

 <b>Hospital Universitario de Móstoles</b> SaludMadrid	<b>Código:</b>	<b>AJU/CLM/NOR/ 001</b>
	<b>Versión / Revisión:</b>	2.0
<b>Obstetrics and Gynaecology Service</b>	<b>Approval date:</b>	10 October 2025
	<b>Replaces:</b>	1.0
<b>BREASTFEEDING POLICY</b>		

## BREASTFEEDING POLICY



<b>VERSION / REVISION</b>	<b>DATE</b>	<b>CHANGES FROM PREVIOUS VERSION / REVISION PREVIOUS</b>
1.0	9 December 2020	Modification of the first and second points of section 8.1. Dissemination of the regulations. Modification of the fourth point of section 8.2 Training of healthcare professionals
1.0	10 October 2025	Modification of points 8.1-8.10. Bibliographic update. Modification of Annexes.

This document is the property of Móstoles University Hospital. It may not be distributed in whole or in part without the authorisation of the Management Board. Those responsible for the Services or Units to which it applies must distribute it among the professionals who have been determined to need to know or use it.

 <b>Hospital Universitario de Móstoles</b>	<b>Code:</b>	<b>AJU/CLM/NOR/ 001</b>
	<b>Version/Revision:</b>	2.0
<b>Obstetrics and Gynaecology Service</b>	<b>Approval date:</b>	10 October 2025
	<b>Replaces:</b>	1.0
<b>BREASTFEEDING POLICY</b>		

<b>DRAFTED</b>	<b>VALIDATED</b>	<b>APPROVED</b>
<p><b>Breastfeeding Committee, Móstoles University Hospital.</b></p> <p>Signed: Dr Beatriz Ochoa Pérez.</p> <p>Signed: Eva M<sup>a</sup> Armenteros Sánchez</p> <p>Signed: Adriana Pans de la Flor</p> <p>Signed: Carmen Borrero Fernandez.</p> <p>Signed: Milagros Martin Pascual</p> <p><b>Date:</b> 10/10/2025</p>	<p><b>Director of Nursing.</b> Signed: Mirian Tomás Gazulla</p> <p><b>Nursing Management Deputy Director of Nursing</b> Signed: Silvia Ortiz Molina</p> <p><b>Hospitalisation Area Supervisor.</b> Signed: Almudena Benito López</p> <p><b>Head of Obstetrics and Gynaecology Service</b> Signed: Dr Carmen Martín-Ondarza González</p> <p><b>Supervisor of the Obstetrics Unit.</b> Signed: Eva M<sup>a</sup> Armenteros Sánchez</p> <p><b>Date:</b> 10/10/2025</p>	<p><b>Management Committee</b> Management</p> <p>Signed: Manuel Galindo Gallego</p> <p><b>Date:</b> 10/10/2025</p>

 <b>Hospital Universitario de Móstoles</b> SaludMadrid	<b>Code:</b>	<b>AJU/CLM/NOR/ 001</b>
	<b>Version/Revision:</b>	2.0
<b>Obstetrics and Gynaecology Service</b>	<b>Approval date:</b>	10 October 2025
	<b>Replaces:</b>	1.0
<b>BREASTFEEDING POLICY</b>		

## TABLE OF CONTENTS

1	INTRODUCTION	4
2	PRINCIPLES ON WHICH THIS REGULATION IS BASED	4
3	PURPOSE	4
4	SCOPE AND EXCLUSIONS	5
4.1	SCOPE	.5
4.2	EXCLUSIONS	5
5	REFERENCES AND BIBLIOGRAPHY	6
6	DEFINITIONS	6
7	RESPONSIBILITIES	7
8	OVERALL CRITERIA	8
8.1	POLICIES	9
8.2	TRAINED PROFESSIONALS	9
8.3	PRENATAL TRAINING	9
8.4	IMMEDIATE POSTNATAL CARE	10
8.5	ASSISTANCE WITH BREASTFEEDING	10
8.6	SUPPLEMENTS	10
8.7	JOINT ACCOMMODATION	<b>Error! Bookmark not defined.</b>
8.8	ON-DEMAND BREASTFEEDING	11
8.9	BABY BOTTLES, TEATS AND PACIFIERS	11
8.10	HIGH	12
9	IMPLEMENTATION MANAGEMENT	12
10	APPENDICES	114

 <b>Hospital Universitario de Móstoles</b> SaludMadrid	<b>Code:</b>	<b>AJU/CLM/NOR/ 001</b>
	<b>Version/Revision:</b>	2.0
<b>Obstetrics and Gynaecology Service</b>	<b>Approval date:</b>	10 October 2025
	<b>Replaces:</b>	1.0
<b>BREASTFEEDING POLICY</b>		

## 1 INTRODUCTION

Hospitals working to implement the WHO-UNICEF IHAN Initiative's best practices must adopt a breastfeeding policy/regulation that encompasses the Ten Steps to Successful Breastfeeding. This document is designed to help professionals effectively comply with this policy. It provides a solid foundation for implementing, maintaining and measuring good breastfeeding practices, and is mandatory for professionals to know and follow.

## 2 PRINCIPLES UNDERLYING THIS POLICY

At Móstoles University Hospital, the management and professionals who work there know that breastfeeding is the best way to feed children and recognise the great health benefits it brings to both mother and child.

All mothers have the right to receive clear and impartial information that allows them to freely make an informed decision about how they want to feed and care for their children.

Healthcare personnel must not discriminate against any woman because of the feeding method she has chosen for her child and will provide support whatever her choice may be.

## 3 PURPOSE

- Ensure that all mothers are informed about the benefits of breastfeeding for feeding and raising newborns and young children compared to any other type of feeding. They will also be informed about the potential risks of formula feeding so that they can make an informed decision about how they want to feed their children.
- Enable healthcare staff to create a breastfeeding-friendly environment, equip them with the knowledge to provide evidence-based information, and thus support mothers to continue breastfeeding exclusively for 6 months and up to at least 2 years of age as part of the infant's diet.
- Promote the necessary collaboration and cooperation between hospital professionals and local support groups to ensure the continuity of these objectives and foster the development of a breastfeeding culture in the local environment.

