

**PIMC  
OBSTETRICAL DEPARTMENT  
STANDARDS OF CARE**

**SECTION: Postpartum  
STANDARD # 11**

**SUBJECT: Initiation and Maintenance of Breast Milk Supply**

**STATEMENT:** A mother wishing to provide breastfeeding and/or breast milk for her infant will be instructed in methods to initiate and maintain her milk supply. Most mothers require specific instructions to establish and maintain an adequate milk supply for their infants, whether a healthy term infant, preterm or ill infant.

**PROCEDURE:**

1. Healthy Term Infant:

- a) Assist mother in breastfeeding within 1 hour of birth.
- b) Provide ongoing reinforcement of instructions on breastfeeding technique and management.
- c) Encourage 24-hour rooming in.
- d) Encourage mother to offer breast to baby every 2-3 hours and as often as baby demonstrates suckling interest.
- e) Give infant supplemental feeding only when medically indicated or upon informed decision by mother and only by method that preserves infant's breastfeeding skills: cup, syringe, or finger feeding.
- f) Give no artificial nipples or pacifiers to the infant of any breastfeeding mother in stable medical condition, without informing parents of possible negative side effects of pacifier use and offering alternatives (i.e., the breast, a clean adult finger, or infant's own thumb or finger). Pacifier use has been associated with the following breastfeeding problems: slow weight gain, thrush, nipple confusion, mastitis and increased early weaning. If used limit use to ensure at least 8 breastfeeds/24 hours.
- g) Provide resources for follow-up breastfeeding support, encouragement, and information, e.g. healthcare provider, community breastfeeding support groups, lactation consultants, public health nurse, or Women, Infants & Children (WIC) office.
- h) Lactation consultants are available for concerns or by telephone after delivery.

2. Ill Infant:

- a) Provide mother frequent contact with her baby, as soon as infant's condition allows.
- b) Encourage skin-to-skin contact, with mother holding infant close to her breast.
- c) Assist mother in initiating breastfeeding as soon as infant's condition allows.
- d) If infant is unable to breastfeed or unable to breastfeed effectively, provide mother with equipment and instructions on use of hospital grade electric breast pump.
- e) Provide mother with information on collection, storage, and handling of her breast milk. Provide assistance and encouragement to ensure regular and effective pumping.

**PIMC  
OBSTETRICAL DEPARTMENT  
STANDARDS OF CARE**

**SECTION: Postpartum  
STANDARD # 11**

**SUBJECT: Initiation and Maintenance of Breast Milk Supply**

**PROCEDURE (cont.)**

- f) Enter pumping plan on patient's kardex.
- g) Assist mother to begin use of electric breast pump within 6 hours or as soon as possible after delivery of ill infant unable to nurse effectively. Instruct mother to use hospital grade electric breast pump with double kit (if available) every 2-3 hours and /or after each nursing session until baby is able to nurse strongly enough to provide regular and effective breast emptying. Length of pumping time:
  - Infant unable to nurse – 10-15 minutes
  - Infant with inefficient sucking action or <10 minutes on each side – 5-15 minutes
  - Pump shorter time as baby begins to nurse more efficiently.
- h) Record frequency of pump sessions on an Infant Intake worksheet kept at mother's bedside.
- i) Schedule lactation consultation.

**REVISED BY:** Bridget Dickinson, RN, BSN \_\_\_\_\_  
**APPROVED BY:** Kim Weston, RN, BSN, MBA, SCN \_\_\_\_\_  
**DATE:** 5/22/02

**FUNCTIONAL TITLE: Senior Dietitian/Nutritionist Specialist**

Serves as ("super" journeyman) Nutrition specialist for the Units with responsibilities for performing a variety of unusual and complex professional tasks without the benefit of close guidance. Independently establishes criteria, formulates approaches and evaluates efforts. In addition, serves as a specialty consultant to field dietitians/nutritionists in areas/regions; coordinates area activities relative to the specialty; advises the National Dietitian/Nutrition Specialty Consultant and the Chief, Nutrition/Dietetics Program, regarding policy development in the specialty; and coordinates studies, surveys and other research in the specialty in the area/region. Independently establishes criteria, formulates approaches and evaluates efforts. Proper judgment is required to prevent delays in service provision, avoid serious adverse impact on the health status of individuals and the population served and reduce wasted efforts and resources. Provides Dietetics/Nutrition services of a scope, quality and quantity consistent with PHS policies.

Primary contact is with persons in other federal departments (i.e. outside DHHS), outside the federal government and/or with senior researchers, editors of peer review journals, or chairpersons of competitive grant review committees in order to explain, coordinate, interpret and seek support for policies procedures, programs, plans or individual actions, often of a controversial and complex nature.

Incumbent assumes functions without professional assistance, ascertained to be within the jurisdiction of the position. Control over work, usually from Bureau or Agency level, is limited on such matters as broad policy and coordination, long range planning and funds expenditure. Written reports and/or programs are reviewed for effectiveness and conformity with policy. Administrative supervision is provided by the facility Director, Agency or Bureau Director or Chief, Nutrition Program in non-professional matters.

