

# SESLHD POLICY COVER SHEET



**Health**  
South Eastern Sydney  
Local Health District

NAME OF DOCUMENT	Breastfeeding women: support in non-maternity facilities in SESLHD
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EXECUTIVE SPONSOR	Clinical Stream Director, Women's Health and Neonatal
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POSITION RESPONSIBLE FOR THE DOCUMENT	CMC Women's and Neonatal Stream <a href="mailto:Alison.Brown3@health.nsw.gov.au">Alison.Brown3@health.nsw.gov.au</a>
FUNCTIONAL GROUP(S)	Women and Babies Health
KEY TERMS	Mother breastfeeding, non-maternity units, support
SUMMARY	This policy provides guidance to staff for managing breastfeeding women admitted to non-maternity units in SESLHD. Its intent is to maintain the breastfeeding relationship between a mother and her infant and/or support lactation during admission and prevent unnecessary weaning and/or supplementation of the infants feeding.

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**Breastfeeding women: support in non -  
maternity facilities in SESLHD****SESLHDPD/251****1. POLICY STATEMENT**

Breastfeeding is protective against a large range of immediate and long-term health outcomes. Low rates of breastfeeding, or early cessation of breastfeeding can put infants and mothers at increased risk of ill health.

Unnecessary separation of mother and infant will compromise breastfeeding; therefore support for the mother to maintain breastfeeding during admission to non-maternity units is essential. This may include extended visiting time for a carer and infant, accommodating the infant and or admitting the infant as a 'boarder' for the duration of the mother's hospital stay. In which case the mother, family member or carer will need to take responsibility for the 'boarder' infant during the hospitalisation.

**2. AIMS**

- Women are supported to follow the World Health Organization recommendations to exclusively breastfeed their child for around six months then introduce nutritious family food while continuing to breastfeed until two years and beyond.
- All members of staff are responsible for treating breastfeeding women with respect and dignity and must refrain from behaviours that may constitute unlawful discrimination.
- Effective support for breastfeeding women is provided to prevent unnecessary suppression of lactation.
- If the clinical condition and management of the mother is not conducive to breastfeeding, all measures such as expressing the breasts are implemented to ensure the mother's lactation is supported and breastfeeding is resumed as soon as possible.
- To ensure the breastfeeding baby is not separated from his or her mother due to hospitalisation. Breastfeeding is to be maintained, for the benefit of mother and baby, this includes a mother with a medical/surgical admission or mother caring for her paediatric inpatient.

**3. TARGET AUDIENCE**

- After Hours Nurse/Midwifery Managers
- Nurse/Midwifery Unit Managers
- Lactation Consultants
- Registered Midwives/Nurses
- Student Midwives/ Nurses
- Medical Staff
- Allied Health Staff
- Enrolled Nurses
- Mothercraft Nurses

**Breastfeeding women: support in non -  
maternity facilities in SESLHD**

**SESLHDPD/251**

**4. RESPONSIBILITIES**

**4.1 Nurses/Midwives:**

- Promote a positive culture supportive of breastfeeding
- Ensure familiarity with this policy, related guidelines and clinical business rules.

Staff providing care for breastfeeding women in a non-maternity ward at St George Hospital or The Sutherland Hospital can refer to: SGH/TSH Business Rule 141:

[Boarder babies and/or readmitted babies – clinical determination STG-TSH WCH141](#)

**4.2 Line Managers:**

- Promote a positive culture supportive of breastfeeding
- Ensure staff are familiar with and adhere to this policy, related guidelines and clinical business rules
- Refer to local hospital guidelines as to whether a baby should be admitted as a border or be admitted for observations/investigations

**4.3 Medical staff:**

- Promote a positive culture supportive of breastfeeding
- Familiarise themselves with this policy and adhere to it

**4.4 Care and support to Aboriginal women and infants**

When clinical risks are identified for an Aboriginal or Torres Strait Islander woman or her infant, they may require additional supports. A referral to the Aboriginal Hospital Liaison Officer can be made to provide cultural support to the Aboriginal woman and act as a third party to express the needs and concerns of the woman. Refer to SESLHD guideline for more information: [SESLHDGL/088 Comprehensive Care - Section 5 - Comprehensive care for Aboriginal and Torres Strait Islander People](#)

**4.5 Care and support to non-English speaking culturally linguistically diverse (CALD) women and babies**

Support for non- English speaking culturally and linguistically diverse (CALD) women and families is available through cross cultural workers (weekdays, business hours) and the interpreter service. Refer to: [NSW Health Policy Directive PD2017\\_044 – Interpreters – Standards Procedures for Working with Health Care Interpreters.](#)

**4.6 Access to support**

Staff providing care for breastfeeding women at or within non-maternity facilities (Prince of Wales, Sydney, Sydney Eye Hospital), can access breast feeding support by contacting the switchboard of their nearest maternity facility and request breastfeeding support from a Lactation Consultant (LC). Available during office hours, excluding public holidays at:

