

NURSING CARE PLAN No 4 BREASTFEEDING

Full Name:

Address: **Addressograph**

HCR

Care Plan No 4 Problem	BREASTFEEDING	Issue Date: May 2018	Review Date: May 2021
<p>..... Is being breastfed</p> <p><i>Breastfeeding Assessment Tool performed on admission and daily thereafter</i></p>	<ol style="list-style-type: none"> 1. mother will receive consistent and appropriate breastfeeding advice and support 2. mother will be cared for while establishing and maintaining breastfeeding 3. mother will be supported to (re)establish breastfeeding their infant when clinically indicated 4. will be introduced to complementary foods safely (if appropriate) 5. mother is aware of the community breastfeeding support available prior to discharged 		
1	NURSING INTERVENTION <i>(in conjunction with OLCHC's Guideline on Breastfeeding (2012)</i> www.breastfeeding.ie and www.olchc.ie/Children-Family/Breastfeeding	Commencement Date Signature Grade	Discontinued Date, time, Signature, grade
1A	Breastfeeding advice and information (Tick when performed√)		
<p>Explain the benefits of breastfeeding and impact of not breastfeeding infants <input type="checkbox"/></p> <p>Give mothers Breastfeeding Information:</p> <ul style="list-style-type: none"> - 'Breastfeeding Log' <input type="checkbox"/> - 'Breastfeeding Assessment Tool Mothers Version BAT' Mother Version <input type="checkbox"/> - Written Breastfeeding Information <input type="checkbox"/> <p>Inform mothers of the breastfeeding information available on: www.olchc.ie/Children-Family/Breastfeeding <input type="checkbox"/></p> <p>Teach mother how to:</p> <ul style="list-style-type: none"> - Recognise that infant is feeding well <input type="checkbox"/> - Perform Kangaroo Care <input type="checkbox"/> - Recognise the infants feeding cues <input type="checkbox"/> - Position the infant for feeds <input type="checkbox"/> - Recognise a good latch <input type="checkbox"/> - Recognise a good suck <input type="checkbox"/> - Release the infants latch <input type="checkbox"/> - Hand express <input type="checkbox"/> 			
1A	BREASTFEEDING SUPPORT		
<p>Support mothers in their choice of feeding</p> <p>Advise mothers on the importance of their own health and nutrition</p> <p>Facilitate where possible that mothers have access to meal breaks, water, sleep and rest</p>			
2A	BREASTFEEDING FACILITIES <i>(tick the facilities used by the mother√)</i>		
<p>Single cubicle <input type="checkbox"/> Screen <input type="checkbox"/> 'Do Not Disturb' Sign <input type="checkbox"/></p> <p>Curtains <input type="checkbox"/> Bed for mother <input type="checkbox"/> Expressing Room <input type="checkbox"/></p>			
2B	MINIMISING DISTURBANCE TO BREASTFEEDING		
<p>Arrange all procedures, examination etc around breastfeeding where possible</p>			

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2C	USE OF ARTIFICIAL BOTTLES, TEATS OR SOOTHERS		
<ul style="list-style-type: none"> • Avoid the use of artificial bottles, teats or soothers, useless clinically indicated • Inform parents of the impact of soothers on breastfeeding -Yes <input type="checkbox"/> - No <input type="checkbox"/> • Document if parents wish their infant to use a soother in the nursing assessment sheet • Avoid giving infants food or drink other than breast milk, unless medically indicated. • Document if alternative feeding methods are clinically indicated: Cup <input type="checkbox"/>, Bottle <input type="checkbox"/>, Enteral feeding tube <input type="checkbox"/>, ...Document Type..., Syringe <input type="checkbox"/>, Dropper <input type="checkbox"/>, Other: 			
2D	FREQUENCY		
<p>Mothers should breastfeed:</p> <ul style="list-style-type: none"> * If newborn: 10-12 times in 24hrs, including at night and 'On demand' <input type="checkbox"/> * If 2-3 weeks: 8-10 times in 24hrs, including at night and 'On demand' <input type="checkbox"/> * If not a newborn: at usual breastfeeding times, and 'On demand' <input type="checkbox"/> * If (re)establishing breastfeed: continue expressing until breastfeeding established <input type="checkbox"/> <p>'Rooming-in' should be facilitated where possible</p>			
3	TRANSITION FROM EXPRESSING TO BREASTFEEDING DIRECTLY		
<p>Use the 'Transition from tube feeding to Breastfeeding Guide' to facilitate the transition <input type="checkbox"/></p> <p>Commence the following to stimulate rooting, latching and sucking:</p> <ul style="list-style-type: none"> -Kangaroo Care <input type="checkbox"/> -Mouth Care with EBM <input type="checkbox"/> -Rub EBM on infant's lips <input type="checkbox"/> -Offer EBM drops PO - direct from breast <input type="checkbox"/> - indirect <input type="checkbox"/> <p>Offer Non-Nutritive Suck (NNS):</p> <p>Gloved Finger <input type="checkbox"/> Offer empty breast <input type="checkbox"/> Soother <input type="checkbox"/> .. <u>Clinical indication for soother...</u></p> <p>Parent informed of NNS impact with soother -Yes <input type="checkbox"/> - No <input type="checkbox"/></p>			
4	INTRODUCING COMPLEMENTARY / SOLID FOODS		
<p>Commence the introduction of complementary /solid food from 6 months onwards while continuing to breastfeed.</p> <p>Mothers can continue to breastfeed until infants are at least 2 years of age.</p>			
5	DISCHARGE SUPPORTS		
<p>Inform the Public Health Nurse of all breastfeeding infants on discharge.</p> <p>Inform mothers of :</p> <ul style="list-style-type: none"> • Voluntary Breastfeeding Support Networks at: www.breastfeeding.ie/ <input type="checkbox"/> • Private Lactation Consultant Supports at: www.alcireland.ie/ <input type="checkbox"/> • OLCHC Breastfeeding Information at: www.olchc.ie <input type="checkbox"/> 			