

Clinical Guidelines for the Establishment of Exclusive Breastfeeding

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International Lactation Consultant Association



Based on the publication
*Clinical Guidelines for the
Establishment of Exclusive
Breastfeeding*

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Revision Task Force, Second Edition

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Expected outcomes for healthy, full-term, breastfeeding infants:

- Lose no more than 7% of birth weight
- Regain to birth weight by 10 days of age
- Have at least 3 bowel movements each day after day 1 with age-appropriate color changes
- Have at least 6 wet diapers each day by day 4
- Breastfeed without time restrictions, averaging 8 times each 24 hours
- Gain weight at rate appropriate for age (20-35 grams or 2/3-1 ounce each 24 hours by day 5)
- Breastfeed exclusively for the first 6 months



Expected outcomes for mothers of healthy, full-term, breastfeeding infants:

- Identify and respond appropriately to early infant feeding cues
- Achieve comfortable positioning and effective latch
- Recognize signs of effective breastfeeding
- Exhibit appropriate breastfeeding knowledge and management skills
- Identify available breastfeeding resources
- Breastfeed the 1st year of life and beyond as desired
- Breastfeed exclusively for the first 6 months



#1: Facilitate breastfeeding within the first hour after birth and provide for continuous skin-to-skin contact between mother and infant until after the first feeding

- Avoid routine procedures until after the first breastfeeding



#2: Assist the mother in achieving a comfortable position and effective latch (attachment)

Observe for effective positioning

- Infant well supported and placed at the level of the mother's breast (*mother-led attachment*)
- Infant well supported and placed between the mother's breasts (*baby-led attachment*)



#2: Assist the mother in achieving a comfortable position and effective latch (attachment)

Observe infant for signs of effective latch

- Wide opened mouth
- Flared lips
- Chin touching the breast
- Asymmetric latch (more areola visible above the baby's mouth)



#2: Assist the mother in achieving a comfortable position and effective latch (attachment)

Observe infant for signs of milk transfer

- Sustained rhythmic suckle/swallow/breathe pattern with periodic pauses
- Audible swallowing
- Relaxed arms and hands
- Moist mouth



#2: Assist the mother in achieving a comfortable position and effective latch (attachment)

- Observe the mother for signs of milk transfer
 - Breast softening while feeding
 - Relaxation or drowsiness
 - Thirst
 - Uterine contractions or increased lochia flow during or after feeding
 - Milk leaking from opposite breast while feeding
 - Nipple elongated but not pinched or abraded after feeding



#3: Keep the mother and infant together during the entire postpartum stay

- Conduct examinations and routine tests of the infant while the infant is in the mother's room, in the mother's arms, or on the breast



#4: Teach mothers to recognize and respond to early feeding cues and confirm the baby is being fed at least 8 times in each 24 hours

Feeding cues:

- Sucking movements
- Sucking sounds
- Hand-to-mouth movements
- Rapid eye movements
- Soft cooing or sighing sounds
- Restlessness





Crying is
a *late feeding cue*
and may interfere with
effective breastfeeding

#5: Confirm that mothers understand the physiology of milk production, especially the role of milk removal

To facilitate milk production:

- Breastfeed when the infant exhibits early feeding cues or approximately every 1-3 hours
- Breastfeed on first breast until infant seems satisfied (15-20 min.) before offering second breast
- Some infants are satisfied with one breast; others will breastfeed on both breasts at every feeding



#6: Confirm that mothers know how to wake a sleepy infant

- Waken when early feeding cues are exhibited, or at least 8 times in each 24 hours

Strategies to wake the infant:

- Remove any blankets
- Change the infant's diaper
- Place the infant skin-to-skin
- Massage the infant's back, abdomen, arms and legs



#7: Avoid pacifiers, artificial nipples, and supplements unless medically indicated

Human milk provides all the fluid and nutrients necessary for optimal infant growth.

Early use of supplements or pacifiers is associated with an increased risk for early weaning.



#8: Observe and document at least one breastfeeding each 8 hours in the immediate postpartum period

Assess:

- Comfort of mother
- Condition of both breasts and nipples
- Shape of nipple on release
- Signs of milk transfer
- Number of feedings
- Number of urinations
- Number and character of bowel movements
- Daily weight gain/loss



#9: Assess mother and infant for signs of effective breastfeeding; intervene if milk transfer inadequate - Signs in the infant

- Weight loss < 7%
- At least 3 bowel movements each 24 hrs after day 1
- Seedy, yellow bowel movements by day 5
- At least 6 urinations each 24 hrs by day 4, urine clear or pale yellow
- Satisfied and content after feedings
- Audible swallowing during feedings
- No weight loss after day 3
- Weight gain by day 5
- Back to birth weight by day 10



