Trust-wide Document

NHS
Great Western Hospitals
NHS Foundation Trust

Admission of Mothers who are Breastfeeding to Great Western Hospital Non Maternity Areas Policy

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Status	LIVE
Target Audience- who does the document apply to and who should be using it. - The target audience has the responsibility to ensure their compliance with this document by: • Ensuring any training required is attended and kept up to date. • Ensuring any competencies required are maintained. • Co-operating with the development and implementation of policies as part of their normal duties and responsibilities.	All employees directly employed by the Trust whether permanent, part-time or temporary (including fixed-term contract). It applies equally to all others working for the Trust, including private-sector, voluntary-sector, bank, agency, locum, and secondees. For simplicity, they are referred to as 'employees' throughout this policy
Special Cases	N/A
Accountable Director	Chief Nurse
Author/originator – Any Comments on this document should be addressed to the author	Divisional Director Of Nursing and Midwifery
Division and Department	Women, Children's, Sexual Health and Outpatients
Implementation Lead	Divisional Directors Of Nursing
If developed in partnership with another agency ratification details of the relevant agency	N/A
Regulatory Position	N/A

Review period. This document will be fully reviewed every three years in accordance with the Trust's agreed process for reviewing Trust -wide documents. Changes in practice, to statutory requirements, revised professional or clinical standards and/or local/national directives are to be made as and when the change is identified.

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1 Introduction & Purpose

1.1 Introduction and Purpose

Aim of this policy to support breastfeeding and understand that complications can occur for mother and baby of the sudden cessation of breastfeeding at any age.

Breastfeeding is important for the health and wellbeing of infants and their mothers, with a substantial body of evidence to support the many health benefits associated with this method of infant feeding The Department of Health and Social Care recommends exclusive breastfeeding for the first six months of an infant's life and continued beyond six months, alongside the introduction of appropriate solid foods. Many mothers continue to breastfeed for two years and beyond as recommended by The World Health Organisation (WHO) (Ref 1).

Keeping mothers and infants close so that mothers can respond to their infant and feed whenever the baby wants to, both for nutrition and comfort, is an important aspect of breastfeeding both to help maintain a plentiful milk supply and to nourish the close emotional bond between mother and infant. Keeping breastfeeding mothers and infants together activates the broncho and enteral pathways to ensure on-going exchange of protective antibodies.

Supporting mothers to continue breastfeeding when they require a hospital stay will:

- Support a mother's wellbeing
- Support public health and the best possible long term health outcomes for mothers and infants.

Whilst every effort should be made to accommodate the baby and a responsible adult to care for it, at no point is the baby under the clinical care of the relevant ward.

1.2 Glossary/Definitions

The following terms and acronyms are used within the document:

BNF	British National Formulary
CQC	Care Quality Commission
ED	Emergency Department
EIA	Equality Impact Assessment
GWH	Great Western Hospital
IP&C	Infection Prevention and Control
MHRA	Medicines and Healthcare products Regulatory Agency
NHS	National Health Service
PALS	Patient Advice and Liaison Service
SCBU	Special Care Baby Unit
WCSH&OP	Women's Children's, Sexual Health and Outpatients.
WHO	World Health Organisation

2 Main Document Requirements

2.1 In Practice

In any circumstances where an infant is admitted with the mother, best practice would recommend that the mother and her infant are accommodated in a side room where available. This is for the wellbeing of mother and infant, the protection of the infant from infection, safeguarding purposes, and for the welfare of other patients on the ward.

When arranging the admission of a mother who is breastfeeding her infant, consideration should be given to the following:

- **Does the mother really need to be admitted; is there an alternative?**
- **Age of the infant and the frequency of breastfeeding.**

Infants under six months of age are likely to be exclusively breastfed and should not be separated from the mother unless unavoidable. However, infants over six months old may still have frequent breastfeeds and may also need to stay with the mother (Ref 1). The decision should be made with the mother, considering her individual circumstances and her wishes.

