Northumbria Healthcare NHS

NHS Foundation Trust

Guideline for offering Maternal Expressed Breast milk to the Looked After Child

Breastfeeding is the normal way to feed babies, there is convincing evidence that being breastfed and breastfeeding contributes to the health and well being of both infant and mother for life. (Quigley et al 2007). More recent studies have shown that breastfeeding may contribute to the prevention of child abuse (Strathearn et al 2009) and the mother and infant attachment (Gutman et al 2009).

When a child is separated from its mother the optimum is for breastfeeding to continue when baby and mother have contact, arrangements should be made for expressed breast milk to be available to the baby when the mother is not with the baby. However there may be circumstances when this will not be in the best interests of the child. When making a decision regarding the optimum nutrition for the infant the following points should be considered.

Points for multidisciplinary team to consider prior to expressed breast milk being offered to a child in foster care or other alternative care;

- What is the reason for removal of the child from his/her mother, (professional concern may be raised if there are concerns about fabricated or induced illness, , chaotic, unstable drug user, or in some cases neglect)

Fabricated and Induced Illness (F.I.I)

- If F.I.I is suspected the issue of any risk related to feeding by whatever method must be considered in the child protection plan.

Drug use (remember that both parents may be involved in storage and handling of expressed milk).

- Is mother/father on a methadone or other drug treatment programme?
- Is drug use regularly monitored (including by urinalysis)?
- Are mother/father compliant with programme (information from substance misuse professional involved)

Unstable or chaotic, unmanaged drug or alcohol use may present a risk and assessment in relation to infant feeding should include consideration of:

- Is mother/father engaged in any treatment programme?
- Are mother/father compliant with treatment (as above)
- What information is there about drug use?
- What drugs are being used, how often?
- Use of street drugs?
- Method of administration (Is IV drug use occurring?)

If drug use is managed and mother/father are compliant with treatment then there is no evidence to suggest risk from feeding expressed breast milk, unless there are other concerning issues (as above and below)

Hygiene Concerns

There may be a risk if mother/father's living conditions do not meet the standards required for the safe expression, storage and transport of expressed milk.

- Are there appropriate facilities for the hygienic expression of milk, including clean equipment and storage facilities?
- Are there facilities to store expressed milk safely and hygienically, in accordance with existing guidelines?
- Are there facilities to transport the expressed milk in a timely manner in accordance with existing guidelines?

The above hygiene concerns should be addressed prior to breast feeding and use of expressed milk and any resource issues addressed.
If mother/father are unable to achieve or maintain basic hygiene standards following such help, this may present a risk to the baby.

Other considerations

- Has the mother had adequate, timely education regarding breast milk expression, safe storage and transport of expressed breast milk?
- Is equipment available to ensure the above, ie hospital grade breast pump with at least 2 single use attachments for loan to the mother, fridge for storage and cool bag for transportation?
- Has there been liaison with the Infant feeding Co-ordinator, by a representative of the Core group, and a plan put in place for ongoing support to the mother for sustaining breastfeeding and breast milk expression?
- Is the outcome of the above and the plan for feeding recorded on the birth plan?

These guidelines should be used in conjunction with existing guidance on breast feeding and the use of expressed breast milk, and form part of the multi agency assessment of the child and family.

References

Quigley, M.A. Kelly, Y.J. Secker AS. (2007*) Breastfeeding and Hospitalization for Diarrheal and Respiratory Infections in the United Kingdom.* Millennium Cohort Study. Pediatrics vol 119, e837-e842.

Strathearn L, Mannun AN, Najman JM, et al (2009) *Does Breastfeeding Protect Against Substantiated Child Abuse and Neglect, a 15 year Cohort Study.* Pediatrics vol 123 p 483-493

Gutman LM, Brown J, Akerman R (2009) *Does Breastfeeding Impact Upon Parenting Capability. Nurturing Parenting Capability, The Early Years,* Centre for Research on the Wider Benefits of Learning.

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Date Authored or reviewed	Updates
August 2012	Developed by Multi-agency Working Group
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