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Guideline to Support Infant Feeding and Bonding Following Admission to Critical Care Unit (HDU/ITU)

Summary statement: How does the document support patient care?	The purpose of this guideline is to ensure that all clinical staff working within CCU are equipped with guidance on the care and management of women/people who are transferred to their care in the immediate postnatal period.
Staff/stakeholders involved in development:	Infant Feeding Team
Division:	Women and Children's
Department:	Maternity
Responsible Person:	Chief of Service
Author:	Infant Feeding Lead
For use by:	All CCU, Obstetric and Midwifery staff
Purpose:	To provide evidence based guidance in the care of postnatal women/people in CCU to prevent mother-baby separation and protect breastfeeding.
This document supports: Standards and legislation	Skin-to-Skin (Parent-to-Baby) Contact Guideline (2021); Newborn Feeding Guideline; Unicef UK Baby Friendly Initiative Standards
Key related documents:	**UH Sussex (SRH & WH) Maternity Guidelines** Labour Risk Assessment, Antenatal Care and Patient Information, Postnatal Care, Severely ill/High Dependency Care, Non Obstetric Emergency Care
Approved by: Divisional Governance/Management Group	Maternity Joint Obstetric Guideline Group (JOGG)
Approval date:	15TH March 2023 Date uploaded: 22nd March 2023
Ratified by Board of Directors/ Committee of the Board of Directors	N/A
Ratification Date:	N/A
Expiry Date:	March 2026
Review date:	September 2025
If you require this document in another format such as Braille, large print, audio or another language please contact the Trusts Communications Team	
Reference Number:	CG23001

Version	Date	Author	Status	Comment
1.0	March 2023	Fran Humberstone & Sarah Harris Infant Feeding Team	Live	New guideline

The interpretation and application of clinical guidelines will remain the responsibility of the individual clinician.

If in doubt contact a senior colleague or expert.

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Guideline to Support Infant Feeding and Bonding Following Admission to the Critical Care Unit (CCU)

1.0 Aim

The purpose of this document is to ensure that staff within the Critical Care Unit (CCU) are provided with guidance on the care and management of women/people who are transferred in the immediate postnatal period.

To promote consistency in delivery of care to the required standard across the service.

To provide a key element of information to assist staff in delivering their roles and responsibilities in this area of the service.

2.0 Scope

This guideline applies to:

- All medical and clinical staff working within CCU
- Maternity staff

3.0 Abbreviations used within this guideline

UH Sussex - University Hospitals Sussex	**SUPC -** Sudden Unexpected Postnatal Collapse
SCBU - Special Care Baby Unit	CCU - Critical Care Unit
SOP - Standard Operating Procedure	

4.0 Responsibilities

CCU and maternity staff:

- To access and follow this guideline and associated standard operating procedure.
- To use their professional judgement in application of this guideline.

Management:

- To ensure this guideline is reviewed as required in line with Trust and National recommendations.
- To ensure this guideline is accessible to all relevant staff.

5.0 Introduction

Keeping mothers/birthing parents and their babies together is hugely important for both the mother/birthing parent and the newborn, there is a physiological need for both mothers/birthing parents and babies to be together at the moment of birth and in the hours and days that follow. Patient centred care, as highlighted in the UK National Maternity Review (2015), is vital.

6.0 Fundamentals of care

All mothers/birthing parents should be supported to remain with their baby whilst in CCU with the support of a birth partner or a member of the maternity team. Where possible and clinically suitable, a side-room should be provided to enable the birth partner to stay with the mother and care for the baby.

7.0 Postnatal care of women/birthing parents in CCU

7.1 Mother/birthing parent - baby separation

Mothers/birthing parents and babies to be kept together in CCU unless separation is unavoidable (for example, if the baby is being cared for on the Special Care Baby Unit (SCBU)).

Separating infants from their mothers/birthing parents after birth will reduce the frequency of breastfeeds. This can have long-term impact on breast milk supply and breast feeding duration.

7.2 Skin-to-skin contact

The Baby Friendly Initiative Standards require that skin-to-skin contact is valued and supported in hospitals.

