Breastfeeding is the optimal, species-specific way to nourish babies for the first full year of life. Breastfeeding receives promotion from not only UNICEF and the World Health Organization, but also from The American Academy of Pediatrics. Supplementation of the breastfed infant in the first few days of life affects the mother’s ability to establish a sufficient milk supply as well as sabotages efforts for successful breastfeeding overtime (Riordan, J., 2005). Many of our breastfed infants were receiving formula supplementation before they were discharged from the hospital to home. Our Lactation Consultants were receiving calls from discharged mothers with complaints that their babies were fussy and did not appear to be getting enough to eat at the breast. In addition, these babies were sleeping through the night at 6-8 weeks of age. There had also been readmissions of breastfeeding infants for Failure-To-Thrive.

**Objectives**

1. Identify the impact of formula supplementation upon sustained breastfeeding success.
2. Evaluate and improve nursing practice based on research in order to promote best practices for sustained breastfeeding of mother-baby couplets.
3. Provide evidence-based education for nurses and parents in order to impact positive change in feeding practices for the breastfed infant.

**Assess Need for Change**

1. 45% of breastfed infants were receiving formula supplementation without documented rationale for use.
2. Some infants were given formula supplementation despite excellent breastfeeding. Some breastfed infants were given more formula feedings than breastfeeding during their hospital stay.
3. Babies who breastfed poorly were given large amounts of formula and then expressed no interest in breastfeeding for the following feeding.
4. Pacifiers were randomly used for breastfed infants.

**Synthesize Best Evidence**

1. Based on clinical research by the American Academy of Breastfeeding Medicine, the practice of distribution of free formula products and promotional items have been eliminated at our hospital.
2. Dr. Marianne Neifert came to our hospital and presented the “COLORADO CAN DO FIVE” program as a means of staff education in order to promote breastfeeding success for mother-baby couplets.
3. The American Academy of Pediatrics does not support a categorical ban on pacifiers but rather recommends pacifier use in the neonatal period be limited to pain reduction efforts with the delay of pacifier use until breastfeeding is well established, usually about 3-4 weeks of age.

**Design Practice Change**

1. A new teaching sheet for parents was developed entitled “Does My Breastfed Baby Need Formula?”
2. Staff education provided to encourage mothers to pump and offer expressed breastmilk when possible rather than formula. Staff educated regarding appropriate decision making and documentation of formula supplementation.
3. Presentation of data and the resulting implications for sustained breastfeeding took place at staff meeting.

**Colorado Can Do 5**

1. The infant does not use a pacifier in the hospital (exception: painful procedures, calming for drug addicted babies etc.)
2. Posters were made to remind staff to offer pacifiers only for painful procedures or hearing screenings and then to discard them.
3. Infants are to stay in the same room with mother while in the hospital.
4. Infants are fed only breast milk in the hospital (exception: medical necessity)
5. Hospital staff will give mothers a telephone number to call for help with breastfeeding issues after discharge.
6. The infant will be breastfed within the first hour of life.

**Implement and Evaluate Changes in Practice**

While the percentage of mothers choosing to offer formula was only minimally decreased from the initial data collection, there was a predominate shift in the percentage of babies receiving formula for medical necessity from only 37% in August to 61% in December.

Another positive note was that babies who received formula related to poor latching was drastically decreased and in turn, the documentation revealed more mothers pumping and offering expressed breastmilk to their infants as opposed to formula supplementation.

**Integrate and Maintain Changes in Practice**

1. Power Point presentations were given reinforcing the outcomes of staff practice changes.
2. Recognition of staff doing an excellent job of changing their practice took place at staff meetings and by personal email messages.
3. Staff that did not document the reason formula was given, and/or did not follow the breastfeeding plan of care were coached by the Clinical Coordinator.
4. We continue to spot check through periodic review of documentation and address specific issues as they arise.

**References**