

**Lactation Care for Critically Ill Mother****TITLE: Lactation Care for Critically Ill Mother****POLICY:**

Every effort will be made to support the mother who plans breastfeeding if she is in critical care following the birth of her child or during the course of her lactation. Stabilization and maintenance of life of a critically ill woman is the immediate priority for the critical care team. Once the mother is stable, evaluation and support of her lactation status by a multidisciplinary team to meet the needs of both the mother and infant will occur.

**Procedure:****Person Responsible:**

- Attending MD
- RN Staff: Critical Care, OB, NICU/Peds
- Pharmacist
- IBCLC RN staff

**Action:****For mother who plans breastfeeding:**

1. **MD/Nursing Staff:** Regularly assess maternal stability for beginning to pump or breastfeed. For lactogenesis, feeding or pumping as early as possible after delivery and at regular frequent intervals gives the mother the best chance to develop an adequate milk supply. Encourages contact with infant.
2. **IBCLC Staff:** Should be notified of patient's admission to critical care. She will round daily on the patient and assist with the development of a feeding/pumping plan, will facilitate mother/baby visits and assistance with feeding and pumping. Acts as consultant to critical care nursing staff. Documents response to feedings/pump volumes/etc.
3. **Inpatient Pharmacist:** Will review all medications administered to the mother and document compatibility with breastfeeding. The pharmacist will communicate directly with the team and with the mother and her family regarding medications. Medications will be screened for breastfeeding compatibility using the following resources.
  - a. Hale, Medications and Mother's Milk
  - b. Briggs, Drugs in Pregnancy and Lactation
  - c.
4. **FMC/NICU/PEDS nursing staff:** Assist in facilitation of parent infant visits when infant is still an inpatient, act as consultants to critical care nursing staff regarding mother's postpartum care and parental adaptation.
5. **All Caregivers:** Document patient/infant response. Watch for and treat engorgement which can be intensely uncomfortable for the mother and can cause suppression of lactation.

## For The Mother Who Does Not Plan Breastfeeding Or Needs to Suppress Lactation due to condition:

1. Minimize stimulation to breasts
2. Consider Cabergoline
3. Comfort Measures: Ice packs, supportive bra (does not have to be tight or binding, just supportive), pain medications

## Referenced Documents

Reference Type	Title	Notes
<b>Created</b>	09/19/2011	<b>Document Owner</b> Ausenus, Mary Kay
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