BENEFITS of skin-to-skin care include:

- Calms and relaxes both mother/birthing parent and baby.
- Regulates the baby's heart rate and breathing, helping them to better adapt to life outside the womb.
- Stimulates digestion and an interest in feeding.
- Regulates temperature.
- Enables colonisation of the baby's skin with the mother's friendly bacteria, thus providing protection against infection.
- Stimulates the release of hormones to support breastfeeding and mothering/parenting.

Mothers/birthing parents should be supported to have skin-to-skin care as often as possible whilst on the CCU, under the supervision of the birth partner or member of the maternity team. Please note: the responsibility of the baby does not fall to the CCU staff.

There may be occasions where it is not appropriate/ possible for skin-to skin to take place such as:

- The mother/birthing parent does not feel well enough.
- The mother/birthing parent is not conscious or has had sleep-inducing medication.
- Baby is being cared for on SCBU.

Mothers/birthing parents and babies who are unable to have skin contact immediately after birth are encouraged to commence skin contact as soon as they are able.

7.3 Sudden unexpected postnatal collapse (SUPC):

SUPC is a rare but potentially fatal collapse in babies that appear otherwise healthy. Whilst remaining in a room with the mother/birthing parent reduces the chances of SUPC, in some cases the positioning of the baby during skin-to-skin contact may have contributed to it (Healthcare Safety Investigation Branch, 2020). The following considerations must be made to ensure that the baby is safe while skin-to-skin with the mother/birthing parent:

- Observation of the mother/birthing parent and baby by the birth partner, or maternity staff member, with prompt removal of the baby if the health of either raises concern.
- Mothers/birthing parents should be encouraged to be in a semi-recumbent (half lying, half sitting) position to hold and feed their baby, ensuring the mother/birthing parent can see the baby's face.
- Care should be taken by the birth partner or maternity staff member to ensure that the baby's position is such that their airway remains clear and does not become obstructed.
- A maternity staff member should have a conversation with the mother/birthing parent and their companion about recognising any changes in the baby's condition.
- Always listen to parents and respond immediately to any concerns raised.
- Medicines given to the mother should be considered when discussing skin-to-skin contact. Pain relief given to mothers can affect their ability to observe and care for their baby.

The following leaflet on Parent information on Sudden Unexpected Postnatal Collapse (SUPC) should be provided to the parents prior to any skin-to-skin contact on CCU (Appendix 2).

7.4 Breastfeeding Support

All women/people that intend to breastfeed their baby should be supported in doing so. Once the mother/birthing parent is ready for visitors, CCU to contact the Midwife in Charge on the

postnatal ward. The Midwife in Charge will then arrange for a member of the maternity team to assist with breastfeeding.

Contact information:

Bramber Ward – ext.84837
Tangmere Ward – ext. 32942

The Infant feeding lead can be contacted by the ward should further input be required.

7.5 If patient is on the CCU and sedated

It should be a collaborative decision between the birth partner, supported by nursing and maternity staff, to facilitate contact with the baby if the birth partner feels this is appropriate to the wishes of the mother/birthing parent.

If the baby is not able to be with the mother/birthing parent hand expression should be encouraged and supported by a member of the maternity team. Once confident, the birth partner can assist with the hand expressing/feeding where necessary.

After 24 hours, a hospital-grade breast pump can be used to express breastmilk. These can be provided by the maternity postnatal ward.

STORAGE of breast milk:

- Breastmilk can remain at room temperature for 6 hours.
- If milk needs to be stored for future use, it can be taken to the postnatal ward (by the birth partner or member of the maternity team) and stored in the Infant Feeding fridge/freezer. A maternity staff member must label the milk appropriately, prior to transfer (name/date and time of expressing).

7.6 Medication and breastfeeding compatibility

Please ensure maternity staff are made aware of any medications the patient is receiving, as some may not be compatible with breastfeeding.

For more information on individual medication compatibility with breastfeeding, please use the website below:

https://www.breastfeedingnetwork.org.uk/drugs-factsheets

8.0 Infection Control

Skin-to-skin contact enables colonisation of the baby's skin with the mother's/birthing parent's friendly bacteria, thus providing protection against infection. Similarly, breast milk contains antibodies and other immunomodulary substances in response to pathogens to

which she or her baby is exposed. Keeping mother/birthing parent and baby together is particularly important to protect against healthcare-associated infections for a hospitalised baby.

