

## STEP FIVE

# BREASTFEEDING/CHESTFEEDING SUPPORT

Support mothers to initiate and maintain breastfeeding and manage common difficulties even when baby is unable to be with mother.

### HIPANGA 5

Me tautoko ngā whaea kia tīmataria, kia haere tonu hoki te whāngote, me te whakamāmā i ngā uauatanga e tūpono nuitia ana, ahakoa kāore te kōhungahunga e āhei te noho taki me tana whaea.

Review date: September 2026

*Te Whatu Ora Waitaha commits to adhering to and further incorporating the principles of Te Tiriti o Waitangi, outlined in the breastfeeding/chestfeeding policy, at each review.*

## PURPOSE

To ensure that all whānau receive individualised practical support to establish and maintain lactation.

## RESPONSIBILITY

The breastfeeding/chestfeeding policy and guidelines are applicable to all Te Whatu Ora Waitaha Canterbury employees working within Maternity Services and Neonatal Services including visiting health professionals and students.

## GUIDELINE

Level 3 Clinical Staff will be available to offer breastfeeding/chestfeeding support 24 hours a day should it be required and able to access lactation consultant services, when appropriate, by referral.

## SUPPORT ALL BREASTFEEDING/CHESTFEEDING MĀMĀ/PARENTS TO LEARN PRACTICAL SKILLS

All whānau should be offered support and guidance with breastfeeding/chestfeeding after birth and at each feed as required by the individual needs if it is their decision to do so. Whānau with pēpi in the neonatal unit who are breastfeeding/chestfeeding or intending to do so will be supported to initiate lactation within 1-2 hours of birth by hand or electric breast pump – whichever is appropriate based on individual needs. NICU [Colostrum Collection Packs](#) (Ref.2405765 (239786)) will be provided for all whānau with pēpi in the neonatal unit.

The offer of assistance should be made to all breastfeeding/chestfeeding māmā/parents, irrespective of parity, because evidence changes, past experiences/success will vary, and returning to feeding a newborn may require support.

All whānau in maternity services will be offered the 'Covering the Basics' Breastfeeding Information for Women (Refs [2409569](#) [2409570](#) [2409571](#) [2409572](#)), including whānau with pēpi in NICU. In

addition whānau with pēpi in the neonatal unit receive the leaflet '[Breastfeeding Your Baby](#)' (Ref.2401372 (7848)).

It is important that staff are able to identify māmā/parents who may require additional support or who have identified risk factors which may impact the initiation and establishment of lactation. This includes, but is not limited to, māmā/parents who:

- Are medically/obstetrically unwell or have medical conditions such as diabetes
- Have a history of breastfeeding/chestfeeding difficulties
- Have had breast/chest surgery of any kind
- Have a history of illness involving hormonal function
- Have a history of infertility treatment
- Have had a difficult birth
- Have had a caesarean section birth
- Have had a multiple birth
- Have had a postpartum haemorrhage
- Have pēpi who are sleepy, mucousy or disinterested in breastfeeding/chestfeeding
- Have been separated from their pēpi for a clinical reason
- Have mental health challenges/addictions and maybe on medications that impact alertness, concentration, milk supply or impact on the pēpi ability to settle and feed and in some cases showing signs of withdrawal and specialist support for the māmā/parent is required.

## POSITIONING AND ATTACHMENT (LATCHING)

Staff should offer to support breastfeeding/chestfeeding māmā/parents and whānau with positioning, alignment, and attachment of their pēpi to the breast/chest and describe how to recognise an effective feed and milk transfer (swallows).

Whānau should be able to discuss what they have learned.

## MATERNITY SERVICE

### Level 3 Clinical Staff

- Provide a full breastfeeding/chestfeeding assessment at least once during an 8 hour shift, including review of the [Infant Feeding Record](#) (Ref.2400431)
- Remain as hands off as possible when providing support, so as not to disempower māmā/parents and whānau.
- Ensure māmā/parents and whānau are confident with their breastfeeding/chestfeeding plan.
- Provide education so that māmā/parents and whānau can confidently use the infant feeding record.
- Show māmā/parents the resources available to support information being provided. This will include:
  - Baby's Feeding Cues Poster
  - The Bottom Line Series poster
  - 'Covering the Basics' breastfeeding/chestfeeding Information for whānau
  - How do I know my breastfed baby is getting enough to eat poster
  - Mama Aroha Reference Cards

