

# Queensland Clinical Guidelines

*Translating evidence into best clinical practice*

Maternity and Neonatal **Clinical Guideline**

## Guideline Supplement: Establishing breastfeeding

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## 1 Introduction

This document is a supplement to the Queensland Clinical Guideline (QCG) *Establishing breastfeeding*. It provides supplementary information regarding guideline development, makes summary recommendations, suggests measures to assist implementation and quality activities and summarises changes to the guideline since original publication. Refer to the guideline for abbreviations, acronyms, flow charts and acknowledgements.

### 1.1 Funding

The development of this guideline was funded by Healthcare Improvement Unit, Queensland Health. Consumer representatives were paid a standard fee. Other working party members participated on a voluntary basis.

### 1.2 Conflict of interest

Declarations of conflict of interest were sought from working party members as per the Queensland Clinical Guidelines [Conflict of Interest](#) statement. No conflict of interest was identified.

### 1.3 Guideline review

Queensland clinical guidelines are reviewed every 5 years or earlier if significant new evidence emerges. Table 1 provides a summary of changes made to the guidelines since original publication.

Table 1. Summary of change

Publication date <i>Endorsed by:</i>	Identifier	Summary of major change
<b>October 2010</b> <i>Statewide Maternity and Neonatal Clinical Network in August 2010</i>	NN1010.19-V1-R13	First publication
<b>August 2011</b> <i>QCG Steering Committee</i>	MN10.19-V2-R15	Review date extended. Identifier updated. Program name updated. Correction page 7. Removed duplicate words.
<b>July 2016</b> <i>Queensland Clinical Guidelines Steering Committee</i> <i>Statewide Maternity and Neonatal Clinical Network (QLD)</i>	MN16.19-V3-R21	Full review and update Title amended to <i>Establishing breastfeeding</i> from <i>Breastfeeding initiation</i> Scope broadened to include: <ul style="list-style-type: none"> <li>• Clinical standards, communication, antenatal care and common breastfeeding concerns</li> </ul> Sections deleted include: <ul style="list-style-type: none"> <li>• Appendix A: Factors influencing breastfeeding</li> <li>• Appendix E: LATCH Breastfeeding assessment tool</li> <li>• Appendix G: Storage of expressed breast milk for home use</li> </ul>

## 2 Methodology

Queensland Clinical Guidelines (QCG) follows a rigorous process of guideline development. This process was endorsed by the Queensland Health Patient Safety and Quality Executive Committee in December 2009. The guidelines are best described as 'evidence informed consensus guidelines' and draw from the evidence base, existing national and international guidelines and the expert opinion of the working party.

### 2.1 Topic identification

The topic was identified as a priority by the Statewide Maternity and Neonatal Clinical Network at a forum in 2009.

### 2.2 Scope

The scope of the guideline was determined using the PICO Framework (Population, Intervention, Comparison, and Outcome) as outlined in Table 2.

Table 2. PICO Framework

PICO	
<b>Population</b>	Healthy pregnant and postpartum women with healthy term babies who are establishing breastfeeding in the first week
<b>Intervention</b>	Promotion, assessment and support for establishing breastfeeding
<b>Comparison</b>	n/a
<b>Outcome</b>	Breastfeeding or infant feeding decision informed and supported

### 2.3 Clinical questions

The following clinical questions were generated to inform the guideline scope and purpose:

- What approaches to clinical care support and promote breastfeeding?
- How is breastfeeding assessed?
- What is the best practice management of common concerns whilst establishing breastfeeding?
- What strategies support maintenance of breastfeeding?

### 2.4 Exclusions

The following exclusions were identified in the guideline scope:

- Preparation, storage, transport and feeding of infant formula
- Administration of expressed breast milk (in detail)
- Premature and/or sick baby feeding
- Breast milk storage (included in *Child Health Information: Your guide to the first 12 months*<sup>1</sup>)
- Donor milk or peer breast milk sharing (in detail)
- Maternal medications and breastfeeding
- Suppression of lactation
- Galactagogues

## 2.5 Search strategy

A search of the literature was conducted during January-March 2016. The QCG search strategy is an iterative process that is repeated and amended as guideline development occurs (e.g. if additional areas of interest emerge, areas of contention requiring more extensive review are identified or new evidence is identified). All guidelines are developed using a basic search strategy. This involves both a formal and informal approach.

