

## POLICY AND PROCEDURE LACTATION ACCOMMODATION AND SUPPORT

**Effective Date:** 01/01/18

**POLICY:** It is the policy of the [Insert County Public Health Division's] program to provide outpatient services to jail inmates and to provide support for lactating mothers who are booked within the limitations of the jail environment and length of incarceration.

### **Importance of maintenance of lactation for breastfeeding mothers**

Breast milk is the best food source for infants and is recommended infants be provided breast milk for at least one year after birth to support enhanced growth and development.

Breastfeeding supports the mother-child bond and enhances the mother's motivation to care for her child and to stay out of the correctional system. Other health benefits have been documented in reducing the risk of chronic disease for both mother and infant and improving lifetime health outcomes.

### **Limitations of the jail environment relating to lactating women**

Due to the current structural limitations, there is no certainty of privacy for a woman who wishes to express breast milk to maintain lactation. There is no refrigeration or freezer available for safe storage of breast milk; however, alternative means that meet requirements for the short-term storage of breast milk may be made available.

The cooperation of the infant's caregiver is required to pick up the breast milk daily and to ensure that the breast milk is handled correctly and safely. The parent or guardian will be required to complete and sign a form to transfer the breast milk. **The form has information on handling of breast milk on the reverse side.**

### **Goals in supporting lactating women in jail**

- Maintenance of lactation for women who wish to maintain lactation or establish lactation after childbirth during incarceration, particularly women who are expected to have a short incarceration, generally not more than a few days.
- Assistance with management of cessation of lactation for women who wish or find it necessary to stop lactation.

Technical assistance is available from the Women, Infants, and Children (WIC) program. WIC can provide information on the purchase and maintenance of a breast pump, necessary supplies, and the correct handling of breast milk to jail medical staff. WIC can be contacted to assist in providing breastfeeding/lactation support to the mother.

If the patient is enrolled in the WIC program, WIC may be able to provide a breast pump and supplies at no cost. If a woman has private health insurance, her plan may cover the cost of a breast pump and other associated expenses. If the woman has her own breast pump at home,

consult Custody staff as to whether she may have it brought from home and what would be necessary to meet security requirements.

If a patient elects to breastfeeding and/or maintaining lactation, she will be supported within the limitations of the jail environment, provided the resources available to her to the extent and ability of the mother to maintain lactation during her incarceration.

Jail staff who may carry out this procedure:

- Registered nurses (RN)
- Nurse practitioners (NP)
- Physicians
- Licensed Vocational Nurses (LVN), under the supervision of an RN

**Training:** RNs may carry out this procedure after training by the NP, physician, or WIC program certified lactation consultant. Training will occur on an as-needed basis.

#### **PROCEDURE:**

1. This protocol is to be initiated for all lactating women who are booked and not immediately released.

2. Identification of lactating women:

A patient may be identified as a lactating mother in several ways that include, but are not restricted to:

- a. Receiving screening and health questionnaire
- b. Patient's request to Custody and/or jail staff
- c. Sick call slip
- d. Clinic visit

3. Confirmation of current lactation:

Have the patient brought for a medical examination. For a lactating woman who is detained for less than 24 hours, offer the patient instruction on hand expression to relieve symptoms of engorgement.

Obtain and record the following information, at a minimum:

- a. Date and place of infant's birth
- b. Lactation history for current infant
- c. Ask patient what she feels is needed for her to maintain lactation; or in the event she does not want to maintain her milk supply, what she feels she needs for a slow cessation of lactation.
- d. Do a breast check for current signs of lactation (full, may be engorged, may be leaking milk); absence of these signs on a single exam may not rule out lactation, but consistent absence is inconsistent with current lactation. If the infant was born prior to incarceration, ask the mother how often she usually breastfeeds her infant.

- e. Especially look for any signs that may be indicating a plugged duct, infection (mastitis), or engorgement, for these may lead to other health problems for mothers if left untreated/unresolved.
- f. If unsure about possible infection, consult with the nurse practitioner, physician, or the Medical Director. For other questions, the WIC lactation consultant is also a good resource.

4. Discussion with patient regarding her wishes for maintenance of lactation:

- a. Discuss with patient her options regarding establishing or maintaining lactation while incarcerated.
- b. Especially encourage the mother to maintain lactation if her incarceration is expected to be short, i.e., a few days.
- c. If a patient wishes to maintain lactation, regardless of anticipated duration of incarceration, discuss how the breast milk will be handled and whether the caregiver(s) will commit to reliably pick up the breast milk and handle it correctly and safely.

