



Royal College
of Nursing

Breastfeeding in children's wards and departments

Guidance for good practice





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Guidance for good practice

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Foreword

This guidance aims to improve the care of mothers and their babies by providing information which supports breastfeeding in neonatal units, children's wards and departments. The original guidance, published in 1998, came about following a demand from nurses and was developed by a working party set up by the Royal College of Nursing (RCN) Society of Paediatric Nursing. This second edition updates the 1998 guidance.

The guidance provides nurses with the information they need to promote breastfeeding and to support breastfeeding mothers and their babies in hospital.

Introduction

A strong body of research indicates that breastfeeding is the healthiest way that a woman can feed her infant. These health benefits not only offer advantages to the infant, but to the mother as well. All health care professionals working with babies should, therefore, promote, protect, and support breastfeeding to actively encourage women to continue breastfeeding their infant.

This guidance focuses on inpatient children's services, and aims to ensure that mothers are supported in breastfeeding while their baby is in hospital. After exploring key policies to help achieve this aim, this publication looks at circumstances where breastfeeding is contra-indicated, at using growth charts with breastfed babies, and at using breastfeeding as a pain relieving intervention during painful procedures.

Key steps to encourage breastfeeding in children's wards and departments

There are 10 measures which children's inpatient units can adopt to help mothers breastfeed while their baby is in hospital. These are expanded in the *Guidance for supporting breastfeeding* section and reflect the 10 steps to successful breastfeeding outlined by the UNICEF Baby Friendly Initiative (see www.babyfriendly.org.uk/page.asp?page=60).

Every children's inpatient unit should:

- have in place an up-to-date written breastfeeding policy which is routinely communicated to all health care staff, and provide health care staff with training to acquire the skills necessary to implement this policy
- provide mothers with the environment and facilities which meet their needs for privacy, information and appropriate nutrition
- support mothers in their choice of feeding method, and assist them in establishing and maintaining breastfeeding
- provide parents with written and verbal information about the benefits of breastfeeding and breast milk
- use alternative techniques conducive to breastfeeding if a baby is unable to feed at the breast

- give no bottles or dummies to breastfeeding babies, unless medically indicated and with parents' permission
- provide facilities that allow mothers and babies to be together 24 hours a day to promote breastfeeding on demand
- plan all care to minimise disturbance to breastfeeding
- provide mothers who need to express breast milk with a dedicated facility that is appropriately furnished with well-maintained and sterilised equipment for the safe expression and storage of breast milk
- provide parents with information about breastfeeding support groups during admission and on discharge from the hospital.

Guidance for supporting breastfeeding

1. Create and update a written breastfeeding policy which is routinely communicated to all health care staff, and provide health care staff with training to acquire the skills necessary to implement this policy.

- a) A written breastfeeding policy should be formulated by the children's unit in conjunction with the hospital's maternity services (where relevant), to ensure continuity of advice and practice.
- b) Display the policy, together with any supporting guidance (for example, this publication) in appropriate areas of the hospital, and where appropriate display copies translated into other languages spoken locally.
- c) All relevant health care staff should be given a copy of the breastfeeding policy and guidance. All newly appointed staff should receive instruction about the policy within three months of their starting date.
- d) An update on the policy should be included as part of annual mandatory training for nursing staff within the children's unit.
- e) Training programmes must emphasise:
 - i) the importance and benefits of breastfeeding

for the mother and her baby

- ii) all aspects of lactation management, positioning and attachment, at a level relevant for each professional group i.e. registered nurse, health care support worker
 - iii) methods of and equipment for expressing milk. All mothers should be shown how to hand express
- f) Guidance about what should be included in this training is available from the English Department of Health (DH, 2004a) and the Welsh Assembly Government (WAG, 2001).

2. Provide mothers with the environment and facilities which meet mothers' needs for

We recommend regular auditing of compliance with the breastfeeding policy (DH, 2004a). Audit should be the responsibility of senior nursing staff. An audit tool relating to the guidance in this document is provided in Appendix 1.

privacy, information and appropriate nutrition.

