

Breastfeeding Women: Support In Non-Maternity Facilities In SESLHD

SESLHDPD/251

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KEY TERMS	Breastfeeding, non-maternity units, support
SUMMARY	This policy provides guidance to staff in 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.

Breastfeeding Women: Support In Non-Maternity Facilities In SESLHD**SESLHDPD/251****1. POLICY STATEMENT**

Breastfeeding women admitted to non-maternity units in SESLHD are supported to ensure maintenance of the breastfeeding relationship between a mother and her infant and to inhibit the suppression of lactation.

2. AIMS

- 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.
- For all members of staff to be aware and disseminate to women the latest evidence concerning radiological examination if required.

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

4. RESPONSIBILITIES

- There is evidenced based research to support that breastfeeding is protective against a large range of immediate and long term health outcomes. Low rates of breastfeeding, or early cessation therefore, put a large number of infants and mothers at increased risk of ill health. Substantial costs could be saved through effective protection and support of breastfeeding women. The World Health Organisation and the National Health and Medical Research Council recommend exclusive breastfeeding for six months and continued breastfeeding to 12 months and beyond.

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- 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.
- Refer to local hospital guidelines as to whether a baby should be admitted as a border or be admitted for observations/investigations.
- 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 Rule141. [Babies - Care and Admission of Babies When Mother or Sibling From The Same Multiple Birth Is Admitted To Hospital - Post Birthing Admission.](#)
- Staff providing care for breastfeeding women at or within non-maternity facilities (Prince of Wales, Sydney, Sydney Eye Hospital, or surgical wards at SGH or TSH), 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
 - **After Hours calls: RHW** After Hours Nurse Manager
SGH & TSH In-Charge on Maternity
- 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 Ministry of Health Policy Directive PD2010_019 – Maternity - Breast milk: safe management](#)).
- 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.

4.1 Maternal Drugs and Breastfeeding

Only a very small number of maternal medications prohibit breastfeeding. Most medicines will enter breastmilk to some degree, and will only be present in small quantities.

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

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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.

Other Medications, medical caregivers should consult drug information resources before suggesting that breastfeeding be interrupted or ceased because of maternal medication, x-ray, or radio contrast agents.

For further information contact:

- **Mothersafe:** 9382 6539 (Sydney Metro) or 1800 647 848 (Country NSW) or via www.mothersafe.org.au. 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

6. 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

7. REFERENCES

Hale, T 2019, *Medication and Mother’s Milk (18th Edition)*. Hale Publishing, Springer Publishing Company Please note, this is a recommended text.

[NSW Ministry of Health Policy Directive PD 2018 034 - Breastfeeding in NSW: Promotion, Protection and Support](#)

[NSW Ministry of Health Policy Directive PD2010 019 – Maternity - Breast milk: safe management](#)

National Health and Medical Research Council 2012, *Food for health: Dietary Guidelines for Children and Adolescents in Australia Incorporating the Infant feeding Guidelines for Health Workers*. Commonwealth of Australia, Canberra.

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8. REVISION & APPROVAL HISTORY

Date	Revision No.	Author and Approval
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.