5. Plan:

- a. For maintenance of lactation:
  - i. **Diet** – place the patient on a pregnancy diet and daily prenatal vitamins.
  - ii. **Medication** – not indicated unless signs of infection; if present, refer for prompt medical attention.
  - iii. **Instructions for the patient** (use WIC or CDC information; do not use other information resources).
    - Discuss with patient her options regarding the maintenance of lactation while incarcerated.
    - Especially encourage her to maintain lactation if her incarceration is expected to be short, i.e., a few days.
    - Allow her to take time to think about it and return at a later time for follow-up.
    - Instruct the patient in method for hand expression of breast milk. This may help her if access to the breast pump is delayed due to jail situations.
    - Offer access to a breast pump if the patient is interested in continuation of breastfeeding.
    - Instruct patient in detecting early signs of infection or plugged ducts and to put in a sick call slip promptly if any develop.
  - iv. **Staff instructions**
    - If the patient wishes to establish lactation after childbirth or to maintain lactation during incarceration, provide the patient with the necessary education, as outlined above; ascertain whether the patient is motivated to continue with the efforts required for maintenance of lactation and encourage the patient particularly if the incarceration is expected to be brief.

- Discuss with the patient how the breast milk will be conveyed to the infant, whether the caregiver or representative can reliably pick up the breast milk and handle it correctly and safely.
- Obtain the responsible parent or guardian or responsible caregiver name and contact number. Also obtain consent to contact the caregiver and discuss arrangements for the breast milk with him/her.
- The RN is to contact the parent/guardian or the responsible caregiver of the child and cover the following information.
  - The caregiver will need to commit to picking up the breast milk every day at a specific, prearranged time and provide a list of up to three people authorized to pick up the milk.
  - The authorized persons must be prepared to give their name and, if asked, to show picture ID to Custody staff when they come to pick up the milk.
  - Inform the caregiver that milk that is not picked up at the appointed time will have to be discarded.
  - If the caregiver is not able to make this commitment, provision of breast milk cannot be maintained.
  - Provide a copy of the “Commitment to Transfer of Breast Milk” form to complete and sign and answer any questions. Review the information regarding handling of breast milk.
- “Commitment to Transfer of Breast Milk” form: file the original signed form in the patient’s medical record. Provide copies to:
  - The parent/guardian
  - The caregiver
  - Custody
- After the form is signed, and if the patient desires to continue, offer a breast pump and instruction in use to obtain the breast milk for her infant.
- If a breast pump is needed and one is not available, contact a designee for authorization to order a breast pump and supplies, including disposable plastic bags for breast milk.
- Instruct the patient in expression of breast milk to maintain supply until the breast pump is available.
- Once the breast pump is available, instruct the patient in the use of the breast pump and handling of the breast milk. WIC lactation support may be available on request.
- Ensure that each pouch or container of breast milk is **labeled** at the time of pumping with the **mother’s name and the date and time that it was pumped.**
- Store breast milk in an **insulated lunch bag** with ice packs, for no longer than 24 hours, until the caregiver or representative can pick up the breast milk for the infant. Discard breast milk that isn’t picked up within 24 hours of pumping. DO NOT store the breast milk in the medication refrigerator.

- Clean and maintain the breast pump according to instructions; WIC is available for consultation and instructions.
- b. For discontinuation of lactation:
- i. **Diet** – no special diet indicated for discontinuation of lactation.
  - ii. **Medication** – not indicated unless signs of infection; if present, refer for prompt medical attention.
  - iii. **Instructions for the patient** (use WIC or CDC information; do not use other information resources).
    - Instruct patient in signs of infection and to put in a sick call slip promptly if any develop.
    - If patient develops more than mild to moderate discomfort and/or engorgement, arrange for her to see a medical provider the same or next day or contact the physician on call. Encourage her to use hand expression or make the breast pump available more frequently, if possible to arrange with Custody.

## 6. Patient education

### a. Treatment Goals

- Maintenance of lactation during incarceration
- Relief of symptoms if necessary or choice to discontinue breastfeeding

### b. Patient self-care

- WIC lactation information
- WIC lactation support available for the patient and for jail staff

## 7. Follow-up

- a. Make an appointment with an RN who has had training by the lactation consultant within 24 hours or the NP for check on status.
- b. Lactation support may be available with the WIC program for breastfeeding information and support for the patient on a case-by-case basis.

## 8. Documentation

- a. Any health intervention requires the initiation of a record. Document all findings, diagnoses, treatments, medication administration, laboratory or diagnostic studies, and disposition of the patient. Date, time, signature, and title of personnel, and location of encounter must be documented.