GUIDELINE

Breastfeeding Neonates Post Abdominal Surgery

Scope (Staff):	Nursing and Medical Staff
Scope (Area):	NICU KEMH, NICU PCH, NETS WA

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this disclaimer

Aim

To introduce breastfeeds in the early postoperative period to promote successful breastfeeding rates on discharge for surgical neonates > 35 weeks CGA who have undergone abdominal surgery.

Risk

The rate of breastfeeding on discharge may be reduced in neonatal patients who have had major surgery.

Principles / Key points

- During the preoperative period it is essential to promote oral care that will enhance the establishment of breastfeeding.
- Neonates unable to tolerate milk feeds should still be offered non-nutritive sucks or breast experiences and skin to skin contact where appropriate.
- Introduction of breastfeeds when on low volumes of milk in the early postoperative period may promote established breastfeeding on discharge.

Pre and Postoperative Oral Care with Buccal breast milk administration when Nil Orally

- Providing mouth care when a patient is NBM helps to prepare the patient for breast feeding by providing a positive oral experience, supporting early sensory development of taste and smell.

- Colostrum or fresh expressed breast milk (EBM) or if unavailable water only should be used for performing mouth care. Administration of breast milk to the buccal mucosa will colonise patients with the mother's micro flora and protective bacteriostatic factors.
- Provision of buccal colostrum will promote early and regular expressing and allow Mothers (parents) to be involved in their baby's care as early as possible.
- If colostrum or fresh breast milk is used for mouth care, the neonate does not swallow the milk. The milk is absorbed through the buccal mucosa.
- Use fresh milk, not frozen, if available, as freezing can gradually denature the nutritional components of EBM.

All patients who are nil by mouth should receive mouth care with breast milk excluding the following:

- Maternal medication contraindicated with BF Some maternal infection i.e. HIV (Refer to Breast Feeding Centre resources)
- Unrepaired TOF (Tracheoesophageal Atresia) without permission of surgeon. Please see TOF guideline for sham feeding.

Steps	Additional Information
1. Collect 0.2ml Colostrum/EBM and check to the patient as per policy ready for mouth care	Mothers provide their fresh colostrum/EBM. Consider if the patient requires oral suction prior to performing mouth care.
2. Prior to administration of buccal EBM clean the patient's lips to remove dry skin or debris.	
3. Soak the cotton bud with EBM and gently roll the bud along the lips.	Stimulates the patient to open their mouth.
4. If the patient is opening their mouth and looking ready to feed proceed to roll the cotton bud around the gum line and over the tongue.	Coats the buccal mucosa with a layer of milk. Cease if the patient shows signs of stress i.e., crying, back arching, grimacing, gagging,
5. Alternatively, tiny drops of milk can be placed directly into the mouth from a syringe (0.2ml). Place the syringe in the corner of the mouth waiting for gentle	This is helpful with mothers who are getting smaller volumes of milk <0.2ml.

Steps	Additional Information
mouth movements to administer milk.	
6. Mouth Care should be offered with patient cares every 3-6 hours.	If patient distressed by mouth care, please cease procedure and try again with later cares. Document mouth on the MR490 Observation Chart.

Introducing Breast Feeds Postoperative for >35 weeks CGA

- Early introduction of breastfeeding or breast experiences can improve the rate of successful breastfeeding on discharge.
- Early breastfeeding promotes a family centred care approach, supports maternal/paternal bonding, and improves breast milk supply.
- Postoperative patients can be complex and when deciding on how to feed the patient factors such as wound complexity, pain scores, and respiratory status must be considered.

Steps	Additional Information
1. <10mls bolus feeds >2hrly initiate Non-Nutritive suck/breast experience on an empty breast.	Consider babies pain scores and frequency of feeds. Mother to express immediately prior to offering breast. Postoperative surgical patients can tire easily. Breastfeeds should be spaced to allow for appropriate rest. Consider 6-8hrly breastfeeds.
2. 10mls-30mls feeds initiate short breastfeed on full breast for 5-10mins. No Bottle or NGT Top Up required unless feeding difficulties.	Consider mothers milk supply in consultation with lactation consultant/midwife. Breastfeeds may still need to be spaced for the neonates as above. Consider every 2nd feed as breastfeed i.e., 4-6hrly. Feeding difficulties include poor latch, lethargy, distressed baby, high pain scores, low maternal milk supply.
3. >30mls feeds offer normal breastfeed following babies cues.	Consider lactation consultant input if issues with breastfeeding, latch or supply. Feeding difficulties include poor

Steps	Additional Information
No Bottle or NGT Top Up required unless feeding difficulties.	latch, lethargy, distressed baby, high pain scores, low maternal milk supply.

Related CAHS internal policies, procedures and guidelines *(if required)*

Neonatology guidelines:

- Pre-Operative Care
- Post-Operative Care
- Breastfeeding

References and related external legislation, policies, and guidelines

- Jarvis, C., Davies, B., Budge, H. (2020). *D10 Feeding Neonates with Surgical Gastrointestinal Problems* Nottingham Children's Hospital. NHS Trust. Microsoft Word - D10 Surgical Feeding Guideline Nov 2020.docx (nuh.nhs.uk) Clinical guidelines | NUH
- Thames Valley & Wessex Neonatal ODN Quality Care Group. (2019). *Guideline Framework for Mouthcare on the Neonatal Unit.* mouth_care_guideline_-_final.pdf (piernetwork.org)
- Sydney Local Health District: Royal Prince Alfred Hospital. (2017). *Newborn Care Immuno-supportive Oral Care (ISOC) Guideline.* RPA Newborn Care : Newborn Care Immuno-supportive Oral Care (ISOC) (nsw.gov.au)
- Peters, M., McArthur, A., Munn, Z. Safe Management of Expressed Breast Milk: A Systematic Review. Vol 29, 6, Dec 2016 Elsevier Women and Birth

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