

# BREASTFEEDING

## PRETERM BABIES

### Rationale

- Breast milk feeding, even partial, reduces risk of necrotising enterocolitis (NEC), retinopathy of prematurity (ROP), sudden infant death (SIDS) and improves cognitive outcomes in preterm babies
- Human milk is important in establishing enteral nutrition
- Any amount of mother's fresh breast milk is better than none
- Physician advocacy has a strong influence on intention to feed

### Buccal colostrum

- Counsel all mothers anticipating delivery of sick/preterm baby about benefits of colostrum and show SWMN ODN film **Early expressing and benefits of colostrum** available at [www.swmnodn.org.uk/media](http://www.swmnodn.org.uk/media)
- Advise mothers to hand express as soon after delivery as possible (ideally within 1 hr)
- Initiate administration of buccal colostrum as soon as colostrum available (ideally within 2 hr of birth)

### Parent and staff information

- See [www.unicef.org.uk/babyfriendly](http://www.unicef.org.uk/babyfriendly) or [www.bestbeginnings.org.uk/watch-small-wonders-online](http://www.bestbeginnings.org.uk/watch-small-wonders-online)

## IMPLEMENTATION

- In pregnancy at high risk of premature delivery, discuss feeding preferences, advantages of breastfeeding or [giving breastmilk](#) and how expression of breast milk can be supported
- If delivery is imminent (any gestational age) or high risk pregnancies >36 weeks consider antenatal colostrum collection
- Discuss value/benefits at birth and during mother's first visit to **NNU**
- Document discussion in maternal healthcare record
- Encourage mothers to practice 'kangaroo care' also known as skin-to-skin holding (see [Kangaroo care guideline](#))
- Separate decision to provide a few weeks' pumped breast milk from the commitment to long-term, exclusive breastfeeding
- Praise all efforts to provide breast milk
- Ensure adequate discussion and provision of written information on hand expression, and on mode and frequency of pump use (see [Breast milk expression guideline](#))
- See [Progression to oral feeding in preterm babies guideline](#) regarding establishing breastfeeding and responsive feeding

## CONTRAINDICATIONS TO BREASTFEEDING

<b><i>Babies with galactosaemia should not receive breast milk</i></b>
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### HIV in UK

- Always check maternal HIV status before breastfeeding
- breastfeeding contraindicated in UK
- if you are concerned that mother intends to breastfeed, ensure an **HIV specialist** explains risk to baby, allowing the mother to make an informed decision
- if decision made by mother to breastfeed after advice, signpost to breastfeeding support

### HIV in developing countries

- If returning to a developing country where there is no access to clean water, exclusive breastfeeding is safer than mixed

## Maternal medications

***The risk of the medication to baby is dependent on gestation, age and clinical condition of baby***

- Antimetabolites or cytotoxic drugs
- Radioisotope investigation (until isotope clears)
- See **Neonatal Formulary, BNF, 'Medications and mother's milk'** by T W Hale, <https://www.toxnet.nlm.nih.gov/newtoxnet/lactmed.htm> or <https://www.sps.nhs.uk/home/guidance/safety-in-breastfeeding/>

***A current, reliable reference for drugs and breastfeeding must be available on NNU***

## BREASTFEEDING WITH SPECIAL PRECAUTIONS

### Tuberculosis (TB)

- Maternal sputum-positive TB is not a contraindication to breastfeeding
- If mother on isoniazid, give prophylactic pyridoxine to mother and baby
- Refer to **Tuberculosis (investigation and management following exposure in pregnancy) guideline** for further advice

### Cytomegalovirus (CMV)

- Mothers who have a primary CMV infection or reactivation may be infective. Take senior microbiological advice on testing and feeding
- Pasteurisation of milk inactivates CMV

### Hepatitis B

- Risk of transmission can be almost totally eliminated by a combination of active and passive immunisation
- Breastfeeding not contraindicated
- See **Hepatitis B and C guideline**

### Hepatitis C

- Transmission by breastfeeding theoretically possible but has not been documented
- Breastfeeding not contraindicated but inform mother risks unknown – consider avoiding breastfeeding if nipples cracked as increased risk of infection

### Varicella-zoster virus (VZV)

- Babies of mothers with active VZV can reduce risk by avoiding breastfeeding until mother is no longer infectious (5 days from onset of rash)
- Premature babies born <1 kg or <28 weeks are considered high risk and should be given varicella-zoster immunoglobulin (VZIG) (see **Varicella guideline**)

### Herpes simplex type 1

- Omit breastfeeding or feeding expressed breast milk (EBM) from affected side in women with herpetic lesions on breast until lesions have healed
  - cover active lesions elsewhere
  - careful hand hygiene essential
  - affected side: cover, pump and discard milk (no breastfeeding) until lesions are clear
  - unaffected side: can breastfeed and use EBM

### Phenylketonuria (PKU)

- Breastfeeding not contraindicated in babies with PKU
- Screening service will contact **paediatric dietitians** directly
- Careful dietetic management necessary
- All babies to be under the care of **paediatric dietitians** and **inherited metabolic diseases team**

**Radioactive diagnostic agents**

- Women receiving radioactive diagnostic agents to pump and discard although most agents have very short plasma half-lives, seek advice from hospital **nuclear medicine department** as to how long to discard milk for.

**Medications**

- For medications that require caution with breastfeeding, see **Maternal medications**

**Social drugs**

***Alcohol***

- Discourage more than limited consumption

***Nicotine***

- Nicotine concentration in breast milk increases immediately after smoking
- Discourage mothers from smoking directly before breastfeeding or expressing breast milk