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BREASTFEEDING POCKET GUIDE

for Health Care Providers

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Health care providers are an important source of breastfeeding information. Breastfeeding provides unique health benefits to infants and mothers. You and your staff play a critical role in promoting exclusive breastfeeding (no supplemental formula) and increasing the number of days breastfeeding. Your counseling and support efforts should start while patients are pregnant and continue through the neonatal period and beyond.

This pocket guide has been developed to assist you in your efforts to promote, support and protect mothers' efforts to breastfeed.

PRENATAL CARE

Encourage prenatal women to breastfeed exclusively for six months and continue after solids are introduced, up to age one and beyond.[1,2,3,4]

What you say to expectant mothers and their families can have a positive influence on the decision to breastfeed. If you recommend exclusive and continued breastfeeding, more new mothers will breastfeed for longer periods of time.

Prenatal breastfeeding education, starting in the 1st trimester, includes the following:[5,6]

- Exclusive breastfeeding for the first 6 months.
- Early skin-to-skin contact.
- Early initiation of breastfeeding.
- Rooming-in on a 24-hour basis.
- Feeding on demand or baby-led feeding.
- Frequent feeding to help assure optimal milk production.
- Effective positioning and attachment.
- Breastfeeding continues to be important after 6 months when other foods are given.
- Signs of effective breastfeeding or breastfeeding problems.
- The benefits of breastfeeding to mother, baby, and society.
- Resources for help with problems.

Breastfeeding Friendly Outpatient Care Settings:

For additional information on practices and policies that support breastfeeding, see "The 9 Steps to Breastfeeding Friendly: Guidelines for Community Health Centers and Outpatient Settings" from the California Department of Public Health.[7]

Mothers **CAN** breastfeed even if they…

- **Have cesarean deliveries:**
  Recommend initiating breastfeeding immediately after delivery by placing baby on mother's chest. Later, mother can breastfeed by using a semi-recumbent position or side-lying position.
- **Take medications:**
  According to the American Academy of Pediatrics (AAP), only a small proportion of medications are contraindicated in breastfeeding mothers or associated with adverse effects on their infants.[1, 8] The AAP recommends LactMed as the most comprehensive, up-to-date source of information regarding the safety of maternal medications.[9] https://www.toxnet.nlm.nih.gov/newtoxnet/lactmed.htm. See also: Clinical Therapy in Breastfeeding Patients.[10]
- **Have had breast surgery such as augmentation, reduction or biopsy:**
  Monitor infant growth as milk supply may be compromised.[11] Refer to an International Board Certified Lactation Consultant (IBCLC) if there are supply issues.
- **Have Hepatitis B:**
  Initiate breastfeeding immediately and follow up with HBIG and the first dose of hepatitis B vaccine within 12 hours of birth.[12]

- **Have Hepatitis C:**
  Initiate breastfeeding immediately after delivery. If the mother has hepatitis B or C, breastfeeding technique should be followed closely during the first couple of weeks to avoid nipple damage. If nipples become cracked or bleeding, temporarily stop breastfeeding, pump to keep up milk supply and discard milk until wounds heal.[12] Refer to an IBCLC for preventive measures.

- **Have pierced nipples:**
  To avoid risk of choking, mother should remove nipple accessories before feeding.

- **Have an occasional alcoholic drink:**
  Avoid breastfeeding for two hours after a single serving of alcohol.[13]

- **Smoke cigarettes:**
  Mothers who smoke should quit, but it is better to breastfeed than not. If a mother continues to smoke while breastfeeding, the mother should smoke as little as possible, wash hands and change clothes before breastfeeding, smoke after breastfeeding rather than before, and smoke out of the home and away from baby. For more information and free help to quit smoking, call 1-800-NO-BUTTS.[13, 14]

- **Have Tuberculosis (TB):**
  Breastfeeding is not contraindicated in women treated with first-line antituberculosis medications since the concentration in breast milk is too small to be toxic to newborns. Breastfeeding is not advisable for women with untreated, active TB.[15]

- **Use hormonal contraception:**
  Hormones can reduce milk supply but they will not harm baby. It is best to avoid hormonal contraception until mother is six weeks postpartum in order to establish the milk supply.[16]
- **Develop an infection:**
  Viruses are not transmitted through breastmilk during acute maternal infections such as gastroenteritis, upper respiratory infection and influenza. However, protective maternal antibodies pass through breastmilk to the baby.

