



Breastfeeding-Friendly Office Policy

1. When meeting parents prenatally, become acquainted with the family during which your commitment to breastfeeding can be shown. Use open-ended questions, such as “What have you heard about breastfeeding?,” to inquire about a feeding plan for this child.
2. Provide educational material that highlights the many ways in which breastfeeding is superior to formula feeding.
3. Encourage attendance of both parents at prenatal breastfeeding classes. Direct education and educational material to all family members involved in childcare.
4. Counsel mothers to follow their infant’s states of alertness as they relate to hunger and satiety cues and ensure that the infant breastfeeds eight to 12 times in 24 hours.
5. Encourage breastfeeding mothers to feed newborns only human milk and to avoid offering supplemental formula, glucose water, or other liquids unless medically indicated.
6. Supplementation will only be instructed if medically necessary and if such occurs, the mother will be encouraged to follow up with the lactation consultant.
7. Advise the mother not to offer a bottle or a pacifier until breastfeeding is well established
8. Schedule a first infant follow-up visit 48–72 hours after hospital discharge or
9. earlier if breastfeeding-related problems, such as excessive weight loss (>7%) or jaundice, are present at the time of hospital discharge
10. Identify a mother’s individual needs and concerns and provide basic evidence-based breastfeeding management and interventions. Develop and appropriately communicate and support an individualized breastfeeding care plan. Provide follow-up phone calls and lactation visits for breastfeeding support as needed until parents feel confident and the infant has a consistent adequate weight gain in the early newborn period and/or throughout the first year of breastfeeding or longer as determined necessary
11. Ensure availability of appropriate educational resources for parents. In accordance with the World Health Organization International Code of Marketing of Breastmilk Substitutes, educational material should be noncommercial and should not advertise human milk substitutes, bottles, or nipples.
12. Store infant formula discreetly within the office out of the view of patients.

13. Allow and encourage breastfeeding in the waiting room. Display signs in the waiting area encouraging mothers to breastfeed. Provide a comfortable private area to breastfeed for those mothers who prefer privacy.
14. Ensure an office environment that demonstrates breastfeeding promotion and support. Do not display images of infants bottle-feeding. Do not accept gifts (including writing pads, pens, or calendars) or personal samples from companies manufacturing infant formula, feeding bottles, or pacifiers.
15. Develop and follow telephone triage protocols to address breastfeeding concerns and problems. Conduct follow-up phone calls to assist breastfeeding mothers.
16. Commend breastfeeding mothers during each visit for choosing and continuing breastfeeding. Provide breastfeeding anticipatory guidance, give educational handouts, and discuss breastfeeding goals at routine periodic health maintenance visits.
17. Encourage mothers to exclusively breastfeed for 6 months and to continue breastfeeding with complementary foods until at least 24 months and thereafter as long as mutually desired. Discuss the introduction of solid food at 6 months of age, emphasizing the need for high-iron solids and recommend supplementing vitamins.
18. Provide a lactation room with supplies for your employees who breastfeed or express milk at work.
19. All clinicians should receive education regarding breastfeeding. Areas of suggested education include the risks of artificial feeding, the physiology of lactation, management of common breastfeeding problems, and medical contraindications to breastfeeding. Make available educational resources for quick reference by healthcare professionals. Staff education and training should be provided to all, including front office staff, nurses, and medical assistants. Identify one or more breastfeeding resource personnel on staff.
20. Participate in local and regional breastfeeding coalitions to actively promote the continued development and implementation of appropriate breastfeeding care policies in health facilities and communities.

References

- Academy of Breastfeeding Medicine. (2013, October 4). *Breastfeeding-friendly physician's office: optimizing care for infants and children, revised 2013*. Retrieved from <http://www.guideline.gov/content.aspx?id=46908>
- American Academy of Pediatrics. (2012). Policy statement: Breastfeeding and the use of human milk. *Pediatrics*, 129, e827-e841. doi:10.1542/peds.2011-3552
- Busch, D. W., Logan, K., & Wilkinson, A. (2014). Clinical Practice Breastfeeding Recommendations for Primary Care: Applying a Tri-Core Breastfeeding Conceptual Model. *Journal of Pediatric Health Care*, 28(6), 486-496. doi:10.1016/j.pedhc.2014.02.007