2.2 Care of the Infant

The presumption should be to offer the mother the option of being admitted with her infant. If the mother feels too ill to care for her infant then the first option should be to offer the option of having her partner / designated support person stay with her to help her care for her infant. Plans should be flexible as the condition of the mother may change, the mother may feel well enough to care for her infant on admission but she must have a readily available designated person to come and support the care of the infant should this be required. Free access to the ward should be given to the designated person to be present to care for the infant in the hospital. The infant remains the responsibility of the mother, or designated person. This will be explained to those responsible and documented in the notes.

- **If maternal sepsis or hospital acquired infection or sudden deterioration in mother's condition is suspected then the breastfeeding baby must be considered and its wellbeing monitored.**
- **THINK MUM & THINK BABY**

If there are any concerns about the baby the accompanying adult should take the baby for assessment to the Emergency Department (ED).

Where the infant does not accompany the mother, free access to the ward should be given to the designated person to bring the baby to come in for breast feeds or to take expressed breast milk home to continue feeding.

2.3 Nutrition for the Infant

Taking medication does not usually mean that a mother has to stop breastfeeding temporarily or permanently. The advantages of breast milk should never be underestimated nor should the wishes of a mother to continue to breastfeed and the right of the infant to continue to receive it. See Appendix B for guidance on where to find accurate information about drugs in breast milk; do not simply refer to the British National Formulary (BNF). Further information can be found in Appendix B.

2.4 Safety

Baby abduction is rare but to mitigate against this risk maternity wards are secure, most other hospital wards are not. If the mother and infant are admitted to a non-secure ward then the implications of this should be discussed with the mother and her partner/ designated support person to ensure that sensible precautions are taken and clearly documented in the notes.

- Parents/ designated support person should question anyone about whom they have concerns,
- Parents/ designated support person should not leave the infant alone,

- Parents/ designated support person should not allow the infant to be taken from their sight without checking identification with their named nurse.

2.5 Supporting Lactation

A mother may need to pump her milk for her infant (if the infant is cared for at home) or on rare occasions because her medication makes breastfeeding temporarily contraindicated (see Appendix B). Most mothers have a breast pump at home and can be encouraged to bring their own equipment in. If necessary, a breast pump can be loaned from Special Care baby Unit (SCBU).

If a breast pump is required, there is a dedicated expressing kit available from (SCBU), which includes a breast pump and written instructions for use (Appendix C). Sterile expressing kits will be provided by SCBU and need to be added to the box on collection. This kit also contains instructions on storage and transport of expressed breast milk.

2.6 Safe Sleeping

In narrow hospital beds or when the mother is seriously ill and likely to be less responsive co sleeping is not safe. This should be discussed with the mother and documented in the notes. A crib or basinet will be required depending on the age of the infant. Please liaise with the Children's Ward or Hazel Ward for the loan of suitable equipment.

2.7 Attitude

Breastfeeding is a unique experience supporting the development of close emotional bonds between mother and infant. Often, continuing to breastfeed despite severe illness is very important to mothers. Supporting breastfeeding in these circumstances may present a challenge on a busy hospital ward but should be recognised and valued as an important part of holistic, individualised care for a breastfeeding mother who is an inpatient, and recognised that a sudden cessation of breastfeeding can impact both health of mother and baby.

3 Monitoring Compliance and Effectiveness of Implementation

The arrangements for monitoring compliance are outlined in the table below: -

Measurable policy objectives	**Monitoring / audit method**	**Monitoring responsibility** (individual / group /committee)	**Frequency of monitoring**	**Reporting arrangements** (committee / group to which monitoring results are presented)	**What action will be taken if gaps are identified?**
Outlier Kit kept on SCBU needs to be stocked and clean	Audit of weekly checking sheets	Infant Feeding Midwives	Quarterly	Maternity Governance	Action to address any shortcomings will be drafted, managed and monitored through Maternity Governance
No breastfeeding mother who is admitted to GWH non maternity areas should be denied the opportunity to continue breastfeeding her baby and / or maintain her lactation	Monitoring of Patient Advice and Liaison Service (PALS) feedback, or feedback to Infant Feeding Midwives	Maternity Governance	Annual	Divisional Governance Women's, Children's, Sexual Health and Out Patients (WCSH&OP)	Action to address any shortcomings will be drafted, managed and monitored through Maternity Governance and the external Baby Friendly Initiative audit process

4 Duties and Responsibilities of Individuals and Groups

4.1 Chief Executive

The Chief Executive is ultimately responsible for the implementation of this document.