- **The Royal Hospital for Women (RHW)** 9382 6111
- **St George Hospital (SGH)** 9113 1111 or **LC Support** 9113 2053
- **The Sutherland Hospital (TSH)** 9540 7111 or **LC Support** 9540 7913

**Breastfeeding women: support in non -  
maternity facilities in SESLHD**

**SESLHDPD/251**

○ **After Hours calls:**

**RHW** After Hours Nurse Manager,  
**SGH & TSH** In-Charge on Maternity Ward.

- If the temporary cessation of breastfeeding is necessary, breastfeeding mothers will be given support to express their breasts either by hand or with a breast pump
- Safe storage of expressed breastmilk will need to be considered (refer to NSW Health Guideline [GL2023\\_021 - Breastmilk: Safe Management](#)).

**4.7 Maternal Medications and Breastfeeding**

- Only a very small number of maternal medications prohibit breastfeeding. Most medicines will enter breastmilk in very small amounts, which are safe for the baby. If a medication is of concern while breastfeeding, there is often a safe alternative which can be used instead.
- A mother generally does not need to interrupt breastfeeding if she has an X-ray, MRI, CT, Angiogram, ultrasound or mammogram. These examinations do not affect breastfeeding. A radiological contrast dye can be used to aid with imaging. Cessation of breastfeeding or expression and discarding of breast milk after iodinated contrast media administration is not required.
- After **General Anaesthesia**, mothers of normal, full term or older infants can generally resume breastfeeding as soon as they are awake, stable and alert. In case of extended separation at the time of surgery, breastfeeding mothers should be encouraged to express breast milk before admission and surgery, so there is milk available for the baby and the mother's breasts are as comfortable as possible on waking.

**For further information contact:**

- Mothersafe: 9382 6539 (Sydney Metro) or 1800 647 848 (Country NSW) or [MotherSafe](#); this service is for women and health professionals.
- [Drugs and Lactation Database \(LactMed\)](#): A curated peer reviewed and fully referenced database of drugs to which breastfeeding mothers may be exposed. It includes information on maternal and infant levels of drugs, possible effects on breastfed infants and lactation, and alternate drugs to consider:
- [The Royal Australian and New Zealand College of Radiologist \(RANZCR\) 2018 Guidelines](#): Iodinated Contrast Media Guideline, V2.3© The Royal Australian and New Zealand College of Radiologists® March 2018.

**5. DOCUMENTATION**

All referrals to lactation services for lactation consults should be documented in medical records for continuity of antenatal or postnatal care

- Antenatal Card/eMaternity
- Electronic medical record
- Discharge letter

## Breastfeeding women: support in non - maternity facilities in SESLHD

SESLHDPD/251

### 6. REFERENCES

- [Australian Breastfeeding Association, 2017 Radiology and breastfeeding](#)
- Morze, K., Szalek, E., & Waszyk-Nowaczyk, M. (2025). Minding the gap. Drug-related problems among breastfeeding women. *Frontiers in pharmacology*, 16, 1542269.
- [NSW Health Policy Directive PD2018\\_034 - Breastfeeding in NSW: Promotion, Protection and Support](#)
- [NSW Health Policy Directive GL2023\\_021 - Breastmilk: Safe Management](#)
- [NSW Health Policy Directive PD2017\\_044 - Interpreters – Standards Procedures for Working with Health Care Interpreters.](#)
- [Reece-Stremtan, S., Campos, M., Kokajko, L., & Academy of Breastfeeding Medicine. \(2017\). ABM clinical protocol# 15: Analgesia and anaesthesia for the breastfeeding mother, revised 2017. Breastfeeding medicine, 12\(9\), 500-506.](#)
- [SESLHDGL/088 - Comprehensive Care](#)
- [SGH-TSH WCH 141 2024, Boarder babies and/or readmitted babies – clinical determination](#)
- [The Royal Australian and New Zealand College of Radiologist \(RANZCR\) 2018 Guidelines](#)
- [World Health Organisation Breastfeeding 2025](#)

### 7. VERSION AND APPROVAL HISTORY

Date	Version No.	Author and approval notes
July 2008	0	Joy Heads, CNC – Lactation, Royal Hospital for Women. Approved by Clinical Council Committee 28 May 2008
Feb 2013	1	Review undertaken by Kirstin Lock, CMC-Lactation, St George/Sutherland Hospitals. Addition of new NSW PD are the only minor changes. Approved by Director of Nursing and Midwifery
March 2013	1	Approved by District Drug and Quality Use of Medications Committee
July 2020	2	Minor review by the A/CMC Women's & Children's Clinical Stream on behalf of the Lactation Services Group. Definitions removed, Section 4.1 updated, and links updated. Approved by Executive Sponsor.
31 July 2025	2.1	Minor review. References and terminology updated. Sections 4.4 and 4.5 added.