

Comprehensive Lactation Management Centre [CLMC], Visit Report

**Jawaharlal Institute of Postgraduate Medical
Education & Research [JIPMER],
Puducherry**

NHSRC, MoHFW

ABSTRACT

*A report on the visit to CLMC, JIPMER
– Key findings on the Structure, Processes & Outcome*

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CLMC Visit Report - Key Findings**

A. Good practices:

- Although the layout is not as per the CLMC guidelines, the centre was neat and clean
- Practices related to gloves and sterilization was observed to be adequate
- IEC on hand hygiene was adequately displayed
- There were videos playing on TV on KMC and breastfeeding etc.
- The positive culture rate is below 2% and has been almost zero for some time
- The lactation counselor was trained
- They usually give DHM till the neonatal period but they also give beyond this period till the babies are admitted. Their aim is to establish lactation in mothers as soon as possible and definitely by the time the babies are discharged
- They are doing research on DHM and three papers have been published (enclosed as Annexures 2, 3 & 4)

B. Areas of concern/improvement:

- The layout should be improved, particularly with respect to providing privacy to women while expressing breastmilk (at least separate tables with curtains) and there should be a room/area for counseling and screening
- No written SOP was available at the Centre
- Shortage of dedicated counselors/nurses. They need dedicated lactation counselors/nurses to effectively counsel every woman in the hospital.
- The HR needs to be trained properly, particularly the nurses as they lacked soft skills apart from technical knowledge about breastfeeding
- Processes related to DHM need to be strengthened – donor screening, collection, storage, pooling, pasteurisation, culture, storage and dissemination
- Consent forms for donating as well for receiving DHM must be maintained diligently

C. Way Forward:

- Plan the layout better with separate demarcated rooms, restricted entry and privacy arrangements for women
- HR – They need dedicated lactation counselors/nurses. In their view if they have more counselors, they will be able to effectively cover all the lactating

women in the hospital and that itself would help significantly in improving the rates of breastfeeding and also increasing the stock of DHM.

- SOPs – they must display SOPs and checklists for each different room and for processes in each room
- Training – the HR needs to be trained properly on hand hygiene and processes, particularly of pasteurization and storage. The current nurses lack the soft skill which becomes important for breastfeeding and milk donation counseling and support
- There should be periodic quality assessment of the CLMC Centre
- The Neonatologist thinks that there should be more hospitals with CLMCs so that a network could be established and there would be more DHM available. Alternatively there could be decentralized collection points for collecting DHM and sending it to the CLMC of JIPMER.

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CLMC Visit full Report

A team from NHSRC comprising Ms. Shivangi Rai and Dr. Aashima Bhatnagar visited Comprehensive Lactation Management Centres (CLMC) at JIPMER, Puducherry on 17th April, 2019.

The purpose of the visit was with a twofold objective: a) to understand the functioning of the centre, scope of its operations and learn about the challenges encountered and discuss ideas for way forward; and b) to ensure that the actual functioning of the CLMCs, their experience and contexts, informs the drafting of the CLMC Bill. Facility wise findings observed during the visit are placed below:

JIPMER

The CLMC in JIPMER was established around 3 years ago in 2016 and currently is the only CLMC in Puducherry. The CLMC is in the MCH Wing, close to the NICU. The establishment of the CLMC was funded by the institute itself. It cost 20L to set up the CLMC.

The hospital is a reference centre with both intramural and extramural deliveries getting referred here. The beneficiaries are mainly from Tamil Nadu. Delivery rate is high with approximately 60-80 deliveries happening every day and between 8-10,000 deliveries every year. Other details include:

Average no. of c-sections	4,445 per annum
Total no. of premature birth	3,657 per annum
Total no. of LBW babies	4,631 per annum
Total no. of sick preterm babies	1,611 per annum
No. of babies born to HIV+ woman	5 per annum
No. of beds in hospital	2059
No. of beds in SNCU	72
Average no. of admissions in SNCU	
Outborn	240 per annum
Inborn	3802 per annum

The Head of Neonatology Dept., said that there has been an increase in the numbers of pre term and LBW rates and this could be due to a proliferation of IVF and fertility clinics in Puducherry. He also shared that in the last few years, the rates of breastfeeding has increased and necrotizing enterocolitis has declined. The provision of DHM is one of the contributing factors to this development. A handwritten note on amount of DHM collected and dispensed is at Annexure 1.

1. Layout

Apart from the main CLMC Centre, DHM is collected from the post natal wards as well. The NICU also has an expression/collection room, but that is only for autologous donations and the milk collected here does not go to the CLMC for processing.

