MEMORANDUM FOR Commanders, MEDCOM Regional Health Commands (RHCs) and the Health Readiness Center of Excellence (HRCoE)

SUBJECT: Breastfeeding and Lactation Support Policy

1. References:


MCZX
SUBJECT: Breastfeeding and Lactation Support Policy

2. Purpose: To establish guidance for the implementation of a breastfeeding policy that addresses early post-partum and workplace lactation support.

3. Applicability: This policy is applicable to all MEDCOM facilities for implementing a workplace breastfeeding and lactation support program with a designated space. It is applicable for Health Readiness Platforms (HRPs) with inpatient maternal and newborn care services and the AMEDD Center and School/Health Readiness Center of Excellence (HRCoE) for the purpose of training and developing a comprehensive set of plans for implementing the Ten Steps to Successful Breastfeeding and monitoring breastfeeding policies and procedures.

4. Proponent: The proponent for this policy is the Women’s Health Service Line (WHSL), Patient Care Integration, G-3/5/7, Office of The Surgeon General.

5. Commander’s Intent: To incorporate the Ten Steps to Successful Breastfeeding into the policies of HRPs that provide inpatient maternal and newborn care while also implementing a HRP workplace breastfeeding and lactation support program to benefit all employees who breastfeed their infants.

6. Definitions:

   a. Exclusive breastfeeding: Infant receives no food or drink besides breast milk.

   b. Ten Steps to Successful Breastfeeding (Ten Steps): A supportive guideline enabling women to achieve their breastfeeding intentions while also guiding the training of healthcare workers in breastfeeding support.

   c. Lactation Support Program (LSP): A comprehensive program that includes components for privacy for milk expression, flexible breaks/work options, education and support.

7. Background:

   a. According to the Centers for Disease Control and Prevention, 79.2% of mothers in the United States initiate breastfeeding. However, at the end of six months, breastfeeding rates fall to 49.4% and only 18.8% of newborns are exclusively breastfed at the end of this period. The Healthy People 2020 objectives for breastfeeding are: 81.9% ever breastfed, 60.6% breastfed at six months, 46.6% exclusively breastfed through 3 months, 25.5% exclusively breastfed through 6 months, and 34.1% breastfed at 1 year. The Healthy People 2020 objectives also address: (1) increasing the proportion of employers that
have workplace lactation support programs (from 25% to 38%); (2) reducing the proportion of breastfed newborns who receive formula supplementation within the first two days of life (from 24.2% to 14.2%); and (3) increasing the proportion of facilities that provide recommended care for lactating mothers and babies (from 2.9% to 8.1%).

b. Breast milk contains antibodies that protect infants from illnesses including diarrhea, ear infections and pneumonia. Breastfed infants are also less likely to develop asthma. Children who are breastfed for six months are less likely to become obese. In addition, breastfeeding reduces the risk of sudden infant death syndrome (SIDS). Breastfeeding also benefits mothers by decreasing their risk of breast and ovarian cancers.

c. Families who follow optimal breastfeeding practices can save between $1,200 and $1,500 in expenditures on infant formula in the first year alone. A study published last year in the journal, Pediatrics, estimated that if 90% of U.S. families followed guidelines to breastfeed exclusively for six months, the US would annually save $13 billion from reduced medical and other costs. For employers and employees, better infant health means fewer health insurance claims, less employee time off to care for sick children, and higher productivity.

d. This policy endorses The Surgeon General’s Call to Action to Support Breastfeeding, reflects Healthy People 2020’s breastfeeding objectives, and recommends implementation at all HRPs with maternal and newborn care services and the HRCoE.

8. Responsibilities:

a. Regional Health Command shall:

(1) Ensure that HRPs, that provide inpatient maternal and newborn care, develop a comprehensive set of plans for implementing the Ten Steps and monitoring breastfeeding policies and procedures. These plans include:

(a) Convening a multidisciplinary committee (including obstetric and pediatric providers, nursing personnel, lactation consultant, social worker, pharmacist, dietician, and breastfeeding Soldier/employee) responsible for successfully guiding the facility through the process.

(b) Developing a comprehensive infant feeding policy that establishes breastfeeding as the standard (see Annex D for sample infant feeding policy).

(c) Utilizing an online breastfeeding staff training curriculum to ensure that the
maternal child health personnel have the knowledge and practical skills necessary to implement the facility's breastfeeding policy. The WHSL will provide a list of acceptable online breastfeeding training programs. Breastfeeding education completion certificates will be maintained in competency assessment folders and documented in the Digital Training Management System (see Annex B for the required training curriculum).