- a) Encourage and promote breastfeeding, and recognise and reflect the needs of the population served by the hospital.
- b) Provide a dedicated private and comfortable area for breastfeeding and expressing breast milk.
- c) A balanced diet and regular fluids are beneficial to breastfeeding mothers. Inpatient children's units should have arrangements in place to ensure that breastfeeding mothers receive appropriate food and drinks.
- d) Make appropriate information on breastfeeding and expressing breast milk available. This information should be translated into other languages as appropriate, so that women whose first language is not English can access it (NICE, 2008). Units should provide equipment for expressing breast milk (see Point 9), and staff should also be able to teach mothers how to hand-express milk.
- e) Provide information about where to hire breast pumps that mothers can use at home.

3. Support mothers in their choice of feeding method, and assist them in establishing and maintaining breastfeeding.

- a) On a mother's/baby's admission to hospital, staff should discuss with parents the chosen method of feeding and current feeding history, and record this in the care plan.
- b) Nursing staff should support mothers in establishing and/or maintaining breastfeeding after admission.
- c) Give information to mothers about, and access to, trained staff (throughout the hospital and community services) or to counsellors with specialist knowledge in breastfeeding management (NICE, 2008). (The National Childbirth Trust, La Lèche League and the Association of Breastfeeding Mothers provide trained breastfeeding counsellors).

4. Provide parents with written and verbal information about the benefits of

A systematic review concluded that both professional and lay support were effective for breastfeeding support; combined support was particularly effective in areas where initiation and continuation of breastfeeding was not high (Britton et al., 2007).

breastfeeding and breast milk.

- a) Trained staff, provided by the hospital or community services, should be available to mothers to discuss the benefits of breastfeeding and good breastfeeding management.
- b) Make written information describing the benefits of breastfeeding and good breastfeeding management practices readily available, translated as necessary (NICE 2008). An identified person within the children's unit will need to update these materials each year. (See DH, 2004a for a list of useful resources.)
- c) Adhere to the *International Code of Marketing Breastmilk Substitutes* (World Health Organisation [WHO], 1981), and avoid using documentation that promotes the use of breast milk substitutes

(including posters, advertisements, calendars and height charts).

- d) Provide impartial information about breast milk substitutes to parents as needed (NICE 2008) (see, for example, RCN, 2007).

5. If a baby is unable to feed at the breast, use alternative short term techniques conducive to breastfeeding.

- a) Always discuss with parents alternative feeding methods, such as bottle or cup.
- b) If a baby has a nasogastric tube, this can be used to deliver expressed breast milk or medically-indicated substitute feeds.
- c) Staff should be familiar with, and trained in, feeding infants with a bottle, cup and nasogastric tubes.

6. Bottles or dummies should not be given to

A recent Cochrane review concluded that cup feeding cannot be recommended over bottle feeding as a supplement to breastfeeding for pre-term infants, because using a cup confers no significant benefit in maintaining breastfeeding beyond hospital discharge - and carries the unacceptable consequence of a longer stay in hospital (Flint *et al.*, 2007) see also NICE 2008 Maternal and Child Nutrition recommendation 15.

breastfeeding babies unless clinically indicated and with parents' permission.

- a) Several international guidelines recommend that bottles or dummies should only be given to babies if these methods are medically indicated, and after discussing the subject with the parents (WHO, 1989; Joanna Briggs Institute, 2006).
- b) Other opinion articles have challenged the detrimental effect on successful breastfeeding of using dummies (Bu'Lock, 2004; Cinar, 2004; Haycock and Greenough, 2007).

- c) Discuss the pros and cons of using dummies with the parents and obtain parents' consent before offering a dummy to an infant who is being breastfed.

7. Provide facilities that allow mothers and babies to be together 24 hours a day to promote breastfeeding on demand.

- a) Encourage baby-led feeding because it is essential to establishing successful breastfeeding.
- b) Provide accommodation which allows mothers to remain with their babies 24 hours a day because it supports baby-led feeding and successful maintenance of lactation.
- c) Encourage skin-to-skin contact between mothers and clinically stable infants whenever possible, to enhance milk production.

A Cochrane review found some evidence that skin-to-skin contact may benefit breastfeeding outcomes (Moore *et al.*, 2007). Further substantial research is due to be published in the near future.

