

MODEL HOSPITAL POLICY for Care of the Readmitted Lactating Patient

Purpose: With the recognition of breastfeeding as a public health issue, the encouragement from professional medical organizations for new mothers to breastfeed for 2 years or as long as desired, and with an increase in breastfeeding rates across the country, it is extremely likely that a lactating mother may be admitted to any area of the hospital. It is imperative that lactation be supported during any maternal or infant hospitalization, as it has both short and long-term effects on the physical and mental health of the woman and child.

Policy: The facility will develop and implement practices supporting the needs of breastfeeding women and their children at all points of hospital entry and stay including registration in the emergency department, upon arrival for outpatient surgery, and admission to the hospital.

Policy Objectives:

1. Identify lactating patients upon admission to the hospital.
2. Support and provide resources to the lactating patient to encourage continued lactation.
3. Coordinate care for continued lactation, interrupted lactation, or discontinued lactation to avoid further harm.

Procedure:

1. Upon admission to any unit of the hospital the patient will have their lactation status assessed and noted in the medical record. All providers, pharmacy, and any staff providing care should be made aware of the patient's lactation status.
2. Lactating patients will be asked if they have pumping supplies with them at admission.
3. Breast pump and supplies shall be provided as needed to include breast pump, pump kit, and/or extra bottles for milk storage. A double electric breast pump should be accessible if that is the standard of care in the facility.
4. Referral should be made to lactation consultant for assessment and lactation follow up.
5. Nursing staff shall assist the patient with pumping as needed.
6. Encourage the patient to feed infant directly at the breast if infant is able to be in hospital with the patient and it is safe to do so, or express milk at approximately the same schedule as before admission.
7. If patient is having a procedure, they should be encouraged to express milk or breastfeed before the procedure.
8. After a procedure, and as soon as the patient is alert and able, they should be encouraged to express milk or breastfeed.
9. If the lactating patient is unconscious, preparations should be made to have an experienced person perform the milk expression.
10. If surgical skin preparation is indicated, choose chlorhexidine over iodine surgical skin preparation, and avoid applying it to the breasts if possible. Wash surgical skin prep from the breast area, if necessary, at the conclusion of the procedure.
11. Any expressed breast milk should be labeled per facility policy and include at a minimum patient's name, date of birth, date and time milk expressed, and stored in a food grade refrigerator.
12. Expressed breast milk is not a biohazard and should not be treated as such ([CDC](#), [OSHA](#)).

13. Expressed milk may be stored in a refrigerator for 5 days and should be sent home with the patient or with another family member.
14. Medication choice should be made with lactation status in mind. Resources for information on compatibility of medications with lactation are included with this policy. (Appendix A)
15. At discharge the patient should be provided with resource information for lactation follow-up. **Oklahoma Breastfeeding Hotline 1-877-271-MILK(6455)**

Additional procedures for patients admitted for psychiatric care:

1. According to the patient's condition, it may be necessary to have the patient pump in a space where she may be supervised during pump set up, during milk expression, and cleaning of supplies.
2. The unit may set up a space to include an appropriately labeled container for storage of patient's milk expression supplies.
3. Providers will take into consideration the patient's lactation status when planning treatment and utilize appropriate resources for information on medication safety with all attempts made to preserve the patient's lactation status as per the patient's wishes.

Attachments:

- Appendix A: Medication resources
- Appendix B: Staff education topics regarding lactating patients
- Appendix C: Breast milk labeling and storage guidelines
- Appendix D: Patient and Caregiver Education (separate document)

References

Bartick, M., et al. (2021). ABM Clinical Protocol #35: Supporting Breastfeeding During Maternal or Child Hospitalization. *Breastfeeding Medicine*, 16(9), 664-674. <https://doi.org/10.1089/bfm.2021.29190.mba>

Caan, MP, et al. (2022). Clinical and Legal Considerations Regarding Breastfeeding on Psychiatric Units. *Journal of the American Academy of Psychiatry and the Law*, 50(2), 1-8. <https://doi.org/10.29158/JAAPL.210086-21>

Rieth, E, Barnett, KM, & Simon, JA. (2018). Implementation and Organization of a Perioperative Lactation Program: A Descriptive Study. *Breastfeeding Medicine*, 13(2), 97-105. <https://doi.org/10.1089/bfm.2017.0193>