 <b>Hospital Universitario de Móstoles</b> SaludMadrid	<b>Code:</b>	<b>AJU/CLM/NOR/ 001</b>
	<b>Version/Revision:</b>	2.0
<b>Obstetrics and Gynaecology Service</b>	<b>Approval date:</b>	10 October 2025
	<b>Replaces:</b>	1.0
<b>BREASTFEEDING POLICY</b>		

## 4 SCOPE AND EXCLUSIONS

### 4.1 SCOPE

- All healthcare personnel providing care to breastfeeding mothers shall act in accordance with this Policy in order to avoid conflicting advice.
- This Policy shall be communicated to all healthcare personnel who care for pregnant women and mothers.
- Any action that goes against this policy must be justified and recorded in the medical records of the mother and/or child.
- The Policy must be developed and implemented in accordance with clinical practice guidelines or the hospital's breastfeeding protocol.
- Nowhere in the hospital shall there be any advertising of infant formula, feeding bottles, teats or dummies.
- Likewise, the logos of manufacturers of these products shall be prohibited on items such as calendars, stationery, etc.
- Brochures distributed by infant formula manufacturers are not permitted.
- Educational material for distribution to mothers and families must be approved in advance by supervisors or committees authorised for this purpose.
- Parents who make an informed decision to feed their children infant formula will be taught how to prepare it correctly, either individually or in small groups, during the postpartum period.
- No group information will be provided on the preparation of artificial feeding during the prenatal period, as there is evidence that information given during this period is not retained adequately and may serve to undermine confidence in breastfeeding. Information on formula feeding and its preparation during the prenatal period will only be provided individually to each woman who requests it.
- All data on the type of feeding will be recorded in the child's medical record.
- An annual audit of compliance with these regulations will be carried out.

 <b>Hospital Universitario de Móstoles</b> SaludMadrid	<b>Code:</b>	<b>AJU/CLM/NOR/ 001</b>
	<b>Version/Revision:</b>	2.0
<b>Obstetrics and Gynaecology Service</b>	<b>Approval date:</b>	10 October 2025
	<b>Replaces:</b>	1.0
<b>BREASTFEEDING POLICY</b>		

## 4.2 EXCLUSIONS

According to the Spanish Paediatric Association, there are very few circumstances in which breastfeeding is contraindicated. These include maternal infection with the Human Immunodeficiency Virus (HIV), Human T-cell Lymphotropic Virus, as well as galactosaemia and primary congenital lactase deficiency in the baby. The use of heroin, cocaine, amphetamines and marijuana is also incompatible with breastfeeding.

Other exceptional situations in which breastfeeding is not recommended include treatment with antineoplastic drugs and some cases of prolactinoma (a prolactin-producing pituitary tumour) when bromocriptine or cabergoline therapy is required. Breastfeeding should also be temporarily interrupted when the mother needs to receive treatment with radioactive isotopes.

Healthcare professionals should also provide and facilitate skin-to-skin contact between mother and child even if an informed decision has been made not to breastfeed, regardless of the type of feeding chosen for the newborn.

## 5 REFERENCES AND BIBLIOGRAPHY

- UNICEF/WHO. IHAN Spain. *Global Standards 2021*. IHAN Spain, 2021.
- IHAN Spain. Breastfeeding policy for an IHAN hospital. WHO (World Health Organisation). <http://www.who.int/>
- **UNICEF**. UNICEF [Internet]. New York (NY): UNICEF; c2025 [accessed 15 October 2025]. Available at: <https://www.unicef.org/spanish/>
- IHAN: Quality in professional care during childbirth and breastfeeding. Reports, research studies. 2011. Ministry of Health, Social Policy and Equality. <https://lactanciamaterna.aeped.es/contenido-app/contraindicaciones-de-la-lactancia-materna/>
- World Health Organisation. **Acceptable medical reasons for the use of breast milk substitutes**. Geneva: World Health Organisation; 2009.

## 6 DEFINITIONS

- **The Initiative for the Humanisation of Birth and Breastfeeding Care (IHAN)** has been launched by WHO and UNICEF to encourage hospitals, health services, and in particular maternity wards to adopt practices that protect, promote and support exclusive breastfeeding from birth.

 <b>Hospital Universitario de Móstoles</b> SaludMadrid	<b>Code:</b>	<b>AJU/CLM/NOR/ 001</b>
	<b>Version/Revision:</b>	2.0
<b>Obstetrics and Gynaecology Service</b>	<b>Approval date:</b>	10 October 2025
	<b>Replaces:</b>	1.0
<b>BREASTFEEDING POLICY</b>		

The IHAN was created to encourage all centres offering maternity and neonatal care services worldwide to implement the Ten Steps to Successful Breastfeeding. These Ten Steps constitute a set of policies and procedures that centres must adopt to support breastfeeding.

- **A breastfeeding policy** is a set of formal rules and actions established by an institution to protect, promote and support breastfeeding, guaranteeing adequate conditions, rights and support for breastfeeding individuals.
- The **International Code of Marketing of Breast-milk Substitutes** is a set of standards adopted by the WHO and UNICEF to regulate the promotion and sale of infant formula and other substitutes, with the aim of protecting breastfeeding and preventing marketing practices that undermine it.

## 7 RESPONSIBILITIES

<b>MANAGEMENT</b>	- Promote the development of the Protocol
<b>MEDICAL AND NURSING MANAGEMENT</b>	- Validate the Protocol - Once approved, disseminate it among middle managers.
<b>MANAGEMENT COMMITTEE</b>	- Approve the Protocol
<b>HEADS OF SERVICES/UNITS AND COMMITTEES</b>	- Disseminate it among the staff under their responsibility. - Forward any suggestions for improving the procedure to the relevant departments. - Ensure compliance with the Protocol
<b>GROUP FOR STANDARDISATION AND DOCUMENT ORGANISATION</b>	- Formally validate the document
<b>QUALITY UNIT</b>	- Code it. - File signed copy once approved (documents of general and limited scope). - Publish on the Intranet as an electronic document (general and limited scope documents).
<b>COMMUNICATION</b>	- Notify publication notice on the Intranet.