(2) Ensure that facilities implement an employee work plan that addresses the basic needs of all breastfeeding employees (privacy for milk expression, flexible breaks/work options, education, and support) as reflected in the Army Directive 2015-43 (Revised Breastfeeding and Lactation Support Policy - Annex C). See Annex A for a sample work plan policy.

(3) Ensure that HRPs monitor baseline data and implement quality improvement indicators in order to establish health and LSP performance outcome goals. On a quarterly basis, the WHSL will extract data, report in the Strategic Management System, to calculate the following metrics:

(a) Breastfeeding initiation rate.

(b) Exclusive breastfeeding rate (at patient discharge).

(c) Breastfeeding duration (at Pediatric well-child visits).

(d) TRICARE Inpatient Satisfaction Survey scores.

(e) Annual breastfeeding rates of active duty Soldiers.

(f) Rate of acute care visits for breastfed infants, up to one year of age.

(g) BMI/Weight of active duty Soldiers, who chose to breastfeed.

(h) Surveys – Breastfeeding Soldiers/employees, supervisors, and co-workers of breastfeeding Soldiers. The survey will be distributed by the WHSL on an annual basis through RHCs, to HRPs (at the six week postpartum visit), and through the Pregnancy/Postpartum Physical Training Program.

b. Health Readiness Platforms shall:

(1) Become familiar with and follow the first three steps of the Ten Steps program:
(a) Develop a breastfeeding policy and routinely communicate this policy to all healthcare personnel involved with maternal and newborn care services.

(b) Train all healthcare providers and nursing personnel, involved in providing maternal and newborn care, in the skills necessary to implement the breastfeeding policies and procedures. Breastfeeding education completion certificates will be maintained in competency assessment folders and documented in DTMS.

(c) Inform all pregnant women about the benefits and management of breastfeeding.

(2) Follow the remaining seven steps, of the Ten Steps program, for mothers who are capable of breastfeeding their newborns and express a desire to exclusively breastfeed:

   (a) Help mothers initiate breastfeeding within an hour of birth (skin-to-skin contact for vaginal and cesarean deliveries).

   (b) Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants.

   (c) Give newborn infants no food or drink other than breast milk, unless medically indicated, for infants whose mother chose to exclusively breastfeed.

   (d) Practice rooming-in: Allow mothers and infants to remain together 24 hours a day.

   (e) Encourage breastfeeding on demand.

   (f) Give no artificial teats or pacifiers to breastfeeding infants.

   (g) Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the facility.

(3) Document Ten Steps in the mothers' medical records (L&D note in Essentris) and utilize the recommended ICD-10 code"Z39.1" (encounter for care and exam of lactating mother).

(4) Ensure all staff support the patient's decision for the method she chooses to feed her infant.

(5) Ensure that Occupational Health, within the HRP and HRCOE, assist with reviewing lactation support space locations and providing guidance on supplies utilized
MCZX
SUBJECT: Breastfeeding and Lactation Support Policy

to clean the spaces to ensure these supplies do not pose any threat or harm of breast milk exposure.

(a) Per DA PAM 40-11 and AR 40-501, Occupational Health must identify and assess potential exposures related to the pregnant and potentially breastfeeding or lactating Soldiers' military occupation specialty and communicate this information to breastfeeding/lactating Soldiers.

(b) Soldiers and Commanders are responsible for ensuring the completion of an occupational history assessment.

FOR THE COMMANDER:

[Signature]

Encls
Annex A: Sample Work Plan
Annex B: Training Curriculum
Annex D: Sample Infant Feeding Policy
WORK PLAN – EMPLOYEE LACTATION SUPPORT PROGRAM
[NAME OF HOSPITAL] POLICY

1. References:


   d. United States Department of Labor, Wage and Hour Division, Factsheet: Break Time for Nursing Mothers under the FLSA, http://www.dol.gov/whd/regs/compliance/whdfs73.htm


   a. This regulation also aligns with the Office of Personnel Management Guide for Establishing a Federal Nursing Mother’s Program along with the US Army Public Health Center Technical Guide 281 for Soldiers.

   b. The program provides a work environment that is supportive of lactating mothers and encourages breastfeeding of their children for up to one year of age, or beyond.
c. According to the Department of Health and Human Services, The Business Case for Breastfeeding, the benefits of a breastfeeding and lactation support program are:

(1) Increased attendance, due to less time for care of sick children.

(2) Reduced cost of insurance claims for sick children and mothers.

(3) Reduced loss of institutional knowledge and turnover, as a result of a mother opting not to return to work in order to breastfeed.

(4) Increased morale.