#9: Assess mother and infant for signs of effective breastfeeding; intervene if milk transfer inadequate - Signs in the mother

- Noticeable increase in firmness, weight and size of breasts
- Noticeable increase in milk volume and composition by day 5
- Nipples show no evidence of damage
- Breast fullness relieved by breastfeeding



#9: Assess mother and infant for signs of effective breastfeeding and intervene if milk transfer inadequate

If effective breastfeeding, as indicated by milk transfer, is not observed in first 12 hours:

- Re-evaluate breastfeeding strategies
- Initiate milk expression using manual expression or a breast pump
- If medically indicated, initiate supplementation
- Delay discharge from care until effective breastfeeding observed
- Refer to healthcare professional with breastfeeding expertise
- Coordinate care with infant's healthcare provider



#10: Identify risk factors that may impact infant's ability to breastfeed effectively and provide appropriate assistance and follow-up (1 of 2)

- Birth intervention/trauma
- Born at less than 38 weeks gestation
- Inconsistent ability to maintain effective latch
- Ineffective suck
- Persistent sleepiness or irritability
- Long intervals between feedings
- Hyperbilirubinemia or hypoglycemia



#10: Identify risk factors that may impact infant's ability to breastfeed effectively and provide appropriate assistance and follow-up (2 of 2)

- SGA, LGA or IUGR
- Tight frenulum
- Multiple birth
- Neuromotor deficits
- Chromosomal abnormalities
- Oral abnormalities
- Acute or chronic illness
- Use of pacifier or artificial (bottle) nipple



#10: Identify risk factors that may impact mother's ability to breastfeed effectively and provide appropriate assistance and follow-up (1 of 2)

- Previous breastfeeding difficulty
- Birth interventions
- Separation from infant
- Absence of prenatal breast changes
- Damaged, cracked or bleeding nipples
- Unrelieved fullness or engorgement



#10: Identify risk factors that may impact mother's ability to breastfeed effectively and provide appropriate assistance and follow-up (2 of 2)

- Persistent breast pain
- Mother's perception of insufficient milk
- Acute or chronic disease
- Medication use
- Breast or nipple abnormality
- Breast surgery or trauma
- Hormonal disorders, e.g., PCOS



#11: Identify any maternal contraindications to breastfeeding (1 of 2)

- HIV seropositivity (when safe and sufficient quantities of human milk substitutes available)
- HTLV-1 seropositivity
- Substance abuse
- Chemotherapy
- Radioactive isotope therapy
- Active tuberculosis (if only mother infected, isolate her until treatment initiated and she is no longer contagious, mother's expressed milk can be fed to infant, if both mother and infant infected, isolate together)



#11: Identify any maternal contraindications to breastfeeding (2 of 2)

- Active varicella - If maternal rash develops within 5 days of birth or 2 days after birth, isolate mother until no longer contagious; expressed milk can be fed to infant. If both mother and infant are infected, isolate together.
- Active herpes lesion(s) on breast - Breastfeed on unaffected breast or interrupt breastfeeding only until lesion(s) heal.
- Chagas' disease caused by a South American parasite - Interrupt breastfeeding only during acute phase; feed mother's expressed, pasteurized milk to infant.



#11: Identify any infant contraindications to breastfeeding

- galactosemia

NOTE: These are NOT contraindications

- Maternal fever in absence of other contraindication
- Hepatitis B or C infection
- Exposure to low-level environmental contaminants
- Alcohol use (limit to occasional drink)
- Tobacco use (stop smoking or avoid infant exposure)
- Cytomegalovirus (CMV) infection



#12: If medically indicated, provide additional nutrition using a method of supplementation least likely to compromise transition to exclusive breastfeeding

- Use mother's own milk first
- Pasteurize the mother's milk if she is HIV positive
- Pasteurized donor milk is the next best alternative to mother's own milk
- Human milk substitute (formula) is the last choice
- Reassure mother that her infant will benefit from any amount of her milk provided
- Selection of a human milk substitute should take into account family history of allergic disease



#13: Confirm the infant has a scheduled appointment with a primary care provider or health worker within 5-7 days after birth

- Schedule additional visits as needed until a consistent weight gain pattern is established
- Identify breastfeeding support resources within the community
 - International Board Certified Lactation Consultants
 - Health workers and visiting nurses trained to provide breastfeeding support
 - Breastfeeding clinic/health department staff
 - Breastfeeding support groups/peer counselors
 - Telephone center for breastfeeding advice
 - Breast pump rental and sales outlets



#14: Provide appropriate breastfeeding education materials

- Clinically accurate
- Consistent
- Positive
- Reading-level appropriate
- Culturally sensitive
- Free of commercial advertising
- Compliant with the *International Code of Marketing of Breastmilk Substitutes* and subsequent WHA resolutions



#15: Support exclusive breastfeeding during any illness or hospitalization of the mother or the infant

Continued breastfeeding during illness or hospitalization is important for the well-being of both mother and infant.