 <b>Hospital Universitario de Móstoles</b> SaludMadrid	<b>Code:</b>	<b>AJU/CLM/NOR/ 001</b>
	<b>Version/Revision:</b>	2.0
<b>Obstetrics and Gynaecology Service</b>	<b>Approval date:</b>	10 October 2025
	<b>Replaces:</b>	1.0
<b>BREASTFEEDING POLICY</b>		

## 8 OVERALL CRITERIA

### 8.1 POLICIES

#### 1a) Full compliance with the International Code of Marketing of Breast-milk Substitutes and the resolutions of the World Health Assembly.

The Móstoles University Hospital is committed to respecting and applying the International Code of Marketing of Breast-milk Substitutes and the relevant resolutions of the World Health Assembly. The hospital complies fully with this Code and the associated resolutions, as any non-compliance significantly weakens the establishment and maintenance of breastfeeding. Likewise, healthcare personnel will receive comprehensive information about the Code in order to prevent conflicts of interest and avoid giving mothers recommendations that could generate them. Under no circumstances will this institution provide free items or samples with logos of breast-milk substitute manufacturers, nor will it provide bottles, pacifiers, or names of products covered under the Code.

#### 1b) Adoption of a written Infant Feeding Policy that is routinely communicated to staff and parents.

This document sets out this Hospital's Infant Feeding Policy. All protocols related to breastfeeding and infant feeding used in this institution follow WHO recommendations (IHAN standards), current guidelines and protocols based on scientific evidence. This Policy will be brought to the attention of all healthcare professionals who have contact with pregnant women and mothers. All staff will receive or have access to a copy of this Policy. Healthcare professionals will be primarily responsible for supporting breastfeeding mothers and helping them to overcome any difficulties they may encounter. The persons responsible for providing the information and content of the regulations will be the supervisor of each unit of the obstetric block; the nursing supervisor of the obstetric block, the head of the Gynaecology and Obstetrics department, the head of the Neonatal department and the head of the Anaesthesia department. The policy will be communicated to all newly hired staff during their first week of employment. The policy of this Hospital will be made known to all pregnant women so that they are aware of the type of care they will receive at the centre. It will also be readily available in all areas of the Hospital where mothers and children are cared for and in the languages used locally. Parents will be made aware of its existence and the benefits it offers.

 <b>Hospital Universitario de Móstoles</b> SaludMadrid	<b>Code:</b>	<b>AJU/CLM/NOR/ 001</b>
	<b>Version/Revision:</b>	2.0
<b>Obstetrics and Gynaecology Service</b>	<b>Approval date:</b>	10 October 2025
	<b>Replaces:</b>	1.0
<b>BREASTFEEDING POLICY</b>		

### 1c) Establishment of continuous monitoring and data management systems.

The Móstoles University Hospital will continuously monitor practices and will have a data management system in place to collect statistics on breastfeeding in order to evaluate compliance with the Ten Steps to Successful Breastfeeding. The Breastfeeding Committee of this institution meets periodically (at least every six months) to review the correct implementation of this protocol. The results are analysed annually.

## 8.2 TRAINED PROFESSIONALS

All healthcare and support professionals working at this centre who have contact with pregnant women and mothers (gynaecologists, midwives, paediatricians, anaesthetists, nurses and nursing assistants) will receive training in breastfeeding management appropriate to their professional category.

All staff will be informed of the regulations and will receive sufficient training to enable them to correctly inform other professionals about breastfeeding problems.

All healthcare and support professionals will receive training to enable them to teach mothers who decide not to breastfeed how to prepare bottles correctly, as well as to strengthen the mother-child bond.

The centre's breastfeeding coordinator will be responsible for providing the necessary training to all staff. They will also be responsible for monitoring the effectiveness of the training, with regular publication of the results. It will be compulsory to assess the knowledge acquired in the training through an interview and specific questionnaires, available in our centre's breastfeeding training plan.

## 8.3 PRENATAL TRAINING

Staff involved in antenatal care will ensure that all pregnant women are informed of the benefits of breastfeeding and the potential risks of formula feeding.

This information should not only be addressed during group classes in primary care. This Centre guarantees that all pregnant women receiving antenatal care at our Hospital and at the Speciality Centres in our reference area receive prenatal support and education on breastfeeding. At Móstoles University Hospital, all pregnant women will have the opportunity to speak individually with a healthcare professional about infant feeding before the 32nd week of pregnancy. This information will be provided by the area midwife during the pregnant woman's 30th week visit or, failing that, by the obstetrician at the clinic.

The physiological basis of breastfeeding will be explained clearly and simply to all pregnant women, along with practices that promote breastfeeding and prevent common problems. The aim is to give mothers the confidence they need to breastfeed.

 <b>Hospital Universitario de Móstoles</b> SaludMadrid	<b>Code:</b>	<b>AJU/CLM/NOR/ 001</b>
	<b>Version/Revision:</b>	2.0
<b>Obstetrics and Gynaecology Service</b>	<b>Approval date:</b>	10 October 2025
	<b>Replaces:</b>	1.0
<b>BREASTFEEDING POLICY</b>		

#### 8.4 IMMEDIATE POSTNATAL CARE

All mothers will be encouraged to have skin-to-skin contact with their baby as soon as possible after birth, if the clinical condition of the mother and child allows it, in a calm environment, regardless of the feeding method chosen.

Skin-to-skin contact (SSC) will be maintained uninterrupted for as long as the mother and child need it, at least for the first 2 hours after birth.

Skin-to-skin contact should not be interrupted for routine procedures such as weighing, eye prophylaxis and anti-haemorrhagic treatment, which should be delayed until after the first 120 minutes of life. If skin-to-skin contact is interrupted for medical reasons or at the mother's request, it should be resumed as soon as the clinical condition of the mother and child allows. Immediate skin-to-skin contact with the father or partner will only be offered if the mother is unable to do so. All mothers will be encouraged to offer the first breastfeed when mother and baby are ready. The delivery room midwife will assist if needed.

#### 8.5 HELP WITH BREASTFEEDING

All mothers will be offered breastfeeding support within the first 6 hours after birth. A midwife or nurse will be available to assist mothers with all feeds during their stay. Maternity staff will monitor feeds and offer support to mothers if required.