## NEONATAL SERVICE

### Level 3 Clinical Staff and the Neonatal Feeding Team

- Provide a full breastfeeding/chestfeeding assessment at every feeding opportunity with ongoing review of the [Infant Feeding Chart](#) (Ref.2403505 (239170))
- Provide wherever possible prolonged skin-to-skin contact to facilitate the transition to direct and exclusive breastfeeding/chestfeeding
- Remain as hands off as possible when providing support, so as not to disempower māmā/parents and whānau.
- Ensure māmā/parents and whānau are confident with their breastfeeding/chestfeeding plan.
- Provide education so that māmā/parents and whānau can confidently use the infant feeding tools available: Neonatal Unit Feeding Code for Parents ([Ref.2404737 \(2310247\)](#))
- Show māmā/parent the resources available to support information being provided. This will include:
  - Baby's Feeding Cues Poster
  - 'Covering the Basics' Breastfeeding/chestfeeding Information for Women
  - Neonatal specific resources

## DOCUMENTATION

### MATERNITY FACILITIES

The Infant Feeding Record is used in all maternity facilities. The first and all subsequent breastfeeds/chestfeeds, supplementary feeds and output will be recorded on the [Infant Feeding Record](#) (Ref.2400431).

Staff are responsible for completing the Infant Feeding Record whenever there has been an assessment, input or support for the breastfeed/chestfeed, including breastfeeding/chestfeeding codes, supplementary feeds (see [Breastfeeding/chestfeeding Guideline Breastmilk Only for Newborns \(GLB06\)](#)), supplementary feeding reason codes and output.

All supplementary feeds are to be signed by both staff and parent.

Referrals to the Lactation Service are made online via Flow-view and the Lactation Consultant Referral form.

Fully completed infant feeding records provide information for staff to:

- fully assess breastfeeding/chestfeeding
- guide appropriate infant feeding care planning
- safely prepare for discharge

### NEONATAL SERVICE

- Feeding records are incorporated in [Neonatal Level 2 Chart](#) (Ref.2401499) and on Neonatal Intensive Care [Level 3 Observation Chart](#) (Ref.2403708). Informed parent consent and the feeding plan is recorded within the [Neonatal Multidisciplinary Care Plan \(MCP\)](#) (Ref.2400454).
- Complex feeding issues are referred to the Infant Feeding Clinical Nurse Specialist (CNS) or the CNS – Lactation on the Infant Feeding – Referral ([Ref.2404806 \(2310304\)](#)).
- [Expressing Diary Tool](#) (Ref.2404170 (239784)) – given to all neonatal māmā as part of the colostrum pack.

## BREASTFEEDING/CHESTFEEDING CODES

Breastfeeding/chestfeeding code explanations are included on the infant feeding record for both Maternity and Neonatal Services.

### MATERNITY SERVICE

A score of A-D indicates a pēpi who is not yet transferring milk effectively.

Clinical assessment, observation of a complete feed and discussion with a Clinical Midwife Manager (CMM), Lactation Consultant, or the Lead Maternity Carer (LMC), as appropriate, is warranted for a pēpi who:

- Is well, term, and scores A-D for two consecutive feeds
- Shows feeding code regression, ie. was scoring E-F, then scores A-D

A specific individualised breastfeeding/chestfeeding plan should be commenced if not already in use.

All whānau should be provided with the ['Covering the Basics' Breastfeeding Information](#) that meets their needs (Ref.2409569) to support their breastfeeding/chestfeeding knowledge and understanding of initiating lactation.

All pēpi on the neonatal unit require specific individual feeding plans.

### NEONATAL SERVICE

The [Neonatal Unit Feeding Code Tool](#) (Ref.2403505 (239170)) is structured differently from maternity because of the complexity of the neonatal infant. It is scored from 1-6, used to assesses the quality of the infant sucking and transfer of milk and guides the nurses in conjunction with the parent to decide if supplementation is required. It is also used as an educational tool to assist whānau to understand how the feed went and to see progress for breastfeeding/chestfeeding and lactation. It can be used in conjunction with the breastfeeding/chestfeeding diary.

