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
- 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 or 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

Babies with galactosaemia should not receive breast milk

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