provides one-on-one breastfeeding counseling and support.	





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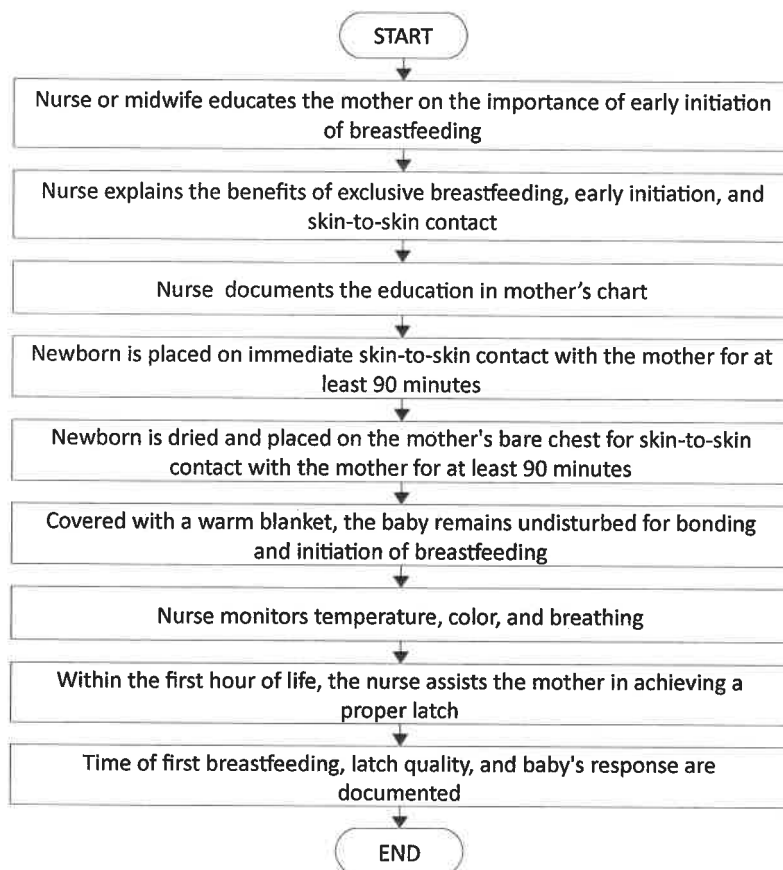


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## WORK FLOW:

### Upon Admission/Delivery







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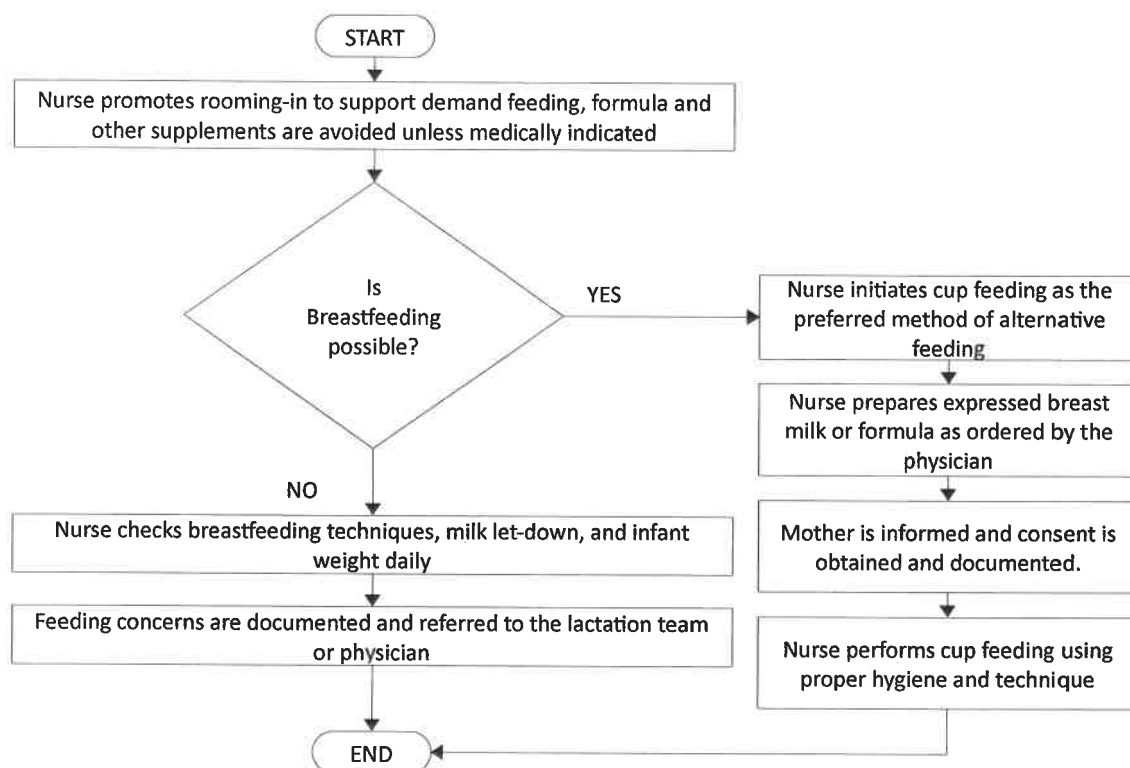
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## During Hospital Stay



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<b>FORMS:</b> N/A
<b>EQUIPMENT:</b> N/A
<b>REFERENCES:</b> N/A

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