Infants MAY BE ABLE TO breastfeed even if they…

- Are born with challenging conditions such as prematurity and/or are in the NICU.[1, 17] If mother's own milk is unavailable despite significant lactation support, pasteurized donor milk should be used.[1]
- Have cleft lip or cleft pallet.Babies should be evaluated for breastfeeding on an individual basis. Breastmilk feeding (via cup, spoon, bottle, etc.) should be promoted in preference to artificial milk feeding.[18]

Mothers SHOULD NOT breastfeed if they…[1, 2]

- Are infected with HIV
- Are infected with HTLV (Human T-cell Lymphotropic Virus)
- Use illegal drugs
- Are receiving cancer chemotherapy agents that interfere with DNA replication and cell division

- Are receiving radiation therapies; however nuclear medicine therapies require only a temporary interruption
- Have active herpes lesions on the breast, including varicella (can breastfeed on other breast if lesion-free)
- Have an infant with galactosemia
- Have untreated, active TB (pumping and feeding in a bottle is acceptable)

AT THE HOSPITAL

Provide leadership in breastfeeding support from delivery through discharge.

Baby-Friendly Hospital Initiative: Ten Steps to Successful Breastfeeding

The Ten Steps to Successful Breastfeeding were developed by a team of global experts and consist of evidence-based hospital practices that have been shown to increase breastfeeding initiation and duration. Baby-Friendly hospitals and birthing facilities must adhere to the Ten Steps to receive, and retain, a Baby-Friendly designation.[19]

The Ten Steps to Successful Breastfeeding are: [19]

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in the skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give infants no food or drink other than breast milk, unless medically indicated.
7. Practice rooming in — allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no pacifiers or artificial nipples to breastfeeding infants.

10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center.

All California hospitals that have a perinatal unit are required to adopt the Ten Steps to Successful Breastfeeding, the California Model Hospital Policy Recommendations or an alternate process that includes evidence-based policies, practices and targeted outcomes by January 1, 2025.[19, 20, 21]

Immediately after delivery: [5]

- All mothers should be given their infants to hold with uninterrupted and continuous skin-to-skin contact immediately after birth and until the completion of the first feeding, unless there are documented medically justifiable reasons for delayed contact or interruption.
- Routine procedures (e.g. assessments, Apgar scores, etc.) should be done with the infant skin-to-skin with the mother. Procedures requiring separation of the mother and infant (bathing, for example) should be delayed until after this initial period of skin-to-skin contact and should be conducted, whenever feasible, at the mother's bedside.
- Skin-to-skin contact should be encouraged throughout the hospital stay. If mother and infant are separated for documented medical reasons, skin-to-skin contact should be initiated as soon as mother and infant are reunited.

Optimize breastfeeding by: [5]

- Encouraging rooming-in to support on-demand feeds. Inform the mother that unrestricted, frequent feedings will help baby learn how to breastfeed and improve milk supply.
- Assessing the mother's breastfeeding techniques and, if needed, demonstrating appropriate breastfeeding positioning and attachment with the mother and infant, optimally within 3 hours and no later than 6 hours after birth.
- Encouraging exclusive breastfeeding with no bottles and no supplementation unless there is a true contraindication.
- Scheduling maternal procedures after breastfeeding or arranging the use of hospital electric pump prior to procedure if the mother will be away from baby for more than 2 hours.
- Scheduling routine pediatric care and breastfeeding follow-up visit on day 3 to 5 of life.
- Educating mothers on basic breastfeeding practices including:

