During Postpartum/Maternal Care Visit:
Continue to encourage and support.
• Ask about breastfeeding duration and success.
• Advocate exclusive breastfeeding to 6 months.
• Be prepared to refer to specific lactation specialists and/or community resources when needed.

During the 3 to 5-Day Pediatric Visit:
Ask about breastfeeding duration and success.

Signs Breastfeeding is Going Well
• Baby latches on and off, at nipple
• What is successful feeding, not failure
• Infant makes swallowing sound
• Infant can latch on both breasts

Signs Breastfeeding is NOT Going Well
• 2% of weight loss if no weight gain from 3 to 5 days postpartum
• Yellowish discoloration can be seen. Fever 1 to 3 days or <24 hrs.
• Mother’s nipples are crusted (likely due to latch problem)

If there are signs breastfeeding is not going well, intervene as necessary, (e.g., provide telephone and office support, refer mother to a lactation specialist and/or support group).

Breastfeeding – Key Points
• Eight to 12 feedings at the breast should be provided every 24 hours, or whenever the baby shows early signs of hunger such as increased attractiveness, physical activity, mouth movements, or crying. Grying in a late sign of hunger in a newborn.
• In the early weeks after birth, non-demanding infants should be fed to meet their hunger needs established since the beginning of the last feeding.

Breastfeeding techniques
• Both breasts should be offered at each feeding for as long a period as the infant remains at the breast. The first breast offered should be alternated with each feeding, so that both breasts receive equal stimulation.
• Pacifiers and bottles should be avoided until breastfeeding is well established.

Nutritional guidelines:
• Water and juice are unnecessary for breastfed infants.

At Any Visit:
Verify success, anticipate challenges and support prolonged breastfeeding.

• Remind mother to give the baby 400 IU of oral vitamin D drops daily until at least 1 liter or quart of formula or milk is given daily.
• Refer the mother to a lactation specialist and/or support group if help is needed. Keep referral information in each exam room.
• Discuss return-to-work plans and breast pump options. Hospital-grade and personal electric pumps are available through WIC programs and insurance programs, including Medicaid; in select circumstances.

Select Coding Options for Breastfeeding Encounters

Breastfeeding
• For breastfeeding encounters
• Select Coding Options for Breastfeeding
• Supervision of lactation V24.1

Resources
New York State Department of Health
Breastfeeding Promotion Program
New York City Department of Health and Mental Hygiene
Breastfeeding in New York City: Newborns at 3-3-1
For more information about breastfeeding, visit
Centers for Disease Control and Prevention
http://www.cdc.gov/breastfeeding
American College of Nurse-Midwives
http://www.acnm.org
Women, Infants and Children (WIC)
Growing Up Healthy Hotline: 1-800-525-3240
http://www.wicbreastfeedingpartners.org
www.womenshealth.gov/breastfeeding
U.S. Department of Health and Human Services
National Breastfeeding Hotline: 1-888-994-9662
www.womenshealth.gov/breastfeeding
Always use commercial-free breastfeeding materials in your office.
New York State Department of Health
Breastfeeding – Simply the Best
Breastfeeding confers unique health benefits to infants and mothers. Healthcare providers and staff can play a critical role in promoting exclusive breastfeeding and increasing duration of breastfeeding. Your counseling and support efforts should start while the patient is pregnant, and continue through the neonatal period and beyond.

Breastfeeding is Beneficial...

- **Duration of Breastfeeding.** Initiate breastfeeding immediately, using a semi-recumbent position on the right or left side. Place the baby in immediate skin-to-skin contact to:
  - Reduce the infant’s pain and discomfort
  - Promote early latching
  - Enhance the bond between mother and baby
  - Facilitate early initiation of breastfeeding


- **Have Breast Surgery.** (including breast augmentation or reduction)
  - Surgery involving an areolar incision: Breastfeeding is usually contraindicated. It is better to breastfeed the other breast.
  - Breast biopsy involving an areolar incision:
    - May continue breastfeeding if breast milk supply is not sufficient.
    - Avoid breast feeding for two hours after the drink.

- **Have Nipple Issues.** Nipple inverted: May continue breastfeeding if breast milk supply is not sufficient.
  - Breastfeeding after inverted nipple: May continue breastfeeding if breast milk supply is not sufficient.
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- **Have Hypothyroidism.**
  - Initiate breastfeeding after infant receives levothyroxine (T4) and breast milk supply is not sufficient.