3. Mother Friendly Program Components:

a. Notification of policy to all employees: This policy applies to all [HRP Name] employees including Soldiers, Department of the Army civilians, and contractors. This policy will be distributed in the usual fashion and available on the [HRP Name] intranet.

b. Atmosphere of Tolerance/Atmosphere of Support:

   (1) [HRP Name] encourages staff and management to have a positive, accepting attitude toward working women and breastfeeding. [HRP Name] promotes and supports breastfeeding and expression of breast milk by employees who are providing breast milk to their infants when they return to work.

   (2) Discrimination and harassment of breastfeeding mothers, in any form, is unacceptable and will not be tolerated at [HRP Name].

   (3) This policy is to ensure that managers and employees are supportive of employees’ and Soldiers’ needs related to combining work and breastfeeding.

c. Time and Leave:

   (1) A breastfeeding staff member is allowed reasonable break time to breastfeed or express milk during work hours, each time such employee has need to express milk (typically every 2-3 hours), for up to one year after the child’s birth.

   (2) If an employee desires to continue pumping at work after one year, accommodations will be discussed on a case by case basis.
(3) The employee will be encouraged to include milk expression in her lunch and authorized break periods and may work with her supervisor to designate a staff member to assume temporary care of her responsibilities, if additional breaks are needed.

(4) While, in general, this may require two to three lactation breaks during an eight hour day; scheduling will be arranged on a case by case basis.

(5) The amount of time needed to express milk is very individualized, and the time needed may vary. Pumping employees will be authorized up to 25 minutes (instead of the usual 15 minute paid break periods) in order to express milk.

(6) For any time needed, beyond these usual paid breaks, the employee will work with the supervisor to come to a mutually amenable agreement. Possible alternative scheduling options, in accordance with the Collective Bargaining Agreement, include, but are not limited to, shortening her lunch period, starting her shift early or leaving later, using accrued leave, leave without pay, or compensatory time off, if applicable.

d. Education/Support/Resources:

(1) Prenatal and postpartum breastfeeding education and information is available for interested mothers from www.BreastfeedingInCombatBoots.com or in the Mom to Mom peer support group section of http://phc.amedd.army.mil/topics/healthyliving/wh/Pages/BreastfeedingandBreastHealth.aspx

(2) Development of a mother-to-mother peer network of nursing employees, who can support each other when working and breastfeeding, is encouraged.

e. Facilities, including breast milk storage:

(1) Military and civilian employees shall be provided a clean, comfortable space for the purpose of milk expression.

(2) Employees may use, when available, [list room numbers or locations at HRP] designated for the purpose of expressing breast milk. This designated space is equipped with an electrical outlet, has comfortable seating, and is near a sink with hot water and soap for hand washing and cleaning equipment.

(3) An alternative area, available from [0730-1600, Monday-Friday], is the [list any alternate locations at the HRP]. If these rooms are remote from the work area, supervisors and employees will work together to identify a mixed-use space for lactating mothers closer to the work area.
(a) In addition, an employee may choose to use her private office or other space, identified in consultation with her manager. Possible spaces include an unused office space, relaxation room, or a conference room.

(b) This space will have (at a minimum) a comfortable chair(s), table, electrical outlet, and appropriate signage available to designate space/room for Nursing Mother’s.

(4) It is beneficial to have a space within the work area, or in close proximity, to maximize milk expression time and timely return to the unit.

(5) A sign can be placed (at the mother’s discretion) on the door, when closed, so that the employee is not interrupted while she is expressing breast milk (Annex A).

(6) A restroom is prohibited from being designated the milk-expression space.

(7) Employees may hygienically store their expressed milk in their own personal insulated coolers with ice packs. As with any personal food item, handling and supervision of the expressed milk is the sole responsibility of the employee. Employees must provide their own equipment and supplies for milk expression.

f. Breastfeeding in Public Space:

(1) In accordance with H.R. 2490, Public Law 106-58, a woman may breastfeed her child at any location in a Federal building or on Federal property, if the woman and her child are otherwise authorized to be present at the location.

(2) [HRP Name] employees shall welcome clients/customers who are mothers and desire to breastfeed. Signs may be posted in customer service areas to notify customers if private areas are available for breastfeeding. Mothers may also breastfeed, in any location, within the client/customer area. All staff members will support the needs of breastfeeding mothers in this regard.

g. Employee Responsibilities:

(1) Communication with Supervisors:

(a) Employees who wish to express milk during the workday shall coordinate with their supervisors, as needed, so they can work together to satisfy the needs of both the employee and the agency.

(b) See Annex B for a sample work plan memorandum for milk expression during the workday.

(2) Maintenance of Milk Expression Areas:
SUBJECT: Work Plan – Employee Lactation Support Program

(a) Breastfeeding employees are responsible for keeping the room clean and sanitary for the next user. This responsibility extends to other areas where expressing milk occurs.

