Levels of evidence: 1–2. Strength of recommendation: A.

d. Aides to increase milk expression: Relaxation, warmth, gentle massage, and music may also help increase milk volume.[40] Images, sounds, or smells of one's child can help elicit let down.[28] Moreover, it is important to reduce stress and distractions as much as possible.[31]

Level of evidence: 2. Strength of recommendation: B.

e. Storage of expressed milk: Human milk can be stored at room temperature (20–22°C, 68–72°F) for up to 4 hours, after which time it should be refrigerated.[56] Ideally, milk should be stored in the room of the lactating mother or breastfeeding child (if not in a nursery) in a refrigerator. It may also be stored in an insulated cooler bag with gel packs (or ice that gets replaced when it melts), where it can be kept for up to 24 hours until it can be transported to its desired destination.[10,57] Storage protocols may vary from country to country. All expressed milk should be labeled with the date of expression and patient identifying information, and storage should be compliant with local regulations, or those of relevant hospital accrediting organizations. Milk should be transported in chilled containers such as cooler bags with gel packs (or ice as already described). Once expressed milk arrives at its destination, it should be promptly refrigerated, frozen, or used.

Level of evidence: 3. Strength of recommendation: C.

4. Support care for the child of the lactating mother.

A hospitalized lactating mother may be too sick to care for her child other than to breastfeed, or may be unavailable to care for the infant due to procedures or tests. If a mother wishes to continue breastfeeding, a dedicated caregiver should care for the infant at the mother's bedside. Often, the presence of an infant caregiver may be required by hospital policy.[5] Hospital staff are not responsible for the care of the breastfeeding infant. As such, unrestricted visitation and accommodation for a support person for the infant will be essential.

Level of evidence: 3. Strength of recommendation: C.

5. Provide necessary equipment.

Facilities should provide a double electric breast pump to hospitalized lactating mothers,[40,41] if that is the standard of care in local maternity facilities. (Double electric pumps are the ideal pump for this situation, but may not be available in all parts of the world.) The infants of hospitalized lactating mothers require a safe place to sleep, such as a bassinet or crib, and facilities caring for lactating mothers should be expected to provide the same types of equipment as would be found in local hospitals that provide maternity or inpatient infant services. Many hospital beds are not conducive to bed sharing and specific hospital policies may need to address the details of their hospital beds to provide a safe environment for infant sleep. Car seats, strollers, or baby seats are not considered safe or adequate sleeping devices.[58] Equipment to feed an infant may be necessary if the infant is hungry while the mother is away at a test or procedure or the infant is not able to breastfeed directly. It is generally recommended that newborns who have not yet established breastfeeding avoid being fed using artificial nipples or teats,[21] instead using finger feeding or devices such as small spoons, syringes, or feeding by a supplemental nutrition system if unable to breastfeed directly with adequate milk transfer. Families may wish to supply their own feeding equipment and other materials. They should be allowed to do so unless there is a medical contraindication for the breastfeeding mother or infant. An infant scale may be helpful to ensure the infant is appropriately thriving while the lactating mother is hospitalized, with the infant's weights evaluated by the infant's health care provider or by a knowledgeable professional such as the mother's lactation provider.

Levels of evidence: 1–2. Strength of recommendation: B.

6. Use evidence-based safety recommendations for medications, including radiological diagnostic agents.

Most medications are safe in breastfeeding. Several factors affect medication management, including the current and gestational age of the infant, and the amount and proportion of breast milk in the infant's diet. The risks of a medication should be weighed against the risks of not breastfeeding to mother and child, and alternative medications or treatments should be considered if appropriate. It is thus essential that medical staff are aware of reliable resources from which to find lactation safety information. Reliable resources may vary among global regions but include LactMed,[59] the InfantRisk Center,[60] and e-lactancia.[61] Note that medications can potentially affect the infant and/or milk production and providers should be aware of both potential effects.

Intravenous iodinated contrast and intravenous gadolinium contrast do not require interruption of breastfeeding or discarding of expressed milk.[19,62] However, diagnostic or therapeutic radioactive agents generally necessitate interruption of breastfeeding or withholding of the expressed milk until sufficient radioactivity decay, depending on the agent.[61] Please refer to ABM Protocol #31, ''Radiology and nuclear medicine studies in lactating women,'' for details.[19] In some cases, alternatives to a diagnostic test that uses radioactive agents can be used. For example, a stress echocardiogram can be considered instead of a radionuclide stress test for evaluation of cardiac ischemia.

Medication recommendations, including radiological agents, should be given according to high-quality resources. A lactating mother should be reassured that each medication given has been investigated for safety.[10,63,64]

Level of evidence: 2. Strength of recommendation: B.

7. Consider that fluid needs may differ for the lactating mother.

The fluid needs for a lactating mother will typically be higher than for a nonlactating mother. A mother exclusively breastfeeding a 6-month old infant may be producing $\sim$800 mL of milk per day, ranging from 450 to 1200 mL per day,[53] whereas those not breastfeeding exclusively may produce less milk. In calculating a mother's fluid needs, particularly if she is not allowed food or drink by mouth, it is important to add these figures to the total. For mothers who are allowed to drink, it is important that they be allowed to drink to satisfy thirst, which is triggered by oxytocin release.

Level of evidence: 2. Strength of recommendation: B.

8. Ensure infants of lactating mothers can remain in acceptable locations.

a. Medical–surgical units and perioperative areas: It is safe for the lactating mother to have her infant in her