  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, including signs of milk transfer, urine and stool output, and growth

4. How to express, handle, and store breast milk, including manual expression
5. How to sustain lactation if the mother is separated from her infant and will not be exclusively breastfeeding after discharge

Education as the mother prepares to go home: [1, 22, 23, 24, 25, 26]

- Breastfeed when baby exhibits early hunger cues like rooting, hands to mouth, increased movement and sucking noises. Do not wait for baby to cry.
- Colostrum is rich, thick, small in volume, and all baby needs.
- Feedings should be frequent, at least 10 times per 24 hours in the first few days after birth. Babies should be aroused to feed if 4 hours have elapsed since the beginning of the last breastfeeding.
- During growth spurts, the baby may want to feed more frequently.
- Mother's milk supply will increase and she may not feel changes in her breast until day 3 or 4.
- Offer both breasts at a feeding until milk supply is established. Alternating breasts if baby only takes one breast at a feeding will help to establish a good milk supply.

- Time should not be limited at the breast. Healthy, full-term babies will signal satiety by falling asleep, letting go of the breast, or no longer actively sucking and swallowing.
- Pacifiers and bottles can interfere with establishing a good milk supply. They should be avoided until breastfeeding is well-established, usually around 3–4 weeks postpartum.
- All new mothers need plenty of rest, nutrient-rich foods, and help during the first few weeks.[27]
- Breastfeeding mothers should drink plenty of fluids to stay hydrated (but fluid intake does not affect the amount of breastmilk made). A common suggestion is to drink a glass of water or other beverage every time the mother breastfeeds.[28]
- If the mother has feelings of frustration, sadness, or being disconnected from her baby, these should be discussed with the health care provider.

AFTER DISCHARGE

During Visits:[3, 22, 23]

- Encourage exclusive breastfeeding for 6 months and continued breastfeeding for at least one year.
- Observe breastfeeding for a good latch and swallowing sounds.
- Encourage positions that support a good latch, such as the "laid back" position where the mother leans back in chair.
- Explore barriers, work through solutions, and provide resources.
- Refer to lactation consultant and/or community resources such as WIC and breastfeeding support groups.
- Discuss return-to-work plans:
  - Breast pumps may be available through the patient's insurance including Medi-Cal. In select circumstances, WIC may be able to supply a pump.
  - The Lactation Accommodation Law protects breastfeeding mothers returning to work and is enforced by the Labor Commission. Employers are required to provide break time and a clean, private location, other than a toilet stall, to pump. Additional time beyond usual breaks may be unpaid.[29]

DIAGNOSIS CODES

Commonly used ICD-10 CM Codes for **Baby**[30]

Feeding Problems	
Bilious vomiting of newborn	P92.01
Other vomiting of newborn	P92.09
Regurgitation and rumination of newborn	P92.1
Slow feeding of newborn	P92.2
Underfeeding of newborn	P92.3
Neonatal difficulty in feeding at breast	P92.5
Other feeding problems of newborn	P92.8
Feeding problem of newborn, unspecified	P92.9
Vomiting, unspecified (>28 days old)	R11.10
Projectile vomiting (>28 days old)	R11.12
Bilious vomiting (>28 days old)	R11.14

Jaundice	
Neonatal jaundice associated with preterm delivery	P59.0
Neonatal jaundice from breast milk inhibitor	P59.3
Neonatal jaundice from other specified causes	P59.8
Neonatal jaundice, unspecified	P59.9

Weight and Hydration

Dehydration of newborn	P74.1
Hypernatremia of newborn	P74.21
Hyponatremia of newborn	P74.22
Hyperkalemia of newborn	P74.31
Hypokalemia of newborn	P74.32
Failure to thrive in newborn	P92.6
Failure to thrive in child over 28 days old	R62.51
Abnormal weight loss	R63.4
Abnormal weight gain	R63.5
Underweight	R63.6