8. Plan all care to minimise disturbance to breastfeeding.

- a) All staff should be aware of the implications of drugs on initiating and maintaining breastfeeding (BMA and Royal Pharmaceutical Society of Great Britain, 2006). See also NICE 2008 Maternal and Child Nutrition recommendation 15.
- b) If a baby is undergoing surgery, the fasting time for breast milk is four hours (RCN, 2005).
- c) Following medical or surgical procedures, put babies to the breast as soon as they are alert enough and willing to feed, unless medically contraindicated (RCN, 2005).
- d) Carry out patient care with minimal disturbance to the mother and baby breastfeeding relationship.
- e) Where disturbance is unavoidable (e.g. acute clinical crisis or appropriately managed intervention), encourage the mother to express her milk six to eight times in each 24 hour period, to establish and/or maintain lactation until she can resume breastfeeding.

9. Provide mothers who need to express breast milk with a dedicated facility that is appropriately furnished with well maintained and sterilised equipment for the safe expression and storage of breast milk.

- a) Mothers should be able to express milk at their baby's bedside if they wish.
- b) Provide a separate, dedicated room, that is private and suitably furnished, for breastfeeding mothers so that, if required, they can express breast milk.
- c) Make available at all times well-maintained, sterile equipment for mothers to use to safely express and store of breast milk.
- d) Make sure collection and storage of breast milk meets the required standards of the hospital's infection control policy.
- e) Label fridges used for storing breast milk with safe storage instructions.
- f) Give breastfeeding mothers admitted to non-paediatric areas of the hospital easy access to facilities for breastfeeding, as well as to equipment for expressing and storing breast milk.
- g) Do not separate breastfeeding mothers admitted to hospital from their babies unless they are unable to care for their babies for clinical reasons.
- h) Make information about the facilities for breastfeeding at the hospital readily available to mothers.

10. Provide mothers with information about breastfeeding support groups during admission and on discharge from hospital.

- a) Discharge planning should include providing information about local breastfeeding support groups and counsellors (e.g. Association of Breastfeeding Mothers, The Breastfeeding Network, La Lèche League, National Childbirth Trust) (Britton *et al.*, 2007).
- b) On discharge, give relevant health visitors, midwives, community children's nurses and/or community neonatal nurses full details of each mother's and baby's breastfeeding history, to ensure continuity of advice and care.
- c) Encourage local breastfeeding support groups to work with hospital staff in providing information about services available in the community.

- d) Provide parents with information about local breastfeeding support services before their child's discharge from hospital (NICE, 2008).

Circumstances when breastfeeding is contraindicated

The two main UK contraindications for breastfeeding are mothers who are HIV positive or have AIDS, or who are taking medicines that are contraindicated with breastfeeding (Bar-Oz *et al.*, 2003; Kuhn *et al.*, 2004).

Mothers with HIV/AIDS and breastfeeding

In the UK, mothers who are HIV positive are discouraged from breastfeeding to reduce the risk of mother-to-infant transmission (DH, 2004b; RCPCH, 2006).

You will find useful information in the World Health Organisation (WHO)'s 2004 review which presents a summary of the available scientific evidence about HIV infection transmission through breastfeeding. It briefly describes the benefits of breastfeeding for both mothers and infants and summarises evidence on the relative risk of mother-to-child transmission of HIV-1 infection during pregnancy, delivery, and breastfeeding. Additional information can also be found in Kuhn *et al.*, (2004).

For further information see:

UK Chief Medical Officers' Expert Advisory Group on AIDS (2004) *HIV and infant feeding*. Available at: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance [accessed 22/01/09]

Royal College of Paediatrics and Child Health (2006) *Reducing Mother to Child Transmission of HIV Infection in the United Kingdom*, London: RCPCH. Available at: www.rcpch.ac.uk [accessed 22/01/09]

Contraindicated drugs and breastfeeding

The 2008 guidelines from the National Institute for Health and Clinical Excellence (NICE) state that health care professionals:

