



Policy Directive

BREASTFEEDING WOMEN (Includes: BOARDER BABIES: CARE IN THE EMERGENCY DEPARTMENT OR INPATIENT WARD)

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| Document No: | SLHD_PD2013_021 |
| Functional Sub-Group: | Clinical Operations Corporate Governance |
| Summary: | Lactating women presenting to an emergency department or non-maternity ward have their lactation needs identified and attended to promptly. A breastfeeding mother with a baby under 6 months is encouraged to have the baby remain with her during hospitalisation of the mother or a sibling of the baby, so that breastfeeding is not interrupted. |
| Approved by: | Chief Executive |
| Consultation: | Women's and Children's Stream |
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Note: Sydney Local Health District* (SLHD) was established on 1 July 2011 following amendments to the Health Services Act 1997 which included renaming the former Sydney Local Health Network (SLHN). The former SLHN was established 1 January 2011, with the dissolution of the former Sydney South West Area Health Service (SSWAHS).

**BREASTFEEDING WOMEN includes BOARDER BABIES:
CARE IN THE EMERGENCY DEPARTMENT OR INPATIENT WARD****CONTENTS**

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BREASTFEEDING WOMEN includes BOARDER BABIES: CARE IN THE EMERGENCY DEPARTMENT OR INPATIENT WARD

1.1 Introduction

The World Health Organisation recommends that babies receive **only breastmilk** for the first 6 months of life. The *NSW Health PD2011_042 Breastfeeding in NSW: Promotion, Protection and Support* states

“Ensure the provision of breastfeeding support for mothers who access any health services by:

6.2.1 Having a policy to support women to continue breastfeeding when they or their infant, are utilising any NSW Health Service including Accident and Emergency and hospital wards.

6.2.2 Enabling breastfeeding infants to stay with their mother to facilitate the expression and storage of breastmilk where possible and where needed”

Priority for infants to board with the mother should be given to infants under six months. Acceptance of a formula-fed baby as a boarder is at the discretion of the NUM.

1.2 The Risks Addressed by this Policy

| Risk Category | Specific Risks | Risk Controls |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Clinical Care / Patient Safety | Failure to identify the needs of the lactating woman may cause/ further cause breast complications for example pain, mastitis, breast abscess or a decrease in the woman's milk supply | Documentation of lactation status of women. Staff education and policy awareness. |
| | Separation of the mother and baby may result in breastfeeding problems e.g. decrease in milk supply, breast refusal or mastitis and/or need for infant formula . | Staff being aware of keeping mother and baby together as per policy guidelines. |
| Health & Safety | Risk of expressed breast milk not being suitable for infant feeding | Collecting, transporting and storing breast milk as per policy guidelines |
| Legal & financial | Incorrect identification of expressed breast milk or the boarder baby | Following policy directives and procedures. Staff awareness and education |

1.3 The Aims / Expected Outcome of this Policy

- The breastfeeding baby is not separated from his/her mother due to maternal hospitalisation and that breastfeeding is maintained for the benefit of both mother and child. This includes:
 - a mother with a medical / surgical admission
 - a mother caring for a Paediatric inpatient whilst breastfeeding another infant
- Lactating women presenting to an emergency department or non-maternity ward have their lactation needs identified and attended to promptly.

2. Policy Statement

The SLHD complies with the NSW Health Policy PD2011_042 Breastfeeding: Protection, Promotion, Support which specifies that there is to be the provision of breastfeeding support for mothers who access any health services and that there is to be support for women to continue breastfeeding when they, or their infant, are utilising any NSW Health service, including accident and emergency and surgical wards. This is enacted by:

- A lactating mother should be supported to remain with her infant, to encourage and maintain lactation for as long as possible. Priority for infants to board with the mother should be given to infants under six months. If the mother is unable to do general care for the baby a family member must be in attendance.
- Acceptance of a formula-fed baby as a boarder is at the discretion of the NUM.

