

## 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"> <li>1. .... mother will receive consistent and appropriate breastfeeding advice and support</li> <li>2. .... mother will be cared for while establishing and maintaining breastfeeding</li> <li>3. .... mother will be supported to (re)establish breastfeeding their infant when clinically indicated</li> <li>4. .... will be introduced to complementary foods safely (if appropriate)</li> <li>5. .... mother is aware of the community breastfeeding support available prior to discharged</li> </ol>		
<b>1</b>	<p><b>NURSING INTERVENTION</b> (in conjunction with OLCHC's Guideline on Breastfeeding (2012) <a href="http://www.breastfeeding.ie">www.breastfeeding.ie</a> and <a href="http://www.olchc.ie/Children-Family/Breastfeeding">www.olchc.ie/Children-Family/Breastfeeding</a>)</p>	Commencement Date Signature Grade	Discontinued Date, time, Signature, grade
<b>1A</b>	<b>Breastfeeding advice and information (Tick when performed√)</b>		
<p><b>Explain</b> the benefits of breastfeeding and impact of not breastfeeding infants <span style="float: right;"><input type="checkbox"/></span></p> <p><b>Give</b> mothers Breastfeeding Information:</p> <ul style="list-style-type: none"> <li>- 'Breastfeeding Log' <span style="float: right;"><input type="checkbox"/></span></li> <li>- 'Breastfeeding Assessment Tool Mothers Version BAT' Mother Version <span style="float: right;"><input type="checkbox"/></span></li> <li>- Written Breastfeeding Information <span style="float: right;"><input type="checkbox"/></span></li> </ul> <p><b>Inform</b> mothers of the breastfeeding information available on: (<a href="http://www.olchc.ie/Children-Family/Breastfeeding">www.olchc.ie/Children-Family/Breastfeeding</a>) <span style="float: right;"><input type="checkbox"/></span></p> <p><b>Teach</b> mother how to:</p> <ul style="list-style-type: none"> <li>- Recognise that infant is feeding well <input type="checkbox"/> - Perform Kangaroo Care <span style="float: right;"><input type="checkbox"/></span></li> <li>- Recognise the infants feeding cues <input type="checkbox"/> - Position the infant for feeds <span style="float: right;"><input type="checkbox"/></span></li> <li>- Recognise a good latch <input type="checkbox"/> - Recognise a good suck <span style="float: right;"><input type="checkbox"/></span></li> <li>- Release the infants latch <input type="checkbox"/> - Hand express <span style="float: right;"><input type="checkbox"/></span></li> </ul>			
<b>1A</b>	<b>BREASTFEEDING SUPPORT</b>		
<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>			
<b>2A</b>	<b>BREASTFEEDING FACILITIES</b> (tick the facilities used by the mother√)		
<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>			
<b>2B</b>	<b>MINIMISING DISTURBANCE TO BREASTFEEDING</b>		
<p>Arrange all procedures, examination etc around breastfeeding where possible</p>			

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