

SCOPE DEFINITION

Guideline Title: *Establishing breastfeeding*

Scope framework	
Population	<p><i>Which group of people will the guideline be applicable to?</i></p> <ul style="list-style-type: none"> • Pregnant women • Postpartum women in the first week after birth who are breastfeeding a healthy term baby
Purpose	<p><i>How will the guideline support evidence-based decision-making on the topic?</i></p> <p>Identify relevant evidence related to:</p> <ul style="list-style-type: none"> • Promotion of breastfeeding • Assessment and support for establishing breastfeeding
Outcome	<p><i>What will be achieved if the guideline is followed? (This is not a statement about measurable changes / not SMART goals)</i></p> <p>Support:</p> <ul style="list-style-type: none"> • Promotion of breastfeeding • Initiation of breastfeeding • Assessment of breastfeeding • Evidence informed management of common breastfeeding concerns
Exclusions	<p><i>What is not included/addressed within the guideline</i></p> <ul style="list-style-type: none"> • Administration of expressed breast milk (in detail) • Breastfeeding of the preterm, unwell, or jaundiced baby • Breast milk storage • Donor milk or peer breast milk sharing (in detail) • Maternal medications and breastfeeding • Suppression of lactation • Galactagogues • Breastfeeding where the primary carer is not the birth parent or situations where lactation is induced • Specific guidance for breastfeeding of multiple births or babies with common congenital anomalies • Preparation, storage, transport and feeding of infant formula • Elements specific to Queensland Clinical Guideline <i>Standard care</i> • Elements addressed in other Queensland Clinical Guidelines

Clinical questions

Question	Likely Content/Headings/Document Flow
Introduction	<ul style="list-style-type: none"> • Health outcomes associated with breastfeeding • Clinical standards
1. What approaches to clinical care support and promote breastfeeding?	<ul style="list-style-type: none"> • Importance of breastfeeding • Antenatal engagement and breastfeeding information • Effective communication • Skin to skin contact • Feeding in response to cues • Rooming in
2. How is breastfeeding assessed?	<ul style="list-style-type: none"> • Positioning and latch • Milk transfer and production • Breastfeeding effectiveness (Behaviour, output, weight, indications for investigation/medical review)
3. What strategies support the establishment of breastfeeding when concerns are identified?	<ul style="list-style-type: none"> • Timely management • Supplementary feeding • Expressing breast milk • Appropriate use of: <ul style="list-style-type: none"> ○ Alternative feeding choices ○ Dummy (pacifier)
4. What strategies support maintenance of breastfeeding?	<ul style="list-style-type: none"> • Discharge preparation • Advice and information
5. What clinical circumstances require caution/counselling in relation to breastfeeding?	<ul style="list-style-type: none"> • Severe maternal illness and unable to care for baby • Human Immunodeficiency Virus (HIV) • Syphilitic lesions on the breast • Herpes Simplex Virus types 1 and 2 (HSV-1 and HSV-2) lesions on the breast • Hepatitis C • Metabolic disorders • Human T-cell Lymphotropic Virus types 1 and 2 (HTLV-1 and HTLV-2) • Active untreated tuberculosis • Active varicella with lesions on the breast • Maternal medication and substance user

Potential areas for audit focus (to be refined during development)

Audit items will relate to the desired outcomes and the clinical questions

- Proportion of health professionals who complete continuing education and training on breastfeeding as per Baby Friendly Health Initiative (BFHI) recommendations
- Proportion of pregnant women offered information about the importance of breastfeeding
- Proportion of breastfeeding women recommended iodine supplementation, 150 micrograms orally daily
- Proportion of women, who gave birth to a term well baby, who had skin to skin contact at birth for at least one hour or until baby breastfed
- Proportion of women and babies who remained unseparated during their inpatient admission (where applicable)
- Proportion of breastfeeding babies who receive infant formula before discharge without documented informed parental/guardian consent
- Proportion of women who are exclusively breastfeeding on discharge from the service
- Proportion of women who are providing their baby with some breast milk on discharge from the service