- The layout is not as per the CLMC Guidelines. The reception area is also used for counseling and screening. There is no separate counseling area/room.
- There is no shower etc. as women are inpatients and are not expected to take a shower. They are advised to wash their hands and wipe their breasts with water and cotton.
- There is one room for milk expression, collection storage and processing. Obviously then there is no restricted entry. This is mainly because of lack of adequate space.
- There is no separation of tables by cubicles or even by curtains to ensure privacy for women when expressing milk. Male staff just walked in when women were expressing their breastmilk and the women were visibly uncomfortable
- The centre does not have a stand-alone lab only for the Centre's use. The milk samples are sent to the microbiology lab of the hospital for culture.
- There is one room for breastmilk expression and collection in NICU for autologous donations. Women express their milk and transfer in stainless steel containers, which is labeled with their and their babies' details. The containers are kept in one place and the nurses feed their babies by identifying the labels.

2. Display of SOPs and checklists:

- There were no written SOPs available with the centre
- Checklists were not displayed in the centre
- IEC on breastfeeding was displayed
- IEC on hand washing and hand hygiene was also properly displayed in several places

3. Equipment:

Breast pumps: CLMC centre has 5 medula breast pumps. NICU has 4 and post natal wards has 3 breast pumps respectively. They have the necessary equipment including laminar air flow. They use shaker water bath for pasteurization.

4. Human Resource

- HR is also not as per the CLMC Guidelines
- They don't have dedicated lactation counselors or a CLMC Manager etc.

5. Processes

- Counseling – the counselors in CLMC mostly counsel for motivating women to donate breastmilk and not that much on breastfeeding per se. Lack of dedicated counselors or enough nurses has been identified by the Neonatologist and staff, as the reason for inadequate comprehensive counseling and its coverage
- Donor screening – It is mostly limited to checking the records for HIV and Syphilis status. Most women have a recent record of those tests in their file. There needs to be equal emphasis on checking for other conditions or drugs that may be contraindicated or act as temporary disqualification from donating, as per the guidelines. The donor screening and informed consent form procedure is rushed
- Collection - happens from 9 am to 4:30 pm everyday. Milk is collected in plastic containers. But the milk is pooled before placing in deep freezer
- Pasteurization - happens next day. The milk is thawed by placing it in room temperature water for about 2 hours. Then the milk is transferred in steel containers of different sizes. The containers are then placed in the shaker water bath
- Culture - They take out samples for culture in syringes and send to the microbiology lab of the hospital. Result comes in 2 days. If culture comes positive, they discard the whole batch. They sometimes get culture reports as positive for ASB Bacteria. They did not have proper data on discard due to positive culture. But said that the discard is not more than 2%
- Storage - Post pasteurization storage is done in deep freezer. The deep freezer has two compartments: pre and post pasteurization compartments
- Dissemination - the DHM is sent to NICU without thawing it. The NICU nurses are supposed to thaw it before feeding infants.
- Recipient consent form: The recipient consent forms are not meticulously maintained and this practice needs to be strengthened.

6. Categories of Infants given DHM:

- The CLMC issues DHM only to babies admitted in the NICU/SNCU of the Hospital.
- The profile of infants given DHM includes: Pre term, VLBWs & LBWs, sick preterm neonates recovering from illnesses and GI surgeries.
- They usually give DHM till the neonatal period but they also give beyond this period till the babies are admitted. Their aim is to establish lactation in mothers as soon as possible and definitely by the time the babies are discharged.
- They do not give DHM to other hospitals, whether private or public.

7. Views on improvement and scaling up:

- They must provide for a counseling room/area and milk expression room should be designed to ensure privacy of women
- HR – They need dedicated lactation counselors/nurses. In their view if they have more counselors, they will be able to effectively cover all the lactating women in the hospital and that itself would help significantly in improving the rates of breastfeeding and also increasing the stock of DHM.
- They must organize their layout in a manner that provides privacy to women.
- SOPs – they must display SOPs and checklists for each different room and for processes in each room
- Training – the HR needs to be trained properly on hand hygiene and processes, particularly of pasteurization and storage. The current nurses lack the soft skill which becomes important for breastfeeding and milk donation counseling and support
- The Neonatologist thinks that there should be more hospitals with CLMCs so that a network could be established and there would be more DHM available. Alternatively there could be decentralized collection points for collecting DHM and sending it to the CLMC of JIPMER.