(b) [HRP name] will provide cleaning wipes for use in the room. [HRP name] will not clean or monitor the condition of the private room or other designated areas.

4. Point of contact for this policy is [name], [email] or [phone number].

Encls:
Annex A: Lactation Room Sign
Annex B: Breastfeeding Employee and Supervisor Work Plan Memo
MEMORANDUM FOR RECORD

SUBJECT: “Mother-Friendly” Workplace Breastfeeding Schedule Request for [Employee/Soldier’s Name]

1. This memo is to notify my Immediate Rating Supervisor that after the birth of my child on ___________, I plan to return to work and continue to Breastfeed/Express breast milk for at least one (1) year.

2. In accordance with Section 4207 of the Patient Protection and Affordable Care Act (Act), the Fair Labor Standards Act of 1938 (FLSA), the Office of Personnel Management (OPM) Guide for Establishing a Federal Nursing Mother’s Program, and USAPHC Technical Guide 281 for Soldiers, I am entitled to the following:

   a. **Reasonable break times in order to express breast milk.** It is stated in the OPM guidance that “the frequency of breaks to express milk as well as the duration of each break will likely vary, according to the needs of the individual mother.”

      (1) Pumping employees will be authorized up to 25 minutes (instead of usual 15 minute paid break periods) in order to express milk. For any time needed beyond these usual paid breaks, the employee will work with the supervisor to come to a mutually amenable agreement for scheduling.

      (2) Possible alternative scheduling options, in accordance with the Collective Bargaining Agreement, include but are not limited to shortening her lunch period, starting her shift early or leaving later, using accrued leave, leave without pay or compensatory time off if applicable.

   b. I understand that during my **8-hour shift**, any time required in addition to my two (2) paid 25 minute breaks and ____ minute lunch may be unpaid (break/lunch times may be divided as the employee/soldier sees fit in agreement with their Supervisor).

      (1) The Department of Labor also states that “the employee (Soldier) must be **completely** relieved from duty or else the time must be compensated as work time.

      (2) For your convenience, I have listed a proposed schedule below which is flexible, 15-20 minutes, before or after the time as breast milk production is a
physiological function that is dependent on consistent breast emptying in order to maintain my breast milk supply for my child.

(a) Morning break: 
(b) Lunch break: 
(c) Afternoon break: 
(d) Additional unpaid break times: 

c. A place, other than a bathroom, with an electrical outlet and comfortable seating, that is shielded from view and free from intrusion from coworkers and the public, which may be used to express breast milk.

   (1) The employee/Soldier may use the [list specific room numbers and locations at HRP] for breast milk expression. An alternative area available from [0730-1600, Monday-Friday], is [list specific room numbers and locations].

   (2) If these rooms are too remote from the work area, supervisors and Employees/Soldiers will work together to identify a mixed-use space for the lactating mother closer to the work area. In addition, the Employee/Soldier may choose to use her private office or other space, identified in consultation with her supervisor. This space is listed below:


d. I will plan to store my breast milk collection bags/bottles in a properly labeled separate storage container in the employee refrigerator or personal cooler and will take my milk home at the end of each day. __________ (employee initial)

   e. I am responsible for maintaining the cleanliness of the room for breast milk expression, the breast pump and employee refrigerator should any spills occur. __________ (employee initial)

3. This memo will be signed by both the Employee/Soldier and their Immediate Rating Supervisor and a copy will be placed in the Employee/Soldiers’ Personnel File for future reference.

Print name: ___________________________ Grade: ___________________________ 

(Employee/Soldier) 

Signature: ___________________________ Date: ___________________________ 

Print name: ___________________________ Grade: ___________________________ 

(Supervisor) 

Signature: ___________________________ Date: ___________________________
Annex B

Breastfeeding and Lactation Support Training Curriculum Learning Plan for Nursing Staff

Learning Objectives:
At the end of the 15 hours of online training, the learner will be able to:
- Explain the WHO/UNICEF Ten Steps to Successful Breastfeeding
- Recommend prenatal educational activities to prepare for breastfeeding
- Assist mothers in initiating breastfeeding during their hospital or birth center stay
- Troubleshoot common breastfeeding problems
- Instruct mothers in continued breastfeeding according to the recommendations of the U.S. Surgeon General

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**Breastfeeding and Lactation Support**  
20-Hour Training Curriculum for Nursing Staff

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### Breastfeeding and Lactation Support

#### 20-Hour Training Curriculum for Nursing Staff

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## Breastfeeding and Lactation Support

