

Summary of Recommendations

	RECOMMENDATION	*LEVEL OF EVIDENCE
Practice Recommendations	1 Nurses endorse the Baby-Friendly™ Hospital Initiative (BFHI), which was jointly launched in 1992 by the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF). The BFHI directs health care facilities to meet the “Ten Steps to Successful Breastfeeding”.	III
	1.1 Nurses have a role in advocating for “breastfeeding friendly” environments by: <ul style="list-style-type: none"> ■ advocating for supportive facilities and systems such as day-care facilities, “mother and baby” areas for breastfeeding, public breastfeeding areas, 24-hour help for families having difficulties in breastfeeding; and ■ promoting community action in breastfeeding. 	III
	2 Nurses and health care practice settings endorse the WHO recommendation for exclusive breastfeeding for the first six months, with introduction of complementary foods and continued breastfeeding up to two years and beyond thereafter.	I
	3 Nurses will perform a comprehensive breastfeeding assessment of mother/baby/family, both prenatally and postnatally, to facilitate intervention and the development of a breastfeeding plan.	III
	3.1 Key components of the prenatal assessment should include: <ul style="list-style-type: none"> ■ personal and demographic variables that may influence breastfeeding rates; ■ intent to breastfeed; ■ access to support for breastfeeding, including significant others and peers; ■ attitude about breastfeeding among health care providers, significant others and peers; and ■ physical factors, including breasts and nipples, that may effect a woman’s ability to breastfeed. 	III

*See page 14 for details regarding “Interpretation of the Evidence”

	RECOMMENDATION	LEVEL OF EVIDENCE
Practice Recommendations (cont.)	<p>3.2 Key components of the postnatal assessment should include:</p> <ul style="list-style-type: none"> ■ intrapartum medications; ■ level of maternal physical discomfort; ■ observation of positioning, latching and sucking; ■ signs of milk transfer; ■ parental ability to identify infant feeding cues; ■ mother-infant interaction and maternal response to feeding cues; ■ maternal perception of infant satisfaction/satiety cues; ■ woman's ability to identify significant others who are available and supportive of the decision to breastfeed; ■ delivery experience; and ■ infant physical assessment. 	III
	<p>3.3 Practice settings are encouraged to develop, adopt or adapt assessment tools encompassing key components for assessment and that meet the needs of their local practice setting.</p>	III
	<p>4 Nurses will provide education to couples during the childbearing age, expectant mothers/couples/families and assist them in making informed decisions regarding breastfeeding. Education should include, as a minimum, the following:</p> <ul style="list-style-type: none"> ■ benefits of breastfeeding (Level I); ■ lifestyle issues (Level III); ■ milk production (Level III); ■ breastfeeding positions (Level III); ■ latching/milk transfer (Level II-2); ■ prevention and management of problems (Level III); ■ medical interventions (Level III); ■ when to seek help (Level III); and ■ where to get additional information and resources (Level III). 	
	<p>5 Small, informal group health education classes, delivered in the antenatal period, have a better impact on breastfeeding initiation rates than breastfeeding literature alone or combined with formal, non-interactive methods of teaching.</p>	I

	RECOMMENDATION	LEVEL OF EVIDENCE
Practice Recommendations (cont.)	5.1 Evaluation of education programs should be considered in order to evaluate the effectiveness of prenatal breastfeeding classes.	II-2
	6 Nurses will perform a comprehensive breastfeeding assessment of mother/baby prior to hospital discharge.	III
	6.1 If mother and baby are discharged within 48 hours of birth, there must be a face-to-face follow up assessment conducted within 48 hours of discharge by a qualified health care professional, such as a Public Health Nurse or Community Nurse specializing in maternal/newborn care.	III
	6.2 Discharge of mother and baby after 48 hours should be followed by a telephone call within 48 hours of discharge.	III
	7 Nurses with experience and expertise in breastfeeding should provide support to mothers. Such support should be established in the antenatal period, continued into the postpartum period and should involve face-to-face contact.	I
	7.1 Organizations should consider establishing and supporting peer support programs, alone or in combination with one-to-one education from health professionals, in the antenatal and postnatal periods.	I
Education Recommendations	8 Nurses providing breastfeeding support should receive mandatory education in breastfeeding in order to develop the knowledge, skill and attitudes to implement breastfeeding policy and to support breastfeeding mothers.	II-2
Organization & Policy Recommendations	9 Practice settings need to review their breastfeeding education programs for the public and, where appropriate, make the necessary changes based on recommendations in this best practice guideline.	III
	10 Practice settings/organizations should work towards being accredited by the Baby-Friendly™ Hospital Initiative.	III

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<p>Organization & Policy Recommendations (cont.)</p>	<p>11 Nursing best practice guidelines can be successfully implemented only where there are adequate planning, resources, organizational and administrative support, as well as appropriate facilitation. Organizations may wish to develop a plan for implementation that includes:</p> <ul style="list-style-type: none"> ■ An assessment of organizational readiness and barriers to education. ■ Involvement of all members (whether in a direct or indirect supportive function) who will contribute to the implementation process. ■ Dedication of a qualified individual to provide the support needed for the education and implementation process. ■ Ongoing opportunities for discussion and education to reinforce the importance of best practices. ■ Opportunities for reflection on personal and organizational experience in implementing guidelines. <p>In this regard, RNAO (through a panel of nurses, researchers and administrators) has developed the <i>“Toolkit: Implementation of clinical practice guidelines”</i> based on available evidence, theoretical perspectives and consensus. The Toolkit is recommended for guiding the implementation of the RNAO <i>Breastfeeding Best Practice Guidelines for Nurses</i>.</p> 	<p>III</p>