

TITLE: Breastfeeding

Reference: WS-112

MANUAL: Women's Services

Page: 1 of 13

I. PURPOSE:

To provide guidelines to promote an environment that supports early maternal infant attachment and successful breastfeeding.

II. DEFINITION OF TERMS:

- A. LATCH Score: A systematic method of breastfeeding assessment and documentation consisting of the following key elements:
 - 1. L- Latch: how well does the infant latch to the breast.
 - 2. A- Audible swallow: amount of audible swallowing noted.
 - 3. T- Type: type of maternal nipple (anatomy)
 - 4. C- Comfort: mother's level of comfort.
 - 5. H-Help: amount help the mother needs to hold her infant to the breast.
- B. Rooming-in: Family centered care model where the infant and mother are cared for in the same room allowing for unrestricted contact and feeding.
- C. Skin to Skin: The newly delivered infant is placed in direct skin contact on the mother's bare chest. The couplet is provided uninterrupted time for optimal transition to extrauterine life, initiation of early bonding, and breastfeeding. Skin-to-skin is beneficial to all infant-mother couplets regardless of infant feeding choice. Skin to skin should be initiated immediately for vaginal deliveries but may be delayed in Cesarean Section (C/S) deliveries until the mother is able to respond to the infant.

III. POLICY:

- A. The Baby Friendly Hospital Initiative Guidelines will be the standard for all maternity care provided at St Joseph Hospital (SJO).

DATE ORIGINATED 9/04	REVIEWED/REVISED <u>11/15</u> (DATE)	DELETED _____ (DATE)
INITIATED BY: Carol Suchy RN	DATE 9/04	INTERDISCIPLINARY PRACTICE COMMITTEE (if applicable) _____ DATE
REVIEWED/REVISED BY: / DEPARTMENTAL APPROVAL: C Morton RNC & C. Suchy RN	DATE 11/15	POLICY AND PROCEDURE COMMITTEE (if applicable) _____ DATE
ADMINISTRATIVE APPROVAL: Women's Leadership Team	DATE 11/15	BOARD OF TRUSTEES (if applicable) _____ DATE
MEDICAL STAFF (if applicable) Peds Committee	DATE 11/15	OTHER BFHI Committee 11/15
PHARMACY AND THERAPEUTICS (if applicable)	DATE	OTHER OB Committee 11/15

- B. A multi-disciplinary Baby Friendly Hospital Initiative Committee (BFHIC) consisting of (but not limited to), Obstetricians, Pediatricians, nurses, Clinical Educator, Lactation Manager, and lactation staff will meet on a monthly basis. They will be responsible for evidence-based breastfeeding policy review and revision, communication of changes in policy to staff, development and presentation of annual breastfeeding education/competencies, and coordination of quality improvement activities.
- C. All pregnant women and their support persons will be provided with accurate and consistent information on breastfeeding including the benefits of exclusive breastfeeding for at least six months, contraindications to breastfeeding, and the risk of formula feeding.
- D. SJO outpatient program will collaborate with other community organizations promoting and supporting breastfeeding both pre and postnatally. This program will be available to all mothers in the community regardless of their delivering facility.
- E. All mothers will be given their infant to hold in skin-to-skin contact after birth for a minimum of one hour unless the mother or infant is medically unstable. This time may be extended until the infant has initiated the first feeding at breast. Infant care procedures should be delayed for this period. If they cannot be delayed they should be conducted at the mother's bedside whenever possible.
- F. In order to support breastfeeding on demand, rooming in will be the standard of care for all medically stable mother baby couplets.
- G. No supplemental water, glucose water, or formula will be given unless medically indicated or by the mother's documented and informed request. Prior to non-medically indicated supplementation, mothers will be informed of the risks of supplementing. A list of Medical Indications for Supplementation is provided in Appendix A.
- I. In compliance with the International Code of Marketing for Breastmilk Substitutes:
1. All formula and infant feeding supplies will be purchased at fair market price.
 2. Employees of manufacturers or distributors of breastmilk substitutes or infant feeding supplies (bottles, nipples, and pacifiers) will have no direct communication with pregnant women or mothers.
 3. No gifts, non-scientific literature, materials, equipment, money or support for breastfeeding education or events from formula/infant feeding supply companies will be accepted, used, or given to patients or staff.
 4. No pregnant women, mothers, or families are given marketing materials, samples, or gift packs by the facility that consist of breastfeeding substitutes, bottles, nipples, pacifiers, or other infant feeding equipment or coupons for the above items.