Table 3. Basic search strategy

Step		Consideration
1.	Review clinical guidelines developed by other reputable groups relevant to the clinical speciality	<ul style="list-style-type: none"> <li>• This may include national and/or international guideline writers, professional organisations, government organisations, state based groups.</li> <li>• This assists the guideline writer to identify:               <ul style="list-style-type: none"> <li>○ The scope and breadth of what others have found useful for clinicians and informs the scope and clinical question development</li> <li>○ Identify resources commonly found in guidelines such as flowcharts, audit criteria and levels of evidence</li> <li>○ Identify common search and key terms</li> <li>○ Identify common and key references</li> </ul> </li> </ul>
2.	Undertake a foundation search using key search terms	<ul style="list-style-type: none"> <li>• Construct a search using common search and key terms identified during Step 1 above</li> <li>• Search the following databases               <ul style="list-style-type: none"> <li>○ PubMed</li> <li>○ CINAHL</li> <li>○ Medline</li> <li>○ Cochrane Central Register of Controlled Trials</li> <li>○ EBSCO</li> <li>○ Embase</li> </ul> </li> <li>• Studies published in English less than or equal to 5 years previous are reviewed in the first instance. Other years may be searched as are relevant to the topic</li> <li>• Save and document the search</li> <li>• Add other databases as relevant to the clinical area</li> </ul>
3.	Develop search word list for each clinical question	<ul style="list-style-type: none"> <li>• This may require the development of clinical sub-questions beyond those identified in the initial scope.</li> <li>• Using the foundation search performed at Step 2 as the baseline search framework, refine the search using the specific terms developed for the clinical question</li> <li>• Save and document the search strategy undertaken for each clinical question</li> </ul>
4.	Other search strategies	<ul style="list-style-type: none"> <li>• Search the reference lists of reports and articles for additional studies</li> <li>• Access other sources for relevant literature               <ul style="list-style-type: none"> <li>○ Known resource sites</li> <li>○ Internet search engines</li> <li>○ Relevant text books</li> </ul> </li> </ul>

### 2.5.1 Keywords

The following keywords were used in the basic search strategy. Other keywords may have been used for specific aspects of the guideline:

Breastfeeding, breast feeding, lactation, breast milk, infant feeding, skin to skin contact, feeding cues, breastfeeding assessment, positioning and attachment, milk transfer, milk production, dummies, pacifiers, supplemental feeding

## 2.6 Consultation

Major consultative and development processes occurred between March 2016 and June 2016. These are outlined in Table 4.

Table 4. Major guideline development processes

Process	Activity
<b>Clinical leads</b>	<ul style="list-style-type: none"> <li>The nominated Clinical Leads were approved by QCG Steering Committee</li> </ul>
<b>Consumer participation</b>	<ul style="list-style-type: none"> <li>Consumer participation was invited from a range of consumer focused organisations who had previously accepted an invitation for on-going involvement with QCG</li> </ul>
<b>Working party</b>	<ul style="list-style-type: none"> <li>An EOI for working party membership was distributed via email to Queensland clinicians and stakeholders (~1000) in March 2016</li> <li>The working party was recruited from responses received</li> <li>Working party members who participated in the working party consultation processes are acknowledged in the guideline</li> <li>Working party consultation occurred in a virtual group via email</li> </ul>
<b>Statewide consultation</b>	<ul style="list-style-type: none"> <li>Consultation was invited from Queensland clinicians and stakeholders (~1000) during April 2016</li> <li>Feedback was received primarily via email</li> <li>All feedback was compiled and provided to the clinical lead and working party members for review and comment</li> </ul>

## 2.7 Endorsement

The guideline was endorsed by the:

- Queensland Clinical Guidelines Steering Committee in July 2016
- Statewide Maternity and Neonatal Clinical Network [Queensland] in July 2016

## 2.8 Publication

The guideline and guideline supplement were published on the QCG website in July 2016.