All healthcare professionals will take an interest in and observe the progress of breastfeeding whenever they come into contact with a mother who is breastfeeding. This will facilitate the early identification of possible complications so that appropriate information can be provided on how to prevent or resolve them.

Before discharge, mothers will receive verbal and written information on how to recognise whether breastfeeding is effective.

When mother and child are separated for medical reasons, it is the responsibility of all professionals caring for both to ensure that the mother is provided with support and encouraged to express milk and maintain breastfeeding during periods of separation. Mothers who have to be separated from their babies will be encouraged to express milk as soon as possible after birth. Upon discharge, they should know how to express milk manually and with a breast pump.

#### 8.6 SUPPLEMENTS

No drinks or artificial formula other than breast milk shall be given to breastfed children, unless supplements (water, glucose solutions, formula, or other liquids) are medically indicated.

 <b>Hospital Universitario de Móstoles</b> SaludMadrid	<b>Code:</b>	<b>AJU/CLM/NOR/ 001</b>
	<b>Version/Revision:</b>	2.0
<b>Obstetrics and Gynaecology Service</b>	<b>Approval date:</b>	10 October 2025
	<b>Replaces:</b>	1.0
<b>BREASTFEEDING POLICY</b>		

The decision to offer supplements should be supported by the World Health Organisation document "Acceptable medical reasons for the use of breast-milk substitutes".

The reasons for supplementing should always be duly justified and recorded in the child's medical records.

Before introducing formula milk, the mother should be encouraged to express milk to feed the child with a cup or syringe. This may reduce the need to administer formula milk. When parents request supplementation, the intake will be assessed and the professional will ask about the parents' concerns. If supplements are not clinically indicated, parents will be informed about the physiology of breastfeeding and their questions will be answered. The informed decision made by the parents will always be respected. This conversation must be recorded in the child's medical records.

## 8.7 ROOMING-IN

Mothers and newborns will be allowed to stay together and practise rooming-in 24 hours a day.

Mother and child will only be separated when the clinical condition of either requires care in other areas. There is no "nest" in the postnatal care areas. Children will not be separated from their mothers at night. This applies to both breastfed and formula-fed children.

Mothers recovering from a caesarean section should receive appropriate care, but the policy of keeping mother and child together should also apply in this case. In the event of a caesarean section, the newborn will remain with its mother skin-to-skin, from the moment of birth or after the child and mother have stabilised.

Close physical contact between the mother and her child should be encouraged at all times to promote recognition of the baby's hunger cues, facilitate latching and improve bonding. Mothers should be encouraged to breastfeed their children in the biological nursing position and self-latching (the child moving towards the breast and latching on spontaneously) should be encouraged.

## 8.8 ON-DEMAND BREASTFEEDING

On-demand breastfeeding (when the child shows signs of wanting to eat) will be supported for all children, unless there are other clinical indications. Hospital procedures will never interfere with this rule. Staff will teach mothers to recognise the child's hunger cues and the importance of responding to them.

Mothers will be informed that it is acceptable to wake their baby to feed if they notice their breasts are full. The importance of night-time feeds for increasing milk production will be explained to them.

 <b>Hospital Universitario de Móstoles</b> SaludMadrid	<b>Code:</b>	<b>AJU/CLM/NOR/ 001</b>
	<b>Version/Revision:</b>	2.0
<b>Obstetrics and Gynaecology Service</b>	<b>Approval date:</b>	10 October 2025
	<b>Replaces:</b>	1.0
<b>BREASTFEEDING POLICY</b>		

### 8.9 BOTTLES, TEATS AND PACIFIERS

Staff will advise against the use of teats and dummies while breastfeeding is being established. Parents who wish to use them should be warned of the possible detrimental effects this may have on breastfeeding so that they can make an informed decision. Both the conversation and the parents' decision will be recorded in the child's and mother's medical records.

The use of nipple shields will not be recommended, except in extreme circumstances and only for a limited period, and the disadvantages will be explained before they are used.

They will remain under the care of a breastfeeding expert while using nipple shields and will receive help to discontinue their use as soon as possible.

### 8.10 DISCHARGE

At Móstoles University Hospital, coordination is guaranteed at the time of hospital discharge so that mothers, fathers and their infants have adequate support and continuity of care.

The centre works closely with Primary Care to ensure that information related to breastfeeding is passed on, thereby promoting continuity of care.

Upon discharge, all mothers will receive written recommendations, as well as information about support groups and resources available in their area. This information will be provided on an individual basis and included in the discharge report.

 <b>Hospital Universitario de Móstoles</b> SaludMadrid	<b>Code:</b>	<b>AJU/CLM/NOR/ 001</b>
	<b>Version/Revision:</b>	2.0
<b>Obstetrics and Gynaecology Service</b>	<b>Approval date:</b>	10 October 2025
	<b>Replaces:</b>	1.0
<b>BREASTFEEDING POLICY</b>		

## 9 IMPLEMENTATION MANAGEMENT

<b>PROMOTER</b>	- Management
<b>PREPARATION</b>	- Breastfeeding Commission
<b>EFFECTIVE DATES</b>	- 15 days after the date of approval by the Management Committee.
<b>DISSEMINATION</b>	- On the Intranet
<b>INDICATORS</b>	<ul style="list-style-type: none"> <li>- 10 steps of the IHAN</li> <li>- Exclusive breastfeeding at discharge 75% = (No. of children exclusively breastfed/Total No. of births) x 100</li> <li>- Marketing code for substitutes.</li> <li>- &gt; or 80% compliance with the regulations. Annex IV</li> </ul>
<b>EVALUATION CRITERIA</b>	- Compliance with Regulations
<b>PERIODICITY</b>	- Annually
<b>RESPONSIBLE FOR EVALUATION</b>	- Breastfeeding Committee
<b>REGULATORY REVIEW</b>	- Annual



Code:	AJU/CLM/NOR/ 001	
	Version/Revision:	2.0
Obstetrics and Gynaecology Service	Approval date:	10 October 2025
	Replaces:	1.0

### BREASTFEEDING POLICY

## 10 ANNEXES

### Annex I. Ten steps to successful breastfeeding

# DIEZ PASOS para una lactancia exitosa

**1 POLÍTICAS HOSPITALARIAS**

Los hospitales ayudan a las madres a dar el pecho...