## HAND EXPRESSION OF BREASTMILK

### THE HEALTH PROFESSIONAL WILL

- Verbalise expressing technique rather than demonstrate on māmā/parent.
- Emphasise the importance of hand hygiene when expressing milk.
- Doll and breast resources are available in maternity ward and the neonatal service for hands off demonstration purposes. Informed consent will be gained prior to touching any part of the māmā/parent's body.
- Provide verbal and written information to māmā/parent and whānau on hand expression and how to store expressed human milk not immediately needed for feeding.
- Resources to support this include:
  - Hand Expressing Ref. (2409645)
  - Mama Aroha Reference Cards – available in every room
  - Breastfeeding Naturally DVD
  - Mama Aroha App

## HAND EXPRESSION CAN ENABLE MĀMĀ/PARENT AND WHĀNAU TO

- Understand how the breast/chest and the milk ejection reflex (MER) or 'let down' work
- Gain confidence in their ability to produce milk
- Produce a few drops of milk to tempt the pēpi to feed
- Soften full breast/chest tissue to ease discomfort or enable pēpi to latch
- Provide milk for pēpi when they are separated, or when pēpi is unable to breastfeed/chestfed
- Increase milk supply
- Maintain milk supply if breastfeeding/chestfeeding is interrupted
- Hand expressing can be combined with an electric breast pump to increase milk yield

Inform all breastfeeding/chestfeeding māmā/parents and whānau who discharge prior to a hand expressing demonstration how to access this information and how to access breastfeeding/chestfeeding support in the community. Whānau will be encouraged to be involved to facilitate breastfeeding/chestfeeding support following discharge.

## MINISTRY OF HEALTH GUIDELINES FOR STORING EXPRESSED BREASTMILK

- |   |  |
|---|--|
| 1. Fresh breastmilk at room temperature | 4 hours                                  |
| 2. Refrigerator                         | 3 days (72 hours)                        |
| 3. Freezer                              | 4 months (normal upright fridge/freezer) |
| 4. Chest freezer/deep freeze            | 6-12 months                              |
| 5. Freezer box                          | 2 weeks                                  |

## SEPARATION OF MĀMĀ/PARENT AND PĒPI FOR CLINICAL REASONS

The volume of milk expressed is a determinant of the long-term outcome of māmā/parent's ability to produce milk for their pēpi.

### The Health Professional will:

- Emphasise importance of immediate breast/chest and nipple stimulation and expressing where separation occurs soon after birth, particularly if skin-to-skin contact is not possible, even if pēpi cannot be fed yet.
- Give information on use of warmth, breast/chest massage, hand or electric breast pump expression.
- Ideally assistance to initiate a milk supply should occur within 1-2 hours after their pēpi birth.
- Document any clinical reason for delay in initiating of commencement of expressing milk in the first 1-2 hours in the notes of māmā/parent and on the neonatal service, in the multi care pathway.
- Encourage frequent expression, aiming for at least eight times every 24 hours, including at least once overnight with a **maximum** of 5 hours between any two expressing sessions.
- Emphasise importance of night expression to initiate and maintain lactation.
- Recommend a hospital grade pump when a breast pump is required.
- Encourage māmā/parents and whānau to start and finish each electric breast pump session with hand expression – known to produce higher yield.
- Share responsibility for teaching/support when pēpi is in the Neonatal Service and māmā/parent is on maternity ward.

## NEONATAL

For sick and premature infants where the parent must express their milk, the volume of milk expressed by day 14 is a determinant of the long-term outcome the parent's ability to produce enough milk for their pēpi.

## CLINICAL MIDWIFE/LACTATION CONSULTANT

Te Whatu Ora Waitaha Canterbury has a Lactation Consultant Service, available for specialist advice, support and to educate staff. The Neonatal Service has a multidisciplinary feeding team for complex neonatal pēpi and their whānau.

## AUDIT OF COMPLIANCE TO THE BREASTFEEDING/CHESTFEEDING POLICY

Audit is crucial to ensure high standards of care for māmā/parent and pēpi. Audit of Infant Feeding Record, and interview of māmā/ parent and whānau (with consent).

## NEONATAL

Interview of parents/whānau (with consent).

Audit of parent's clinical records and Neonatal MCP on initiation of lactation within 1-2 hours of birth.

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Step 5: Breastfeeding/chestfeeding Support

Breastfeeding/chestfeeding Guidelines

Christchurch Women's Hospital

Christchurch New Zealand

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