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University Health Board

Standard Operating Procedure (SOP) for: Breastfeeding mothers admitted to hospital	
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1. Introduction

This standard operating procedure is to protect and support the breastfeeding relationship when a breastfeeding mother is admitted to hospital. It applies to all breastfeeding women and parents admitted to any ward whatever the age of their breastfeeding child.

The health benefits of breastfeeding for mothers and babies are well documented, and are significant and long term. Welsh Government strategy aims to achieve more babies being breastfed and for longer, and SBUHB strategy aims to give every child the best start in life. Maternity, Neonatal and Health Visiting services are audited in accordance with Unicef Baby Friendly Standards but it is the responsibility of every department to assist in achieving the wider strategic aims.

2. Aim

This SOP aims to inform and empower staff to encourage and enable the continuation of breastfeeding where a mother has to be admitted to hospital.

3. Objectives

- To increase staff understanding of the importance of continuation of breastfeeding and what is required practically to achieve this.
- To enable protection of breastfeeding in difficult circumstances.
- To minimise the risks of sudden cessation of breastfeeding to mother and baby when they are separated, particularly if unplanned.
- To consider breastfeeding when prescribing for mothers that are admitted to hospital.

4. Accountability and Responsibility when a breastfeeding mother is admitted to hospital

The table below sets out the accountability and responsibility for the management of the breastfeeding mother and her baby.

Team	Roles and Responsibilities
Scheduled admission: Pre-assessment clinic Non-scheduled admission: Staff in area admitted	<ul style="list-style-type: none">• Identify breastfeeding mother.• Discuss what she feels her needs are and how we could support her and offer encouragement for continued breastfeeding appropriate to her situation.• Inform Bed Manager of expected admission.
Bed Manager	<ul style="list-style-type: none">• Discuss options with the mother. 1. Ideal if possible: Facilitate the baby staying with the mother, which would be easiest in a single room, to allow responsive feeding following a risk assessment in relation to the safety of the

	<p>baby on the ward and risk of any infection.</p> <p>Organise appropriate sized cot from Paediatric or Maternity Services, or facilitate parents to bring their own.</p> <p>Facilitate a family member helper to stay to help with feeding and baby care.</p> <p>2. Where not possible, or mother chooses:</p> <p>Facilitate family member to bring baby in for some or all feeds. Support expressing for other feeds.</p> <p>3. Where not possible, or mother chooses:</p> <p>Support mother with correct equipment to express, available from maternity or paediatric departments or she may choose to bring her own.</p> <p>Mothers will need this support even if they have chosen to stop breastfeeding as sudden cessation is likely to lead to engorgement, pain and mastitis which can develop into sepsis.</p>
<p>Staff caring for mother</p>	<ul style="list-style-type: none"> • Support breastfeeding in line with the mother’s wishes and the best option for accommodating her and her baby as outlined above. • If a mother is separated from her baby at any time she will need to express her milk so that her baby can continue to be fed breast milk, her supply is maintained, and problems associated with engorgement can be avoided. <p>Mothers will need this support even if they have chosen to stop breastfeeding as sudden cessation is likely to lead to engorgement, pain and mastitis which can develop into sepsis.</p> <ul style="list-style-type: none"> • To ensure maintenance of supply most mothers will need to express eight or more times in 24 hours with a hospital grade double pump. Mothers feeding older babies and toddlers may be able to express less often. • Equipment required: breast pump (with new sterile attachment kit if sourced from within the hospital), sterilising tank and tablets (where baby is under six months), sterile bottles for storage, access to refrigeration or alternative (eg family member collecting milk in a cool bag). Pumps are kept on Ward 20 (Singleton Hospital), in the Paediatric Assessment Unit (Morrison Hospital) and in the Birth Centre (Neath Port Talbot Hospital). • Pump parts and bottles must be washed thoroughly in hot

soapy water after each use. In addition they should be sterilised at least once in 24 hours using sterilising tank and tablets.

- Health Board guidelines on storage of expressed milk are available on Wisdom. Breast milk can be stored for up to six hours at room temperature. Guidelines on cleaning of breast pumps and sterile attachments are also available.
- Seek pharmacy advice when medication is required; where possible this should be compatible with breastfeeding (see appropriate sources of information detailed below).
- If short term medication is incompatible with breastfeeding (rare), support expressing and discarding milk in order to maintain supply. Obtain advice on how long woman should discard breast milk and provide information to mother on when she can resume breast feeding. Some mothers will choose to express to maintain supply even if requiring longer term medication such as chemotherapy; individual choice should be supported.
- If the mother chooses to reduce or stop breastfeeding, support her to reduce feeding or expressing gradually and as appropriate for her comfort. This may take a week or more to avoid problems such as engorgement and mastitis.
- On discharge please return any equipment to Paediatrics or Maternity. If mother and child require any ongoing support with feeding, for example to resume breastfeeding after a gap, please refer to the appropriate member of the Infant Feeding team.

<p>Staff caring for mother (continued)</p>	<ul style="list-style-type: none"> • If there are any questions or concerns regarding the management of breastfeeding or expressing please contact a member of the Infant Feeding Team. <p>Rachel Evans (Infant Feeding Coordinator, Maternity) 07989717748</p> <p>Claire Davies (midwife) 07929018694</p> <p>Belinda Hannah (Infant Feeding Coordinator, Health Visiting) 07792371227</p> <p>National Breastfeeding Helpline - 0300 100 0212</p> <p>Birth Centre (24 hours) 01639 862 103</p> <p>Ward 20 (24 hours) 01792 285046</p>
<p>Pharmacy</p>	<ul style="list-style-type: none"> • Support the premise that if prescribing treatment is required, where possible this should be compatible with breastfeeding. • Specialist advice services UKDILAS https://www.sps.nhs.uk/articles/ukdilas/ and the Breastfeeding Network https://www.breastfeedingnetwork.org.uk/detailed-information/drugs-in-breastmilk/ can be accessed for information . Both of these excellent resources offer fact sheets and detailed information as well as enquiry answering service.
<p>Staff on Postnatal Ward or Children's Ward</p>	<ul style="list-style-type: none"> • Support the bed manager and ward staff to facilitate mother's plan by providing cot, sterilising tank and breast pump if required. • Ensure that the loan of any equipment is recorded in the Ward Diary and check if woman is still admitted on a regular basis.