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2 / Pacifiers  
3 / Supplemeting  
3 / Excessive Weight Loss |
| 9. Identify teaching points to include when educating or counseling parents who are using bottles and/or formula. | **Supporting the non-breastfeeding mother and baby**  
- Counseling the formula choice: a pediatric responsibility  
- Teaching/assuring safe formula preparation in the postpartum  
- Safe bottle feeding; issues with over and underfeeding | 1 / Prenatal Education  
1 / Benefits of Breastfeeding  
3 / Supplementing  
3 / Formula Feeding  
Clinical Competencies |
| 10. Discuss contraindications to breastfeeding in the United States as well as commonly encountered areas of concern for breastfeeding mothers and their babies. | **Infants and Mothers with special needs**  
- Breastfeeding infants who are preterm, low birth weight or ill  
- Breastfeeding more than one baby  
- Prevention and management of common clinical concerns  
- Medical reasons for food other than breastmilk  
- Nutritional needs of breastfeeding women  
- How breastfeeding helps space pregnancies  
- Breastfeeding management when the mother is ill  
- Medications and breastfeeding  
- Contraindications to breastfeeding | 1 / Benefits of Breastfeeding  
2 / Breastfeeding Multiples  
3 / Excessive Weight Loss  
3 / Maintaining Lactation During Separation  
3 / Supplementing  
3 / Sore Nipples  
3 / Hypoglycemia  
4 / Maternal Disease  
4 / Nutrition  
4 / Engorgement  
4 / Medications  
4 / Substance Abuse  
5 / Jaundice  
5 / Congenital anomalies  
5 / Late Preterm Infant  
5 / Out-patient Follow Up  
Clinical Competencies |
## Annex B

### Breastfeeding and Lactation Support

#### 20-Hour Training Curriculum for Nursing Staff

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<td>12. Identify acceptable medical reasons for supplementation of breast fed babies according to national and international authorities.</td>
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<td>- Protecting breastfeeding for employed women</td>
<td>4 / Breastfeeding in Disasters Clinical Competencies</td>
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<td>- Sustaining continued breastfeeding for 2 years or longer</td>
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<td>13. Describe essential components of support for mothers to continue breastfeeding beyond the early weeks.</td>
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<td>14. Describe strategies that protect breastfeeding as a public health goal.</td>
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## Annex B

### Breastfeeding and Lactation Support

#### 20-Hour Training Curriculum for Nursing Staff

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| 15. Identify barriers and solutions to implementation of the Ten Steps to Successful Breastfeeding that comprise the Baby-Friendly Hospital Initiative. | Making your hospital or birth center Baby-Friendly  
  • The Ten Steps to Successful Breastfeeding  
  • What "Baby-Friendly" Practices mean  
  • The process of becoming a "Baby-Friendly" hospital or birth Center | 1 / Introduction  
  5 / Conclusion |
MEMORANDUM FOR SEE DISTRIBUTION


1. References:
   b. Army Regulation (AR) 600-8-24 (Officer Transfers and Discharges), 12 April 2006, including Rapid Action Revision No. 3, 13 September 2011.
   c. AR 600-20 (Army Command Policy), 6 November 2014.
   d. AR 614-30 (Overseas Service), 27 January 2015.
   e. AR 635-200 (Active Duty Enlisted Administrative Separations), 6 June 2005, including Rapid Action Revision No. 3, 6 September 2011.

2. Extensive medical research has documented that breastfeeding has significant health, nutritional, immunologic, developmental, emotional, social, and economic benefits for both mother and child. In light of these benefits, commanders are responsible for notifying all Soldiers of this breastfeeding and lactation support policy during initial pregnancy counseling. Commanders will counsel all pregnant Soldiers as required by AR 600-8-24 or AR 635-200.

3. Soldiers who want to breastfeed upon return to duty will notify their chain of command as soon as possible. This notification allows commanders to determine how to best support the Soldier and ensure a workplace with appropriate space for expressing milk. Lactation support, including counseling and equipment, is available through military treatment facilities and TRICARE.

4. Commanders will designate a private space, other than a restroom, with locking capabilities for a Soldier to breastfeed or express milk. This space must include a place to sit, a flat surface (other than the floor) to place the pump on, an electrical outlet, and access to a safe water source within reasonable distance from the lactation space.

5. Commanders will ensure that Soldiers have adequate time to express milk but must be aware that each Soldier's situation is unique. The time required to express breast milk varies and depends on several factors, including the age of the infant, amount of
Annex C


milk produced, quality of the pump, and distance the pumping location is from the workplace, as well as how conveniently located the water source is from the pump location. For example, new mothers commonly express milk every 2 to 3 hours for 15 to 30 minutes, but this timeframe may change as the child ages. When a child is 6 months old and begins eating solid foods, the number of breaks a Soldier needs to breastfeed or express milk may decrease. Lactation support personnel at military treatment facilities or through TRICARE are available to help Soldiers develop individualized plans. Commanders will provide reasonable lactation breaks for Soldiers for at least 1 year after the child’s birth.

