



NURSING CARE PLAN No 4a EXPRESSED BREAST MILK AND EXPRESSING

Full Name:
 Address: **Addressograph**
 HCR

Care Plan No 4a Problem	EXPRESSED BREAST MILK AND EXPRESSING	Issue Date: July 2018	Review Date: July 2021																				
<p>..... Is receiving breastmilk</p> <p>Expressing Assessment Tool performed on admission and daily thereafter</p>	<ol style="list-style-type: none"> 1. mother will be supported with accurate advice and education to establish and continue expressing breast milk for their infant 2. EBM will be handled and stored safely and appropriately 3. will receive EBM (with additions) in a safe manner 4. mother will be supported to (re)establish breastfeeding their infant when clinically indicated 5. mother wishes to wean expressing 6. mother has support for expressing and breastfeeding when discharged 																						
1	NURSING INTERVENTION (in conjunction with OLCHC's Guideline on EBM (2012), End of Life Care Resource Folder) www.breastfeeding.ie and www.olchc.ie/Children-Family/Breastfeeding	Commencement Date Signature Grade	Discontinued Date, time, Signature, grade																				
1A	EXPRESSING SUPPORT, ADVICE AND INFORMATION <i>(Tick when performed ✓)</i>																						
	<p>Explain the benefits of providing and the impact of not providing breast milk to infants <input type="checkbox"/></p> <p>Give mothers Expressing Breast Milk Information:</p> <p>- 'Expressing Assessment Tool 'EAT' Mothers Version' <input type="checkbox"/> - 'Expressing EBM Log' <input type="checkbox"/></p> <p>Breastfeeding Information for mothers (www.olchc.ie/Children-Family/Breastfeeding) <input type="checkbox"/></p> <p>Teach mother how to:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Stimulate the milk ejection reflex</td> <td style="width: 20%;"><input type="checkbox"/></td> <td style="width: 20%;">Perform Kangaroo Care</td> <td style="width: 10%;"><input type="checkbox"/></td> </tr> <tr> <td>Express with a pump using HOP*</td> <td><input type="checkbox"/></td> <td>Hand express</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Assemble expressing equipment</td> <td><input type="checkbox"/></td> <td>Clean equipment</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Use EBM Labels</td> <td><input type="checkbox"/></td> <td>Store EBM</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Use Non-nutritive Suck (NNS)</td> <td><input type="checkbox"/></td> <td>Perform Mouth Care with EBM</td> <td><input type="checkbox"/></td> </tr> </table> <p>Perform Breast Shield Assessment: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Expression type chosen by mother: - Hand Expressing <input type="checkbox"/> - Breast pump expressing <input type="checkbox"/> - Double Pumping <input type="checkbox"/> - Single Pumping <input type="checkbox"/></p> <p>Expressing Facilities: Single cubicle <input type="checkbox"/> Screen <input type="checkbox"/> 'Do Not Disturb' Sign <input type="checkbox"/> Curtains <input type="checkbox"/> Bed for mother <input type="checkbox"/> Expressing Room <input type="checkbox"/> Parents Accommodation <input type="checkbox"/></p>	Stimulate the milk ejection reflex	<input type="checkbox"/>	Perform Kangaroo Care	<input type="checkbox"/>	Express with a pump using HOP*	<input type="checkbox"/>	Hand express	<input type="checkbox"/>	Assemble expressing equipment	<input type="checkbox"/>	Clean equipment	<input type="checkbox"/>	Use EBM Labels	<input type="checkbox"/>	Store EBM	<input type="checkbox"/>	Use Non-nutritive Suck (NNS)	<input type="checkbox"/>	Perform Mouth Care with EBM	<input type="checkbox"/>		
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2	SAFE HANDLING AND STORAGE OF EBM																						
