



Ten Steps to Promote and Protect Successful Breastfeeding in Vulnerable Patients

1. Inform all pregnant women and families about the benefits and management of breastmilk. (For more information, see: American Academy of Pediatrics, World Health Organization, and US Surgeon General's call for action about breastfeeding)
 2. Establish and maintain milk supply early (ideally in the first 30 minutes to 2 hours of your baby's birth) and consider rental of an electric pump.
 3. Prepare a breast milk management and storage plan while in the hospital and at home (i.e. use bottle or food-grade plastic container). Consider bringing a small cooler to store your precious breastmilk until it can be stored with the nursing team.
 4. When unable to breastfeed (BF), keep colostrum and first milk stored and clearly labelled (within the first 4 days) so that it can be used first for mouth care or enteral feeding via a tube when clinically able. Communicate this clearly with your nurse and team in the CICU.
 5. Encourage skin-to-skin care (SSC) whenever possible for the benefit of infants and parents. This includes placing your baby only in a diaper chest-to-chest on a parent's bare skin.
 6. Encourage nonnutritive sucking at the breast as clinically able.
 7. Understand that it takes time to transition to breast (from nonnutritive sucking to breastfeeding):
 - a. Consider giving your baby a pacifier during all tube feedings to develop sucking skills
 - b. Consider low flow nipples when starting to bottle feed and be open to adjustments as your baby learns to feed
 - c. Hold your baby during the feed to promote development, bonding, and help with reflux symptoms
 - d. Get to know your baby's feeding cues and do not feed longer than 30 minutes to minimize extra calorie use to feed
 - e. Remember to stop and burp your baby during feedings
- Be patient with yourselves. At each feeding you and your baby will learn more about each other's needs and skills.***
8. Measuring milk transfer: To ensure your baby has enough volume and calories to sustain hydration and **growth**, your baby may require a weight before and after a feed and communication with the team on whether the feeding was a "good" or "not good" feeding. Be aware that this will not be for every feeding and is not expected at home.
 9. Preparing for discharge: It is very uncommon for infants to fully breastfeed upon discharge, especially if your child has a single ventricle. Progress often takes time, so be patient and clear with your team about BF goals.
 10. At home: As part of the interstage home surveillance monitoring program (HMP), you will be asked to weigh your baby daily and log feeds. This will assist you and the team in assessment and management of the feeding plan during the first few months of life. Please communicate openly and honestly with the team your progress if continuing to breastfeed to maximize support your baby (and mother), safe hydration, and optimal growth.

NOTES:

- Some providers may be less comfortable BF at first and like to see bottle feeding success first. This is a judgement call based on your child's clinical progress before and after surgery. This does not limit your baby from BF when clinically able and you should continue to **advocate** (daily if needed) as your baby recovers from surgery.
- Be aware that some babies may never achieve full breastfeeding and that our goal is to use your valuable breast milk whenever possible and available.
- Mothers, please remember to keep up with your hydration, pumping, and rest to ensure enough valuable breastmilk supply for your baby.