6. Soldiers must supply the equipment needed to pump and store their breast milk. TRICARE covers the purchase of the breast pump. Soldiers who are breastfeeding or expressing milk remain eligible for field training, mobility exercises, and deployment (after completing their postpartum deployment deferment period). During field training and mobility exercises, commanders will provide private space for Soldiers to express milk. If the Soldier (or designated personnel) cannot transport expressed milk to garrison, the Soldier’s commander will permit her the same time and space to express and discard her breast milk with the intent to maintain physiological capability for lactation. Commanders should work with the supporting medical officer to determine whether milk storage and/or transportation will be feasible during the exercise. Commanders will counsel Soldiers to discuss the potential risks/benefits of storing milk during field training and mobility exercises with their medical provider.

7. The provisions of this directive are effective immediately and apply to the Active Army, Army National Guard/Army National Guard of the United States, and U.S. Army Reserve.

8. The Deputy Chief of Staff, G-1 is the proponent for this policy and will incorporate it into the next revision of Army Regulation 600-20. This directive is rescinded upon publication of the revised regulation.

ERIC K. FANNING
Acting Secretary of the Army

DISTRIBUTION:
Principal Officials of Headquarters, Department of the Army
(CONT)
Annex C


DISTRIBUTION: (CONT)
Commander
  U.S. Army Forces Command
  U.S. Army Training and Doctrine Command
  U.S. Army Materiel Command
  U.S. Army Pacific
  U.S. Army Europe
  U.S. Army Central
  U.S. Army North
  U.S. Army South
  U.S. Army Africa/Southern European Task Force
  U.S. Army Special Operations Command
  Military Surface Deployment and Distribution Command
  U.S. Army Space and Missile Defense Command/Army Strategic Command
  U.S. Army Medical Command
  U.S. Army Intelligence and Security Command
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Director, U.S. Army Acquisition Support Center
Executive Director, Arlington National Cemetery
Commander, U.S. Army Accessions Support Brigade
Commandant, U.S. Army War College
Commander, Second Army

CF:
Director, Army National Guard
Director of Business Transformation
Commander, Eighth Army
Commander, U.S. Army Cyber Command
INFANT FEEDING POLICY
STANDARD OPERATING PROCEDURE

1. References: See the "Breastfeeding and Lactation Support" MEDCOM policy for a complete list of references.

2. Purpose: To establish and promote a philosophy and policy on infant feeding that is congruent with the recommendations for the *Ten Steps to Successful Breastfeeding*.

3. Application: All patients who express interest in breastfeeding their infants.

4. Definitions:

   a. Exclusive breastfeeding: Infant receives no food or drink besides breast milk.

   b. *Ten Steps to Successful Breastfeeding* (Ten Steps): A supportive guideline enabling women to achieve their infant feeding intentions while also guiding the training of healthcare workers to support infant feeding.

   c. Rooming-in: An arrangement in a hospital where a newborn remains in the mother's hospital room.

   d. Skin-to-skin contact (STS): Involves placing the naked baby prone on the mother's bare chest. The dyad will remain together in this position with warm blankets covering them, as appropriate.

5. Exceptions – the following situations are contraindications for breastfeeding:

   a. Mothers who are human immunodeficiency virus (HIV) positive, in locations where artificial feeding is acceptable, feasible, and sustainable.

   b. Mothers currently using illicit drugs (e.g., cocaine, heroin) unless specifically approved by the infant's healthcare provider.

   c. Mothers taking certain medications: Most prescribed and over-the-counter drugs are safe for the breastfeeding infant. Some medications may make it necessary to interrupt breastfeeding, such as radioactive isotopes, antimetabolites, cancer chemotherapy, and some psychotropic medications.
d. Mothers with active, untreated tuberculosis. A mother can express her milk until she is no longer contagious.

e. Infants with galactosemia.

f. Mothers with active herpetic lesions on the breast(s). Medical professionals may recommend breastfeeding on the unaffected breast.

g. Mothers with onset of varicella within five days before, or up to 48 hours after, delivery until she is no longer infectious

h. Mothers with human T-cell lymphotropic virus type I or type II

6. Procedures, based on the Ten Steps:

a. Step 1 (Breastfeeding Policy): Unit leadership will regularly communicate the infant feeding policy to all health care staff who provide care for mothers and their newborns.

   (1) A multidisciplinary committee (i.e. obstetric and pediatric providers, nursing personnel, lactation consultants, social workers, pharmacists, nurse anesthetists, medical support assistants, dieticians, and breastfeeding Soldiers/employees) will meet quarterly, as needed, to address breastfeeding challenges and develop strategies for process improvement.