- Asesorando a las familias, enfermeras, los lactantes y los chupetes.
- Fomentando la lactancia materna y la práctica habitual.
- Realizando un seguimiento y monitorización por la lactancia.

**2 COMPETENCIAS DEL PERSONAL**

Los hospitales ayudan a las madres a dar el pecho...

- Fomentando el personal para ayudar a las madres.
- Entrenando al personal en las técnicas de lactancia materna.

**3 ASISTENCIA PRENATAL**

Los hospitales ayudan a las madres a dar el pecho...

- Informando a las embarazadas de la importancia de la lactancia materna y el pecho.
- Mostrando a las embarazadas cómo dar el pecho.

**4 ASISTENCIA JUSTO DESPUÉS DEL PARTO**

Los hospitales ayudan a las madres a dar el pecho...

- Fomentando el contacto directo del lactante con la piel de la madre poco después del parto.
- Ayudando a las madres a iniciar el primer pecho de inmediato.

**5 AYUDA EN EL MOMENTO DE DAR EL PECHO**

Los hospitales ayudan a las madres a dar el pecho...

- Comprobando la posición, el agarre y la succión del lactante.
- Prestando apoyo emocional a la madre para facilitar la lactancia.
- Resolviendo dudas frecuentes de las madres sobre la lactancia materna.

**6 SUPLEMENTOS**

Los hospitales ayudan a las madres a dar el pecho...

- No dando otro alimento a los recién nacidos que no sea leche materna, salvo que haya una indicación médica.
- Prestando las donaciones de leche materna si es necesario un suplemento.
- Ayudando a las madres que necesitan las fórmulas infantiles a saber en qué situaciones es la mejor opción.

**7 ALOJAMIENTO CONJUNTO**

Los hospitales ayudan a las madres a dar el pecho...

- Permitiendo que las madres permanezcan con ellas las 24 horas del día.
- Asegurándose de que los recién nacidos permanezcan en contacto con la madre.

**8 ADAPTACIÓN A LAS NECESIDADES DEL NIÑO**

Los hospitales ayudan a las madres a dar el pecho...

- Ayudando a las madres a saber si su recién nacido tiene hambre.
- No limitando las horas de lactancia materna.

**9 BIBERONES, TETINAS Y CHUPETES**

Los hospitales ayudan a las madres a dar el pecho...

- Dando consejos sobre el uso y los riesgos de los biberones, las tetinas y los chupetes.

**10 ALTA**

Los hospitales ayudan a las madres a dar el pecho...

- Remitiéndolas a los recursos cercanos de apoyo a la lactancia materna.
- Trabajando con las comunidades para mejorar los servicios de apoyo a la lactancia materna.

 <b>Hospital Universitario de Móstoles</b>	<b>Code:</b>	<b>AJU/CLM/NOR/ 001</b>
	<b>Version/Revision:</b>	2.0
<b>Obstetrics and Gynaecology Service</b>	<b>Approval date:</b>	10 October 2025
	<b>Replaces:</b>	1.0
<b>BREASTFEEDING POLICY</b>		

## Annex II. Skills to be assessed

### LISTA DE HABILIDADES QUE DEBEN SER EVALUADAS ENTRE EL PERSONAL QUE TRABAJA CON LA MADRE Y LOS LACTANTES EN LAS MATERNIDADES.

1. Cómo usar las habilidades de escucha y aprendizaje, para generar confianza y brindar apoyo para asesorar a una madre.
2. Cómo asesorar a una mujer embarazada sobre la lactancia materna.
3. Cómo explicarle a una madre el patrón óptimo de la lactancia materna.
4. Cómo asesorar a una madre sobre los beneficios de la lactancia materna para su propia salud.
5. Cómo ayudar a una madre a iniciar la lactancia materna dentro de la primera hora tras el nacimiento.
6. Cómo evaluar adecuadamente una lactancia materna.
7. Cómo ayudar de eficazmente a la madre a posicionarse y colocar a su lactante para amamantar y conseguir un enganche adecuado del lactante.
8. Cómo ayudar a una madre a extraer su leche y ofrecérsela evitando tetinas a su lactante.
9. Cómo ayudar a las madres con los problemas más frecuentes de la lactancia materna:
  - a. madre que cree que no tiene suficiente leche.
  - b. madre con un lactante que llora frecuentemente.
  - c. madre cuyo lactante se niega a mamar.
  - d. madre que tiene los pezones planos o invertidos.
  - e. madre con ingurgitación mamaria.
  - f. madre con dolor en los pezones o grietas.
  - g. madre con mastitis.
  - h. madre amamantando a un lactante con bajo peso al nacimiento o enfermo y usa una sonda de alimentación suplementaria pegado al pecho u otros dispositivos, si están indicados.

 <b>Hospital Universitario de Móstoles</b>	<b>Code:</b>	<b>AJU/CLM/NOR/ 001</b>
	<b>Version/Revision:</b>	2.0
<b>Obstetrics and Gynaecology Service</b>	<b>Approval date:</b>	10 October 2025
	<b>Replaces:</b>	1.0
<b>BREASTFEEDING POLICY</b>		

### Annex III. What to expect from an IHAN hospital



## Qué esperar en un hospital IHAN

Apoyo y cuidado para la madre y su bebé

Cuando das a luz en un hospital IHAN, esto es lo que puedes esperar, desde el embarazo hasta el regreso a casa.



### Durante el embarazo

**Respeto.**  
Recibirás la información y la ayuda que necesitas para tomar tus propias decisiones sobre la alimentación de tu bebé. Tu decisión será apoyada.

**Conversaciones útiles**  
Durante tu embarazo, nos aseguraremos de que te sientas segura y lista para alimentar a tu bebé. Te enseñaremos las habilidades que necesitas.



### Nacimiento y primeros días

**Contacto piel con piel.**  
Justo después del nacimiento, tu bebé descansará sobre tu pecho desnudo durante al menos una hora. Esto le ayuda a sentirse seguro y es excelente para fortalecer el vínculo.

