

BREASTFEEDING PRETERM INFANTS

Advocacy and contraindications

RATIONALE

- Human milk is important in establishing enteral nutrition
- Any amount of mother's fresh breast milk is better than none
- Physician advocacy has a strong influence on intention to feed

IMPLEMENTATION

- In pregnancy at high-risk of premature delivery, discuss feeding during antenatal period
- During mother's first visit to NICU, discuss value/benefits
- Document discussion in medical record
- Separate decision to provide a few weeks of pumped breast milk from the commitment to long-term, exclusive breastfeeding
- Praise efforts to provide expressed breast milk
- Ensure adequate discussion and written information on hand-expression, and use and frequency of a pump

CONTRAINDICATIONS TO BREASTFEEDING

Infants with galactosaemia should not receive breast milk

Human immunodeficiency virus (HIV) in the UK

- Always check maternal HIV status before breastfeeding
- Breastfeeding absolutely contraindicated (in UK)
- If you are concerned that mother intends to breastfeed, ensure an HIV specialist explains the risk to which infant will be exposed
- If returning to a developing country where there is no access to clean water, exclusive breastfeeding is safer than mixed

Maternal medications

- Antimetabolites or cytotoxic drugs
- Radioisotope investigation (until isotope clears)

A current, reliable reference for drugs and breastfeeding must be available on the neonatal unit. The recommended references are 'Medications and mother's milk' by T W Hale and 5th edition Neonatal Formulary

BREASTFEEDING WHERE SPECIAL PRECAUTIONS REQUIRED

Tuberculosis

- Maternal sputum-positive TB is not a contraindication to breastfeeding
- Give infant isoniazid 5 mg/kg/daily, unless maternal isolate known to be resistant
- Tuberculin test at 3 months
 - if negative, give BCG
 - if positive, assess for active TB. If assessment negative, continue isoniazid for 6 months total

Cytomegalovirus (CMV)

- Ascertain mother's CMV antibody status (no risk if seronegative)
- Never feed breast milk from CMV-positive mothers to unprotected non-immune infants
- Pasteurisation of milk inactivates CMV

Hepatitis B

- Mothers who are HbsAg positive, particularly if also HbeAg +ve and e ab negative, are at risk of infecting their infant through breastfeeding
- Risk of transmission can be almost totally eliminated by a combination of active and passive immunisation
- Encourage HBSAg +ve and HBeAg +ve mothers to breastfeed
- See **Hepatitis B** guideline

Hepatitis C

- Transmission by breastfeeding theoretically possible but has not been documented
- Breastfeeding not contraindicated but inform mother that risks are unknown

Varicella-zoster virus (VZV)

- Infants of mothers with active VZV may breastfeed once mother is no longer infectious, unless the infant already exposed, but explain risk to mother
- Premature babies <1 kg, <28 weeks are considered high risk and should be given VZIG (see **Varicella** guideline)

Herpes simplex type 1

- Stop women with herpetic lesions on breast from breastfeeding or feeding expressed breast milk from affected side (until lesions have healed)
- cover active lesions elsewhere
- careful hand hygiene essential
- encourage to pump and discard breast milk until lesions are clear

Phenylketonuria (PKU)

- Breastfeeding not contraindicated in infants with PKU
- Screening service will contact paediatric dietitians directly
- Careful dietetic management necessary
- All infants should be under care of paediatric dietitians

Radioactive diagnostic agents

- Women receiving radioactive diagnostic agents need to pump and discard milk for varying periods of time
- although most agents have very short plasma half-lives, seek advice from hospital nuclear medicine department

Medications

- Few contraindicate breastfeeding (see BNF Appendix 5)
- safe agents include magnesium sulphate, tocolytics, antihypertensives, analgesics, antibiotics (caution with ciprofloxacin), psychotropic drugs and methadone (use lowest possible dose)

Social drugs

- **Alcohol**
 - discourage more than limited consumption
- **Nicotine**
 - nicotine concentration in breast milk increases immediately after smoking
 - discourage mothers from smoking directly before breastfeeding or expressing