The guideline can be cited as:

Queensland Clinical Guidelines Establishing breastfeeding. Guideline No. MN16.19-V3-R21. Queensland Health. 2016. Available from: <http://www.health.qld.gov.au/qcg>

The guideline supplement can be cited as:

Queensland Clinical Guidelines. Supplement: Establishing breastfeeding. Guideline No. MN16.19-V3-R21. Queensland Health. 2016. Available from: <http://www.health.qld.gov.au/qcg>

### 3 Levels of evidence

The levels of evidence identified in the National Health and Medical Research Council (NHMRC) Infant Feeding Guidelines 2012<sup>2</sup>, were used to inform the summary recommendations. Levels of evidence are outlined in Table 5 and Summary recommendations are outlined in Table 6.

Note that the 'consensus' definition\* in Table 5 is different from that proposed by the NHMRC. Instead, it relates to forms of evidence that are not identified by the NHMRC and/or that arise from the clinical experience of the guideline's clinical lead and working party.

Table 5. Levels of evidence

Grade	Evidence statement
<b>A</b>	(convincing association) indicates that the body of evidence can be trusted to guide practice
<b>B</b>	(probable association) indicates that the body of evidence can be trusted to guide practice in most situations
<b>C</b>	(suggestive association) indicates that the body of evidence provides some support for the recommendations but care should be taken in its application
<b>D</b>	indicates that the body of evidence is weak and any recommendation must be applied with caution
<b>Consensus*</b>	Opinions based on respected authorities, descriptive studies or reports of expert committees or clinical experience of the working party

#### 3.1 Summary recommendations

Summary recommendations and levels of evidence are outlined in Table 6.

Table 6. Summary recommendations

Recommendation	Grading of evidence
1. Breastfeeding support (any type) increases duration of both exclusive and non-exclusive breastfeeding both in immediate post-natal period and at 6 months of age	Grade B
2. Support a woman's infant feeding decision	Consensus
3. Breastfeeding in the first hour after birth is associated with improved breastfeeding outcomes	Grade C
4. Implementation of Baby Friendly Health Initiatives (BFHI) improves breastfeeding outcomes	Grade B
5. Promote opportunities for skin to skin contact (SSC) and rooming in	Consensus
6. Offer infant formula to the exclusively breastfed baby, only when there are indications to avoid or supplement breastfeeding and parental consent has been obtained	Consensus
7. Develop local protocols for the safe use, storage, labelling and administration of expressed breast milk	Consensus

## 4 Implementation

This guideline is applicable to all Queensland public and private maternity facilities. It can be downloaded in Portable Document Format (PDF) from [www.health.qld.gov.au/qcg](http://www.health.qld.gov.au/qcg)

### 4.1 Guideline resources

The following guideline components are provided on the website as separate resources:

- Flowchart: Establishing breastfeeding: Healthy term sleepy baby in the first 24–48 hours
- Education resource: Establishing breastfeeding
- Knowledge assessment: Establishing breastfeeding
- Parent information: Breastfeeding your baby

### 4.2 Suggested resources

During the development process stakeholders identified additional resources with potential to complement and enhance guideline implementation and application. The following resources have not been sourced or developed by QCG but are suggested as complimentary to the guideline:

- Parent information: Establishing breastfeeding translated into other languages relevant to the service
- Local protocols for labelling and administration of expressed breast milk
- Local protocols for use, cleaning and storage of feeding associated equipment (e.g. breast pumps and alternative feeding method equipment)
- Local protocols/work instructions for infant feeding using alternative feeding methods
- Local processes to monitor compliance with WHO code (e.g. inspection of consumer sample bags)

### 4.3 Implementation measures

Suggested activities to assist implementation of the guideline are outlined below.

