

Feeding your baby during a hospital admission

The prospect of coming into hospital is an emotional time if you have a young baby. You may feel more anxious about your baby than yourself and have concerns about how to continue breastfeeding. Support from family and friends will help to minimise separation from your baby.

Here are some frequently asked questions (FAQs) that you may find useful.

Will my baby be able to stay with me?

If you are admitted to our postnatal ward your baby can usually stay with you providing that you are well enough to care for her/him. Cots and changing facilities are available.

Should you be admitted to a specialist ward your baby will be welcome to visit you for feeds but will be unable to stay. It is advisable to ask a family member or friend to be on hand to look after your baby during visits.

Can I continue to breastfeed or bottle feed my baby during my stay?

You will be encouraged to continue breastfeeding your baby as you feel able. Privacy can be provided by drawing your bed curtains. Alternatively, a member of staff may be able to suggest a more private place on the ward if temporarily available (e.g. a side room).

If you are feeding your baby with formula milk then it is preferable to bring in 'ready-made' milk and sterile teats when your baby visits for feeds.

Unfortunately we are unable to store open cartons/bottles of milk or provide facilities to sterilise or make up feeds.

How can I prepare for my hospital admission if I am breastfeeding?

If your admission is planned it is useful to consider your goals for breastfeeding in relation to her/his age, the expected length of your stay and the help available from family and friends.

To reduce complications for you and your baby and avoid early cessation of breastfeeding, you may consider providing expressed breast milk for your stay.

- It is useful to start expressing and storing your breast milk a few weeks before your admission
- Expressed breast milk (EBM) can be stored frozen for up to six months at a temperature of less than -18°C
- Should you choose to stop breastfeeding during your admission, your frozen EBM can be thawed and given to your baby (within 12 hours) instead
- Please see the leaflet on our hospital website "Expressing your breast milk—a Guide" for more information

www.buckshealthcare.nhs.uk/Downloads/Patient-leaflets-pregnancy-labour-and-postnatal-care/Expressing%20your%20breast%20milk.pdf

If your admission is unexpected and/or you are very sick, you may find that a temporary interruption to breastfeeding may be necessary.

What expressing equipment do I need during my stay?

Please bring your own breast pump with sterile sets and bottles with you. After each expressing you will need to arrange for the sets and bottles to go home for sterilising and returned for your next use.

In an emergency a hand pump with a sterile set and bottles are available on Rothschild ward. Please ask a member of staff to arrange this for you.

All bottles of EBM should be labelled with your name, date of birth and date and time of expressing. EBM can be stored at room temperature for 2 hours in hospital. If you don't anticipate feeding your baby within that time it should be taken home in an insulated freezer bag with an ice pack to keep it cool and then stored in the fridge or freezer.

If EBM cannot be taken home within 2 hours it may be stored in the designated fridge on Rothschild Ward (maximum 48hrs) until collected by your friend or family member. Please let a member of staff know if you wish to do this.

If I have surgery how soon after can I start breastfeeding?

Should you require a general anaesthetic please tell the anaesthetist that you are breastfeeding. As soon as you are awake, alert and able to breastfeed your baby it is usually safe to do so as the drug does not remain in breast milk for long. A single express and discard will significantly eliminate any drug retained in the milk fat but this is seldom necessary.

An interruption of breastfeeding for 12-24hrs after surgery is recommended if your baby is preterm or has other medical problems.

It may be useful to ask at your pre-op appointment how you will expect to feel after surgery. Your condition and level of pain may play a large part in whether you will be able to breastfeed. Knowing what to expect will help you decide how you want to manage breastfeeding afterwards.

If you find your normal feeding position is too uncomfortable it may be useful to try other feeding positions e.g. lying down or underarm. If this is not possible, resume breastfeeding as soon as you are able to.

If I am unable or choose not to breastfeed during my admission should I express my milk?

Expressing will help to maintain your milk supply ready for when you resume breastfeeding your baby and prevent mastitis. It is recommended that you express your milk as often as your baby normally feeds or when you feel particularly full or uncomfortable.

Should you choose to stop breastfeeding it is best that you gradually slow your breast milk supply by either expressing milk 'to comfort' each time your breasts are very full or by dropping one feed/express every other day. Abrupt stopping can cause intense discomfort in the breast and may put you at increased risk of mastitis with flu-like symptoms.

Is it safe to continue to breastfeed if I have an infection?

If you are admitted with an infection it is particularly beneficial for you to continue to breastfeed; your body's first response to illness is to make specifically designed antibodies that pass into your breast milk to protect your baby. By the time you start to feel ill your baby

has been exposed to and is already receiving protection against your infection. If your baby does become ill, breastfed infants almost always get a milder case than those already weaned.

Is medication safe when I'm breastfeeding?

Most drugs only pass into your breast milk in small amounts and/or are poorly absorbed by your baby and so are unlikely to affect her/him.

Make sure that medical staff know that you are breastfeeding and your doctor will, whenever possible, prescribe medications that are compatible with breastfeeding.

If you are taking certain antibiotics your baby may have green, runnier stools and be a little more unsettled than usual - this will resolve when you finish your course of treatment. Your baby may also notice a change in taste in your breast milk.

During your stay you may need investigations - most do not affect your milk. However, some special X-rays may require that you stop breastfeeding for a short while. The radiologist will advise you if this is the case. You may like to express and store breast milk beforehand to provide milk for your baby during this time. After the procedure you may be advised to express and discard your breast milk until you can safely breastfeed again.

Can continuing to breastfeed help my recovery?

Yes. Research suggests that breastfeeding mothers are known to have fewer infections, less tiredness and anxiety together with an increased feeling of well-being.

I have been exclusively breastfeeding, will my baby take a bottle whilst we are separated?

Research suggests that most breastfed babies take a bottle easily regardless of age.

You may find that your baby is more likely to take a bottle from someone other than you when offered before your baby is too hungry. Different feeding positions, warming the bottle teat to body temperature by running cooled boiled water over it or dipping it in your breast milk may help. You may find it useful to try a bottle before your admission if possible.

Might my baby refuse the breast when we are reunited?

Most babies accept feeding from the breast after separation, some willingly, some with a little coaxing. If your baby is reluctant at first, with patience, gentle persistence and lots of time together your baby is likely to be persuaded to breastfeed again.

Contact Numbers

Infant Feeding Clinic

Tel: 07798 520830

Alternatively speak to your Health Visitor if your baby is over 28 days old.

How can I help reduce healthcare associated infections?

Infection prevention and control is important to the well-being of our patients and for that reason we have infection prevention and control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming into and after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser as hand sanitisers are not suitable for use when dealing with patients who have symptoms of diarrhoea.

Approvals:

Maternity Guidelines Group: V1 Dec 2012, V2 Jul 2016, V3 Apr 2021

O&G SDU: V1 Jan 2013, O&G SDU V2 Sep 2016 (Chair), V3 Jul 2021

Clinical Guidelines Subgroup: Not required

MSLC: V1 March 2013, V2 Sep 2016, V3 Sep 2021

Equality Impact Assessment: V1 Apr 2013, V2 May 2016, V3 Apr 2021

CAP: V1 May 2013, V2 Jul 2017, V3 Dec 2021

Division of Women, Children & Sexual Health Services