



## Individualized Care in the Baby-Friendly Hospital Initiative

A recent Fed is Best (FIB) Foundation blog tells the tragic story of Landon, an infant who died at 19 days of age. Baby-Friendly USA extends its deepest sympathy to his family.

The lesson of this story is not that exclusive breastfeeding is dangerous as the FIB Foundation suggests. Most infants **exclusively breastfeed successfully with no major health problems. Breastfeeding is safe and is the method of infant nutrition recommended** by national and international health authorities such as the Centers for Disease Control (CDC), the American Academy of Pediatrics (AAP), and the World Health Organization (WHO).

The real lesson of this story is that there are certain conditions that require further assessment and close follow up with the mother, infant, or both. This kind of care is called for in the Baby-Friendly [Guidelines and Evaluation Criteria](#) which clearly state that “additional individualized assistance should be provided to high risk and special needs mothers and infants and to mothers who have breastfeeding problems”<sup>1</sup>. **The news reports about Landon point to some critical factors that put him at high risk, such as a complicated delivery with evidence of inadequate oxygenation at birth. The autopsy lists hypoxic-ischemic encephalopathy, which may have contributed to this child’s death.**

High risk conditions do warrant increased monitoring along with the creation of specific infant feeding and care plans, which may or may not include supplementation with infant formula. The [Guidelines and Evaluation Criteria](#) do allow for supplementation for medical reasons and when mothers have made an informed, educated decision<sup>2</sup>.

**The decision to supplement is a delicate one. Infant formula changes the infant’s gut. It can also negatively impact the establishment of the mother’s milk supply, thus effecting long term breastfeeding success. Practitioners must carefully weigh the risks and benefits of this decision.**

While Baby-Friendly USA cannot comment on individual cases, we would like to point out how the Baby-Friendly [Guidelines and Evaluation Criteria](#) indicate ways to provide lactation support to mother infant pairs with feeding difficulties:

“Health care professionals should assess the mother’s breastfeeding techniques and, if needed, should demonstrate appropriate breastfeeding positioning and attachment with the mother and infant, optimally within 3 hours and no later than 6 hours after birth. Prior to discharge, breastfeeding mothers should be educated on basic breastfeeding practices, including:

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<sup>1</sup> <http://www.babyfriendlyusa.org/get-started/the-guidelines-evaluation-criteria, Guideline 5.1 p. 16> accessed 3/13/17

<sup>2</sup> <http://www.babyfriendlyusa.org/get-started/the-guidelines-evaluation-criteria, Guideline 6.1 p. 18> accessed 3/13/17

- 1) the importance of exclusive breastfeeding,
- 2) how to maintain lactation for exclusive breastfeeding for about 6 months,
- 3) criteria to assess if the infant is getting enough breast milk,
- 4) how to express, handle, and store breast milk, including manual expression, and
- 5) how to sustain lactation if the mother is separated from her infant or will not be exclusively breastfeeding after discharge.”<sup>3</sup>

Mothers expressing discomfort with breastfeeding or who are exhibiting irritated, cracked or bleeding nipples especially require this assessment.

“Additional individualized assistance should be provided to high risk and special needs mothers and infants and to mothers who have breastfeeding problems or must be separated from their infants.”<sup>4</sup>

Mother’s with metabolic disorders and physiologic conditions that might alter their ability to produce an adequate supply of milk should have their milk production and milk transfer assessed periodically during the hospital stay and again, before discharge. Individualized plans of care should be implemented accordingly.

“The designated health care professional(s) should ensure that, prior to discharge, a responsible staff member explores with each mother and a family member or support person (when available) the plans for infant feeding after discharge...an early post-discharge follow-up appointment with their pediatrician, family practitioner, or other pediatric care provider should also be scheduled. The facility should establish in-house breastfeeding support services if no adequate source of support is available for referral (e.g. support group, lactation clinic, home health services, help line, etc.).”<sup>5</sup>

The care described in the news reports and blog regarding baby Landon are not consistent with the full implementation of the Baby-Friendly Hospital Initiative [Guidelines and Evaluation Criteria](#). Baby Friendly USA certifies hospitals based on a large set of criteria that must be maintained by the hospital itself. Being Baby-Friendly does not and cannot assure that every staff member will perform according to Baby-Friendly standards. However, in 2012, Baby-Friendly USA implemented a quality improvement program that requires hospitals to annually audit and report on their practices. Quality improvement plans are required for facilities whose audit results indicate their practices have fallen below the Baby-Friendly standards. Baby-Friendly USA continues to strengthen this program.

**Links to some additional comments on the topic.**

[Hypernatremia Dehydration](#)

[Why Fed Will Never Be Best: The FIB Letting Our New Mothers Down](#)

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<sup>3</sup> <http://www.babyfriendlyusa.org/get-started/the-guidelines-evaluation-criteria>, Guideline 5.2 p. 17 accessed 3/13/17

<sup>4</sup> <http://www.babyfriendlyusa.org/get-started/the-guidelines-evaluation-criteria>, Guideline 5.1 p. 16 accessed 3/13/17

<sup>5</sup> <http://www.babyfriendlyusa.org/get-started/the-guidelines-evaluation-criteria>, Guideline 10.1 p. 22 accessed 3/13/17

## **Resources for Families and Healthcare Professionals**

[Office on Women's Health-Breastfeeding](#)

[Office on Women's Health-Breastfeeding Fact Sheet](#)

[Office on Women's Health-Your Guide to Breastfeeding](#)

[CDC-Breastfeeding](#)

[AAP Breastfeeding Residency Curriculum](#)

[AAP Breastfeeding Initiatives](#)

[AAP Sample Breastfeeding Assessment Questions](#)

[AAP Prepare for Breastfeeding Success](#)

[The Surgeon General's Call to Support Breastfeeding and Breastfeeding Fact Sheet](#)

[ACOG Breastfeeding Toolkit](#)

[ACOG Breastfeeding Frequently Asked Questions](#)

[American College of Nurse Midwives - What to Expect in the Early Days of Breastfeeding](#)

[American Academy of Family Physicians - Strategies for Breastfeeding Success](#)

## **Supplementation Guidelines**

[AAP Policy Statement: Breastfeeding and the Use of Human Milk](#)

[ABM Clinical Protocol #3](#)