



TEN STEP TUESDAY

Step 6: Give Nothing but Breastmilk (without a medical reason!)

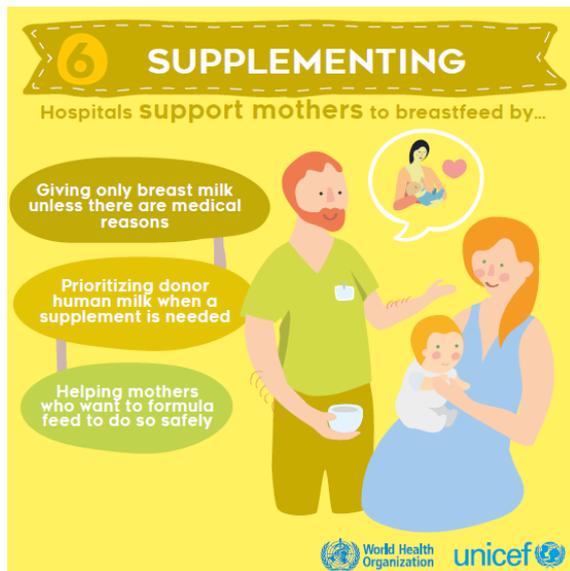
It's Ten Step Tuesday!

This week is the 6th in a series on each of the Ten Steps to Successful Breastfeeding that form the foundation of the Baby-Friendly Hospital Initiative.

STEP 6 – Breastfed newborns should receive no food or fluids other than breast-milk, unless medically indicated.

Rationale:

- Giving newborns any foods or fluids other than breast-milk in the first few days after birth interferes with the establishment of breast-milk production.
- Newborns' stomachs are very small and easily filled. Newborns who are fed other foods or fluids will suckle less vigorously at the breast and thus inefficiently stimulate milk production, creating a cycle of insufficient milk and supplementation that leads to breastfeeding failure.
- Babies who are supplemented prior to facility discharge have been found to be twice as likely to stop breastfeeding altogether in the first 6 weeks of life.
- In addition, foods and liquids may contain harmful bacteria and carry a risk of disease. Supplementation with artificial milk significantly alters the intestinal microflora. Breastfeeding exclusively is necessary to establish a healthy normal microbiome.



Exclusive breastfeeding for 6 months provides the nurturing, nutrients, immune factors and energy needed for physical and neurological growth and development. Beyond 6 months, breastfeeding continues to provide energy, immune factors and high-quality nutrients that, jointly with safe and adequate complementary feeding, help prevent hunger, undernutrition and obesity.

References: Above text from the 6th Edition of the BFUSA Guidelines & Evaluation Criteria. Baby-Friendly-GEC-Final.pdf (babyfriendlyusa.org)

For more information contact

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Implementation Guidance:

- Mothers should be discouraged from giving any food or fluids other than breast-milk, unless medically indicated. Very few conditions of the infant or mother preclude the feeding of breast-milk and necessitate the use of breast-milk substitutes.
- Infants should be assessed for signs of inadequate milk intake and supplemented when indicated, but routine supplementation is rarely necessary in the first few days of life. Lack of resources, staff time or knowledge is not justification for the use of early additional foods or fluids.
- Mothers who intend to “mixed-feed” should be counseled on the importance of exclusive breastfeeding in the first few weeks of life, how to establish a milk supply and to ensure that the infant is able to suckle and transfer milk from the breast. Supplementation can be introduced at a later date if the mother chooses.
- Mothers who report they have chosen not to breastfeed should be counseled on the importance of breastfeeding. Mothers who are feeding breast-milk substitutes, by necessity or by choice, must be taught about safe preparation and storage of formula and how to respond adequately to their child’s feeding cues.
- If a breastfeeding mother requests that her infant be supplemented, direct care staff and/or direct care providers should gently engage in an appropriate meaningful conversation that carefully listens to her reasons. If the mother expresses any challenges, staff/providers should provide responsive care to evaluate/assess her concerns. It is possible that she is experiencing some breastfeeding difficulties that staff may be able to support her to overcome with additional guidance. If she still wishes to supplement with infant formula, staff should empower her understanding of evidence-based information that emphasizes the protections provided by breastfeeding, the possible impact of this decision to her health, the health of her infant and to the potential success of breastfeeding. Her informed decision should be confirmed and documented in the medical record.

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