

New York State

Creating a Hospital Breastfeeding Team

A hospital breastfeeding team should be established and maintained to identify and eliminate institutional barriers to breastfeeding. The hospital team is meant to be interdisciplinary and should be culturally appropriate and composed of the following individuals and groups:

hospital administrators,
physicians and nurses,
lactation consultants and specialists,
nutrition and other appropriate staff,
community breastfeeding support programs, and
parents.

Including parents and community breastfeeding support programs in all aspects of the committee work may not be appropriate. However, their input on prenatal, inpatient and discharge education may be invaluable.

On a yearly basis, the hospital team should review and update the breastfeeding policy to be current with NYS laws, rules and regulations, best practices and evidence-based recommendations. The hospital breastfeeding team should also institute methods to verify that maternity care practices are consistent with hospital breastfeeding policy.

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1. Training for Staff in Hospitals that Provide Maternity Services

Required Policy Component	Strategies
a The hospital must designate at least one maternity staff member, who is thoroughly trained in breastfeeding physiology and management, to be responsible for ensuring the implementation of an effective	

2. Breastfeeding Education for Mothers in Maternal and Prenatal Settings

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- option for rooming-in on a 24-hour basis;
- the normal process for establishing lactation, including positioning and attachment, care of breasts, common problems associated with breastfeeding and recommended frequency of feeding; manual expression and effective latch and milk transfer;
- dietary requirements for breastfeeding; diseases and medication or other substances which may have an effect on breastfeeding;
- sanitary procedures to follow in collecting and storing human milk;
- sources for advice and information available to the mother following discharge; and
- the importance of scheduling and ensuring follow-up care with a pediatric care provider within the timeframe following discharge as directed by the discharging pediatric care provider.
5. Give anticipatory guidance to parents in the prenatal period regarding the hospital stay, particularly about immediate and continuous skin-to-

3. Breastfeeding Initiation and Skin-to

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5. Feeding on Demand

	Required Policy Component	Strategies
a	The hospital must have a provision for infants to be fed on demand. (NYCCR)	1. Adjust routines whenever possible to best meet infant feeding needs.

6. Rooming-in

Required Policy Component

8. Formula Supplementation and Bottle Feeding

Required Policy Components	Strategies
a The hospital must restrict supplemental	

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	etc.), the form of supplement, and the amount given in the infant's medical chart. (USBC)	
f	The hospital will not promote or provide group instruction for the use of breast milk substitutes, feeding bottles and nipples. (Baby-Friendly USA, Inc.)	
g	The hospital will provide individual instruction in formula preparation and feeding techniques for mothers who have chosen formula feeding or for whom breastfeeding is medically contraindicated.	
h	The hospital will provide individual instruction for families who require education on formula preparation. (ABM #7)	
i	The hospital will not accept free formula, breast milk substitutes, bottles or nipples. (ABM; Baby-Friendly USA, Inc.)	

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11. Formula Discharge Packs

