

# Maternal, Infant, and Early Childhood Home Visiting Breastfeeding Guidance



The Illinois Maternal, Infant and Early Childhood Home Visiting (MIECHV) program is committed to promoting optimal health and safety for all Illinois infants, and to reducing infant mortality.

Illinois MIECHV recognizes its leadership role in establishing guidance for policies and practices that promote healthy behaviors among program participants, grantees, and/or other state agencies and programs.

The purpose of the document is as follows:

- Support all home visiting staff working with pregnant and parenting women, babies and their families provide the best research-based standard of breastfeeding promotion, protection and support.
- Support the health benefits of breastfeeding by ensuring home visiting staff are discussing them with all expectant parents, as well as those contemplating a pregnancy, so that they make an informed choice about how they feed their babies.
- Enable home visiting staff to encourage the creation of a supportive environment conducive to breastfeeding.
- Enable home visiting staff to provide information that will support women breastfeeding exclusively for the first six months, and the continuation of breastfeeding thereafter—in combination with suitably nutritious complementary foods/solids for as long as possible, or as long as they choose.
- Support home visiting staff in providing accurate breastfeeding information; giving conflicting breastfeeding information has been shown to undermine a women’s confidence.
- Ensure that home visiting staff fully support all mothers with their chosen method of infant feeding—including mothers who are breastfeeding—to continue to do so for as long as the mother chooses.

## Overview

Breastfeeding is an evidence-based optimum way of promoting the short, medium and long-term health and well-being of the child and mother. **Babies that are breastfed receive an excellent source of nutrition that helps protect against potentially life-threatening diarrhea, and they have reduced incidents of ear infections. They are also less likely to develop asthma and have a reduced**

**risk of SIDS and lower rates of obesity. Mothers who breastfeed have reduced risk of developing breast and ovarian cancer, Type 2 Diabetes, and postpartum depression.**

Breastfeeding is a MIECHV benchmark. Consistent with recommendations from the American College of Obstetricians and Gynecologists (ACOG), the American Academy of Pediatrics (AAP), the World Health Organization (WHO), and the United Nations Children’s Fund (UNICEF), MIECHV home visiting staff are encouraged to support and enable mothers to exclusively breastfeed for the first 6 months of the infant’s life and to continue to breastfeed to 2 years of age or beyond, with the introduction of age-appropriate foods beginning at 6 months of age.

Home visiting agency staff are strongly encouraged to provide information on the benefits of breastfeeding to all pregnant and nursing mothers, and all participants who are contemplating a subsequent pregnancy. Parents will benefit from the receipt of clear, evidence-based information that will enable them to make fully informed decisions about how their babies are fed.

**Breastfeeding versus formula feeding is a personal choice each mother makes, and that choice must be supported.**

*By promoting breastfeeding and supporting mothers to breastfeed, there is the potential to improve child and maternal health outcomes.*

## Procedure and Policy Guidance



This document outlines the role and responsibilities of home visiting staff in supporting expectant and new mothers and their partners to feed and care for their baby in ways which support optimum health and well-being.

- **All MIECHV grantee agencies will have a written breastfeeding policy that is routinely shared with all home visiting staff as part of their orientation and onboarding.** All policies, at a minimum, must address when breastfeeding information will be communicated to families, how training for home visitors will be provided and how often, how reporting related to infant feeding should occur, and protocols for referring red flag/challenging situations to others with more expertise including, but not limited to, medical providers. MIECHV programs will be asked to submit their policies to GOECD.
- **All MIECHV home visiting staff will receive training that provides them with the knowledge and skills necessary to implement breastfeeding best practices.** All new MIECHV home visiting staff shall be oriented to the policy as soon as their employment begins and receive training on breastfeeding within 6 months of initial employment and at least every 3-5 years thereafter. Curricula may be based on UNICEF’s *10 Steps to Successful Breastfeeding*.
  - It is important for training to also include best evidence-based standards for supporting mothers who are not breastfeeding, ie, safe and hygienic preparation, feeding, and storage of formula. Parents who have chosen formula feeding shall receive information on the safe preparation, storage and feeding of formula, as well as correct methods of washing and sterilizing feeding equipment.