Infant Distress

Excessive crying of infant	R68.11
Fussy infant	R68.12
Colic	R10.83

GI Issues	
Change in bowel habit	R19.4
Other fecal abnormalities	R19.5
Diarrhea	R19.7
Other specified symptoms and signs involving the digestive system and abdomen	R19.8

Mouth	
Ankyloglossia	Q38.1
Congenital malformations of palate (high arched palate)	Q38.5

Other	
Encounter for follow-up examination after completed treatment (When the original reason for visit has resolved)	Z09

Commonly used ICD-10 CM Codes for **Mother**[30]

Breast and Nipple Issues	
Candidiasis, breast or nipple	B37.89
Impetigo, unspecified	L01.00
Infection of nipple associated with the puerperium	O91.02
Infection of nipple associated with lactation	O91.03
Abscess of breast associated with lactation/ Mastitis purulent	O91.13
Nonpurulent mastitis associated with lactation	O91.23
Retracted nipple associated with lactation	O92.03
Cracked nipple associated with lactation	O92.13
Other congenital malformations of breast (ectopic or axillary breast tissue)	Q83.8
Hyperesthesia (burning)	R20.3

Constitutional	
Circadian rhythm sleep disorder, irregular sleep wake type	G47.23
Sleep disorder, unspecified	G47.9
Fatigue	R53.83

Lactation	
Agalactia	O92.3
Hypogalactia	O92.4
Suppressed lactation	O92.5
Galactorrhea	O92.6
Unspecified disorders of lactation	O92.70
Galactocele (Other disorders of lactation)	O92.79
Encounter for care and examination of lactating mother (Excludes encounter for conditions related to O92.-)	Z39.1

Other	
Encounter for follow-up examination after completed treatment (When the original reason for visit has resolved)	Z09

HCPCS Codes for Breast Pumps	
Breast pump, manual, any type	E0602
Breast pump, electric (AC and/or DC), any type	E0603
Breast pump, hospital grade, electric (AC and/or DC) any type	E0604

RESOURCES

References From Text

(All links accessed on December 16, 2020)

1. **Breastfeeding and the Use of Human Milk. American Academy of Pediatrics Policy Statement. *Pediatrics 2012;* 129 (3): e827–e841.**
   pediatrics.aappublications.org/content/pediatrics/early/2012/02/22/peds.2011-3552.full.pdf
2. **Breastfeeding, Family Physicians Supporting (Position Paper). *American Academy of Family Physicians.* 2015.**
   https://www.aafp.org/about/policies/all/breastfeeding-position-paper.html
3. **American College of Obstetricians and Gynecologists. Optimizing Support for Breastfeeding as Part of Obstetric Practice, Committee Opinion. 2018; 756.**
   https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/10/optimizing-support-for-breastfeeding-as-part-of-obstetric-practice
4. **How Doctors Can Help. Surgeon General's Call to Action to Support Breastfeeding 2000.**
   http://www.cdc.gov/breastfeeding/pdf/actionguides/doctors_in_action.pdf
5. **The Guidelines & Evaluation Criteria. Baby-Friendly USA. 2016.**
   http://www.babyfriendlyusa.org/get-started/the-guidelines-evaluation-criteria

6. **Centers for Disease Control and Prevention. Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies. Atlanta: U.S. Department of Health and Human Services; 2013: 34.**
http://www.cdc.gov/breastfeeding/pdf/BF-Guide-508.PDF

7. **California Department of Public Health. 9 Steps to Breastfeeding Friendly: Guidelines for Community Health Centers and Outpatient Care Settings. 2015.**
http://www.calwic.org/storage/documents/bf/2016/9StepGuide.pdf

8. **The Transfer of Drugs and Therapeutics into Human Breast Milk: An Update on Selected Topics. American Academy of Pediatrics 2013.**
http://pediatrics.aappublications.org/content/early/2013/08/20/peds.2013-1985