16: Comply with the *International Code of Marketing of Breastmilk Substitutes* and avoid distribution of infant feeding product samples and advertisements for such products

Distribution of infant feeding products decreases breastfeeding duration.



#17 Include family members or significant others in breastfeeding education

Support of family members and significant others increases the duration of breastfeeding.



#18: Provide anticipatory guidance for common problems that can interfere with exclusive breastfeeding: Nipple Pain

- Many mothers report milk discomfort at the beginning of a feeding when the infant latches onto the breast
- All pain should be evaluated
- Pain is often the result of ineffective positioning and latch
- Consider other causes such as bacterial or fungal infection



#18: Provide anticipatory guidance for common problems that can interfere with exclusive breastfeeding: Engorgement

- Normal fullness is relieved with frequent, effective breastfeeding
- Engorgement occurs in some mothers 3-5 days after birth (breasts can be painful and swollen)
- Unrelieved engorgement requires treatment
- Focus treatment on measures to reduce swelling and relieve pain: breast massage, hand expression or pumping, intermittent compression, application of cold, and anti-inflammatory medication
- Avoid the use of heat unless the breasts are leaking freely



#18: Provide anticipatory guidance for common problems that can interfere with exclusive breastfeeding: Perceived Insufficient Milk Supply

- A mother may think she has insufficient milk because her breasts are soft after birth
- Milk volume increases within several days and is usually accompanied by breast fullness
- In the second week of life, initial breast fullness decreases; it does not indicate decrease in production
- Infants have recurring growth spurts with more frequent feedings to increase milk production
- If a fussy infant has normal output and is gaining weight, low milk supply is not the cause of fussiness



#18: Provide anticipatory guidance for common problems that can interfere with exclusive breastfeeding: Infant Crying

- No crying should go unattended
- Crying may be a sign of hunger or a sign of distress - if the infant is not exhibiting feeding cues, parents can try other comfort measures before offering the breast



#18: Provide anticipatory guidance for common problems that can interfere with exclusive breastfeeding: Maternal Diet

- Dietary restrictions are seldom necessary; few infants are affected by foods eaten by the mother
- The mother should eat a variety of foods and drink to satisfy thirst



#18: Provide anticipatory guidance for common problems that can interfere with exclusive breastfeeding: Leaving Home

Breastfeeding does not preclude leaving home with or without the baby. It is possible to maintain exclusive breastfeeding by:

- Planning feedings around the mother's or family's activities
- Breastfeeding any time and in any place
- Expressing, collecting and storing milk to leave with the child care provider



#19: Confirm that mothers understand normal breastfed newborn /infant behaviors and have realistic expectations regarding infant care and breastfeeding - Frequency and Duration

- 8-12 feedings each 24 hours is typical; it can vary
- Some infants will cluster-feed (feed every hour for 2-6 hours and then sleep for a longer period); others will breastfeed every 2-3 hours day and night
- On average infants feed 15-20 minutes on each breast; some will feed longer and some are satisfied with only one breast
- Sleepy infants need to be awakened for feedings until appropriate weight gain pattern is established



#19: Confirm that mothers understand normal breastfed newborn /infant behaviors and have realistic expectations regarding infant care and breastfeeding – Infant Output

- At least 3 bowel movements each day with age-appropriate color changes (first bowel movement typically occurs within 8 hours of birth)
- At least 6 urinations each 24 hours by day 4 with urine that is clear or pale yellow (first urination typically occurs within 8 hours of birth)
- Bowel movements change from black and sticky to yellow, soft and watery by day 4



#19: Confirm that mothers understand normal breastfed newborn /infant behaviors and have realistic expectations regarding infant care and breastfeeding – Infant Weight Loss/Gain

- Expect less than 7 percent weight loss the first week
- Expect a return to birth weight by 10 days of age
- Expect weight gain of approximately 20-35 grams or 2/3 – 1 ounce each day for the first 3 months



#20: Discuss contraceptive options and their possible effect on milk production

- Lactational amenorrhea method (LAM)
- Barrier devices
- Hormonal methods
- Surgical procedures
- Fertility awareness
- Abstinence



Clinical Guidelines for the Establishment of Exclusive Breastfeeding is available from the ILCA website as a free download. Hard copies are available for purchase from the ILCA office.

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