5. Education materials distributed to breastfeeding mothers are free from messages that promote or advertise infant food or drinks other than breastmilk.
- J. Alternate feeding methods such as cup, spoon, feeding syringe or supplemental nursing device will be used for supplementation. No artificial nipples will be used.
- K. Hand expression of breast milk will be taught to all breastfeeding women. Additionally, pumping and collection education will be provided to mothers who are separated from their infant or have medical indications.
- L. Medications prescribed to a lactating mother should be compatible with breastfeeding.
- M. SJO is not licensed for storing breastmilk beyond 24 hours. Mothers pumping for newborns at CHOC Children's Orange County (CHOC) should be encouraged to transport pumped breastmilk within 24 hours to Neonatal Intensive Care Unit (NICU) for longer storage. Temporary refrigeration is available on Mother Baby Unit (MBU) until milk is transported.
- N. SJO will approve the curriculum for Baby Friendly education. All healthcare professionals in Women's Services (WS) will be required to participate in the SJO breastfeeding and lactation management training and have their competency validated.
- O. Lactation consultants/educators are available on the unit for additional support in complex cases.
- P. Ongoing lactation support and resources will be offered to all mothers prior to discharge.

IV. PROCEDURE:

- A. Education of Staff:
 1. A review of the Baby Friendly Initiative and the Breastfeeding Policy & Procedure will be a part of new hire orientation for all WS staff. Expectations for scheduling of formal Baby Friendly Training will be discussed during orientation.
 2. Initial SJO Baby Friendly training will be completed by all WS staff within six months of hire:
 - a) RN Training will consist of:
 - (1) A minimum of 15 hours of breastfeeding education training consistent with BFHI 2010 criteria.
 - (2) 5 hours of supervised clinical experience including competency validation with an International Board Certified Lactation Consultant (IBCLC) within 30 days post didactic training.

- a) Non-direct patient care staff will be required to complete 3 hours of SJO approved education.
 3. Education needs will be identified by the BFHIC. On-going education will be presented:
 - a) Annually at WS Skills Days.
 - b) As policy and/or practice changes occur.
 - c) Continued evaluation based on quality outcomes.
 4. The WS Educator and Lactation Manager will be responsible for the oversight of curriculum, implementation, compliance and documentation.
- B. Prenatal Breastfeeding Education:
 1. All prenatal education materials and course curriculum offered at SJO will promote and support breastfeeding in accordance with current BFHI guidelines, including no group discussion on the use of formula and infant feeding bottles.
 2. Oversight of materials will be managed by the WS Educator and Lactation Manager.
 3. The Pathway through Pregnancy Handbook will be given to all expectant mothers at the obstetrician's office or at the Mother Baby Assessment Center (MBAC).
 4. A breastfeeding class dedicated solely to breastfeeding management is available prenatally.
 5. SJO Maternity Services Website promotes and supports breastfeeding.
 6. Patient encounters in the antepartum units and Labor & Delivery (L&D) will include breastfeeding education.
- C. RN Responsibilities for Initiation of Breastfeeding:
 1. Educate the mother and support persons regarding:
 - a) Skin-to-skin contact
 - b) Infant feeding cues
 - c) Correct latch and position
 2. Assess mother's history for any contraindication to breastfeeding:
 - a) HIV-positive
 - b) Use of illicit drugs such as cocaine or heroin
 - c) Medications such as radioactive isotopes, antimetabolites, cancer chemotherapy, and a small number of other medications.
 - d) Active, untreated Tuberculosis.
 - e) Infant has Galactosemia.
 - f) Active herpetic lesions on her breast(s) - breastfeeding may be recommended on the unaffected breast (Consult Infectious Disease Service for problematic infectious disease issues).