9. **LactMed. Drugs and Lactation Database. National Institutes of Health. U.S. National Library of Medicine Toxnet Toxicology Data Network.**
https://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm
Updated Monthly | (LactMed has a free phone App)

10. **Hale T, Berens P. Clinical Therapy in Breastfeeding Patients. 3rd ed. Amarillo, TX: Hale Publishing; 2010.**

11. **Lawrence R, Lawrence R. Breastfeeding A Guide for the Medical Profession. 8th ed. Philadelphia, PA: Elsevier; 2016.**

12. **Centers for Disease Control and Prevention. Hepatitis B and C Infections. Updated 2020.** *https://www.cdc.gov/breastfeeding/disease/hepatitis.htm*

13. **Reece-Stremtan S, Marinelli,KA. ABM clinical protocol #21 Revised 2015: Guidelines for breastfeeding and substance use or substance use disorder. *Breastfeeding Med.* 2015; 10(3): 135–141.** *https://www.bfmed.org/protocols*

14. **U.S. Department of Health and Human Services. National Institutes of Health. National Cancer Institute. Smokefree Woman.gov website.** *http://women.smokefree.gov/for-health-professionals.aspx*

15. **Centers for Disease Control and Prevention. Tuberculosis and Pregnancy. Updated 2014.** *https://www.cdc.gov/tb/topic/populations/pregnancy/default.htm*

16. **ABM Clinical Protocol #13: Contraception During Breastfeeding, Revised 2015. *Breastfeeding Med.* 2015; 10(1): 1–10.** *www.bfmed.org/protocols*

17. **Boies E, Vaucher YE, and Academy of Breastfeeding Medicine. ABM Protocol #10: Breastfeeding and Late Preterm (34–36 6/7 Weeks of Gestation) and Early Term Infants (37–38 6/7 Weeks of Gestation), Second Revision 2016. *Breastfeeding Med.* 2016; 11(10): 494–500.** *www.bfmed.org/protocols*

18. **Academy of Breastfeeding Medicine. ABM Clinical Protocol #17: Guidelines for Breastfeeding Infants with Cleft Lip, Cleft Palate, or Cleft Lip and Palate. 2019.**
www.bfmed.org/protocols

19. **The Ten Steps to Successful Breastfeeding. Baby-Friendly USA.**
https://www.babyfriendlyusa.org/about-us/baby-friendly-hospital-initiative/the-ten-steps

20. **Breastfeeding Model Hospital Policy Recommendations On-Line Toolkit. California Department of Public Health.**
Please do an internet search. Document currently is under revision.

21. **Senate Bill No. 402. Hospital breastfeeding support law. 2013.**
http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201320140SB402

22. **Clinician's Guide: Suggested Questions to Assess Breastfeeding in Primary Care Practice. *American Academy of Pediatrics*. 2009.**
http://www.aap.org/en-us/Documents/Breastfeeding_SAMPLE.pdf

23. **Meek JY, Hatcher AJ, AAP Section on Breastfeeding. The Breastfeeding-Friendly Pediatric Office Practice. *Pediatrics.* 2017;139(5):e2017064.**
http://pediatrics.aappublications.org/content/pediatrics/139/5/e20170647.full.pdf

24. **Wight N, Marinelli K. Academy of Breastfeeding Medicine. ABM Clinical Protocol #1: Guidelines for Blood Glucose Monitoring and Treatment of Hypoglycemia in Term and Late-Preterm Neonates, Revised 2014. *Breastfeeding Med.* 2014; 9(4):173–179.** *www.bfmed.org/protocols*

25. **Evans A, Marinelli KA, Taylor JS, Academy of Breastfeeding Medicine. ABM Clinical Protocol #2: Guidelines for Hospital Discharge of the Breastfeeding Term Newborn and Mother: "The Going Home Protocol," Revised 2014. *Breastfeeding Med.* 2014; 9(1): 3–8.**
www.bfmed.org/protocols

