



## KEEPING ABREAST

**Baby-Friendly Hospital designation...The Reassessment Visit Is Coming!**

**Tuesday, August 30 from 8:00 to ~ noon**

**WE will be reassessed on the following 7 items only. Are you VERY knowledgeable about every one of these?? (if not, see RN, IBCLC immediately)**

- **Of all breastfeeding mothers selected on the postpartum unit and by telephone post-discharge,  $\geq 80\%$  reported that they were shown how to recognize the baby's feeding cues during the 1<sup>st</sup> hour after delivery, and offered help as needed.**

**Early cues: eyes closed, dreamlike movements, lip licking**

**Mid cues: hands to mouth, mouth smacking, sucking motions, rooting**

**Late cues: crying**

**Newborn Hunger Cues**

 <p><b>Smacking Lips or Mouth Activity</b></p> <p>Baby may lick her lips, stick out her tongue, open and close her mouth, or move her mouth in other ways.</p>	 <p><b>Sucking on Hand/Fingers</b></p> <p>Baby may begin to suck on her tongue, lips, fist or fingers or other nearby objects.</p>	 <p><b>Rooting</b></p> <p>When baby is hungry, anything that is close to her mouth or brushes her cheek or lips may trigger the rooting reflex. When rooting, she will open her mouth wide and turn toward the object.</p>
 <p><b>Getting Positioned for Nursing</b></p> <p>Baby may squirm, turn or lean back to adjust her position so that her mouth is level with her mother's breast.</p>	 <p><b>Squirming or Fussing</b></p> <p>Baby may indicate hunger by acting restless and unsettled, including squirming, fidgeting, fussing or breathing quickly.</p>	 <p><b>Crying</b></p> <p>Crying is a late sign of hunger and alerts you that you waited too long to feed baby. It is important to calm her before trying to latch on for nursing.</p>

*Sometimes newborns are extra sleepy and do not exhibit any of these cues. It is often advised to wake baby every two to three hours during the day and every three to four hours at night for the first week or two for until breastfeeding and weight gain are going well.*

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2. Of all staff,  $\geq 80\%$  report that they teach mothers who are not breastfeeding how to safely prepare and pace feed formula to their babies, and can describe (or demonstrate) adequately what they would discuss.


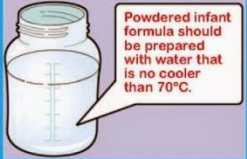



Practice and USE the Prep Kit as instructed. Need a review? Ask RN, IBCLC for help.


The Kit is user-friendly, with full instructions for the patient. A copy of the instructions has been prepared to give to the mom after teaching and return demonstration has been completed.


Once completed, CHART that the teaching has been given! Remember, if it isn't charted, it wasn't done.

## Preparing formula in care settings

For infants at greatest risk, use sterile liquid infant formula.

	<b>Clean &amp; sterilize</b> Clean and sterilize all feeding and preparation equipment before using it.	<b>Why?</b> Cleaning and sterilizing kills harmful bacteria on equipment that may grow in the feed once it is prepared.
	<b>Use water no cooler than 70°C</b> Use water that is no cooler than 70°C to prepare feeds from powdered infant formula.	<b>Why?</b> This temperature will kill harmful bacteria that may be present in powdered formula.
	<b>Cool quickly and feed immediately</b> Once a feed is prepared, quickly cool to feeding temperature and feed immediately.	<b>Why?</b> The longer a feed is kept after it is prepared, the greater the chance that harmful bacteria will grow in it.
	<b>Refrigerate feeds you want to use later</b> If you need to store feeds for use later - put them in the refrigerator (5°C or less).	<b>Why?</b> Low temperatures (5°C or less) will slow down or stop the growth of harmful bacteria.
	<b>Throw out left-overs</b> Throw out feed that has not been consumed within two hours. Throw out refrigerated feed that has not been used within 24 hours.	<b>Why?</b> The longer a feed is kept after it is prepared, the greater the chance that harmful bacteria will grow in it. Storing feeds in the refrigerator means that you can store them for a little bit longer.

 World Health Organization

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 This poster was prepared in collaboration with the Food Safety Authority of Ireland.

3. Of all breastfeeding mothers selected,  $\geq 80\%$  report that someone has shown them hand expression.



press (back towards your chest)



compress



relax



**PRESS, COMPRESS, RELEASE**

(No pinching, no pulling, no bruising, no pain!)

**4. In the NICU,  $\geq 80\%$  of breastfeeding mothers have been offered help with expressing their breast milk and to keep up the milk supply within 6 hours of delivery.**

The newest research shows that the foundation of prolactin receptors are laid down in the breast in the **FIRST 7 DAYS** following delivery. This...

- Lays the foundation for the milk supply for the duration of the breastfeeding with this baby. Whether that is 6 weeks, 6 months, one year or longer!!
- If unlimited stimulation is **NOT** provided during the first 7 days, the supply will be limited, and **NOTHING** can bring it up later on!
- There is new evidence that suggests that the **FIRST HOUR** after delivery for NICU mothers is vital for beginning to hand express and/or pump.

Policy requires the pump and hand expression begin prior to 6 hours. Best Practice would indicate much earlier than that.

**NEVER, NEVER, NEVER** wait for the IBCLC to do this...all staff have been trained in the set-up and teaching of suction & cycling settings on the Ameda Platinum pumps. All staff have been trained to teach effective, comfortable hand expression. These are part of **YOUR** job!



5. In the NICU,  $\geq 80\%$  of breastfeeding mothers could adequately describe or demonstrate how they express their milk.

**WE NEED TEACHBACK on hand expression from EVERY NICU mother.**



**Don't just do it for her...teach her how to express. This empowers her, gets a better milk flow for the NICU infant, and allows mom to be a big part of her baby's care.**

6. Of all breastfeeding mothers selected,  $\geq 80\%$  could describe at least 2 things they were told about how to recognize if their babies were hungry.

At ALL opportunities, ask mom what cues their baby is showing when hungry. She should be able to describe things like:

- Eye movements (dreamlike state)
- Lip smacking
- Rooting
- Hand movements
- Sucking on fingers

Make sure mom can define what the late feeding cue is...CRYING!

AT NO TIME should we be teaching about feeding every X hours. All infants, breastfed or artificially-fed, should be feeding at signs of hunger and feed to signs of satiety.

**NO NUMBERS for  
minutes or hours!!!**

7. Of all breastfeeding mothers selected,  $\geq 80\%$  report that they had been advised to feed their babies as often and as long as the babies wanted, or something similar.

## How long do I feed my baby for?

Don't watch a clock, watch your baby. Follow your baby's cues. Let them show you when they are satisfied.

Satisfied looks like:

- Sucking/swallowing slowed down/stopped
- Relaxed arm
- Relaxed hand
- Relaxed body
- May fall off the breast open mouthed.



[www.babiesfirstlactation.com](http://www.babiesfirstlactation.com) By Katie Wickham RN BScN IBCLC

When a newborn starts of a feed they have a tense clenched fist and arm; I call it a "chicken wing". Over the course of a good feed the Baby will slowly relax their fist and arm. Once their tummy is feeling fuller you will see their sucking swallowing stop and their arm will be very relaxed. You can then sit them up, burp them and offer the other breast.

**NO NUMBERS for  
minutes or hours!!!**