#### 4.3.1 QCG measures

- Notify Chief Executive Officer and relevant stakeholders
- Monitor emerging new evidence to ensure the guideline reflects evidence based contemporaneous standards
  - A process exists for assessing the currency of the guideline and updating as required within the guidelines five year review cycle
- Capture user feedback
- Record and manage change requests

#### 4.3.2 Hospital and Health Service measures

Initiate, promote and support local systems and processes to integrate the guideline into clinical practice, including:

- Hospital and Health Service (HHS) Executive endorse the guidelines and their use in the HHS and communicate this to staff
- Promote the introduction of the guideline to relevant health care professionals
- Support education and training opportunities relevant to the guideline and service capabilities
- Align clinical care with guideline recommendations
- Undertake relevant implementation activities as outlined in the *Guideline implementation checklist* available at [www.health.qld.gov.au/qcg](http://www.health.qld.gov.au/qcg)



#### 4.4 Quality measures

Auditing of guideline recommendations and content assists with identifying quality of care issues and provides evidence of compliance with the National Safety and Quality Health Service (NSQHS) Standards<sup>3</sup> and the principles of the Baby Friendly Health Initiative (BFHI).<sup>4</sup> Suggested audit and quality measures are identified in Table 7. NSQHS Standard 1. Refer to the Australian College of Midwives website for BFHI auditing material.<sup>4</sup>

Table 7. NSQHS Standard 1

NSQHS Standard 1: Governance for Safety and Quality in Health Service Organisations	
Clinical Practice: Care provided by the clinical workforce is guided by current best practice	
Criterion 1.7:	Actions required:
Developing and/or applying clinical guidelines or pathways that are supported by the best available evidence	1.7.1 Agreed and documented clinical guidelines and/or pathways are available to the clinical workforce
	1.7.2 The use of agreed clinical guidelines by the clinical workforce is monitored

The following clinical quality measures are suggested:

Table 8. Clinical quality measures

No	Audit criteria	Guideline Section
1.	Proportion of health professionals who complete continuing education and training on breastfeeding as per BFHI recommendations	Clinical standards
2.	Proportion of pregnant women who have been offered information about the importance of breastfeeding	Antenatal care
3.	Proportion of breastfeeding women to whom iodine 150 microgram oral supplementation is recommended	Antenatal care Postnatal care
4.	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	Skin to skin contact
5.	Proportion of breastfeeding babies who receive infant formula before discharge without documented informed maternal consent	Incidence
6.	Proportion of women who are exclusively breastfeeding on discharge from service	Incidence
7.	Proportion of women who are providing their baby with some breast milk on discharge from service	Incidence
8.	Proportion of babies who are exclusively breastfeeding at points in time after discharge from service (e.g. at 1, 2, 3, 4, 5, and 6 months)	Incidence
9.	The number of adverse patient incidents involving incorrect labelling or administration of EBM (e.g. wrong baby, wrong breast milk)	Supplemental feeding
10.	The proportion of EBM storage containers in use within the facility, that comply with labelling and identification recommendations	Supplemental feeding

#### 4.5 Areas for future research

During development the following areas were identified as having limited or poor quality evidence to inform clinical decision making. Further research in these areas may be useful.

- Antenatal expression of colostrum
- Alternative feeding methods
- Interventions that support continuation of breastfeeding

## 4.6 Safety and quality

Implementation of this guideline provides evidence of compliance with the NSQHS and Australian Council on Healthcare Standards (ACHS) EQUIPNational accreditation programs<sup>3,5</sup>