- **Have Nephropathy:**
  - Initiate breastfeeding after infant receives levothyroxine (T4) and breast milk supply is not sufficient.
  - Avoid breastfeeding for two hours after the drink.

- **Have Nephritis:**
  - Initiate breastfeeding after infant receives levothyroxine (T4) and breast milk supply is not sufficient.

- **Box: Breastfeeding with Nipple Issues**
  - Nipple inversion: May continue breastfeeding if breast milk supply is not sufficient.
  - Breastfeeding after inverted nipple: May continue breastfeeding if breast milk supply is not sufficient.

The following are absolute contraindications for breastfeeding...

- **Are infected with HIV**
  - Avoid breastfeeding if mother is not taking antiretroviral therapy. Initiate breastfeeding after receiving the following:
    - HIV prophylactic for the baby
    - HIV test for the baby

- **Are infected with HBV (Human Hepatitis B Virus Type A or C)**

- **Use Oral Drugs.**
  - Avoid breastfeeding if mother is using an antidepressant, antidepressant, antidepressant, or hormone replacement therapy.

The following are relative contraindications for breastfeeding...

- **Have HCL Morgan (Type I or II)**
  - Avoid breastfeeding if mother has clinical symptoms of active TB, which includes a positive PPD skin test or positive ISQ (infection status quotient).
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- **Have Cesarean Deliveries**
  - Avoid breastfeeding if mother has clinical symptoms of active TB, which includes a positive PPD skin test or positive ISQ (infection status quotient).
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- **Take Medications.**
  - Avoid breastfeeding if mother is taking an oral contraceptive. It is best to breastfeed the other breast.
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- **Have Latent Tuberculosis (TB):**
  - Have a Positive PPD or Gamma Interferon Blood Test.
  - If the mother does not have clinical symptoms of active TB, it is not necessary to test for TB before allowing the mother to breastfeed.

- **Have Nontuberculous Mycobacterial Infections.**
  - Avoid breastfeeding if mother has nontuberculous mycobacterial infections.
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- **Have other Conditions.**
  - Women with active herpes lesions on the breast. Avoid breastfeeding if mother has active herpes lesions on the breast.
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- **Have Radiation Therapies; however, Nuclear Medicine Therapies only require breastfeeding to be interrupted temporarily (shingles, chicken pox).**

At the Hospital: Provide leadership in breastfeeding support from delivery through discharge.

**Obstetric Providers:**

- **Upon arrival to labor and delivery:**
  - Verify HIV status is known at labor and delivery; if not known, request HIV antibody testing.
  - Check to see that maternal medications are compatible with breastfeeding. If not, make appropriate changes and/or consider options available about specific drugs: http://toxnet.nlm.nih.gov.
  - Support mothers in stopping smoking and providing education and support to smoking mothers. Make every effort to create a smoke-free environment in the hospital, deliver, and infant care areas. For information about specific drugs: http://toxnet.nlm.nih.gov.

- **Support continued on-demand feeds:**
  - Encourage rooming-in as soon as possible to support breastfeeding. It is ideal to maintain contact for at least 1-2 hours.
  - Ask pediatric team and nursing to minimize medical assessment and interventions for healthy infants until at least 2 hours after delivery.

**Pediatric Providers:**

- **Supplemental Oral Feeding:**
  - Place baby in immediate skin-to-skin contact to support early latch and breastfeeding. It is ideal to maintain contact for at least 1-2 hours.
  - Please help us maintain contact for at least 1-2 hours.

- **Breastfeeding Support:**
  - Please breastfeed the baby for the first few weeks. Inform them of the opportunity to breastfeed with the first hour.

**Breastfeeding Support:**

- **Support continue d on-demand feeds:**
  - Inform the mother on-demand feedswillimprove milk flow and supply.
  - In the first few weeks, you’ll find the more often the baby suckles at the breast, the better the flow of milk.
  - If the baby is demanding feeds well establish breastfeeding prior to the procedure if the mother will be off the floor for more than 2 hours.

- **Describe early feeding:**
  - Therefore, to continue this breastfeeding care in a newborn.
  - Educate the mother about the importance of the baby to breastfeed every day and every time the baby needs.
  - Tell women they will make colostrum, as small amount of thick, rich milk after the baby is born which will increase every day and is exactly what the baby needs.

- **Describe deterioration:**
  - It is a thick, rich, yellowish-white mass.
  - The specific antibodies in breast milk will help protect the baby.

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