

## **ABM Protocols**

A central goal of **The Academy of Breastfeeding Medicine** is the development of clinical protocols for managing common medical problems that may impact breastfeeding success. These protocols serve only as guidelines for the care of breastfeeding mothers and infants and do not delineate an exclusive course of treatment or serve as standards of medical care. Variations in treatment may be appropriate according to the needs of an individual patient.

### **Protocol #2: Guidelines for hospital discharge of the breastfeeding term newborn and mother: “Going home protocol”**

#### **BACKGROUND**

The ultimate success of breastfeeding is measured in the duration of breastfeeding and of exclusive breastfeeding, not solely in the initiation of breastfeeding. Anticipatory attention to the needs of the mother and baby at the time of discharge from the hospital is crucial to ensure successful, long-term breastfeeding. The following principles and practices are recommended for consideration prior to sending a mother and her full-term infant home.

#### **GUIDELINES**

1. Formal documented assessment of breastfeeding effectiveness should be performed at least once during the last 8 hours preceding discharge of the mother and baby by a medical professional trained in formal assessment of breastfeeding (in addition to similar assessments performed earlier in the hospitalization). This should include evaluation of positioning, latch, milk transfer, baby's weight, clinical jaundice, and all problems raised by the mother, such as nipple pain or perception of inadequate supply.
2. All problems with breastfeeding, whether observed by hospital staff or raised by the mother, should be attended to and documented in the medical record prior to discharge of mother and baby, with a plan of action that includes follow-up of the problem after discharge.<sup>1</sup>
3. Physicians, nurses, and all other staff should encourage the mother to practice exclusive breastfeeding for the first 6 months of the infant's life and to continue breastfeeding until 1 year of age and beyond, with the addition of complementary food after 6 months of life.<sup>2</sup> Mothers will benefit from education about the rationale for exclusive breastfeeding and why artificial milk supplementation is discouraged. Such education is a regular component of anticipatory guidance that addresses individual beliefs and practices in a culturally sensitive manner. Special counseling is needed for those mothers planning to return to outside employment or school.
4. Families will benefit from appropriate, noncommercial educational materials on breastfeeding (as well as on other aspects of child health care).<sup>3</sup> Discharge packs containing infant formula, pacifiers, commercial advertising materials, and any materials not appropriate for a breastfeeding mother and baby should not be distributed.<sup>2,4-8</sup>
5. Breastfeeding mothers and appropriate others will benefit from anticipatory guidance prior to discharge regarding the next month of breastfeeding (e.g., guidance for engorgement, growth spurts, diminished milk

supply). Specific guidance should be provided in written form to all parents regarding assessment of (a) adequacy of stool and urine output, (b) jaundice, and (c) sleep and feeding patterns.

6. Every breastfeeding mother should receive instruction on techniques for expression of milk by hand or by pump so that she can maintain her milk supply and obtain milk for feeding to the infant should she and the infant be separated or the infant be unable to feed directly from the breast.<sup>9</sup>

7. Every breastfeeding mother should be provided with names and phone numbers of individuals and medical services that can provide advice, counseling, and health assessments related to breastfeeding on a 24 hour-a-day basis, as well as on a less intensive basis.<sup>1,5,10-12</sup>

8. Mothers should be provided with lists of various peer support groups (e.g., La Leche League International) with phone numbers and addresses and encouraged to contact and consider joining one of these groups.<sup>13,14</sup>

9. Prior to discharge, appointments should be made for (a) an office or home visit, within 2 to 3 days, by a physician or a physician-supervised breastfeeding-trained licensed health care provider (infants discharged before 48 hours of age should be seen by 2 to 4 days of age), and (b) the mother's 6-week follow-up visit to the obstetrician or family physician. Additional visits for the mother and infant are recommended until all clinical issues are resolved (e.g., weight gain is well established, jaundice resolving). A routine preventive care visit should occur when the child is 2 to 4 weeks of age.<sup>2,11,12,15,16</sup>

10. If the mother is medically ready for discharge but the infant is not, every effort should be made to allow the mother to remain in the hospital either as a continuing patient or as a "mother-in-residence" with access to the infant for exclusive breastfeeding. Maintenance of a 24-hour rooming-in relationship with the infant is optimal during the infant's extended stay.<sup>17-21</sup>

11. If the mother is discharged from the hospital before the infant is discharged (as in the case of a sick infant), the mother should be encouraged to spend as much time as possible with the infant and to continue regular breastfeeding.<sup>22</sup> During periods when the mother is not in the hospital, she should be encouraged to express and store her milk, bringing it to the hospital for the infant.

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