26. **Walker, M. Breastfeeding Management for the Clinician: Using the Evidence.4th ed. Burlington, MA: Jones & Bartlett Learning; 2017: 261–262, 397–417.**

27. **Breastfeeding Basics for New Moms. Academy of Nutrition and Dietetics. 2020.**
https://www.eatright.org/health/pregnancy/breast-feeding/breastfeeding-basics-for-healthy-babiesast-feeding/breast-feeding-basics-for-healthy-babies

28. **Office of Women's Health, U.S. Department of Health and Human Services. Your Guide to Breastfeeding. 2018.**
https://www.womenshealth.gov/patient-materials/resource/guides

29. **California Lactation Accommodation law. AB-1025 Labor Code, Chapter 3.8, [1030–1033] 2001.**
http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=200120020AB1025

30. **Supporting Breastfeeding and Lactation: The Primary Care Pediatrician's Guide to Getting Paid. Current Procedural Terminology. American Medical Association. 2020.**
https://downloads.aap.org/AAP/PDF/coding_breasfeeding_lacation.pdf

Additional Resources

Academy of Breastfeeding Medicine
Clinical Protocols
http://www.bfmed.org/

American Academy of Pediatrics
https://www.aap.org/en-us/Pages/Default.aspx

American Academy of Pediatrics Section on Breastfeeding. Sample Hospital Breastfeeding Policy for Newborns. 2009.
https://ihcw.aap.org/Documents/POPOT/PDFs/hospital%20breastfeeding%20policy_final.pdf

Breastfeeding Support: Time and Space Solutions. Office of Women's Health.
http://www.womenshealth.gov/breastfeeding/employer-solutions/common-solutions/support.html

California Department of Public Health—WIC Program Breastfeeding Information for Health Care Providers
https://www.cdph.ca.gov/Programs/CFH/DWICSN/Pages/HealthCareProviders.aspx

California WIC Association. 9 Steps to Breastfeeding Friendly Clinics: An Online Toolkit for Implementation. 2016.

https://www.calwic.org/9-steps-to-breastfeeding-friendly-clinics-online-toolkit/

International Board of Lactation Consultants
Find a Lactation Consultant

https://uslca.org/resources/find-an-ibclc

La Leche League
1-800-525-3243 (1-800-LaLeche)

http://www.llli.org

Mother's Milk Bank, San Jose, California

https://mothersmilk.org/

Office of the Surgeon General. Centers for Disease Control and Prevention; Office on Women's Health. The Surgeon General's Call to Action to Support Breastfeeding. Rockville, MD; 2011.

https://www.cdc.gov/breastfeeding/resources/calltoaction.htm

Office of Women's Health: Supporting Nursing Moms at Work: Employer Solutions

http://www.womenshealth.gov/breastfeeding/employer-solutions/

United States Breastfeeding Committee Core Competencies in Breastfeeding Care and Services for all Health Professionals. 2015.

http://www.usbreastfeeding.org/core-competencies

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The Science of breastfeeding medicine is an evolving field.

Please contact us if you have any suggestions regarding the content of these materials at CDPHWICRBL@cdph.ca.gov or 800-852-5770.

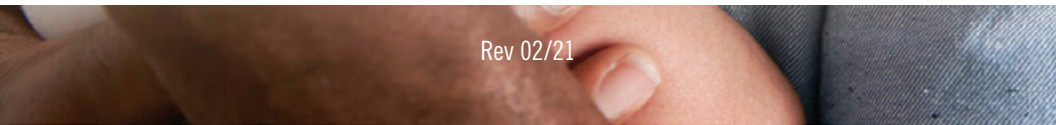
To contact your local WIC office please see MyFamily.WIC.ca.gov

California Department of Public Health, California WIC Program

This institution is an equal opportunity provider.

1-800-852-5770 | MyFamily.WIC.ca.gov

This document is considered a resource, but does not define the standard of care in California. Readers are advised to adapt the guidance based on their local facility's level of care and patient population served and also are advised to not rely solely on the guidelines presented here.



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