**Atención experta**  
Los profesionales de los hospitales IHAN reciben FORMACIÓN para ayudarte con la alimentación de tu bebé.



### Durante la estancia en el hospital

**Permanecer en la misma habitación.**  
Tu bebé permanecerá en la habitación del hospital contigo. Esto os ayudará a crear un vínculo, a aprender las señales de alimentación del bebé y a responder a sus necesidades.

**Ayuda con la lactancia materna**  
Si decides amamantar, profesionales capacitados te ayudarán a aprender cómo hacerlo.

**Ayuda a todas las madres**  
Aprenderás cómo preparar y alimentar con fórmula de manera segura si así lo has decidido.



### Regreso a casa

**Apoyo después del alta.**  
Queremos que consigas tus metas de alimentación y te adaptes a la vida con su bebé en casa. Antes de partir, te proporcionaremos una lista de grupos de apoyo y recursos locales que pueden ayudarte.

**No estás sola, ¡estamos aquí para apoyarte a ti y a tu hij@ en cada paso del camino!**

 <b>Hospital Universitario de Móstoles</b> SaludMadrid	<b>Code:</b>	<b>AJU/CLM/NOR/ 001</b>
	<b>Version/Revision:</b>	2.0
<b>Obstetrics and Gynaecology Service</b>	<b>Approval date:</b>	10 October 2025
	<b>Replaces:</b>	1.0
<b>BREASTFEEDING POLICY</b>		

## Appendix IV. Monitoring compliance with breastfeeding regulations

### METHOD FOR EVALUATING "COMPLIANCE WITH THE GUIDELINES"

- Periodic assessment of compliance with breastfeeding regulations.
- Method: Structured interviews with healthcare personnel Frequency: Every six months.

#### 1. OBJECTIVE OF THE EVALUATION

The objective of this evaluation is to periodically verify the degree of actual compliance with the hospital's breastfeeding regulations, as well as to ensure consistency between the written regulations and their application in daily clinical practice, in accordance with the standards established by the Initiative for the Humanisation of Birth and Breastfeeding Care (IHAN).

#### 2. EVALUATION METHODOLOGY

As part of its internal quality assurance system, the hospital conducts biannual evaluations of compliance with breastfeeding regulations by conducting structured interviews with healthcare personnel.

##### 2.1. Sample selection

In each evaluation period, a representative sample of professionals involved in the care of mothers and newborns is selected, including:

- Doctors (obstetricians, paediatricians and resident doctors)
- Nursing staff
- Midwives
- Nursing assistants

The sample is selected in such a way that the different shifts and care units (delivery room, maternity ward, neonatology and obstetric emergencies) are represented.

During each monitoring period, structured interviews (**APPENDIX I**) are conducted with at least 10% of the staff involved in caring for mothers and newborns, ensuring a minimum of 15-20 interviews and representation of all professional categories, shifts and care units.

% of the staff involved in caring for the mother and newborn, ensuring a minimum of 15-20 interviews and the representation of all professional categories, shifts and care units.

 <b>Hospital Universitario de Móstoles</b> SaludMadrid	<b>Code:</b>	<b>AJU/CLM/NOR/ 001</b>
	<b>Version/Revision:</b>	2.0
<b>Obstetrics and Gynaecology Service</b>	<b>Approval date:</b>	10 October 2025
	<b>Replaces:</b>	1.0
<b>BREASTFEEDING POLICY</b>		

**A criterion of adequate compliance** is established as  $\geq 80\%$  of correct/compliant **responses** to the regulations.

Breastfeeding regulations shall be considered to be adequately complied with when **at least 80% of the professionals interviewed demonstrate knowledge** and practices consistent with current regulations.

Results below this threshold will be considered indicators of the need for corrective actions and improvement plans.

Furthermore, it is not only the overall percentage that will be considered:

- The 80% must be achieved by professional category, not just in the total.
- It must be achieved above all in critical items (e.g. skin-to-skin contact, no supplements, information to mothers).
- The results will be compared between half-yearly assessments (trend).

This percentage is geared towards the need for corrective actions and improvement plans:

- $\geq 80\%$  as adequate compliance
- 60–79% as partial compliance
- $< 60\%$  as non-compliance

### 3. **CONDUCTING THE INTERVIEWS**

Interviews are conducted using a structured script based on the hospital's current breastfeeding policy, the Ten Steps to Successful Breastfeeding, and the recommendations of the IHAN.

The following aspects are assessed during the interviews:

%0.1. Knowledge of breastfeeding policy It

is verified that professionals:

- Are aware of the hospital's breastfeeding policy.
- Correctly identify their fundamental principles.
- Recognise the established procedures for promoting, protecting and supporting breastfeeding.

%0.2. Consistency between written policy and clinical

practice The ability of staff to:

- Describe how the procedures set out in the regulations are applied in daily practice.
- Identify common clinical situations and their management in accordance with these regulations.
- Detect possible deviations or difficulties in their application.

%0.3. Application of healthcare procedures

The interviews include specific questions designed to verify the correct application of

 <b>Hospital Universitario de Móstoles</b>	<b>Code:</b>	<b>AJU/CLM/NOR/ 001</b>
	<b>Version/Revision:</b>	2.0
<b>Obstetrics and Gynaecology Service</b>	<b>Approval date:</b>	10 October 2025
	<b>Replaces:</b>	1.0
<b>BREASTFEEDING POLICY</b>		

procedures related to:

- Early initiation of breastfeeding, including immediate and sustained skin-to-skin contact after birth.
- Mother-newborn rooming-in 24 hours a day, unless there is a documented clinical contraindication.
- Effective support for mothers, both in terms of information and practical assistance, to establish and maintain breastfeeding.
- Management of breastfeeding difficulties through appropriate counselling and referral to trained professionals when necessary.
- Use of supplements, ensuring that they are only used when there is a justified and documented medical indication, in accordance with the International Code of Marketing of Breast-milk Substitutes.

