

Our Lady's Children's Hospital, Crumlin
Nursing Care Plan 4a: Expressing Breast Milk (EBM) and Donor Breast Milk (DBM)
 (If performed in conjunction with breastfeeding, please refer to Care Plan 4 : breastfeeding)

3b	Maternal Medication	
	Ask mothers if they are taking medication: (either recreational 'over the counter' or prescribed) Determine Medication/EBM compatibility with the Pharmacy Department & identify safer alternative if required	
3c	Information/Ordering/Labeling DBM for infants	
	Written - DBM Information Given <input type="checkbox"/> Order DBM (type & amount) by: Phone and Fax or Email (DBM Prescription Form) by 1pm Document DBM batch numbers in infant's Intake & Output Sheets Document infant's addressograph label & administration date on both labels When DBM bottle is empty, the DBM label: - Top label - collected by ward staff & returned by Neonatal CNS to the HMB* - Bottom label - filed into the infant's HCR (Doctors continuation notes) Report all DBM disposal due to breakage or loss (expiration of storage) to HMB*	
3d	Pump/equipment maintenance	
	- Kit (Single person use) Next due: ...Change monthly... - Pump (Multi Users) Cleaned as per Expressing & Infection Control Guidelines - EBM Freezer/Refrigerator - Daily temperature monitoring	
3e	Misappropriation of EBM/DBM	
	Stop feed immediately, and aspirate the enteral feeding tube if possible Notify the parents/guardians involved, and HMB if DBM involved Follow the Occupational Blood Exposure Guidelines Arrange blood screening for both mothers and infants involved Complete an Incident/Near Miss Report Form.	
4	Transition from expressing to breastfeeding directly	
	Assess infants readiness to breastfeed directly Commence the following to stimulate rooting, latching and sucking: -Kangaroo Care <input type="checkbox"/> -Mouth Care with EBM <input type="checkbox"/> -Offer Non-Nutritive Suck (NNS): Parent informed of NNS impact with soother -Yes <input type="checkbox"/> - No <input type="checkbox"/> Gloved Finger <input type="checkbox"/> Offer empty breast <input type="checkbox"/> Soother <input type="checkbox"/> .. <u>Clinical indication for soother...</u> -Rub EBM on infant's lips <input type="checkbox"/> -Offer EBM/DBM drops PO - direct from breast <input type="checkbox"/> -indirect <input type="checkbox"/>	
5	Weaning the expressing process	
	Wean gradually (reduce by a pumping session every 2-3days) & express to comfort as needed without causing discomfort Mothers need to choose feeding alternatives: -Milk formula if <1 year <input type="checkbox"/> Type: _____ -Regular full fat milk if >1 year <input type="checkbox"/> - Other: _____ -Type of feeding equipment to introduce: _____ Give mother: 'How to prepare your baby's bottles' leaflet <input type="checkbox"/> (available at www.hse.ie) On the death of a child whose mother is expressing: wean as above, Give verbal advice on: EBM storage (discard <input type="checkbox"/> /bring home <input type="checkbox"/>), information on EBM donation <input type="checkbox"/>	
6	Discharge Supports	
	Inform the Public Health Nurse of all infants receiving EBM/DBM on discharge <input type="checkbox"/> Inform mothers of : - Voluntary Breastfeeding Support Networks at: www.breastfeeding.ie/ <input type="checkbox"/> - Private Lactation Consultant Supports at: www.alcireland.ie/ <input type="checkbox"/> - Expressing equipment: Local pharmacy (buy) and Medela (buy/rent): www.medicare.ie <input type="checkbox"/>	