3. Principles / Guidelines

3.1 If Presenting with a Breast Feeding or Breast-Related Problem

- Endeavour to have medical assessment as soon as possible
- Ascertain time of last breastfeed or expression – if more than 3 hours, encourage mother to breastfeed or express (dependent on the baby's age and usual frequency of feeds).
- Contact the postnatal ward or lactation staff if appropriate for advice
- If the woman is in Balmain or Concord phone support can be accessed through:
 - Lactation Unit RPA: 9515 8422 or pager: 80352 (0800-1630hours 7 days/ week)
 - Postnatal Ward RPA: 9515 8481 (after hours)
- Ensure appropriate breastfeeding follow-up and referral to Child and Family Health Services and breastfeeding support services such as the Australian Breastfeeding Association (ABA). The contact details are in the baby's Personal Health Record often referred to as the baby's "blue book".
- Proceed as per SLHD Breastfeeding Guidelines for presenting problem. The guidelines are accessible via the intranet under SLHD policies

3.2 If Breastfeeding and Presenting with an Unrelated Problem

- Ascertain time of last breastfeed or expression – if more than 3 hours, encourage mother to breastfeed or express (dependent on the baby's age and usual frequency of feeds)

- Ensure mother receives appropriate breastfeeding support including provision of a pump if needed
- Provide written information about expressing and storing breastmilk - see mother's handouts at the back of SLHD Breastfeeding Guidelines accessible via the intranet under SLHD policies
- The mother's expressed breast milk (EBM) is to be labelled with the mother's identification label with her MRN, name and date of birth. The date and time the milk was expressed and EBM must be also written on the label. If the baby is admitted as a boarder then the baby's MRN label is to be used. Please refer to 3.3.1 for more information on management of EBM.
- If there are concerns regarding the safety of breastfeeding whilst the mother is taking medications or exposure to radiological procedures refer to:
 - Medications and Mothers' Milk" Dr Thomas Hale (book)
 - Mothersafe 9382 6539 or 1800 647 848 Mon – Fri 0800 – 1700
 - Lactmed database via **Lactmed**: Intranet→CIAP link→medicines information→TOXNET→Lactmed

3.3 When the mother or primary carer is admitted and the baby is a boarder the following guidelines are to be followed :

- Wherever possible, the mother/carer and baby should be allocated to a single room. If the baby is under 8 weeks of age and the hospital has a maternity unit, a cot can be borrowed from maternity otherwise provision of a cot is the parents' responsibility.
- The baby should be registered as a boarder via the admissions clerk. An admission sheet and identification labels are to be provided.
- The baby is to have 2 identification bands applied - one on each leg. Ensure the baby's name, medical record number (MRN) and date of birth is on the identification labels.
Please note that the mother and baby surnames may be different.
- Safe sleeping guidelines for the baby are to be followed. The main points are to put baby on their back to sleep and make sure the baby's head remains uncovered during sleep. In the hospital setting it is unsafe to have the baby sleep in the same bed as the mother. If more information is required please refer to:
PD2012_062 Maternity - Safer Sleeping Practices for Babies in NSW Public Health Organisations
- When the mother/carer is an inpatient, the baby is the responsibility of the mother or a family member and the baby must not be left unattended. The family is to provide everything necessary to care for the baby including: clothing, nappies, formula and feeding equipment if the baby is having formula.
- No observations are required on the baby.
- If a problem arises with the baby's condition the baby is to be admitted and may need to be taken to the emergency department. The appropriateness of the baby staying with the mother is to be reconsidered following assessment of the baby.
- Lactation advice can be obtained from a lactation consultant, maternity ward or nursery staff (depending on your facility). The SLHD Breastfeeding Guidelines can be accessed to clarify any concerns.

3.3.1 Management of Expressed Breastmilk (EBM)

- If the mother is expressing her breastmilk for her baby who is at home the family are advised to take the expressed breastmilk home as quickly as possible after it is expressed. Expressed breastmilk can be kept at room temperature (< 26 °C) for 6 – 8 hours (NHMRC Infant Feeding Guidelines, 2012). The EBM is safer to stay with the mother while waiting to be transported home unless that is to be more than 6 hours. See Appendix 1: Factsheet for parents *Expressing breastmilk for your baby*.
- If the expressed breastmilk cannot be taken home the management and storage of the expressed breastmilk is to be in accordance with facility policy on safe management of breast milk or in a non-maternity setting the *NSW Health PD2010_019 Maternity – Breastmilk: Safe Management*.
- If the baby is a boarder the EBM must be labelled with the baby's identification label with the date, time and EBM written on the label.

All expressed breastmilk must be labelled with the baby's MRN label (or mother's MRN label if there is no baby's MRN available) with EBM, date and time it was expressed written on the MRN label

- If the EBM is given to the mother / carer to administer to the baby the staff member is to check with the mother / carer that this is the correct EBM using the identification labels on the baby / mother to match with the label on the EBM just prior to giving them the EBM.