4.2 Deputy Divisional Directors

All Deputy Divisional Directors are to ensure that the list of new or revised policies, competencies, clinical guidelines, strategies, plans, protocols or procedural documents published each month is on the agenda at Divisional meetings to ensure that the documents are drawn to the attention of managers and general users.

All Deputy Divisional Directors must ensure that employees within their area are aware of the document; able to implement the document and that any superseded documents are destroyed.

4.3 Document Author and Document Implementation Lead

The document Author and the document Implementation Lead are responsible for identifying the need for a change in this document as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and resubmitting the document for approval and republication if changes are required.

4.4 Target Audience – As indicated on the Cover Page of this Document.

The target audience has the responsibility to ensure their compliance with this document by:

- Ensuring any training required is attended and kept up to date.
- Ensuring any competencies required are maintained.
- Co-operating with the development and implementation of policies as part of their normal duties and responsibilities.

4.5 Divisional Directors of Nursing

Divisional Directors of Nursing are responsible for ensuring the guidelines are followed in their area and that the processes are monitored. They have a responsibility for ensuring access to adequate training for employees.

4.7 The Committee/Group responsible for Review of this Document

This document can be reviewed by the following Maternity Forum Groups:

- Maternity Clinical Forum
- Perinatal Action Group

If where an individual/group believes changes are required to this document prior to the date given for 'next review', potentially due to changes to national guidance, changes to local procedures, as part of any recommended change as a result of incident investigation or as part of a quality improvement measure they should request via the Chair of the relevant Forum that review of this document be added as an agenda item at the next meeting.

Any changes to this document should also be reviewed by a representative from Infection, prevention Control, a Senior Midwife (a Senior Midwife may have attended the forum where the document is reviewed and this would be sufficient) and the Divisional Director prior to being sent for Corporate Governance approval to the Trust Policy Governance Group.

5 Further Reading, Consultation and Glossary

5.1 References, Further Reading and Links to Other Policies

The following is a list of other policies, procedural documents or guidance documents (internal or external) which employees should refer to for further details:

Ref. No.	Document Title	Document Location
1	World Health Organisation	www.WHO.org.uk
2	Lullaby Trust Safe Sleeping	https://www.lullabytrust.org.uk/
3	Lactmed Website	https://www.basisonline.org.uk

Ref. No.	Document Title	Document Location
4	Breastfeeding Network (BFN) Website	https://breastfeedingnetwork.org.uk/wpcontent/dibm/anaesthetic%20and%20breastfeeding.pdf
5	BFN Information on Expressing and Storing Breastmilk.	Pack A **in Outlier Expressing Box**
6	Medela Breast Pump instructions for use.	Pack B **in Outlier Expressing Box**
7	Expressed breast milk name, date, time and hospital number stickers.	Pack C **in Outlier Expressing Box**
8	Medela Breast Pump cleaning instructions.	Pack D **in Outlier Expressing Box**
9	Completion of Breast Pump use audit form.	Pack E **in Outlier Expressing Box**

5.2 Consultation Process

The following is a list of consultees in formulating this document and the date that they approved the document:

Job Title / Department	Date Consultee Agreed Document Contents
DDON-	
Deputy Chief Nurse	13/02/2020
Head of Midwifery	18/02/2020
Matron Delivery Suite /Hazel ward	14/02/2020
Clinical Audit Midwife	26/11/2019
Consultant Paediatrician	13/02/2020
Matron Women’s and Children’s	14/02/2020
Sister Children’s services	14/02/2020
Senior Midwife Hazel Ward	13/02/2020
Infant feeding specialists	18/02/2020
Risk & Governance Lead Midwife	18/02/2020

