

Strategies to enable early and continued breast milk expression in mothers of an infant on the Neonatal Intensive Care Unit or Transitional Care Ward.

University Hospitals Plymouth NHS Trust Neonatal Intensive Care Unit (NICU) is a Level Three centre, one of only two such units in the South West which provides Intensive Care for the sickest and smallest infants. Plymouth also boasts a quite unique 18 bedded Transitional Care Ward (TCW) that allows infants from 33 weeks gestation to be cared for mainly by their Mothers with the assistance of experienced Nursery Nurses/specialist Health Care Assistants. Plymouth NICU places great emphasis on the importance of the family, and so decided to support this ethos by aiming for UNICEF Baby Friendly Initiative (BFI) Accreditation. A strategy group was formed in May 2015 consisting of a Clinical Educator, NICU Staff Nurse and two Nursery Nurses. The groups aim was to increase rates of infants receiving maternal expressed breast milk (MEBM) or breast feeding, to implement the UNICEF BFI Standards, including the new Neonatal Standards, and to improve support for families. Stage One of BFI accreditation was achieved in April 2018, Stage Two was achieved in Jan 2020, and Stage Three accreditation will hopefully be achieved in mid 2020.

Staff education: A new staff education programme was developed to incorporate the BFI Neonatal Standards; every member of the Nursing/Health Care team received a 7.5 hour education day and was consolidated with a yearly update. All medical staff received a training session on induction and are expected to complete UNICEF e-learning after starting employment. Regular audits are undertaken to gauge staff knowledge level and to allow targeted training when necessary.

Documentation and policies: Documentation on the NICU and TCW was over hauled– Maternal Discussion Records introduced to prompt staff conversations with Mothers. ‘Assessment of Expression’ to take place 4 times within the first 2 weeks, documentation added to Nursing care plans. Neonatal Infant Feeding Policy and Kangaroo Care policies written and implemented, along with associated policies such as ‘Milk Storage’ and ‘Breast Pump Sterilisation’

Environment/ culture of unit: As a BFI Strategy group we have sometimes faced obstacles in implementing changes in practice. However, by following an approved Model of Change, and through vital backing by Ward management, and other special interest groups such as ‘Developmental care’ and ‘FiCare’ we have been able to build on existing facilities and change the culture of the ward. This includes now having 24 hour open access for families, comfy reclining chairs, a refurbished expressing room, kitchen/sitting room facilities, parent bedrooms and financial support for parents such as meal vouchers and free parking.

Pump availability: There are 10 electric Medela Symphony pumps available between NICU and TCW– these pumps have a specially designed ‘initiation’ programme aimed at preterm Mothers. We have a further 4 of these pumps to be loaned to Mothers who are being accommodated off the unit, but within Hospital grounds. The unit has a supply of Medela Harmony hand pumps that Mothers can obtain if they wish to go home on short notice or to bridge the gap before getting an electric pump.

Expressing grab bags: Grab bags put together including colostrum syringes, breast pump kits, cleaning/sterilisation equipment and information leaflet. These grab bags are placed into each admission space to aid staff to show mums how to express as soon as possible after arrival on the unit.

Plymouth Hospitals NHS Trust
Breast Feeding Notes
Surname: _____
First Name: _____
NHS Number: _____
DOB: _____
NICU Number: _____

Ward: _____

Date and Time: _____
Breast Feeding Notes: Please ensure you sign and post your name and put your initials after each entry.

Plymouth Hospitals NHS Trust
Maternal Discussion Sheet
Surname: _____
First Name: _____
Hospital Number: _____
DOB: _____
NICU Number: _____
NICU Patient Ref: _____

To establish lactation, initiate and maintain oral feeding
This document should be held in the infants 'Active Folder' and filed with the notes on discharge.

Date	Sign & Status	Discussion with mother	Comments
		Have you been offered the opportunity to hold your baby skin to skin contact/Kangaroo care and discussed the benefits for mum & baby?	
		Have you had a discussion about the important health benefits of giving baby breast milk/breastfeeding?	
		Have you had a discussion about the importance of being close to your baby? (closeness increases oxytocin levels/decreases cortisol levels) thus promoting a close and loving relationship.	
		Since baby was born have you been shown how to express your milk by hand & pump?	
		How soon after delivery were you shown? (Should take place within 1-2 hours of delivery). If not state reason why and what ward you were on.	
		How often have you been advised to express your breast milk? (Answer should be at least 8-10 times in 24 hrs, including at least once at night (exclusive feeds from 2am-4am))	
		Have you had a discussion about how to recognise and respond to your baby's feeding cues and what responsive feeding is about? When breast or bottle feeding?	
		Have you been given information about where you can access support with breast feeding after your return home?	
		Have you been offered the opportunity to be given information about the storage of breast milk, sterilising, or the preparation of formula milk?	
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Colostrum packs: Packs containing 2 colostrum syringes, gauze squares and information leaflet. These packs are on the transport incubator; When an infant is collected from the Maternity Unit, we ask Mothers to wipe the gauze square across her breasts, this is then placed with the infant during the ‘Golden Hour’. This helps the infants gut to become colonised with maternal bacteria rather than that of staff; this has been found to later increase feed tolerance.

‘Latch On’ workers: We are lucky enough to have ‘Latch on’ Peer supporters. These are mothers who have decided to undertake an intensive 10 week training programme to enable them to provide support to Mothers on NICU/TCW. They provide a valuable source of support which often allows nursing staff to undertake medical care without compromising support offered to Mothers.

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