- g) Hepatitis C (HCV) positive IF nipples or surrounding areola are cracked or bleeding (mother may temporarily pump and discard milk until nipples are healed).
7. Assess stability of mother and infant (stability of mothers delivered by C/S will be assessed on arrival to the recovery unit).
- a) Stable mother and stable infant
 - (1) Initiate skin-to-skin contact immediately after delivery or as soon as possible on arrival to recovery unit.
 - (2) Remove or rearrange the mother's gown to allow skin-to-skin contact.
 - (3) Place infant prone on mother's chest, assuring a safe environment for the couplet.
 - (4) Cover mother and infant with warm blankets.
 - (5) Delay routine procedures or minimize disruption of skin-to-skin by performing at the bedside.
 - b) Unstable mother
 - (1) If the mother is unable, the father/support person may provide skin-to-skin contact.
 - (2) Reassess stability of mother frequently and initiate skin to skin as soon as possible.
 - c) Unstable infant
 - (1) Reassess infant stability frequently and facilitate skin to skin with mother once stabilization has occurred
4. Assist mother in identifying infant's rooting and sucking behaviors and ensure latch is correct.
- D. RN Responsibilities for Continuation of Breastfeeding Support in the Hospital
- 1. The RN will utilize the *Birth and Beyond* book to educate the mother and support persons about the following topics:
 - a) Appropriate breastfeeding positioning and correct latch (optimally within 3 hours and no longer than 6 hours post delivery)
 - b) Continued benefits of skin-to-skin contact
 - c) Demand feeding:
 - (1) Encourage mother to follow infant feeding cues for demand feeding. There should be no restrictions to frequency or length of feedings.
 - d) Effectiveness of feeding:
 - (1) All infants (including those delivered by C/S) should be put to breast at least 8-12 times in a 24 hour period.
 - (2) Physical signs of adequate feedings
 - (3) Signs & symptoms requiring referral to qualified healthcare provider.

- e) Possible negative consequences of pacifiers and/or artificial nipples
 - (1) May interfere with establishment of nursing and milk supply and should be avoided until breast milk is well established (AAP recommendation one month of age).
 - (2) Pacifiers should only be used for medical purposes such as separation or medical procedures.
 - (3) No pacifiers given by staff except for oral sucrose for pain management.
 - f) Advantages of rooming-in:
 - (1) Standard of care for all healthy mother/infant dyads.
 - (2) Infant(s) stay with mother in the same room 24 hours a day
 - (3) Newborn procedures will be conducted at the mother's bedside whenever possible. Frequent separation and/or absences of the infant from the mother for more than an hour will be avoided.
 - g) Self breast care
 - (1) Shower daily, pat nipples dry.
 - (2) Allow breast to air dry after each feeding.
 - (3) Change bra pads frequently if wet. Avoid plastic liners in bra pads.
 - (4) Wear a soft cup bra for comfort until the breasts are less engorged. Avoid underwire bras during early lactation.
 - h) Collection and storage of breastmilk
 - i) Available breastfeeding support resources:
 - (1) Written materials including *Birth & Beyond*
 - (2) Newborn Channel as appropriate
2. Maternal Assessment by MBU RN, Lactation Educator (LE) or Lactation Consultant (LC):
- a) Assess breasts for evidence of lactation or breastfeeding problems at least once a shift.
 - b) Assess knowledge of breast self care
 - c) Assess awareness of infant feeding cues
 - d) Assess position and latch by direct observation at least once a shift.
3. Infant assessment by MBU RN/LE/LC for adequate milk intake.
- a) Weight check every 24 hours.
 - (1) Notify MD if $\geq 10\%$ weight loss and implement feeding plan.
 - b) Adequate stool pattern.
 - c) Adequate urine output.
 - d) Number of feedings in 24 hour period.

- e) LATCH score once a shift and PRN.
 - f) Rhythmic suck and audible swallow
4. Early interventions for ineffective feedings and/or poor latch:
- a) Less than 24 hours of age educate mother and family:
 - (1) Begin breast massage and hand expression of colostrum into the infant's mouth during feeding attempts.
 - (2) Continue skin to skin contact as much as possible
 - (3) Observe closely for feeding cues and to wake and feed the infant when feeding cues observed.
 - b) Over 24 hours of age (in addition to the above) educate the mother and family:
 - (1) Pump with skilled hand expression or manual/electric pump every 3 hours or a minimum of 8 times in a 24 hour period to:
 - (a) Stimulate milk production
 - (b) Provide breastmilk for supplementation if required.
 - (2) Potential negative consequences of artificial nipples
 - (3) Alternative feeding methods such as cup feeder, oral syringe, supplemental feeder device, or spoon available in the unit
 - (4) Safe and correct use of the chosen alternative feeding method
 - (5) If mother' milk not available collaborate with the mother and healthcare team to initiate a feeding care plan which will be reassessed frequently and adjusted as needed.
5. Criteria for LC referral:
- a) Triage priority of need per algorithm (Appendix B)
 - b) Assess maternal success with current interventions
 - c) Select "Recommend LC" in EMR documentation if indicated
6. Encourage Rooming-in Continuity
7. Assessment and Intervention for Rooming-In Interruption:
- a) Identify reason for interruption
 - (1) Procedures that cannot be performed in the room (circumcision)
 - (2) Change in condition of mother or infant necessitates a different level of care.
 - (3) Maternal request for infant to be cared for in Transitional Care Unit (TCU)
 - b) Minimize interruption by:

