Expressed breast milk

Information for carers of vulnerable babies

Introduction

Carers are often in the unique position where they are given expressed breast milk from the baby's mother to feed the vulnerable babies in their care. You should be supported by a health professional (usually the Health Visitor) to ensure that the mother's wish is adhered to. Please feel free to discuss and share any concerns that you may have with the health professional. You can also ask them any questions that you may have regarding this whole process.

This information pack has been created to support you in your role and responsibilities with regard to expressed breast milk. It is hoped that this will answer any questions you may have, and help ease any anxieties or uncertainties about this role. This will also ensure that the babies in your care are given the best start in life by being fed expressed breast milk from their mother.

Your roles and responsibilities are vital to the success of the whole process; from the expressing of breast milk, its transportation, storage and then feeding it to the baby. The baby in your care may be fed breast milk exclusively, or in small portions with infant formula.

Policy

Our infant feeding policy states that breastfeeding is the healthiest choice for both mother and baby due to the known important health benefits for both.

The Scottish Government are committed to *Getting it Right for Every Child* (GIRFEC) which promotes the best interests for the child to enable them to achieve their potential. If the mother of a child in care decides that she wants to express her breast milk for her baby, it is both the health professional and the carer's responsibility to support this choice by whatever means possible.

The health benefits of different types of feeding are discussed with all women and their families as appropriate so that they can make an informed choice about how they will feed their baby. It is your responsibility (along with NHS Lothian and Edinburgh City Council staff) to help the mother to feel able to choose to breastfeed and/or offer expressed breast milk to their baby. These mothers should feel confident in the knowledge that they will be given support and information to enable them to continue to breastfeed as long as they wish. It is vital to this that liaison between the mother, health care professionals and yourself provides a seamless delivery of care, together with a positive breastfeeding culture.

In order to avoid conflicting advice it is mandatory that all staff and carers involved with breastfeeding and breast milk adhere to these policies and principles. It is your responsibility to inform the baby's health care professional if you have any concerns about the health of the baby in your care.

Substance misuse and breastfeeding

The benefits of breastfeeding far outweigh the disadvantages, even with continued drug use. The actual amount of most drugs passed to the baby through breast milk is minimal and will have little effect on the newborn baby. Some mothers may wish to breastfeed (or continue to breastfeed) their baby even though a decision has been made to place the baby in care. These mothers should be supported in their decision to breastfeed as much as possible.

It is important that the mother is not given contradictory advice from different professionals or carers. CAPSM Guidelines (Children Affected by Substance Misuse) with NHS Lothian Guidelines recommend that breastfeeding should be encouraged in drug-using women with the exception of those using cocaine. Mothers who are on prescribed drugs should therefore be encouraged to breast feed in the same way as other mothers.

It is the responsibility of health care professionals to complete a full assessment and guide mothers regarding their responsibility in providing breast milk for their baby. During these discussions with the mother, the priorities would be to promote breastfeeding and minimise the risks. Decisions on safety should be made on a case-by-case basis. Nearly all drugs pass into human milk, but only in very small amounts (usually less than 1%). With this in mind, you should assume any breast milk that is given to you to feed the baby in your care is safe to be used.

Neonatal Abstinence Syndrome (NAS) is a group of drug withdrawal symptoms that can occur in babies born to mothers dependent on certain drugs (both legal and illegal). NAS occurs because, at birth, the baby is cut off from the maternal drug supply to which it has been exposed in the womb.

If the mother chooses to stop breastfeeding, she will be advised to do this gradually. In this case, you should gradually introduce formula feeds into the feeding schedule and reduce the frequency of breast milk feeds over a number of weeks. If the mother stops breastfeeding or expressing suddenly, the baby may show signs of drug withdrawal.

Babies that are suffering NAS may also have altered or a different feeding pattern. Their metabolism is generally faster as they are trying to remove the drugs that are in their system. You may feel that they are feeding all the time, when they in fact are metabolising or burning off more of their feeds than other babies. Therefore, frequent small feeds should be given and you should consider 'responsive feeding' as follows. Your health professional will help you if you have any concerns.

Responsive feeding

Responsive feeding is the term used to describe feeding babies in response to their cues and needs and not by routine. Watch out for feeding cues rather than trying to stick to 3-4 hourly feeds, letting the baby have some control over their own feeding pattern. You can offer feeds when the baby shows cues like rooting, searching, head bobbing and gaping of their mouth. It can take time to recognise individual cues and movements.