#### 4. RECORDING AND ANALYSIS OF RESULTS

The results of the interviews are recorded systematically, noting:

- Professional category of the interviewee.
- Date of the interview.
- Aspects evaluated and degree of compliance observed. The information collected is analysed jointly in order to:

- Identify strengths in compliance with regulations.
- Detect areas for improvement or training needs.
- Assess the evolution of compliance between half-yearly evaluations.

#### 5. IMPROVEMENT MEASURES

Based on the results obtained, improvement actions are designed and implemented, which may include:

- Specific training reinforcement.
- Updating of procedures.
- Additional dissemination of regulations.
- Review of care pathways.

These measures are incorporated into the hospital's continuous improvement plan and reviewed in the next six-monthly assessment.

 <b>Hospital Universitario de Móstoles</b> SaludMadrid	<b>Code:</b>	<b>AJU/CLM/NOR/ 001</b>
	<b>Version/Revision:</b>	2.0
<b>Obstetrics and Gynaecology Service</b>	<b>Approval date:</b>	10 October 2025
	<b>Replaces:</b>	1.0
<b>BREASTFEEDING POLICY</b>		

## 6. CONCLUSION

Conducting regular structured interviews with healthcare personnel is an effective method for assessing actual compliance with breastfeeding regulations, ensuring that these regulations are known, applied consistently and aligned with IHAN standards.

### MEASURES IMPLEMENTED:

- Communication and dissemination of improvements.
- Commitment on the part of the staff involved.

 <b>Hospital Universitario de Móstoles</b>	<b>Code:</b>	<b>AJU/CLM/NOR/ 001</b>
	<b>Version/Revision:</b>	2.0
<b>Obstetrics and Gynaecology Service</b>	<b>Approval date:</b>	10 October 2025
	<b>Replaces:</b>	1.0
<b>BREASTFEEDING POLICY</b>		

**ANNEX I**

**INTERVIEW TO ASSESS COMPLIANCE WITH BREASTFEEDING REGULATIONS**

Professional category:  Doctor  Nurse  Midwife  Assistant  Other Usual shift:

Morning  Afternoon  Night

Unit:  Delivery room  Maternity ward  Neonatology  Obstetric emergencies Years of experience:  <2  2–5  >5

Date of interview: Interviewer:

**1. AWARENESS OF BREASTFEEDING REGULATIONS (3.1)**

1.1. Knowledge of the existence of regulations Are you aware of the existence of breastfeeding regulations in force at the hospital?

Yes

No

1.2. Accessibility of the regulations Do you know where these regulations can be consulted?

Yes (specify): \_\_\_\_\_

No

1.3. Fundamental principles: Mention at least two fundamental principles of the hospital's breastfeeding policy. (Open answer – assess consistency with IHAN)

1.4. Relationship to the IHAN Ten Steps Do you consider that the hospital's policy is based on the Ten Steps to Successful Breastfeeding?

Yes

No

Don't know

1.5. Promotion, protection and support: Indicate whether you recognise that the policy includes procedures for:

Promoting breastfeeding  Yes  No Protecting

breastfeeding  Yes  No Actively supporting

mothers  Yes  No

 <b>Hospital Universitario de Móstoles</b>	<b>Code:</b>	<b>AJU/CLM/NOR/ 001</b>
	<b>Version/Revision:</b>	2.0
<b>Obstetrics and Gynaecology Service</b>	<b>Approval date:</b>	10 October 2025
	<b>Replaces:</b>	1.0
<b>BREASTFEEDING POLICY</b>		

## 2. CONSISTENCY BETWEEN POLICY AND CLINICAL PRACTICE (3.2)

2.1. Practical application of the regulations: Briefly explain how breastfeeding regulations are applied in your daily clinical practice.

---

2.2. Common clinical situations: How do you usually respond to a mother who expresses doubts or difficulties in initiating breastfeeding?

- Direct support
- Referral to a trained professional
- Basic verbal information
- Not applicable / don't know

2.3. Identification of deviations: Have you detected any difficulties or deviations in the application of breastfeeding regulations in your unit?

- No
- Yes (specify): \_\_\_\_\_

2.4. Incident reporting: If you detect a deviation, do you know how to report it or manage it?

- Yes
  - No
- 

## 3. APPLICATION OF CARE PROCEDURES (3.3)

3.0.3.1. Early initiation of breastfeeding and skin-to-skin contact

3.1. After an uncomplicated delivery, is immediate and sustained skin-to-skin contact performed?

- Always
- Usually
- Occasionally
- Never

3.2. Does skin-to-skin contact facilitate the spontaneous initiation of breastfeeding?

- Yes
- No
- Not applicable

 <b>Hospital Universitario de Móstoles</b>	<b>Code:</b>	<b>AJU/CLM/NOR/ 001</b>
	<b>Version/Revision:</b>	2.0
<b>Obstetrics and Gynaecology Service</b>	<b>Approval date:</b>	10 October 2025
	<b>Replaces:</b>	1.0
<b>BREASTFEEDING POLICY</b>		

---

%0.3.2. Room-in

3.3. Is mother-newborn rooming-in maintained 24 hours a day?

- Yes, systematically
- Only if requested by the mother
- No

3.4. In the event of separation, is the clinical indication documented?

- Yes
- No
- Not applicable

---

%0.3.3. Effective support for mothers

3.5. Does it provide practical support for breastfeeding (positioning, latching, hunger cues)?

- Yes
- No

3.6. Does it offer information consistent with exclusive breastfeeding?

- Always
- Sometimes
- No

---

%0.3.4. Handling breastfeeding difficulties

3.7. When faced with breastfeeding problems (pain, cracks, low weight, perception of hypogalactia), how do you respond?

- Direct counselling
- Referral to a trained professional
- Recommendation of supplements
- Not applicable

---

%0.3.5. Use of supplements and International Code

3.8. Are supplements only used when there is a justified medical indication?

- Yes

 <b>Hospital Universitario de Móstoles</b> SaludMadrid	<b>Code:</b>	<b>AJU/CLM/NOR/ 001</b>
	<b>Version/Revision:</b>	2.0
<b>Obstetrics and Gynaecology Service</b>	<b>Approval date:</b>	10 October 2025
	<b>Replaces:</b>	1.0
<b>BREASTFEEDING POLICY</b>		

