



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 Baby³⁰

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 Mother³⁰

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

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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>

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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/>

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

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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.