6 Equality Impact Assessment

An Equality Impact Assessment (EIA) has been completed for this document and can be found at Appendix A

Appendix A - STAGE 1: Initial Screening For Equality Impact Assessment

At this stage, the following questions need to be considered:			
1	What is the name of the policy, strategy or project? Admission of Mother's who are Breastfeeding to Great Western Hospital Non Maternity Areas Policy.		
2.	Briefly describe the aim of the policy, strategy, and project. What needs or duty is it designed to meet? Aim of this policy to support breastfeeding and understand that complications can occur for mother and baby of the sudden cessation of breastfeeding at any age		
3.	Is there any evidence or reason to believe that the policy, strategy or project could have an adverse or negative impact on any of the nine protected characteristics (as per Appendix A)?		**No**
4.	Is there evidence or other reason to believe that anyone with one or more of the nine protected characteristics have different needs and experiences that this policy is likely to assist i.e. there might be a *relative* adverse effect on other groups?		**No**
5.	Has prior consultation taken place with organisations or groups of persons with one or more of the nine protected characteristics of which has indicated a pre-existing problem which this policy, strategy, service redesign or project is likely to address?		**No**

Signed by the manager undertaking the assessment	C.Rattigan
Date completed	13/02/20
Job Title	Head of midwifery

On completion of Stage 1 required if you have answered YES to one or more of questions 3, 4 and 5 above you need to complete a STAGE 2 - Full Equality Impact Assessment

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Equality Impact Assessment

Are we Treating Everyone Equally?

Define the document. What is the document about? What outcomes are expected?

Consider if your document/proposal affects any persons (Patients, Employees, Carers, Visitors, Volunteers and Members) with protected characteristics? Back up your considerations by local or national data, service information, audits, complaints and compliments, Friends & Family Test results, Staff Survey, etc.

If an adverse impact is identified what can be done to change this? Are there any barriers? Focus on outcomes and improvements. Plan and create actions that will mitigate against any identified inequalities.

If the document upon assessment is identified as having a positive impact, how can this be shared to maximise the benefits universally?

Trust Equality and Diversity Objectives

Better health outcomes for all	Improved patient access & experience	Empowered engaged & included staff	Inclusive leadership at all levels

Our Vision

Working together with our partners in health and social care, we will deliver accessible, personalised and integrated services for local people whether at home, in the community or in hospital empowering people to lead independent and healthier lives.

Appendix B - Medication and Breastfeeding

Taking medication does not usually mean that a mother has to stop breastfeeding temporarily or permanently. The advantages of breast milk should never be underestimated nor should the wishes of a mother to continue to breastfeed and the right of the infant to continue to receive it. The number of adverse reactions to drugs passing through breast milk is small. In general less than 1% of a drug will pass through breast milk to the baby. Technology exists to measure very small amounts of drugs in milk and plasma. Their detection does not necessarily imply that they will cause harm.

Drug manufacturers are not required to produce clinical data on the safety of the use of a new drug in lactation when applying for a licence to market their product. It is obviously unethical to expose an infant to potential harm. Patient information leaflets provided within drug packs may say "do not take if you are breastfeeding" or "please consult your GP or pharmacist before taking this drug if you are breastfeeding". The majority of drugs are unlicensed for use during lactation. This means that the manufacturers have not undertaken research to confirm safety on ethical grounds. Data may be available on the amount of the drug which gets into breast milk. However the person recommending the drug e.g. GP has to take ultimate responsibility for prescribing should there be any adverse effects in the baby.

Frequently asked questions:

How soon can a mother breastfeed after a general anaesthetic?
Mothers can have general anaesthetic and breastfeed as normal as soon as they are **awake and alert** following surgery. Information available at (Ref 4)

Detailed information on specific drugs is available from: LactMed website (Ref 3)

There is a free Lactmed@NIH app for mobile phones which is very user friendly.

Maternity staff should check any medications that they are not familiar with are safe in breastfeeding by using LactMed first line.

