

Breastfeeding

PRETERM BABIES

Rationale

- Breast milk feeding, even partial, reduces risk of necrotising enterocolitis (NEC) 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

Parent information

- See www.unicef.org.uk/babyfriendly
- Small Wonders DVD

IMPLEMENTATION

- In pregnancy at high risk of premature delivery, discuss feeding during antenatal period
- Discuss value/benefits during mother's first visit to NNU
- Document discussion in maternal healthcare record
- Separate decision to provide a few weeks' pumped breast milk from the commitment to long-term, exclusive breastfeeding
- Praise efforts to provide expressed breast milk
- Ensure adequate discussion and provision of written information on hand expression, and on mode and frequency of pump use
- See **Nutrition and enteral feeding** guideline regarding establishing breastfeeding

CONTRAINDICATIONS TO BREASTFEEDING

Babies with galactosaemia should not receive breast milk

HIV in UK

- Always check maternal HIV status before breastfeeding
- breastfeeding absolutely contraindicated in UK
- if you are concerned that mother intends to breastfeed, ensure an HIV specialist explains risk to baby

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 or 'Medications and mother's milk'** by T W Hale

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

BREASTFEEDING WITH SPECIAL PRECAUTIONS

Tuberculosis

- 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 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