

# Admission to the neonatal unit and its impact on breastfeeding rates at Cork University Maternity Hospital

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### Introduction

Breastfeeding rates in Ireland are amongst the lowest in Europe. Currently our exclusive breastfeeding rate in CUMH on discharge is between 25-35%. Admitting a baby to the neonatal unit who is being breastfed poses many obstacles to the breastfeeding journey. Studies have outlined a drop in breastfeeding rates on admission to NNU<sup>(1)</sup>. Stress, physical proximity to their baby and medical interventions are all factors in influencing a babies breastfeeding plan. We aimed to look at breastfed babies or babies who intended to breastfeed and how an admission to our neonatal unit impacted that.

## Objective

This study aimed to describe the impact of admissions to the neonatal unit on breastfeeding practices in babies >37 weeks gestation.

### **Methods**

A retrospective chart review was performed analysing all babies partially breastfed, exclusively breastfed or with the intention to breastfeed if feeding had not yet been commenced at time of admission. All babies born after 37 completed weeks gestation (37+0 and above) who were admitted to the neonatal unit from February 1 2023 to March 31 2023 were included. Babies who were exclusively formula-fed prior to admission were excluded. Data collected included gestation, birth weight, age at admission, reason for admission, supplementation prior to admission, duration of admission, any supplementation during admission, feeding at discharge, discharge destination

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### **Results:**

2 days.



ason for admission	Number of babies
poglycaemia	24% (n=17)
undice	21% (n=15)
spiratory distress	17% (n=12)

Figure 3: Demographics of babies admitted to NNU

There were 72 babies admitted to the neonatal unit between Feb 1<sup>st</sup> and March 31<sup>st</sup> who were partially or exclusively breastfed. The median age at admission was 9.25 hours. The median length of admission was

55 had already initiated breastfeeding, 36 of whom were exclusively breastfeeding. 17 had the intention to breastfeed.

During admission 83% of babies received artificial supplementation. On discharge 25 were exclusively breastfed (35%), 43 were breastfeeding and supplemented with artificial formula (60%) and 4 were exclusively formula fed(5%).

The three most common reasons for admission were hypoglycaemia (24% n=17), jaundice (21% n=15) and respiratory distress (17% n=12).

References 1) Gertz B, DeFranco E. Predictors of breastfeeding noninitiation in the NICU. Matern Child Nutr. 2019 Jul;15(3):e12797. doi: 10.1111/mcn.12797. Epub 2019 Apr 2. PMID: 30767426; PMCID: PMC7198952.





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It is evident that admission to our NNU decreases the likelihood of exclusive breastfeeding and increases the rate of artificial supplementation. Amongst infants who commence breastfeeding in the hospital 45% are exclusively breastfeeding on discharge compared to 35% of babies who are admitted to the NNU. This highlights the importance of breastfeeding support and education that is required within our unit. Another potential strategy to support maternal feeding would be to consider delayed maternal discharge if possible whilst their baby is admitted to the NNU.



Figure 4: Supplementation during admission

# **Abstract ID: 110**