- (1) Reducing length of procedural interruptions to less than one hour if possible.
 - (2) If the mother requests the infant be cared for in the Transitional Care Unit (TCU) explore the reasons for the request. Attempt to alleviate issues and/or concerns. Reinforce the benefits of rooming in including less stress to infant and opportunity to learn early signs of feeding cues.
 - c) Process:
 - (1) If the mother still requests that the infant be cared for in the TCU, document informed decision.
 - (2) Document reason for and duration of interruption.
 - (3) If the infant is kept in the TCU for medical reasons, the mother should be provided access to feed her infant at any time.
- E. Supplementation
- 1. Initiation of breastmilk collection:
 - a) Mothers expecting infants who will require long term breastmilk collection (preterm, etc.) should begin pumping as soon after birth (within 6 hours) as medically feasible.
 - b) Educate the mother and support persons regarding:
 - (1) The importance of early initiation of pumping
 - (2) Correct technique for hand expression and/or correct use of manual or electric breast pump
 - (3) Safe storage and handling of collected breastmilk including labeling
 - (4) Appropriate care and cleaning of equipment
 - c) Wash hands prior to each hand expression or pumping session
 - d) Gather equipment and assemble per manufacturer's instructions:
 - (1) Appropriate single-use plastic breast milk storage container
 - (2) Individual manual breast pump or individual accessory kit for single or double pumping.
 - (3) Electric breast pump
 - (4) Newborn identification labels
 - e) Mothers who are separated from their newborn should pump at least every 3 hours for a minimum of 8 or more times in a 24 hour period.
 - f) Milk collection process:
 - (1) Single-sided pumping: 10-20 minutes with a manual pump or 10-15 minutes with an electric pump
 - (2) Double-pumping 15 minutes total
 - (3) Collect milk in an unused single-use container

- (4) Attach newborn identification sticker and label with date and time of collection.
 - g) Store breastmilk as follows:
 - (1) Milk for newborns in the NICU must be refrigerated immediately and transferred to CHOC within 24 hours by the mother or support person.
 - (2) For term newborn milk may be left at room temperature for up to 6 hours.
 - (3) Milk may be stored in the designated refrigerators in TCU, MBU 4 East and MBU 2 North for up to 24 hours.
 - (a) Add 24 hour expiration date and time to labeled container and place in individual bag in refrigerator.
 - h) Disassemble and wash individual accessory kit or manual pump after each use and rinse well.
 - i) Refer to MBAC for further instructions and equipment needs post discharge.
4. Feeding with previously pumped and stored breastmilk:
- a) Equipment
 - (1) Container of warm water
 - (2) Labeled breastmilk container
 - (3) Gloves (worn by the healthcare provider when handling breastmilk).
 - b) Obtain breastmilk container(s) from freezer or refrigerator.
 - c) Two licensed personnel will check/compare label(s) on breastmilk container(s) with the infant's identification band to confirm the identity of the breastmilk matches the infant.
 - d) Warm breastmilk to body temperature. Do not use microwave.
 - e) Gently mix breastmilk to assure even heat distribution, as well as redistribution of breastmilk contents.
 - f) Feed baby per feeding cues using alternative feeding method.
 - g) Discard any remaining breastmilk that was heated for feeding.
5. In the event an infant requires medically indicated supplementation (see Appendix A), a feeding plan will be collaboratively developed to support both the infant's nutritional needs and the mother's milk production. Expressed breast milk should always be the first choice for supplementation.
6. Maternal request for supplementation or artificial feedings:
- a) Explore reasons for request to supplement and provide education and encouragement as needed.
 - b) Educate the mother of the possible negative consequences of supplementation:
 - (1) Disrupt early attachment/imprinting.
 - (2) Delay milk from coming in.