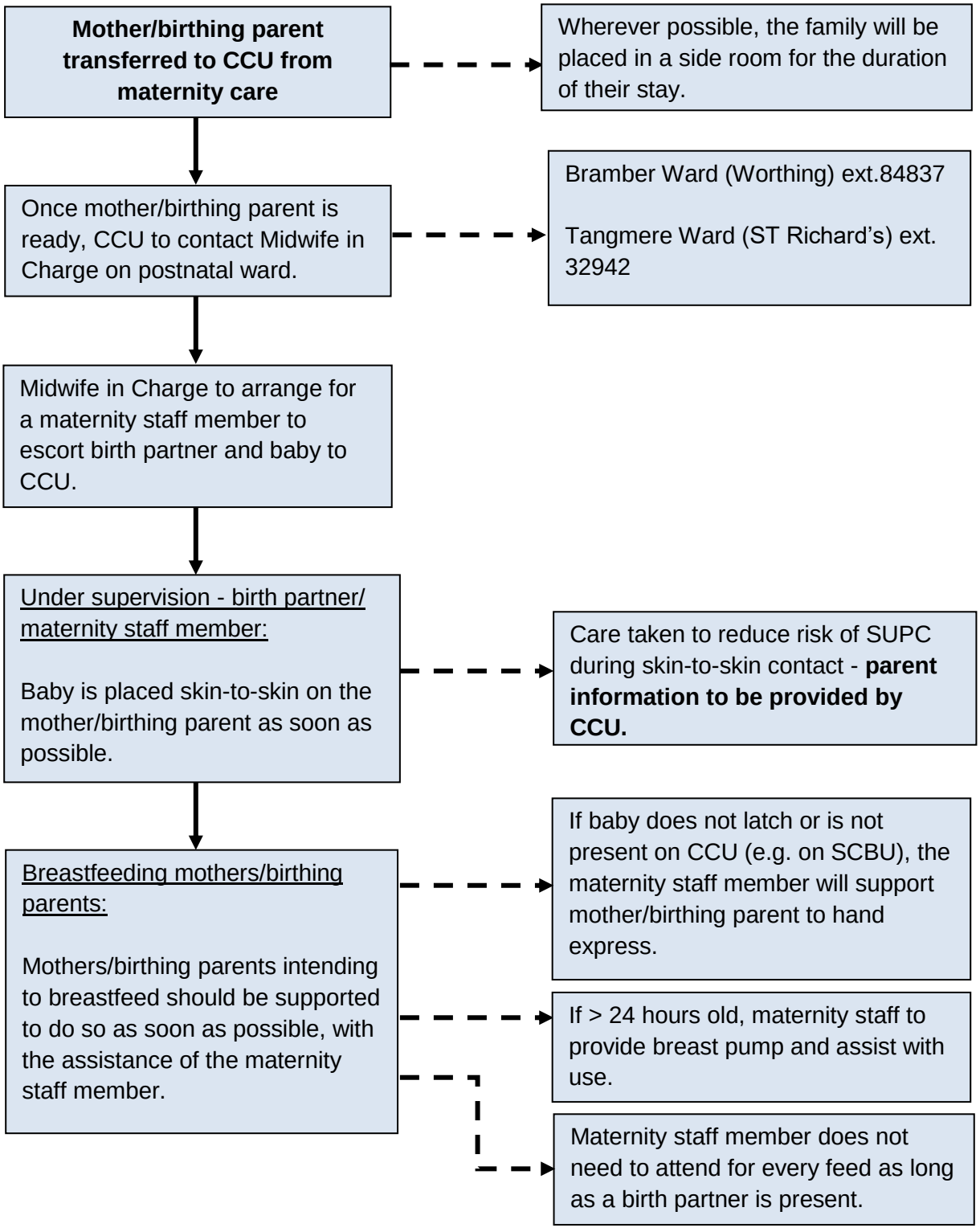
References

Feldman-Winter, L., Goldsmith J.P. (2016). Committee On Fetus and Newborn, Task Force On Sudden Infant Death Syndrome. Safe sleep and skin-to-skin care in the neonatal period for healthy term newborns. Pediatrics,138:e20161889.