The process of checking the EBM is to be documented in the mother's progress notes. For example

"Father of Ms X baby (boarder) given EBM to give to baby. The EBM was checked to be the correct EBM Signed _____ / _____"

3.4 Boarder Baby admitted to non-maternity hospitals

In addition to the principles/guidelines above, the following considerations should be given to the admission of boarder babies to non-maternity hospitals:

- Mother who needs admission with very young baby (less than 6 weeks) should be transferred to a hospital with a Maternity Unit if possible:
- The baby must not have any identified health problem or be less than 6 weeks corrected age if born prematurely
- Mother should be confident to feed and care for her baby
- Lactation advice during the admission of mother and baby may be sought from the Lactation Unit at RPAH 9515 8422 or pager #80352 (0800 – 1630 hours 7 days a week) or out of hours phone advice through the RPA postnatal ward 9515 8481.

4. Performance Measures

Patient feedback surveys
Patient complaints
IIMS

5. Definitions

Lactating – The secretion of milk from the breast, with removal whether by breastfeeding or expression.

Boarder Baby – a baby who boards with her/his mother or primary carer during the admission of the mother/carer.

6. References and links

1. NSW Health PD2011_042 Breastfeeding in NSW: Promotion, Protection and Support– Priority Area 6 Action 6.2., p 12
2. Medication and Mothers' Milk, Thomas Hale, Hale Publishing, 2006
www.iBreastfeeding.com
3. Lactmed <http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT>
4. SLHD Breastfeeding Guidelines:
http://intranet.sswahs.nsw.gov.au/SSWPolicies/pdf/SLHD/SLHD_GL2012_001.pdf
5. PD2012_062 Maternity - Safer Sleeping Practices for Babies in NSW Public Health Organisations
http://www0.health.nsw.gov.au/policies/pd/2012/pdf/PD2012_062.pdf
6. EAT FOR HEALTH Infant Feeding Guidelines *Information for health workers* 2012 National Health and Medical Research Council
http://www.nhmrc.gov.au/files_nhmrc/publications/attachments/n56_infant_feeding_guidelines.pdf.

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Endorsed by: Director Clinical Governance

Appendix 1:**Expressing Breastmilk for your baby (EBM)**

- If you are in hospital and your baby is at home you will need to organise someone to transport your EBM home as soon as possible after it is expressed. It can be stored in the refrigerator / freezer at home – see below for guidelines for storage of your EBM.
- It can be kept at room temperature (<math> < 26^{\circ}\text{C}</math>) for 6 – 8 hours and transported in an esky with ice or a freezer brick to keep cold.
- Breast milk can be stored in glass or plastic containers, including sealable plastic breastmilk bags.
- Freshly expressed milk that is being refrigerated or frozen should be stored in a new container rather than added to previously refrigerated or frozen milk
- Label container with baby's identification label or mother's identification label if a baby label is not available and write: EBM, date and time of expression
- DO NOT MICROWAVE breastmilk to thaw or warm
- Shake milk prior to using if it appears to have separated
- Warmed milk should be given immediately and leftovers discarded
- Never re-freeze or re-warm breastmilk and never add warm to frozen
- Transport milk in an esky with ice or a freezer brick to keep frozen and/or cold

| Breastmilk | Storing at Room Temperature (26°C or lower) | Storing in the Refrigerator (5°C or lower) | Storing in the Freezer |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Freshly expressed into sterilised container | 6-8 hours Store in a refrigerator if an appropriate available | No more than 72 hours Store at the back where it is coldest. | 2 weeks in freezer compartment inside the refrigerator (-15°C) 3 months in freezer section of refrigerator with separate door (-18°C) 6-12 months deep freeze (-20°C) <i>Chest or upright manual defrost deep freezer that is opened infrequently and maintains ideal temperature</i> |
| Previously frozen (thawed in refrigerator but not warmed) | 4 hours - the next feeding | 24 hours | Do not refreeze |
| Thaw outside refrigerator in warm water | For completion of feed | 4 hours or until the next feed | NEVER REFREEZE |
| Baby has begun feeding | Keep until feed has finished, then throw out leftovers | THROW OUT ANY LEFT OVERS | THROW OUT ANY LEFT OVERS |