The incumbent is responsible for independently planning and carrying out assignment; resolving most of the conflicts which arise; coordinating work with others; and interpreting policy on own initiative. The incumbent keeps the supervisor informed of progress, potential controversy, or far-reaching implication. Guidelines, including PHS manuals, policies, regulations and precedents which sometimes contain inconsistencies, may be applicable to some, but not all parts of the assignment and may require modification and innovation in adapting them to specific cases. Incumbent analyzes results and recommends changes in guidelines and program policies.

**Minimum qualifications:**

Bachelors Degree from schools whose Nutrition, Dietetic, Institutional Management Program has been accredited by Council on Education of the American Dietetic Association, and Registered Dietitian (R.D.) by The Commission on Dietetic Registration of the American Dietetic Association. Plus a Masters Degree in Nutrition or related field and 8 years of professional experience or Doctorate in Nutrition or related field and 6 years professional experience.

### PCC AMBULATORY ENCOUNTER RECORD

Date \_\_\_\_\_

Arrival Time \_\_\_\_\_ : \_\_\_\_\_ AM  
PM

Clinic **60-inpt 51-telephone**

Appt. **60-out pt** Walk-in **52-chart review**

#### PROBLEM LIST UPDATE (Enter Problem Numbers From Health Summary)

Remove	Move to Inactive	Move to Active
--------	------------------	----------------

AFFIL.	DIS.	INITIALS / CODE
PROVIDERS		
PRIMARY PROVIDER	<b>1 0 4</b>	<b>L A C</b>

**Breastfeeding Contact** BF / PF (supplement > 2x/wk) / FF (Party) \_\_\_\_\_ PN Choice/date \_\_\_\_\_

**S:** Concerns:  Milk supply  engorgement  sore nipples  work/school

**OBJECTIVE:** In 24 hrs: wet diapers \_\_\_\_\_ stools \_\_\_\_\_

**O:** Latch:  OK  needs help  not observed

**POSITIONING:**  OK  needs help  not observed

**A:**

B/P				
WT.			<input type="checkbox"/> GM	<input type="checkbox"/> LB-O
HT.			<input type="checkbox"/> CM	<input type="checkbox"/> IN
HEAD			<input type="checkbox"/> CM	<input type="checkbox"/> IN
VISION - UNCORRECTED		R	L	
VISION - CORRECTED		R	L	

Injury?  Yes  No If yes, Date: \_\_\_\_\_ ETOH Related  Employ. Rel.

Cause: \_\_\_\_\_ Place: \_\_\_\_\_

**P:** Follow-up: date \_\_\_\_\_ phone number \_\_\_\_\_ Totline# provided: Y/N

OTHER TESTS/PROCEDURES ORDERED  
**WIC: Y/N/refer**

PROBLEM LIST	PURPOSE OF VISIT (PRINT ONLY IN THIS SECTION; DO NOT ABBREVIATE)	Health Factors
A-AI-C	#	
<b>MOM</b>	Routine postpartum f/u	V24.2
	Unspecified disorder of lactation, pp condition/complication	676.9
	Engorgement	676.2
	Sore nipples (cracked/fissure)	676.1
	Newborn feeding problems	779.3
	Routine infant or child health check	V20.2
<b>Baby</b>	Nutrition surveillance	V65.3

<input checked="" type="checkbox"/>	ORDER	INITIALS
	HCT.	
	UA	
	HCG	
	BS-F/BS-R	
	CBC	
	Urine culture	
	Throat culture	
	Stool culture	
	STS	
	GC	
	PAP	
	Pelvic	
	Breast	
	Mammogram	
	Rectal	
	Chest X-ray	
	EKG	
	Soak	
	Hep B #	
	Hep A #	
	OPV #	
	DTP #	
	DT aP #	
	DT	
	Td	
	MMR #	
	Varicella	
	Influenza	
	Hib TITER/ ActHIB #	
	Padvax HIB #	
	Pneumo Vax	
	PPD	mm

REPRODUCTIVE FACTORS	G	P	LC	SA	TA	LMP	FP METHOD	DATE BEGUN
----------------------	---	---	----	----	----	-----	-----------	------------

PROBLEM LIST NOTES	REMOVE NOTE #
STORE NOTE FOR PROB. #	

MEDICATIONS	MEDICATIONS / TREATMENTS / PROCEDURES / PATIENT EDUCATION
-------------	---

<b>BF-BB Benefits</b>	<b>BF-AP Progress</b>
<b>BF-ON Latch-on</b>	<b>BF-BC Brst. Care</b>
<b>BF-BP Positions</b>	<b>BF-HC Hunger Cues</b>
<b>BF-MK Adeq. Intake</b>	
<b>BF-CS Pump/Store</b>	<b>(codes-G F P R grp)</b>

HR #	SSN #	REVISIT/ REFERRAL TO:	DATE	TIME
NAME		PURPOSE:		
B DATE	SEX	TRIBE	INSTRUCTIONS: TO PATIENT: <input type="checkbox"/> SIGN RELEASE	
RESIDENCE				
FACILITY	DATE		PROV. SIGNATURE	

Type of Decision Making	
Straightforward	
Low Complexity	
Moderate Complexity	
High Complexity	