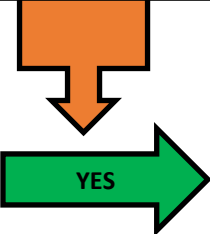


FEEDING MANAGEMENT PATHWAY

PROMOTE ADDITIONAL HAND EXPRESSED COLOSTRUM BETWEEN BREASTFEEDS TO HELP REDUCE JAUNDICE, WEIGHTLOSS AND SUPPLEMENTATION

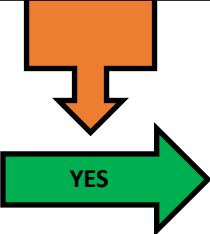
First feed checklist
(term well baby)

Within 1 hour of birth/ skin to skin
Rhythmic suck/ swallowing for >5 minutes
Comfortable breastfeed
Baby shows readiness to feed.



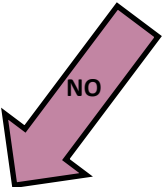
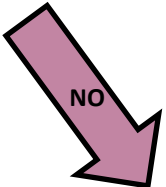
24 hour checklist
(term well baby)

3-4 feeds in first 24 hours
Rhythmic suck/ swallowing for >5 minutes per feed
Comfortable breastfeeds
Baby shows readiness to feed.



Ongoing management
(term, well baby)

Reciprocal responsive feeding
Documented management plan (vulnerable, red, amber, green)
Breastfeeding observation checklist
Feeding assessment
Complete observation schedule
Refer to term baby feeding leaflet



Until well, term baby starts feeding responsively:

Skin to skin
Follow reluctant feeder cycle (give formula instead of colostrum for bottle fed infants)
Offer breastfeeds in laid back position
Check baby observations every 4 hours until baby shows readiness to feed
Follow hypoglycaemia pathway in absence of colostrum for breastfed infants
Breast pump to stimulate/ maximise lactation
Follow supplementation guidance if breastfeeding parent chooses to supplement
Neonatal review at 24 hours (consider birth experience and risk factors)

Vulnerable babies

- Babies who become **clinically unwell** at any stage
- Babies admitted to NICU or TCU
- Unstable blood glucose once hypoglycaemia pathway is completed
- Breastfed babies with parental PPH>2litres
- Babies born <37 weeks gestation (<36wks TCU)
- Babies born weighing <2.5kg

Discuss plan with neonatal SHO
Check baby observations every 4 hours for at least 24 hours
Follow reluctant feeder cycle and feed every 2-3 hours from birth
Give additional colostrum after every feed from birth (see overleaf if no available colostrum)
Refer to vulnerable baby feeding leaflet

MILK AS MEDICINE FOR ANY BABY SEPARATED FROM THEIR BIRTH PARENT

Reluctant feeder cycle



Measure blood glucose if a baby becomes reluctant to feed following a period of effective feeding or if there are any abnormal clinical signs in addition to reluctant feeding.

Supplementation for breastfed infants

Clinically indicated

- **Clinically indicated supplements must be prescribed on baby's drug chart**
- Clinically indicated supplementation (WHO 2009):
 - ⇒ Mother too unwell (complex factors) to breastfeed
 - ⇒ Baby too unwell or injured to breastfeed
 - ⇒ Baby has followed the hypoglycaemia pathway and isn't maintaining BSL
 - ⇒ PPH > 1 litre and no available EBM
- Continue following reluctant feeder cycle.
- Ensure birth parent is stimulating lactation through using a breast pump alongside breastfeeding/ hand expressing.
- Offer all supplements by cup.
- Ensure parents know the implications of supplementing with formula and how to minimise supplementation.
- If parents choose to bottle feed teach them to pace bottle feeds responsively.
- Stop all supplements once baby is feeding responsively at least 8 times in 24 hours and there is evidence of milk transfer.

Fully informed parental choice

- **Parents must supply their own formula unless prescribed for clinical indication**
- Birth parent declines to express additional breastmilk and baby is reluctant to feed.
- Birth parent chooses to mix feed from birth.
- Continue following reluctant feeder cycle but offer formula in place of/ in addition to colostrum.
- Advise birth parent stimulates lactation through using a breast pump alongside breastfeeding/ hand expressing when they feel ready.
- Advise offering all supplements by cup.
- Ensure parents know the implications of formula and how to minimise supplementation.
- If parents choose to bottle feed teach them to pace bottle feeds responsively and only use first milks.
- Advise stopping all supplements once baby is breastfeeding responsively at least 8 times in 24 hours.

Full feed supplementation target volumes

Paced, responsive feeding enables a baby to regulate their own intake over 24 hours.

Signs of effective feeding can be found in the parent feeding leaflets.

0-24 hrs: 10ml/kg per feed for term, well babies (based on 3-4 feeds in first 24 hours) 0-24 hrs: 60ml/kg/day for Vulnerable babies

24-48 hrs: 90ml/kg/day 48-72 hrs: 120ml/kg/day 72hrs-96 hrs: 150ml/kg/day