   (2) The [name of unit] will review and update this infant feeding policy biannually using current research as an evidence-based guide.

b. Step 2 (Staff Training): Training for maternity care staff should emphasize content and staff competency.

   (1) All providers for the mother-baby dyad will be responsible for acquiring the knowledge and skills to support the Ten Steps policy via a three-hour online training.

   (2) Nursing staff (RN/LVN/Medic), who provide direct assistance with breastfeeding, will complete a 20-hour training that includes:

      (a) The 15 online sessions identified in the training curriculum (see Annex B of the MEDCOM Breastfeeding and Lactation Support Policy).
(b) Five hours of supervised clinical experience in order to meet the minimum knowledge and skill competencies.

(3) Lactation Consultants and unit leadership will assume primary responsibility for supervising this continuous educational process.

c. **Step 3 (Maternal Education):**

(1) The decision to breastfeed, or provide breast milk for her newborn, should be an informed choice made by the mother.

(2) The obstetric, pediatric, and family practice providers shall provide the mother with information on breastfeeding, counsel mothers on the benefits and contraindications of breastfeeding, caution about the risks of formula feeding, and provide the mother with complete, up-to-date information to ensure a fully informed decision about how she chooses to feed her newborn.

(3) The nursing staff will document the mother's desire to breastfeed in her medical record. The nursing staff will also document the method of feeding in the medical record of the newborn infant.

(4) The [name of unit] staff will actively support breastfeeding as the preferred method of providing nutrition to infants. When appropriate, mothers who plan to combine breastfeeding and formula feeding should be educated about the advantages of beginning with breastfeeding to establish an adequate milk supply.

(5) Providers and nursing staff shall treat mothers, who choose not to breastfeed due to medical or personal reasons, with respect and support.

(6) The unit will not provide formula to mothers, who choose to exclusively breastfeed, and will discourage promotional formula marketing efforts in all areas accessible to patients.

d. **Step 4 (Breastfeeding Initiation):**

(1) Healthy term newborns will be placed and remain in direct STS with their mothers immediately after delivery until the first feeding is accomplished, unless medically contraindicated. Newborns for whom an immediate pediatric assessment should take precedence over STS include:

(a) Preterm (born before 37 weeks gestation).

(b) Respiratory distress or cyanosis.
(c) Presence of congenital anomalies that may lead to cardiorespiratory compromise.

(d) Meconium-stained amniotic fluid with hypotonia or weak cry.

(e) Elevated infection risk (i.e. maternal temperature ≥101°F).

(f) Evidence of perinatal depression (i.e. decreased muscle tone, apnea, bradycardia).

(2) The nursing staff will encourage the mother–infant dyad to initiate breastfeeding within one hour of birth. Post-cesarean-birth babies will be encouraged to breastfeed as soon as possible, potentially in the operating room or recovery area. Except under special circumstances, the newborn should remain with the mother throughout the recovery period.

(3) Within the first hour after birth, the nursing staff should dry the baby, assign Apgar scores, provide identification bracelets to the dyad, and perform the initial physical assessment while the newborn is with the mother.

(4) The mother is an optimal heat source for the neonate. The nursing staff will delay normal newborn care such as weighing, measuring or bathing the infant for the first hour to allow mother-infant STS and breastfeeding. The nursing staff may administer vitamin K and prophylactic eye antibiotics, to prevent ophthalmia neonatorum, while the infant is STS with the mother.

(5) Newborns affected by maternal medication and primiparous mothers may require assistance for effective latch-on and initiation of breastfeeding.

(6) Nursing staff will offer each mother further assistance with breastfeeding within six hours of delivery. The nursing staff and provider shall guide the mother so that she can help the newborn latch onto the breast properly.

(7) Nursing staff will perform direct observation, breastfeeding assessments, teaching, and documentation on each shift, and whenever possible. The nursing staff will document each feeding, including any challenges encountered, in the infant’s medical record. For feedings not directly observed, maternal report may be used.

(8) During the course of her hospitalization, a mother shall receive instruction on and the infant be evaluated for:

(a) Normal weight loss (average of 7%, not to exceed 10%, in term newborns).

(b) Normal time to regain newborn birth weight (by day 10 of life).
(c) Expected feeding volumes in the first two days of life (1–2 tsp. or 5–10 mL/feed; 1–2 oz./day for a term newborn).

(d) Indicators of adequate hydration and nutrition (bright yellow bowel movements by day 4–5 of life).

(9) Weight loss of 10% or more, from the birth weight, in the first 48 hours indicates a possible breastfeeding challenge and requires further evaluation.