	<ul style="list-style-type: none"> Store EBM for the appropriate length of time (in the appropriate storage unit) Defrost sufficient volumes of EBM in the EBM fridge EBM is defrosted when free of crystals (not when taken from the freezer) Do not re-freeze EBM once thawed. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #fff2cc;"> <th style="width: 25%;">EBM Status</th> <th style="width: 25%;">Where & Temperature</th> <th style="width: 50%;">Duration</th> </tr> </thead> <tbody> <tr> <td>Fresh EBM</td> <td>Refrigerator (2-4°C)</td> <td>Up to 48hrs</td> </tr> <tr> <td>Defrosted EBM (not warmed)</td> <td>Refrigerator (2-4°C)</td> <td>Up to 24hrs</td> </tr> <tr> <td>EBM with additions in Formula Room</td> <td>Refrigerator (2-4°C)</td> <td>Up to 24hrs</td> </tr> <tr> <td>EBM with additions at Ward/Unit level</td> <td>Used immediately</td> <td>Discard immediately after use</td> </tr> <tr> <td>Fresh EBM for freezing</td> <td>Freezer (-20°C)</td> <td>Freeze within 24hrs of expressing for up to 3 months</td> </tr> </tbody> </table> <p>EBM bottles should only be opened once and all decanted at this time</p>	EBM Status	Where & Temperature	Duration	Fresh EBM	Refrigerator (2-4°C)	Up to 48hrs	Defrosted EBM (not warmed)	Refrigerator (2-4°C)	Up to 24hrs	EBM with additions in Formula Room	Refrigerator (2-4°C)	Up to 24hrs	EBM with additions at Ward/Unit level	Used immediately	Discard immediately after use	Fresh EBM for freezing	Freezer (-20°C)	Freeze within 24hrs of expressing for up to 3 months				
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3a	Feeding infants EBM (fresh and defrosted)(with additions) (defrosted)																						
	<p>Order of EBM usage: 1st: Colostrum (Day1-5), 2nd: Fresh EBM thereafter 3rd: Defrosted EBM (if fresh EBM not available)</p> <p>2 nurses must check the EBM (with additions)(one must be registered) for the correct:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">• Milk</td> <td style="width: 33%;">• Infant's name</td> <td style="width: 33%;">• Infant's Date of birth</td> </tr> <tr> <td>• Within date</td> <td>• Infant's name band</td> <td>• Infant's feeding sheet</td> </tr> </table> <p>Agitate gently prior to decanting and 1-2hrly during continuous feeds</p> <p>Add additions as per dietician prescription at room temperature</p> <p>.....</p>	• Milk	• Infant's name	• Infant's Date of birth	• Within date	• Infant's name band	• Infant's feeding sheet																
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	Label with patient ID, time/ date of expiry and store in infants own EBM box in EBM fridge Administer EBM via Cup <input type="checkbox"/> , Enteral feeding tubes <input type="checkbox"/> Type....., Bottle <input type="checkbox"/> , Syringe <input type="checkbox"/> , Dropper <input type="checkbox"/> , Supplemter <input type="checkbox"/> , Other: Place enteral feeding syringes vertically in BBraun pumps Document in infant's Intake & Output Sheet		
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	PUMP/EQUIPMENT MAINTENANCE		
	<ul style="list-style-type: none"> • Kit (Single person use) Next due: ...Change monthly... - Pump (Multi Users) • Kit and Pump Cleaned as per Expressing & Infection Control Guidelines • EBM Freezer/Refrigerator - Daily temperature monitoring 		
3d	MISAPPROPRIATION OF EBM		
	<ul style="list-style-type: none"> • Stop feed immediately, and aspirate the enteral feeding tube if possible • Notify the parents/guardians 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 TUBE FEEDING /EXPRESSING TO BREASTFEEDING DIRECTLY		
	Use the 'Transition from tube feeding to Breastfeeding Guide' to facilitate the transition <input type="checkbox"/> Commence the following to stimulate rooting, latching and sucking: Kangaroo Care <input type="checkbox"/> Mouth Care with EBM <input type="checkbox"/> Rub EBM on infant's lips <input type="checkbox"/> Offer EBM drops PO <input type="checkbox"/> Direct from breast <input type="checkbox"/> Indirect <input type="checkbox"/> Offer Non-Nutritive Suck (NNS): Gloved Finger <input type="checkbox"/> Offer empty breast <input type="checkbox"/> Soother <input type="checkbox"/> ... <u>Clinical indication for soother...</u> Parent informed of NNS impact with soother <input type="checkbox"/> Yes <input type="checkbox"/> No		
5	WEANING THE EXPREEING PROCESS		
	<ul style="list-style-type: none"> • 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 on discharge. Inform mothers of : <ul style="list-style-type: none"> • Voluntary Breastfeeding Support Networks at: www.breastfeeding.ie/ <input type="checkbox"/> • Private Lactation Consultant Supports at: www.alcireland.ie/ <input type="checkbox"/> • OLCCH Breastfeeding Information at: www.olchc.ie <input type="checkbox"/> • Expressing Equipment: Local Pharmacy (buy) and Medela (buy/rent):www.medicare.ie <input type="checkbox"/> 		

Created by Elaine Harris CPC, NDPU Jan 2016. 2nd Edition: July 2018