Healthcare Safety Investigation Branch (2020), National Learning Report Neonatal collapse alongside skin-to-skin contact. [Online]. Available at https://hsib-kqcco125-media.s3.amazonaws.com/assets/documents/hsib-national-learning-report-neonatal-collapse-alongside-skin-to-skin-contact.pdf. [Accessed 6th July 2022.]

Maternity Review (2015) Better births: Improving outcomes of maternity services in England. A five year forward view for maternity care. [Online] Available at: https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf. Accessed 6th July 2022.

Appendix 1: Standard Operating Procedure (SOP)



If patient is on the CCU and sedated:
It should be a collaborative decision between the birth partner, supported by nursing and maternity staff, to facilitate contact with the baby if the birth partner feels this is appropriate to the wishes of the mother/birthing parent.

Appendix 2: Parent Information on safe skin-to-skin care/ SUPC

DO NOT PRINT FROM GUIDELINE

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Caring for your baby while you are in the Critical Care Unit

Information for parents

Want to speak with a member of the Infant Feeding Team directly?

Please feel free to contact them using the information below:

Worthing: 07808099816

Chichester: 07808099829

As you are on the Critical Care Unit (CCU), it is likely that you will need some time to recover from your birth and you may also have been separated from your baby for a while.
This leaflet aims to give you some information about how we can support you to spend some time with your baby and support breastfeeding, if this is what you wish to do.
Once you are well enough, Staff on the CCU can contact the maternity unit to arrange for your birth partner to bring your baby to visit you. A member of the maternity team will escort them.

Holding your baby safely in skin-to-skin contact

We recommend that you hold your baby skin-to-skin as soon as possible. Holding babies close helps keep them calm and helps their brain development. The hormone oxytocin is released and is calming for both parent and child.

Additionally, skin-to-skin contact initiates strong instinctive behaviours in babies to breastfeed and stimulates the release of hormones to support breastfeeding and mothering.

Tips to help you hold your baby safely

- Position yourself a little upright, not completely flat
- Ensure baby's face can be seen
- Neck is straight not bent
- Nose and mouth are uncovered
- Head is turned to one side
- Chest to chest with baby's shoulders flat against your chest
- Baby's back is covered with a blanket

Feeding your baby

In the first 24 hours, we would expect your baby to feed at least 3-4 times. After this, they should feed at least 8 times in 24 hours.

If you wish to breastfeed your baby, we appreciate that this may be difficult following your birth, and you will need to recover. However, there are things that you can do to support this and improve the outcome for you and your baby.

Ways you can help get breastfeeding off to the best start:

- Skin-to-skin contact as often as you are able.
- Keep your baby close to you, with the support of your birth partner, so you learn to recognise feeding cues – these include, sucking fingers/fists, rapid eye movements, rooting, wriggling. Crying is a late hunger cue.
- If you are unable to feed your baby at the breast, hand expressing is an excellent way to stimulate your milk supply and can be also be used to obtain colostrum to give your baby. Do this as often as you are able, into a syringe or cup (preferably a minimum of 8 times a day, including night-time).
- If your baby needs formula before breastfeeding is established, consider finger feeding or responsive (paced) bottle feeding, this will help to protect your baby's interest in breastfeeding. A member of the maternity team will support you with this.



Useful videos/links for you to watch:

Exaggerated latch technique: video on positioning and attachment

How to hand express

Responsive bottle feeding

Skin-to-skin contact

The Breastfeeding Network leaflet on expressing and storing breast milk

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Holding your Baby Safely in Skin to Skin Contact

Tips to help you hold your baby safely

Babies have a biological need to be held close. Holding babies close helps keep them calm and helps their brain development. The love hormone oxytocin is released and is calming for both parent and child.

- Position yourself a little upright, not completely flat
- Ensure baby's face can be seen
- Baby's head can move freely
- Neck is straight not bent
- Nose and mouth are uncovered
- Head is turned to one side
- Chest to chest with baby's shoulders flat against your chest
- Baby's back is covered with a blanket

Tired or sleepy? then put your baby into the cot, positioned on their back.