It is also important to try to limit the number of people feeding the baby, particularly in the early months after birth, as it can be stressful for babies to have to adapt to different feeding techniques. This is a lovely time for baby to spend time with people they know.

When feeding from a bottle, the teat should be full of milk to prevent the baby sucking in air. The baby should also be held in a fairly upright position, as this will allow the baby to naturally finish a feed, rather than continuing to feed beyond their need. The teat should be gently rubbed against the baby's upper lip to encourage them to open their mouth and place the teat into their mouth allowing them to draw it further back. The baby should be allowed to pace the feed and the carer should remove the teat and sit them up to wind them when they appear to want a break. The baby should never be forced to take a full feed as this will reduce their own appetite control.

Use of dummies

It is important that if you are thinking about using a dummy with the baby that is in your care, that you consider the information given above about responsive feeding. You should be aware of the baby's feeding cues (are they hungry?) and possibly offer a feed rather than the dummy.

Some babies that are suffering NAS may well need to use dummies more than other babies, but often their need for frequent feeds is more apparent. Therefore you should always consider the fact that the baby may be hungry and not offer the dummy as a replacement.

Storage and transportation of expressed breast milk

Any equipment used for collection and storage of breast milk should be exclusive to each mother and her baby. The bottles should clearly labelled with the baby's name and date of collection.

Breast milk must always be stored in a sterilised container. This could include an ice cube tray for smaller amounts. Breast milk can be stored:

- In the body of the fridge for up to five days at 4^{o}C or lower (not in the door)
- For two weeks in the ice compartment of a fridge
- For up to six months in a freezer below -18^{o} C or lower.

Check the temperature of the milk before feeding the baby in your care by putting a few drops on the inside of your wrist (avoiding any areas of broken skin) – it should feel slightly cool. Follow the manufacturer's instructions if you are using a warming device and ensure that the cap covers the teat. Any expressed milk left at the end of a feed should be thrown away.

Defrosting breast milk

Thaw expressed breast milk in the fridge and use immediately, defrosted milk does not keep. Once (stored expressed) milk has been warmed to room temperature or above, do not return it to the refrigerator or freezer. Microwaves should **never** be used to heat or defrost breast milk – they may heat the milk unevenly which can scald the baby. If the expressed breast milk is needed quickly, stand the bottle (with the cap on) in a jug of warm water, making sure only ¾ of the bottle is sitting in the water to avoid water leaking into the milk. Alternatively, you can warm the milk by holding the bottle under warm running water. Gently shake to mix the milk.

There may be the question of when you should refrigerate and when you should freeze expressed breast milk. The answer depends on how much expressed breast milk the mother gives you and how much the baby usually takes. Guidelines indicate that you should:

- Refrigerate expressed milk that will be consumed within 5 days
- Freeze expressed breast milk that will not be consumed for over 5 days as soon as possible.

Transportation: Expressed breast milk should be transported in a cooler or with ice packs in a cool bag.

Questions and answers

- **The breast milk looks different to formula milk, why is this?**

Breast milk does look different from formula milk. It may look paler, thinned down and even blue in colour. When frozen, one of the protein enzymes that are present in breast milk called lipase rises to the top of the bottle giving it a strange look. If you have concerns about the expressed breast milk you have received for the baby in your care, you should consult a health care professional (usually your Health Visitor or GP) to discuss these concerns.

- **How do I know the bottles have been properly sterilised?**

Parents are given verbal and written information on guidelines for sterilisation of bottles. It is the parent's responsibility to ensure that the bottles are sterilised properly and that the milk is stored and transported in line with these guidelines. Your responsibility as a carer is to store the milk in line with these same guidelines and give the expressed breast milk to the baby in your care. If you are concerned about the condition of the bottles then please speak to your Health Visitor.

- **Why does the expressed breast milk smell?**

Some milk can have a soapy or rancid smell after cooling or freezing. This is likely due to the presence of the protein enzyme called lipase which is naturally present in breast milk and is therefore not a cause for concern.

