

Standard Operating Procedure (SOP) Number:

SOP Title: Breastfeeding admissions on non-maternity wards

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To be read in conjunction with the following documents:

- Expressing and Handling Breastmilk in Hospital Guideline
- Feeding your baby during a hospital admission PIL

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SOP Statement

The purpose of this SOP is to provide guidance on ensuring that where possible, when a lactating woman/parent are admitted to hospital, they are able to continue breastfeeding and/or expressing breastmilk in a safe and appropriate manner.

Executive Summary

The trust is responsible for ensuring all lactating women/parents and babies have minimal separation and are supported to continue breastfeeding for as long as they wish, with minimal interruption due to a hospital admission.

1.0 Roles and Responsibilities:

All staff involved in the care of a lactating woman/parent should ensure the correct pathway of care is followed.

2.0 Implementation and dissemination of document

This document will have followed the full review process and will then be accessible on the Trust Intranet in all relevant areas.

3.0 Processes and procedures

2.1 Hospital Admissions

When a breastfeeding woman/parent is admitted to the hospital, the support they need will depend upon the nature of their illness and required treatments. We will give consideration to facilitate keeping women/parents and their babies together in a side room, to support responsive breastfeeding, if clinically appropriate. This can only be considered if the woman is alert and well enough to do so and may require another nominated adult to be available to help with baby care if the woman/parent is too unwell to manage independently.

2.1.1 On Admission

All staff providing care for the woman/parent need to ask if they are breastfeeding/expressing breastmilk and will plan their treatment with this in mind. This will include planning to prescribe medications which are compatible with breastfeeding. Staff should seek the support of the Pharmacist for Women and Children's directorate and Infant Feeding Lead Midwife (ext: 86402) to ensure appropriate prescribing, or use information available at ["The BreastFeeding Network – Drugs in Breastmilk"](#)

We will ensure lactating women/parents receive information about their planned treatment, including accurate information about any medications and the effects they may have on them and their baby. If the required medications are confirmed to be incompatible with breastfeeding, but only on a short-term course, we will continue to provide facilities and support for continued expression of breastmilk to maintain their supply. This milk should be discarded, and breastfeeding can resume once medication has stopped. Please contact the Infant Feeding Lead Midwife (ext: 86402) who can support communication in this scenario.

The options for their care then need to be explained to the woman/parent. Our aim should always be to protect the breastfeeding journey as much as possible.

Lactating women/parents may need encouragement to continue breastfeeding or expressing breastmilk as often as is possible and manageable for them.

Lactating women/parents admitted should be given information about breast milk storage. If their milk is to be fed to a baby under 6 months old, the pump or containers must be sterilised. Breast milk can be stored for up to 5 hours at room temperature, up to 5 days in a fridge at 4 degrees C or less, and up to 6 months in a freezer. If their milk is not to be used straight away, it should be taken home as soon as possible by the nominated responsible adult.

If baby is present with lactating woman/parent, any expressed breastmilk can be stored on Ward 9 milk fridge whilst in hospital.

All breast milk expressed should be labelled with the following details:

- Mother's name
- Mother's MRN
- Date and time of expression
- The breastmilk should NOT be handed over to ward 9 without these details present.

2.1.2 Caring for inpatient lactating women/parents whilst their babies are at home

If it is not possible for baby to be present on the ward, we will support a responsible adult in bringing the baby to women/parents to maintain responsive feeding. We will provide a breast pump if necessary and support the woman to express her milk using her own equipment if available, thus maintaining her supply. Women/parents and/or their support will need to take breast milk home regularly to feed to the baby whilst separated from the woman/parent.

If a lactating woman/parent is not able to have their baby present, breastmilk should ideally be expressed at the times their baby normally feeds, but any expressing is valuable. We will ensure at all times they are supported with expressing, whether by breast pump or by hand, to maintain their supply to prevent any complications such as mastitis and/or breast abscesses.

2.1.3 Sources of Support for Staff

When a breastfeeding woman is admitted to hospital, please contact the following for support:

- Infant Feeding Lead Midwife on ext: 86402 or 01908 996402. email: infantfeeding@mkuh.nhs.uk (Daily 8am-4pm Mon-Fri, no out of hours support available)
- 16-00-0800 (Out of Hours and Weekends) Maternity Bleep holder via Bleep 1440 for support with accessing breast pumps, milk storage support, and to inform the Infant Feeding Lead Midwife.
- This should also be discussed at the daily hospital safety Huddle.

2.1.4 Discharge

The woman needs to be positively supported and encouraged to resume breastfeeding, if possible, after any reduction or break in feeding caused by receiving hospital treatment and may benefit from ongoing support in the community once she is back home.

4.0 Statement of evidence/references

Statement of evidence

5.0 Governance

5.1 Document review history

Version number	Review date	Reviewed by	Changes made

5.2 Consultation History

Stakeholders Name/Board	Area of Expertise	Date Sent	Date Received	Comments	Endorsed Yes/No
		04/01/2022	02/02/2022	Clarity regarding sterilisation equipment Clarity regarding visit from Infant Feeding Lead Midwife	Yes
		04/01/2022	02/02/2022	Various	Yes
		04/01/2022		Nil	N/A
		04/01/2022		Nil	N/A
MVP	Maternity Voices Partnership	31/03/2022	11/04/2022	Grammatical changes Clarity on various points	Yes Partially