Table 9. NSQHS/EQUIPNational Criteria

NSQHS/EQUIPNational Criteria	Actions required	<input checked="" type="checkbox"/> Evidence of compliance
<b>Standard 1: Governance for Safety and Quality in Health Service Organisations</b>		
<b>Clinical practice</b> 1.7 Developing and/or applying clinical guidelines or pathways that are supported by the best available evidence	1.7.1 Agreed and documented clinical guidelines and/or pathways are available to the clinical workforce	<input checked="" type="checkbox"/> Queensland Clinical Guidelines is funded by Queensland Health to develop clinical guidelines relevant to the service line to guide safe patient care across Queensland <input checked="" type="checkbox"/> The guideline provides evidence-based and best practice recommendations for care <input checked="" type="checkbox"/> The guideline is endorsed for use in Queensland Health facilities. <input checked="" type="checkbox"/> A desktop icon is available for use on every Queensland Health computer desktop to provide quick and easy access to the guideline
<b>Performance and skills management</b> 1.12 Ensuring that systems are in place for ongoing safety and quality education and training	1.12.1 The clinical and relevant non-clinical workforce have access to ongoing safety and quality education and training for identified professional and personal development	<input checked="" type="checkbox"/> The guideline has accompanying educational resources to support ongoing safety and quality education for identified professional and personal development. The resources are freely available on the internet <a href="http://www.health.qld.gov.au/qcg">http://www.health.qld.gov.au/qcg</a>
<b>Standard 2: Partnering with Consumers</b>		
<b>Consumer partnership in designing care</b> 2.5 Partnering with consumers and/or carers to design the way care is delivered to better meet patient needs and preferences	2.5.1 Consumers and/or carers participate in the design and redesign of health services	<input checked="" type="checkbox"/> Consumer consultation was sought and obtained during the development of the guideline. Refer to the acknowledgement section of the guideline for details
<b>Standard 5: Patient identification and procedure matching</b>		
<b>Identification of individual patients</b> 5.1 Developing and implementing a documented process to match patients to their intended procedure, treatment or investigation and implementing consistent national guidelines for patient procedure matching protocol or other relevant protocols	5.5.1 A documented process to match patients and their intended treatment is in use	<input checked="" type="checkbox"/> Requirements safe and for correct labelling, patient identification and administration of expressed breast milk are identified

Standard 6: Clinical handover		
<b>Clinical handover processes</b> 6.2 Establishing and maintaining structured and documented processes for clinical handover	6.2.1 The workforce has access to documented structured processes for clinical handover that include: <ul style="list-style-type: none"> <li>• preparing for handover, including setting the location and time while maintaining continuity of patient care</li> <li>• organising relevant workforce members to participate</li> <li>• being aware of clinical context and patient needs</li> <li>• participating in effective handover resulting in transfer of responsibility and accountability for care</li> </ul>	<input checked="" type="checkbox"/> The guideline acknowledges the need for local protocols to support transfer of information, professional responsibility and accountability for some or all aspects of care. For example, to enable appropriate level of supervision during skin to skin contact, referral of care for specialist support and documentation to support evidence of women's intention and informed choice
Standard 10: Preventing Falls and Harm from Falls		
<b>Governance and systems for the prevention of falls</b> 10.1 Developing, implementing and reviewing policies, procedures and/or protocols, including the associated tools, that are based on the current national guidelines for preventing falls and harm from falls	10.1.1 Policies, procedures and/or protocols are in use that are consistent with best practice guidelines (where available) and incorporate screening and assessment tools	<input checked="" type="checkbox"/> Requirements for supervision during skin to skin contact are identified
NSQHS/EQuIPNational Criteria	Actions required	<input checked="" type="checkbox"/> Evidence of compliance
EQuIPNational		
Standard 12 Provision of care		
<b>Criterion 1: Assessment and care planning</b> 12.1 Ensuring assessment is comprehensive and based upon current professional standards and evidence based practice	12.1.1 Guidelines are available and accessible by staff to assess physical, spiritual, cultural, physiological and social health promotion needs	<input checked="" type="checkbox"/> Assessment and care appropriate to the cohort of patients is identified in the guideline <input checked="" type="checkbox"/> The guideline is based on the best available evidence

## 5 References

1. Queensland Government. Child health information: your guide to the first 12 months [Internet] 2015 [cited 2016 March 09]. Available from: <https://www.childrens.health.qld.gov.au>.
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5. The Australaiaian Council on Healthcare Standards. EQUIPNational. [Internet] 2016 [updated 2015 October 15; cited 2016 July 21];