- **Can I mix previous and newly expressed breast milk?**

The safest way to mix previously expressed and newly expressed milk is to cool the newly expressed milk to the same temperature as the previously expressed milk, then add cold milk to cold milk. If adding freshly expressed milk to frozen milk, cool the expressed milk before adding to frozen milk and make sure there is less fresh milk than frozen milk.

- **How can I be sure that mum is not using illicit drugs, and that the expressed breast milk will not harm the baby in my care?**

It is the parent's responsibility, with support and advice from the health professionals involved, to protect their child's health when expressing breast milk for their baby. It is also the responsibility of the health professional and social work colleagues to risk assess the specific situation for the said mother and baby, and advise you of any changes to the plan on feeding the baby expressed breast milk.

- **What should I do if I think the baby is unwell after being given expressed breast milk?**

You should consider the overall health of the baby in your care, how has the baby been in the past 24 hours (feeding regimes, urine and bowel movement, general presentation, signs of raised temperature or of being unwell generally). This information should be passed to your health professional (usually your Health Visitor or GP) to discuss whether the baby should be reviewed by a medical practitioner or not.

- **How often should I give expressed breast milk to the baby?**

This will depend on how much and how often you are given expressed breast milk from the mother. Some mothers will give you enough bottles to feed the baby exclusively expressed breast milk. Others may only give you a bottle or two every couple of days. In the case where you don't have enough to give expressed breast milk exclusively, you can give the baby the expressed breast milk first then follow this with a separate bottle of formula made feed. The benefits of giving them the expressed breast milk first is that the baby is more likely to finish this bottle and be fed all of the breast milk available. If you have less expressed milk available, you should give the expressed breast milk to the baby at every second or third feed throughout the day, depending on the quantities that you have available.

Commonly used drugs and the potential impact on the baby

Tobacco: Smoking in pregnancy causes up to 25% of low birth weights and is a major risk factor in Sudden Infant Death Syndrome. Babies born to heavy smokers can also show **signs of withdrawals** and are more likely to suffer **respiratory infections** in childhood and adolescence.

Alcohol: Alcohol in pregnancy can affect brain development in the foetus. No safe level of alcohol use in pregnancy has been established. Fetal Alcohol Spectrum Disorder (FASD) is a range of permanent conditions that a baby can have if exposed to alcohol during pregnancy. These can cause **physical and intellectual disabilities** with problems in behaviour and learning.

Cannabis: is the most widely used illicit drug, and if it is mixed with tobacco, similar concerns may be seen in babies born to heavy smokers as described above. It is also known that cannabis can cause **delayed speech and language development** in children and **poor memory.**

Benzodiazepines (diazepam and temazepam): known as minor tranquillisers or sleeping tablets, are highly addictive in a short period of time. Some studies report that babies exposed to this drug can have a higher incidence of **cleft lip and palate** and **reduced growth and development**. The baby's withdrawal symptoms from this drug can be severe and prolonged, such as **poor suck and swallow co-ordination, feeble cry** and **hypothermia.**

Opioids (heroin, methadone, dihydrocodeine, bupernorphine): have a pain killer effect. At high doses these can result in a coma and can be life threatening for the adult. Babies born to opiate using mothers are at risk of **low birth weight and increased risk of Sudden Infant Death Syndrome.** NAS symptoms with these drugs are well documented. See the NHS health sheet: *Caring for your baby with drug withdrawals*.

Stimulants (cocaine and crack): have become more commonly used, not just in the dance club scene. There is a high risk of miscarriage and stillbirth during pregnancy. Babies are often **jittery** and **irritable,** with a **low birth weight** and a **pre-term delivery.** They can also have **feeding difficulties** and **poor sleep patterns**, and there is an increased risk of **stiffness in muscles, under developed organs or limbs** due to poor brain development in pregnancy. Recent research suggests cocaine can adversely affects baby's cardiac valves.

Amphetamines (speed): A powerful central nervous system stimulant and heavy users tend to have poor health and can cause lack of oxygen to the fetus in pregnancy.

Hallucinogens (LSD, acid, magic mushrooms): There is no evidence of affects on babies in current research.

Solvents and volatile substances (glue, butane gas): Inhaled solvents **reduce oxygen supply** to fetus and NAS has been reported in heavy users. Pregnant women are at a high risk of sudden death if using these substances.

References

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The Unicef Baby Friendly Initiative http://www.unicef.org.uk/BabyFriendly