Where to seek advice if the situation is more complex
In the case of:

- multiple medications especially with similar side-effects
- pre-term babies
- unwell babies receiving medication
- other complex situations where there are multiple dimensions to consider

Contact the Lead Divisional Pharmacist for Women's, Children's & Sexual Health, 01793 605028 (Mon-Fri 9-4.45pm)

GWH medicines Information team on Ext 5029 or email gwh.medicines.informatio@nhs.net

Out of hours there is the on-call pharmacist contact via GWH Switchboard.

Or if unable to contact the above use University Hospital Southampton medicinesadvice@uhs.nhs.uk
0238120 6908/6909

Note: some medicines are absolutely contraindicated for breastfeeding mothers
Codeine: In June 2013 the MHRA issued guidance that codeine should no longer be used by breastfeeding women. This is due to the concern that individuals vary in the way their bodies metabolise codeine. Codeine is converted to morphine in the liver by the CYP2D6 enzyme. There are many genetic variations of CYP2D6, which affect the extent of this conversion in individuals. This leads to differences in the plasma levels of morphine and different levels of pain relief. This then leads to a variable and unpredictable risk of side effects due to morphine's action on the brain and respiratory centre. For some this can result in no benefit from the drug, for others that they experience excessive drowsiness and constipation. For breastfeeding mothers in the latter group this may also lead their babies to experience respiratory depression.

Appendix C: - Written Instructions for: Outlier Expressing Box Kept on SCBU and Expressed Breast Milk Storage.

If a breastfeeding mother is not able to directly breastfeed her baby she should be encouraged to express breastmilk 8-10 times in 24 hours including at night. This is to maintain her milk supply and prevent breastfeeding complications such as blocked ducts and mastitis. (mother's with an older infant/child may not need to express this frequently, suggested to express the number of times the infant/ child usually feeds in 24 hours). **Please give the expressing mother the Breastfeeding Network leaflet for expressing breastmilk. See pack A in Outlier Expressing Box (Ref. 5).**

- **Breast pump:** Expressing mothers should be encouraged to bring their own breast pump into hospital where possible and arrange for a family member or friend to take this away for cleaning as per manufacturer instructions. Where an expressing mother does not have her own pump a hospital grade pump can be loaned from SCBU **please call 5174 to arrange collection** *(the box is kept in the store room and sterile pump sets will need to be added to the box)*. A member of staff or porter Tel 4646) will need to collect the equipment.
- **Setting up the pump: Wash hands prior to use.** Pre-sterilised breast pump kits should be collected from SCBU with the breast pump**, please call 5174 to arrange collection.** Use a single pump kit for each expressing episode and dispose in orange bin after use. **See information pack B in Outlier Expressing Box for information on how to set up the pump (Ref. 6).**
- **Storage of breastmilk:** Where possible the expressing mother should arrange for a family member or friend to take the expressed breastmilk home for storage; **See pack A in Outlier Expressing Box (Ref. 5)** for home storage information. If this is not possible expressed breastmilk can be taken to the Children's Ward by a member of staff for storage, parents should be informed that this milk will only be stored in the fridge on children's ward for 24 hours and will be disposed of after this time. **All expressed breastmilk should be labelled with name, hospital number, date and time, see pack C in Outlier Expressing Box for stickers (Ref. 7).**
- **Returning the breast pump:** Once the expressing mother no longer requires the breast pump this should be cleaned with a damp (not wet) cloth and then wiped with a Clinell wipe, as per manufacturer instructions. This should be returned to SCBU promptly. **See pack D in Outlier Expressing Box for cleaning instructions (Ref. 8).**
- **Please complete audit document and send to Infant Midwives, Womens Outpatients, Level 2, GWH. See pack E in Outlier Expressing Box (Ref. 9).**

For information and support please contact: Infant Feeding Specialist Midwives on Ext. 4726 or gwh.infantfeedingmidwives@nhs.net (please note we both work 18.75 hours Monday – Friday 9-15.15. Outside these hours please contact the Maternity bleep holder bleep number 1465.