No

Don't know

3.9. Is this indication documented in the medical record?

Yes

No

Not applicable

3.10. Are you familiar with the International Code of Marketing of Breast-milk Substitutes?

Yes

No

3.11. Do you consider that the International Code is respected in your unit?

Yes

No

Don't know

#### 4. FINAL ASSESSMENT

4.1. Do you feel you need more training in breastfeeding?

Yes

No

4.2. Suggestions for improving the implementation of breastfeeding regulations:

---



---

#### **ASSESSMENT SYSTEM (for internal use)** Each

correct/concordant response: 1 point Incorrect response/lack of knowledge: 0 points Adequate

compliance:  $\geq 80\%$

Partial compliance: 60–79% Non-

compliance:  $< 60\%$

 <b>Hospital Universitario de Móstoles</b> SaludMadrid	<b>Code:</b>	<b>AJU/CLM/NOR/ 001</b>
	<b>Version/Revision:</b>	2.0
<b>Obstetrics and Gynaecology Service</b>	<b>Approval date:</b>	10 October 2025
	<b>Replaces:</b>	1.0
<b>BREASTFEEDING POLICY</b>		

### CRITERIA FOR CORRECT ANSWERS IN THE MONITORING INTERVIEW

A correct answer is considered to be one that:

- Is consistent with the hospital's written regulations
- Is aligned with the IHAN Ten Steps
- Reflects actual clinical practice, not just theoretical knowledge

---

#### 1. KNOWLEDGE OF BREASTFEEDING POLICIES (3.1)

##### 1.1. Knowledge of the existence of the policy Correct

answer:  Yes

---

##### 1.2. Accessibility to the regulations

Correct answer:  Yes, indicating a real place (intranet, unit folder, clinical protocol)

Incorrect: "I don't know," "asking a colleague"

---

##### 1.3. Fundamental principles

Correct answer: Must mention at least 2 of the following (does not need to be verbatim):

- Promotion of exclusive breastfeeding
- Protection of breastfeeding against inappropriate practices
- Active and respectful support for the mother
- Respect for the IHAN Ten Steps
- Respect for the International Code
- Information based on scientific evidence

Incorrect: vague principles ("give freedom," "do whatever the mother wants" without context)

---

##### 1.4. Relationship to the Ten Steps

Correct answer:

Yes

"Don't know" is accepted only if the rest of the block is clearly correct (optionally score as 0)

---

##### 1.5. Promotion, protection and support Correct

answer:  Yes on all three items

 <b>Hospital Universitario de Móstoles</b> SaludMadrid	<b>Code:</b>	<b>AJU/CLM/NOR/ 001</b>
	<b>Version/Revision:</b>	2.0
<b>Obstetrics and Gynaecology Service</b>	<b>Approval date:</b>	10 October 2025
	<b>Replaces:</b>	1.0
<b>BREASTFEEDING POLICY</b>		

## 2. CONSISTENCY BETWEEN POLICY AND PRACTICE (3.2)

### 2.1. Practical application

Correct answer:

Consistent description of:

- Active support
  - No unnecessary interference
  - Respect for skin-to-skin contact
  - Referral to trained personnel
- Incorrect: "Everyone acts as they wish," "it depends on the shift"

### 2.2. Handling doubts or difficulties

Correct answer (at least one):

- Direct support
- Referral to a trained professional
- Incorrect as the only answer:  Direct recommendation of supplements

### 2.3. Identification of deviations Valid

answers:

- No
- Yes, if it identifies real problems (lack of training, pressure to provide care)

### 2.4. Incident reporting Correct

answer:  Yes

## 3. APPLICATION OF CARE PROCEDURES (3.3)

### 3.3.1. Skin-to-skin contact

#### 3.1. Immediate and sustained contact.

Correct answer:

- Always
- Usually
- Incorrect:

 <b>Hospital Universitario de Móstoles</b> SaludMadrid	<b>Code:</b>	<b>AJU/CLM/NOR/ 001</b>
	<b>Version/Revision:</b>	2.0
<b>Obstetrics and Gynaecology Service</b>	<b>Approval date:</b>	10 October 2025
	<b>Replaces:</b>	1.0
<b>BREASTFEEDING POLICY</b>		

Occasionally

Never

3.2. Spontaneous initiation of breastfeeding. Correct answer:  Yes

3.3.2. Room-in

3.3. 24-hour rooming-in, correct:  Yes, systematically

3.4. Documentation of separation: Correct answer:  Yes

3.3.3. Effective support

3.5. Practical support. Correct answer:  Yes

3.6. Consistent information: Correct answer:  Always

Incorrect:  Sometimes / No

3.3.4. Handling difficulties

3.7. Action in the face of difficulties: Correct answers:

Direct counselling

Referral to a trained professional

Incorrect as standard practice:  Recommendation of supplements

3.3.5. Supplements and International Code

3.8. Use of supplements. Correct answer:  Yes (only with medical advice)

3.9. Documentation: Correct answer:  Yes

3.10. Knowledge of the Code: Correct answer:  Yes

3.11. Compliance with the Code. Correct answer:  Yes

 <b>Hospital Universitario de Móstoles</b> SaludMadrid	<b>Code:</b>	<b>AJU/CLM/NOR/ 001</b>
	<b>Version/Revision:</b>	2.0
<b>Obstetrics and Gynaecology Service</b>	<b>Approval date:</b>	10 October 2025
	<b>Replaces:</b>	1.0
<b>BREASTFEEDING POLICY</b>		

#### 4. FINAL ASSESSMENT

4.1. Need for training Valid answers:

- Yes
- No

Both are acceptable if the rest of the interview is consistent

4.2. Suggestions for improvement Correct answer:

Any reasonable suggestion:

- More training
- Reinforcement of resources
- Improvement of circuits

#### SUMMARY FOR CLASSIFICATION

- Complies
  - $\geq 80\%$  correct answers
  - Overall consistency
  - No serious contradictions
- Does not comply with IHAN if the following appears:
  - Supplements without indication
  - Systematic mother–newborn separation
  - Widespread ignorance of the regulations