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Appendix A: Medication while Breastfeeding Resources

LactMed	LactMed is a database of drugs and other chemicals to which breastfeeding mothers may be exposed. It includes information on the levels of such substances in breastmilk and infant blood, and the possible adverse effects in the nursing infant.	www.ncbi.nlm.nih.gov/books/NBK501922/
<i>Medications and Mothers' Milk</i>	This reference contains current, complete, and evidence-based information on the transmission of maternal drugs into human milk.	Available as print and web-based resource. www.halesmeds.com/
Academy of Breastfeeding Medicine (ABM) Clinical Protocols	Protocol #15: Analgesia & Anesthesia for the Breastfeeding Mother Protocol #18: Use of Antidepressants in Breastfeeding Mothers Protocol #21: Breastfeeding in the Setting of Substance Use and Substance Use Disorder Protocol #31: Radiology & Nuclear Medicine Studies in Lactating Women	https://www.bfmed.org/protocols
<i>Brigg's Drugs in Pregnancy and Lactation: A Reference Guide to Fetal and Neonatal Risk (2021)</i>	An easy A-to-Z format lists more than 1,400 of the most commonly prescribed drugs taken during pregnancy and lactation, with detailed monographs designed to provide the most essential information on possible effects on the mother, embryo, fetus, and nursing infant.	Available as print https://www.wolterskluwer.com/en/solutions/ovid/briggs-drugs-in-pregnancy-and-lactation-a-reference-guide-to-fetal-and-neonatal-risk-730
MotherToBaby	The Organization of Teratology Information Specialists provides information (in English and Spanish) for women and healthcare providers on the risks and safety of taking medication during pregnancy and breastfeeding.	www.mothers-to-baby.org
MicroMedex	Evidence-based clinical resources to support informed diagnosis and treatment decisions. This requires a subscription.	www.micromedexsolutions.com/micromedex2/librarian/
InfantRisk Center	Provides up-to-date, evidence-based information on the use of medications during pregnancy and breastfeeding. The InfantRisk Center also provides resources such as a free call center, MommyMeds mobile app for consumers, and InfantRisk mobile app for healthcare professionals	www.infantrisk.com/category/breastfeeding
e-lactancia	The Association for the Promotion and Research of Breastfeeding (APILAM) runs the e-lactancia.org website where you can consult the compatibility of breastfeeding with medicines, plants, toxins, and diseases.	https://www.e-lactancia.org

Adapted from: <https://www.uspharmacist.com/article/breastfeeding-and-medication-safety>

Appendix B: Staff Education Topics

Staff who are not consistently caring for lactating patients or are in a facility where lactation services are not available must receive basic education on supporting the lactating patient. This education should include the following topics at a minimum:

- Breastfeeding as a public health issue, including but not limited to the benefits for both mother and baby, and the importance of support for continued lactation
- Breast milk production –
 - continued milk production beyond the first weeks
 - weaning process if breastfeeding/milk expression discontinued
 - signs and treatment of problem: engorgement, mastitis, nipple damage
- Breast pump use –
 - acquiring a pump
 - set up of pump and basic knowledge of pump settings
 - flange fit
- Breast Milk storage guidelines
- Lactation support and referral sources

Appendix C: Expressed Breast Milk Labeling and Storage

Expressed milk should be labeled with a minimum of identifying information:

- Patient name
- Patient date of birth
- Date that milk was expressed
- Time that milk was expressed

Storage of Freshly Expressed or Pumped Human Milk:

- Store expressed milk in storage bags designed for storage of human milk or clean, food-grade containers made of glass or plastic and have tight fitting lids.
- Expressed milk may be stored as follows:
 - Countertop/room temperature (77 °F or colder) – up to 4 hours
 - Insulated cooler bag with ice packs – 24 hours
 - Refrigerated (40°F) – 4 days
 - Freezer (0°F or colder) – 6 – 12 months

Additional Human Milk Storage Guideline resources:

https://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm

<https://www.cdc.gov/breastfeeding/pdf/HumanMilk-en-4x6-508.pdf>

Appendix D: Preparing for your Hospitalization or Procedure while Breastfeeding (attached document)