(10) Nursing staff will encourage mothers to utilize available breastfeeding resources, including lactation counselor, written materials, and video presentations, as appropriate.

e. Step 5 (Maintenance of Lactation During Separation):

(1) Show mothers how to breastfeed and maintain lactation, even if they should be separated from their infants.

(2) When direct breastfeeding is not possible, expressed human milk (fortified, as needed, for premature infants) is the preferred diet.

(3) Process for mothers who are separated from their newborns due to medical reasons or for more than eight hours:

(a) Nursing staff will assist with and instruct on how to hand-express colostrum.

(b) Nursing staff will assist with and instruct on how to use the double electric pump every three hours (or six–eight times per day) with no period longer than five hours between two sessions.

(c) Encourage and teach the mother how to provide small volumes of fresh colostrum for her newborn.

(d) Provide a pumping log to record time and amount of pumping sessions.

(e) Encouraged STS care as soon as the baby is stable.

(f) Encourage initiating breastfeeding, on demand, as soon as the dyad’s condition permits.

(g) Teach proper collection, storage, and labeling of human milk.
(h) Provide education about anticipatory guidance, when appropriate, on management of engorgement.

(4) Process for mothers who delivery prematurely:

(a) Educate mothers about the benefits of human milk for their preterm newborns and stress the protective properties of breast milk.

(b) Initiate pumping, as soon as possible, and educate the mother how to express her milk at least six times/day. The aim is to mimic the optimal breastfeeding stimulation provided by a healthy full-term newborn.

f. Step 6 (Exclusive Breastfeeding):

(1) Breastfeeding newborns do not usually require any supplementation during the first week of life. Nursing staff should not give routine supplements (water, glucose water, or formula) to breastfeeding newborns, unless ordered by a physician.

(2) For mothers who choose to supplement breastfeeding, providers and nursing staff will respect her request for formula and document her preference in the chart.

(3) For mothers who intend to exclusively breastfeed, distribution of formula on discharge is discouraged, unless medically indicated.

(4) Newborns with hyperbilirubinemia may continue breastfeeding unless there are specific orders from the physician to the contrary.

g. Step 7 (Rooming-In):

(1) Continuous rooming-in facilitates the establishment of successful breastfeeding.

(2) The newborn will remain with the mother, throughout the postpartum period, except under unusual circumstances.

h. Step 8 (Breastfeeding “On Demand”):

(1) Mothers will be encouraged to offer a minimum of eight feedings, at the breast, every 24 hours and to nurse whenever the newborn shows early signs of hunger, such as increased alertness, physical activity, or rooting.

(a) Crying is a late sign of hunger. Babies who do not demand readings should be aroused to feed, if four hours have elapsed since the beginning of the last feeding.
(b) A mother can offer her infant both breasts at each feeding, but the infant may be interested in feeding only on one side at a feeding, during the first week of life.

(2) After 24 hours of life, if the newborn has not latched onto the breast, or latches on but feeds poorly, the nursing staff will instruct the mother to initiate hand expression or electric pumping every three hours. The mother will feed the newborn any collected colostrum by an alternative method.

(3) Until the mother’s milk is available, the mother, nurse, and provider will make a collaborative decision about the need to supplement the newborn, the volume, and the mode of delivery.

i. Step 9 (Selective Use of Pacifiers):

(1) Nursing staff will not give pacifiers to full-term breastfeeding infants.

(a) Preterm infants in the Neonatal Intensive Care Unit, Special Care Unit, and/or infants with specific medical conditions (e.g., neonatal abstinence syndrome) may be offered a pacifier for non-nutritive sucking.

(b) Nursing staff may give pacifiers to newborns undergoing painful procedures (e.g., circumcision) as a method of pain management during the procedure. The infant will not return to the mother with the pacifier.

(2) The [name of unit] encourages “pain-free newborn care,” which may include breastfeeding during the heel stick procedure for newborn metabolic screening.

j. Step 10 (Breastfeeding Support Groups and Discharge Preparation):

(1) Prior to discharge, the nursing staff will provide mothers with the names and telephone numbers of community resources that offer breastfeeding assistance.

(2) Prior to discharge, the nursing staff will arrange to secure an appropriate pump for home use, if needed.

(3) Before discharge, the nursing staff will teach the following skills to breastfeeding mothers:

(a) Positioning the baby correctly at the breast.

(b) Properly latching the baby to the breast, with no pain during the feeding.

(c) Identifying when the baby is swallowing milk.
(d) Educating that the baby should be nursed on demand (a minimum of eight to 12 times a day) until satiety.

(e) Educating about age-appropriate elimination patterns (at least six urinations per day and three to four stools per day by the fourth day of life).

(f) Indications for calling a healthcare professional.

(g) Manually expressing milk from their breasts, as needed.

7. Point of contact for this policy is [name], [email] or [phone number].