- It is the responsibility of home visiting staff to obtain and maintain their knowledge and skill base to enable them to implement the process and policy considerations.
- **MIECHV home visiting staff will discuss with pregnant women and their families the importance and management of breastfeeding, and supportive birth practices.** All pregnant women shall be given numerous opportunities to discuss infant feeding with home visiting staff during their pregnancy. Ideally, these discussions would begin in the 1<sup>st</sup> trimester, and continue throughout the pregnancy.
  - A woman has the right to choose breastfeeding or formula feeding, or she may voice her desire to do both.
  - If she desires to breastfeed, home visiting staff are advised to provide basic information on the physiology of lactation, and the correct management of breastfeeding in order to minimize any challenges that could occur. Other important information includes the benefits of early initiation, the importance of rooming-in, skin to skin contact, the importance of feeding on demand, information on how to ensure an adequate milk supply, correct positioning for nursing, infant latch, the importance of exclusive breastfeeding in the first 6 months, and the appropriate use of bottles and pacifiers, and care of sore nipples and engorgement.
  - It is recommended that the father of the baby, or another identified key support person, be included in conversations regarding breastfeeding. This support person may be provided information concerning ways to assist the woman in her choice to breastfeed.
  - MIECHV home visiting staff are encouraged to provide information about community supports, including breastfeeding education classes and support groups in their local area. These resources can foster increased confidence for the breastfeeding mother. Referrals and assistance with linkage to these supports should be offered and provided.
  - MIECHV home visiting staff can offer guidance regarding access to breast pumps, milk storage supplies, nipple creams and other materials that aid in the nursing process.
- **The MIECHV home visitor will assess the mother and baby's breastfeeding progress at the first postnatal home visit.** The home visitor will provide education to ensure the mother knows how to: check if her baby is effectively nursing; how to correctly position the infant and latch; and how to maintain an adequate milk supply. The home visiting staff will also ensure the mother knows how to recognize when breastfeeding is not progressing well, and what to do in response.
  - Mothers are encouraged to keep their infants near them at all times so they can learn to interpret the infant's needs and respond appropriately. This will include baby-led feeding day and night.
  - Information on safety with regard to bed-sharing and co-sleeping shall be given to all mothers, regardless of their infant's feeding method (eg, Illinois MIECHV *Safe Sleep Policy*).
  - *Indicators that additional support is needed include too few wet and dirty diapers in a 24-hour period, persistent crying, poor weight gain, mother has sore nipples, and the breasts are engorged and painful. Should any of these indicators be present, the home visitor is advised to refer the family to a lactation specialist or the pediatrician.*

- **MIECHV home visiting staff will support the continuance of breastfeeding if mother and baby are separated for any length of time.** Mothers are encouraged and supported to continue breastfeeding for as long as they desire.
  - Information on continuing to breastfeed following a return to work outside the home shall be given, along with a copy of current summary of Illinois laws regarding a woman's rights associated with breastfeeding in the workplace and in public areas.
  - Information can be provided on hand and pump expression of breast milk to relieve engorgement and facilitation of positioning and latching, as well as to maintain lactation and provision of expressed breast milk for their babies when they are separated from mothers. This will include information on the methods and techniques of breast milk expression suitable for their individual circumstances, and the safe handling and storage of expressed milk.
  
- **MIECHV home visiting staff will explain to breastfeeding mothers and their families the importance of exclusive breastfeeding for the first 6 months and continued breastfeeding thereafter in combination with suitably nutritious complementary foods.** Reassure mothers that breast milk fulfills all the baby's needs for food, drink and comfort until 6 months of age.
  - Mothers can be educated about babies' routine growth spurts, during which demands for breastfeeds will increase for 24-36 hours, and that this is not an indication of breast milk insufficiency, but rather a temporary increase for increased calories.
  - Once a mother has made the choice to stop breastfeeding, information on how to do so gradually and safely can be provided.
  
- **MIECHV home visiting staff will document method of infant feeding and progress at each home visit until the baby is weaned or reaches 6 months of age.**
  
- **MIECHV home visiting staff will promote collaboration between health care providers, breastfeeding support groups and the local community.** Efforts can be made to connect the family with support services available in the community, as well as virtual sources of support.
  - MIECHV home visiting staff are encouraged to work closely with WIC Lactation Consultants, WIC Peer Support Breastfeeding Counselors, Postpartum Doula's, LaLeche groups and other community support persons.
  - MIECHV home visiting staff are encouraged to support the development of a breastfeeding culture throughout the community, assuring that breastfeeding women have a voice in policy development and community practice.
  - To find breastfeeding resources in your community, contact MIECHV Nurse Consultant Glendean Burton at [glendeanburton@hotmail.com](mailto:glendeanburton@hotmail.com).
  
- **It is the responsibility of all MIECHV home visiting staff to consult with others if concerns arise about the health of the baby.** Home visiting staff are encouraged to refer to lactation specialists, and to the infant's pediatrician and/or mother's physician in special or complex situations.
  - MIECHV home visiting staff will refer the client to an IBLC, CLC, pediatrician, or other health professional should there be conditions such as infant weight loss of greater than

7%, inflammation in both breasts, refusal of infant to nurse on one side, a suspected abscess in a breast, or any suspicious area is noted on the breast, nipple, areola, mother or baby.

- Various medical conditions of the mother and baby may preclude nursing or result in the need for certain precautions. These include an HIV positive mother, a mother who has tested positive for COVID-19, a mother using opioids, tongue tie in the infant which interferes with latching, and certain in-born metabolic conditions in the infant. In any situation in which there is a question as to whether breastfeeding is an option, home visitors are advised to refer the client to a lactation professional and/or the child's pediatrician.

## Resources

Breastfeeding webinars and resource materials especially for home visiting programs can be found on the [ISPAN resource page](#). Additional ISPAN breastfeeding materials for families and other audiences can be found [here](#).

For more information or assistance, contact MIECHV Nurse Consultant Glendean Burton at [glendeanburton@hotmail.com](mailto:glendeanburton@hotmail.com).