- who prescribe or dispense drugs to a breastfeeding mother should consult supplementary sources (for example, the Drugs and Lactation Database (known as LactMed, www.toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT) or seek guidance from the UK Drugs in Lactation Advisory Service (www.ukmicentral.nhs.uk/drugpreg/guide.htm).
- should discuss the benefits and risks associated with the prescribed medication and encourage the mother to continue breastfeeding, if reasonable to do so. In most cases, it should be possible to identify a suitable medication which is safe to take during breastfeeding by analysing pharmacokinetic and study data. (Appendix 5 of the *British National Formulary* should only be used as a guide as it does not contain quantitative data on which to base individual decisions.)
- should recognise that there may be adverse health consequences for both mother and baby if the mother does not breastfeed. They should also recognise that it may not be easy for the mother to stop breastfeeding abruptly – and that it is difficult to start breastfeeding again.

The NICE guidelines are available at: www.nice.org.uk/guidance

Breastfeeding as a pain-relieving measure during painful procedures

A systematic review Shah *et al.*, (2006) of the effectiveness of breastfeeding or supplemental breast milk in relieving procedural pain in neonates showed:

- breastfeeding or supplemental breast milk (i.e. given via a bottle or nasogastric tube) reduces pain and distress behaviour
- breastfeeding is more effective than swaddling or the use of a dummy (pacifier), and has a similar efficacy to the administration of sucrose.

Other studies reported in 2007 support these conclusions:

- Efe and Ozer (2007) found that breastfeeding was an effective way of relieving pain during neonatal immunisations
- Efe and Savaser (2007) found no difference in the analgesic effect of breastfeeding and the administration of sucrose during venepuncture.

Growth charts and breastfed babies

There is evidence that the growth trajectory of a bottle-fed infant is very different from that of a breastfed infant (Dewey *et al.*, 1992; Whitehead and Paul, 1984; Hediger *et al.*, 2000; Cole and Whitehead, 2002). This means that when we use growth charts designed both for breastfed and bottle fed babies, some breastfed babies appear not to be gaining weight as quickly as they should. This can be discouraging to breastfeeding mothers and there is anecdotal evidence that this can lead to their discontinuing breastfeeding.

New charts were introduced nationally for growth monitoring of UK children 0-4 in May 2009. Further information can be found at www.rcpch.ac.uk.

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Additional resources

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www.who.int/nutrition/publications/gs_infant_feeding_text_eng.pdf

Organisations supporting breastfeeding

The Breastfeeding Network – see:
www.breastfeedingnetwork.org.uk

National Childbirth Trust – see: www.nct.org.uk

La Lèche League – see: www.laleche.org.uk

Association of Breastfeeding Mothers – see
<http://abm.me.uk>

Appendix 1: Audit checklist – Breastfeeding practice

Photocopy this checklist and use these key criteria from the breastfeeding guidance to audit your unit/hospital. Refer to the guidance to prepare an action plan if improvements are needed.

Checklist	Yes	No
Is your policy relating to breastfeeding mothers displayed in all areas of the hospital?		
Is your policy relating to breastfeeding mothers translated, if appropriate?		
Is your policy relating to breastfeeding mothers given to new staff?		
Are training programmes on breastfeeding available for staff?		
Is an update about the breastfeeding policy part of the annual mandatory training?		
Is there a private, comfortable area dedicated to breastfeeding?		
Can mothers express at the bedside if they want?		
Are staff trained in the use of breast pumps?		
Do you provide information to parents about how to hire a breast pump for use at home?		
Can you name your staff member (or counsellor) with specialist knowledge in breastfeeding management?		
Do nurses discuss the chosen method of feeding with parents of infants on admission and record it in the care plan?		
Do you have written information about breastfeeding and local support groups available to give to breastfeeding mothers?		
Is there any breastmilk substitute promotional material (posters, calendars etc) visible?		
Are there facilities for all breastfeeding mothers to remain with their babies 24 hours a day?		
Are breastfed babies starved for no more than four hours pre-operatively?		
Is there regular monitoring of the system for collecting and storing expressed breastmilk?		
Do you have a list of the contacts for your local breastfeeding support group?		
Do staff know where to find the list of the contacts for your local breastfeeding support group?		
Following the audit an action plan is devised		



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