- (3) May cause engorgement.
- (4) May cause nipple preference confusion.
- c) After education, if mother chooses artificial feeding, document the informed decision in the medical record.
- d) Mothers who choose artificial milk for feeding will be given verbal and written education based on the World Health Organization (WHO) Guidelines on the following topics:
 - (1) Hygiene
 - (2) Cleaning utensils and equipment
 - (3) Appropriate reconstitution
 - (4) Accuracy of measurements
 - (5) Safe Handling
 - (6) Storage
 - (7) Feeding methods
- e) Safe artificial milk education will be documented in the newborn medical record.

F. Medications in Breastmilk:

- 1. Because of the potential unintended transfer of medication to the infant via breastmilk the following precautionary resources should be utilized:
 - a) *Medications in Mother's Milk* by Thomas Hale
 - b) MBAC RN ext. 18764
 - c) Pharmacy Department ext 18968.
 - d) Notify MD if drug is not compatible with breastfeeding.

G. Continuation of Breastfeeding Support Post Discharge:

- 1. All mothers will continue to receive ongoing breastfeeding support through the MBAC.
- 2. MBAC offers the following services:
 - a) A follow-up appointment will be scheduled prior to discharge from the hospital for every mother within 2-7 days post delivery. At the MBAC appointment both infant and mother will be assessed by a RN for:
 - (1) Maternal status postpartum
 - (2) Newborn health and weight
 - (3) Breastfeeding latch and position
 - b) Breastfeeding Workshops are offered for a fee.
 - c) Private Lactation consultations are available by appointment for a fee.
 - d) Breast pumps and infant scales are available for rental.
 - e) Bridges for Newborns Program can refer low income mothers to free services within the community including Public Health Nurse (PHN) for lactation follow-up at a home visit.
- 3. Community partners for continued breastfeeding support:
 - a). Encourage mother who are participating in the following community partnerships to utilize available lactation services:

- (1) MOMS Orange County
- (2) Women, Infants, & Children (WIC)
- b). Orange County Breastfeeding Resource Guide includes information about community collaborative lactation support services.

V. DOCUMENTATION:

- A. Center for Maternal Fetal Health (CMFH)
 - 1. Documentation of breastfeeding education provided in CMFH will be completed in the mother's medical record.
- B. Labor & Delivery (L&D):
 - 1. The following documentation will be completed in the mother's medical record.
 - a) Breastfeeding preference on admission
 - b) Education on the benefits of breastfeeding and skin-to-skin.
 - 2. The following documentation will be completed in the newborn medical record.
 - a) Skin-to-skin initiation and duration OR reason not initiated.
 - b) Initial breastfeeding timing, success, and/or issues identified.
- C. Mother Baby Unit (MBU):
 - 1. All maternal assessments, interventions, and education related to breastfeeding, skin-to-skin, and rooming-in will be completed on the mother's medical record.
 - 2. All infant assessments, interventions, and education related to breastfeeding, skin-to-skin, and rooming-in will be completed on the newborn medical record.
 - 3. Latch Score is documented on the infants chart a minimum of once per shift.
- D. Mother Baby Assessment Center (MBAC)
 - 1. All maternal assessments, interventions, and education related to breastfeeding will be completed on the MBAC Maternal Assessment.
 - 2. All infant assessments, interventions, and education related to breastfeeding will be completed on the MBAC Infant Assessment.

VI. RELATED POLICIES:

Breast Pump Rental, Maintenance and Cleaning
 Care Routine- Extended Care Newborns
 Care Routine- Well Newborn
 Discharge of the Infant-Postpartum Mother
 Gavage feeding, Newborn
 Hypoglycemia of Newborn
 Infant Care in the LDR Setting
 Newborn Assessment

Phototherapy, Care of the Infant Requiring Postpartum Nursing
Guidelines for Prevention of Perinatal HIV Transfer
Guidelines for the Care of the Late Preterm Infant

II. RELATED FORMS:

Appendix A Possible Medical Indications for Supplementation (Hyperlink)
Appendix B Lactation Consultant Referral Risk Priority Categories (Hyperlink)

III. REFERENCES:

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